

# **HEALTH STATUS OF WOMEN IN COASTAL KARNATAKA: A SOCIOLOGICAL STUDY**



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## **CHAPTER-VII**

# **FINDINGS AND CONCLUSION**

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The main objective of the present study has been to comprehend the health status of women. It was conducted in one of the villages of Udupi Taluk. The information about the health status of women was collected from 380 women, who were selected on the basis of simple random sample. The study was conducted in Bommerbettu village of Udupi district. It is one of the largest villages of Udupi taluk. The present study focuses on the socio-economic background of the respondents, health practices of the women living in this village, Maternal and Child health status, Reproductive health status of women living in the village. The major findings of the study and a few suggestions are given in this chapter.

### **Socio-economic Background of the Respondents**

The socio-economic background of the respondents reveals that the 92. 6% of them are Hindus and Muslims and Christians constitute 5.3% and 2.1% respectively. Nearly three fourth percentage of the respondents are belonging to the young age group of 20-50 years of age who are economically active population. 85.2% of the respondents are married and majority of the respondents have arranged marriage and selected their partner outside the family relationship. Half of the respondents (52.3%) are having matriarchal families and are belonging to the caste groups like Bunt, Billava, Devadiga, Mogaveera. Practice of child marriage or early marriage was not found in this study. Majority of them got married at the age between 20 to 30 years and .5% of them have inter-caste marriage and it is shocking to identify 1.6% of

divorce rate in a village and the practice of dowry is decreasing in the village and about two-thirds (57.9%) have not given dowry.

Only 6.6% of the respondents were illiterate, and majority of them are having high school education. Also 17.6% of them are graduates. Almost half of them are home makers and half of them are working in private organizations such as cashew factories, private offices, hospitals in and around Udupi and Manipal. 3.9% of them are self-employed women working as beautician, owning cloth shop etc. Majority of the respondents are belonging to both upper middle class and middle class families and are having decent tiled and RCC houses with all the facilities at home. Nearly half of them use LPG for cooking. Majority of respondents read newspaper, watch television related to personal hygiene, sanitation, health care and enjoy the freedom to visit hospital, market, outside the village and spend money for their health care. Protected well is used by majority of respondents for drinking water and treat water before drinking by boiling. Though study area is a rural region majority of them have nuclear family which is a characteristic of the urban region and most of them have one or two children and consider both of them are equals and birth of girl child is welcomed by parents due to existence of matriarchal family. Majority of the respondents of this study are the members of Self-help groups and have bank savings account. Self-Help Groups are playing a prominent role in providing supportive structures and accountability mechanisms for improving women's health. Thus majority of women in the village are enjoying socially and economically better status.

## **Health status and practices of the Respondents**

Information about the health practices among the women reveals that mass media of communication played an important role in creating awareness among the respondents regarding the health care practices. More than two-thirds (64.5%) of them revealed that their health status is good. Most of them are having the habits of eating both vegetarian and non-vegetarian food and nutritious food items and conscious of eating home -made food. Majority of them enjoyed the freedom to spend money for their health care and to visit outside the village. Household work is shared by all the members of family. Private health care facilities played an important role in creating awareness among the respondents regarding the health issues. 85% of respondents visit the private hospitals for their health problems and only 11% of them consult the PHC/Government hospital. Majority of respondents don't have the habit of chewing tobacco and drinking alcohol and majority of them use iodized salt for cooking and use homemade food items than bakery items and expressed that all the members of family eat the food together.

It is found from the present study that nearly half of the respondents are following exercises like walking, yoga, meditation and half of them are covered with health insurance schemes. 76.3% of them prefer Allopathic medicine and half of them read magazines, newspaper, watch Television related to their health care. It is observed in the study that 54.5% of the respondents are following religious methods like fasting, rituals, and traditional method of treatment like animal sacrifice, propitiation of disease-related spirits worshipping of deities and belief in protective function of rituals. Thus magico-religious practices as a part of religion are also frequently used in the

treatment of various ailments with the help of traditional healers. Much attention is given to the nutritional status of girls particularly for their future potential reproductive role and to maintain proper nutritional status. They are provided proper supportive environment in early childhood for their proper physical, social and emotional development. Much attention is given to the health care of women and their health needs are supported and recognized. These prevent them from significant burden of disease, including mental health disorders and to maintain good health in later part of their health. Rural women are aware of the side effects of medicine and have knowledge of antibiotics and they are particular about their health and discuss their health issues in their weekly meetings of women Self Help Groups and find out solution for these problems. They are also supported by their, children during the time of their ill health. Thus majority of women have healthy health practices and aware of the importance of drinking plenty of water, eating fruits, pulses, grains etc and visit the hospital immediately at the time of illness.

