WOMEN'S HEALTH STATUS: A STUDY OF RURAL WOMEN OF BALAHA BLOCK OF DISTRICT BAHRAICH

THESIS

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CHAPTER-6
FINDINGS AND CONCLUSION

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6.1 Introduction

Women's health and wellbeing is an important aspect of gender equality, social progress and also women's human right. Over the past half-century, the four world conferences on women, United Nations, World Health Organization and other international collaborations have contributed to widening the concept of women's health. In the initial days, it only involved reducing female deaths, female sterilization and family planning, and encouraging institutional deliveries. Later, reducing maternal mortality, improving child sex ratio, providing iron-folic acid and nutrition during pregnancy, preventing AIDS and other communicable diseases were encompassed within the broader objective of improving women's wellbeing. Now, access to healthcare has become an inalienable human right of women, along with the right to reproductive and sexual health choices, which includes safe abortion choices, access to contraceptive methods and access to essential health information.

The onus has been shifted to the State as well as the society to enable equitable healthcare for women, not only to remedy the historical suffering of women under the patriarchal setup but also to enable women to a comprehensive concept of freedom of life and wellbeing. In this context, Beijing Declaration and Platform for Action, UN Convention on the Elimination of Discrimination Against Women, Millennium Development Goals, and Sustainable Development Goals have encouraged nation-states to devise policy interventions to provide essential and critical healthcare to women, especially women from poor socio-economic backgrounds, tribal and minority communities, women from oppressed sections of society. Public policies have concentrated on the allocation of adequate financial resources, improving health infrastructure and increasing healthcare personnel to meet the healthcare requirements of women.

Health status of Indian women, measured by social development indexes and health performance indicators, though improving, is far from equitable. Illiteracy, lack of financial independence, healthcare-seeking patterns, poor health infrastructure and cost of healthcare are some of the obstacles to healthcare access to Indian women. Severe anaemia, sexually transmitted diseases, susceptibility to non-communicable diseases,

mental health, violence and gender crimes have a debilitating effect on Indian women's health. Despite State efforts, maternal mortality, unsafe abortions, female deaths due to rape and other violent crimes, nutritional deficiency, lack of access to critical medical care, lack of access to basic healthcare services remain some of the serious social health concerns. In this context, a detailed understanding of the issues with women's health and healthcare access, obstacles to improving women's reproductive wellbeing and women's health needs are essential.

This thesis titled "Women's Health Status: A Study of Rural Women of Balaha Block of District Bahraich" is an in-depth analysis of the health condition of women of Uttar Pradesh (UP). The scientific investigation was conducted in the form of a case study. Since UP is a large geographical and political unit, covering the entire state during the analysis was not possible due to time and resource constraints. Hence, Balaha Block in Bahraich district of UP was taken as a representative unit for conducting this research. The case study into the health condition of women in the rural region of Balaha Block offers an all-inclusive understanding of the various dimensions of women's health, in the context of rural India. The investigation involved the design and execution of detailed interviews and structured questionnaire that elicited both descriptive and quantitative information about their health from Balaha women. More than 350 respondents using a random sampling method were selected for the study.

The interview covered all aspects of women's health. Respondents' general health condition and attitude towards their physical health were inquired, along with the economic aspect of health, such as their family income and resource allocation. Information on their health hygiene and behaviour, medical care during illness were also collected. Information gathered regarding their reproductive health include marriage age, number of children, availability and access to contraceptives and maternal health care. Mental and emotional health is an important aspect of women's health, and data related to mental health and awareness was also collected through the questionnaire. For a comprehensive understanding, information on religious beliefs and practices associated with illness and diseases were also gathered during the interview.

The case study also involved an evaluation of the public health system and its functioning. In this regard, data on medical facilities, especially primary and community health centres, access and utilization, the kind of health care given, awareness of

government health schemes, were also gathered. In addition to questionnaire and discussion, first-hand observation of health infrastructure and women's condition was conducted. Analysis of the study data provides a clear picture of the status of rural women's health in India. It also offers insight into the various factors influencing their health and illness and identify the obstacles to their wellbeing.

6.2 Observations and Findings of the Study

Parsing and analysis of the study data, presented in Chapter 5, provides the resultant insights into Balaha women's health. Findings of the investigation can be summarized as follows:

- Most of the respondents were illiterate. The education of women and girls is influenced adversely by family and agricultural labour needs. Illiteracy has a negative correlation with women's wellbeing and health behaviour.
- Lack of support from other women in the family, especially mothers-in-law, in the sharing of work and during illness, affects women's health negatively.
- Data from Tables 1 to 13 show that the social and economic demographic of the respondents to be mostly rural poor. This is reflected in small houses with limited rooms, cattle sheds in houses, lack of toilet facilities and unhygienic conditions, which also has an indirect impact on women's health.
- Table 14 to 19 tabulates the hygiene habits such as bathing, cleaning of nails and teeth, menstrual cleanliness, etc. of respondents. It can be summarized that women's hygiene habits are a function of their rural setting and can be improved through awareness.
- Open defecation remains a reality for the majority of women and is vulnerable to health problems related to unavailability of toilet facilities.
- 63.90% of women smoked tobacco or indulged in other forms of smoking.
- Table 21 shows that 56.10% of women eat only twice a day. The low priority given to women's food requirements is clearly reflected here.
- It was also found that women perceived their health condition to be generally good and that they believed that they take care of their wellbeing. But, around 70.91% of women worked up to 8 hours a day, and body and backaches were the most common illness reported by more than half the respondents. Also, only 37.92% reported that they rested during illness.

