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Women health across states in India: An evidence from National Family Health Survey

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Abstract

Good health is a pre requisite for all human beings. Health condition of an individual affects his/her productive capacity and also the ability to work, save and contribute towards the economy and society. Women form an integral portion of total population of India as well as the labour force of the country. Therefore, it is of immense importance that women in India achieve and maintain good health. The present paper analyses the health scenario of women across states in India with respect to physical and psychological indicators. The other factors which are perceived to influence women health have also been analyzed. It has been found that health scenario of women varies across states and women in Bihar, Madhya Pradesh, West Bengal and Telangana suffer from poorer health conditions as compared to women in other states. Women in these states were also found to have lower literacy rates and high fertility rates which could be the reasons behind poor health condition of women. It has also been observed that physical problems such as anemia and the problem of being underweight affect a larger section of women as compared to psychological problem such as hypertension.

Key words: Women, anemia, body mass index, states, physical health, psychological health.

Introduction: Right to health is one of the basic human rights. Health is an important factor that contributes to human well being and economic growth. Condition of health is an outcome of dynamic interplay of physiological, social and psychological factors. Though a good health is essential for all groups of population, its role is all the more important for women since they are an important element of society and economy. This fact finds further strength in the case of India as women form an enormous portion of the total Indian population. Poor health has repercussions not only for women but also their families. Women with poor health are more likely to give birth to low weight infants. They are also less likely to be able to provide food and adequate care for their children. Finally, a woman's health affects the economic well-being also, as a woman in poor health will be less productive in the labor force.Improvement in health of women can contribute to economic gain through the creation of quality human capital and increased levels of savings and investment (Velkoff and Adlakha, 1998).

Currently, women in India face a multitude of physical and psychological health problems. Indian women have high mortality rates, particularly during childhood and in their reproductive years.More than 50 % of young women in India have anemia, including 39% with mild anemia, older women have higher prevalence of moderate and severe anemia than younger women. (Uria et.al., 2015). The typical female advantage in life expectancy not seen in India suggests there are systematic problems with women's health (Saha and Saha, 2010). Malnourishment has increased among women from social and economically disadvantaged groups (Jose and Navaneetham, 2008). Depression is widely prevalent in women in all age groups especially in India (Bohra et. al. 2015). The health of Indian women is intrinsically linked to a host of factors.Multiple responsibilities with respect to personal and professional life, inadequate attention to nutritional diet, lack of proper awareness and access to health care have profound and multifaceted implications on physical and psychological health of women. The contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens (Kumar and Kumar, 2009).An added dimension to the status of women health is that because of the wide variation in cultures, religions, and levels of development among India's 25 states and 7 union territories, women's health also varies greatly from state to state.

Data and methodology: In order to analyze the scenario of women health across states,data relating to three main health indicators: namely – percentage of anemic women in total women population of a state, percentage of women having body mass index (BMI) below normal and percentage of women having high level of hypertension has been compiled for the 16 states of India (the data for rest of the 13 states is not available from the source data set). The rationale for choosing these three indicators out of the various available indicators is that these indicators capture the different dimensions of health status of women.The first indicator relates to the prevalence of anemia among women which often results in poor health and weakness of women in India. The second indicator relates to the physiological condition of women and broadly addresses the problem of malnutrition among women. The third indicator captures the mental well being of women. The data relates to the National family health survey (NFHS) 4 conducted in 2015-16. Also, the study focuses on the adult women group i.e. the women ranging between 15-49 years of age. The data for sex-ratio, percentage of literate women out of total women population and total fertility rate (TFR) with respect to each state has also been obtained from the survey data set for the purpose of analysis.

Prevalence of anemia among women: State wise analysis: In India, anemia affects an estimated 50% of the population. The problem becomes more severe as more women are affected with it as compared to men. It is estimated that about 20%-40% of maternal deaths in India are due to anemia and one in every two Indian women (56%) suffers from some form of anemia (Kaur, 2014). The prime reasons for anemia among women are early marriage, early initiation of sexual activity, repeated early child bearing, recurrent iron loss, inadequate diet, insufficient awareness about health problems, low status in the society etc. There are also substantial, surprising and inexplicable regional differences.