### **Maternal and child Health status**

Maternal health status of women is the prime concern which influences health status of women. Majority of respondents (85.2%) were married at the right age of 20-30 years of age. This is a positive, desirable, expected change particularly in view of girls. The study disclosed that there is association between the age at first conception and the consequent state of reproductive health of women. More than half (52.1%) of respondents are belonging to 19-25 years of age at the time of first conception. More than three fourth of them said that they have regularly attended the ante-natal checkup and conducted

all most all the pregnancy related test and their deliveries took place in hospitals and primary health centers. So majority of respondents have institutional delivery in the study area. With regard to the nature of delivery, the highest proportion of the respondents (87.1%) have got normal delivery and faced fewer problems at the time of delivery and they have expressed that they have consumed extra nutritious food during pregnancy and lactation period. 82.9% of them started breast feeding the child immediately within two hours of birth. More than half of respondents have breast feed their children more than one year, Majority of rural women have two children and small family norm is accepted by the respondents and have the knowledge of child's health problems like Diarrhea, pneumonia, cold, cough and breathing problem of children. ANM is playing a very important role in creating awareness among women about the health issues of mother and child. Majority of the respondents are highly motivated for immunization and child care process and provided all the vaccines related to the child's immunization. 64.2% of them have adopted family planning methods and majority of them are aware of different contraceptive methods like tubectomy, vasectomy, loop, condom, pills etc but there is gender bias regarding the adoption of family planning methods. The main source of awareness regarding family planning is Television. Almost 90% of them stated that they did not encounter any problem during their deliveries. But one fourth of them revealed that they had abortions or miscarriages. 7 per cent of them willingly aborted and 17. 9 per cent of them had abortions due to medical reasons. The terminal method for family planning (tubectomy) is the most established method among the rural women and the male participation in family planning is lacking.

## **Reproductive Health among the Respondents**

Reproductive Health status of women in coastal Karnataka is fairly satisfactory. Health services play an important role in providing good health for mother and children. With regard to menstrual disorders, regular menstruation is observed among 66.3 percent of women. Only 33.7% of the respondents reported that they encounter problems pertaining to menstruation. 9.5% of them revealed that they are facing menopause problems. With regard to reproductive tract infection 96% per cent of the respondents have not undergone any kind of RTI problem and only 3.9% of the respondents consulted doctors for Reproductive Tract Infections in the present study. Only 2.7% of them have the problem of Abnormal Vaginal Discharge. With regard to HIV/AIDS awareness among the respondents, about 96% per cent of them have heard about the problem through television, newspapers and none of them are suffering from this problem. 60.8% of them are getting services from Anganawadi and ANM is also playing very important role in creating awareness among rural women about the health issues of women and children. 99.7% of women have not conducted sex selection test and only a few respondents revealed of sex selection test in order to know the sex of second child.

## **Health Awareness and Wellness among rural women**

Majority of women in the study stated that they are not having major health complications. However 29.2 per cent of them said that they have allergy problems like asthma, frequent cold and fever, breathing problems. A few respondents also revealed that they have health problems like abdominal and joint pains, cramps and depression, blood pressure and blood sugar.

However majority of them are older women. It is surprising to note that 17.5% of them revealed that they have faced domestic violence by in-laws and husband. Most of them are mentally harassed due to the bad habits of husband like drinking and extra-marital relations. Though most of the respondents of this study are healthy, their wellness is not on par with their health.

On the whole it was found from the study that majority of the women are enjoying good health status. Education and awareness, middle class background have played important role in improving the health status of women. Although many of them have matriarchal families, male members still play an important role in decision making process. Though the entire Udupi district is known for its education and health facilities, still some of them follow age-old practices, customs in times of ill-health. Even then we can certainly say that women of Udupi taluk are having better health status. Thus education and healthy behaviour of rural women, use of clean and pure well water for drinking (which is free from fluoride and chlorine content) are favoring coastal women. Women of this region are conscious about their health and visit the doctor/hospital immediately at the time of illness due to their less resistant to pain. Weather condition in coastal area (salt weather) and food habits (regular use of fish),use of nutritious food is also favorable for good health. Regular use of coconut and coconut oil for the preparation of food items in coastal area are also the reasons for better health status. Access and availability of specialized health care services and super-specialized private hospitals in coastal areas provide specialized treatment for almost all diseases is also another unique feature of coastal area.

## **Recommendations**

It is observed in the present study that majority of women are getting the services from private hospitals than from Primary Health Centers or government hospitals due to lack of all the facilities in Primary Health Centers. Hence, it is strongly recommended to upgrade the PHC's to provide all the facilities to patients so that majority of the rural women can utilize these facilities instead of depending on private health care facilities as it is expensive.

Another important recommendation is that there is a need to organize health camps in the village to create more awareness among the rural women about their health issues and regarding the availability of free medical facilities in PHC's and in district hospitals to motivate the rural women.

Non-Governmental Organisation's can join hands with government in organizing these health awareness camps.

In the present study an attempt has been made to analyse the health status of rural women in general. It is recommended to conduct a research on the health problems of women belonging to a particular community like Schedule Caste women, Schedule Tribe women, and women belonging to minority religious groups separately.