

Women's Health Status in India

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Abstract: Poverty constitutes the underlying factor for poor health status among large masses in India. The era of globalization marked by unemployment, depleting wages, rising health care costs, hazardous working and living environment has clear gender specific impacts. The patriarchal forces act in alliance with the forces of globalization to accentuate gender related subordination. Hence, one needs to go beyond the biological determinants of health and understand that women's poor health status is inextricably linked to their social and economic inequalities, which restrict their access to and control over resources. In doing so, we analyze and examine the factors which make women vulnerable to mortality, communicable diseases, mental health problems; occupational health hazards and impinges on their right to health and well-being. India accounts for the second highest maternal mortality rate in the world⁴⁰. The figures are on a consistent rise, with National Family Health Survey (NFHS) II indicating an increase from 424 deaths per 100,000 live births in 1991 to 540 in 1997-98 and have remained stagnant till 2000⁴¹. In numbers, this translates to one woman dying every five minutes primarily from sepsisinfection, haemorrhage, eclampsia, obstructed labour, abortion and anaemia. With 85% of pregnant women being anaemic, blood loss due to haemorrhage in pregnancy and labour can be fatal. A vicious circle of under nourishment and ill health is set in motion; poor nourished mothers give birth to low birth weight babies. Low birth weight babies have a greater risk of dying from diarrhoea and acute respiratory infections. Besides posing risks during pregnancy, anaemia increases women's susceptibility to illnesses such as tuberculosis and malaria, and reduces the energy women require for daily activities.

Introduction

Women's access to health services is much less in comparison to men. The underlying reason being their lower status in the family and lack of decision- making power regarding ill health, expenditure on health care and non- availability of health care facilities prevent them from seeking medical help. Women's lack of time due to existing unequal division of labour and the socially sanctioned 'feminine' quality of 'sacrifice'. Besides, the perceptions of acceptable levels of discomfort for women and men lead to gender differences in willingness to accept that they

are sick and seek care. Women wait longer than men to seek medical care for illness. We have pieced together certain struggles/ campaigns that have had direct implication on the health and rights of women. We have then looked at a few of those initiatives that were related to the larger context of health. Finally, we have highlighted some initiatives that in the process of critiquing and challenging the prevailing approach and policies have also tried to explore alternatives. This is partly due to their unwillingness to disrupt household functioning unless they become incapacitated.

Women's health at different phases of life:

Health is an essential aspect of a woman's life, and it can be challenging to balance work and personal life without compromising health. Women face various health issues that are specific to their gender, and the effects of these issues can be even more pronounced in working women. This article explores some of the health issues faced by working women of different age groups. Women enter different phases of life from childhood to old age, women's health plays a prominent role, as women are the backbone to family and society. Women's undergo different health changes both physically and psychologically in every phase such as adulthood (teenage), reproductive age, middle age and postmenopausal age.

Women's health in teenage - At this phase most of women's/girls are students so it is very important to take care of health along with studies. As many of them will be staying in hostels, it is very difficult to have nutritious foods, ignorance of health during exams and lack of parental care. At this stage women going through menstrual cycles not surprisingly undergo physical and mental changes that take place during this time. After all, moving from childhood to adulthood requires great adjustment. Most of them suffer health issues such as hair specific problems, irregular periods, polycystic ovary, sexual health issues, nutritional health problems like anorexia nervosa, etc. At this stage girls require awareness of health and should take a balanced diet, drink plenty of milk, eat fruits and opt for a diet rich in calcium. At least 1200 mg consumption a day is

recommended. This is the time bones are gaining their greatest strength for the rest of life.

Women's health in Reproductive age - During reproductive years, women go under pregnancy and all its complications. Programs of contraception and its failure, abnormal uterine bleeding and sexually transmitted diseases are the few health problems. It is also important for women to be educated with risks and solutions relating to their health conditions. Important health needs in the reproductive process have been left unmet. Infertility may not be a serious hazard as far as physical health is concerned, but can be a major cause of mental and social ill-health. It is not fair that society should provide care to reproducing women, but should neglect the suffering of those who are unable to conceive.

