



Health status of women: A study of Punjab

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Abstract

Women health can be defined as the field of practice, education and research that focuses on the physical, social, emotional, political and economic well-being of women, and encompasses the women to internal and external world of reality. Women health is the least priority and neglected areas of research in India. Available empirical evidences in India pointed out that the Indian women do not enjoy good health status. Their health problems are not only many but gigantic also, although the cost-effective technologies/treatment processes are available. The paper attempts to examine the health status of women in Punjab. The analysis reveals that, on the economic front, Punjab state is one of the most prosperous states of India in terms of per capita income and having the lowest poverty rate. It enjoyed the first rank in terms of per capita income for more than two decades across all major states of India. Despite this, health status of women is not so good. The sex ratio is 895 females per 1000 males. The IMR in Punjab was 23 per 1000 live births which are much lower than the rate of 37 for all India in 2015. Further, the paper attempts to examine the various factors affecting health status of women. The paper aims to suggest relevant measures to improve the health status of women.

Keywords: women health, determinant, state policy

Introduction

Women health can be defined as the “field of practice, education and research that focuses on the physical, social, emotional, political and economic well-being of women, and encompasses the women to internal and external world of reality”. Mainstream growth economists invariably emphasized on the public provision of health care services to the women. In fact, public spending on women’ health has been considered to be the most productive investment that enhances their physically and mentally capabilities by preventing and curing the diseases. Improving health status of women, therefore, matters to their families, communities and society at large.

Women health is the least priority and neglected areas of research in India. Available empirical evidences in India pointed out that the Indian women do not enjoy good health status. Their health problems are not only many but gigantic also, although the cost-effective technologies/treatment processes are available. High fertility, maternal mortality and morbidity rates among women on the one hand; and low educational level, nutritional level and socio-economic status of women on the other hand contribute to the high burden of diseases among women and children. For instance, 254 maternal deaths per lakh live births were estimated in India in 2016 compared to 8 maternal deaths and 11 maternal deaths per lakh live births in UK and USA respectively in 2016.

The term woman generally means a female who is of at least “fifteen years of age”. However, a woman health is twine together with her nutrition level and health related issues during the early years of her life. According to the National Population Policy 2000, “the complex socio-cultural determinants of women health and nutrition have cumulative

effects over a life time. Discriminating child care leads to malnutrition and impairs physical development of girl child.” The good nutrition in early age of women is very important for her well-being. Also, it is true that, in India, “social, cultural and economic factors continue to inhibit women from gaining adequate access to even the existing public health facilities.” All these not only adversely affect her health and wellbeing but also the development and well-being of her children. All these statements show that Indian women got least priority in getting better health care facilities.

The health care problems of Indian women are not only many, but also multi-dimensional connotations, although cost effective technologies/treatment processes are available to get rid of their pains, etc. In fact, high fertility, maternal mortality and morbidity rates among women on the one hand; and low educational level, nutritional level and socio-economic status of women on the other hand have contributed to high burden of diseases among them and their children. Hence, there is an urgent need to make health policy particularly for women.

Objectives

The main objectives of this study are:

1. To elucidate the demographic profile of Punjab
2. To examine the main factors affecting the health status of women.

Methodology

It is based on secondary data which were generated by the National Family Health Survey-4 during 2015-16. The data of NFHS-4 covering 19484 eligible women between 15-49 years of age in Punjab was used. Wherever necessary, the data from Population Census 2011 and Sample Registration Scheme

(SRS) were also used for comparison with all the India level.

Demographic Profile of Punjab

According to the Population Census 2011, the total population of Punjab state was 27.7 million persons. The sex ratio is 895 females per 1000 males which is much lower than the all India sex ratio of 940. The decadal growth rate of the state is 13.89 per cent as against the all India level of 17.64 per cent during the decade of 2001-2011. The density of population is 551 persons per square kilometer, much higher than that of all India (382). According to SRS, crude birth rate (CBR) for the state was 15.2 and crude death rate (CDR) was 6.7 in 2015. These levels in general are lower than the average rates of the country (CBR = 20.8; CDR= 6.5). According to the SRS, the IMR in Punjab was 23 per 1000 live births which are much lower than the rate of 37 for all India in 2015. Literacy rate in Punjab in 2011 was 80.44 per cent for males and 70.73 per cent for females.

Health Status of Women in Punjab

On the economic front, Punjab state is one of the most prosperous states of India in terms of per capita income and having the lowest poverty rate. It enjoyed the first rank in terms of per capita income for more than two decades across all major states of India. Despite this, maternal mortality rates are quite high in the state. The sex ratio has been fairly low and against the females. The sex ratio was 882 females per 1000 males in 1991, 876 in 2001 and 895 in 2011. Malnutrition and anaemia continues to be significant health problems in Punjab among women. Anaemia is significantly higher in urban areas of Punjab than rural areas of Punjab. The other factors which are responsible for female low health status in Punjab are mortality arising out of complications of pregnancy and child birth, lack of medical care, repeated pregnancy, nutritional deficiency, and low age at marriage, illiteracy, practice of female infanticide and feticide, and economic deprivation of females in Punjab.

