



Women's Health in India: A Bird Eye View

Dr.Yankatappa
Sabanna

Guest Faculty, Dept. of Women's Studies, P G Center Halalli Bidar

ABSTRACT

Indian urban women have come a long way regarding careers and social standing. However, they still remain unaware of their person al well being and health needs. Often, they ignore their health problems until the problems become unavoidable, chronic or even fatal. The present paper focuses on the determinants of women's health in urban India, including accessibility of health services, education, gender, class and geographical location, employment, availability of services, social history

KEYWORDS : India, Savings, Investment, Financial Instruments

Introduction:

Women usually suffer from health problems due to poor nutrition, reproduction issues, medical problems, work hazards, mental problems, low social status, poverty and violence. In spite of 67 years post-independence, the paucity of statistics on women's health is disturbing.

As per to 2011 statistics:

61 per cent of women married before age of 16 years

Life expectancy of women was 64.2 years.

1,70,000 deaths of women happened due to AIDS

48.46 per cent of population related to female sex

940 females were present per 1000 males

In 0-6 years, there were 914 girls per 1000 boys.

According to National Family Health Survey III:

13 per cent of women were overweight

55 per cent women were anaemic

11 per cent of women were under 145 cm in height

36 per cent of women had body mass index (BMI) which was less than normal.

59 per cent women only were literate.

16 per cent women were pregnant in teenage.

57 per cent women were only aware about HIV/ AIDS

37 per cent women experienced domestic violence

A fair start for all girls is critical for the health of women Many of the health problems faced by adult women have their origins in childhood Proper nutrition is a key determinant of health, both in childhood and beyond. The nutritional status of girls is particularly important due to their future potential reproductive role and the intergenerational repercussions of poor female nutrition. Preventing child abuse and neglect and ensuring a supportive environment in early childhood will help children to achieve optimal physical, social and emotional development. These will also help avoid risky behaviours and a significant burden of disease, including mental health disorders and substance use later in life. Changing behaviour now brings major health benefits later It is essential to address the health and development needs of adolescents if they are to make a healthy transition to adulthood. Societies must tackle the factors that promote potentially harmful behaviours in relation to sex, to-

bacco and alcohol use, diet and physical activity, as well as provide adolescents with the support they need to avoid these harmful behaviours. In many high-income countries, adolescent girls are increasingly using alcohol and tobacco, and obesity is on the rise. Supporting adolescents to establish healthy habits in adolescence will bring major health benefits later in life, including reduced mortality and disability due to cardiovascular diseases, stroke and cancers. Addressing the needs of older women will be a major challenge to health systems.

Because they tend to live longer than men, women represent a growing proportion of all older people. Societies need to prepare now to prevent and manage the chronic health problems often associated with old age. Establishing healthy habits at younger ages can help women to live active and healthy lives until well into old age. Societies must also prepare for the costs associated with the care of older women. Many high-income countries currently direct large proportions of their social and health budgets to care for the elderly. In low-income settings, such care is often the responsibility of the family, usually of its female members. Policies are needed in relation to health financing, pension and tax reform, access to formal employment and associated pension and social protection, and to the provision of residential and community care.

Societies and their health systems are failing women

Health system shortfalls deprive women of health care The reasons why health systems fail women are often complex and related to the biases they face in society. However, these shortfalls can be understood and they can and should be challenged and changed. For example, women face higher health costs than men due to their greater use of health care yet they are more likely than their male counterparts to be poor, unemployed or else engaged in part-time work or work in the informal sector that offers no health benefits. One of the keys to improving women's health therefore, is the removal of financial barriers to health care. For instance, where there are user fees for maternal health services, households pay a substantial proportion of the cost of facility-based services, and the expense of complicated deliveries is often catastrophic. Evidence from several countries shows that removing user fees for maternal health care, especially for deliveries, can both stimulate demand and lead to increased uptake of essential services. Removing financial barriers to care must be accompanied by efforts to ensure that health services are appropriate, acceptable, of high quality and responsive to the needs of girls and women.

Health systems depend on women as providers of health care

Paradoxically, health systems are often unresponsive to the needs of women despite the fact that women themselves are major contributors to health, through their roles as primary care givers in the family and also as health-care providers in both the formal and informal health sectors. The backbone of the health system, women are nevertheless rarely represented in execu-

tive or management-level positions, tending to be concentrated in lower-paid jobs and exposed to greater occupational health risks. In their roles as informal health-care providers at home or the community, women are often unsupported, unrecognized and unremunerated.

