ISSN 2250-3153

Challenges to the Aspect of Development: Conditions of Health – A Study on Poor Pragnent Women in Assam

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Abstract- Development is the core concern for every government now a days. Millennium Development Goal gives emphasis on sustainable development. The Brundtland Commission's report defined sustainable development which meets the needs of current generations without compromising the ability of the future generations to meet their own needs. The Millennium Development Goal also emphasises on empowerment of women, reduce child mortality and to improve maternal health. Under Integrated Child Development Services (ICDS) and National Rural Health Mission (NRHM) several steps have been taken to improve the condition of mother and child. Then also maternal mortality ratio in Assam is 301 per one lakh and maternal mortality rate is 23 per one thousand and life time risks is 0.79% in Assam according to annual health survey. Therefore my study is based on the condition of health of poor pregnant women in Assam. For that purpose primary data is collected to know their condition, help of the medical practitioner also been taken. This study is going to deal with ground realities of the condition of health of poor pregnant women.

Index Terms- Maternal Mortality, Health, Women, Development, Poor, Pragnant

I. Introduction

The U.N. Human Development Report 2015, which was released on 14 December, ranks India in 130th position out of 188 nations. India's average life expectancy is 68 years. Even Bangladesh's position is better than us which is 71.6 years. India spent 4% GDP in health as against world average is 9.9 %.(Source: U.N. Report 2011-15) 190 number of Indian mothers die per 100000 live births. 47.9% malnourished children under the age of five in India

In contemporary world the concept of Human Security has changed a lot. The Human Development Report(HDR) 9UNDP, 1994 synthesized threats to human security in seven components, these are as follows- economic, food, health, environment, personal, community and political security:

1. Economic security includes poverty and basic income etc.

2, Food security includes hunger and famine, both physical and economic access to basic food. People often go hungry as they cannot afford to buy food, and not due to scarcity of food.

3. Health Security include injury, disease; require access to health care and health services, safe and affordable family planning. Threat of health issues are more acute in rural areas particularly women and children who are more exposed to disease.

4. Environmental security includes pollution, environmental degradation, resource depletion, and degradation of local eco systems, air and water pollution, deforestation, desertification, improper sanitization, natural calamities, man-made disasters, poorly build buildings.

5. Personal security includes threats of violence, violence, physical torture, wars, cross boarder terrorism, ethnic and religious conflicts, threats from individuals and gangs, street violence ,kidnapping, domestic violence, abuse , rape, prostitution, suicides, or motivating for suicides, drug abuse child labour etc.

6. Community Security includes threat to the integrity of cultural diversity, oppressive traditional practices, treating women harshly, and discrimination on the ground of culture and ethnicity or religion, problem of refugees, group rebellion and armed conflicts.

7. Political security includes political repression, violation of human rights, military dictatorship or abuse of power, political or state repression, practice of torture, ill treatment or disappearance, political detention and imprisonment.

Therefore concept of security has become multifaceted. Human Security also includes aspects of the health. Accessibility to health services is regarded essential to improve mortality rate. A healthy mother can give birth a healthy child. For a healthy society and for healthy nation the condition of maternal health must be improved. So many projects and schemes taken by international organisations and government to improve the condition of maternal health than also it is not improving, especially it is more acute among the poor pregnant women. Therefore this study is going to deal with ground realities about the condition of health of poor pregnant women.