Table 1 presents the state level data with respect to the percentage of women in each state which suffer from anemia. It can be seen that in 8 out of 16 states, more than 50 % of women suffer from anemia. Further, there are 4 states: Andhra Pradesh, Bihar, Haryana and West Bengal whereby more than 60 % of women suffer from the problem of anemia. It is to be noted that these four states are located in different regions of the countrywhich indicates that the problem of anemia is not particularly associated with states in any particular agro climatic region. Scenario was also dismal in states of Madhya Pradesh, Meghalaya, Telangana and Tripura whereby over half of the women population suffer from anemia. On the other hand, states of Goa and Manipur presented a better picture with only 31.3% and 26.4% women suffering from anemia. This shows that women in these states were in a better situation as far as anemia is concerned. However, the larger picture suggests that anemia still affects a majority of women in India.

Table 1: State wise health indicators of women (2015-16)

	Percentage of women in total women population of a state		
States /Indicators	Anemic*	Low BMI**	Very high hypertension***
Andhra Pradesh	60.0	17.6	0.7
Assam	46.0	25.7	1.3
Bihar	60.3	30.4	0.6
Goa	31.3	14.7	0.7
Haryana	62.7	15.8	0.5
Karnataka	44.8	20.7	0.7
Madhya Pradesh	52.5	28.3	0.6
Maharashtra	48.0	23.5	0.6
Manipur	26.4	8.8	1.0
Meghalaya	56.2	12.1	0.8
Sikkim	34.9	6.4	1.7
Tamil Nadu	44.4	14.6	0.5
Telangana	56.7	23.1	1.0
Tripura	51.5	18.9	1.1
Uttarakhand	45.2	18.4	0.8
West Bengal	62.5	21.3	0.7

Source: NFHS (4)

* Anemia is defined as the hemoglobin of less than 12 g/dl in females.

**BMI) is below normal (BMI <18.5 kg/m2)

***Very high hypertension refers to Systolic ≥180 mm of Hg and/or Diastolic ≥110 mm of Hg

Prevalence of low body mass index (BMI) among women: State wise analysis: Body mass index (BMI) is measure of body fat based on height and weight. Having a low BMI indicates the condition of being underweight. Being underweight is the result of not eating enough calories or an underlying medical condition. Some common reasons related to women being underweight are lack of access to proper food, giving more importance to family's nutritional needs than one's own need, anorexia nervosa, thyroid disorders, diabetes, cancer or digestive diseases. Certain medications or treatments such as chemotherapy may also cause unintentional weight loss. Being underweight is associated with increased health risks.Low BMI is associated with increased morbidity and mortality; the lower the BMI, the greater the risk. Women who are underweight run the risk of malnutrition, fragile bones, a weakened immune system, anemia, hair loss, dry skin and infertility.

Table 1 presents the percentage of women in each state which have a low BMI i.e. which suffer from the problem of being underweight. As is evident from the table, Bihar reported the highest percentage of women with below normal BMI closely followed by Madhya Pradesh. More than one-fifth of total women population in Assam, Karnataka, Maharashtra, Telangana and West Bengal were found to have a below normal BMI. This indicates that women in majority of states were suffering from the problem of being underweight which reflects the poor physical condition of women in the states. Scenario was much better in Manipur and Sikkim whereby only 8.8 % and 6.4 % of women respectively suffered from the problem of low BMI. In contrast to this scenario, Assam reported over 25 % of women having the problem of low BMI. As such, it can be further observed that scenario varied across state to state within the same region.

Prevalence of hypertension among women: State wise analysis: Hypertension is a common medical condition that affects the mental health of an individual. While the exact causes of high blood pressure are not known, several factors and conditions which play a role in existence of hypertension among women include being overweight or obese, lack of physical activity, too much salt in the diet,stress due to multiple roles at home and workplace pressure, excessive burden of family responsibilities, secondary status of women in some societies, old age, genetics, oral contraceptive use, alcohol use by women in cities, medications of certain drugs such as amphetamines (stimulants), diet pills, etc. High blood pressure can cause a multitude of serious medical problems. It can quietly damage the body for years before symptoms develop. Left uncontrolled, it may wind up with a disability, a poor quality of life or even a fatal heart attack. Untreated hypertension can result in death due to heart disease related to poor blood flow.

Data with respect to percentage of women in each state which suffer from hypertension are presented in table 1. It can be observed that out of the 16 states, only 5 states (Assam, Manipur, Sikkim, Telangana and Tripura) reported over 1% of women suffering from hypertension. In all other states, less than 1 % of women were found to be suffering from hypertension. On the whole, the prevalence of hypertension in women across the states was found to be lesser than the prevalence of anemia and low BMI. This shows that the

existence of physical health problems was more prominent than the existence of mental health issues. However, this cannot be inferred with certainty that the mental health of women across all states is in a good state since hypertension captures only one dimension of mental health of women while there are certain psychological problems existing among women which may not have been captured by the analysis of hypertension prevalence.

