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Women's health in India: Concerns & solutions

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Abstract

Women account for nearly half of world population. They are the primary caregivers. But due to many biological and socio-cultural factors like early marriages, gender biases, malnutrition, illiteracy and poverty their health status stays compromised. Indian women too suffer the brunt of poor health due to the above-mentioned factors. The advances in the field of medicine and health technology have increased the expectancy of life for women too, but that has not been able to necessarily ensure them a better well-being. This paper is an attempt to explore in detail what ails women's health status in India and possible solutions.

Keywords: Malnutrition, anaemia, gender discrimination, reproductive health

Introduction

Good health is one of the determinants of human capital. It is an important variable determining an individual's well being^[1]. To be away from disease, disability and premature death is one of the most fundamental human wishes. Health is also a basic human right which needs to be accorded equally to women and their gender should not be a constraint in this regard.

Poor health status affects millions of girls and women in India. They still remain 'unreached' as far as accessibility and affordability of healthcare is concerned. They comprise the most vulnerable section of the society. All over the world 800 women per day die preventable deaths due to issues related to pregnancy and child bearing and 20 per cent of them are from India. Malnutrition is a serious health concern for adolescent girls and women and adversely impacts their survival and work efficiency. Due to their reproductive biology, rampant poverty and low social status, women are found to be more nutritionally deficient than men^[2]. As per NFHS-4 (2016) 53.1 percent of non-pregnant women and 50.3 per cent of pregnant women in India suffer from iron deficiency anaemia. This leads to complications like poor growth, cognitive impairment and high risk of mortality as it makes them more vulnerable to catching infections. Nutritional deficiencies are single most important reason of higher risk of complications during and following child birth including mortality^[3]. Nearly 20 per cent of maternal deaths in India are attributable to anaemia. Maternal mortality itself is higher in India as compared to many developing countries. India accounted for 20 per cent of all maternal deaths worldwide between 1994-2006^[4].

Gender remains a key determinant of women's health and well-being. Health status of women is determined not just by biological factors but also by the socio-cultural context of their existence. In countries like India patriarchy rules the lives of women. Gender-based discriminations are not only responsible for health conditions like malnutrition and resultant high incidence of anaemia amongst the Indian women but also restrict their chances to be born. Prevalence of mass poverty coupled with gender biases claim a heavy toll of girl child/women's lives in India. When resources are scarce people think it better to spend it on a male child as an investment for future. This mindset relegates women and their basic needs including health needs as non-essential^[5].

Indian society is still son-obsessed. Economic Survey of India 2017-18, ticks off Indian parents for siring a number of children until they get desired number of sons^[6]. In this senseless pursuit, women pay a heavy price in terms of their health, jobs and more importantly self-esteem by being used for the fulfillment of this patriarchal obsession.

Methods of contraception have proliferated over the years, but in the four walls of the house, the decision-making lies with the men. Contraceptive prevalence rate among the women remains low, they still have very little say in avoiding or spacing of children. Burden of contraception in the Indian families is on the women and it is sad to see how Government policies, awareness campaigns and advertisements reiterate and reinforce this inequity. According to National Family Health Survey 2015-16, 36 per cent women underwent

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sterilization operation as against 0.3 per cent men. Total unmet need for family planning amongst married women of 15-49 years of age was 12.9 per cent registering a slight decrease of one per cent in a decade ^[7]. No wonder 15.6 million abortions took place in the country (2015) as against the government's figure of 0.7 million. The abortion rate was 47.0 abortions per 1000 women (15-49 years). There should not be unintended pregnancies and if that happens, there should be easily accessible medical facilities for their termination as 81 per cent pregnancies were medication abortions done at home. Of the 48.1 million pregnancies in 2015. (144.7 pregnancies per 1000 women), rate of unintended pregnancies was 70.1 per 1000 women (15-49 years). Abortions accounted for one third of all pregnancies, and nearly half of pregnancies were unintended ^[8].