II. Methodology

Area of study is the different areas in Assam. Which covers Agomoni, Ambari, Amingaon, Azara, Baihata Chariali, Balisatra, Baranghati, Barni, Barpeta, Mukalmuah, Basistha, Batadraba, Bejera, Baghmara, Borka, Chamata, Chandmari, Chaygaon, Dadara, Darrang, Dhubri, Dimu, Diphu, Dudhnoi, Tihu, Gobindpur, Hahara, Hajo, Hojai, Jagiroad, Kachamari,Kamalpur, Kamarkuchi,Loharghat, Mukalmuah, Nagarbera, Nalbari, Pacharia, Plashbari , Sualkuchi Satgaon etc. In selection of area it has been given importance that both urban and rural area must be area of concerned. Again areas also covered the backward and poor areas so that the real picture of poor pregnant women reflect properly. For the purpose of the study, primary data has been collected to know the condition of poor pregnant women, help of the medical practitioner also been taken. This study is going to deal with ground realities of the condition of health of poor pregnant women cases registered in the case record of different hospitals in Assam in the year 2014.

Data sources: Both primary and secondary data has been collected for the study. Secondary data has been collected from various sources like journals, books, unpublished reports/ records of hospitals in Assam, published reports (research studies/ Case studies and so on), newspaper articles, other media coverage, information accessed through the Internet; personal memories if any.

III. Review of Literature

Poor health status of women in Karnataka is inextricably inter-twined with the socioeconomic and cultural factors. Illiteracy, low education, early age marriage, rural residence and other cultural and economic factors constrain women in acquiring health service.(Sidramshettar, 2004)

The majority of women in India are anaemic. Iron deficiency is particularly pronounced among the women inhabiting in the eastern states (except Manipur)(Das ,2013)

Although there has been considerable progress in health centres after the implementation of NRHM in 2005, still the progress is not sufficient to provide health care services to the growing population. In fact there is acute shortage of Health Centres across the north eastern States. (Saikia and Das, 2014)

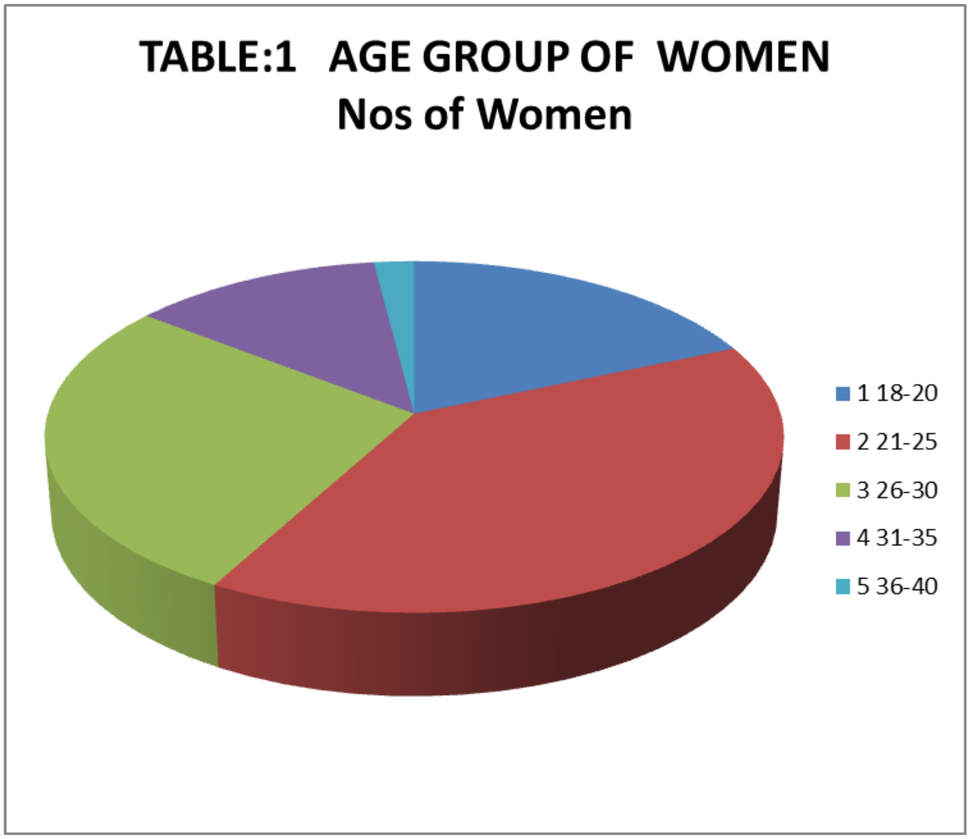
The prevalence of anaemia was 57.72%among ante- natal women who were in the age group of 17-21years followed by the age group of 30 and above and 22-29 years. The prevalence of anaemia was 59.80 % among ante-natal women who get married below 18 years of age. This indicates that early marriage predisposes the risks for occurrence of anaemia in pregnancy. Higher prevalence of 54.36% anaemia was seen among women with education below 10^{th} standard. Even the prevalence of anaemia among post graduate pregnant women was 33.33%. The prevalence of anaemia was 54.27% among ante natal women who belonged to low socio-economic status.(Bora, Barman and Barman, 2015)

