

Periodic Research

Access to Health: A Comparative study of rural and urban women of Jammu District

Abstract

Health is considered to be that part of the human welfare which depends on the normal functioning of the body. Good health is crucial part of well being. The success of any development strategy depends largely on the extent of which human resources are developed in terms of skills, education, health and well being. Women's health status in India is very poor due to various reasons. A number of studies indicate that multiple roles and marital status have a sound impact on women's health. But among all the reasons of poor health of women one leading reason is poverty. For mother, poverty leads to low intake of food and nutrients, which results in under nutrition related diseases and infections. The vicious cycle of poverty generates the vicious cycle of ill health. Social discrimination against women results into neglect of women's health from womb to tomb. Female infanticides are widely practiced. As per 2011 census, there were 940 women per 1000 men. The present research was conducted to assess the health status of rural and urban women of Jammu District.

Keyword: Health Status, Poverty, Social discrimination, nutrition ,gender disparity

Introduction

Health is a basic human right/ women's right. Attainment and maintenance of good health depends on women's access to nutritious food, appropriate medicine to treat illness, clean water, safe housing, and pollution free environment and health services. Thus women's health is determined by forces working at home, at work place and society and state. Burden of hardships falls disproportionately on women due to seven types of inequality – mortality (due to gender bias on health care and nutrition), natality (sex selective abortions and female infanticide), basic facility (education and skill development), special opportunity (higher education and professional training), employment (promotion) and ownership (home, land and property) Sen,(2001).

The health status of women is one of the crucial elements in the assessment of quality of life of the people. The key to the health of children lies much greater in the health and nutrition of women, her physical condition, education and economic status. Attention to the mother must start when she herself is a child. But unfortunately in our Indian society women and girls get a lesser share in the intra-household distribution of health goods and services compared to men and boys.

In the changing society, a woman is not playing her age old traditional role of being confined at home. She plays multiple roles ranging from child bearing, child rearing, doing domestic works, a women of the house and bread winner to maintain the family. In majority of cases she is ill-prepared to perform. Women are partners in development, but their contribution as wives, mothers, income – earners and community members, often goes unrecognized and undervalued. Over work and stress affect women's health and that of their families. The net effect of the cultural, social and economic biases that women suffers from are reflected in their excessive mortality, poor health, inadequate access to health care and medical services and increasing gap between men and women in literacy, education, training for employment and employment status. The difference has widened from urban to rural society. In the rural Indian traditional practices regarding marriage and the status of the daughter-in – law in the household along with the practices associated with pregnancy, child-birth, lactation, fertility control and health care utilization further aggravate the health impairment of women. In rural societies parents wish

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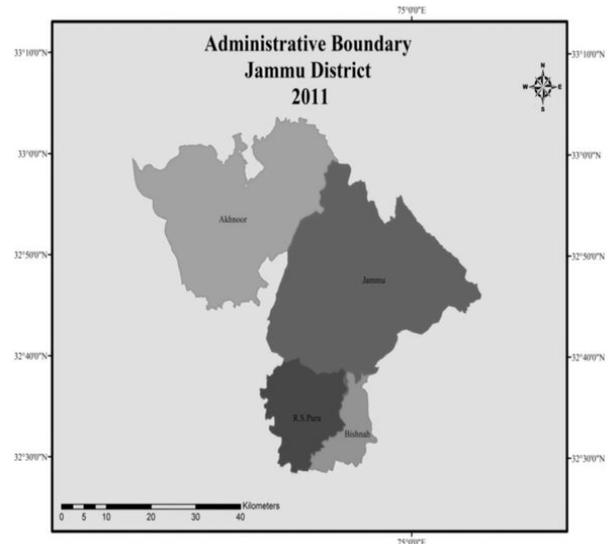
to marry off their daughter as soon as they attain puberty. This custom precludes girls from achieving an educational status comparable to that of boys. This lack of education then prevents women seeking alternative role in life. Maintenance of good nutrition is essential for comprehensive management and prevention of disease. Malnourished mothers give birth to under weight babies who further grow up to having higher incidence of health problems. Maternal mortality and morbidity are two health concerns that are related to high levels of fertility. The high levels of maternal mortality are especially distressing because the majority of health deaths could be prevented if women had adequate health services.

