

Health and Rural Women in India

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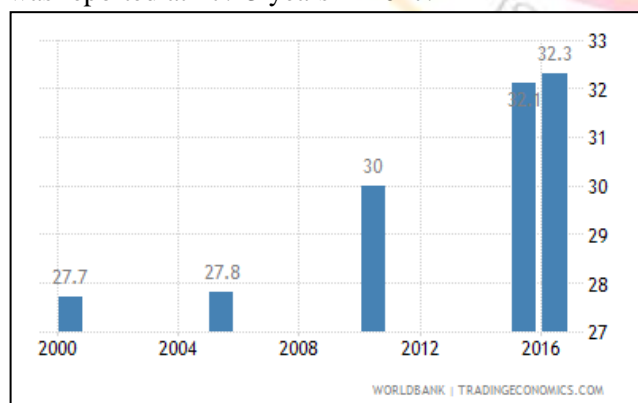
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The health of Indian women is directly linked to their status in society. Research into Indian women's status has found that their family contributions are often overlooked and they are likely to be regarded as an economic burden, especially in rural areas. This attitude has a negative impact on their health status. Poor health has repercussions not only for women, but also for their children and other family members. The following paper looks at some of the research finding and reports published by both the government and non government entities regarding the health aspects and rural women folk.

Keywords: Rural women, health, non communicable diseases, NFHS

Introduction:

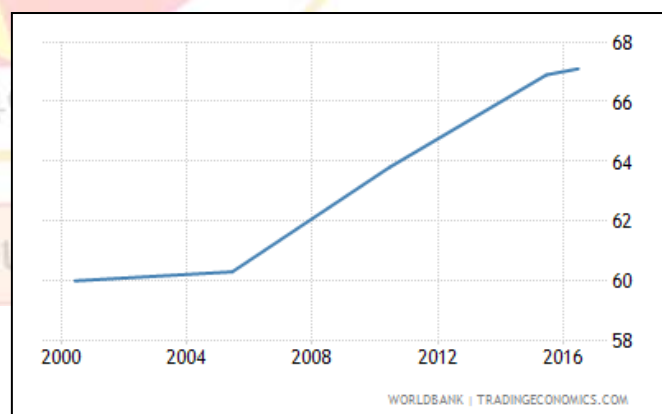
Rural population (% of total population) in India was reported at 65.53 % in 2019, according to the World Bank collection of development indicators. Rural population, female (% of total) in India was reported at 32.82 % in 2015 and Rural population, male (% of total) in India was reported at 34.44 %. But the Life expectancy at age 60, female (years) in India was reported at 18.62 years in 2017 whereas the Life expectancy at age 60, male (years) in India was reported at 17.43 years in 2017.



Looking at the mortality due to communicable and non communicable disease. The following graph represents the death due to non communicable diseases in the age group 15-34 years. Cause of death, by non-communicable diseases, ages 15-34, female (% of relevant age group) in India was reported at 32.3 % in 2016, according to the World Bank. Whereas the cause of death, by non-

communicable diseases, ages 35-59, female (% of relevant age group) in India was reported at 71.3 % in 2016, use of death refers to the share of all deaths for the relevant age by underlying causes. Non-communicable diseases include cancer, diabetes mellitus, cardiovascular diseases, digestive diseases, skin diseases, musculoskeletal diseases, and congenital anomalies.

But, in case of men the death by non-communicable diseases is low compared to that women of the same group. This is represented in the following graph.



Cause of death, by non-communicable diseases, ages 15-34, male (% of relevant age group) in India was reported at 32.2 % in 2016. Cause of death, by non-communicable diseases, ages 35-59, male (% of relevant age group) in India was reported at 67.1 % in 2016.

This data proves that the women in India have been at loss due to various factors such as

patriarchal system, unable to access better health care system, poverty, unemployment and indifference and partiality in the family.

The data on obesity levels of Indian women and men also drastically vary. Prevalence of obesity, female (% of female population ages 18+) in India was reported at 5.1 % in 2016, according to the World Bank whereas for men it was just reported at 2.7 % in 2016. Obesity has been a slow killer in many developing countries. Because, people feel that a person who is not lean and has put some weight is healthy and there is no cause of worry. But in reality this obese women have to face many issues both physical and mental health issues. This instance is very high in rural women folk who are just treated as second grade citizens with no rights over their body.

Now let's look at the statistical data on the death due to communicable diseases. Communicable diseases and maternal, prenatal and nutrition conditions include infectious and parasitic diseases, respiratory infections, and nutritional deficiencies such as underweight and stunting. Cause of death, by communicable diseases, ages 15-34, female (% of relevant age group) in India was reported at 30.3 % in 2016, according to the World Bank whereas male of the same age group Select all as reported at 16.4 %. Cause of death, by communicable diseases, ages 35-59, female (% of relevant age group) in India was reported at 18 % in 2016, whereas for men of the same age group it was reported at 16.1 % in 2016.

The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India. The 5th National Family Health Survey (NFHS 5) data for 17 States and 5 Union Territories released by the Ministry of Health and Family Welfare. The data from the first phase of the NFHS-5 indicated a decline in nutritional status of children under 5 years, continued female sterilisation being dominant as the modern method of contraceptives, anaemia being much higher among women compared to men and increase in teenage pregnancies. Analysing the current data, the Population Foundation of India (PFI), a non-government organisation working in the area of health and community wellbeing, said States like Manipur, Andhra Pradesh, Himachal Pradesh

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and Nagaland had also shown an increase in teenage pregnancies. Karnataka witnessed the largest increase, from 20.6% in the NFHS 4 to 44.4% in the NFHS 5. Sexual violence has increased in five States (Assam, Karnataka, Maharashtra, Meghalaya and West Bengal. It also added that female sterilisation continued to dominate as the modern method of contraceptives in States like Andhra Pradesh (98%), Telangana (93%), Kerala (88%), Karnataka (84%), Bihar (78%) and Maharashtra (77%). What has also been a matter of concern is the increase in average out of pocket expenditure (OOPE) per delivery in public health facilities in some States. Compared to NFHS-4, OOPE had increased in several States – Sikkim (109%), Mizoram (63%), Bihar (60%), Assam (42%) and Manipur (40%).

Conclusion:

The above data by international bodies and also our own National Family Health Survey should be an eye opener for the general public as well as the policy makers. Rural women have difficulty obtaining needed health services due to their poorer health status and lesser ability to pay for services. Rural poor women have additional conditions imposed on them by the isolation of the rural environment from resources commonly available in urban areas, such as public transportation to services and the availability of a wide range of health resources. Changes should be made to encourage women participation in decision making process of the family and village development activities such as panchayat and other local bodies. An empowered woman can fight for her health rights too.

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