

Women Health in India: An Analysis with Special Focus on MMR

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Abstract

Health is defined 'as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. The health of Indian women is intrinsically linked to their status in society. Research on women's status has found that the contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens. Poor health has repercussions not only for women but also their families. Women in poor health are more likely to give birth to low weight infants. They also are less likely to be able to provide food and adequate care for their children. Finally, a woman's health affects the household economic well-being, as a woman in poor health will be less productive in the labor force. While women in India face many serious health concerns, the major issues are reproductive health, violence against women, nutritional status, unequal treatment of girls and boys, and HIV/AIDS. This paper focuses on the Maternal Mortality Rate and women health in India.

Keywords: maternal health, Millennium Development Goals, MMR.

INTRODUCTION

India is one of the few countries in the world where women and men have nearly the same life expectancy at birth. The fact that the typical female advantage in life expectancy is not seen in India suggests there are systematic problems with women's health. Indian women have high mortality rates, particularly during childhood and in their reproductive years. The health of Indian women is intrinsically linked to their status in society. Research on women's status has found that the contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens. There is a strong son preference in India, as sons are expected to care for parents as they age. This son preference, along with high dowry costs for daughters, sometimes results in the mistreatment of daughters. Further, Indian women have low levels of both education and formal

labor force participation. They typically have little autonomy, living under the control of first their fathers, then their husbands. Because of the wide variation in cultures, religions, and levels of development among India's states and union territories, it is not surprising that women's health also varies greatly from state to state. Poor health has repercussions not only for women but also their families. Women in poor health are more likely to give birth to lowweight infants. They also are less likely to be able to provide food and adequate care for their children. Finally, a woman's health affects the household economic well-being, as a woman in poor health will be less productive in the labor force.

Maternal health: An Overview

Maternal and child health has remained an integral part of the Family Welfare Programme of India since the time of the First and Second Five-Year Plans (1951-56 and 1956- 61) when the Government of India took steps to strengthen maternal and child health services. As part of the Minimum Needs Programme initiated during the Fifth Five-Year Plan (1974-79), maternal health, child health, and nutrition services were integrated with family planning services. In 1992-93, the Child Survival and Safe Motherhood Programme continued the process of integration by bringing together several key child survival interventions with safe motherhood and family planning activities (Ministry of Health and Family Welfare, 1992). In 1996, safe motherhood and child health services were incorporated into the Reproductive and Child Health Programme (RCH).

The National Population Policy adopted by the Government of India in 2000 reiterates the government's commitment to safe motherhood programmes within the wider context of reproductive health (Ministry of Health and Family Welfare, 2000). Several of the national sociodemographic goals for 2010 specified by the policy pertain to safe motherhood. For 2010, the goals are that 80 percent of all deliveries should take place in institutions, 100 percent of deliveries should be attended by trained personnel, and the maternal mortality ratio should be reduced to a level below 100 per 100,000 live births. To improve the availability of and access to quality health care, especially for those residing in rural areas, the poor, women, and