

# Women's Health in India: An Overview

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**Abstract:** *Being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. When people think of women's health, the first topics that come to mind may be gynecological concerns, such as infertility, menopause, pregnancy and childbirth, as well as breast health. But there's a lot more to women's health than that: many health issues affect women differently from men. Woman's health reflects both her individual biology and her sociocultural, economic, and physical environments. These factors affect both the duration and the quality of her life. There are various issues related women health in India. Women's health is affected not just by their biology, but also by their social conditions, such as poverty, employment, and family responsibilities. In India the health status of women can be examined on the basis of multiple indicators, which vary by socio-economic standing, geography and culture. Women's health is integrally linked to women's access to available resources, and with women's productive and reproductive roles in our society. On the one hand resources are increasingly slipping out of people's control, particularly women's, while on the other, she is severely subjugated in the family and society. The Present paper overview the women health in India.*

**Keywords:** sociocultural

## I. INTRODUCTION

Indian women's health poses a hindrance to their social lives. Studies on the status of women have shown that Indian women's contribution to the family is often overlooked and seen as a burden. Indians tend to prefer boys over girls because boys have to take care of their parents when they grow up. The preference for boys over girls, combined with the high titles given to girls, sometimes leads to the exploitation of girls. Additionally, Indian women have lower education levels and lower rates of formal labor force participation. They often have little freedom and are under the control of their fathers, then their husbands, and finally their sons. All these conditions have a negative impact on the health of Indian women. Poor health affects not only women but also their families. Women in poor health are more likely to give birth to babies who are not obese. They also have less difficulty providing adequate food and care for their children. Finally, women's health also affects the health of the family because women's health is poor in the workforce. In a country as large and culturally diverse as India, women's diverse (and often unique) needs are met across the spectrum of age, race, grade education and field, making information difficult Information. Social principles such as caste and class, as well as urban-rural and regional differences, are also re-emerging in women's lives. As women's life cycle progresses, new needs emerge.

### Women's Health in India

Women's Health in India Health is complex and depends on many factors. The interaction between social and environmental has a large and multifaceted impact on health. Women's gender-biased lifestyles lead to multiple and potentially negative health consequences. However, gender identity is defined by various positions such as caste and class. Low productivity and the greater burden of productivity have a greater impact on women. Happiness. This chapter on women's health in India sets out the available evidence on this topic. Different pathways to women's health are presented thematically and the content should not be interpreted as unity and conflict. A woman's lifestyle affects her health in many ways . The world population exceeded 6 billion in 1999, and India's population exceeded 1 billion in

2017. 2000. In 2011, India's population was estimated at 1.2 billion. Asian countries including India Some quality of life indicators such as life expectancy, literacy and infant mortality have improved over the years, while other indicators are similar or more severe Examples include sanitation and cleanliness. Environmental degradation. The table below provides a global comparison of some population growth rates for Asian countries and indicators for various states in India.

### **Objective**

- To identify major issues affecting women's health in India
- Understand the government's objectives in providing healthcare to women
- Women's Health Issues

### **Various Issues Related To Women's Health, Including**

#### **1. Gender inequality in health:**

Gender inequality is directly linked to poor health status of women. Many studies have shown that admissions differ by gender, with men going to hospital more often than women. There is a gap in access to healthcare because women have fewer household items and therefore use less healthcare than men. Amartya Sen attributed low access to family resources to weak bargaining power within the family. They are discriminated against in food, family and medical treatment. Boy's breastfeed longer than girls. Sick boys were treated better than girls.

#### **2. Gender-based health services:**

Gender discrimination begins before birth. In India, the most frequently aborted cases are girls. Since families prefer sons, pregnant mothers may become stressed. At birth, girls tend to eat less than boys, especially when there are more girls in the family. Many of the problems that prevent women from achieving equitable health as they age are experienced by women and girls in low income communities, especially those living in rural areas and the poor.

#### **3. Education:**

The main factors affecting the use of health services today are: husband's education and wife's education, money etc. Women's education participation and workforce participation in India. Girls should do housework and education should be secondary for them, while education is important for boys. The village people think that girls are cursed and they do not want to spend money and time on them because they think women should get married as soon as possible. Other factors that do not send girls to school are the bad economy and the distance of the school.

#### **4. Family environment:**

Women's family environment may be at risk in terms of gender. In India, majority of households rely on biomass fuel (wood, dung, etc.) for cooking. Cooking is carried out among women in the domestic sphere. Pollution from burning these biofuels affects women unequally and has health consequences.

#### **5. Malnutrition:**

Women always need better treatment and care. However, there is a gender gap in healthcare and nutrition in India, leading to gender inequality. Malnutrition in women and malnutrition during pregnancy can lead to malnutrition. This malnutrition has two benefits for women. First they become anemic and second they never grow, ensuring the cycle never ends because without food women cannot give birth to healthy children.

#### **6. Cultural Norms:**

Women are in an inferior position in India and discrimination against women can be attributed to many cultural norms. Social democracy, gender hierarchy, sexual division of labor and multigenerational family structure contribute to gender inequality in India. Traditions such as eating after the husband and other family members, the belief that daughters do not need good food, etc. Women's motivation is an additional limitation to their access to adequate healthcare.