Major Indicators of Women Health

The main indicators of women health in Punjab are:

a) Age at First Marriage and Fertility Level

Age at first marriage and fertility level of women is considered as one of the vital indicators of women health. According to National Population Policy (2000) "The percentage of girls marrying below 18 years (the legal minimum age at marriage for girls) in this country should be brought to nil by 2010 and that the marriage should take preferably only after attaining 20 years of age".

In Punjab, practice of very early marriage "at the age of 13 years" does not exist. According to NFHS-4, in Punjab "the median age at first marriage is 21.1 years among women age 25-49". There are clear evidences of rising age at marriage in Punjab over the past three decades. Despite this fact, data suggest that only 8.0 per cent of the women aged 20-24 in Punjab are married before reaching minimum age of 18 years, legal age for marriage as set by the "Child Marriage Restraint Act of 1978". The analysis of data on age at marriage in Punjab suggest that illegal child marriages are practiced are still practiced. Social compulsion for marriage of all women at

the right age and as early as possible, is still strong among parents in Punjab. The TFR in Punjab is 1.6 children per women in both urban and rural area, which is a positive sign of improving women health.

b) Maternal Health

One of the most important objectives of the family welfare programme in India is "Promotion of Maternal Health". Safe motherhood is very important for women as well as child health. NFHS-4 provides information on pregnancy complications, antenatal and post-natal care as well as place of delivery and birth attendance in Punjab. Almost 97 percent of women in Punjab received antenatal care for their last birth from a health professional. Urban women are in better condition in receiving antenatal care than rural women in Punjab. Almost all the educated women at least who has completed 10 or more years of schooling and belonged to high status households received antenatal care. Three-fourth of women had three or more antenatal care visits in Punjab.

An overwhelming proportion (91 percent) of births in Punjab take place at health facility and only 10 percent at home. This shows a great improvement in delivery care in Punjab. Institutional births are more common in urban areas and where mothers had received antenatal care and are educated whereas home birth are common in rural areas and where mothers are uneducated and did not received antenatal care. Maternal mortality can be reduced by post natal care and in Punjab majority of women had post natal check-up within two days of delivery.

c) Nutritional Status of Women

Poor nutritional intake of women is co-related with her poor economic status. Nutritional deprivation of women leads to growth problems and high risk of pregnancy such as maternal complications and deaths, low birth weight babies and premature births. Women's employment income and decision making power over the utilization of their income are the key determinants of women health. Available data from Punjab shows that there is evidence of gender bias in food distribution among the children. The nutritional requirements of women are not fully met in the state. It was found that 12 per cent of women are too thin (10.8 per cent in urban areas and 13.5 per cent in rural areas). Only 58 per cent of women had healthy weight for their height.

Under-nutrition among women is very serious problem, particularly among the youngest age group (15-19), among the unmarried, and those belong to low status households and are much higher among the Hindu than among the Muslim women. Overweight and obesity are most common in the older women in urban areas, and those in the highest wealth quintile and are higher among the Sikh. Women belonging to Scheduled Caste have a high prevalence of nutritional deficiency in the state. Nutritional deficiency decreases substantially with the increase in the status of households.

d) Major Diseases/illness and Utilization of health care services

Women are more prone to certain diseases than men. In Punjab, women suffered from number of communicable and chronic diseases. Tuberculosis (TB) is one of major disease

which is prevalent in Punjab but only 123 women per 10000 women have medically treated Tuberculosis and this proportion is more in urban areas than rural areas. Diabetes, thyroid asthma and heart diseases are more prevalent among women than men in Punjab. It was found that majority of women went to private health care centres for treatment. Public health care services are mainly used by women belonged to low status households and decisions regarding going to health care services were mainly take by male members of households.

Conclusion

The analysis clearly suggests that poor health of women in Punjab is inextricably intertwined with the socio-economic, demographic and cultural factors. Illiteracy, low education level, early age at marriage, rural residence, low work participation and other cultural practices factors constrain women living in Punjab in acquiring better health care services. It is essential to recognize the important role that the women played in the running of homes, providing care to children in the homes and as the traditional healers in the community – often unskilled, unacknowledged and without any reward. But if women work participation and earnings on one hand and access to health care on the other are to be increased, there are two pre-requisites to be created. First, the women need equality (social, economic and political) to allow them to participate effectively at all levels of decision making. Second, the women need information and skills to receive better health care at the grass-roots levels.

It can also be said that if we continue to ignore the women health, we cannot ever think to attain good health for all. Not only, the women have special health needs, but they do most of the caring for their families. The base of healthy family is healthy women. So, if women are ignorant, malnourished, and have large number of children starting at an early age, then they will never lead a healthy life throughout their entire life. It is their health and their education that will to a large extent determine the health and productivity of future generations of both sexes.

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