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## HEALTH STATUS OF RURAL WOMEN IN INDIA: AN OVERVIEW

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### ABSTRACT:

*Social injustice is killing people and mandates the ethical imperative of improving the social determinants of health. Women are the most deprived sections from all the health facilities. They are the most affected groups right from conception to the end of their lives in terms of poor medical care. Health status of women in India are examined on the basis of indicators such as sex ratio, life expectancy, mortality, age at marriage, reproductive health care, fertility and family planning, nutritional status, morbidity, literacy and education. Sex ratio is considered as an important indicator of women's*

*status. In India, sex ratio was unfavorable to females. Social discrimination not only has its roots in rural areas, but also in the Indian caste system. Although the caste system is now officially illegal, it is alive and well throughout India. This research study is an attempt to study the health status of rural women in India. The study show that more care and interest should be taken by the individual, society and the government in developing the health of rural women. The aim of the paper is to discuss the health of rural women in India. This paper is based on the secondary sources.*

**KEYWORDS:** Health, Health Status, Caste, Rural women.

### OBJECTIVES:

- ❖ To Understand the Health Conditions of Rural Women in India.
- ❖ To analyze the reasons for the present conditions.
- ❖ To suggest the measures to improve the health of rural women.

### INTRODUCTION:

In every society the women community was not given due attention especially on the health aspect. In most societies, women are the most deprived sections

from all the health facilities. They are the most affected groups right from conception to the end of their lives in terms of poor medical care during pregnancy, after delivery as a baby, as a girl, and as a woman. They suffer from poor nourishment, medical care, education and moral support. Women's health involves their emotional, social and physical well being. It is determined by social, political, economic and biological factors.

Health is concerned with qualitative improvement and it is not subject to exact measurement. The prevalent indices to measure health status are Death Rate, Infant Mortality Rate, incidence and prevalence of

diseases, admission rates of patients to the hospitals, expectation of life and so on. Among these, mortality and life expectancy are the widely used measures of health status of a population.

India is one of the largest third world countries where females are considered as disadvantaged sections, demographically, socially, culturally and economically. Women are described as the most vulnerable group exposed to various adversities of

life. India is one of the few countries where males significantly outnumber females, and the country's maternal mortality rates in rural areas are among the worlds highest. Females experience more episodes of illness than males and are less likely to receive medical treatment before the illness is well advanced. Disease burden per 1000 population in India is much more on women than men.

The problems of health hazards are guided by religious beliefs, dogmas and practices. These practices have pervaded the life of an average Indian. It is found that, the poor are the worst affected by epidemics and contagious diseases. The average Indian suffers from protein deficiency, caused by insufficient intake of food, particularly by growing children and lactating mothers. The roots of the poor health situation of the population lie in the neglect of women in the society.

Several studies have shown that the neglect of women, from their early childhood, including food and medical attention during illness, and burden of work, has led to poor health and higher death rates among them. Women from their early childhood are trained to accept pain and suffering as part of their lives. This has developed a culture of silence, which has led to women neglecting their health and not taking any treatment if they have health problems.

Health status of women in India are examined on the basis of indicators such as sex ratio, life expectancy, mortality, age at marriage, reproductive health care, fertility and family planning, nutritional status, morbidity, literacy and education. Sex ratio is considered as an important indicator of women's status. In India, sex ratio was unfavorable to females. Female adverse sex ratio embodies the effects on female survival, of an anti female bias in the household distribution of food and health care. The sex ratio (number of females per 1000 males) over successive censuses indicated that the ratio has been unfavorable to females in India. In patriarchal societies, the adverse health outcomes of women are visible at different stages of life cycle. At early child hood, the young children are at high risk of ill health and are more susceptible to death from their illness. In the peak reproductive years, the physical drain of pregnancy and lactation increases women's vulnerability to poor health (Monica, 1987).

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Women are generally more scrutinized in rural areas where 73 percent of the poor live. These conditions can lead to nutritional, social and educational discrimination. All of these factors affect the health of women. Women need more high-quality nutrients when they are pregnant or nursing; however Indian women typically eat last and least. More than half of all Indian women develop anemia due to lack of essential nutrients. In fact, nearly 22,000 people, mainly pregnant women, die every year from severe anemia. This lack of nutrition is transferred to their children who have impaired physical and mental development. Women who are breastfeeding girls typically nurse the female child two months less than male children. The National Family Health Survey III of 2005-2006, states that optimal breastfeeding prevents many dangers of malnutrition. The rate of breastfeeding within one hour of birth is only 25 percent in India. New mothers also lack access to adequate care during their pregnancies, during delivery and postnatal care. CARE India focuses on these vulnerable marginalized women and girls to reduce poverty improve lives and create empowered women.