Women's health in middle age - In midlife women have to take care of her children and family, for working women this is the stage many of them will have professional growth opportunities. High chances of women ignoring their health, maintaining cardiovascular health with aerobic activity, and maintaining flexibility and posture are important exercise related goals for health at this stage. For many women, breast health includes concerns about breast lumps, breast pain or nipple discharge. To promote breast health, consider doing a breast examination. It's also important to understand common screening and diagnostic tests for breast health –such as clinical breast exams and breast ultrasound. Mammography is recommended for all women above 40 years.

Women's health in menopause - Menopause begins in the late 40s and early 50s in most women. It officially begins when a woman goes a full year without menstruating. During this time, estrogen and progesterone levels fluctuate. As estrogen levels decrease, many tissues in the body, including the breasts lose hydration and elasticity. As life expectancy increases, the number of postmenopausal diseases has also increased. Many women are affected by physical conditions like urinary incontinence, chronic migraines and breast cancer, osteoporosis, hypercholesterolemia (high cholesterol) and atherosclerosis affecting many women after menopause.

A critical understanding of rising mortality and morbidity rates among women in India

Relatively high mortality rates of women are a reflection of unequal gender relations, inequalities in resource distribution, lack of access and availability of drugs and health services in our country. A look at the female to male death ratio (i.e. 0.84, for the period 1992-93) at the neonatal stage shows that mortality rates are higher in case of males. There is a significant reversal in the picture in the post-neonatal and subsequently the 1-4 age group, where the female to male death ratios are 1.13 and 1.43 respectively. These differentials highlight the consistent gender bias inherent in seeking health care for the girl child. Many studies have clearly shown that girl children below the age of four

years displaying symptoms of pneumonia were not taken to a health provider or given any treatment at home as compared to similarly affected male children of this age group. In India, pneumonia and anaemia constitute the major causes of death in the 0-4 age group, and tuberculosis of the lungs pose a risk in the 15-50 age group. The other causes of mortality include bronchitis and asthma, gastroenteritis, diseases of the nervous system and maternal mortality.³⁸ Poor nutritional status, coupled with lack of poor health care for girls and women underlie causes of high mortality and morbidity in India. "In India 1 out of 3 women in the age group 15-49 is undernourished as per the BMI"³⁹ (NFHS II 98-99). Studies show that access to nutrition and healthcare is skewed in favour of boys and men, which in turn, affect gender differentials in mortality. There is a definite bias in feeding nutritious food to boys and male members of the family. In northern states, it is usual for girls and women to eat less than male members. For instance, the dietary pattern indicates that in comparison to adult men, women consume approximately 1,000 fewer calories per day, far below the Recommended Dietary Allowance. Nutritional deprivation not only hinders women from reaching their full growth potential, but also results in severe and chronic anaemia. Lack of appropriate care during pregnancy and childbirth, and the inadequacy of services for detecting and managing complications, explains most of the maternal deaths. According to a study, 37 per cent of all pregnant women in India receive no prenatal care during their pregnancies. Moreover, women in rural areas are much less likely to receive prenatal care than women in urban areas (18 per cent and 42 per cent, respectively)⁴³. This is a cause of great concern as these deaths are preventable

with improved attention to access to health care, emergency obstetric care, and proper ante-natal and postpartum care.

Women and Communicable Diseases

In addition to the poor nutritional status, heavy work burden and maternal and perinatal ill-health, communicable diseases including Malaria, Tuberculosis, Encephalitis, Kala Azar, Dengue, Leprosy, etc. contribute significantly to the heavy burden of disease faced by women.

Communicable diseases remain the most common cause of death in India. Despite the arsenal of diagnostics, drugs and vaccines that have been developed during this century, medical researchers and practitioners continue to struggle against an ever-growing number of emerging infectious diseases such as HIV and hepatitis etc.⁴⁶ Structural inequalities of gender and economic resources enhance the risk of communicable diseases among poor. Although both men and women are equally exposed to communicable diseases, there are concrete evidences to show that women suffer far more than men in terms of decision making and access to treatment and services. If one considers that women constitute approximately 70% of the poor, then the interaction between poverty and gender may represent the most important risk factor to be addressed in efforts to arrest communicable diseases⁴⁷. There exist crucial linkages of communicable diseases- particularly TB and Malaria, perhaps they are so common – with issues related poverty, the environmental degradation and the change of lifestyles and food habits, etc.