Social discrimination against women results into neglect of women's health from womb to tomb. Female infanticides are widely practiced. As per 2011 census, there were 940 women per 1000 men. The vicious cycle of poverty generates the vicious cycle of ill health. For mother, poverty leads to low intake of food and nutrients, which results in under nutrition related diseases and infections. The state of health of women in rural India may be one of the worst in the world. An eight month pregnant women spends two third of her day in working- grinding grain, preparing food, fetching fuel/water. Worst most women resume work even before they have fully recovered from childbirth. This can lead to devastating consequences for women's health and undermine her ability to carry out her responsibilities both productive and reproductive. Poor care during pregnancy could be the reason behind the high mortality rate of young (0-4 years) children. Probably no other group is affected by workload than rural women. Every day brings with it a long march in search of fuel, fodder and water. It does not matter if women are old, young or pregnant-crucial household chores have to be met day after day. The work burden of women keeps on increasing because of increasing nuclear families, migration of men from rural areas. Compounded by lack of health facilities this result in high rate of maternal mortality in the villages. By the nature of work women do, they are exposed to all sorts of environmental conditions.

The Study Area

Jammu District is located between $74^{\circ} 24'$ and $75^{\circ} 18'$, East longitude and $32^{\circ} 50'$ and $33^{\circ} 30'$ North latitude. It is approximately 600 Kms away from National Capital, New Delhi and is linked with National Highway, NH44 (earlier NH1A). Jammu District is situated on a hillock, on the bank of river Tawi and is bound by Udhampur district in the north and northeast, Kathua district in the east and southeast, Pakistan (Sialkot) in west and Rajouri district and POK (Bhimber) in the northwest. The city has numerous shrines for Muslims, Sikhs & Christians. Jammu also serves as base camp for the holy shrine of Vaishno Devi and is the Railhead of the state. The Jammu District covers an area of 3095 Sq. Kms. The original inhabitants are Dogras, which are also the major ethnic group but and influx of Kashmir's Migrant and peoples of other parts of the state has changed the past scenario. The major proportion of the

population consists of Hindus, Muslims, Sikhs, Jains, Buddhist and Christian in lesser proportion.



Objectives of The Study

To assess and compare among rural and urban women:

- Common ailments among rural and urban women.
- Steps taken to ensure health.
- Access to health facilities.

data base and methodology

This study is mainly based on primary data. Data was collected through questionnaire interviews. For obtaining grass root level information sample villages and wards were selected from the four Tehsils (Akhnour, Jammu, R.S. Pura, Bishna) of Jammu District, total 25 villages were selected in the rural areas and 25 wards were selected in the urban areas of the Jammu district. 300 interviews were conducted in the study area in which 150 urban and 150 rural respondents were interviewed from each village and each ward. The age composition of sample respondents revealed that 90 percent of respondents belonged to 25-45 years of age and only 10 percent of respondents were in the age group of 45-55 years.

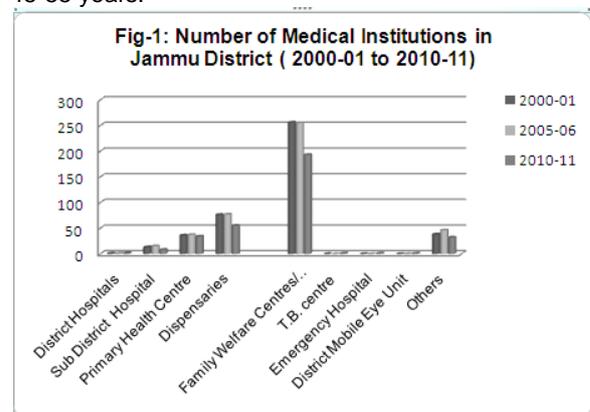


Table (1) shows the number of medical institutions in Jammu District (2000-01 to 2010-11). The table clearly shows that in the year 2000-01, the

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total number of district hospitals in Jammu District was 1, Sub district hospitals were 13, Primary health centres (36), Dispensaries (76), Family welfare centres/ sub centres (256). Hence total number of medical institutions during 2000-01 was 420. The data also shows that in the year 2005-06 these medical institutions increased to 431. Further, during the year 2010-11, number of district hospitals increased to 2, but all other medical institutions decreases, sub district hospitals decreased to 8, primary health centre decreased to 34, total number of dispensaries (43), family welfare centre/sub centre decreased to 193. The data also depicts that in 2010-11 one new T.B. centre, 1 emergency hospital and 1 district mobile eye unit were established in the Jammu District, but overall decrease in number of medical institutions is found during the year 2010-11.

