

Women's Health in Karnataka Problems & Prospects

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Abstract: Health plays a very vital role in the overall development of a human being. Women's health today has become a major concern in India because of high prevalence of infant, child, and maternal mortality and deteriorating quality of life. Available evidences in India show that women have been suffering from many health problems and deprived of health facilities. Though India has made considerable progress in social, economic, cultural, demographic and political arenas in recent decades, it has lagged behind in the improvement of women's health. India is one of the few countries where males significantly outnumber females and its maternal mortality rate in rural areas is among the world's highest. Women experience malnutrition, anaemia, infectious diseases and illness more than men, and they are less likely to receive timely medical treatment.

Women, especially the poor and rural women in India are among the most disadvantaged people in terms of their health status. Access to appropriate health care information, a comprehensive, adequate and affordable health services are still to be achieved for the rural women. Rural women are especially vulnerable to pregnancy and child birth related deaths. Poor health of women and nutritional status in India are inextricably interwoven with social, cultural and economic factors. These factors severely constrain the ability of women and adolescent girls to acquire good health services. Longstanding and entrenched gender inequities affect women's health, their allocation of assets, power, rights, status and opportunities.

Women have less access to basic resources such as social, health, educational as well as in other service systems. Though Indian government is committed to improve women's health through various policies and programmes, problems and the inequities in women's health continue to exist in our society. Hence, it is necessary to recognize and evolve mechanisms to overcome barriers, such as poverty and illiteracy and several socio-economic constraints. There is a need to adopt a justiciable gender sensitive and women friendly approach to the women's health.

Keywords: Gender, Malnutrition, Rural Women, Reproductive , Implications

"A woman's health is her total well-being, not determined solely by biological factors and reproduction, but also by effects of work load, nutrition, stress, war and migration, among others" (van der Kwaak, 1991).

1. INTRODUCTION

Health is one of the important aspects that is essential for a human being to lead a decent and dignified life. The Health of the family, if safeguarded, can bring about tremendous changes in the lives of the members and society. However, in the recent past it is seen that

health is being neglected by not only the policy makers but also it has become a costly affair for the poorer sections of the people, especially when women's health is taken into consideration. Hence, this article emphasizes on the various aspects of gender biased health policies and its ramifications on women.

2. WOMEN'S HEALTH & PERCEPTION OF SOCIETY

Societies from the beginning have neglected women's health due to which the policies also were gender biased. Though modern societies have adopted healthier policies, yet significant gender based health disparities remain in many countries especially developing and under-developed countries. Health related issues are one of the biggest challenges the state face while formulating the policies. With the advent of democratic societies many modest changes were accepted by the countries that were adopted during the policy framing. With new challenges and newer types of diseases increasing, which are of course life threatening, these policies have not been able to benefit millions of women and they are denied of their right to life due to this. Gender sensitive approaches are essential for the overall development of women in order to ensure their participation in social production.

The health of the family is entirely dependent on the health of a women and any adverse effect on the women's health will have its own repercussion on the entire family. Hence it is vital to see that women's health is safeguarded.

3. REASONS FOR NEGLECT OF WOMEN'S HEALTH

- Limited access to education
- High illiteracy
- Increasing poverty
- Lack of concern for women's health
- Lack of opportunities for protection of health
- Limitation in national and international policy formulation
- Lack of infrastructure
- Low accessibility to modern technology
- Limited number of experienced doctors to tackle women's problems
- Perception of society towards women's well being
- Lack of primary health care facilities in developing and under-developed countries
- Non- availability of drugs at affordable rates
- Market oriented approach than ethical values
- Socio-economic status
- Above all the patriarchal attitude of the society

4. CAUSES OF DEATH

The main causes of death among women are:

- Maternal conditions are leading cause of deaths and disability among women. More than 99% of women out of the estimated 5,36,000 die due to maternal problems every year in the developing countries.
- Every year about 10 million women face life threatening complications during pregnancy and child birth, sometimes leading to long term disability.
- A women affected with HIV/AIDS is more vulnerable to die since she is unable to get the required medical attention due to poverty.

