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WOMEN'S RIGHT TO HEALTH

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ABSTRACT A woman's right to the enjoyment of the highest standard of health must be assured throughout her lifetime, equal to that of men. Good health is crucial to leading a productive and fulfilling life of dignity, and the right of all women to organize all aspects of their health, in particular their own fertility, is fundamental to their self-determination and empowerment.Examples of social realities that have an undesirable impact on women's health include: impoverishment and economic dependence, gender-based violence and discrimination, and limited autonomy in life decision-making, especially sexual and reproductive life.. The Human Immunodeficiency Virus (HIV), sexually transmitted infections, violence, mental health, non-communicable illnesses, youth, and aging were named by the World Health Organization as the top ten health problems affecting women. Currently, India's women have a vast array of health issues, which have an impact on the nation's overall economy.

KEYWORDS : women , right to health , hiv, who , discrimination

INTRODUCTION

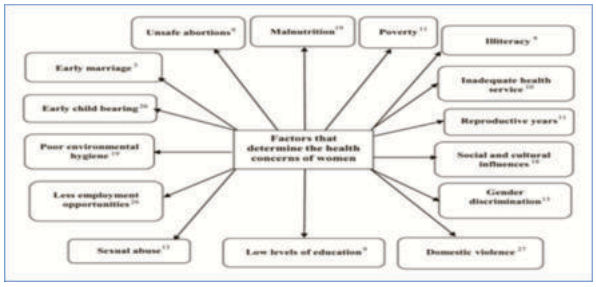
What makes women's health so crucial? Women are the foundation of a family's general health, so ensuring them have access to high-quality care can also benefit children and families' health. Without a doubt, the wellbeing of women affects the wellbeing of families and communities. In many parts of India, especially in the countryside, talking about women's sexual and reproductive health is still frowned upon.

According to the 2017 Global Nutrition Report, 51% of Indian women between the ages of 15 and 49 have anemia, and the ministry of health and family welfare reports that India's maternal maternity ratio (MMR) is 113, meaning 113 deaths occurred for every 100,000 live births between the years of 2016 and 2018. To meet the target of the sustainable development goal, India must still do a lot to lower its MMR to 70 per 100,000 live births by 2030.

High death rates are prevalent among Indian women, especially when they are young and fertile. Among the highest in the world, maternal death rates in rural India. India is responsible for 27% of all maternal deaths worldwide and 19% of all live births.. Indian women's contributions to families are frequently disregarded, according to research on the standing of women in society. In the northern belt's rural communities, however, they are frequently seen as financial burdens, which is the prevalent opinion.As boys are expected to take care of aging parents, there is a significant desire for sons in India. Daughters are mistreated as a result of the high dowry payments and son preference. Indian women do in fact have low levels of formal labor force participation and education. They often have limited independence, being first ruled by their fathers, then their husbands, and lastly their sons.

The state of Indian women's health is adversely affected by these issues. Not only do women and their families suffer when they are not in good health. Low weight births are more common in women who are ill. Their ability to feed and properly care for their children is less likely.

The economic well-being of the household is also impacted by a woman's health because a sick woman will be less effective at work. Women's health is worse in rural areas with lower educational attainment and economic deprivation. One must consider how India may achieve health according to WHO's definition, which is "...a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."



Factors Affecting Womens Health In Rural Areas Of India

Disorders Associated With Malnutrition

The three Indian National Family Health Surveys (NFHS-1 1992–1993, NFHS-2 1998–1998, and NFHS-3 2005–2006)7-9 were used to collect the data. To determine how much these indicators have improved or declined, data from the Sample Registration System (SRS) and the National Crime Research (NCR) Bureau were also used.

Most pregnant women who did not seek medical attention indicated they did so because they believed it was unnecessary. According to recent estimates, 16% of rural residents live more than 10 skilometers from any medical institution.This could also contribute to low health care use. Women must be made aware of the value of health care in order to have healthy pregnancies and safe deliveries. Lack of suitable medical facilities, particularly in rural areas, is another factor contributing to the poor level of prenatal care.