Malaria - that staged resurgence in the 1980's before stabilizing at a high annual prevalence of nearly 2 million cases⁴⁸ - affects women in various ways. Repeated attacks of malaria, especially falciparum malaria in already anaemic women results in worsening of anaemia. Pregnant women with malaria are known to have a high incidence of abortion, still birth and low birth weight babies. These women have a higher risk of death.

The issue of HIV/AIDS presents a complex picture and has emerged as a major rights issue over the years for those infected with it. The first evidence of HIV infection in India was discovered in a female sex worker in Chennai in 1986. Since then, studies conducted all over India have shown that the infection is prevalent in a number of population groups all over the world. The NACO estimates the number of people with HIV/AIDS in India as 5.1 million in 2004.

Women and Mental Health

Estimates of mental health show that about 10 million people are suffering from serious mental disorders in India. Approximately 15% of all women suffer from mental illnesses against 11% of

all men⁵⁴. The social roots of women's mental health problems are overlooked owing to gender insensitivity and increasing medicalisation of mental health problems of women. Mental health care has been given very low priority and, consequently, mental health services are in an abysmal state in India.

Hospitals are poorly equipped to meet the needs of the mentally ill and often serve more of a custodial role than one of care and treatment. The infrastructural requirement in government hospitals for mental health treatment is poor. Living conditions are often abysmal, with low or non-existent standards of sanitation, and patients are often physically restrained with chains. The situation in the rural areas is worse, with erratic outpatient and outreach services and no inpatient services⁵⁵." There is also a lack of clinical psychiatrists, who can understand the socio-economic and cultural constraints and realities of the women as the major causes of mental health problems and, thereby, handle them sensitively.

Hysterectomies of Mentally Challenged Women

A government run institution for mentally challenged girls in India came into public eye, because 17 women (ranging from 15 to 35 years of age) were brought into the district level government teaching hospital for hysterectomies. Some newspaper articles about this home had been published in the local newspapers about the abysmal facilities there.

The reason given by the state authorities (the dept. of women and child welfare) for the hysterectomies was "easy management of menstruation". They said that even though they had tried their best, the Class IV employees (cleaners, sweepers, etc.) were unable to handle the mess and thus they were sure that this was the only solution left. An eminent gynecologist from the private sector was brought in from the metropolis to conduct the surgeries. He was going to demonstrate to the postgraduate students of surgery the new techniques of removing the uterus par-vaginally in nulliparous (not having undergone childbirth) young women.

Health issues in working women:

As women play multiple roles and have to balance their professional life and personal responsibilities at home. Hence neglect their own health. Travel, work pressures, tight deadlines, social networking are few of the reasons for lifestyle ailments like

obesity, depression, diabetes, polycystic ovarian diseases, and blood pressure, low calcium and hemoglobin among women.

Today most women give more importance to their careers rather than their own health. Work pressures lead them to eat more junk food which leads to obesity and other health related issues. Lack of time makes them get less or poor-quality sleep. A busy lifestyle results in lack of exercise and poor nutrition which results in iron and calcium deficiency. Irritability and mental depression are common which in turn badly affect the hormones that play a vital role in a woman's body. Hormonal disturbances are increased with stress and result in ovulation, polycystic ovarian diseases and thyroid issues. One of the main reasons for a stressful life is the reduced nutritional level which affects the immune system. One's lifestyle governs one's health, so keeping one's health in mind is difficult, but is certainly not an impossible task. So, this article explores some of the health issues faced by working women of different age groups.