Predictors of health status of women across states: An analytical view: The physical and mental well-being of women depends on a variety of factors. These factors range from the status of women in the society, changing social roles, physical heath inherited from parents, awareness about health care, access to medical facilities etc. all these factors cannot be quantified and analyzed here. Therefore, three main factors which more or less correlate with the previous discussion of anemia, low BMI and hypertension are analyzed here. These three factors include the sex-ratio prevailing in a particular state, percentage of literate women out of total women population of a particular state and the total fertility (TFR) rate of a particular state. These factors are known to have a great impact on women health and it is of order to analyze these factors here.

Figure 1: State wise sex-ratio and percentage of literate women.

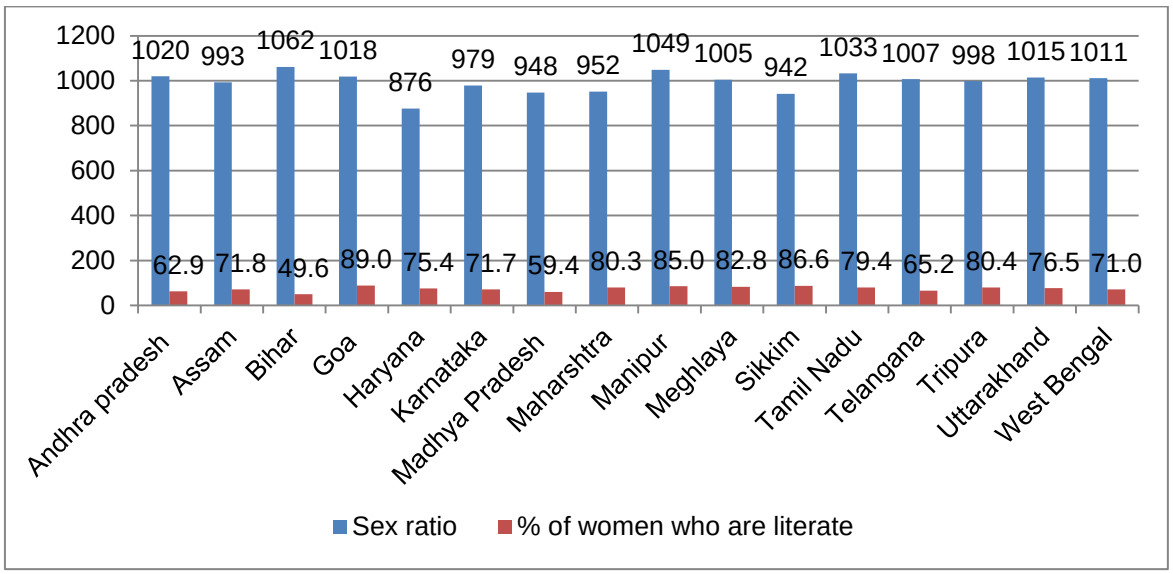

Figure 1 shows state wise sex-ratio and percentage of women in a particular state which are literate. These indicators are directly or indirectly related to the health condition of women. Sex-ratio is defined as the number of females per thousand males. It is a valuable source for finding the population of women in India and what is the ratio of women to that of men in India. Sex-ratio and women health have a two way relationship. The improved health status of women characterized by higher life expectancy, low rates of mortality and morbidity has positive effect on sex-ratio. On the other hand, sex-ratio itself indicates the social status of women which is an important determinant of women health. As far as literacy status of women is concerned, there is a strong correlation between illiteracy and

women's health. It has been found that children of illiterate mothers are twice undernourished as compared to the children of literate mothers. The educational level and place of residence has direct role in morbidity and mortality of women folk (Kushwah, 2013).

As can be observed from the figure, Haryana and Sikkim are the only two states which have sex-ratio lower than the national average of 944 females per 1000 males. Further, 9 out of 16 states have a sex-ratio of more than 1000 which indicates that there are more females per 1000 males in these states. The analysis of sex-ratio therefore indicates that the scenario is improving and most of the states are having a satisfactory sex-ratio. As far as education of women is concerned, Bihar lags behind all other states as only 49.6 % of women in the state are literate. Madhya Pradesh also presented a dismal picture with only 59.4 % of women being literate. A positive observation from figure 1 appears that out of the 16 states, 12 states had over 70 % of women which are literate. This shows that women literacy across states is improving which is expected to have a strongly positive impact on female health. Another inference which can be drawn is that the states of Bihar and Madhya Pradesh, which were found to have a high percentage of anemic and underweight women, also lag behind in female literacy. As such, low literacy rate can be one of the factors for these health problems of women in these states.

