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Women's health status in Rural India: A Sociological study of Deoria District of Uttar Pradesh

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ABSTRACT

The present study was undertaken to study Women health status in Rural India: A Sociological study of Deoria District of Uttar Pradesh. The study highlighted to understand the problem related to women health status in India and concept of health and nutrition and theories of gender. Uttar Pradesh is one of the largest, densely population and backward state of India. Which has a socio-economic and thus health problems for women? To understand the real challenges micro level sociological studies are urgently needed. This thesis analyzed health scenario and its related issues and challenges in a rural pocket of distantly located backward district of Uttar Pradesh. The health care of women is an emerging area of sociological studies which need investigations and analysis of available health facilities, health manpower health concerns, health related programs. The operations and actual execution of programme in fields at micro level is to draw a picture of the present health related problems of rural women in terms their caste, class and religion, size of family, education of the family, culture of the area in which they are residing. It is very essential to understand the impact of various social, economical, cultural factors which are varied in terms of regional differences.

1. INTRODUCTION

Health is defined by the World Health Organization (WHO) as a state of complete physical, mental and social well being not merely absence or infirmity. Health care system in India, found a concern in ancient India has evolved though ages with many ups and downs. After independence various health infrastructures, health manpower and focus to specific priority areas were planned and implemented on recommendations of various review committees through the different five year plans. Women, though most important section of society, were largely ignored especially in rural India for their health concerns.

Uttar Pradesh is one of the largest, densely populated, and backward states of India which has a socio-economical and thus health related problems for women. To understand the real challenges micro level sociological studies are urgently needed. This work has analyzed health scenario and its related issues and challenges in a rural pocket of distantly located backward district of Uttar Pradesh. No such study is available with sociological perspective for understanding the concern of women.

Table 1. Health system and Human Resource in India

Health system	Number	Year
Number of Hospital Beds	633545	2002
Hospital beds per 10,000 population	9	2006
Number of Health Sub Centers	137371	2006
Primary Health Centers	22824	2001
Community Health Centers	3043	2001
Physicians per 10,000 population	7	2005
Nurses per 10,000 population	7.85	2004

(Source: WHO World Report, 2005)

When we look into the data available in public domain or health system and human resource in India during the recent years, the resources are too meager in relation to the ever increasing population (Table 1). According to WHO and World Bank Reports only 2006 beds were available for 10,000 whereas only 7 physician and 7.85 nurses were available for this population (WHO, 2005).

In their study Kumar and Khan (2010) found that maternal mortality is a major health concern. India has a high maternal mortality ratio approximately 450 deaths per 100,000 live births in (ICMR, 2003). This ratio is 56 times higher than in the United States. Malnutrition is another serious health concern that Indian women face. It threatens their survival as well that of their children. Due to malnutrition, many women never achieve full physical development imposes a relatively large risk for women by increasing the hazard of obstructed deliveries. One of the reasons for the poor health of Indian women is the discriminatory treatment against girls and women receive as compared to boys and men. Violence against women is one of the causal factors related to health problems; and this kind of violence also germinates health related problems. Women are relatively more vulnerable to HIV/AIDS pandemic than men on account of a number of social, economic, culture, religious and psychological factors and underlying circumstances.

Sankar and Katharia (2004) focused on the efficacy of the rural public health systems in improving the health outcomes of rural areas and the relative performance of various states in India. Relative efficiencies differ across states and this is due to differences not only in the health sector endowment, but also in its efficient use. It shows that states should not only increase their investment in health sector, but also manage it efficiently to achieve better health outcomes. Roy *et al.* (2004) highlight that inequalities in nutritional status and health care in different states exists with a focus on caste and tribe. They reflect that caste hierarchy becomes a serious handicap for utilization of health services.

The paper by Das Gupta and Bisht (2010) throws light on National Urban Health Mission. National Urban Health Mission is introduced to address the health problems and needs of urban people. However, large proportion of homeless and people living in slum areas one deprived of the health care insurance are becoming obstacles in delving health care services to the urban poor.

In his study, Tikku (2004) find out the nutritional status of mothers and under five children belonging to the tribal in Bihar years of about physiologies. The functioning of NGOs and their role in combating nutritional and health problems prevalent among children, adolescent and women in three states of Northern India *i.e.,* Delhi, Haryana and Rajasthan. The NGOs also dealt with other related areas to supplement and complement their main focus on health and nutrition. However, not many of them are involved in tackling endemic and emerging diseases. These should be giving more emphasis. It was found also there is no proper mechanism for obtaining and analyzing information on health and nutritional services providing by voluntary organization. Each state should have district-wise data-base on nutritional and health.

