

# Healthy Women, Healthy Nation

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Date of publication (dd/mm/yyyy): 15/12/2017

**Abstract** – The health of women determines the health of the society. The women folk are surrounded with a load of responsibilities, at home, workplace and child care. Hence women prioritize the health of their family instead of their own. It's the need of the hour that women are empowered and play a significant role in the society. In order to achieve this goal, women need to focus on holistic health care. This article brings to focus the epidemiology of various health issues concerning women, the impact and causes of the problems experienced, role of the governmental agencies and the strategies to maintain holistic health care.

**Keywords** – Health Statistics, Concerns, Economy Impact, Lifestyle Modifications.



Fig. 1. Healthy Women

“Search for a woman behind the success of every man”

## I. INTRODUCTION

The reality of women's lives remains invisible to men and women alike and this invisibility persists at all levels beginning with the family to the nation. Although geographically men and women share the same space, they live in different worlds. True, that over the years' women have made great strides in many areas with notable progress in reducing some gender gaps. Yet, 'the afflicted world in which we live is characterised by deeply unequal sharing of the burden of adversities between women and men'. Sprawling inequalities persist in their access to education, health care, physical and financial resources and opportunities in the political, economic, social and cultural spheres.

## II. HEALTH STATISTICS

The current health status of women in India needs to be upgraded as this will benefit the development of the Society as a whole. Only 43.5% children are fully immunised. 79.1% of children from 6 months to 5 years of age are anaemic. 56.1% ever married women aged 15-49 are anemic. Infant Mortality Rate is 58/1000 live births for the country with a low of 12 for Kerala and a high of 79 for Madhya Pradesh. Two thirds of the population lack access to essential drugs. 80% health care expenditure borne by patients and their families as out-of-pocket payment (fee for service and drugs). Health inequalities across states, between urban and rural areas, and across the economic and gender divides have become

worse. Health, far from being accepted as a basic right of the people, is now being shaped into a saleable commodity. The figure is 81/1000 in case of men. 770 women per 1000 perceived their health to be fair or good, while 187/1000 thought they had poor health. (6)

### Women Worldwide

Women and Poverty- 70% of the 1.2 billion people living in poverty are female. The women work force do more than 67% of the hours of work done in the world. Earn only 10% of the world's income and own only 1% of the world's property. The value of unremunerated work was estimated at about \$16 billion, from which \$11 billion represents the invisible contribution of women. Women are paid 30-40% less than men for comparable work on an average. Women hold between 10-20% managerial and administrative jobs.

### Women and Health

The average nutritional intake of women is 1400 calories daily. The necessary requirement is approximately 2200 calories. 38% of all HIV positive people in India are women yet only 25% of beds in AIDS care centres in India are occupied by them. 92% of women in India suffer from gynaecological problems. 300 women die every day due to childbirth and pregnancy related causes. (3)

### Women and HIV

Globally, every minute one young woman is infected by HIV, and AIDS-related illness is the leading cause of death among women of reproductive age group (UNICEF UK, 2010). The Indian government estimates that around 40% of HIV-infected individuals are women, constituting around one million of the 2.5 million people living with HIV/AIDS in India (The World Bank speakers-bureau 2015).

Management of HIV in India has significantly improved with many international and local programmes supporting prevention and treatment. However, there are areas in India where women and children living with HIV endure a myriad of medical, psychological and social challenges. Women in rural poor areas in India have little control over important aspects of their life. Often, they have little decision-making powers within their families on matters that affect them personally. Those who are known to have contracted HIV are reluctant to access health care for fear of discrimination and marginalization, leading to a disproportionate death rate in HIV women. India is arguably home to the largest number of orphans of the HIV epidemic. These children face an impenetrable barrier in many Indian societies and endure stigmatization. (Source: [https://www.researchgate.net/publication/301623726\\_HIVAIDS\\_in\\_women\\_and\\_children\\_in\\_India](https://www.researchgate.net/publication/301623726_HIVAIDS_in_women_and_children_in_India)].(2)

### Major Health Problems

Among the medical problems, vision (cataract) and degenerative joint disease top the list, followed by

neurological problems. Lifestyle diseases form another single-most important group of health problems in the elderly women. The risk of cardiovascular disease doubles with the outcome being poorer than men. The most common causes of death among women above the age of 60 years are stroke, ischemic heart disease and COPD. Hypertensive heart disease and lower respiratory tract infections contribute to mortality in these women.

