



HEALTH STATUS AND WELLNESS OF WOMEN IN RURAL KARNATAKA.

Jyothi TB

KEYWORDS :

INTRODUCTION : The most basic aspect of human life is good health which unfortunately cannot be given or distributed. It is to be actively acquired and maintained. It forms an integral component of overall socio-economic development of any nation. Health is the functional and/or metabolic efficiency of an organism both at the micro (cellular) and macro(socio)level. Some health challenges affect both women and men but, because they have a greater or different impact on women, they require responses that are tailored specifically to women's needs. Other conditions affected men and women more or less equally, but women face greater difficulties in getting the health employment limit the ability of women to protect their health and achieve optimal health status. Quite appropriately the English word 'health' from the old English word hale meaning 'wholeness', a being whole, sound or well. Hale comes from the proto-Indo-European root kailo, meaning 'whole', 'uninjured, of good omen'. The state of the organism when it functions optimally, without evidence of diseases or abnormality, we feel that as good health. But wellness is more than health. The Alliance Institute for Integrative medicine viewed that "Wellness is much more than just a state of physical health, It also encompasses emotional stability, clear thinking, the ability to love create embrace change, continuing sense of spirituality. 'National wellness institute viewed that wellness is an active process of becoming aware of and making choices towards or more successful existence. Wellness is a dynamic process of change and growth. Rural society mostly depends of wellness of people. Rurality's are not in a position to buy affordable health facilities. But wellness will be within their reach. However it is not fare on to consider health is not essential in rural areas.wellness sometimes also depends on the affordable and available health facilities. It is disheartening to note that rural India even today is not free from socio-economic maladies. Adequate provision of primary health and sanitation, education and other basic infrastructure facilities are scarce and disgraceful in rural India.

*** WOMEN HEALTH AND WELLNESS:**

Health and wellness are two faces of a coin. Because, most of the time people may enjoy good health but not enjoy wellness in their daily life. Health usually involves medical aspects and services. But wellness is always found in mind set of people. No doubt that a country's overall growth and development of women and men. High quality women's health is an indicator of human development. The foundation of every home and family and community and nation at large depends to a great extent on the fitting health status of women. Therefore women's health is an integral part of overall health system of any country unfortunately women throughout their lives have unequal access to health care systems and services relative to men. Girls and women are socialized to accept pain and health agony as a part of every woman. She is given least chance to express her ill- health. The special health needs of women are quite often underestimated and their diseases and health complications are generalized as that of boys and men. Pathetic condition of women's health found more in rural areas than urban. Rural women suffer more for want of care and health. Omens overall health heavily depends on the level of their wellness. Most of women in India are ill with emotional disturbance, men's non- cooperation, domestic or physical violence and above all the feeling of insecurity. In this background an attempt has been made to examine and analyses the health status on women in rural Karnataka. This study is based on secondary sources only.

*** WOMEN HEALTH AND SANITAION IN RURAL KARNATAKA:**

Human development of a country depends on access to drinking water,

sanitation and hygiene and sanitation contributes to dignity and social development. Overall women's health among other things, also depends on the accessibility and availability of water and sanitation. Because, deprivation in water and sanitation has some multiplier effects. Some of the 1.8 million child deaths each year as result of diarrhea; the loss of 443 million school days each year from water related illness; close to half of people in developing countries suffering at any given time from a health problem caused by loss of 443 million school days each year from water related illness; close to half of all people in developing countries suffering at any given time from a health problem caused by water and sanitation deficits; Millions of women spending several hours a day collecting water. Even though Karnataka state one of the developed states, its position in basic human services is lagging behind considerably especially in water,sanitation,primary health, electricity and roads. The problem of sanitation found more in rural areas affects more women and their health. This is apparent from the data provided in table one it evident from that almost $\frac{3}{4}$ [71.58%] of rural house holds do not have toilet facility with in its premises. It is disgusting to view that almost half of the households in Karnataka lack toilet facility with in their easy reach. Therefore around three cores [30000000] people of Karnataka do not have toilet facility with in their premises. As a result 92.15% of them have to defecate in open places. Women and children are the worst sufferers and exposed various kind of diseases and illness.

Table 1 latrine facility in Karnataka

Region	Total households	Number of house holds having latrine facility with the premises	Number of households not having latrine facility with in the premises	No latrine with in premises	
				Public latrine	Open
Rural	78,64,196 [100.00]	22,34,534 [28.42 %]	56,29,662 [71.58%]	2,72,968 [4.84%]	53,56,694 [95.15%]
Urban	53,15,715 [100.00]	45,14,862 [84.93%]	8,00,853 [15.06%]	2,31,249 [28.87%]	5,69,604 [71.12%]
Total	1,31,79,911 [100.00]	67,49,396 [51.21%]	64,30,515 [48.79%]	5,04,217 [7.84%]	59,26,298 [92.15%]

Source :HH-Series tables, census of India 2011.