Social discrimination not only has its roots in rural areas, but also in the Indian caste system. Although the caste system is officially illegal, it is alive and throughout India. According to Wiki "With the Scheduled Castes at **16.6%** and Scheduled Tribes at **8.6%**, the Scheduled Castes and Scheduled Tribes together make up **25%** of India's population according to the 2011 census." Based on the above, estimate of Dalit population should be around 300 million or more. Data from the National Family Health Survey-III (2005-06) clearly highlight the caste differentials in relation to health status. The survey documents low levels of contraceptive use among the Scheduled Castes and the Scheduled Tribes compared to forward castes. Reduced access to maternal and child health care is evident with reduced levels of antenatal care, institutional deliveries and complete vaccination coverage among the

lower castes. Stunting, wasting, underweight and anaemia in children and anaemia in adults are higher among the lower castes. Similarly, neonatal, postnatal, infant, child and under-five statistics clearly show a higher mortality among the SCs and the STs. Problems in accessing health care were higher among the lower castes

The Census of India 2011 has shown the lowest child sex ratio since India's independence, The rate has dropped to 914 females for every 1,000 male children between 0 to 6 years old. This shows a preference in society for male children, even though there are laws against female feticide, infanticide and medical technologies that determine the sex of the fetus. The rate in the Census of India 2001 was 927 females for every 1,000 males. In some parts of India the child sex ratio is as low as 618/1,000. The Health and Family Welfare Ministry reported 80 percent of districts in India reported a decline in the child sex ratio between 1991 and 2001. Indian women have approximately 6.7 million abortions per year. There are 500,000 more girls aborted than boys each year which equals 10 million more girls aborted than boys over the past 10 years; 2 million of these fetuses are aborted just because they are female. The Health and Family Welfare Ministry also reports that as the level of maternal education increases, the child sex ratio actually declines. This means that women with higher levels of education are more likely to have a sex selective abortion. One reason is these women typically have more financial security and can afford sex determination tests as well as abortions. The 2011 Census has reported that the literacy rate for women is 65.46 percent compared to 82.14 percent for men.

There are many challenges to women in India, but improvements are being made. CARE India focuses on women because they are the key to achieving long-term progress. Women nurture their children and strive to provide adequate food and shelter. Women try to improve their livelihoods and communities, and attempt to see that their children are educated and are successful. Health care delivery to rural areas will improve with better technology and greater governance. Entry points will present a challenge as the growing population is outpacing the development of needed infrastructure throughout the country. This will be a challenge to pharmaceutical industries in regards to providing health care to those most in need. Many women are marginalized in society but really desire to improve their lives and the lives of their family members. They need health education about the female anatomy, female reproduction and sexual education, not only for women but also for men. They need prenatal care, birthing information and parenting classes. They need vitamins, more nutritious foods, hygienic materials and medications for a variety of illnesses. Much of rural India is in need of basic services such as clean water and better sanitation. Lasting impact can be realized by working with the local and state governments on sanitation, health education and delivery systems. There is an opportunity to work with stakeholders to design a health care system that reaches the most vulnerable. The stigma surrounding certain diseases, child sex ratio and castes have to be relegated to the past. Many of these issues have to be addressed by the government of India. However, pharmaceutical companies could help by providing medications and education to the people. In India, 50 percent of the population is under 25 and more than 65 percent is under the age of 35. This young population will provide the leadership for the transformation in India for many years to come. The people of India are ambitious and optimistic with the hope of a brighter future. A long life for all Indians cannot be realized until some of the basic health issues are resolved.

Strengthening the mid-day meal scheme, the Sarva Shiksha Abhiyan, the Right to Education Act, the National Rural Employment Guarantee Act, the Food Security Act and the National Rural Health Mission, all steps in the right direction, is essential. There is need to increase resource allocation for the social determinants of health and to reinforce the government's primary responsibility in providing for basic needs. Gender equity and social and political inclusion of the poor and lower castes in policy and decision making are required.

## CONCLUSION:

Caste plays out in India just as race plays out in the U.S. Birth seems to determine health, education, employment, social and economic outcomes; it requires changes in social structures. Social injustice is killing people and mandates the ethical imperative of improving the social determinants of

health. All women in rural areas are affected by access issues, specifically the lack of primary and specialty care. The latter has a major impact on rural women as specialty. Rural areas also tend to have higher rates of chronic disease. We cannot expect these remote rural societies to make room for developmental and creative activities, in the absence of time and energy, caught up as they are in their routine domestic work. In a democracy where we emphasize on inclusive growth, there is no system to reach out to these people and mainstream them. But it is high time the government, institutions and civil society looked into the problem and addressed the health hazards faced by women due to lack of certain facilities.

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