

HEALTH ISSUES AMONG INDIAN WOMEN'S AND GIRLS: A REVIEW**Radhika Awasthi**

Department of Nutrition,
Isabella Thoburn College, Lucknow
Email id: awasthi_rd89@yahoo.com

ABSTRACT

Nutrition plays a significant role in promoting women's health and fitness. Women's health is a great issue in developing countries because of numerous hindrances, obstacles and impediments, which force women to ignore their health. Many factors account for the staggering statistics of ill health among women in the developing nations like India but the failure of health systems in the majority of the countries to provide accessible care of adequate quality is a major factor. Unintended pregnancy, Mental health, aging, HIV/AIDs, Non-communicable diseases, reproductive health etc. are responsible for this. Various government programmes and policies have been framed and some are in the pipeline but the orthodox and obsolete mentality of the people is still a big hurdle and this is the cause that comes in the path of women's health. This article focuses on the major health issues affecting women's health.

Keywords: Nutrition, hindrances, discrimination, opportunities.

INTRODUCTION

Good health is the consequence of many factors. The World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". Women's health is a great issue in developing countries because of numerous issues which force women to ignore their health. Many factors account for the staggering statistics of ill health among women in the developing nations like India but the failure of health systems in the majority of the countries to provide accessible care of adequate quality is a major factor¹.

Women and Men share equal health issues but women's have their own health issues which seek attention. Over the centuries their lives have been changed but in the backward and poor families the condition is still alarming. They become wives and mother when they were just emerging from their childhood.²

FACTORS AFFECTING WOMEN'S HEALTH

Women experience unique health issues and conditions, from malnutrition to gynaecological conditions etc. common and major diseases which are of great concerns are:

- 1. Unintended Pregnancy and Multiple births of children:** unplanned pregnancies occurred among women who are not using any contraception, or incorrect and inconsistent use of contraception³—Due to lack of knowledge on family planning method or partner who refuses to use a condom causes unplanned pregnancies. Women who belong to poor families do not bear the cost of terminating their pregnancies and also for adopting correct family planning methods.
- 2. Abortions:** A cultural preference for sons may be a factor driving recourse to abortion in India, as women carrying female fetuses may decide to terminate their pregnancies⁴.
- 3. HIV/AIDS:** For women aged 15-44 years, HIV/AIDS is the leading cause of death worldwide, with unsafe sex being the main risk factor in developing countries. Biological factors, lack of access to information and health services, economic vulnerability and unequal power in sexual relations expose women, particularly young women, to HIV infection.
- 4. Cancer:** among women breast cancer and cervical cancers are very common because of their neglect. The neglect is due to their family. Either family do not support them for bearing their medical cost or women are not open about their ill health. Unhygienic conditions, poverty, unhealthy sexual relationships, poor diet are some of the factors which cause cervical cancer.
- 5. Non-communicable diseases:** Non-communicable diseases (NCDs), including cancer, cardiovascular disease, chronic respiratory disease and diabetes, are the world's number one killer causing 60% of deaths globally. A staggering 35 million people die from NCDs, of which 18 million are women. These diseases represent a major threat to women's health⁶.
- 6. Malnutrition:** Malnutrition or malnourishment is a condition that results from eating a diet in which nutrients are either not enough or are too much such that the diet causes health problems⁷. The oppression of women socially and culturally means they have less

access to everything, including food, resources, health care, community support and information. The problems arise from cultural, political and economic realities that must be addressed in tandem⁸.