*** PHC AND RURAL WOMEN HEALTH:**

All health services and programs of phc are directly or indirectly related to the women health. They are playing important role to improve the health status of women. In the village out of population, 48% of population is women population and majority of them are belonging to the agricultural families. These women are working in home as fields in the day and night. Due this work lowed they are suffering from many diseases health status of the women that from BPL Families worse lack of nutritious food and work these women are suffering from diseases, women health is always neglected due patriarchal mode of family system in rural areas. Some time because of economic problem women are also not ready to take the treatment from private hospital, which cost too much. In such conditions efficient and flourished government hospital are essential to protect and improve the health status of women.

*** HEALTH AND AGE AT MARRIAGE:**

Age at marriage is considered as one of the vital indicators of women's health early age at marriage leads to early pregnancies and high fertility among women. Adolescent pregnancies and high fertility are considered as indicators of women. Poor health and poor qualities of life of women. In Karnataka, the practice of very early marriage has virtually disappeared in both urban and rural areas. It has been observed that age of marriage of girls have a definite bearing on their reproductive health. Early the marriage, chances of conceiving at an early age goes up. In rural Karnataka almost ¼ of (25.7%) women marry under the legal age (18) of marriage. And it is astounding to note that 54.3% of married women of 20-24 years, already married before attaining the legal age. This trend found even today in most of the northern districts of Karnataka and among SC/STs.

*NUTRITIONAL STATUS OF WOMEN:

According to NFHS (National Family Health Survey), men and women in Karnataka suffer from a dual burden of malnutrition. Over 1/3 of adults are too thin and 15% of women and 11% of men overweight or obese. However under nutrition among married women has declined from 39 in to 31 percent. Poor nutritional intake of women is often correlated with poor economic status. Nutritional deprivation of women leads to growth problems and high risk of pregnancy such as maternal complications and death, low birth weight babies and premature births. Women's employment, income and decision making power over the utilization of their income are the key determinants of women's health. Available data from Karnataka shows that there is no evidence of gender bias in food distribution among the children. More than 1/3 women have a high prevalence of nutritional deficiency. These nutritional problems are particularly serious among younger, rural, illiterate, scheduled tribe women's, working women's and women living in households with a low standard of living.

*ANAEMIA AMONG WOMEN:

Iron-deficiency is the most widespread form of malnutrition in the world affecting more than two billion people. In India anemia affects an estimated 50% of the population. Anemia has detrimental effects on the health of women and children and can become an underlying cause of maternal mortality, ante-natal mortality. In Karnataka the hemoglobin level was tested for 94% of the women compared with 88% in India as a whole. Overall 42% of women had some degree of anemia, 27% of women were mildly anaemic, 13% were moderately anaemic and 2% severely anaemic.

*COMPLICATION DURING PREGNANCY, DELIVERY AND POST-DELIVERY PERIOD:

According to NFHS women who either do not receive ANC or have received an incomplete course of ANC are exposed to the risk of maternal death. In Karnataka, as much as 50.2% of women who had still/live births in the three years preceding the survey had some complications during pregnancy. This varies from 31.8% in Chitradurga to 74.2% in Dakshina Kannada district. Among the women, who had complications during pregnancy 84.9% of them sought the treatment. Almost half of the women in Karnataka had faced at least one delivery complication. The main cause of delivery complications experienced by women is obstructed labor (67.6%), premature labor (41.6%), prolonged labor (35.0%) and excessive bleeding (18.4%). There is no difference between reporting of delivery complications rural or urban women both show an equal percentage of 43.7 percent.

CONCLUSION:

Health status of women in rural Karnataka is inextricably inter-twined with the socio-economic and cultural factors illiteracy. Low education early age at marriage, rural residence and other cultural and economic factors constrain women in acquiring health services. Thus the ability to live and lead a normal life span is an ultimate goal of every human being. Everybody intends to have long life. A long life implies good health and wellness. Good health is not just about doctors and drugs. It depends on safe drinking water and sanitation. Adequate nutrition protection from disease and above all freedom security for a woman, girl, girl child and girl baby at all the places and all the time.

References:

1. Census of India, 2001 Directorate Census, Government of India.
2. Human Development Report 2006: Beyond Scarcity: Power, Poverty and the Global Water Crisis, UNDP, New York.
3. National Family Health Survey India, 2005-06: Karnataka, Ministry of Health and Family Welfare, Govt. of India, IIPS, Mumbai.
4. Radha Devi, Age at marriage in India, vision and reality. Serials Publications Pvt. Ltd, 2006.
5. Basavaraja S. Hedeginal. Nutrition and women health in Karnataka: A case study of

6. Bagalkot District. 2015. Serials Publication Pvt Ltd.
7. Women and Health. Today's Evidence Tomorrow's Agenda World Health Organization-2007.
8. M Chatterjee-Indian Women Health, and Productivity-1990.
9. http://www.tarj.in.
10. S C Sidramshettar-Health status of women in Karnataka problems and future needs. December, 2004.
11. Amartya Sen. "The many faces of gender inequality". The New Republic, 2001.