Objectives: - Poverty has many aspects, it has become multifaceted and it adversely affects women and children at the most. Presently from the point of view of human security and development also, maternal health is an important issue. After reviewing of different literature it has come into light that condition of Maternal Health is great area of concern. Even hidden poverty comes out in focus when we take assessment about their health condition. Condition of poverty highly reflected in women's health. Therefore this study is an effort to reflect the ground reality and condition of health of pregnant women.

Condition of Health of poor Pregnant Women in Assam:

TABLE:1 AGE GROUP OF WOMEN

Sl No.	Age Group	Nos of Women	PERCENTAGE OF WOMEN	REMARKS
1	18-20	37	18.50	
2	21-25	79	39.50	
3	26-30	55	27.50	
4	31-35	25	12.50	
5	36-40	4	2.00	
6	Total	200	100.00	

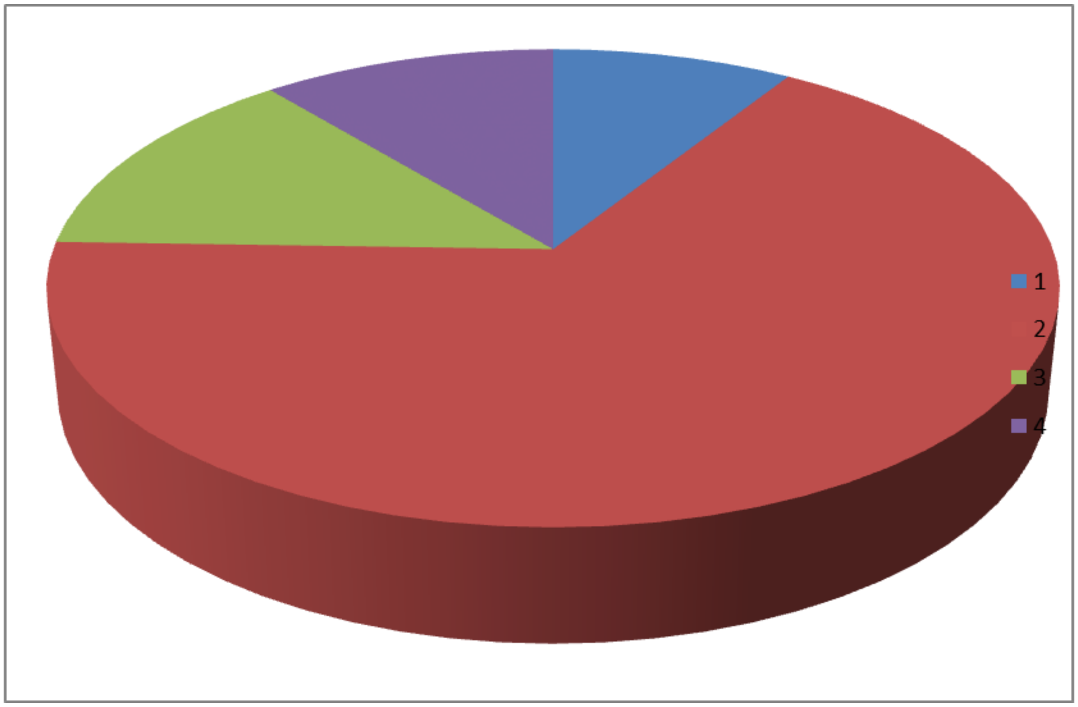


In this Study among the 200 samples 18.50% are of 18-20 years old, 39.50% are 21-25 years old, 27.50% are 26-30 years old , 12.50 % are 31-35 years old and 2 % are of 36-40% years. Therefore highest 39.50% belong to the age group of 21-25 years old and least 2% percent belong to 36-40 year.