7. **Violence against women:** Violence against women refers to any sexual or gender-based violence including domestic abuse, rape and any physical harmful practices that led to women in pain. In highly patriarchal societies, strong cultural beliefs have led to gender inequalities being common. For example, many women and men feel that it is acceptable for a man to beat his wife if she argues with him. These inequalities have led to a lack of respect for women and girls in the communities and allowed for violence against women to prevail⁹.
8. **Mental health:** Mental health problems affect women and men equally, but some are more common among women. Abuse is often a factor in women's mental health problems. Women in 'mid-life' may be juggling caring commitments for children and older relatives as well as doing paid work and facing physical health problems. At the same time, mid-life women may find themselves in financial difficulty as a result of lifelong lower pay, part-time working, family caring, widowhood or divorce. This combination can increase their risk of experiencing mental distress¹⁰.
9. **Aged women:** Old age is generally associated with increased levels of illness and disability, however poor health depends on a range of factors, not only age¹¹. Problems experienced by older women that decrease physical and cognitive functioning include poor vision (including cataracts), hearing loss, arthritis, depression, and dementia. Broader determinants of health such as: inequities in norms and policies that disadvantage women; changing household structures; and higher rates of unpaid or informal sector work¹².
10. **Reproductive Health:** The status of women in society, how they are treated or mistreated, is a crucial determinant of their reproductive health. Reproductive health affects, and is affected by, the broader context of people's lives, including their economic circumstances, education, employment, living conditions and family environment, social and gender relationships, and the traditional and legal structures within which they live. Sexual and reproductive behaviours are governed by complex biological, cultural and psychosocial factors. Therefore, the attainment of reproductive health is not limited to interventions by the health sector alone¹³.

11. **Abusement, Neglect and discrimination:** it is due to the dowry like evil demand in society which leads to the neglect and discrimination of women in society. Before marriage girls parent neglect their daughter because they thought girls as burden on family. After marriage husband and in-laws of girl beat, abuse or hit her for dowry.
12. **Female trafficking and exploitation:** Women who have been trafficked may suffer from serious health problems, including physical health, reproductive health and mental health problems. They often suffer from serious physical abuse and physical exhaustion, as well as starvation. Sexual assault is a traumatic event with physical and emotional effects on them . Women who work in the commercial sex trade are vulnerable to sexual and reproductive health complications, including sexually transmitted diseases (STDs) and other gynecological problems. Women who work as prostitutes experience high rates of abortion, sterilization and infertility¹⁴.
13. **Early marriage and poverty:** Early marriage is a complex problem, the root cause is poverty. Many communities in low-income countries have marital customs where a girl's family receives a 'bride price' of money or livestock, so marriage also becomes a way of bringing much needed resources into the family¹⁵.
14. **Illiteracy:** Illiteracy has a direct impact on human health. Being literate make people from being able to read the instructions on a medicine bottle. They will be able to know facts about AIDS, malaria and other infectious diseases. They will be able to know about prevention and support services, and how to use life-saving medicines and other treatments.

WELFARE SCHEMES LAUNCHED BY GOVERNMENT OF INDIA FOR WOMEN'S

1. **Mother and Child Trafficking System (MCTS):** It has been decided to have a name-based tracking system (being put in place by Government of India, MoHFW) whereby pregnant women and children can be tracked for their ANC's and immunisation along with a feedback system for the ANM, ASHA etc to ensure that

- all pregnant women receive their Ante-Natal Care Check-ups (ANCs) and post-natal care (PNCs); and further children receive their full immunisation¹⁶
2. **Indira Gandhi Matritva Sahyog Yojana (IGMSY)**- a conditional maternity benefit (CMB) scheme. The objective of the scheme are to improve the health and nutrition status of pregnant, lactating women and infants¹⁷.
 3. **Rashtriya Mahila Kosh (RMK)**, established in 1993 is a national level organization as an autonomous body under the aegis of the ministry of women and child development, for socio-economic empowerment of women¹⁸.
 4. **Ujjawala** : a comprehensive scheme for prevention of trafficking and rescue, rehabilitation and re-integration of victims of trafficking and commercial sexual exploitation¹⁹.
 5. **Integrated Child Development Services(ICDS)**: It is an [Indian government welfare](#) programme which provides food, [preschool](#) education, and [primary healthcare](#) to children under 6 years of age and their mothers. These services are provided from [Anganwadi](#) centres established mainly in rural areas and staffed with frontline workers²⁰.
 6. **Support to Training and Employment Programme for Women (STEP)**: aims to provide skills that give employability to women and to provide competencies and skill that enable women to become self-employed/entrepreneurs.
 7. **Swadhar Greh**: Recognizing the need to prevent women from exploitation and to support their survival and rehabilitation, the scheme of Short Stay Home for women and girls was introduced as a social defense mechanism, by the then Department of Social Welfare in 1969. The scheme is meant to provide temporary accommodation, maintenance and rehabilitative services to women and girls rendered homeless due to family discord, crime, violence, mental stress, social ostracism or are being forced into prostitution and are in moral danger. Another scheme with the similar objectives namely Swadhar –A Scheme for Women in Difficult Circumstances was launched by the Department of Women and Child Development in 2001- 02. The scheme