Additionally, studies demonstrate a harmful impact on women's health from early first-birth ages and high overall pregnancies rates. Fertility is still high in some parts of India, despite the fact that it has been dropping. Generally speaking, a high MMR is associated with high fertility and the sort of prenatal, natal, and postnatal care provided to expectant mothers.

Another element affecting the health and mortality of

pregnant women is anemia, which can be addressed with iron tablets in a reasonably easy and affordable manner. 50 to 60 percent of all pregnant women in India are anemic, according to studies. For 20% of all maternal deaths in India, severe anemia is to blame.. Anaemia is a prevalent issue in both urban and rural locations, while the prevalence is slightly higher in the former.

In India, a woman is the target of violence against every three minutes. Research by Usha Prabhakar published in 2003 shows that the effects of violence can be devastating to a woman's reproductive health, as well as to other aspects of her physical and mental wellbeing. In addition to causing injury, violence increases woman's long-term risk of a number of other health problems, including chronic pain, physical disability, drug and alcohol abuse, and depression. Women with a history of physical or sexual abuse also have increased risk for unintended pregnancy, sexually transmitted infections, and adverse pregnancy outcomes.

A number of studies have found that women suffering from chronic pelvic pain are more likely to have a history of childhood sexual abuse, sexual assault or physical and sexual abuse by their partners.

Data Related to Women: NFSH-5 | 16 Dec 2020

The first-phase data of the National Family Health Survey-5 (NFHS-5) 2019-20 has been released by the Ministry of Health and Family Welfare, which provided data on various issues related to women in india.

- NFHS is a large-scale, multi-round survey conducted in a representative sample of households throughout India. The Phase-I provides data for 22 states/UTs and the fieldwork in the remaining 14 (Phase-II) States/UTs is under progress.
- All NFHSs have been conducted under the stewardship of the Ministry of Health and Family Welfare, Government of India, with the International Institute for Population Sciences (IIPS) Mumbai, serving as the nodal agency.

Total Fertility Rate (TFR):

- The TFR across most Indian states declined in the past half-a-decade, more This implies that India's population is stabilizing.
- Sikkim recorded the lowest TFR
- Bihar recorded the highest TFR of three children per woman.

Anaemia Among Women:

- More than half of the children and women are anaemic in 13 of the 22 States/UTs.
- It has also been observed that anaemia among pregnant women has increased in half of the States/UTs compared to NFHS-4.
- In all the states, anaemia is much higher among women compared to men.

Contraception:

- Female sterilization continues to dominate as the modern method of contraception in states like Andhra Pradesh (98%), Telangana (93%), Kerala (88%), Karnataka (84%), Bihar (78%) and Maharashtra (77%).
- Overall Contraceptive Prevalence Rate (CPR) has increased substantially

Child Marriages:

- There has been an increase in child marriages States like West Bengal (41.6%) and Bihar (40.8%) still have high prevalence of child marriages.
- States such as Tripura, Manipur, Andhra Pradesh, Himachal Pradesh and Nagaland have also shown an increase in teenage pregnancies.

Domestic/Spousal Violence:

An increase in five states, namely Sikkim, Maharashtra, Himachal Pradesh, Assam and Karnataka.Karnataka witnessed the largest increase in spousal violence, from 20.6% in NFHS 4 to 44.4% in NFHS-5. Sexual violence has increased in five states (Assam, Karnataka, Maharashtra, Meghalaya and West Bengal).

Institutional Births:

Have increased substantially ,Institutional delivery is over 90% in 14 out of the total 22 States and Uts.

Caesarean (C-section) Deliveries:

There has been an increase in the number of Caesarean section (C-section) deliveries in a majority of states.States such as Telangana, West Bengal, Himachal Pradesh, and some in the northeast, have shown a jump in C-section deliveries, especially at private healthcare facilities, in the last five years.

