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ISSN (Online): 2455-7838

SJIF Impact Factor (2016): 4.144

EPRA International Journal of

Research & Development

(IJRD)

Monthly Peer Reviewed & Indexed
International Online Journal

Volume:2, Issue:3, March 2017



Published By :
EPRA Journals

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FEMALE HEALTH IN CHHATTISGARH (INDIA): A QUALITATIVE STUDY

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ABSTRACT

Chhattisgarh, being one of the youngest states of India, faces many health problems. The population of male and female being almost the same in this state, female health is of major concern. Therefore, in the present study, the focus is on this subject. For the study, secondary data was obtained from various sources. Qualitative analysis was done for the desired study. The results revealed that there are several factors which directly or indirectly affect female health. Among these Education, Poverty, Early Marriage, Malnutrition, Psychological Blocks and Environmental factors play dominant role in determining the women health in the state.

KEY WORDS: Female Health, Factors Affecting Female Health

INTRODUCTION

All-round development of a country is possible only through its healthy citizens. Chhattisgarh is the 28th State of India born in the year 2000. The women population is nearly being the half, has a vital role in the development of the State. While reviewing the Women health index of the state, we can see that the status of health is not healthy for women. Therefore, the study of women health status of the state is highly important.

PROFILE OF CHHATTISGARH

The formation of a new state is a historic event as well as an opportunity. Chhattisgarh, being one of the youngest states of India, faces many health problems. Some vital characteristics of the state are as follows.

1) Administration

According to the state official website, the state comprises of 27 districts and 220 community development blocks including 121 tribal blocks.

The local government is organized into three tiers with 27 Zila Panchayats, 146 Janpad Panchayats and 9193 Gram Panchayats. The urban areas in the state are governed through 8 Municipal Corporations, 28 Municipal Councils and 40 Nagar Panchayats.

2) Demography

According to Census-2011, the total population of Chhattisgarh is 2.55 crore. Of them, male population is 1,28,27,915 and female population is 1,27,12,281. 78% of the population lives in rural areas and 34.1% of the population is below 15 years. The sex ratio for the State as a whole is 968 (975 in rural area and 944 in urban areas). The sex ratio is 991. Of the total population 33% are schedule tribes, 39% OBCs, 11% schedule caste, and 17% do not belong to any of the groups.

Table-1: Demographic Profile of Chhattisgarh (Census-2011)

Population	Male	Female	Sex Ratio	Area sq km	Density /sq km	Tribal	SC	Child (0-6 yrs)
2,55,40,196	1,28,27,915	27,12,281	991	1,35,191	189	8,42,825	2,80,941	35,84,028

3) Literacy rate

According to census 2001, Literacy Rate of Chhattisgarh was 64.66%. Male Literacy was 75.70% and Female 55.73%. The increase in Literacy Rate from 2001 to 2011 is shown in the following Table. The recent estimates from Census

2011 depicts a picture with the literacy rate of 71 percent (81.4% Males & 60.5% Females), which is close to the all India average of 74 per cent. This is a positive sign but female literacy is markedly lower than the male literacy in the state reflecting the attitude towards women's education.

Table-2: Literacy Rates of Chhattisgarh

Literacy rates	2011	2001
Total Literacy	71.04	64.66
Male Literacy	81.45	75.70
Female Literacy	60.59	55.73

4) Socio-Economic Status

When the new state was born, the status of women was pathetic. After 14 years, although the situation has improved but still a lot has to be done. International Institute of Population Science (2005) in its study of district vulnerability has identified that 12 out of the 18 districts as socially and demographically backward with a composite index of less than 50. The UNDP human development study of 2005 places the predominantly tribal districts at the bottom of the development pile.

5) Human Development Index

Chhattisgarh has an HDI value of 0.358, the lowest of any Indian state. The national average is 0.467 according to 2011 Indian NHDR.

Chhattisgarh has one of the lowest standards of living in India as per the Income Index (0.127). The state have income below the national average income per capita.

