



Geography

Explore—Journal of Research for UG and PG Students

ISSN 2278 – 0297 (Print)

ISSN 2278 – 6414 (Online)

© Patna Women's College, Patna, India

<http://www.patnawomenscollege.in/journal>

Health status of women : A case study of Patna M.C. Area

Deepika Verma • Jyotsna Sinha
• Bhawana Nigam

Received : December 2010
Accepted : February 2011
Corresponding Author : Bhawana Nigam

Abstract : *Women's Health in India is often ignored and does not get much importance as compared to males in the family. But there has been tremendous gain in the last 50 years as far as health of women is concerned as many problems have been wiped out like deaths due to Malaria, small pox, etc. However, women's health in India as anywhere else depends on their social status, their capacity to meet basic needs and their working and living conditions. Thus, this research paper is an effort to have a close look at women's health in the selected areas of Patna Municipal Corporation, taking into consideration their social background, educational level and detailed information on their health related issues. Many aspects related to health such as food habits, water intake, regular checkups, pre*

and post pregnancy care, health insurance, etc. have been discussed in detail. All the above facts were evaluated on the basis of different age groups and different income groups. At the end proper analysis and interpretation has been done to explain the variations in the results. The research ends with some simple suggestions for the improvement of health of women in the study area.

Key Words : *Age-structure, Relationship status, Food habits, Health insurance, Mental and Physical harassments, Domestic violence.*

Deepika Verma

B.A. III year, Geography (Hons.), Session: 2008-2011,
Patna Women's College, Patna University, Patna,
Bihar, India

Jyotsna Sinha

B.A. III year, Geography (Hons.), Session: 2008-2011,
Patna Women's College, Patna University, Patna,
Bihar, India

Bhawana Nigam

Assistant Professor, Department of Geography,
Patna Women's College, Bailey Road,
Patna – 800 001, Bihar, India
E-mail : bhawaninigam65@gmail.com

Introduction :

“Health is wealth” is a popular statement and very true to its sense. It is generally observed that a healthy person is always happy. Certainly women and men share many health problems, but women also have their own health issues, which deserves special consideration.

Health of women in India as anywhere else is depends on their social status, their capacity to meet their basic needs, their working and living

conditions and the health of their family and community. There has been tremendous gain in the last 50 years as far as health of women is concerned, as small pox was wiped out, deaths from Malaria has decreased, infant mortality and maternal mortality has also decreased and life expectancy of women has increased.

However, there have been areas of concern as reflected in lowering sex-ratio, increasing domestic violence against women, unacceptable high maternal mortality especially in a backward state like Bihar and Rajasthan.

Hypothesis :

The research was carried out on the basis of certain hypotheses such as, the women in the family generally ignore their health problems, low income group of women have poor health conditions, uneducated women are not aware of the importance of good health and the females give more priority to their family health as compared to themselves.

Objectives :

The research was carried out taking into consideration the above mentioned hypotheses and brings out a detailed analysis of women's health with the help of indicators such as social status and economic background in the Patna Municipal Corporation Area.

Methodology :

Methodology applied in this work concerns selection of the study area, generation of data and other aspects. The area of survey was selected as Patel Nagar, and two adjacent areas of Anishabad and Buddha Colony within Patna Municipal Corporation Area. About hundred women respondents were randomly selected for the interview regarding health related problems. After the data collection through structured questionnaires, the data were interpreted through simple statistical calculations and presented through various pictorial diagrams.

Study Area :

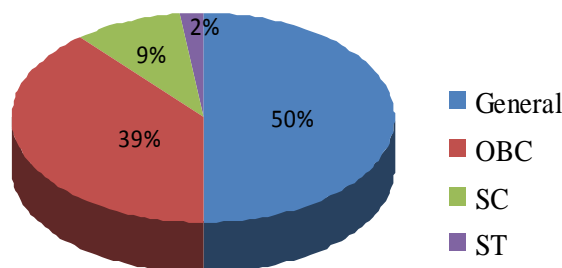
The area of the present study is the Patna Municipal Corporation Area. Patna, the capital city of the state of Bihar is situated at a crossroad of 25.611° N latitudes and 85.144° E longitudes. It is the largest city of the state, spreading over an area of 99.45sq. Km. The population of Patna is over 14, 42,992 (Census of India 2001) with a density of 132 persons per sq. km. The study was carried out in Patel Nagar, Anishabad and Buddha Colony within Patna Municipal Corporation Area.