Result and Discussion

Table-2

Percent distribution of sample respondents, as per their food intake, according to selected background characteristics, Jammu District (2012-13)

Background Characteristics	Type of Food		Consumption of Fruits	
	Vegetarian	Non-vegetarian	Yes	No
Rural/Urban				
Rural	22.9	77.1	48.6	51.4
Urban	38.6	61.4	65.9	34.1

Source- Based on Field Survey (2012-13)

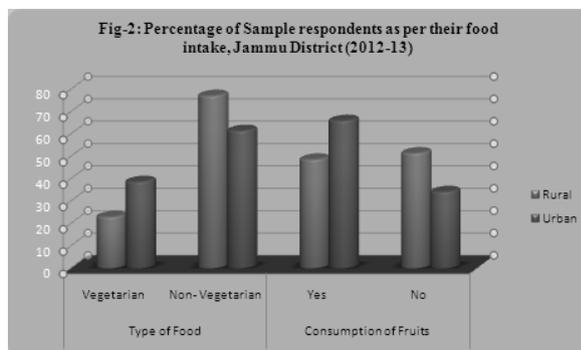


Table (2) shows the type of food intake and consumption of fruits by the sample respondents in the Jammu District. The data clearly shows that in rural areas 22.9 percent of women consume vegetarian food, while 77.1 percent consume non-vegetarian food. As far as consumption of fruits is concerned, 48.6 percent rural women consumed fruits. In urban areas, 38.6 percent women consume vegetarian food, while 61.4 percent consume non-vegetarian food and 65.9 percent urban women consumed fruits mostly. Majority of women in our country work more than men for longer period but they eat less. Their diet is inadequate and lacks in nutrition. The health of women depends on her nutritional status, which is inadequate in some essential nutrients like protein, vitamin A and B

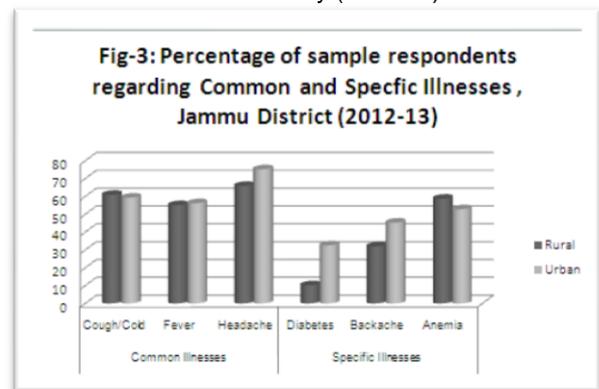
complex. There are differences in consumption pattern in different socio-economic groups and caste groups.

Table-3

Percent distribution of sample respondents, regarding Women's common and specific illnesses reported during last 1 year (more than 2 times), according to selected background characteristics, Jammu District (2012-13)

Background Characteristics	Common Illnesses			Specific Illnesses		
	Cough/Cold	Fever	Headache	Diabetes	Backache	Anemia
Rural/Urban						
Rural	60.9	55.1	65.9	10.2	32	58.7
Urban	59.3	56.2	75.2	32.6	45.3	52.8

Source-Based on field Survey (2012-13)



The above data clearly shows that cough, cold, fever, headaches are some of the common illnesses and Diabetes, Backache and Anemia are specific illnesses reported in the study area. The data clearly shows that in rural areas of Jammu district 60.9 percent women suffered from cough and cold, 55.1 percent from fever and 70.5 percent from headache during last one year, on the other hand in urban areas 59.3 percent women suffered from cough and cold, 56.2 percent from fever and more than 70 percent from headache. In our study area, some specific women illnesses are also found. In rural areas only 10.2 percent women suffered from diabetes and 32 percent from backache, but in urban areas 32.6 percent women suffered from Diabetes and 45.3 percent from backache. In the study area it is found that whether the area is rural or urban more than 50 percent of women suffer from anemia. Anemia is found especially among women of child bearing age during pregnancy and lactation and among young children.