TABLE:2 WOMEN SUFFERED FORM BLOOD PRESSURE

Sl No.	Types of pressure	No s of women	PERCENTAGE OF WOMEN	REMARKS
1	HIGH PRESSURE	18	9.00	
2	LOW PRESSURE	133	66.50	
3	NORMAL	27	13.50	

4	**DATA NOT AVAILABLE**	**22**	**11.00**	
Total		**200**	**100.00**	



Among the 200 women taken for the study 9% are suffered from High Blood Pressure and 66.5% suffered from Low Blood Pressure and 13.50 % has Normal Blood Pressure and 11 % data are not available. Therefore among the women highest 66.5 % are suffered from Low Blood Pressure and Least 9% women are suffered from High Blood Pressure. Remarkable is that among pregnant women very less number has normal blood Pressure level.

TABLE:3 HISTORY OF PRAGNANCY

Sl No.	**NO S OF COMPLECATED CASES**	**No. of Women**	**PERCENTAGE OF WOMEN**	**REMARKS**
1	**WOMEN WHO ARE PRAGNANT FOR THE FIRST TIME**	**94**	**47.00**	

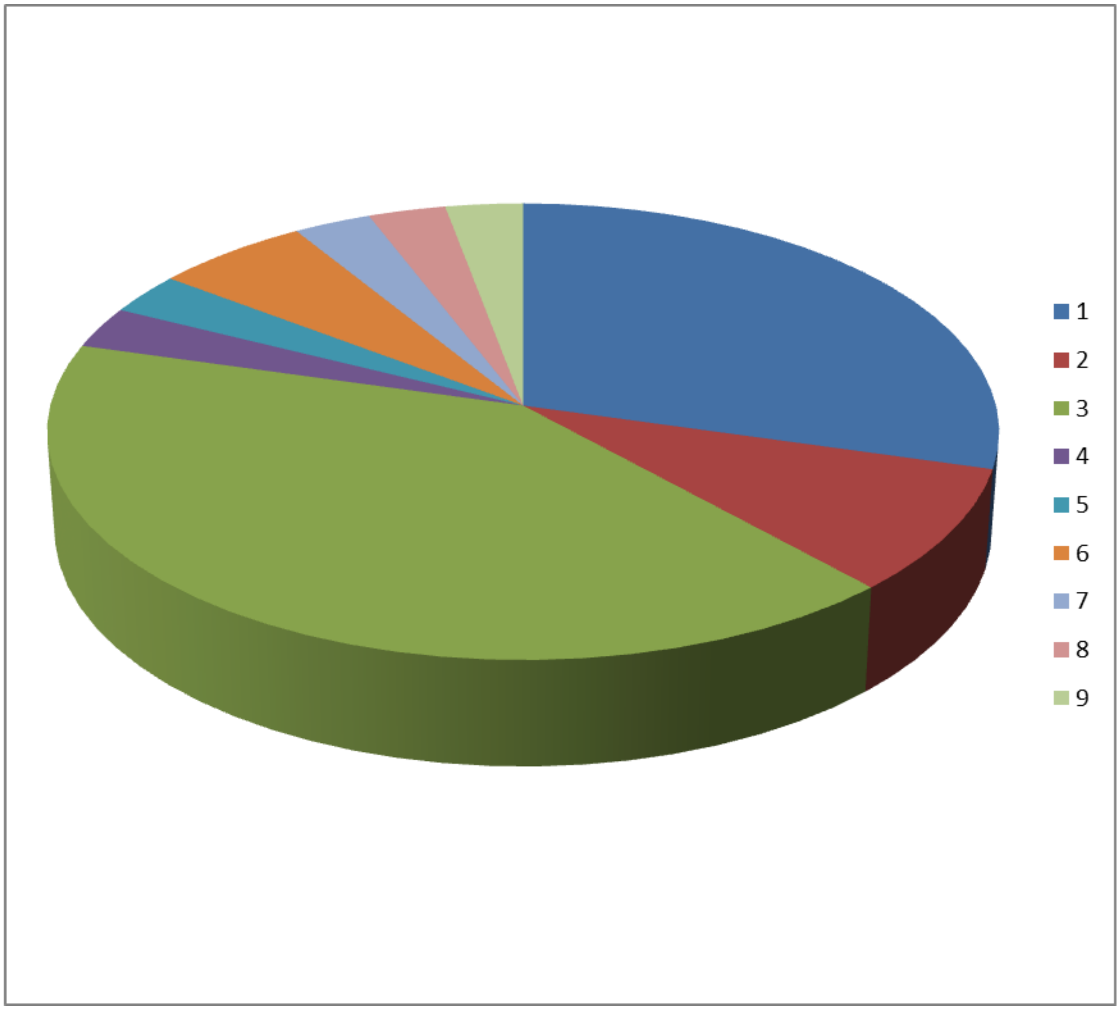
2	**WOMEN WHO HAVE 1ST CHILD**	**84**	**42.00**	
3	**2ND PRAGNANCY**	**68**	**34.00**	
4	**WOMEN WHO ARE HAVING 2ND CHILD BUT AGAIN THEY ARE PRAGNANT**	**9**	**4.50**	
5	**3RD PRAGNANCY**	**14**	**7.00**	