- A majority of women ignored symptoms of ill-health. This is both due to a lack of awareness as well as unaffordability to health care.
- One of the major factors influencing the reproductive health of women was found to be their early marriage. Most women were married between 15-20 years of age, resulting in first pregnancy at an early age, a high number (3-6) of children and maternal health complications.
- A significant finding regarding reproductive health is that 82.08% women were aware of family planning methods through ASHA and other rural public health care personnel.
- Precautions and care taken during pregnancy and childbirth data also reflect in improved and positive health care behaviour among rural women. Pregnant women tried to take nutritious food (35.12%) of total 316 interacted respondents in this column, took prescribed medicines (69.94%) of total 316 interacted respondents in this column, avoided heavy work 316 (100%) of total 316 interacted respondents in this column to ensure safety and health during pregnancy.
- But institutional delivery remains low among Balaha women, which is true for most of rural India. (76.90%) women gave birth at home with the help of elderly ladies, and the rest went to the hospital for delivery, mainly encouraged by the financial incentive from the government.
- Most women returned to work after 15 days of giving birth. This is a combined result of the low priority given to women's health recovery and economic hardship of their lives.
- While most women were not aware of the term ‘mental health’, they did report the most common symptoms of general mental health problems such as depression, loss of interest, the feeling of anxiety and stress.
- The improvements in rural public health care infrastructure are also reflected in the study data. 100% of respondents stated that primary health centres are available in their or nearby villages.
- But, beyond that, maternity and child care centres and specialized health centres are not available in every village, and only in the nearest town or city.
- Functioning of the primary rural health centres warrants improvement. This is reflected in irregular visits by the assigned health personnel to those centres.

- Awareness of government health policies and programmes is very low among the respondents. This translates to non-utilization of opportunities for improving their health status, as well as obstacles in accessing health-related information for these women.

The overall picture obtained from the observations and findings is mixed. There have been marked improvements in the availability of basic health infrastructure, which is due to targeted public investment in rural health. But, other than that, the performance across all other parameters of health and healthcare behaviour is below average. Low prioritization traditionally given to women's needs, especially their health requirements, the patriarchal influence of attitude and behaviour towards reproductive health, women's nutrition and low health awareness are the major reasons for the poor condition of women's health, especially in rural areas.

6.3 Recommendations

Suggestions that can be made in light of the above findings to improve women's health in India are as follows:

- Overall public expenditure in health, especially in rural areas and particularly targeted towards improving women's health, has to be increased significantly. India's public spending on health amounted to only around 1.28% of its GDP in 2018, which is lower than many of its neighbouring nations as well as most of the low-income countries. UN recommends increased public investment in health to reach the targets under Sustainable Development Goal – 3, which is "good health and wellbeing". Many targets under goal 3 are specifically about improving maternal health, women's wellbeing, reproductive and sexual health, and reducing gender inequities in health.
- One of the positive health behaviour observed during the study was the procurement of family planning devices by Balaha women from ASHAs and other rural community healthcare personnel. Almost 82.08% of the respondents aware about the family planning devices from these trained primary healthcare givers. Further investment in increasing and training such cadre of healthcare personnel can improve awareness and access to basic healthcare needs for rural women, especially in the areas of maternal, reproductive and sexual health.

- Affecting positive changes in health-seeking behaviour of women is quintessential for improving their overall health. This includes attitude and perceptions towards their own health needs, a better understanding of their health issues, responsible behaviour towards symptoms of illness, disease and other health problems.
- Nutrition and food component plays a significant role in the wellbeing of women and their ability to live a healthy, fruitful life. Gender discrimination in allocation and sharing of food within families, neglection of women's food needs have to be addressed by creating awareness about the existence of inequality of sharing and the consequences on women's health.
- Improving civic sanitation and hygiene will be reflected in reducing communicable diseases, disease contagion and health problems related to poor hygiene.
- Despite UP being declared open defecation free state, a majority of women of Balaha Block lack toilet facilities. Access to basic sanitation is prerequisite to ensure women's safety, dignity and wellbeing. This requires community awareness and consistent effort until open defecation is eradicated in India.
- Women's mental and emotional wellbeing remains the least prioritized aspect of women's health. Mental health awareness and treatment should be made an essential part of primary health care provided to rural women.
- Women's social position and occupation define many aspects of their wellbeing. Rural women spend most part of their day performing household chores or in agricultural fields performing backbreaking labour. The healthcare targeting their wellbeing should take into account the specific health complications associated with their work and livelihood.
- An important dimension of women's health is how much money they have in their hands. Women's financial self-reliance enables them to give priority to their health issues and the ability to seek healthcare and treatment. Hence, improving their livelihood and socio-economic position is essential to reduce gender inequality in health and to achieve gender equity.

6.4 Direction for Future Research

While the patriarchal mindset is established as the main cause behind gender inequality in health, detailed investigation of its multifarious manifestations can provide a further

dimension to the understanding of patriarchy and its consequences on women's health. Attitude and behaviour of men in household controls and restrict women's behaviour in health as well as in other aspects of their life. Future research can engage in comparative analysis across different regions of India to uncover similarities and variations in performance and the underlying causatives.

6.5 Conclusion

Improvement in women's health is quintessential for social and economic progress of society. It is also a necessary aspect of rewriting the historical wrongs of patriarchy and gender discrimination in the area of health. But chiefly, women's health and wellbeing should be primarily viewed as an inherent aspect of their identity and their health rights must be seen as an undeniable part of their human rights. All policy interventions and strategies to improve women's health and to change their health-seeking behaviour should be centred around this definition of women's health.