Societal failings damage women's health

Women's health is profoundly affected by the ways in which they are treated and the status they are given by society as a whole. Where women continue to be discriminated against or subjected to violence, their health suffers. Where they are excluded by law from the ownership of land or property or from the right to divorce, their social and physical vulnerability is increased. At its most extreme, social or cultural gender bias can lead to violent death or female infanticide. Even where progress is being made there are reasons to keep pushing for more. While there has been much progress in girls' access to education for example, there is still a male-female gap when it comes to secondary education, access to employment and equal pay. Meanwhile, the greater economic independence enjoyed by some women as a result of more widespread female employment may have benefits for health, but globally, women are less well protected in the workplace, both in terms of security and working conditions.

Planning

Family planning can influence the health of women and to:

Bear children at desired age

Choose number of children

Decide on the age gap between her children

The best contraception method is one that allows sexual intercourse and prevents conception. Contraceptive methods should be effective, long acting, safe, coital independent, reversible, available at the time of the need and affordable with minimal side effects.

Birth control is fundamental in our ability to maintain autonomy of our lives. Cafeteria choice should be the approach where an individual can choose birth control methods based on her needs.

Infertility

Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. Both wife and husband should be tested to identify reasons for infertility. The faults should be treated simultaneously.

Maternal Mortality Ratio

Maternal Mortality Ratio (MMR) refers to death of women during pregnancy or within 42 days after delivery/ termination of pregnancy per one lakh live births. In 2010 MMR was 212 in India, 35 in Srilanka and 37 in China. The National Rural Health Mission (NRHM) launched in 2005 targeted to bring down MMR to 100 by 2012, but could not. As per Goal 5 of Millennium Development Goals (MDGs), we have to reduce three fourth of MMR from 1990 to 2015. We may not achieve this goal.

Menopause

Menopause is cessation of ovarian function leading to permanent amenorrhoea (stopping of menstruation). It normally occurs between 45 to 50 years of age. This may be delayed in women with good nutrition and health.

Menopause is responsible for symptoms like hot flushes, sweating, insomnia (lack of sleep), headache, irritability, depression, cancer phobia, lack of concentration and decrease in libido (sexual desire) in women. 60 to 70 per cent of women go through menopause without any problem.

Adequate diet, exercises and social work largely prevent menopausal problems. Few years back, modern medicine started

using hormonal therapy for managing menopausal symptoms. This therapy is not advised in women suffering from cancer. Hormonal therapy can cause cancer of uterus and breast, venous thrombo embolic diseases, coronary heart diseases, gall bladder, dementia and Alzheimers disease. Women in menopause should manage symptoms through life style changes than with medicines.

Cancer in women

According to several reports, cancer is less in developing countries. 5.37 lakh women suffered from cancer and 3.26 lakh died due to cancer in 2012. Late first pregnancy, multi-parity, obesity, tobacco use, alcohol consumption, use of hormones for longer duration, avoiding breastfeeding of babies largely contribute for cancer in women. Healthy living, safe sex practices and adequate nutrition prevent cancers to a large extent.

Breast feeding

Exclusive breastfeeding with at least one feed at night prevents pregnancy for six months with very rare failure. Breastfeeding soon after birth contributes for quick involution of uterus and reduction chances of post partum haemorrhage (PPH). It also helps in loss of weight, lowers chances of breast cancer, ovarian cancer and osteoporosis. Breast feeding contributes for delay in menstruation, contribute for emotional fulfillment and psychological advantages.

What ails women health

Birth rate mostly is related to social development. Family planning methods are not real solutions. Child marriages, maternity at younger age, life without any choice is contributing to several health problems among women in India. Caste system and capitalism is obstructing positive changes in society.

Recommendations

Provisions for all social determinants of health on war footing. Immediate priority should be given to adequate food, shelter and sanitation.

1985 Rock Feller sponsored study on "Good Health at Low Cost" should be followed.

All women should avoid tobacco, alcohol and mood-altering drugs.

Physical activity should not be neglected by women.

Sexual relations should be completely voluntary and safe methods should be practiced.

All mid-wives should be trained and skilled to help women in pregnancy, child birth and during emergency.

The state should provide emergency transport system, low-cost cancer screening, accessible family planning services and trained health workers.

All women should be provided medical care with respect everywhere. Opportunity should be given for health workers and groups of women alone to change.

Good education, waiting period before getting marriage, having children at appropriate time, correct decisions about boyfriends and sex contribute largely towards women health.

Best models of health in the world are in UK, Cuba, Srilanka and most of the European countries. Our nation should emulate the best models.

Nationalisation of medical education, paramedical education, nursing and medical care run by commercial organisations should be taken up.

Conclusion.

Where Women Have No Doctor', a health guide for women highlights the issues faced in women's health. It includes early mar-

riage, lack of knowledge about health, lack of money to pay for health services, lack of training among health workers on women's health and lack of women's health services.

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