When analysing history of pregnancy, among them 47% are pregnant for the first time and going to deliver first baby, 34 % preparing for 2nd delivery. Among the women who have their 1st child is 42%. Women who are having 2nd child but again they are pregnant are of 4.5%. In the populous country like India preparing for third child is both burden for the family and for the society and as well as for the Nation as a whole. But in case both of the 1st and 2nd case of miscarriage or death of the children it is somehow acceptable. Here in this study 7% are having 3rd time pregnancy record.

TABLE:4 NOS OF COMPLICATED CASES

Sl No.	**NO S OF COMPLICATED CASES**	**Nos of Women**	**PERCENTAGE OF WOMEN**	**REMARKS**
1	**IST PRAGNANCY MISCARRIEGE**	**10**	**5.00**	
2	**2ND PRAGNACY MISCARRIGE**	**3**	**1.50**	
3	**3RD PRAGNANCY**	**14**	**7.00**	
4	**ADMITED IN EMERGENCY**	**1**	**0.50**	
5	**DITACTED BREAST CANCER ON RIGHT SIDE**	**1**	**0.50**	
6	**ABORTED DUE TO UNDER AGE OF MOTHER,**	**2**	**1.00**	
7	**INFANT DIED DUE TO HIGH B P OF MOTHER**	**1**	**0.50**	
8	**WATER BREAK,**	**1**	**0.50**	

9	**IST PRAGNANCY ABORTION DONE BY MEDICAL CONDITION**	**1**	**0.50**	
		34	**17.00**	



Among the 200 samples this study reveals 34% pregnant women has complicacy. As such, 5% are having of history of miscarriage of 1st pregnancy. 1.5% women also have history of miscarriage in the time of 2nd time pregnancy also. As discussed above 3rd pregnancy has become an issue for these poor pregnant women and percentage of them is 7%. Among the women 0.50% is in very serious condition and has to admit them in emergency. 0.50% are also detected of having Breast Cancer.1% pregnant women has to go through abortion due to their under age. 0.5% women are having record of losing their child due to the High Blood Pressure. 0.50 % was in very serious condition due to pre-term delivery. 1st pregnancy has to be aborted due to poor medical facilities is 0.50%. Therefore these are the issues come in front while this study is taken place. Hence, 34% women are going through complications is not at all reflected healthy maternal health condition of these poor pregnant women.