Sex Ratio at Birth:

- SRB has remained unchanged or increased in most States/UTs.
- Majority of the states are in normal sex ratio of 952 or above.
- SRB is below 900 in Telangana, Himachal Pradesh, Goa .

Child Nutrition:

- Child nutrition indicators show a mixed pattern across states.
- Current times require integrated and coordinated efforts from all health institutions, academia and other partners directly or indirectly associated with the health care services to make these services accessible, affordable and acceptable to all..

National Family Health Survey (NFHS 5), which presents a bird's eye view of the state of the nation's health, has provided encouraging outcomes . also highlights the need for further improvement to address gender-based violence and harmful practices against women and girls, such as child marriage and gender-biased sex selection.

These have been exacerbated by discriminatory social norms and practices hindering the achievement of the Sustainable Development Goals (SDG) 2030 Agenda

Women-Specific Findings of NFHS 5: The Positive Side

- TFR below Replacement Level: India's population growth appears to be stabilising.
- The Total Fertility Rate (TFR), which is the average number of children born per woman, has declined from 2.2 to 2.0 at the national level.
- Better Family Planning: The main reasons for decline in fertility is an increase in adoption of modern family planning methods.
- Improvements in Female Literacy: Significant improvements in female literacy have been witnessed with 41% women having received 10 or more years of schooling .
- Improved Maternal Health Delivery: Maternal health services are steadily improving.
- Institutional births were accessed by 88.6% of women in 2019-21, marking an increase of 9.8% points from 2015-16.
- There has also been an increase in institutional deliveries in public health facilities (52.1% to 61.9%).
- Better Menstrual Health and Bodily Autonomy:.
- The proportion of women (aged 15-24 years) who use menstrual hygiene products has also increased .

Downside of the Survey

- Lesser Institutional Delivery in Certain States: The survey indicates a worrisome figure of 11% of pregnant women who were still either unreached by a skilled birth attendant or not accessing institutional facilities which

are from five States (Nagaland, Bihar, Meghalaya, Jharkhand and Uttar Pradesh).

- Teenage Pregnancy: Teenage pregnancy has declined only marginally by 1% point
- Low Access of Reproductive Health Services: A very small segment of the population is currently accessing the full range of sexual and reproductive health services such as screening tests for cervical cancer (1.9%) and breast examinations (0.9%).
- Negligible Decline in Child Marriage: The prevalence of child marriage has gone down but one in three women continue to face violence from their spouse..
- Way Forward
- Encouraging Comprehensive Sexuality Education: invest in comprehensive sexuality education as a key component of life-skills education for both in school and out-of-school adolescents, and ensuring access to quality sexual and reproductive health services for them.
- Integrated Efforts for Better Health Services: The NFHS findings are a reminder ofCurrent times require integrated and coordinated efforts from all health institutions, academia and other partners directly or indirectly associated with the health care services to make these services accessible, affordable and acceptable, especially for those who can't easily afford it.

CONCLUSION

Good health is a key criterion, which contributes to human wellbeing and economic growth Indian women, especially those in rural areas, need to be empowered to receive greater education and trainingAdequate nutrition for women would help them to serve as productive members of the society to develop the consequent health generations. As women gain influence and consciousness, they will make stronger claims to their entitlements. As son preference declines and acceptance of violence declines, the age of marriage will rise. As women are better nourished and marry later, they will be healthier, more productive, and will give birth to healthier babies. The government should take necessary and compulsory policies to improve the literacy rate and quality education as well as to provide adequate employment opportunities for women, which might explore positive impact on the women's health concerns. The government can also improve the health status of women by strengthening and expanding essential health services as well as by frequent counselling on safe sex, awareness on educational and nutritional needs and gender based violence.

As a society, we need to actively work towards providing our women with good health because a healthy woman ensures a healthy family. Women are not the weaker sex; society has made them so. We need more awareness drives, camps that educate rural women on the issues mentioned above, campaigns and projects that will help change mindsets and help save our women.

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