GENERAL INFORMATION

Age, Caste and Religious Structure :

It was generally observed that different age groups have different health problems therefore it becomes necessary to know the age structure of the surveyed sample to have a close observation regarding their health status. The survey showed that maximum number of health problems is found among the mature and old age groups consisting of ages between 31-50 years and above. The surveyed women were found not only of different ages but also of different caste as well as different religion. It has been seen that most of the interviewed women belong to the General Caste group (50%) followed by 39% from Backward Classes, 9% from Scheduled Castes and a few of them, i.e., only 2% belong to the Scheduled Tribes Group. All of them were of Indian origin but their religion varies as 82% of them were Hindus, 8% were Muslims and 10% of the surveyed samples were Christians.

A. CASTE STRUCTURE



Relationship status and Family background :

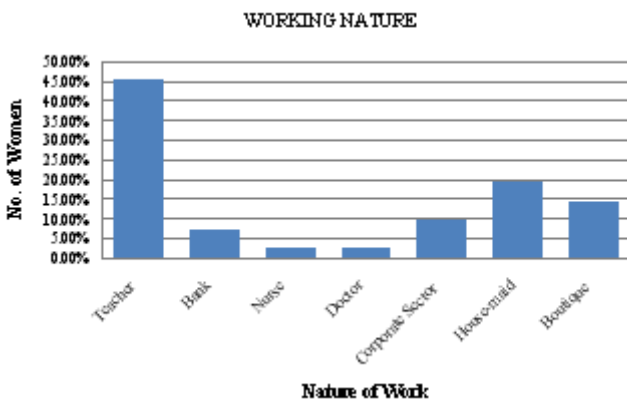
It has been generally observed that women who are unmarried are more concerned with their health as compared to married ones. This was proved from the survey done, as 57% who were married were found to have more health related problems compared to the rest of 43% of young single females. It was also found out that 52% of the surveyed sample belong to the nuclear families having health problems compared to 39% living in joint families.

Economics Status :

Women are a vital part of the Indian economy and a major contributor to the survival of the family. It is an established fact that poorer is the family, the greater is its dependence on women’s income.

Work participation and Nature of employment/ work :

The primary survey covering 100 women from the study area gives an idea of the work participation of the same. It was found out that in these areas, more than half of the total surveyed women were unemployed.



As the figure shows only 42% of the total surveyed women are engaged in some work. It was found out that most of the total employed women are engaged in profession of teaching i.e., 45.2%. About 19% of them are working as housemaid, 14.2% own a boutique, 9.5% are employed in corporate sector and 7.2% of them are involved in bank services. Apart from these, 4.8% were found

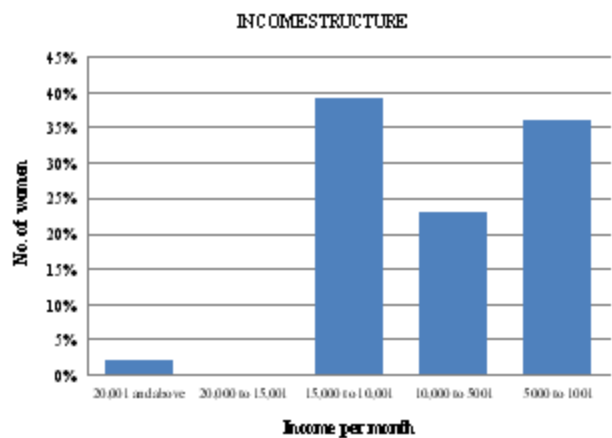
working as nurses and doctors. These women were reported to have minor health problems such as weakness and body pain which is mainly due to long hours of tiring work schedule.

Working Hours :

It was found out that nearly 25 out of 42 (i.e., 69%) employed women were working for only 3-4 hours in a day. The reason behind their less working hours is that most of them were engaged in teaching profession either in school, colleges, coaching institutes or home tuitions. Besides, 21% were found to be working for 5-6 hours a day and 10% working for 7-8 hours a day. They have reported that their working hours does not create any health problems accept tiredness.

Income Structure :

As it is a known fact that income has a direct relationship with health. The more earnings lead to a better life style, food habits and medical treatment.



