Rural Women Health Issues

DR. HEMANGINI S. WAGHELA
Home Science Department
Shri P.K.Chaudhari Mahila Arts College

1. Introduction

The Status of Women The position of women in traditional Indian society can be measured by their autonomy in decision-making and by the degree of access they have to the outside world. By these measures, Indian women, particularly those in the north, fare poorly. Girls are typically married as young adolescents and are taken from their natal homes to live in their husbands' households. Then they are dominated not only by the men they have married but also by their new in-laws, especially the older females. Women are frequently prevented from working outside the home and travelling without a chaperone, and this has profound implications for their access to health care.

Poor health has repercussions not only for women but also their families. Women in poor health are more likely to give birth to low weight infants. They also are less likely to be able to provide food and adequate care for their children. Finally, a woman's health affects the household economic well-being, as a woman in poor health will be less productive in the labour force. While women in India face many serious health concerns, this profile focuses on only five key issues: reproductive health, violence against women, nutritional status, unequal treatment of girls and boys, and HIV/AIDS. Because of the wide variation in cultures, religions, and levels of development among India's 25 states and 7 union territories, it is not surprising that women's health also varies greatly from state to state. To give a more detailed picture, data for the major states will be presented whenever possible.

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2. Domestic Violence/Intimate Partner Violence (IPV)

Research is limited and resources are few regarding domestic violence, also called intimate partner violence (IPV) in rural India; however, what current research there is identifies IPV as prevalent in rural communities. In fact, some studies have shown rural Indian women are experiencing higher rates of IPV with greater frequency and severity of abuse than their urban counterparts.Rural areas face challenges such as higher poverty and lower rates of health insurance coverage limiting the ability of an IPV victim to access health care services. Primary care providers are crucial to serving rural women who are facing IPV. Victims may be receiving care from service providers who work with limited resources, are inadequately funded and who may function in multiple roles when working with clients.48 This situation is aggravated with the scant availability of IPV resources and the greater distances to those resources in small rural and isolated areas. Several studies have suggested that social and geographic isolation found more commonly in rural areas may significantly affect the rates and severity of IPV .Victims of IPV can experience a variety of additional difficulties related to transportation, housing, employment, and safety to worsen the problem. Incidences of IPV affect not only the victims but their families, employers, and their communities.

3. Mental Health

Women are twice as likely as men to suffer from depression. A recent national study estimated that 14% of women suffer from depression and that 2.7% experienced severe psychological distress. Women who are older, less educated, unmarried, unemployed, or have a low income are at higher risk, and rural women may be especially vulnerable. One study of a community health center in the rural

South estimated that 44.3% of female clients suffered from major depressive episodes.These findings are similar to the findings of a study at a rural community health center in Central Virginia, which found that 41% of female clients were suffering from depression, compared to the typical urban prevalence rates of 13-20 percent.Suicide rates are also higher in non-metropolitan areas; a recent study estimated that suicide rates among rural residents are "37% higher than the rate among suburban residents." One of the reasons for these disparities is that rural residents are far less likely to receive mental health treatment. A variety of barriers keeps people from seeking and receiving mental health care, including the cost of treatment, lack of awareness of mental illness, not believing that treatment is necessary, lack of time, not knowing where to go for services, and stigma surrounding mental illness.Some of these barriers are amplified in rural and frontier communities due to the lack of anonymity in rural communities, the distance and time to services, and the fact that rural residents are more likely to be uninsured and poorer than their urban counterparts. Some aspects of rural residence may help protect women's mental health. One study showed that women living on farms scored higher than average on mental health assessments.Additionally, residents of the rural Midwest may experience fewer depressive symptoms than non-rural residents.

4. Nutrition

Nutrition is a determinant of health. A well balanced diet increases the body's resistance to infection, thus warding off a host of infections as well as helping the body fight existing infection. Depending on he nutrient in question, nutritional efficiency can manifest in an array of is orders like protein energy malnutrition, night blindness, and iodine deficiency is orders, anaemia, stunting, low Body ass Index and low birth weight. Improper nutritional intake is also responsible for is eases like coronary heart disease, hypertension, non-insulin dependent diabetes mellitus and cancer, among there. Nutritional deficiency disorders of different types are widely prevalent in the countries of south East Asia, with some pockets showing infelicity in certain types of disorders. Iodine deficiency disorder is endemic to he Himalayan and several tribal areas and anaemia is a pervasive problem across most socio-economic groups of the country.