Facts Finding of Annual Health Reports:

The Annual Health Survey 2012-13 reflected that in Assam Marriages among females below legal age(18 years) is in rural areas 8.1% and in urban area it is3.9% and in total it is 7.4%.(Data taken based on marriages during 2009-2011).

Women aged 20-24 reporting birth of order 2 and above is in rural area 45.5% in urban 39.5% and in total 44.8%.

Women reporting birth of order 3 and above in rural it is 34.1% and in urban 20% and in totality 32.3%.

Currently Married Pregnant Women aged 15-49 years registered for Ante Natal Care is in rural 77.3% and in Urban 84.2% in total it is 78.2%.

Mothers who received any Ante Natal Check Up in rural 94.2% and in urban 98% in total it is 94.8%.

Mothers who consumed IFA for 100 days or more in rural 21.8% and in urban 31.4% in total it is 23.1%.

Crude Death Rate among male is 8.0% and among female 6.1% and all totally 7% in Assam.

Maternal Mortality Ratio in Assam 301 and Maternal Mortality Rate is 23.

IV. Conclusion

Development is the core concern for every government now a day. The Millennium Development Goal also emphasises on empowerment of women, reduce child mortality and to improve maternal health. Under Integrated Child Development Services (ICDS) and National Rural Health Mission (NRHM) several steps have been taken to improve the condition of mother and child. Then also maternal mortality ratio in Assam is 301 per one lakh and maternal mortality rate is 23 per one thousand and life time risks is 0.79% in Assam according to annual health survey. In my study it is come in to front that significantly 66.5 % are suffered from Low Blood Pressure and 9% women are suffered from High Blood Pressure. Remarkable is that among pregnant women very less number has normal blood Pressure level. Women who are having 2nd child but again they are pregnant are of 4.5%. In the populous country like India preparing for third child is both burden for the family and for the society and as well as for the Nation as a whole. 34% pregnant women have complicacy. As such, 5% are having of history of miscarriage of 1st pregnancy. 0.50% are also detected of having Breast Cancer.1% pregnant women has to go through abortion due to their under age. 0.5% women are having record of lost their child due to the High Blood Pressure. 0.50 % was in very serious condition due to pre-term delivery. 1st pregnancy has to be aborted due to poor medical facilities is 0.50%. Therefore these are the issues come in front while this study has taken place.

We are all are aware how anaemic our women and children are, early marriage is another big problem, and low education level is another problem and most of all poverty hampers maternal health. The concept of human security and the concept of development cannot be fulfilled without considering the issue of maternal health. Therefore it is the responsibility of the husband, family, society and the Government to take care of pregnant women. In this paper we have witnessed that 66.5% has Low Blood Pressure, it may be due to increase menstrual flow, repeated pregnancies or low iron level. For that diet should be good and balanced. Therefore improvement of their socio economic background is very much essential. In this way we can reach the goal of development. More quality Health Services must be available and accessible to every woman. Proper maternal health counselling should be provided at every door step. Pregnant Women and their family members should be taught about importance of good and balanced diet, maintenance of hygiene and emergency consequences during pregnancy. They should also be aware about the regular medical check-ups and doses of vaccination to be provided during and after pregnancy. They shoul also be provided proper knowledge about neo-natal care and their following doses of vaccination . they should also be provided the knowledge about necessity of family planning and ways of Birth Control to support the same.

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