Common malignancies such as cervical, breast and uterus cancers in women are specific to them and account for a sizeable morbidity and mortality. In a study done at Lady Hardinge medical college in Delhi, hypertension (39.6%) and obesity (12-46.8%) were very common in postmenopausal women. Half or more women had high salt and fat intake, low fruit and vegetable intake and stress. There is a need to recognize the special health needs of the women beyond the reproductive age, to be met through strengthening and reorganising the health care systems.

The most common cause of death among women above the age of 60 years is stroke, leading to 21.7% of deaths. It is closely followed by ischemic heart disease (IHD) which leads to 19.8% of deaths. Chronic obstructive pulmonary disease (COPD) has been incriminated in 11% of deaths. Hypertensive heart disease and lower respiratory tract infections contribute to 3.7% and 3.4% of deaths, respectively. 3.2% of deaths have been attributed to diabetes, while cancers of different sites cause 6.6% of deaths.

There are a number of factors that increase the vulnerability of women beyond reproductive years and thus point toward specific health needs of this segment of population. Of late, some attention has been focused on the health of elderly women as far as policy matters and research is concerned; however, postmenopausal women below 60 years have been totally left out.

Osteoporosis is common, but identified only at the time of fractures which may occur due to minor injuries. Significant decrease in serum calcium has been reported in postmenopausal women. The prevalence of osteoporosis ranged from 52% in urban areas to 76% in rural areas. India also has the largest number of oral cancers. The age-adjusted incidence varies from 44/100,000 in rural Maharashtra to 121/100,000 in urban New Delhi. (4)

A community-based study was conducted in Lady Hardinge Medical College, New Delhi, from April 2007 to March 2008 to find the prevalence of risk factors for selected NCDs (hypertension, coronary artery disease, diabetes mellitus, obesity and breast cancer) and their relation with socio-demographic factors. It was observed that higher proportion of postmenopausal women fall in the category of pre-hypertension or hypertension. Clinical examination observed that prevalence of hypertension was as high as 39.6% with the mean systolic blood pressure falling in the pre-hypertensive range.

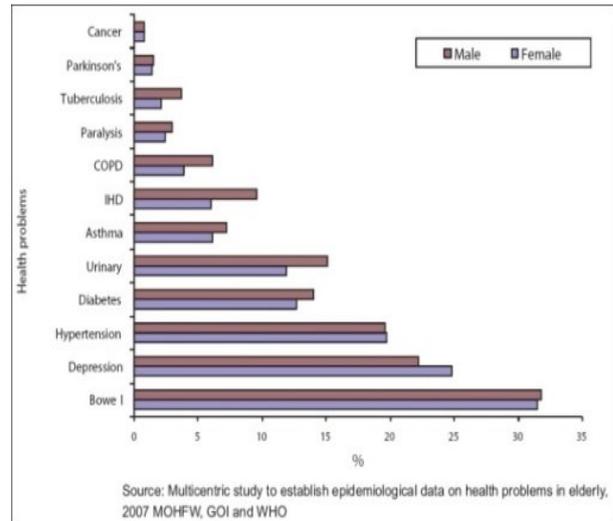


Fig. 2. Health Problems in elderly (WHO, 2007)

### Commonest Health Concerns of Women

-Breast Cancer: One of the most growing problems among women, which is responsible for 1 per cent of deaths worldwide, is breast cancer.

