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Subject: **Gender Studies**

Title: **Women and Health**

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Abstract: Health is not just about illness and treatment but is a state of wellbeing free from physical, mental, social, economic, cultural and environmental stress. Health of women is integrally linked to women's access to available resources, productive and reproductive roles in our society, her status, repute and social positioning. The stresses and strains of modern life, increasing insecurity and violence have led to the weakening of their position. There is an urgent need to have a broader understanding of health visa-vis women, that would help to address this issue more holistically and thus to provide preventive, promotional and creative care from a gender sensitive point of view. This paper will try to delve into the realisms of women and health and the consequent demands to recognise women's right to inclusive health and healthcare as a fundamental right, as is it important to understand the status of women's health and some of the underlying factors that determine it.

Keywords: Heath, Status, Girl child, Pregnancy.

Introduction:

For full development as human beings, exercise and enjoyment of human rights by all people is necessary. Health is one of the indicators reflecting quality of human life and most particularly of the women. In this context it becomes one of the primary responsibilities of state to provide health care services to women. According to Dr. Sir Muhammad Iqbal:

"The Picture That This World Presents
From Woman Gets Its Tints and Scents;
She is The Lyre that can Impart Pathos
And Warmth to Human Heart."

Poverty, geographical location, social exclusion based on caste, gender, disability interact closely with factors like work, housing, environment, education etc to determine women's health, although these factors affect the general population too but women experience them differently due to their status in society. It is therefore important to understand that how women are particularly impacted.

Evolution of Healthcare System in India

The health policies, plans, and programmes in India mostly evolved during the national movement against colonial rule. The British authorities set up a Health Survey and Development Committee; commonly known as the Bhore Committee (1946) that was also greatly inspired by the aspirations of the national movement.

Some of the key recommendations of the Bhore Committee were:

- Integration of preventive and curative health services at all administrative levels;
- Development of primary health centres in two stages;
- Major change in medical education;

• Formation of district health board for each district;

• Laid emphasis on preventive health services;

• Inter-sectoral approach to health service development.

It also recommended a comprehensive proposal for development of a National Programme of health service for the country. Subsequently in 1948, the Sokhey Committee recommended that manpower and services be developed from the bottom upwards. The Committee represented 'a people centred and pluralistic' model of development. However, in the post-Independence era, i.e., in the 1950s and 60s, advanced research institutes, medical colleges with tertiary hospitals and primary health centres emerged, while the sub-centres at village level lagged behind. India experienced a crisis in the late 60s, when it went through widespread drought that raised concerns about the 'development model', adopted so far. The international community put the onus of this crisis on the rising population growth, which was seen to be a hindrance to India's growth and development.

Health Status of Women

Even though biologically women are a stronger species in terms of survival at birth, and also live longer than men, the social practices put the women in the most disadvantageous position, from womb to tomb and they are discriminated.

Most often they are killed when they are still in the womb (foeticide) or when they are born (infanticide), or they are abandoned, sold or neglected. When they are growing they are subjected to all sorts of discrimination from food, to education to heath care. These atrocities are conducted, all due to the preference of a son. In the marital home, women continue to live subjugated lives, until she bears children, more importantly sons. It is only when the sons grow up; she may exercise some power within the family. Women as care givers in the family often give priorities to the needs of other family members at the cost of their own health. They neglect their health till it becomes critical. Old age adds to the woes of women, especially health care when she is either deserted or live at the mercy of her children.

The Girl Child

The health and development of the girl child below the age of 10 is a prime concern for all societies. Their health and well-being is of particular concern because of their future reproductive roles and the clear intergenerational effects that poor maternal health has on the health and development prospects of their future. Despite progress, yet millions of children still die before seeing their fifth birthday – a loss that serves as a crucial reminder that threats to new-born and child health and survival persist around the world, particularly among the most marginalized children.

Adolescent Girls

Adolescence is usually a time of good health for girls, with opportunities for growth and development. But it can also be a time of risk, particularly with regard to sexual activity and substance use. Worldwide there are some 1.2 billion adolescents aged between 10 and 19 years. Around 90% of them live in developing countries, and approximately 600 million are female. The health and development of these girls is very important now, and continues to be important as they mature into adults. Adolescence is a time of huge physical, social and emotional changes. In many settings, girls are not given the support they need to deal with these changes. The societies in which they live are unable to provide optimal conditions for their healthy development. As a result, girls may miss opportunities to progress successfully through the transition to adulthood, becoming vulnerable to behaviours that put their health at risk.

Puberty and Sexual debut

For girls, the onset of puberty is the most obvious signal of the start of their sexual and reproductive lives. Girls' experiences during this period, and the opportunities and protection that their cultures and societies provide, can make the difference in their lives between good health and the ability to contribute fully to society on the one hand, and suboptimal functioning marked by harmful behaviours that lead to ill-health and unhappiness on the other.

Many adolescent girls face constraints and marginalization as a result of poverty, harmful social and cultural traditions, humanitarian crises and geographical isolation. These factors hinder their access to information, education, health care and economic opportunities. At precisely the time when they are most in need of support that could help protect them from health risks.

Adult Women (Maternal Health)

The passage of women from adolescence to adulthood has traditionally been symbolized, and to a certain degree defined, by marriage and childbearing. Throughout human history, pregnancy and childbearing have been major contributors to death and disability among women. Maternal mortality (i.e. the death of a woman during pregnancy, delivery or the postpartum period) is a key indicator of women's health and status, and shows most poignantly the difference between rich and poor.

As deplorable as this situation is, efforts to address it are complicated by the lack of reliable data on the extent of the problem. The scant information that is available indicates that there have been declines in maternal mortality. The reasons for these declines are complex and specific to the local situation, but they share a number of common features, namely: increased use of contraception to delay and limit childbearing, better access to and use of high-quality healthcare services, and broader social changes such as increased education and enhanced status for women. In contrast there has been only limited progress in other regions where most of these maternal deaths continue to occur.

Countries affected by conflict or facing other forms of instability have the highest maternal and neonatal mortality rates. Periods of conflict and instability bring women many additional problems such as violence, trauma and injury, disruption of primary health-care services, and poor access to health care. Such situations may also expose women to adverse environmental factors, and can lead to a shortage of health providers who may be killed, displaced, or injured.

Pregnancy and childbirth are of course not diseases. Nevertheless, they carry risks that can be reduced by health-care interventions. Most maternal deaths occur during or shortly after childbirth and almost all could be prevented if women were assisted at that time by a health-care professional with the necessary skills, equipment and medicines to prevent and manage complications. Skilled care at childbirth is but one element of the continuum of care that is required throughout and following pregnancy. Antenatal care provides opportunities for regular check-ups to assess risks, as well as to screen for and treat conditions that could affect both the woman and her baby. Delivery care ensures that obstetric emergencies are effectively managed. Postpartum care is important for detecting and treating infection and other conditions, including postpartum depression.

Conclusion

Women in the Third World have been the people with almost no history. They have been the pilgrims in the darkness, who have lived without a face and spoken without a voice for centuries. However something new is beginning and they are now trying to search for their own world, name, reality and

individuality, to discover their own history – the history that will not only describe their degradation, their anguish, their tears, but a history that will also tell of their triumphs, their hopes and their dreams! They are the beacons when they carry a new hope for long 9 months in their womb, they are the lone soldiers when they fight with giving birth to a new human being, they have to bear the pain of caesarean for all the times single-handedly and many more. Since childhood, adolescence, marriage and then old age women has to face hardships with regard to its health when the society is growing very fast towards materialism. Women are not a commodity but a special creation and her health at each and every stage of life is interlinked with the health of our society.

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