5. Malnutrition

Malnutrition, due to deficiencies of calories, protein, vitamins, and minerals and other poor health and social status, affects millions of women and adolescent girls around the world. Malnutrition, a serious health concern, threatens the survival of Indian mothers and their children. Adequate nutrition is thus an essential cornerstone to maintain the healthy health of any individual, especially for women.Baby born to malnourished women faces multiple complications, including cognitive impairments, short stature, lower resistance to infections, and a higher risk of disease and death throughout their lives. Women are more prone to nutritional deficiencies than men due to the fact of women's reproductive biology, low social status, poverty, and lack of education.The two most common nutritional deficiencies in the women worldwide are iron deficiency and anaemia. Around 80% of the Indian pregnant women suffer from iron deficiency anaemia's.

Nutritional deficiencies, including iron and iodine deficiencies and low intake of essential nutrients could enhance the chances of having a low birth-weight infant, as well as impaired fetal development in pregnant women. Low intake of nutrition during girls' childhood may cause stunted growth, which in turn leads to higher risks of complications during and following childbirth. Mental impairments impede physical development, and harm school performance is the common consequences of iodine deficiency among adolescent girls. Maternal malnutrition often results due to the kind of reproductive cycle, they have and spending more times on household work. Around 450million women are underweight due to protein energy malnutrition during their childhood in developing countries.

6. Gender discrimination

Women's disproportionate poverty, low socioeconomic status, gender discrimination and reproductive role not only expose them to various diseases, but also their accesses to and use of health services.Domestic violence, rape, and sexual abuse against women affect their productivity, autonomy, quality of life, and physical and mental well being. A surprising report pointed out that women who lost male partner are often forced into prostitution to lead their life. Men transmit the infectious virus to women fourfold than women are to men. Women also acquire HIV infection when they receive blood transfusions to combat pregnancy-related anaemia or hemorrhage.Sexual abuse during childhood enhances the mental depression and reproductive tract infections in later life, which could often lead to female infertility. Gender discrimination (son preference) along with high dowry costs for their daughters, marriage, often results in the mistreatment of daughters. Bias in education and formal labor force participation as well as leading the life under the control of their fathers, husbands, and sons could exert a negative impact on the health concerns of Indian women.

7. Maternal mortality

Maternal mortality remains stubbornly high in India as compared to many developing nations India contributed approximately 20 percent of all maternal deaths worldwide between 1992 and 2006; due to lower socioeconomic status and cultural constraints as well as limiting access to health care.6 Maternal mortality is fold higher in Indian women than in the United States. India's maternal mortality ratio is lower than the ratios for Bangladesh and Nepal, while it is higher than those in Pakistan and Sri Lanka. Severe anemia accounts for 20% of all maternal deaths in India. It has been suggested that, higher literacy has greater maternal health as well as lower infant mortality. Cardiovascular disease is the major contributor to increased female mortality in India, which is due to differential access to health care between the sexes.20 Surprisingly men are tend to visit hospitals more frequently than women to treat their ill-health. Moreover, Indian women suffer from mental depression at higher rates than Indian men.More Indian women committed suicide as compared to men, which are directly related to depression, anxiety, gender disadvantage and anguish related to domestic violence. Very strict, strong and sustained laws should be framed by the government to prevent the gender based violence in as well as to improve the educational and health status of the women.

8. Conclusion

The rural women health status of the women is discussed and found that the women health remains to be a challenging issue. There is a need of strong interrelationships between women health and development underscores the need to address the women reproductive health and its status. Epidemiological transition in India has led to double burden of diseases with surging prevalence of non-communicable diseases. However, there is need a wide scope for research to bring a holistic view of rural women health status. Since women faces various unique health issues as compared to male, there is a need for more specific and combined research on women health status. Thus, the present paper suggests the researchers in the field of women health to bring various researches for safeguarding the women health status as whole.

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