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RURAL WOMENS' HEALTH : AN ANALYSIS

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In recent years India has made great strides in improving the status of women. The constitution bans discrimination, calls for equity between the sexes, and prohibits paying women lesser wages for the same work as men. Dowry has been outlawed, and government aid programs help women improve their lot. India even elected a female as its 12th president.

Although on paper it seems gender equity has been achieved, in practice, this is not the case. Women throughout India are often treated as second - class citizens. They have lower rates of school attendance and achieved grade level; higher rates of malnutrition, anemia and mental disease; and earn 66% less in wages for the same jobs, as compared to men. Indian women also fall victim to domestic violence, traditionally do not own land and frequently play no part in household decision - making. Attacks such as rape, acid throwing, and bride burning are too common, while traditions such as child marriage, dowry, and female infanticide have been difficult to extinguish.

The status of Indian women is further portrayed by beliefs surrounding the menstrual cycle. In some areas, when a woman in menstruating, she is viewed as a gateway to hell. During this time, women are considered unholy and frequently are forbidden from sleeping in the house, cooking, and having contact with others, Anything touched by her must be thrown out. if one accidentally comes into contact with a menstruating woman, she must seek purity by touching a cow, a holy being. Without the presence of a cow, a person may sprinkle themselves with urine or in other cases, take a bath.

ROOTS OF THE PROBLEM

Oppression of women dates back thousands of years, and in many instances, has been codified into cultural and religious practice. Across the diverse array of cultures, ethnicities, and religions in India, the low status of women has been an unfortunate common thread.

The practice of dowry has played a main role in the low status of women, particularly because it nearly guarantees financial hardship among lower income families with female children. Those who are unable to afford dowry for their daughters must either sell their

land or take out loans they have little hope of repaying. In Jamkhed, a poor, rurual, farming areas, CRHP staff estimate dowries could range from 2,000-10,000 rupees, while among wealthier families dowries could range from 5,00,000-1 million rupees. In addition to dowry, the bridal family also incurs wedding expenses and the possibility of future monetary demands from the groom's family.

Compounding the problem is that Indian women traditionally marry at a young age, when they may not have the necessary skills to obtain an income. In rural areas, 69% of Indian women are married before their 16th birthday; the median age at first pregnancy is 19.4. Combined with an inability to own land, this makes them functionally dependent their husbands, and may contribute to the common viewpoint that women and girls are a burden to families, husbands, and society at large.

Infrastructure plays a part in the low status of women as well. Many schoolhouses, especially in rural areas, do not contain bathrooms. Although men are allowed to relieve themselves wherever they please, this is not the case for women. Lack of access to a private bathroom has consequently kept many women and girls from attending school, and therefore, improving their circumstances.

Enhancing the quality of growth is an important objective of the development paradigm in many developing countries. Key indicators of quality of human capital are quality food in adequate quantities, adequate clothing, comfortable shelters, clean environment, quality education and employment dignity and life security and maximum health. Health is a major segment of human capital. The health status is usually measured in terms of life expectancy at birth, infant mortality rate, fertility rate, crude birth rate, and crude death rate, absenteeism of work place and work efficiency. Life expectancy is a average number of years of life remaining at a given age and it is one of the broadest standard of living measures. The average age to which an Indian can expect to live is increasing every year. The increase is consistent and almost uniform. It can broadly be concluded that the standard of living in India is improving consistently though not upto the expected world standard.

Low Birth Weight (LBW) remains an unresolved important national concern in India. Twenty nine percent of infant mortality rate is associated with LBW in India. Twenty three percent of the new born in India have LBW. The prevalence is slightly higher in rural areas (24.1%) than in urban area (21%). The prevalence has remained almost static over the last one decade. In a rural area of Haryana, LBW prevalence was 25.3% in 1982-84 and 25% in 1997-1998 nutrition intake in pregnancy is among one of the many factors associated with LBW in developing countries. Nutritional needs increase during pregnancy, especially in the second and

third trimesters of pregnancy. Nutritional counseling to mothers early in pregnancy can help improve dietary intake during pregnancy. America is more commonly prevalent among adolescents and, preschool children, pregnant and lactating mother, anemia among adolescents have gained more important as they are the most crucial segment of the population whose well being influences the future mothers. Micronutrient deficiency, especially iron deficiency in adolescent females can seriously affect their health. Eighty percent of adolescent girls of 10 to 19 years of age are suffering from iron deficiency anemia.