Education Index of 0.526 according to 2011 NHDR is lower than the national average of 0.563. With respect to literacy, the state fared just below the national average. Bastar and Dantewada in south Chhattisgarh are the most illiterate districts and the drop out ratio is the highest among all the

districts. The reason for this is the extreme poverty in rural areas.

Health Index of Chhattisgarh is less than 0.49, one of the lowest in the country. Despite different health related schemes and programmes, the health indicators such as percentage of women with BMI<18.5, Under Five Mortality Rate and underweight children are poor. This may be due to the difficulty in accessing the remote areas in the state. The prevalence of female malnutrition in Chhattisgarh is higher than the national average, half of the ST females are malnourished.

FEMALE HEALTH PROFILE

Some prominent characteristics of women's health in Chhattisgarh as revealed through data collected by the National Family Health Survey-2 (NFHS-2), DLHS-2, DLHS-3 and the Sample Registration System (SRS) are as follows.

1) Awareness about Govt. Health Programs

A District Level Household Survey was conducted during November 2007 to March 2008, gathering information from 19,314 households about awareness of govt. health programs. The following table depicts the results.

Table-3: Awareness about Government health programmes

Indicators	Total (%)	Rural (%)	Urban (%)
DOTS (Tuberculosis)	66.4	62.4	85.2
Leprosy Eradication	60.9	56.4	83.1
Malaria/Dengue/Chicken Guinea	88.9	87.6	95.8
Prevention of Sex Selection	53.3	47.5	81.8

2) Total Fertility Rate (TFR)

Chhattisgarh has a fairly high fertility rate as compared to All India average. The Total Fertility Rate of the State is 3.0 (SRS 2004 - 2006) which is higher than the national average 2.7 (SRS -2011). The differences between urban and rural areas are along expected lines: the rural TFR (3.2) being .1.2 points higher than the urban TFR (2.0).

3) Infant Mortality Rate (IMR)

The IMR in Chhattisgarh has improved from 54 in 2009 to 48 in 2011 per 1,000 live births. Infant mortality rate in rural area is higher than

urban areas. Chandraker, Chakrabarty, Mitra and Bharati

(2009) found that Infant and child mortality rate was 5.92 and 4.28 per 100 live births respectively among Dhur Gond tribal community of Mahasamund district of Chhattisgarh, India.

4) Maternal Mortality Rate (MMR)

The SRS (2007-09) shows the maternal mortality rate (MMR) - Women dying during pregnancy, childbirth or within 42 days of the delivery, calculated per one-lakh women - in Chhattisgarh is 269 vis-a-vis 212 in India.

Mortality Rates of Chhattisgarh

	Chhattisgarh	INDIA
Infant Mortality Rate (SRS 2011)	48	44
Maternal Mortality Rate (SRS 2007-09)	269	212

MMR = measures number of women aged 15-49 years dying due to maternal causes per 1,00,000 live births.

5) Pre and Post Natal Care

According to Union health ministry (2013) Chhattisgarh, where quality health care still eludes a majority of the population, has now earned the dubious distinction of being one of the worst states in providing care to new born children and their mothers, at pre and postnatal stages.

DLHS 3 data shows that the status of ante natal care has improved in comparison to DLHS 2, but still IFA consumption, delay in first checkup, BP checkup are some key issues which state need to pay attention.

Chandraker, Chakrabarty, Mitra and Bharati(2009)found that high percentages of mother had not taken ante-natal checkup (51.72%), tetanus injection (41.38%) and iron and folic acid tablets (56.32%) during pregnancies. 94.83 percent deliveries performed at home and 57.47 percent birth were done mainly by untrained dai (traditional birth attendant's).

Only 28 percent of mothers in Chhattisgarh had a postnatal check-up within 2 days of birth; most women receive no postnatal care at all. In addition it is seen that delivery at an institution does not guarantee that the post natal check-ups take place as recommended.

6) IFA supplementation during pregnancy

While 75% mothers received IFA supplementation, only 21 percent of mothers consumed them for the recommended duration of 90 days or more. Even when women receive antenatal care, they do not receive most of the services needed to monitor their pregnancy, such as weight, blood pressure, blood test, urine test and abdominal examination.

