



## HEALTH STATUS OF RURAL WOMEN: AN OVERVIEW

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### ABSTRACT

Rural women are deprived by socio-economically and there is lack of care and negligence and awareness about their health. Due to work at home and outside, they have psychological problems such as anxiety, work overload, stress, burn out, fatigue, etc. During pre-natal period, women are not able to take adequate rest, nutritious food, free from worries, etc., due to their outside work.

**KEY WORDS:** Women Health, Nutrition, Pregnancy, Malnutrition.

### INTRODUCTION:

Health is most important aspect for the survival of human being. With the passage of the time several concepts, knowledge on various issues, skills are developed over period of time and infrastructure in the field of health care have been changed and evolved through the evolution of human societies. However, due to gender differences in different traditions and societies the priorities of women role and her status has been neglected.

Gender differences in health status are significant. Though women enjoy a higher status life expectancy than men but the class of life they lead is poor in conditions. Women's health complication and problems are existed during all phases of life since childhood to old age. But the reproductive health complication or problems are most important and required urgent attention. The issue was raised in the Copenhagen conference. The ICPD mainly focused on subject health needs of women and children. It addressed and truly tried for understanding the reproductive health complications and problems of women and the mortality at maternity issues. However, women's health is an integrated concept and it involves various aspects like mental as well as physical and at all stages in life.

In India the health status of the people is very low when compared to the developed countries. 68.64 percent of the population lives in rural area. The literacy rate of rural women is only 58 percent. In this connection, the awareness about health and nutrition among the women is very low. The ICPD mainly addressed the women and child with reciprocal relation to their health complications and problems. More importantly the conference was aimed on the aspects of reproductive health of women are able to have a satisfying, and more safe sexual life (United Nations, 1995). Women's health majorly involves various aspects like physical, mental, and emotional feelings. Women must need special attention and care in the reproductive health and caring of children apart from her regular health.

### WOMEN'S HEALTH AROUND THE WORLD:

The majority of the world's women live in low-or medium income nations, half of them in the South-East Asia and Western Pacific locales. Just 16% of the world's 3.8 billion females live in high-income nations. More than one female in each three lives in a low-pay nation. Since low-wage nations have a tendency to

have more young population than high-income nations, one in each two youngsters under nine years old lives in a low-income nation. By differentiate one out of three women matured at least 60 years lives in a high-wage nation. High income nations have the biggest extents of populace matured at least 60 years.

Today the lives of females of any age and in all nations are being formed by a progression of elements-epidemiological, statistic, social, monetary and natural. These same elements impact the lives of guys yet a few difficulties influence young female and female specifically. For instance, it is a characteristic natural marvel that sex proportions during childbirth tend somewhat to support young men. Subsequently, for each 100 boys conceived there are between 91 (African Region) to 92 (other parts of the world) young female. Be that as it may, in a few settings, societal oppression females and parental inclination for children result in skewed sex proportions. In India, for example, the 2011 statistics recorded just 93 girls for every 100 boys - a sharp decrease from 1971 when the quantity of young female was almost 98. In a few sections of India, there are less than 80 girls for each 100 boys. Low sex proportions have likewise been recorded in other Asian nations – most quite China where, as indicated by an overview in 2015, just 82 girls were conceived for each 100 boys. This was somewhat up from 81 amid 2011– 2014, however much lower than 93 girls for every 100 boys as appeared among kids conceived in the late 1990s.

### HEALTH TRANSITION:

A standout amongst the most striking highlights of late decades has been a move in the basic reasons for death and malady around the globe. This alleged “health transition” influences men, female, and youngsters in all nations and stems from changes in three interrelated and commonly fortifying components – statistic structures, examples of illness and hazard factors. The statistic progress is portrayed by bringing down death rates among youngsters less than five years and declining fruitfulness rates, which result in a maturing populace. The normal number of kids per woman has fallen all-inclusive from 5.1 amid the mid-1980s to 3.6 by 2006– 2014. The risk transition is characterized by a lessening in risk factors for infectious diseases and an increase in risk factors for protracted diseases.

### Gender Inequity Affects Women’s Health:

The unfavorable effect on strength of low financial status is intensified for female by sex imbalances. In numerous nations and social orders, female and young female are dealt with as socially substandard. Behavioral and other social standards, sets of accepted rules and laws sustain the oppression of females and support savagery against them. Unequal power relations and gendered standards and qualities make an interpretation of into differential access to and control over wellbeing assets, both inside families and past. Sexual orientation imbalances in the distribution of assets, for example, wage, education, health care, nourishment and political voice, are firmly connected with weakness and lessened prosperity. In this way, over a scope of medical issues, young female and female confront differential exposures and vulnerabilities that are regularly inadequately perceived.

