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TRENDS IN HEALTH INDIACATORS OF WOMEN

Article Particulars

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Abstract

Health is an asset to man and to his community and has to be regarded as a prerequisite to socio-economic development. The active role of women in the development of agriculture, animal husbandry, village cottage industries and several other facets of rural life besides the home and family is well established and is a known fact. It would be not proper to think of economic development in rural areas, without active involvement and participation of the women folk in the development programmes. Women's poor health and nutritional status in India are inextricable bound up with social, cultural and economic factors, a women's health affects the household economic well-being, as a women in poor health will be less productive in the labour force. Available evidence in India pointed to poor health status among women. Though India has made considerable progress in social and economic development, in recent decades such improvement in life expectancy, infant mortality and literacy demonstrate it lagged behind in the improvement of women's health. The present paper attempts to analyse the health status of rural women in Madurai district of Tamil Nadu.

Key Words: *Health, Rural Women, Birth Rate, Death Rate, Infant Mortality Rate and Life Expectancy.*

Introduction

Health is an asset to man and to his community and has come to be regarded as a prerequisite to socio-economic development. The active role of women in the development of agriculture, animal husbandry, village cottage industries and several

other facets of rural life besides the home and family is well established and is a known fact. It would be not proper to think of economic development in rural areas, without active involvement and participation of the women folk in the development programmes. In the development programmes, it would also be unwise to expect active participation and involvement of individuals who are not fit or unhealthy. Often women because of their household responsibilities and ignorance of health and hygiene practices tend to neglect their illness till their health problems get aggravated and they become too sick to move around and attend to their normal household chores. All the more, they are dependent on others in the family to get them needed medical attention. According to an estimate, fifty per cent of rural women in the country are daily wage earners and they do not have time to go to hospital without losing their wages. As a consequence of this vicious circle, inadequate medical facilities in rural areas and poor resources to obtain treatment from private medical practitioners, women in villages is often become a victim of a number of health problems.

Women Health Problems

Cancer

Two of the most common cancers affecting women are breast and cervical cancers. Detecting both these cancers early is key to keeping women alive and healthy. The latest global figures show that around half a million women die from cervical cancer and half a million from breast cancer each year. The vast majority of these deaths occur in low and middle income countries where screening, prevention and treatment are almost non-existent, and where vaccination against human papilloma virus needs to take hold.

Reproductive Health

Sexual and reproductive health problems are responsible for one third of health issues for women between the ages of 15 and 44 years. Unsafe sex is a major risk factor – particularly among women and girls in developing countries. This is why it is so important to get services to the 222 million women who aren't getting the contraception services they need.

HIV

Three decades into the AIDS epidemic, it is young women who bear the brunt of new HIV infections. Too many young women still struggle to protect themselves against sexual transmission of HIV and to get the treatment they require. This also leaves them particularly vulnerable to tuberculosis - one of the leading causes of death in low-income countries of women 20–59 years.

Sexually Transmitted Infections

I've already mentioned the importance of protecting against HIV and human papillomavirus (HPV) infection (the world's most common STI). But it is also vital to do

a better job of preventing and treating diseases like gonorrhoea, chlamydia and syphilis. Untreated syphilis is responsible for more than 200,000 stillbirths and early foetal deaths every year, and for the deaths of over 90 000 newborns.

Review of Related Study

Saha UC, Saha KB, (2010) in their article, "A trend in women's health in India-what has been achieved and what can be done", examined the trend in five key women's health issues, such as maternal and child health; violence against women, nutritional status, unequal treatment of girls and boys and quality care during the period 1993-2006. They found that the maternal mortality ratio (MMR) has declined from 398 in 1997-1998 to 301 in 2001-2003. The level of maternal mortality varies greatly by state with Gujarat having the lowest ratio (47) and four states (Assam, Bihar, Rajasthan and Uttar Pradesh) having ratios over 500. This is most likely related to differences in the socioeconomic status of women and access to healthcare services among the states. The study also reveals that much of the violence to which women are subjected occurs in the home and/or is carried out by relatives. For instance, the majority of reported rapes are committed by family members. Many of the victims are young women, with 30% of all reported rapes involving girls of 16 years or younger. More than half (53%) of all girls and boys under 4 years were malnourished, and a similar proportion (52%) was stunted (too short for their age). The nutritional status of children also differs by state. Bihar and Uttar Pradesh have the highest proportion of undernourished children and Kerala has the lowest, consistent with the different levels of socio-economic development in these states. It is estimated that 16% of the population in rural areas lives more than 10 km from any medical facility. Women in rural areas were much less likely to receive prenatal care than women in urban areas. Most women who did not receive health care during pregnancy thought it is unnecessary.