During adolescence, iron deficiency anemia not only reduces work productivity but also leads to complication of pregnancy in the later years. Targeting adolescent girls in anemia prevention programs would not only have an immediate curative effect, but may also have long term preventive effect during pregnancy and location United Nations re-emphasized that "control of nutritional anemia should be one of the global development goals to be achieved in the early years of this new millennium. Food based approaches have higher potential achieving for reaching and long lasting benefit for the control of iron and other micronutrient deficiencies.

Infant mortality rate is defined as the number of deaths of infant per 1000 live births. The most common cause of infant mortality is dehydration from diarrhea which is invariably due to unsafe drinking water and poor sanitation. The infant mortality rate is associated with a variety of factors, such as maternal health, access to medical care, socio-economic conditions and public health practice. The UNICEF's latest figures released state that infant mortality rate in India is 57 percent per thousand live births.

Fertility rate is the ratio of live births in an area to the population of that area expressed per 1000 population per year. It is basically the number of children that the average women will have in her life time. If the average women have exactly two children in her life time, this is just enough to replace herself and one man and thus maintain the population. For the first in India's history, fertility rate fell below 3 in 2002.

Birth rate is the ratio of total live births to total population in a specified community or area over a specified period of time. The birth is often expressed as the number of live births per 1000 population per year.

Death rate is the ratio of total deaths to total population in a specified community or area over a specified period of time. The death rate is often expressed as the number of deaths per 1000 population per year.

These indicators of health are determined by numerous factors such as per capita income, nutrition, housing, sanitation safe drinking water, social infrastructure, health

and medical services provided by government. Nutrition is an input and foundation for health and development. The results of good nutrition are stronger immune systems, less illness and better health.

Hence, India faces the daunting challenge of meeting health care needs of its vast population and insuring accessibility, efficiency and quality of health care and thereby achieving the objective of growth with equality and social justice. India is still one of the major countries where communicable diseases are still not under control.

Today's world demands flexibility and response to change for which many are not prepared. Health related course should be designed to train everyone to meet these changes with confidence. Health sciences should help people apply the finding of the physical, biological and social sciences to improve the quality and standards of individual and family life thus contributing to the health of all.

The persistence of hunger and abject poverty in India and other parts of the world is due in large measure to the subjugation, marginalization and disempowerment of women. Women suffer from hunger and poverty in greater numbers and to a great degree than men. At the same time, it is women who bear the primary responsibility for actions needed to end hunger. education, nutrition, health and family income. India, with a population of 125 crores, is the world's second most populous country. Of that number, 120 million are women who live in poverty. India is one of the few countries where males significantly outnumber females, and this imbalance has increased over time. India's maternal mortality rates in rural areas are among the world's highest. From a global perspective, Indian accounts for 19 percent of all lives births and 27 percent of all maternal deaths.

Nutritional deprivation has two major consequences for women : they never reach their full growth potential and anemia. Both are risk factors in pregnancy, with anemia ranging from 40-50% in urban areas to 50-70% in rural areas. This condition complicates child bearing and result in maternal and infant deaths, and birth weight infants. One study found anemia in over 95% girls of ages 6-14 in Calcutta, around 67% in the Hyderabad area, and about 18% n the Chennai area. This study states, “The prevalence of anemia among women ages 15-24 and 25-44years follows similar patterns and levels.”

Surviving through a normal life cycle is a resource poor women’s greatest challenge. As adults, women get less health care than men. They tend to be less lightly to be admit that they are sick and they will wait until their sickness has progressed before they seek help or help is sort for them. Studies on attendance at rural primary health centres reveal that

more males than females are treated in almost all part of the country, with differences greater in northern hospitals than southern ones, pointing to regional differences in the value placed on women. Women's socialization to tolerate suffering and their reluctance to be examined by male personnel are additional constants in their getting adequate health care. India's maternal mortality rate in rural areas are among the highest in the world. Women's heath is harmed by lack of access to and poor quality of reproductive services.

Government, in crafting health policies and programs, need to adopt a rights based, gender sensitive and women and adolescent friendly approach to health.