Health and education of all human beings are precious assets of the nation. It is nation's moral, legal and constitutional responsibility to promote, restore or maintain the health status of its population through meticulously designed policy, plans and programs; effectively implementing, monitoring and evaluating them to yield targeted results in respect of health care infrastructure, manpower support, and provision of clean drinking water, sanitation and hygiene, besides a host of other interrelated activities. In this background an attempt has been made here to underline the present status of health service infrastructure, its impact with sharp focus on UN Millennium Development Goals and need to integrate health service infrastructure with the Self-Help-Groups promoted, nurtured and linked with rural financial institutions to empower poor rural women socially, economically and politically and lift them above poverty line.

Table 2. Health Indicators in India 2011

Health Indicators	India (Per thousand)
Crude Birth Rate	20.97 birth/ 10,000 population
Crude Death Rate	7.48
Total Fertility Rate	2.62 children born/women
Maternal Mortality Rate	212
Infant Mortality Rate	53
Child Mortality Rate	2.54
Life Expectancy at Birth	66.71 Years

(Source: Economic Survey, 2011)

Health indicators in India in year 2011 (Table 2), show crude rate at 20.97 per thousand crude death rate 7.48 per thousand, total fertility rate 2.62 per thousand, maternity rate 2.54 per thousand (Economic Survey, 2011).

A focus was also made on child mortality which was a major indicator for socio-economic growth of the country; and with these efforts many specific health concerns related to women and specially women in rural India and that too in vulnerable and underprivileged socio-economical groups were realized. In some recent five year plans the health concerns have been focused to women and child health

and various objectives, plans and programs have been included in these plans. The rural India is not a homogenous structure. It has much social economical, cultural and geographical variability. The women are more vulnerable groups within the rural areas and within the various regions in same political state of the country.

The health care of women is an emerging area of sociological studies which needs investigations and analysis of available health facilities, health manpower health concerns, health related programs. The operations and actual execution of programme in fields at micro level is to draw a picture of the present health related problems of rural women in terms their caste, class and religion, size of family, education of the family, culture of the area in which they are residing. It is very essential to understand the impact of various social, economical, cultural factors which are varied in terms of regional differences. This study is an effort to understand the health concerns, health infrastructure, health manpower and effectiveness of health programs for the women of different groups in a rural population of remote, backward district of eastern Uttar Pradesh, named Deoria which is located near Bihar and Nepal.

2. METHODOLOGY AND DATA COLLECTION

The present study was selected as no such study is available in rural area in Uttar Pradesh of Deoria district, which reveal Women's Health status in Rural India.

The data were obtained by the interview schedule, Primary data was collected through field work by using both quantitative and qualitative research techniques and Secondary data was collected through reports, Newspaper, etc. from different Libraries and also from Hospitals reports, Health centers and State Government statistical office.

3. RESULTS AND DATA COLLECTION

3.1 Health Indicators

The data in Table 3 shows Health indicators. Many of the health problems of Indian women are related to or exacerbated by high level of fertility. The total fertility rate (2005-2006) has gone down to 53, (SRS, 2008), whereas maternal mortality rate was found to be 414 (2004-2006), which is higher than the National average. The Sex Ratio in the State is 908 (as compared to 940 for the country). Comparative figures of major health and demographic indicators are as follows:

However, there are large variations in fertility level as per state, education, religion, caste and place of residence. 3.8 fertility rates in Uttar Pradesh and Bihar, the most populated states in India, have total fertility rate of over 4 children per women. High levels of infant mortality rate 6.5, 440 maternal mortality rate per 100,000 births, cured birth rate 29 of every 1,000 girls born 93 die before turning five (SRS, 2008 and Census of India, 2011).

Table 3. Health Indicators in Uttar Pradesh

Health Indicators	Uttar Pradesh
Decade Growth Rate	20.5
Crude Birth Rate	28.7
Crude Death Rate	8.2
Total Fertility Rate (RHS 2008)	3.8
Sex Ratio Per Thousand	908
Maternal Mortality Rate	440
Female Literacy Rate	59.26

(Source: Cense of India, 2011)

3.2 Health Infrastructure

Table 4 highlights the shortfall in health infrastructure in Uttar Pradesh. There is a lot of difference in the present position and the required position of infrastructure *i.e.*, at present there are only 186 gynecologist, 1945 pharmacist

Table 4. Health Infrastructure of Uttar Pradesh

Health Facilities and Health Men-Power	Required	In position	Short Fall
Sub- Centers	26344	20521	5823
Community Health Centers	4930	3690	700
Primary Health Centers	1097	515	582
Health Worker Female	24211	21024	3187
Health Assistant Female PHcs	3640	3509	181
Gynecologist at CHcs	515	186	329
Pediatricians at CHcs	515	135	380
Pharmacist	4205	1945	2251
Laboratory Technicians	4205	1085	3120
Nurse/ Midwife	7295	3340	3955

(Source: RHS Bulletin, March 2008, M/O Health and FW: GIO)

and 135 pediatricians at community health centers, while the requirement is that of 515 gynecologists, 4205 pharmacist and 515 pediatricians. Total numbers of nurses/midwife are 3340, health female worker are 21024. This table 4 shows that there is a severe shortfall of health facilities and health manpower.