-Stroke: Women today are affected with strokes. Gender differences in stroke show conflicting reports, if one tries to dive further into the subject. Various regions have reported different findings. Women have higher age-adjusted prevalence rate (564/100,000 for women versus 196/100,000 for men) and incidence rate (204/100,000 for women versus 36/100,000 for men) in Kolkata (Sweta Singala, Rajiv Singala 2016). (1)

-Polycystic Ovarian Disease: Polycystic ovary disease is yet another issue that has come up to be one of the most common female endocrine disorders affecting about 5 to 10 per cent of women of reproductive age, which is anything between 12-45 years. It is a condition in which there are many small cysts in the ovaries, which can affect a woman's ability to conceive.

-Female Sexual Arousal Disorder (FSAD): Sex is an important part of one's life. But often the common problem shared among women is the issue of no sexual arousal despite their wanting to have sex. The high incidence of depression, anxiety, neurosis, psychosomatic disorder, increasing rate of suicides among women, clearly shows that in keeping of the projections of World Mental Health Survey.



Fig. 3. Physiological problems of women

### *Impact of Economy on Health*

#### *Poverty & ill health - mental health, impact of poverty*

Economic, social inequalities, depression and Gender discrimination. Three strata of people Differentiation-Lower, Middle & Upper Strata.

#### *Lower Strata*

Discriminations between the rich and the poor; men and women; boys and girls; literates and illiterates, employed and unemployed.

Lower class suffers:

- Due to poverty
- Malnutrition and ill health
- Slum life
- Male domination
- Domestic violence
- Ignorance of their rights
- Organ sale.
- Pavement dwellers.
- Non Availability of basic needs –food, shelter & clothing
- Non availability of sanitary and medical facilities.
- Unhygienic environment
- Poor quality of water & water prone diseases.

#### *Middle Strata*

People belonging to the middle Strata are burdened with over work & responsibility at home and outside, stress, lack of rest and nutritious food

#### *Upper Strata*

Problems encountered by the upper strata include:

- Ageing
- Regular sickness
- Ignorance & no one to care.
- Violence, physical & emotional abuse
- Husband's inhuman behavior.

#### *Threats to Health*

The threats to health include:

- Different types of violence
- Forced prostitution
- Slavery
- Forced marriage
- Unwanted pregnancy
- Unsafe abortion
- Sexually-transmitted infections (HIV)
- Dowry deaths.

Climate change may harm human health. Health hazards are exposure to a variety of chronic health hazards like noise, silica, asbestos, manmade fibers, lead and other metals, solvents, hazardous wastes, heat, and cold affecting women's health. For construction & factory workers, Hostile working condition & inadequate protection cause ill health. Child birth, abortion, miscarriage, infection and anemia affect the health of women.

Strict enforcement of laws against the practices of female foeticide, female infanticide, child marriage, child abuse, and trafficking and child prostitution is required. The complex issues including, gender bias in feeding and educating girls, female genital mutilation and involuntary sex worsen the health status of women. Lack of prenatal

and post natal awareness and care. Empowerment of women can be possible if they are educated, employed and respected.

#### *Strategies to promote Women's Health*

- Elimination of inequalities between men and women
- Increasing the capacity of women to care for themselves
- Provision of adequate health care - Primary Health Centers.
- Health camps
- Balanced Diet
- Knowledge of diseases
- Reproductive rights of women
- Education of Women
- Safe drinking water
- Sewage disposal
- Toilet facilities
- Sanitation within accessible reach of households.
- Violence against women—strictly dealt with Regulations
- Education & mass media to end gender differences. & promote health.
- Women Empowerment

#### *Healthy Life Practices*



Fig. 4. Healthy Life Practices

#### *Wellness Index (WI)*

- Leisure Time
- Shelter
- Yoga
- Health-Related Public Services
- Freedom from Violence and crime
- Collective efficacy and political Voice

### **III. CONCLUSION**

Ensure empowerment through Education and Health. "Women"- Take charge of your health now. Make lifestyle changes, screen for lifestyle illnesses, work now to increase your life expectancy.

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## **AUTHOR'S PROFILES**



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