Total Fertility Rate (TFR) is the average number of children expected to be born per woman during her entire span of reproductive period. A high TFR may result in poor health of a woman due to pressure on the bodily systems as a result of recurrent child bearing.

Figure 2: State wise TFR in India.

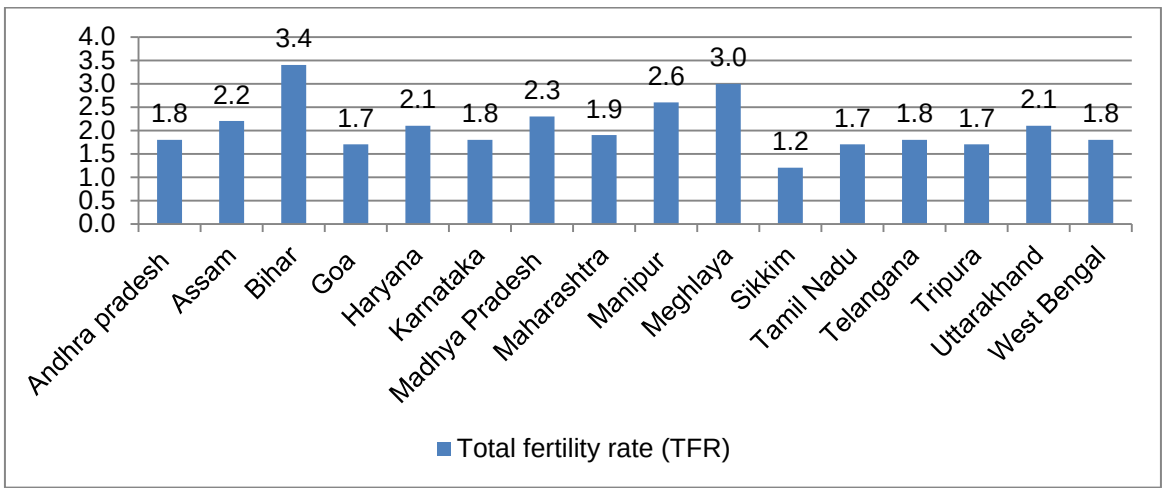

Table 2 shows the TFR of women with respect to different states of India. Bihar, Manipur and Meghalaya have a TFR value higher than the all-India value. (The all-India value of TFR in 2016 is 2.4 according to World Bank) while Madhya Pradesh and Assam have a TFR value near to the all-India estimate. The case of Bihar, Madhya Pradesh and Haryana is of a similar nature since these three states reported greater prevalence of anemia.

Thus, high TFR could be one of the reasons for these problems among the women of these states.

It is to be noted that the TFR value in all other states is lower than the all-India estimate whichis another positive observation. The case of other states which reported high prevalence of anemia i.e. Andhra Pradesh and West Bengal reported lower TFR than the national estimate.Needless to say, still a lot needs to be done in regard to TFR rates across states to achieve the population control targets and improve female heath scenario in India.

Conclusion: Women's health is one of the areas that deserve special concern. To adequately improve the health of women in India, multiple dimensions of well being must be analyzed in and suitable policies and programmes should be formulated accordingly. The state of women health was found to vary across states as well as with respect to different health indicators. States of Bihar, Madhya Pradesh, West Bengal and Telangana had a large population of women with the problem of anemia and low BMI. Anemia was found to be a more prevalent problem than the problem of low BMI or hypertension. Also, the states of the north-eastern region such as Sikkim and Tripura were observed to have a better standing in women health as compared to states in other regions. The scenario of women health also varied across states in the same region. There is a rising need to implement the health care policies in the states of Bihar, Madhya Pradesh and Telangana in view of the poor health of women in these states. To supplement these policies, awareness among women is indispensible which again requires an important role of government. In the health care policies and programmes by the state, and to review the existing programmes and policies as per the international standards. Concerted efforts at social, political, economic, and legal levels can bring change in the lives of Indian women and contribute to the improvement of the mental health of women.

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