

SEVERITY OF WOMEN HEALTH: A STUDY OF VILLAGE KARONTHA (ROHTAK)

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ABSTRACT

Paying due attention to the health of girls and women today, is an investment not just for the present but also for future generations. This implies addressing the underlying social and economic determinants of women's health including education, which directly benefits women and is important for the survival, growth and development of their children. The burden of ill health is faced by women at different ages-not only deaths but also non-fatal often chronic conditions. Keeping this view in mind I have conducted a study in village karontha. The result showed that most indicators shows that women of karontha village are lacking far behind in comparison to the data of Haryana state as whole.

After analyzing the various indicators of the health status of women, it has been found the traditional, social and gender discrimination exists in the village. 67% of women have been married at the age of 18 and 25% of women have already became mother before the age of 19, which reflects social backwardness. Similarly, 43% women have given birth to their child in hospitals and other health institutes in the village. The village is in the backward state in the use of measures of family planning. There are 36 % women who are using permanent sterilizing. Similarly, 30% of women do not use any special means for family planning.

Hence it can be suggested that to bring the study area to the same level as other areas, it should have more educational centers and health. There should be some agency to be setup to spread awareness regarding the infectious diseases. Education level must be enhanced.

KEYWORDS: Women Health, Maternal Health, Infectious diseases, Family planning, Birth interval

INTRODUCTION

Haryana is primarily an agricultural state and is fortunate to have sturdy and forward-looking peasant stock, known for its culture of hard-work, rustic humor and carefree attitude. Haryana is one of the developed states of India, but the situation is quite different in case of women whether it is in their health status or on the question of equality with men. The health-related awareness and information among rural women in Haryana is improving day by day. Illiteracy and unavailability of health facilities locally were the main reasons for their backwardness which are now changing rapidly, but still a lot of runs we have to walk.

STUDY AREA

Karontha village is located in Rohtak district of Haryana state, India. The latitude 28.80° C and longitude 76.61° C are the geocoordinates of the village karontha. It is a large village located in Rohtak district, with total 1139 families residing. The village has the population of 5802 of which 3159 are males and 2643 are females as per population census 2011. In 2011, the literacy rate of karontha village was 79.32 as compared to 75.55% of Haryana.

As per constitution of India and Panchayati Raj Act, Karontha village is administered by sarpanch (head of village) who is elected representative of the village. Karontha village is far backward in case of health status of the women and health status of women has become an important indicator for the development of a country especially for a developing country like India. Rural women make a great proportion of the women of India.

Table 1

SR.NO.	Particulars	Total	Male	Female
1.	Total no. Of houses	1139		
2.	population	5802	3159	2643
3.	Child (0-6)	627	339	288
4.	Schedule caste	1093	591	502
5.	Schedule tribe	0	0	0
6.	Literacy	79.32%	90.35%	66.11%
7.	Total workers	1850	1476	374
8.	Main workers	1548	0	0
9.	Marginal workers	302	212	90

Source: Census 2011, Haryana. Series 7

DATA SOURCES AND METHODOLOGY

The present research is based on primary data and for comparative method, secondary data is also used.

In my research, I have used primary methods of data collection. A mixed type of schedule was prepared consisting of both close ended as well as open ended questions. The respondents comprised of female of age group 18-40 as it is considered medically fit age for becoming a mother. Total respondents were 191 which was not clear cut decided earlier. Requisite tables and graphs have been made in the research. For secondary data, following sources are used:

1. District Level of household survey-IV(DLHS4)
2. National Family Health Survey (NFHS)
3. Census of India 2011
4. Statistical Abstract of Haryana 2015-16

The data was processed for necessary cartographic, representative and interpretative purposes. This involved the calculation of absolute figure into the percentage.

OBJECTIVES OF STUDY

1. To study the health status of women in the village.
2. To study the knowledge of rural women about infectious diseases.
3. To assess the health facilities in the study area.

RESULT AND DISCUSSION

To know the present health status in the village, following indicators were taken:

1. Marriage and age indicator
2. Maternal health indicator
3. Family planning indicator
4. Knowledge about infectious disease indicator.

RESPONDENTS PROFILE

Table 2

SR.NO.	DETAILS	No. Of respondents	Respondents in %
1.	Age		
	18-25	37	19.37
	26-32	67	35.07
	33-39	35	18.32
	Above 39	52	27.22
2.	Education level		
	Illiterate	30	17.7
	Primary	30	15.7
	Middle	53	27.74
	High	44	23.03
	Higher	34	17.80
3.	Caste		
	General	148	77.49
	SC	26	13.61
	BC	17	8.90

TOTAL-191 RESPONDENTS

MARRIAGE AND AGE INDICATOR

Table 3

SR.NO.	INDICATOR	Number of Women	% of women	% of Rural Haryana
1.	Women who married before and by the age of 18	128	67.01	29.0
2.	Women who became mother before age of 18	63	32.99	6.5
3.	Total fertility	191	1.4	3.2
4.	Birth interval in months	191	24.8	NA
5.	Higher order birth	39	4.8	24.1

According to my study of village karontha out of 191 respondents, 129 were married before the age of 18 years which is 67.01% of total respondents while in rural Haryana this % is 29.01% which is quite better than that of village karontha. It is not the end of the situation but it becomes more worse when it was concluded that out of 191 respondents 63 respondents become the mother before the age of 18 years which is 32.99% of total respondents profile. This % in rural Haryana is 6.5% quite better than the village. Higher birth order of the village is 4.8%, which is more than average of rural Haryana which is 24.1%. In our survey, 39 respondents had more than 2 children. Talking about birth interval the gap between 2 children is 29.8 months. in case of karontha village, it is 2.6 months. (table 3)