Table-4
Percent distribution of sample respondents, as per their age at marriage, according to selected background characteristics, Jammu District (2012-13):-

Background Characteristics	Age at marriage of Respondents (Years)				
	11-15	16-20	21-25	26-30	Average
Rural/Urban					
Rural	5.6	65.7	28.5	0.2	19.2
Urban	0	47.3	50.25	2.44	20.7

Source-Based on field Survey (2012-13)

There is a direct link between marital relationships and physical health. Commonly, early marriages (marriage before the age of 18) are seen in developing countries and child brides can face serious life threatening issues such as complications during child birth, cervical cancer, unplanned pregnancy and often malnutrition offspring. In India, marriage is universal and early marriages are common. In Indian context age at marriage of females is found to be important in several ways, firstly it is one of the crucial factors affecting the growth of population of a country. Since women who marry early tend to have more children than those who marry later, adolescent marriage hastens population growth. Sociologically, marriage beyond 20 years of age gives women time to get better education, acquire interests unrelated to the family and develop a cautious attitude towards pregnancy. Higher age at marriage of females is good indicator of emancipation of women and also to a certain extent improves the status of women in the family and in the society. This may be because of its close positive association with the other two crucial aspects of emancipation of women viz; female education and pre marital employment. The above table clearly shows that the average age at marriage is relatively lower in rural women (19.2 years) than the urban women i.e. 20.7 years. The data also shows that in rural areas, 2.8 percent women marry at the age less than 15 years. The data clearly shows that in rural areas 5.6 percent of respondents have age at marriage between 11-15 years.

Table-5
Percent distribution of sample respondents, regarding adaptation of any family planning method, according to selected background characteristics, Jammu District (2012-13)

Background Characteristics	Adaptation of Family Planning Method						No
	Yes						
	Male Condom	Male Sterilization	Female Pill	Loop or Copper	Female Sterilization	Total	
Rural/Urban							
Rural	29.3	2.3	12.5	10.3	5.0	59.4	40.6
Urban	45.1	6.7	13.8	15.5	6.2	87.3	12.7

Source-Based on field Survey (2012-13)

Fig -4: Percentage of sample respondents regarding adaptation of family Planning Method, Jammu District (2012-13)

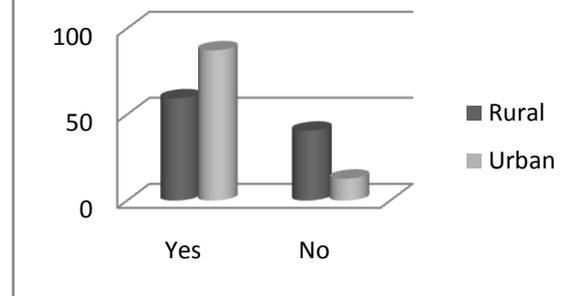
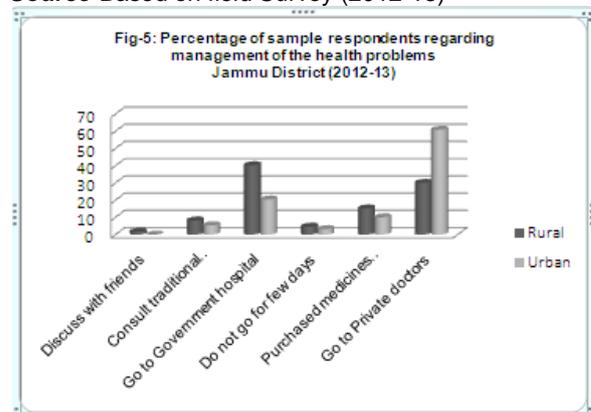


Table (5) shows the percentage of sample respondents regarding adaptation of Family Planning method. The data from the field clearly shows that in rural areas 59.4 percent and in urban areas 87.3 percent women adopt Family planning method in order to avoid or delay unwanted pregnancies. The data also reveals that 40.6 percent rural respondents do not adopt any family planning methods because some of them do not know any such method and some have misconception about the side effects of various methods. The data also indicates that in Jammu District whether the area is rural or urban, most couple prefer male condom in order to avoid pregnancies.