Vandana Kushwah (2013) in her article "The health status of women in India" said that most of the women are getting married before leaving the school/colleges in India and most women in rural areas are not aware of the different types of diseases. Many women face huge social, economic and cultured barriers to having lifelong good health. Several reasons have been found to cause health problems all over the country. There is a strong correlation between illiteracy and women's health. It has been found that children of illiterate mothers twice undernourished as compared to the children of literate mothers. The educational level and place of residence has direct role in morbidity and mortality of women folk. Almost two-thirds (70%) of all illiterate women received no care compared with 15% of literate women. Women in rural areas were much less likely to receive ANC than women in urban areas (43% and 74%, respectively) numerous women in most parts of India have closely spaced births that also increase the health risk for the mothers. She argued that the high levels of maternity mortality could be prevented if women had adequate health services as in

India the leading contributor to high maternal mortality ratios is lack of access to health care India's maternal mortality rates in rural areas are among the worlds highest. From a global perspective, India accounts for 19% of all live births and 27% of all maternal deaths. About dowry death for every 100,000 women is reported every year in our country. It has been found that most of the women are not using any kind of contraceptive device in order to prevent sexually transmitted diseases and more often women's are being sterilized in our country other than males. Over the years the primary significance of women was child barbering and child careering. However, women have overcome the traditional mind sets and have made important contributions in professions like teaching, medicine, science & technology. Additionally women provide the majority of family healthcare by caring for both aging parents and children. Women manage health throw their domestic work through cleaning, sweeping, drawing water, washing clothes dishes and children and preparing food. But the realities of women's lives remain invisible and this invisibility persists all levels beginning with the family to the nation. Although efforts have been taken to improve the status of women, but the constitution dream of gender equality is miles away from becoming are laity, even today. The attention needs to be focused on the women health issues to maintain the dignity and respect for women's health in our country.

Statement of the Problem

Available evidence in India pointed to poor health status among women. Though India has made considerable progress in social and economic development, in recent decades such improvement in life expectancy, birth rate infant mortality and death rate demonstrate it lagged behind in the improvement of women's health.

Objectives and Methodology

To estimate the trends in health indicators of women in Madurai district during -91 to 2010-11 in terms of birth rate, death rate, infant mortality rate, life expectancy rate. The present study is based on Secondary data. The study period 21 years from 1990-91 to 2010-11 as for secondary data is concerned. Secondary data have been used to evaluate the health status in Madurai District and to assess the trend in the Madurai District The secondary data would be collected from published and unpublished reports, hand books, performance budget and pamphlets of (1) Department of Economic and statistics, Chennai (ii) directorate of public Health and Preventive Medicine, Chennai (iii) Direct orate of Health and Family Welfare Chennai (iv) Joint Directorate of Health and Medical services, Madurai and (v) Deputy Directorates of Health services, Madurai. In addition Journals, Books and Magazines have to be used.

There are various factors determine the health indicators such as per capita income, marital status, housing, sanitation, water supply, nutrition, education, geo graphical factors, climate, religious belief etc. more over it is found out that there is no universally accepted health to study the health status of a region satisfactorily. In the

present study, the health status of the Madurai district is examined by considering the movement of health indicators. Therefore in the present study four health variables namely,

1. life Expectancy
2. Birth rate
3. Death rate
4. Infant Mortality Rate

Are used for measuring the health status in Madurai District separately so as to make comparison between these two regions. In order to estimate the annual growth rate of life Expectancy, Birth Rate, Death Rate and Infant Mortality Rate. The following formula was used.

$$AGR = \frac{y_t - y_{t-1}}{y_{t-1}} \times 100$$

Where,

AGR = annual growth rate

Y_t = current year

Y_{t-1} = Previous year

t = Time Period

To analyze the growth pattern of life Expectancy, Birth Rate, Death Rate and Infant Mortality Rate, straight lined trend equations have been fitted for the period of 21 years from 1990-91 to 2010-11. To fit the straight – line the following model has been used Y = a + bt

Where, Y = Dependent variable

t = Time trend variable taking values 1,2,3,...21.

Table: 1: Health Indicators in Madurai during 1990-91 to 2009-10

year	Life expectancy	Birth rate	Death rate	Infant mortality Rate
1990-91	61.8 (-)	19.1(-)	5.97 (-)	47.4 (-)
1991-92	62.1 (0.49)	20.2 (5.76)	6.35 (6.37)	46.9 (-1.05)
1992-93	62.4 (0.48)	19.9 (-1.49)	6.3 (-0.79)	46.1 (-1.71)
1993-94	62.8 ()0.64	19.9 (0.00)	6.7 (6.35)	44.8 (-2.82)
1994-95	63.1 (0.48)	20.0 (0.50)	6.6 (-1.49)	44.1 (-1.56)
1995-96	63.4 (0.48)	20.6 (3.00)	7.0 (6.06)	44.7 (1.36)
1996-97	63.7 (0.47)	20.5 (-0.49)	7.2 (2.86)	45.3 (1.34)
1997-98	64.0 (0.47)	20.4 (-0.49)	7.2(0.00)	43.6 (-3.75)
1998-99	64.4 (0.63)	20.6 (0.98)	7.2 (0.00)	41.1 (5.73)
1999-00	64.7 (0.47)	20.4 (-0.97)	7.0 (-2.78)	39.1 (-4.87)
2000-01	65.0 (0.46)	20.1 (-1.47)	6.9 (-1.43)	39.1 (0.00)
2001-02	65.9 (1.38)	19.7 (-1.99)	7.1 (2.90)	37.5 (-4.09)
2002-03	66.8 (1.37)	18.8 (-4.57)	7.6 (7.04)	33.9 (-9.60)
2003-04	67.7 (1.35)	18.6 (-1.06)	7.5 (-1.32)	31.5 (-7.08)
2004-05	68.7 (1.48)	18.3 (-1.61)	6.8 (-9.33)	28.1 (-10.79)
2005-06	68.9 (0.29)	18.1 (-1.09)	6.5 (-4.41)	28.7 (2.14)
2006-07	68.7 (-0.29)	18.3 (1.10)	6.4 (-1.54)	28.1 (-2.09)
2007-08	68.8 (0.15)	18.5 (1.09)	6.5 (1.56)	28.1 (0.00)
2008-09	68.8 (0.00)	18.9 (2.16)	6.4 (-1.54)	27.7 (-1.42)
2009-10	69.1 (0.44)	19.3 (2.12)	6.4 (0.00)	27.4 (-1.08)
2010-11	69.4 (0.43)	19.5 (1.04)	6.7 (4.69)	27.1 (-1.09)