Health Issues Faced by Young Working Women

For young working women, one of the most significant health issues is mental health. Stress, anxiety, and depression are common problems that can be caused by the demands of work and the pressure to succeed. Additionally, the lack of proper sleep and poor eating habits can also contribute to poor mental health. Young working women should take steps to manage stress, maintain a healthy work-life balance, and seek professional help if necessary. Another significant health issue that young working women face is reproductive health. Irregular menstrual cycles, endometriosis, and polycystic ovary syndrome (PCOS) are some of the common reproductive health issues. Women should prioritize regular check-ups with a gynecologist and maintain a healthy lifestyle to manage these issues.

Health Issues Faced by Middle-Aged Working Women

Middle-aged working women face unique health challenges, primarily related to the hormonal changes that occur during menopause. Hot flashes, night sweats, and mood

swings are some of the most common symptoms of menopause. Women should maintain a healthy lifestyle and consult with their doctors to manage these symptoms. Hormone replacement therapy (HRT) is a common treatment option that can help alleviate these symptoms. Another significant health issue faced by middle-aged working women is breast cancer. Women should undergo regular mammograms to detect any changes in their breast tissue. Early detection can increase the chances of successful treatment and recovery.

Health Issues Faced by Older Working Women

Older working women face health challenges related to aging. Osteoporosis, arthritis, and cardiovascular disease are some of the most common health issues faced by older women. Women should maintain a healthy lifestyle, including regular exercise and a balanced diet, to reduce the risk of these health issues. Another significant health issue faced by older working women is dementia. Women are at a higher risk of developing dementia due to factors such as hormonal changes and genetics. Women should engage in regular mental exercises and maintain a healthy lifestyle to reduce the risk of developing dementia.

Thus, Most Women in the IT sector spend 10 to 12 hours sitting at their controlled work environment resulting in weight gain and obesity, known to affect the mind and cause symptoms like depression and insomnia. Due to long working hours and strict deadlines causing depression or anxiety. Also lack of exercise or nutrition, poor sleep, addiction to alcohol, and drug abuse also contribute to depression. Static posture due to long hours without appropriate support to the back causing lower back pain which is the most common chronic disease at work. Also excessive and sudden weight gain by the sedentary lifestyle makes your back all the more vulnerable to it. Infertility mostly due to stress and obesity caused by the long working hours with odd shift timings, lack of physical exercise, and changes in eating habits along with conditions like diabetes. Consuming more calories, sweet beverages and fast food, and spending far too much time

sitting is one of the causes of Type 2 diabetes. Hence, women's safety and health issues at work must be addressed and diagnosed at an early stage. It is also necessary that women are aware about the health problems & take preventive health checkups to identify the future potential health risk factors.

Violence against Women

Violence against women and girl children at the household and community levels has deep impacts on their survival, dignity, self-esteem, and overall health. Research evidences point out that globally one of the major contributors to women's mortality and morbidity is violence. Women have to confront violence in all spheres of her social life, which constantly propagates and strengthens the unequal relationship between men and women in an attempt to control women's labour, mobility, reproduction and sexuality⁵⁷.

Violence against women refers to a range of acts varying from physical abuse, psychological abuse, sexual abuse, to a host of other ways by which a woman's personal security may be seriously compromised. Women also face financial abuse, if the husband/'bread-earner' abandons the wife and children, or does not allow her access to any money by retaining all financial control. In this context, violence is one of the tools used to reinforce women's subordinate status – to control the oppressed or disempowered. This domestic violence is justified by society, if the wife is found not attending to household tasks adequately, not caring for her husband or on grounds of suspicion.

Violence in many forms

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the house- holds, pre-sex selection and sex selective abortions, female infanticide, neglect of nutritional needs , education and medical care , early marriage , dowry-related violence, marital rape, and other traditional practices harmful to women, non-spousal violence, and violence related to exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- Physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.

Conclusion

In situations, where women lack autonomy, decision-making power and opportunities, they have very little control over the determinants of mental health and mental health care. In many cases they are sent to asylums by labeling women as schizophrenic patients, especially in order to discard unwanted spouse, extraction of more dowry, usurping the property of the widowed woman, etc. Many times their own parents do not want to take them back home after the treatment. Two thirds of women in mental asylums are normal women, who may be suffering from slight depression due to various emotional and physical causes.

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