Table-6
Percent distribution of sample respondents, regarding management of the health problems according to selected background characteristics, Jammu District (2012-13)

Background characteristics	Percent respondent's response					
	Discuss with friends	Consult traditional practitioner	Go to Govt. hospital	Do not go for few days	Purchased medicines from shops	Go to Private doctors
Rural	1.6	8.2	40.3	4.6	15.2	30.1
Urban	0	5.4	20.4	3.2	10.1	60.9

Source-Based on field Survey (2012-13)



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Table (6) shows the distribution of sample respondents regarding management of the health problems. The above table shows in rural areas 40.3 percent of respondents report to the Government hospitals and 30.1 percent go to the Private Doctors in case of any health problem, on the other hand in urban areas 60.9 percent of women go to the Private Doctors and only 20.4 percent of women prefer Government hospitals for health problems. Most surprisingly, in rural areas 1.6 percent respondents discuss their health problems with their friends, 4.6 percent do not go for few days and 8.2 percent consult to traditional practitioner for various health problems, on the other hand in urban areas, 10.1 percent respondents purchased medicines from chemist shop.

Conclusion

The health status of women is one of the crucial elements in the assessment of quality of life of the people. Women's unequal access to resources including health care is well known in India, in which stark gender disparity is a reality. From the study, it is amply clear that, in 2000-01 total number of district hospitals in Jammu District was 1, Sub District Hospitals were 13, Primary Health Centres (36), Dispensaries (76), Family Welfare Centres/Sub Centres (256). Hence total number of medical institutions during 2000-01 was 420. Further during the year 2010-11, number of District Hospitals increased to 2, but all other medical institutions decreases, Sub District hospitals decreased to 8, Primary Health Centres decreased to 34, total number of Dispensaries (43), Family Welfare Centre/ Sub Centre decreased to 193. The study also depicts that in 2010-11, one new T.B. Centre, 1 Emergency Hospital and 1 District mobile eye unit were established in the Jammu District. The decreasing number of medical institutions is a matter of concern because it is a clear indicative of non seriousness on the part of Government for being unable to promote the health awareness among the general public. Also it is a concern for the female health who could not avail the opportunity provided in the nearby areas. From the primary data, it is found that in rural areas 22.9 percent of women consume vegetarian food, while 77.1 percent consume non vegetarian food. As far as consumption of fruits is concerned, 48.6 percent rural women consumed fruits. In urban areas 38.6 percent women consume vegetarian food, while 61.4 percent consume non vegetarian food and 65.9 percent urban women consumed fruits mostly. The study reveals that cough, cold, fever, headaches are some of the common illnesses and diabetes, backache and anaemia are specific illnesses reported in the Jammu District. In the rural areas 60.9 percent women suffered from cough and cold, 55.1 percent from fever and 70.5 percent from headache during last one year, on the other hand in urban areas 59.3 percent women suffered from cold and cough, 56.2 percent from fever and more than 70 percent from headache. In rural areas, 10.2 percent women suffered from diabetes and 32 percent from backache,

but in urban areas 32.6 percent women suffered from diabetes and 45.3 percent from backache. In the study area, it is found that whether the area is rural or urban more than 50 percent of women respondents suffered from anaemia. The research work analysis that in rural areas 59.4 percent and in urban areas 87.3 percent women adopt family planning method in order to avoid or delay unwanted pregnancies. The data also reveals that 40.6 percent rural respondents and 12.7 percent urban respondents do not adopt any family methods. The data from the field study depicts that in rural areas 40.3 percent of respondents report to the government hospitals and 30.1 percent go to the private doctors in case of any health problem, on the other hand in urban areas 60.9 percent of respondents go to private doctors and only 20.4 percent of the women prefer government hospitals for health problems. Most surprisingly, in rural areas 1.6 percent respondents discuss their health problems with their friends, 4.6 percent do not go for and 8.2 percent consult traditional practitioner for various health problems, on the other hand in urban areas 10.1 percent respondents purchase medicines from chemist shops and 5.4 percent consult traditional practitioner during their health problems.

Suggestions

It is essential to view women's health in holistic way within the social, economic and political context of their lives. It is therefore necessary for various government and non government organizations to intensify their service projects in this direction with the collaboration of various women's organizations. The following measures are suggested in this regard

Health education, should be available to all women especially the vast number of illiterate women in rural, remote areas. It is rightly said, teach a mother to be healthy and she will teach the rest of the mankind. Encouraging local women's organizations to participate in primary health care activities including traditional medicine and devising ways to support women in taking responsibility for self care.

- Change our attitudes to provide prompt and adequate medical care for girls.
- Provision of basic health and nutrition services for girls and women.
- Courses of instructions covering health, family planning and nutrition be organized for extension workers of other government departments like Gram Sewak, Teachers Agricultural Extension Workers etc.

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