**7. Age of marriage:**

Early marriage is also a reason for women's health. They marry young people who become pregnant at a time when the body is not ready to bear the burden of a child. All of these can lead to gynecological problems that will worsen over time and may be fatal.

**8. Lack of self-care:**

Most of the participants in this study think that women do not take care of their own health. In addition, Indian women often have unsuspected diseases, lack of knowledge about nutrition and its necessity for health, and lack of knowledge about health maintenance is an additional limitation in their access to adequate healthcare. Women are more likely to suffer from certain diseases that can be diagnosed through physical examination. However, their attitude towards this diagnosis is not very good.

**9. Family Planning:**

The average woman in rural India has no control over her fertility. They are forced to give birth to more children, especially boys, because their spouses or family members want them to. Women, especially in rural areas, do not have access to security and self-defense methods. Also, only women should go to family planning. The main target of family planning programs has always been women. If their complaints about side effects are not taken seriously, they should choose a family planning method approved by their spouse's family and maintain their silence for a long time.

**10. Health Problems:**

Many health problems of Indian women include infertility, menopause, maternal death, unwanted pregnancy, bad abortion, etc. It is related to fertility. A 1996 World Bank report states that the maternal mortality rate in India is approximately 420 maternal deaths per 100,000 live births. This means that approximately 15% of all deaths among women of reproductive age are caused by pregnancy.

**Steps Taken By The Government Of India To Improve Women's Health**

Comprehensive Primary Health Care (CPHC) through Ayushman Bharat- Health and Wellness Centres (HWCs): In February 2018, the Government of India announced 1,50,000 Ayushman Bharat- Health and Wellness Centres (AB-HWCs) to be established across the country by December 2022. The existing Sub- Health Centres (SHC), Primary Health Centres (PHC) and Urban Primary Health Centres (UPHC) are transformed into AB-HWCs to deliver Comprehensive Primary Health Care (CPHC) that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free, and closer to the community. As on 31.07.2023 a total of 1,60,816 AB-HWCs have been operationalized across the country.

Health Melas are organized at the level of AB-HWCs to optimize utilization of health care services and generate awareness. Ayushman Health melas are 'one-stop' platforms to address a comprehensive range of health issues have proven to be an effective strategy to reach the masses and augment the utilization of healthcare services.

Teleconsultation services, through eSanjeevani, are available at functional AB-HWC to ensure specialist services closer to the people. As on 31st July 2023, more than 14.35 crore Teleconsultations have been provided via eSanjeevani portal. Screening of women is also being done at AB-HWCs for breast cancer, oral cancer and cervical cancer.

**National Free Drugs Initiative:** States/UTs are supported to provide essential drugs based on the level of public health facilities free of cost to all who access these facilities.

**Free Diagnostics Initiatives. (FDI):** Under the initiative, support provided to States/UTs to provide a set of essential diagnostics (14 tests at Sub Centre/ Health and Wellness Centre level, 63 tests at PHC/ PHC-HWC level, 97 tests at CHC level, 111 tests at SDH level and 134 tests at DH level) at various levels of care, free of cost.

**National Ambulance Services (NAS) -** Under the NHM, technical and financial support is provided for emergency medical services in States/UTs through a functional National Ambulance Service (NAS) network linked with a centralised toll-free number 108/102.

**National Mobile Medical Units (NMMU) –** are supported to facilitate access to public health care at the doorstep particularly to people living in remote, difficult, under-served and unreached areas to provide primary care services.

Apart from above mentioned schemes, Government has also implemented following schemes especially for pregnant women:

**Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.

**Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme for promoting institutional delivery.

Under **Janani Shishu Suraksha Karyakram (JSSK)**, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, blood, other consumables & diet.

**Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

**LaQshya** improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.

**Functionalization of First Referral Units (FRUs)** by ensuring manpower, blood storage units, referral linkages to improve the access to quality of care for pregnant women

**Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase the awareness for the Maternal & Child health services, community mobilization as well as to track high risk pregnancies.

**IEC/BCC campaigns:** One of the key focus areas of Maternal Health is to generate demand through Information Education & Communication (IEC), Inter-personal Communication (IPC) and Behaviour Change Communication (BCC) activities.

## II. CONCLUSION

For the past decade, women's health has received more attention. Men and women have a number of comparable chronic health difficulties, but women also have specific health problems that need to be taken into account. A woman's hectic daily schedule may put the healthy way of living on the back burner. Every woman must have access to information regarding the whole range of problems affecting women's health, including those affecting not only the reproductive system but also the rest of the body. Their knowledge may encourage healthy lifestyle choices, which are the best means of preventing disease, extending life, and improving overall well-being. Women's Empowerment is hampered by restrictions on independence in many areas that affect development. Good health is a key criterion, which contributes to human wellbeing and economic growth. Adequate nutrition for women would help them to serve as productive members of the society to develop the consequent health generations. The government should take necessary and compulsory policies to improve the literacy rate and quality education as well as to provide adequate employment opportunities for women, which might explore positive impact on the women's health concerns. The government can also improve the health status of women by strengthening and expanding essential health services as well as by frequent counseling on safe sex, awareness on educational and nutritional needs and gender based violence.

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