3.3 Medical Health Institutes in the State

Table 5 highlights the health institutions of Uttar Pradesh State. There are 16 Medical Collages, 1771 Ayurvedic hospitals, 340 Ayurvedic dispensaries, 8 Homeopathic hospitals and 210 Unani hospitals in the state.

Table 5. Medical Health Institutes in the State

Health Institutes	Number
Medical	16
District Hospital	71
Referral Hospital	-
Ayurvedic Hospitals	1771
Unani Hospitals	340
Unani Dispensaries	49
Homeopathic Hospitals	8
Homeopathic Dispensaries	1482

(Source: RHs Bulletin March, 2007 M/O Health and F.W. GIO)

3.4 Health Facility in Deoria District

The rural health care system is three tier structures. It has 'sub-center' at the most peripheral level and primary health centre at the Secondary level and community health centre at the third level. The population covered by a sub centre, Primary Health Centre and Community Health Centre are 3,000-5,000; 20,000-30,000 and 10,00,000 respectively. In addition there are Private Voluntary Health Facilities, also. The district is headed by the chief medical officer followed by an Additional (CDMO) as second-in-command. The Chief Medical Superintendent looks after the Uttar Pradesh Government hospitals in the district.

Table 6 highlights the kind of health infrastructure in Deoria district. It has one District hospital, 9 community health centers, 15 primary health centers, 61 additional primary health centers, 317 sub centers, 49 Ayurvedic hospitals and 27 Homeopathic hospitals (District Profile Deoria: 2010).

Table 6. Health Infrastructure in Deoria District

Health Facility	Number
District Hospital Male/Female	1
Community Health Centre	9
Primary Health Centre	15
Additional Primary Health Centre	61
Anganwadi Centers (AWCs)	2,513
Sub Centers	317
Female Hospital	1
Ayuryedic Hospital	44
Homeopathic Hospital	27
ANM Training School	1

(District Profile Deoria, 2010)

Table 7 highlights the health infrastructure in Dumari village. It has one government hospital, 4 private clinics, and 5 medical stores. Number of anganwadi workers and Asha are 4 and only 1 nurse was there (through Sarpanch of the Dumari village, 2011).

Table 7. Health Infrastructure in Dumari Village

Health Facilities	Number
Government Hospital	1
Private (Clinic) Hospital	4
Medical Stores	5
Anganwadi Worker and Asha	4
Nurse	1

(Source: Village Sarpanch of Dumari Village, 2011)

3.6 Health Man Power in the Deoria District

Table 8 shows the total health manpower in Deoria district. It has 196 medical officers. There are 87 Pharmacist; 190 male and female health supervisors, 544 health male and female workers and 2495 accredited social activist (www.nrindia.org>Activities>Uttar Pradesh, 30 Nov 2010 and District Profile Deoria, 2010).

Table 8. Health Man Power in the Deoria District

Category	Approved Number	In Position
Medical Officers	196	136
Pharmacist	87	84
Health Supervisor Male	104	40
Health Supervisor Female	86	83
Health Worker Female	160	21
Health Worker Male	384	383
Non Medical Supervisor	10	8
Accredited Social	51	53
Accredited Social Activist	2,495	2,495

(Source: www.n/rIndia.Org>Activities>Uttar Pradesh, 30th Nov 2010, (DP) District Profile Deoria, 2010)

3.7 Availability of Medicine in Government Hospital

Table 9 shows that, 158 (73.14 per cent) women told that medicines are available in government hospital. Only 10 (4.62 per cent) women told that medicines are not available in government hospital whereas 48 (22.22 per cent) women didn't responded.

Table 9. Availability of Medicine in Government Hospital

Availability of Medicine in Government Hospital	Number of Respondents	Percentage
Yes	158	73.14
No	10	4.62
No Response	48	22.22
Total	216	100,00

3.8 Source of Drinking Water

Drinking water quality is important in deciding health of a person as many water born diseases of human beings are related to it. In rural areas of eastern Uttar Pradesh presently hand pumps are almost sole source of drinking water. Governments have provided deeper strata of underground water which is considered safer.

Table 10 shows that about 200 (92.59 per cent) women respondents informed that they drink water from hand pump, 9 (4.16 per cent) respondents said that they drink water from well. Only 7 (3.24 per cent) of them had drinking water from tube well and government drinking water supply was not available to respondents.