The data given above make it clear that out of the total employed women found in the study area, majority of them, i.e., about 39% are earning between Rs. 15,000-10,001 per month. This group of employed women is engaged in the profession of teaching or in corporate sector. Besides, 36% are earning between Rs. 5,000-1,001 per month. In this group women are working as a housemaids or running boutique. 23% are having income between Rs. 10,000-5,001 per month. Some of these women are engaged in teaching activities at home or coaching institute while some are working

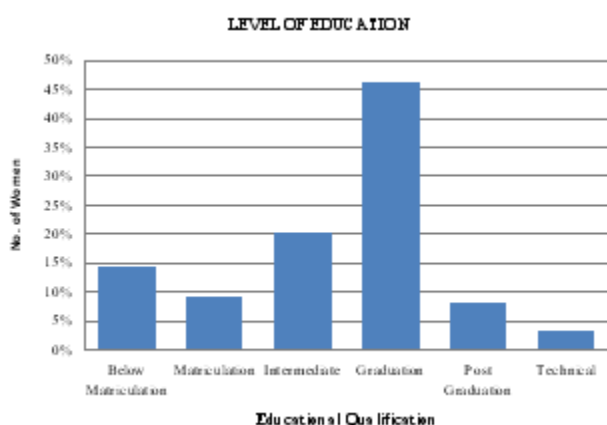
as nurses in hospitals. Only 2% are earning of Rs. 20,000 per month and above and involved in bank service, corporate sector or working as a doctor. It was observed that women having income between Rs. 10,000 to 5,000 are not able to get good treatments as compared to high income group who prefer private medical services and enjoy better medical facilities.

Social Status :

The status of women has undergone great changes over the past few millennia. It is a common fact in the society that women from good social backgrounds have an open mind and a different view of looking at things.

Level of Education :

An educated woman knows more about precaution and care of any kind of health problem.



From the surveyed sample, it has been seen that 14% of women's education is below matriculation. They are those women who belong to BPL families. About 19% of them studied up to Matriculation and 20% up to Intermediate. Highest percentage is of those who have done their study up to Graduation, i.e., 46%. And another 8% of them had studied up to Post Graduation. Only 3% of the surveys sampled have shown some Technical Knowledge. It was also observed that women who have education above matriculation are more aware regarding health problems and take care whereas those below matriculation neglect their health and take home remedies for their sickness.

Housing Condition :

From the survey, it was found out that 71% of women had separate kitchen in their houses. On the other hand, 29% of women did not have separate kitchen, which inversely affected their health, as they are exposed to kitchen fuels and smoke which is injurious to health especially where wood is used as fuel. In the survey, 85% of surveyed women reported that they had separate toilet in their houses and 15% didn't have separate toilets and are forced to use a common toilet place or the open ground leading to unhygienic conditions and related health problems. It was also found that 76% of houses had proper garbage facilities, and the rest 24% doesn't have garbage disposal facility at all, and they throw waste products just outside their houses inviting flies and mosquitoes and other harmful bacteria's which directly or indirectly affect their health.

Modes of Water Supply :

Pure and clean water leads to less health problems, and unpurified water leads to many water borne diseases. From the data it can be clearly seen that in the study area, there is not a single house getting water from a well as a mode of water supply. Other modes of water supply and its percentages are Community hand-pump with 18%, Tap with 8%, Boring with 56% and Supply with 18%. It was also found out that women use water from the respective sources for drinking and other domestic uses directly, without purifying it which leads to many harmful diseases and most of them suffer from water borne diseases especially during rainy season.

Harrasment / violence faced by them :

From the survey, it was found that 88% of women did not face any type of harassment/ violence from their husband. But, on the other hand, 12% of women reported that they face harassment from their husband, due to which they face lots of health problem. In the study area, there is not a

single woman found who faced any type of harassment in their professional working place.

Health status of Women :

The World Health Organization is committed to the health and nutritional well-being of women, particularly in the developing countries and has taken a keen interest in joining forces with all women's organization in advancing their causes, particularly their health and nutritional needs.

