

Health and Nutrition Status of Women in Haryana Issues and ways forward

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Abstract

Health has a vital role to play in country's socio economic development. India has decided to achieve one of the goals of SDGs for providing healthy lives to all the people. Research shows that women's nutritional status remains poor in many parts of the world. Far too many women especially adolescents and those who are nutritionally at-risk are not receiving the nutrition services they need to be healthy and give their babies the best chance to survive, grow, and develop. One of the main reasons for poor nutrition and health outcomes among children in India is the poor nutrition status of mothers before and during pregnancy. Haryana is one of the prosperous states of the country. Despite of this, women are progressing in every field but being the prosperous state, women health and nutrition status is not good. In Haryana, 60% of the women in the age group of 15 to 49 are suffering from anemia. The health of women is linked to the status of a society. Haryana being a patriarchal society considers son to be born in order to complete the family system. There is no doubt that Indian women not only have low level of education but their participation in the labour force is also low. Because of these factors, women neglect their health. The objective of the paper is to understand the health status of women with regard to maternal mortality rate and low nutritional status of women. It also presents the challenges to health care in rural areas and government's initiatives to encounter the challenge of women's health and nutrition. In the end, strategies to improve the health's status are also given followed by conclusion.

Keywords: Anemia, nutritional awareness, malnutrition, Maternal Mortality, Sustainable Development Goals.

1. Introduction

Despite India's progress in economic growth, its position is at 134th in the human development index and we have failed to achieve the millennium development goals with regard to public health system. Health is considered an important factor in shaping and strengthening of the structure of the society. There are many definitions given by many thinkers on health which need to be understood before proceeding further. According to the World Health Organization (WHO) defines "health as a state of complete physical, mental, and social well-being, not just the absence of

disease or infirmity." The WHO also states that everyone has a fundamental right to the highest attainable standard of health irrespective of race, religion, and political belief, economic or social condition. The word health itself refers to a "state of absolute emotional, mental, and physical well-being. Healthcare exists to help people stay well in these key areas of life." Public health is the "science of improving and protecting the health of people and communities. It involves promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing, and responding to infectious diseases."

Article 21 of the fundamental rights, Constitution of India guarantees a fundamental right to life & personal liberty. The right to health is inherent to a life with dignity. Directive principles of state policy also focus on the obligation on the state in order to ensure the effective realization of the right to health. The Sustainable Development Goals (SDGs) include a goal for health, SDG 3, which is to guarantee healthy lives and promote well-being for all people at all ages. SDG 3 has 13 targets that cover a wide range of work. The goal aim is to improve equity for women, children, the poorest and most disadvantaged section of the society.

2. Status of Women's Health

The health of Indian women is related to their status in the society. Research on women's status revealed that Indian women's contribution is often overlooked and they are considered as economic burdens. A strong preference of son in India is prevalent due to socio-cultural beliefs and they are expected to take care of the elderly parents. Factors like son preference, demand of high dowry, declining sex ratio, violence against women lead to the neglect of daughters. Illiteracy and less participation in the labor force add injury to the low health status of Indian women. They usually have little independence and live under the control of their fathers before marriage and then their husbands and son after marriage. (Chatterjee, 1990; Desai, 1994; Horowitz and Kishwar, 1985; The World Bank, 1996).

Women's poor health has ripple effects on her family at large. Birth of low weight infants is the result of the poor health of the women. Woman's poor healths not only impact her household economic condition but her participation in the labor force also declines. Violence against women is another serious health area for Indian women. Though it is difficult to say the prevalence of violence against women due to the limited data and sometimes figures do not reveal the actual levels of crimes because many incidents, particularly

domestic violence, go unreported (Kelkar, 1992). Women's nutritional status is one of the most important indicators of their well-being. Though it is unfortunate that women worldwide, especially adolescents do not receive the nutrition services in order to remain healthy.

Heavy demand of work, poverty, child birth, no family planning lead to the malnutrition among women. "While malnutrition in India is prevalent among all segments of the population, poor nutrition among women begins in infancy and continues throughout their lifetimes" (Chatterjee, 1990; Desai, 1994). Women and girls are normally eat last in the a family resulting less food to eat for them and they suffer the most (Horowitz and Kishwar, 1985)

3. Govt's initiatives for uplifting women's nutrition and health

Government of India has been making efforts to bring a great revolution in the nutrition management ecosystem though initiating many programmes, schemes and innovative interventions which will be instrumental in improving the health and nutrition of all the section of the society particularly women and children. Below mentioned schemes, implemented both at the central and state levels, have benefited millions of women and played an important role in improving their nutrition and healthcare. Not only that, there has been a significant improvement in the maternal and child health in country.