Women are still ignorant about the side effects of the methods of contraception, they chose or are forced to adopt. Fifty-four per cent of women who were using some kind of contraception methods; female sterilization, IUD/ PPIUD, injectables and pill in the past five years told that they were not informed about their side effects ^[9]. We have horrible stories of mass women sterilization camps where they were treated like cattle. As per NFHS 4 2015-16 female sterilizations accounted for three fourths of all contraception methods while condom use was barely 11.7% and male sterilization only 0.6%. Intra uterine devices like Copper-T do lead to bleeding and pain if not monitored regularly. These concerns are significant when viewed against limited access of healthcare to a majority of poor women.

Apart from reproductive and sexual health, the general well-being of women and children should also be a point of concern in our country, if more than 50 per cent women (pregnant and non-pregnant) and children continue to be anaemic and there has been no appreciable improvement in the statistics in the past decade ^[10].

In women, breast and cervical cancer are the most common cancers in India, accounting for 27 per cent and 22.86 per cent of all cancer cases respectively. Cervical cancer accounts for nearly 10% of all cancer related deaths in India ^[11]. A cost-effective, easily accessible, user friendly cancer detection kit is the need of the hour to save our women from such untimely demise. Cervical cancer is inextricably linked to female personal hygiene and safe sex, which is lacking due to resources constraint, lack of education and the low priority it is accorded among the other things. A vaccine, though there are, which can protect women against cervical cancer would straight away bring down cancer related deaths by 70,000 in the country.

More than 47 per cent of people living with HIV infection in India are women and children. Here also, their poor stake and bargaining power in matters of safe sex, especially the female sex workers manifests into infection and risk of transmission from the pregnant women to child ^[12]. Human trafficking and sexual violence only worsen the situation. Stigma, helplessness and isolation that permeate a HIV infected woman's life is not easy to describe.

Health needs of women in the areas of non-communicable diseases (NCD) are equally urgent in terms of education, awareness, diagnosis, treatment etc. It is nothing but alarming to know that 60 per cent female fatalities occur due to NCDs like cardio-vascular, diabetes, stroke, kidney, respiratory, trauma etc. ^[13] There could be causes to this malady, but malnutrition, stress, late diagnosis and insufficient treatment, poor rehab add significantly to the

worsening of the situation. Here too gender discrimination plays its role as it limits women's access to healthcare. Their health problems are often neglected. In case of illness, men have been found to visit hospitals more frequently than women. Women's restricted mobility in public spaces due to cultural factors curtails their access to healthcare ^[14].

India has made significant progress in the field of medical science and health services. But the areas of women and children health, despite the government's concern and fund allocation fail to serve the rural, tribal, urban poor and other underprivileged sections. Folic acid, which can prevent anaemia, is perhaps the cheapest medicine on the inventory, but it remains out of reach of the half of the population. Anaemia robs millions of working hours, affects productivity, checks mental growth and compounds on medical care bill from its manifestations.

Preventive and social medicine needs to reach to the last women and child in the queue. There are health programs, sufficient funds and health workers, but their implementation remains tardy. Programs with efficient implementation strategy have shown results, like the Pulse Polio campaign.

Women and children still get afflicted by deficiencies and diseases, which are preventable by diligent indulgence of health administration. Sadly, it is not so. Intestinal worm infestations, vector-borne diseases, diarrhea, diseases affecting eyes and oral cavity and the deficiencies inhibiting normal growth are so very common. Their prevention is within our reach but yet so far.

Low-cost technology and innovations can make the difference, especially in the fields of water purification, hygiene and sanitation, controlling vector-borne diseases and early diagnosis of communicable and non-communicable diseases. Simple technology and equally down to earth approach to connect with the last woman and child in the queue can really be transforming. Spreading awareness and according women more power and agency through education and empowerment is the surest way to improve their overall wellbeing.

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