Table 10. Source of Drinking Water

Source of Drinking Water	Number of Respondents	Percentage
Well	9	4.16
Hand Pump	200	92.59
Tube Well	7	3.24
Water Supply of Govt.	0	-
Total	216	100,00

3.9 Toilet Facility

Sanitary facilities and safe toilet disposal system is also a major criteria for women health and important in preventing many infectious diseases related to sanitation exposures. However, good quality toilets are still not available to many families in this part of the rural India.

Table 11 shows that most of the women, 100 (46.29 per cent) conveyed that they don't have any toilet facilities in their house while 94 (43.51 per cent) said that temporary arrangement has been made in their houses. Only 22 (10.18 per cent) respondent's families have permanent structure for toilet.

Table 11. Availability of Toilet Facility

Availability of Toilet Facility	Number of Respondents	Percentage
Temporary	94	43.51
Permanent	22	10.18
Not Available	100	46.29
Total	216	100,00

3.10 Type of Health Services Provider

The present inquiry tries to understand the health delivery system and utilization pattern system in the studied area. The data for the inquiry are related to the rural communities of Dumari village in Deoria district of eastern Uttar Pradesh. The official poverty line-is nothing short of poor quality of life in Uttar Pradesh despite the state being endowed with abundant natural resources. Among Indian states, Uttar Pradesh has some of the worst health indicators. For every 1,000 babies born, 73 die within a few days. Many of the health problems of Indian women are related to or exacerbated by high level of fertility. However, there are large variations in fertility level according to education,

religion, caste and place of residence. Fertility rate in Uttar Pradesh is 3.8, the most populated states in India have a total fertility rate of over 4 children per women. Overall 100,000 Indian women die every year due to pregnancy related factors.

It is clear from the table 12 that during sickness, 204 (94.44) women go to government hospital, 6 (2.77 per cent) didn't, 8 (3.07 per cent) didn't respond about this. 130 (60.18 per cent) use allopathic hospitals, 80 (37.03 per cent) didn't. 20 (9.25 per cent) uses homeopathic hospitals, 168 (77.77 per cent) didn't. 60 (27.77 per cent) uses ayurvedic hospital, 114 (66.66 per cent) didn't. 62 (28.70 per cent) used maternity homes, 144 (66.66 per cent) didn't, 20 (9.25 per cent) didn't respond about this. 120 (55.55 per cent) go to doctor, 92 (42.59 per cent) didn't, 90 (4166 per cent) call midwife, 106 (49.07 per cent) didn't, 20 (9.25 per cent) didn't respond about this, 148 (68.51 per cent) call Anganwadi worker, 62 (28.70 per cent) didn't, 6 (2.77 per cent) women didn't respond about this, 28 (12.96 per cent) use other organization services.

Table 12. Type of Health Services Provider

Type of Health Service Provider	Number of Respondents			Total Percentage
	Yes	No	No Responses	
Government Hospital	204 (94.44)	6 (2.77)	8 (3.07)	216 (100,00)
Allopathic Hospital	130 (60.18)	80 (37.3)	6 (2.77)	216 (100,00)
Homeopathic Hospital	20 (9.25)	160 (77.77)	28 (12.96)	216 (100,000
Ayurved Hospital	60 (27.77)	114 (66.66)	12 (5.55)	216 (100,00)
Dispensary	80 (37.03)	124 (57.40)	12 (5.55)	216 (100,00)
Maternity Home	62 (28.70)	144 (66.66)	20 (9.25)	216 (100,00)
Doctor	120 (55.55)	92 (42.59)	4 (1.85)	216 (100,00)
Midwife	90 (41.66)	106 (49.07)	20(9.25)	216 (100,00)
Anganwadi worker	148 (68.51)	62 (28.70)	6 (2.77)	216 (100,00)
Others	28 (12.96)	78 (36.11)	110 (50.92)	216 (100,00)

In the villages, water is mostly obtained from the hand pump. Drinking water quality is detrimental in deciding health of person as many water-borne diseases of human being are related as majority of them don't have any toilet facility in their house. Even toilet facility is not available to many families in this part of rural India. Most of the women are using government hospitals during pregnancy and for other health related issues as they are not in a position to pay hefty bills of the private hospitals. Further, to understand the needs of the people in terms of health care, the availability of physician or doctors was the most important items of the analysis.

Health is an important aspect for the survival of human. The concepts, knowledge, skills and infrastructure for healthcare have been evolved through the evolution of human civilization in various societies. However, due to gender bias the health priorities for men and women have been different in different traditions and different societies. Thus, this study makes an attempt to understand the problems related to women health.

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www.n/India.Org Activities Uttar Pradesh 30 Nov 2011 Graph 1, 2 and 3: Essential Leprosy Indicators of Deoria profile Deoria.