5. HEALTH OF LIBERALIZED INDIA

Women's health in India is a major concern as most of the women are deprived of basic food requirements. According to a research it is believed that about 55% of women in the country are suffering from malnutrition, 70% from anemia and more than 50% from iodine deficiency. It is also noticed that about 78% of lactating mothers and 75% of pregnant women suffer from anemia. The following statistics also reveal the true picture of women in India. After International Conference on Population and Development (ICPD) 1994, Cairo, though the nation adopted certain liberal policies yet the outcome is very drastic.

- India ranked third worst place to be in for mothers among 77 less developed countries. India climbed down to 75th position among 77 less developed countries in 'mothers' index report (NGO – save the child 2010).
- On an average one woman in 30 will die from pregnancy related causes. One in six children die before his/her 5th birthday and one in 3 suffer from malnutrition in less developed nations – India being one among them (news one – 7th may 2011.)
- National Sample Survey data indicates that expenditure on health care is the second most common cause for rural indebtedness.
- Between 1990 and 1994 ten out of fifteen major states, were forced to cut their health budget care.
- Communicable diseases such as tuberculosis, malaria, cholera, are all up and back in epidemic proportions. Half a million people die of TB every year and there are two million cases of malaria which is once again becoming a killer disease.
- Major concessions have been granted to pharmaceutical firms under the new Drugs Policy of 1994 by reducing price controls. Within a year the prices of many essential drugs rose by 150%. Even before the policy came into force, prices had gone up by 25% and profits increased by 46%. An estimated 80,000 brands of drugs are marketed in India.
- Allocation on family planning has gone up by 50% in three years and stands at half a billion dollars in 1995-96. This is nearly one and a half times the budget set aside for health care.

- Government hospitals are being privatized and a user fee is now charged for services earlier available free. Medicines have to be purchased from the open market. 130 million people in India have no access to health services. India's share of public financing of health services at 22 percent is half of that of the US government which swears by privatization and the market.
 - The government claims 90% immunization coverage. However, 200,000 infants die every year of tetanus.
 - While the government claims that 80% of the villages have potable drinking water, one million children die every year from diarrhea diseases caused by drinking unclean water.
 - The country has the largest buffer stock and is exporting food while people starve. Two out of three children suffer from malnutrition and a half have stunted growth, four out of five women suffer from anemia during pregnancy. Per capita food consumption has been falling despite rising production.
 - India has high maternal mortality ratio i.e. approximately 400 deaths per 1,00,000 births (ICMR July, 2003). This ratio is 56 times the ratio of U.S. (Kumar & Khan)
- In India, 65 percent of all deaths among women are caused by disease groups that are predominantly infectious in nature and only 2.5 percent of deaths are related to childbirth. Even if one focuses on the women in the reproductive age group, 28.6 percent of deaths among them are caused by major infectious diseases (like TB., malaria, cholera, pneumonia, diarrhoea, dysentery, jaundice, etc.) and 12.5 percent deaths are due to childbirth and conditions associated with it. Despite this reality the only communicable disease that is emphasized is HIV/AIDS. Even here its link with poor health systems is not adequately emphasized.

Apart from the above, many adolescent girls and women are known to suffer from low birth weight, night blindness, neural tube defects, abortions and still births. Malnutrition and nutrition deficiency is taking them towards physical illness and emotional setbacks. Also malnutrition has increased female infanticide, lower sex ratio etc., again out of 100 women, 60 are unable to survive child birth. In this background, let me highlight the implications of clinical trials.

6. POSITION OF WOMEN'S HEALTH IN KARNATAKA

Women's position in Karnataka is no different from the all India Statistics and has really shocked the conscious people of the state.

Our Prime Minister in 2007 himself revealed that Karnataka is the poorest performing state in health sector.