Source: Directorate of public health and preventive medicine, Chennai.

Deputy Director of public health and preventive medicine, Madurai.

Life expectancy at birth in Madurai District was 61.8 in 1990-91 and it has risen to 69.4in 2010-11.The highest life expectancy rate in 69.4 in 2010-11 the lowest life expectancy rate in61.81990-91.During the study period the birth rate had fluctuation. The birth rate was increased 19.1 in 1990-91 to 20.2 in 1991-92.The birth rate in increased in 20.0 in 1994-95 to 20.6 in 1998-99. The highest birth rate in 20.6 in 1998-99 the lowest birth rate in 18.1 in 2005-06.The Death rate was 5.97 in 1990-91 and 6.7 in 2010-11. The death rate had fluctuation in 1990-91 to 2010-11. The highest death rate in 7.6 in 2002-03 the lowest death rate in 5.97 in 1990-91. The infant mortality rate had fall on from 47.4to 27.1. 1990-91 to 2010-11. The decreasing in infant mortality rate 1990-91 to 2010-11.

Table 2 Estimated Results for the Health Indicators in Madurai District

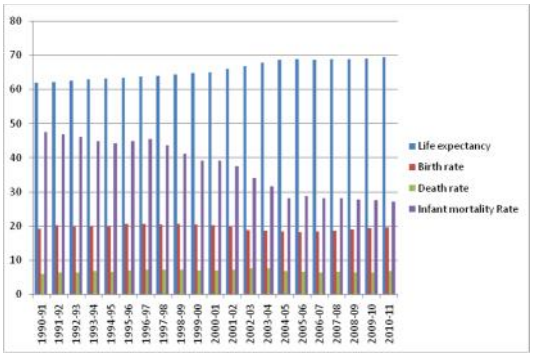
Model		Un standardized coefficients		Standardized coefficients				
		B	Std.Error	Beta	t	Sig	R square	Adjusted R
1.	(Constant)	20.711*	.298		69.445	.000		
	Birth Rate	-.123	0.25	-.795	-4.948	.000	.576	.553
2.	(Constant)	.795*	.016		49.402	.000		
	Death Rate	-.003	.001	-.468	-2.244	.38	.219	.175
3.	(Constant)	50.855*	.902		56.392	.000		
	IMR	-1.254	.075	-.969	-16.653	.000	.939	.967
4.	(Constant)	60.673*	.245		247.854	000		
	LE	.486	.020	.984	23.777	.000	.969	.967

Dependent Variable: Health status

*significant at 5per cent level

Trend line of health indicator in Madurai district shows that, the value of the slope co-efficient is -0.123 for birth rate which indicates that the average annual growth rate of birth rate in Madurai district has decreased annually by -0.123. The value of the slope co-efficient is -.003 for death rate which indicates that the average annual growth rate of death rate has decreased annually by -.003. It is seen that the value of the slope co-efficient is -1.254 for infant mortality rate which indicates that the average annual growth rate of infant mortality rate has decreased annually by -1.254 and for life expectancy at birth is 0.486 which indicates that the average annual growth rate of Life expectancy has increased annually by 0.486. As for the statistical significance of the estimated co-efficient 'β', it is statistically significant at 5 percent level for all the selected health indicators such as birth rate, death rate, infant mortality rate and life expectancy at birth.

Figure: 1 Health Indicators in Tamil Nadu during 1990-91 to 2009-10



Conclusion

It has been recognised that good health of women is definitely an important contributed to productivity and economic growth. In India health assumes greater significance; however, Indian women health scenario presents greater challenges. It was

evident from the present study that there is an inequality among the health status of women. The health status of women is low due to lack of physical health awareness and reproductive health awareness among the sample women respondents in the study area. It is concluded that to promote the health status of women, women should take care themselves and government programmes and policies of women have to be properly implemented and monitored.

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