General Health Condition :

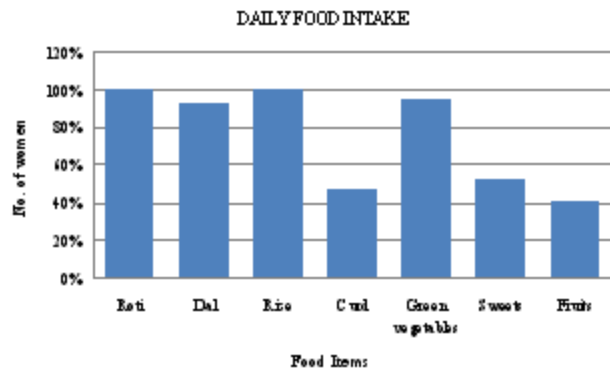
The health of a women is integrally related to their overall status in society. Expanded opportunities in health and education has allow women in greater control over their health and lives and enable them to exercise more productive and visible roles in socio- economic development. The survey shows that highest percentage of women, i.e., 50% experience good health condition. These are women who come from high or middle income families. Following this, 44% of women reported that their health condition is satisfactory and the rest 6% have poor health conditions. They are women belonging to the BPL families. These women are not able to look after their health due to their financial problem.

Food habits and Water intake :

A food habit is the different types of food taken by people of different age-group on regular basis. Food habits of young age-group differ from that of the mature and old age-group. Junk food or outdoor food includes high calorie, spices and uncooked materials, leading to various stomach and liver problems. From the survey, it has been seen that most women go to restaurant or for outdoor eating only once a week. This accounts for 54% of women, in which most of the women are of young age-group. Apart from this, 25% of women reported that they never go for outdoor eating. This includes women of old age-group and women belonging to BPL family.

Another enquiry into their daily food intake was also done to find out the amount of nutrition taken

by the women of every age- group. It includes all the food items including protein, fats, vitamins and minerals—very important for healthy life. These are provided by the meals including rice, dal, roti, curd, vegetables and fruits.



Pure drinking water is essential to human and other life forms. The amount of water human being intake helps in preventing many diseases and other health problems. Thus, it is always recommended to drink a sufficient amount of water per day. From the above data, it was clearly seen that maximum number of women take 9-7 glasses of water per day. This includes 50% of the sample surveyed. Following this, there were 24% of them who drink more than 9 glasses of water per day. Another 20% of women drink 6-4 glasses of water per day and there are only 6% of women who drink less than 4 glasses of water per day. The World Health Organization has also recommended the calorie to be taken by women of different ages. From the proper calculation and analysis of the obtained data with respect to the calories recommended by WHO, it has been found out that about 63% of the surveyed women are taking the required calorie in a day whereas 33% are taking below requirement and 4% above requirement.

Types of Diseases :

Women comprise over one-half of the human population and suffer from various diseases than male. According to survey, in the young age-group, it was found that 50% of them face period problem,

14.28% have skin diseases, and 26.19% face other problems. Whereas, in the old/mature age-group women, it was found that maximum percentage of women was having the problem of blood pressure, i.e., 34.3%, another 25% of women were having diabetes, 14.06% has uterus problem, 9.3% of women has obesity problem, 7.81% of them had the problem of osteoporosis, and 6.25% of women had other medical problems.

Expenses on Health :

Expenses on health are the money paid or spend on the treatment of health related problems. Expenses on health vary from person to person. The survey shows that, maximum number of women spend on health is between Rs. 0-500 on a monthly basis. It consists of 55% of the total surveyed women, following this, 27% of women spend between Rs. 501-1000. There are about 12% of women whose expenses are between Rs. 1001-1500 and only 6% of them spend between Rs. 1501-2000 on their health related problems. Apart from these, there were not a single woman found who has spend above Rs. 2000 on their health issues like treatment, checkups, insurance, etc.

Place of Treatment :

Place of treatment has a great effect on the health status of women as they generally avoid going to doctor. It is observed that better the place of treatment is, the better will be the health condition. From the sample survey, it was seen that maximum number of women goes to the doctor's clinic or hospitals for their treatment. This includes 56% of women who belong to middle or high income family. After this, 26% of women goes to government hospitals, 15% to medicine shop, and the rest 3% to others. These are generally low income group of women who cannot afford to go to the doctor, because it is too expensive or it is too far from their place.