MATERNAL HEALTH INDICATOR

Table 4

SR.NO.	Indicator	No. of women	% of women	% Rural Haryana
1.	Mother who had at least one antenatal care visit	143	74.86	67.2
2.	Mother who consumed IFA for 90 days	114	59.7	18.6
3.	Mother who received Tetanus oxide vaccine minimum 2 times	157	82.2	54.4
4.	Birth in Health Facilities	109	57.1	74.4
5.	Birth assisted by doctor\nurse\LHV\ANM\other health personnel (%)	127	66.5	89.5
6.	Mother with anemia (%)	49	25.65	63.1
7.	Mother who received complete antenatal care visit (%)	66	34.6	12.5

Taking into consideration the maternal health indicator out of 191 respondents 143 mothers had at least one antenatal care visit which is 74.86% of total respondents while the percentage of rural Haryana is 67.2%. The village has also maintained its lead in the percentage of women who consumed IFA for 90 days as out of 191 respondents, 157 respondents yield positive results which make up the 59.7% of total respondents while in Haryana rural, the percentage only reach up to the 18.6. Another segment of maternal health indicator is mother who received tetanus oxide vaccines minimum 2 times, the village also had wide lead in this respect as out of 191 respondents 157 respondents had received the vaccine at least 2 times which is 82% of total respondents while percentage of Haryana rural is 54.4%. With respect to the total number of birth in hospital or any other healthcare institution, 109 respondents out of 191 had given birth to their child in hospitals which is 70.57%. As for the birth which is assisted by doctor, nurse or other health personnel, 127 out of 191 respondents have given birth to their child with their help which is 66.5%, less than the rural Haryana average 89.5%. In this search, 49 mothers have been suffering from anemia during their pregnancy which is 25.6% of total respondents in comparison to 63.1% in total Haryana, 66 respondents which is 34.6% of total respondents, received complete ANC while rural Haryana average is 12.5%. (table 4)

FAMILY PLANNING INDICATOR

Table 5

SR.NO.	Indicator	No. of Women	% of women	% Rural Haryana
1.	Mother who want gap between their child	151	79.05	N. A
2.	Mother who used any method for spacing	143	74.86	N. A
3.	Condom	21	11	N. A
4.	tablets	04	02	N. A
5.	Copper T	24	12.56	N. A
6.	Permanent Sterilization	70	36.64	N. A
	Others	72	37.7	N. A

There is a close relationship between family planning and women's health. A healthy body is required to give birth to a healthy baby. Women body requires gap before next baby is born. I personally surveyed the village and collected data regarding family planning. 151 women of the village, which are 78% of total respondents, want the gap between their children. In the village, 143 women, 74.86% of women have used any method for spacing. 21 respondents are using condom. 4 respondents are using pill, 24 respondents are using copper T, 70 respondents are using permanent sterilizing and 72 respondents are using another method for spacing.(table 5)

KNOWLEDGE ABOUT INFECTIOUS DISEASES INDICATOR

Table 6

SR.NO.	Indicator	No. women	% Women	% Rural Haryana
1.	Women who had knowledge about AIDS	134	70.15	46.6
2.	Women who have knowledge about Tuberculosis DOTS	172	90.05	39.4
3.	Women who had visited or contacted a doctor or health worker on last three months	84	43.9	NA
4.	Women who have knowledge about RTI\STI	83	43.4	20.1

Knowledge about infectious diseases becomes an important indicator of women health status. As per the study of women who had knowledge about AIDS, tuberculosis, RTI\STI, there are 134 respondents who have knowledge about AIDS which is 70.15% of total and more than rural Haryana average of 46.6%. 172 women which are 90.05 have knowledge about Tuberculosis, DOTS, which is also more than rural Haryana average. There are 83 respondents having knowledge about RTI\STI more than rural Haryana average. 84 women had visited or contacted a doctor for the health checkup in last 3 months showing that they are more aware of their health than rural Haryana average which is 20.1%. (table 6)

All these results are better than rural Haryana, main reasons for this are better literacy rate, better road connectivity, the role of television, radio, other multimedia and print media. Women in the village are aware and have knowledge about infectious diseases.

SUGGESTIONS

It can be suggested that that to bring the study area to the same level as other areas, it should have more health centers and there should be some agency to be set up to spread awareness regarding the infectious diseases. There should be more females working in healthcare centers so that women of the study area feel free to share their problem. One major root cause of every backwardness is education level and it should be increased in the study area.

CONCLUSION

After analyzing the various indicators of the health status of women, it has been found the traditional, social and gender discrimination exists in the village. 67% of women have been married at the age of 18 and 25% of women have already became mother before the age of 19, which reflects social backwardness. Similarly, 43% women have given to birth their child in hospitals and other health institutes in the village. The village is in the backward state in the use of measures of family planning. There is 36 % women who are using permanent sterilizing as spacing. Similarly, 30% of women do not use any special means for family planning.

REFRENCES

1. District level of household survey-IV (DLHS 4)
2. National Family Health Survey
3. Census of India, 2011
4. Statistical Abstract of Haryana