### Women and Health Care System:

The financial and sexual orientation based imbalances that female confront are played out in their entrance to and utilization of social insurance administrations. As officially noted, and as featured in the parts that take after, the poorest female are for the most part to the least extent liable to utilize medicinal services administrations. The reasons are mind-boggling: administrations might be inaccessible or out of reach or female might be not able to find moderate transport. Socio-cultural standards additionally frequently confine female’ versatility and communication with male wellbeing suppliers.

### Health Status in India:

Health status in India can be comprehended with its chronicled point of view, health concerns and health framework in pre-freedom and post-autonomy stages, what’s more, the investigation of the viability

of social insurance frameworks for the distinctive anticipated recipients of the public. This area has been sorted out keeping these aspects in see.

Health is intricate and reliant on a large group of elements. The dynamic transaction of social and ecological variables has significant and multifaceted ramifications on health. Female' lived encounters as gendered creatures result in various and, altogether, interrelated health needs. Be that as it may, gender characters are played out from different area positions like standing and class. The different weights of production and reproduction' borne from a place of drawback has telling results on female' prosperity. The present segment on female' health in India systematizes existing proof on the point. Unique parts of female' health are specifically displayed as an issue of introduction and the subjects are not to be translated as totally unrelated and water tight compartments. The states of female' lives shape their health in more routes than one.

The number of population on the planet crossed 7 billion out of 2011, and India's populace crossed 1 billion of every 2011. In 2011, India's populace was around 1.2 billion. A few pointers on the human life quality in Asian nations, including India have enhanced throughout the years, for example, future, proficiency and infant mortality, while others have stayed static or decayed, for example, natural sanitation and ecological corruption. Worldwide correlations on a couple of the pointers of human advancement for Asian nations and markers for various states in India are given in the tables beneath.

#### **Health Practices and Problems in India:**

Generally Indian people are rural people, particularly tribal population, have their own particular convictions and works on in regards to health. Some ancestral gatherings still trust that an infection is constantly caused by unfriendly spirits or by the rupture of some unthinkable. They in this way look for cures practices through magical religious. Then again, some rural individuals have kept on following rich, undocumented, customary solution frameworks, notwithstanding the perceived social frameworks of pharmaceutical such Ayurveda, unani, siddha and naturopathy, to keep up positive health and to forestall sickness. Nonetheless, the financial, social and political assaults, emerging somewhat from the inconsistent misuse of human and material assets, have jeopardized the normally solid condition. The fundamental idea of provincial medical issues is ascribed additionally to absence of health writing and health awareness, poor maternal and kid health supervisions and other related threats.

Because of infection and communicable parasitic and respiratory ailments, the deaths were occurring in major part of the rural area. Irresistible infections rule the dismalness design in rural area (42% provincial: 20.7% urban). Infection of different diseases in Indian represents 82%, due to which makes dying of every fourth person in Indian and in the world. The survey report shows that in India around 1 million of female are suffering or dying due to different disease.

#### **Issues of Health and Their Effect on Women Health:**

Unique issues and condition of women's health experience, that is from pregnancy and menopause to condition of gynecology, like uterine fibroids and pelvic floor disorder. The different topics related with health are listed below which make effect on women health. In the developing countries the women are dying from pregnancy related issues at the time of her lifetime in 25 times more than women living in developed countries.

#### **Health of Gynecology and Disorders:**

Influencing women incorporate feminine cycle and menstrual inconsistencies; urinary tract wellbeing, including urinary incontinence and pelvic floor issue; and such issue as vaginitis, bacterial vaginosis, vulvodynia and uterine fibroids.

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**Issues of Pregnancy:**

This issue includes predetermination care and prenatal care, losses of pregnancy, preterm labor and premature birth, sudden infant death syndrome (SIDS), breastfeeding, and birth defects.

**Infertility Disorder:**

This includes uterine fibroids, polycystic ovary syndrome, endometriosis, and primary ovarian insufficiency.

**Mental Health:**

The report shows that depression and anxiety of the women are more than men. For women's mental health depression is most common issue also most of the women takes treatment for depression then men, every year.

**Sexual Transmission Diseases:**

One of natural problem for every woman is sexual transmission diseases which is more than men. Every year about more than 15000 women are causes infertility in India, this will go untreated diseases in women because these symptoms are less obvious then in men or most of the time it is confused with another less serious condition, like yeast diseases.

**Urinary Tract Health:**

Women are more probable than men are to encounter urinary tract issues. For instance, urinary incontinence influences twice the same number of women as men because of the way the female urinary tract is organized.

**CONCLUSION**

Rural women suffer from many health problems. The major problems are related to malnutrition, reproductive health. The low health status of rural women is attributed to a host of socio-economic factors that are closely linked with each other. An integrated health policy approach is required to improve their health status. This includes awareness as well as care about nutrition and reproductive health. Their social empowerment is an essential requirement education one of the means to increase their awareness and promote their economic empowerment.

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