7) Vaccination status

According to NFHS-3 data, half of children (49%) age 12-23 months are fully vaccinated against the six major childhood diseases : tuberculosis, diphtheria, pneumonia, tetanus, polio, and measles. Only 3 percent have received no vaccinations at all. It is important to note that between the first and

third doses of the OPV DPT as per immunization schedule, the dropout rate for polio is 12 percent and the dropout rate for DPT is 28 percent. In Chhattisgarh there has been substantial improvement in vaccination coverage since NFHS-2.

8) Prevalence of Diseases

The changing profile of Chhattisgarh, from a backward state to a developing one, is having its adverse impact on the lifestyle and health of the people too. Nearly 10.25 lakh people in the state suffer from chronic illness like diabetes, hypertension, asthma and arthritis. Dr Ashish Malhotra of the Heart Care Centre, Raipur, said working women are more prone to heart ailments due to their stress levels.

Anemia

Anemia is a serious health problem among adult women in the state. The NFHS-3 survey found that over half (56.2%) of the number of married women in the age group 15-49 years were suffering from anemia, the prevalence rate being 58.2% in rural and 51.5% in urban women. Among the pregnant women in the same age group anemia prevalence was 57.9% (59% rural and 54.6% urban) showing that pregnancy per se did not increase the prevalence of anemia. This could be on account of IFA supplementation to pregnant women under RCH program. UNICEF (2010) data shows the prevalence of anemia among adolescent girls in Chhattisgarh was at 85 percent among school-going girls and 89 percent among out-of-school girls.

Sickle Cell

Sickle cell anemia, a blood disorder, can be extremely painful and cuts life expectancy drastically. The disease is on the rise and is affecting more families than before in the central Indian states. In India, the sickle cell gene is distributed mainly in Madhya Pradesh, Chhattisgarh, Maharashtra, Orissa, Jharkhand, parts of Andhra Pradesh, Kerala, Karnataka and Tamil

Nadu. In some communities, the prevalence of the sickle cell trait is as high as 30% of the total population. Chhattisgarh has sought financial assistance from the central government to battle sickle cell anemia that has gripped around 18-20% of the state's 2.55 crore population.

According to the findings of an ongoing project at Pt Jawaharlal Nehru Medical College (Raipur), around 10% of the state's population has prevalence of sickle cell anemia which means that around 25 lakh people are affected from the disorder.

Highest percentage of sickle cell gene was found in Sahu community followed by Mahar and Gond, Devangan. Highest percentage of Sickle cell diseases was found in Sahu community which should be considered a serious problem in this community (Paunipagar, Patli, Singh and Arya - 2006).

FACTORS AFFECTING WOMEN HEALTH

1) Female Education

There is a notable regional disparity in conventional education among various areas of the state. This is true for both male and female. Girl dropout rates especially in villages and tribal areas are higher than boys. From various survey, a vital correlation can be observed between education level of girls and their health consciousness.

2) Poverty

The incidence of poverty in Chhattisgarh is very high but is better than Odissa and Bihar. The estimated poverty ratio in 2004-5 based on uniform reference period consumption was around 50 per cent, which is approximately double the all India level. The incidence of poverty in the rural and urban areas is almost the same.

3) Early Marriage

Early marriage in cg is considered a major barrier to major women health problems. 34% of women are married in the age group of 15-19 years in Chhattisgarh.

4) Lack of Health awareness.

Another cause for concern is the very poor levels of health awareness in most rural areas. Outreach of health education has been poor, especially as there is a diversity of local languages, dialects and customs. Unchanging traditions and inappropriate patterns of health seeking and child care contributed significantly to the burden of disease. Also even where health facilities exist and are functional, utilization is low due to poor awareness.

5) Malnutrition

This is a Traditional problem In Chhattisgarh due to poverty and lack of awareness. Following problems are widespread across the state.

- a) Protein Energy Malnutrition
- b) Iron deficiency in Children, Adolescent girls and Women
- c) Iodine deficiency
- d) Deficiency of Vitamin A

e) Nutritional imbalance in urban area

6) Effective health infrastructure support.