through the provisions of shelter, food, clothing, counseling, training, clinical and legal aid aims to rehabilitate such women in difficult circumstance²¹.

8. **Kishori Shakti Yojana:** . For the first time in India, a special intervention was devised for adolescent girls using the ICDS infrastructure. ICDS with its opportunity for childhood development, seeks to reduce both socio-economic and gender inequities. The Adolescent Girls (AG) Scheme under ICDS primarily aimed at breaking the inter-generational life-cycle of nutritional and gender disadvantage and providing a supportive environment for self-development²².
9. **Rashtriya Swasthya Bima Yojana (RSBY) :** RSBY has been launched by Ministry of Labour and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families. The objective of RSBY is to provide protection to BPL households from financial liabilities arising out of health shocks that involve hospitalization. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization. Government has even fixed the package rates for the hospitals for a large number of interventions. Pre-existing conditions are covered from day one and there is no age limit. Coverage extends to five members of the family which includes the head of household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30/- as registration fee while Central and State Government pays the premium to the insurer selected by the State Government on the basis of a competitive bidding²³.
10. **Janani Suraksha Yojana (JSY):** Janani Suraksha Yojana is a centrally sponsored scheme aimed at reducing maternal and infant mortality rates and increasing institutional deliveries in below poverty line (BPL) families. The scheme covers all pregnant women belonging to households below the poverty line, above 19 years of age and up to two live births. It provides assistance in form of cash and integrate it with antenatal care during pregnancy period, institutional care during delivery as well as post-partum care. This is provided by field level health workers called Accredited Female Health Activist (ASHA) through a system of coordinated care and health centres²³.

11. **Reproductive and Child Health Programme (RCH II)** : Reproductive and Child Health-II is a comprehensive programme under the National Rural Health Mission (NRHM) commenced with the main objective to bring about an improvement in mainly three critical health indicators i.e. reducing total fertility rate, infant mortality rate and maternal mortality rate. The programme is consistent with the outcomes envisioned in the Millennium Development Goals, National Population Policy 2000, the National Health Policy 2002, the Tenth Plan Document, and Vision 2020 India. The target group of the programme is Women in the reproductive age group and children upto 5 years of age²³.

12. **SABLA Yojana**: SABLA is a scheme to empower adolescent girls of 11-18 years by improving their nutritional and health status, upgrading various skills like home skills, life skills and vocational skills. The girls will also be equipped with information on health and family welfare, hygiene and guidance on existing public services. The scheme is being implemented in 200 districts across the country on a pilot basis while in the remaining districts Kishori Shakti Yojna (KSY), where operational, will continue as before. The scheme is being implemented using the platform of Integrated Child Development Scheme (ICDS) wherein Aanganwadi Centres (AWC) would be the focal point for the delivery of services²³.

CONCLUSION:

Women and Men share equal health issues but women's have their own health issues which seek attention. Over the centuries their lives have been changed but in the backward and poor families the condition is still alarming. They become wives and mother when they were just emerging from their childhood, which lead to various health issues like unintended pregnancies , multiple child birth, etc. Reproductive health, mental health are also some of the problems among women. Government of India is running programmes for the welfare of women. Some of them are swadhar greh , STEP, ICDS, Rashtriya Mahila Kosh etc.

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