Centrally Sponsored Scheme

3.1 The objective of the Pradhan Mantri Matru VandanaYojana (PMMVY) is to improve the health and nutrition status of women and reduce maternal mortality by providing limited wage payment during pregnancy and post-delivery. Under this scheme, a cash incentive of Rs. 5,000 is given in three installments to pregnant and lactating women for their first living child. As of now, over 1.75 crore beneficiaries have taken benefits under the PMMVY across India, including Haryana.

3.2 PoshanAbhiyaan (National Nutrition Mission) started in 2018 aims to diminish

malnutrition among children, adolescent girls, pregnant women, and lactating mothers. The main focus of the programme is to improve the nutrition, health and hygiene practices among the people. It is estimated that over 10 crore people have benefited from a variety of components of Poshan Abhiyaan countrywide, with a major focus on women and children.

3.3 Janani SurakshaYojana (JSY) provides cash incentive to pregnant women for promoting institutional deliveries and shrink maternal and neonatal mortality. Since its initiation, over 1.4 crore women have taken benefit from JSY annually across India.

3.4 Indira Gandhi MatritvaSahyogYojana (IGMSY) provides cash incentives to pregnant and lactating women for improving health and nutrition of women. More than 50 lakh women have benefited since the implementation of the scheme.

4. Haryana State Government Schemes

4.1 Mukhya Mantri Doodh Uphar Yojana provides free fortified skimmed milk powder to children, adolescent girls, pregnant and lactating women for combating malnutrition and anemia. Improving nutritional standards among women and children is the main aim of this scheme. More than 10 lakh beneficiaries, including women and children, have benefited from this scheme in Haryana.

4.2 Rashtriya Kishor Swasthya Karyakram (RKSK) pay attention to the adolescent health, nutrition, reproductive, sexual health, mental health, and substance abuse. The aim of the programme is to empower adolescents by providing knowledge and services to girls. The target of the programme is adolescents aged between 10-19 years. In Haryana, over 50 lakh adolescents have benefited from different intervention under RKSK.

4.3 Mukhya Mantri Shramik Suraksha Yojana's aim is to give healthcare and nutrition support to women workers in the unorganized sector and ensure their well-being and reduce health risks. The scheme has reached out to around 5 lakh women workers in Haryana.

4.4 Aapki Beti Hamari Beti aims to improve the child sex ratio. It not only ensures better health but also provide nutrition and financial assistance to the family where girl child is born. Over 2 lakh families have benefited from this scheme in Haryana.

5. Result and Discussion

The health and nutrition status of women in Haryana reveals a mix of both progress and problems. Women in Haryana are increasingly facing issues related to chronic diseases like diabetes and hypertension. Lifestyle changes and increasing urbanization contribute to these trends.

5.1 Maternal Mortality Rate (MMR)

The high levels of maternal mortality in particular is very worrying because the majority of these deaths could be prohibited if women had adequate health services in terms of providing proper prenatal care in suitable health care systems.(Jejeebhoy and Rao, 1995). In reality, lack of access to health care facilities is one of the major factor for high maternal mortality rate in India. (The World Bank, 1996). In addition to this, disparity treatment for boys and girls with regard to food practices and providing health care is another factor accountable for higher female mortality. Though Haryana has made improvements in reducing maternal mortality, but it is still a matter of concern compared with international level.

There is no doubt that maternal health in Haryana has potential to provide relevant services with regard to primary and secondary care services. It is heartening to know that indicators like antenatal care, institutional deliveries, allocation of IFAL tablets, regular follow up of high-risk pregnancies, condition of postnatal and newborn care have revealed major improvement since 2005 (NFHS 4 & 5). In Haryana, 77% of women received 4 ANC check-ups. As per the Health Management Information System (HMIS), 2019-20, approximately 95.9% of the deliveries were done in institutions, out of which 58.5% were conducted in public health facilities. Incidence of anaemia among women

between the age group of 15 to 49 years has reduced from 62.7% (NFHS-4) to 60.4% (NFHS 5).

5.2 Low Nutritional Status of Women

In India, women's nutritional status is miserable and visible in many forms, including low body mass index (BMI) and anemia. It was revealed in the National Family Health Survey (NFHS) 4, conducted in 2015-16 that 22.9% of women between the ages of 15 and 49 were underweight whereas as per the report of NFHS 5 it was found that 57% of women of reproductive age in India are anemic. It is a major concern among women which needs immediate attention. Supplementation programmes and awareness campaigns need to be conducted in order to reach out the unreached population and make them aware about the harmful effect of anemia. There is also a need to replace the traditional dietary patterns of the Haryana diet which is rich in carbohydrates and fats. Due to the urbanization and way of life changes the pattern of eating, which is neither nutritious nor healthy. Research has revealed that many pregnancies and lack of space between births puncture the nutritional status of women and increase the health risk for mothers (Jejeebhoy and Rao, 1995). Unnecessary pregnancies ended by risky abortions also have harmful consequences for women's health. In addition to this, there are other hormonal changes like menstruation, childbearing, and menopause lead to the increase of anemia among women.