Although the govt. spends a lot of fund for the Health sector, the utilization and management of the resources are poor. Latest example of this is Bilaspur where eleven women died and 34 were reported critical on Tuesday, Nov.11 2014, after undergoing "faulty" sterilization surgeries at a government-organized family planning camp (Media Report).

7) Environmental Causes

Uncontrolled Industrial Pollution due to weak regulatory infrastructure and nexus between big Industries and Officials.

8) Psychological Blocks

Like many other parts of India, the society is male dominated in general and women suffer the most.

DISCUSSION

Despite repeated efforts, government and voluntary organizations still has a long way to go. One of the areas where the newly formed state lagged behind national averages, and even behind almost other Hindi speaking states, was in public health. At the time of its creation, the total infant mortality rate of the state, for example, was 79 per 1000 and rural infant mortality rate was 95 per 1000 which was the second worst in the nation. In comparison the all India IMR was 68 per 1000 and the rural IMR was 74 per 1000. Chandraker, Chakrabarty, Mitra and Bharati(2009) Poor health status during child bearing period, low ante-natal care, high deliveries at home along with high prevalence of undernutrition of underfive children and mothers. These are mainly due to low socio-economic condition, high illiteracy, lack of awareness among Dhru Gond tribal community.

There was a poor performance in all the social determinants of health. Malnutrition was high, access to safe drinking water and use of sanitary toilets were low. In comparison to other determinants literacy had improved rapidly in the nineties. But still the literacy rate stood only at 71.04% and of this female literacy was as low as 60.59 %. Regional disparity is such that in different districts the figure varies from 81% to 30%. The percentage of under-weight children in Chhattisgarh is also higher than the national average, further underlining the appealing health condition of the state's population.

Due to malnutrition of mother and child various complications occur. Iodine deficiency and related complications can be prevented by consumption of iodized salt which otherwise can lead to miscarriage, goiter, and mental retardation. Just over half of households in Chhattisgarh (55%) were using sufficiently iodized salt at the time of the survey (NFHS-3), somewhat lower than the percentage observed during NFHS-2 (61%). Chandraker, Chakrabarty, Mitra and Bharati (2009) found in their study II and III, malnutrition were higher among girls compared to boys. Iron

deficiency can result in poor cognitive skills, potentially leading to poor performance in school and at work.

Anemia increases women's susceptibility to diseases such as tuberculosis and reduces the energy women have for daily activities such as household chores and child care. Malnutrition during pregnancy gives birth to underweight child that is susceptible to various diseases.

The gender ratio (number of females per 1000 males) has been steadily declining over 20th century in Chhattisgarh. But it is conspicuous that Chhattisgarh always had a better female-to-male ratio compared with national average.

More than half of all girls in Chhattisgarh are married before the age of 18. This means that a majority of adolescent girls are at risk of developing complications due to pregnancy and are at high risk of maternal mortality and of delivering a low birth weight baby.

Due to poverty, many are unable to use health services. The poor hardly seek health-care when they are ill. The poor have to depend on loans and sale of assets—assuming they have assets—to pay for hospitalization. Cost is a greater barrier than the physical access to health providers.

There are certain socio-psychological obstacles, besides the earlier mentioned external factors that lead to urban women's poor health status. The socio-psychological perceptions of most rural and many urban women have been structured by centuries of patriarchal supremacy and a family system where the father and subsequently the husband is considered as equivalent to God. "The feeling of inferiority has been embedded in their psyche so much so, that far from condemning acts of violence against them, they are more likely to throttle the voices in favor of them. This is part of the vicious circle of illiteracy and social backwardness that accounts for all the resultant backwardness of the gender" (Bilkis, 2009). Most women do not have autonomy in decision making in their personal lives. At the macro level, women are also under-represented in governance and other decision-making positions.

SUGGESTED IMPROVEMENTS

- Health Awareness
- Behaviour Change by Communication
- Inter-Governmental Coordination
- Nutrition
- Women's Empowerment
- Active Involvement of Civil Society
- Healthy Health Practice

CONCLUSIONS

At the end of the above discussion, we can say that the overall status of women health in Chhattisgarh is poor and a lot of scope for improvement in the part of the administration and society is expected urgently.

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