Routine health check-ups :

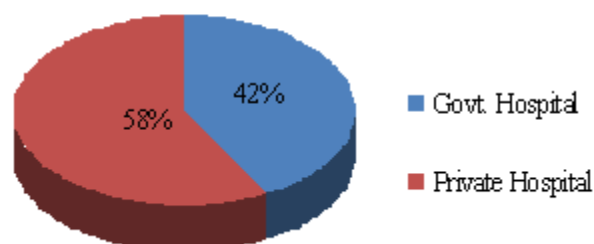
Routine health check-ups are equally important for women as it helps in detecting risk

factors of most of the diseases at an early stage. When the surveyed women asked for their routine health checkups, most of them, i.e., 69% of the total surveyed sample reported that they never go for routine check-ups and this group include the women of low income group while some believe in home remedies. On the other hand, the rest 31% follow regular check-ups and goes to doctor every month or on every 2 to 3 months as per requirement. These are the women which constitute of young as well as mature age group. On the other hand 3% of the surveyed women found out that they go for regular check-ups only after 6 months and consist of women of old (above 50 years) age group.

Recent Child Delivery :

In ancient times, a woman used to have child delivery at home. But now, since the technology has advanced and medical and health care facilities has developed, most of the child delivery takes place at hospitals as these are well-equipped with modern facilities.

PLACE OF CHILD BIRTH



It was found out from the data that out of the 12 women who had recently delivered their child, about 58% had delivered in private hospitals and 42% of them had delivered in government hospital, and no one of them had any delivery at home. Out of the total of 12 women, only 33% had taken pre-pregnancy care and 67% had taken post-pregnancy care.

Contraceptive use :

Women's health is harmed by lack of access to the poor quality of reproductive services. In India, according to an estimate in 1990, about 24.6 million couples, representing roughly 18% of all married women want no more children but are not using contraception. The main reason is the lack of women's decision making power in their family, lack of knowledge and often costs involved in seeking contraception

Contraceptive Use by the Surveyed Married Women

S. No.	METHODS OF CONTRACEPTION	NO. OF WOMEN	PERCENTAGE SHARE
1.	Contraceptive Pills	26	55
2.	Vasectomy	7	15
3.	Vaginal Diaphragm	3	6
4.	Abortion	4	9
5.	Any other	2	4
6.	Not using any contraceptive	5	11
7.	Total Married Women	47	

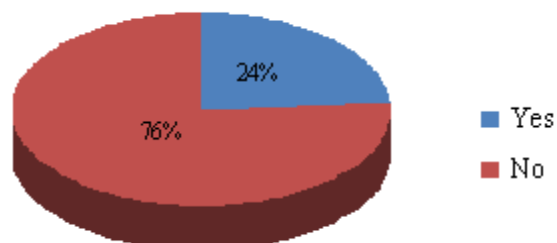
Source: Based on Sample Survey, 2010.

Thus, it is clear from the above data that out of the total of 47 surveyed married women, more than half i.e., 55% are using contraceptive pills either emergency or regular, and then the second group belongs to the 15% who are using vasectomy as contraception method, 9% had aborted their child and 6% have gone with vaginal diaphragm. On the other hand, the table also shows that out of the total married women, about 11% are those who are not using any type of contraceptive devices or medication.

Health Insurance :

In 21st century, people want best medical treatment for themselves. Good treatment is very expensive and requires huge amount of money. On the other hand, some amount of money is also required for unexpected emergencies. Thus, health insurance is something which caters to the needs of general people during medical emergencies.

HEALTH INSURANCE



Source: Based on Sample Survey, 2010.

The obtained data indicates that only 24% of the total surveyed women have insured their health and the rest 76% i.e., the majority of women are not having any health insurance. The main reason behind this is the lack of education and health awareness among them, low income and low priority given to health issues.

Summary and Conclusion :

Women's health has gained attention in recent years as today they are living in nuclear families with outdoor and indoor responsibility. Different women have shown different results regarding their health issues. The women from better economic and social background have reported to have better health conditions. These women are found to be aware about their surrounding and informed about healthy habits. They take proper food and sufficient water; most of them go for regular checkups, take pregnancy care and are aware of health insurance.

Thus one can conclude that women of Patna are able to take proper care of their health but more attention should be given to the low income group where due to financial crises women do not take care of their health related problems.

References :

- Ganesamurthy, V.S. (2008). Empowerment of Women in India, Social, Economic and Political; New Century Publications, New Delhi, India.
- Kapur, Promilla (2001). Empowering, the Indian Women; Publications Division, Ministry of Information and Broadcasting, Govt. of India, New Delhi.
- Jain, Mahendra (2009). Pratiyogita Darpan; Pratiyogita Darpan Publications, Agra.
- Prasad, Neeta (2010). Kurukshetra; Gramin Vikas Mantralaya, New Delhi.