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HEALTH STATUS OF INDIAN WOMEN

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Health status of women still is one of the most serious issues affecting the community particularly in developing countries. Community life is meant to include not only social, economic and nutritional conditions, however additionally the cultural systems of values, aspirations and satisfaction that influence mental and family behavior under reproductive habits.

Pregnancy and childbearing have generously contributed to death and disability among women through out the narration of humanity. Moreover, pregnancy and childbearing are not diseases. Maternal mortality is a key indicator of women's health status and shows most touchingly the difference between rich and poor, both between countries and within them. Over a half million women die each year due to complications during pregnancy and birth.¹

The deaths of these women are a direct result of lack of available and accessible reproductive and maternal health care.

Preventable maternal mortality occurs where there is a failure to give effect to the rights of women to health equity and non –discrimination. This goes to show that maternal death is a matter of social justice as it thrives amidst inequity. Inequity has been defined as an injustice that is unnecessary, unfair avoidable.²

Embodied in classical Sanskrit, it mantra "Matri Devo Bhava" is the sentiment of every Indian which places the mother element as above everything else, a noble sentiment to which only a lip of service has been paid recently, if maternal mortality figures in India are any criterion. The care of the mother along her newborn has been the existence from the beginning of civilization. To North India, traditional midwives usually belonged to thus refer to as lower castes of the society. Improvement of health status of women, Later on institutional care was recommended for all "high-risk" cases and where home conditions were not suitable. However, status varied as its development is influenced by the conditions within the country and in the world at large.

The future of any nation is the future of healthy children depends upon a nourishing mother. If the pregnant women are already suffering from under nutrition and poor diet during pregnancy due to various socio -economic and cultural factors, then the birth of the newborn will be low birth weight, which in turn became the under nutrition mother and this vicious cycle is going on generation after generation. Most of these problems can be controlled, if we stress upon the following aspects such as education of the mother, age at marriage, duration of married life, available maternity services and mass education program.³

If any country has limited resources in the health sector have to be preferentially applied to any segment of the population, it logically flows to children and mothers.

The vast majority of these deaths are preventable. Numerous initiatives have been undertaken to reduce mortality and morbidity in our country. However, the reduction has not meant in accordance with the efforts and expectations. Some of health indices are still quite high in most of the developing countries. These are unacceptable in the current scenario. In our country, as in other developing countries, women's health problems have been taken into account through maternal and

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child health programmes and for long years maternal health has been excluded in focus. Our country is still facing a high rate of maternal mortality.

In the International statistical classification of diseases, health problems, 10th revision (ICD-10), WHO defines maternal death as: The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Maternal mortality is the main cause of death for women and girls of reproductive age.⁴

It is scientifically proved that females are biologically strong than their counterpart, the chances of survival are more in their first year of life, but the ratio is adverse after one year of life. More chance of missing females is in preconception and prenatal period. Whether across the world or in our own country, the preventable death of any woman diminishes the humanity of all.

In India, in spite of the foundations laid by Charaka and Susruta in the early days about 200 B.C., midwifery was in a bad way. The maternal and child welfare movement in India started with attempts to train the indigenous 'Dai' (Traditional Birth Attendant) by Miss Hewlett of the Church of England Zenana Mission in India in 1866.

Approximately 400 years B.C, there was great concern over the health and well resulting from the individual? The eminent physicians of those times Charaka and Susruta in India have described care of the mother and child, and advocated sound principles for their care.

The services for mothers and children received a real scientific approach in the seventeenth century from the days of William Harvey (1578-1657), who is known as "Father of Midwifery".⁵

During 1950s Government of India introduced maternal and child services as basic health services in Primary Health Centers because of their increased vulnerability and morbidity and mortality. India is the first country in the World to launch a nation-wide family planning programme during the year 1952.

To achieve the demographic goals, the family planning programme was accorded a central place in health development. As religious leaders, we are called upon to see, hear, and respond to this crisis. Access to sexual and reproductive health services is an issue of life and death. Above all the ironies, almost all cases of maternal mortality are preventable.

An estimated 74 per cent of maternal deaths could be prevented if all women had access to the interventions for preventing or treat in preventable maternal mortality occurs where pregnancy and birth complications, in particular emergency obstetric care.⁶

A number of initiatives are taken by the international agencies, central and states level government to improve the health status of the women, especially pregnant women like Safe Motherhood Initiative 1987, ICPD -1994, Beijing -Fourth World Conference on Women 1995, Sri Lanka 1997 ICPD + 5.⁷

An estimated 289, 000 women died in 2013 from complications in pregnancy and childbirth, down from 523, 000 in 1990, according to the UN World Health Organization's Trends in maternal mortality estimates 1990 to 2013.⁸ In addition, for every woman who dies in childbirth, around 20 more suffer injury, infection or disease – approximately 10 million women each year.⁹

At the country level, the two countries that accounted for one third of all global maternal deaths in 2013 are India at 17 per cent by 50, 000 maternal deaths and Nigeria at 14 per cent with 40, 00 deaths. India was among the 10 countries that comprised 58 per cent of the global maternal deaths reported in 2013.¹⁰

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The report said India has been "making progress" since its maternal mortality rate fell from 560 in 1990 to 190 in 2013, a 65 per cent drop.¹¹

Maternal mortality is a neglected issue because those who suffer it are ignored people, with the least power and influence over how national resources, shall be spent: they are poor, the rural peasants and above all, women.

There is a failure to put into effect the rights of women to health, equality and nondiscrimination. A number of initiatives that commenced in recent years are geared towards the achievement of the fifth Millennium Development Goal (MDG 5: Improving maternal health in our country.

No woman should lose her life to create a new one. Despite longstanding global commitments to reduce maternal mortality, so far progress has been disappointing.

The death of a woman during pregnancy or childbirth is not only a health issue, but also a matter of social injustice. So today, there is one school of thought is that, no doubt, it is important to reduce the maternal mortality, but more is to remove the gender discrimination and social injustice against female. This shows that maternal death is a matter of social justice as it thrives amidst inequity. According to Shaw, 'women are not dying due to diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving'.¹²

"Now is the time for us to prioritize girls and women. It is a good investment –and a smart one", Sheffield said. "We have seen time and time again that when we invest in girls and women –it pays".¹³

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