5.3 Anemia among women

Most of the studies (Gillespie & Johnston, 1998; Toteja et al., 2006) highlight that anemia among women not only increased the risk of low birth weight but also risky for maternal morbidity and mortality. According to the World Bank (1993) women's overall nutrition status can be improved if women have access to income resources and this will also help in reducing anemia among women. Bentley & Griffiths (2003) observed that social and biological

structure is responsible for high rates of anemia among Indian women.

6. Challenges to the Health Care in Rural Areas

There is no doubt that Haryana has a number of health and nutrition programmes for improving women's health, including the National Health Mission, Integrated Child Development Services (ICDS), and Pradhan Mantri Matru Vandana Yojana (PMMVY) and others. In addition to this, there are various NGOs and other community based organizations that focus on erasing the health and nutrition challenges through creating awareness generation programmes, but a lot more to be done in this direction. Lack of health awareness is one of the major factors for bad health and people in general and women in particular succumb to life-threatening diseases. Due to the lack of awareness people have to pay hefty amount for medical treatment. Research studies revealed that 23% of people depend on informal loans to pay for hospital bills and 6% sold assets. Secondly, majority of the people particularly in rural areas are not aware about the local health facilities and lack access to use health care services. Though there are outreach programmes being run by both government and non-government organizations but sometimes they are not much effective in terms of understanding the language and literacy barriers. Absence of health care facilities is another challenge which is **intense** and complex in rural communities. Due to the non-availability of health care facilities in the rural areas, majority of the people have to travel long distances to reach the hospital in urban areas, which can create financial strain on them. Due course of time, they also develop severe health problems and do not get proper and desired treatment. There is considerable health disparity and facilities compared with urban areas. A shortage of manpower in healthcare can lead to longer wait times, increased workload for existing staff, and reduced quality of care.

Insufficient health Infrastructure is another challenge for effective health care services. Fourthly, lack of political will also defeat the purpose of providing good health facilities. It has been observed that without the political support, budget of the health care facilities are skewed resulting in lacking accessibility and availability of the health care facilities. Lack of political support neither prepares effective neither polices nor is health infrastructure given priority. Shortage of man power and their training in health sector is another challenge for maintaining effective and timely healthcare services.

7. Strategies to Address the Absence of Healthcare Facilities:

In order to address the challenge of health facility, there is a need to work on advocacy, create public pressure and joining hands with policymakers so that investment can be made in healthcare infrastructure. There is a need to recruit staff and incentives should be given for retention of the staff in rural areas. Latest technology in medical field need to be utilized for the expansion of services. Mobile clinics can also be made use of in providing wide range of services to the unreached population. In the era of globalization and privatization, public-private partnerships are must for creating and updating new healthcare facilities. Local health workers can be trained to take care of the essential health services in the rural areas. There is a need to adopt the holistic approach towards women's health. Best health practices like in Telangana where weight monitoring, nutrition counseling, anemia prevention, health screening have been integrated in routine antenatal check up for women. Such kind of best practices can be replicated in other states of India. Health literacy programmes can be initiated in schools and communities for educating people about the importance, accessibility and availability of health services.

Conclusion

Multifaceted approach is required in order to bring improvement in women's overall health. Normal checkups, eating balanced diet, institutional delivery, addition of nutritional supplements like iron and folic acid can help in reducing maternal mortality rate in India. Though Haryana is one of the most affluent states in India where per capita income is also high. It is unpleasant to know that Haryana which is known for "Desho mein desh Haryana, jaha doodh dahi ka khana"(land of milk and yogurt), women and children are malnourished. Need of the hour is to address the challenges with regard to the nutrition and distressing increase in anemia among women belonging to reproductive age. There is an old proverb that a healthy soul live in a healthy body and health is the greatest wealth. Women due to the lack of awareness about their rights, schemes and programmes implemented for their health's benefit are not able to develop themselves. Limited resources and their responsibilities towards family also affect their health. Although there has been a lot of development of medical facilities in Haryana and various schemes are being run by the state government for women, yet not all women are getting the benefit of these facilities. In order to achieve "healthy child, healthy teenage, healthy mother and healthy Haryana", need was felt to set up a nutrition commission in Haryana state and create a state nutrition policy to redress the issue of malnutrition among children which will be prepared according to the guidelines of UNICEF and WHO. Success of any programme/scheme depends upon the community participation. IEC (information education and communication) plays a strong role in creating awareness among the masses. It is essential that different channels of communication must be utilized to ensure that important stakeholders like parents, panchayat members, community leaders and other must be roped in creating awareness about the importance of women's health.

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