The following statistics reveal the true picture:

- 55 out of 1000 children born alive in our state die before their first birthday every year (in Kerala it is 10)

- 70.4% children below six years of age are suffering from anemia (in Kerala it is 44.4%)
- 50%.
- of women of our State (Karnataka) are weak with anemia (In Kerala it is 32.8%)
- 37.6% of children below 3 years are suffering from under nutrition and growth flatering
- Only 35% of the population of Karnataka have houses with basic facilities of drinking water, sanitation and electricity
- Only 55% of our children have received all doses of the required immunization.
- The State's spending on health and healthcare facilities are far below at 3.37% (2007-08)

7. REASONS FOR NEGLECT OF HEALTH IN KARNATAKA

1. Neglect of Rural Primary Health Care System: The rural health care system has been neglected by the succeeding governments
2. Decline in the allocation of Funds to Healthcare: The governments have succeeded in reducing the budget allocated for Health and a paltry 3% is provided for basic health care in the State, which was over 5% over a decade ago.
3. Privatization of Health Care System: With the adoption of Globalization policies in the country, health sector has been gradually privatized and due to this the rural health system has suffered a lot. Primary Health Care Units have become defunct today.
4. Absence of Basic facilities: lack of primary facilities like drinking water, sanitation, toilets, staff quarters have made the health system bitter.
5. Lack of adequate Staff: With the freezing of recruitments the health care system is facing severe shortage of doctors and specialized nurses to run the hospitals.
6. Inadequate supply of medicines: Lack of medicines and the shooting up of prices of live saving drugs are again a deterrent to the effective functioning.

8. MEASURES TO BE INITIATED

1. To Make Health Care System a Primary and Basic Right of all human beings without any discrimination (as mentioned in the Constitution as also the Universal Declaration of Human Rights, 1948)
2. To Initiate Measures to increase the Budget for Health: The Government's should take necessary measures to ensure that Health becomes the top priority while allocating the budgets and if need be increase the funds up to 10% in the initial stage and later increase further.
3. Stop Privatizing Health Sector: Health Sector being a Service Sector, measures should be taken to provide basic health facilities to all sections, especially the mar-

ginalized sections, who are vulnerable to health problems.

4. Filling up of Vacant Posts in all health centres including recruitment of doctors.
5. Ensure availability of drugs at all Government Hospitals at subsidized rates
6. To root out corruption

The above statistics speak the truth and women being the vulnerable section are generally denied of the health care facilities because of the age old patriarchal attitude on one hand and women being considered as second grade citizens. The social condition also makes to neglect her own health and gets less attention from her own family members also during illness. Even though it has been universally accepted and declared by constitution of the nation that health is the right of every human being, yet to a vast extent women's health lack the required attention from not only the policy framers but also the society.

9. CONCLUSION

“Healthy Women, Healthy World” embodies the fact that as custodians of family's health, women play a crucial role in maintaining the health and well being of their communities as well. Women's health needs to be much more emphasized and the policy makers are required to take keen interest. Ethically, morally, socially measures should be initiated by the governments in safeguarding the health and wealth of the society and should be sensitive to these gender issues.

10. REFERENCES

- [1] Amrith Sunil (2007) Political Culture of Health in India: A Historical Perspective” , Political Weekly, Vol XLII NO.2, January 13-19
- [2] Blackburne Clare (1999) “ Poor Health, Poor Health Care: The experiences with low income Group with Children, Routledge, New York
- [3] Gandhi Nandita and Nandita Shah (1993) “The Issues at Stake: Theory and practice in Contemporary Women's Movement in India” , New Delhi
- [4] Govt. of India Budget expenditure 1995-96 Vol.2
- [5] Govt. of India 1994, Survey of causes of Death, New Delhi, Ministry of Home Affairs
- [6] Jaanagraha Aandolan, : A Movement for Health
- [7] Lee Christina (1998), “Women's Health: Psychological and Social Perspective”, London, Sage Publication.
- [8] National Health Policy (2002), Ministry of Health and Family Welfare, Government of India
- [9] Sengupta, Amit (2003), “ Health in the Age of globalization” Social Scientist, Volume.31/No.11-12 Nov-Dec.
- [10] UN Population Division (August 2007)

- [11] UN, 2007 Millennium Development Goals Report
- [12] World Health Organization, 2007 report
- [13] WHO, UNICEF, UNFPA, WORLD BANK, 2007 Maternal Mortality
- [14] Poverty Class and Health Culture in India, Vol.1, New Delhi, Parchi Prakashan
- [15] Women as wombs – Sarojini N.B.

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