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Analysis Of Women Health Issues And Challenges In Labpur Community Development Block, Birbhum District, West Bengal

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ABSTRACT

Health is an asset to human and to the community and has come to be regarded as a prerequisite to socio-economic development. The active role of women in the development of agriculture, animal husbandry, village cottage industries and several other facets of rural life besides the home and family is well established and is a known fact (Sidramshetter, 2004). Often women because of their household responsibilities and ignorance of health and hygiene practices tend to neglect their food intake and illness till their health problems get aggravated and hampers their normal household chores. The present study focuses on women's health issues and how linked to social, cultural, economic factors, whereas, their nutritional status substantially influences entire aspects of their lives. Women bear multiple burdens in serving all the family members, doing household works, caring children, cooking food and adopting the family planning. If women are not well nourished, they are more likely to give birth to a weak baby resulting to possibility of high infant mortality rate. The paper attempts to examine women's health problems, nutrition intake, age at marriage, their reproductive health, place of delivery and the determinants which influence these indicators in Labpur Community Development Block of Birbhum District, West Bengal. It is found that the health condition of the rural women is yet poor. Women face higher risk of malnutrition, retardation in growth and health condition is adversely affected by child birth under improper place of delivery. In order to materialize the objectives data from both primary and secondary sources have been used. Data have been interpreted with the help of statistical techniques like percentage, mean, standard deviation, Pearson correlation coefficient, regression analysis with the help of MS Excel and Jamovi software. Maps have been prepared applying QGIS.

Keywords: Poor, Women's health, Food Intake, Age at marriage, Reproductive health

I. INTRODUCTION

Health is an integral part of development. Health is fundamental human right and central to the concept of quality of life. Two-third of the population in the country consists of women of child bearing age and children under the age of fifteen years. Since, they constitute a particularly vulnerable group; they suffer most severely from consequences of socio-economic development. The deficiency diseases prevalent among rural women were found to be Vitamin A deficiency (19%), anemia (5%), ostqmalacia (4%) and Vitamin B deficiency (3%). These deficiency diseases are found among people whose dietary intake is not up to the required level. The malnutrition among pregnant women of poor community is widespread. The malnutrition does not result only from poor diet but also from poor environment. 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. Many of the health problems of Indian rural women have deep rooted relation with socio-economic condition of the family, daily intake of nutritional foods, their age at marriage and reproductive health, etc. the present paper brings out the causative analysis of women health, community wise nutritional food consumption of these women and other aspect like their age at marriage in Labpur Community Development Block.

II. OBJECTIVES

- To analyse the type of food consumption by women belonging to different religion and castes of the study area.
- To highlight community and caste wise the mean age at marriage among the women and the place of delivery which is crucial for both mother and the baby.
- To suggest some remedial measures to mitigate this problem.

III. METHODOLOGY

The step of methodology is concerned with the collection of data and information about the women population of the study area in the year 2024. In order to fulfill the above objectives 400 women respondents were choosen from Labpur C.D. Block. In the study area 20 % sample includes High caste Hindu women, 20 % Other Backward Community women, 20% Scheduled Caste women, 20% includes Scheduled Tribe women and 20 % from the Muslim community. In this way 400 respondents were interviewed. From each community of the society 80 respondents were interviewed to know their status of health. The data related to community, food intake, reproductive health, place of delivery, age at marriage, were taken into consideration.

Table: 1 Religious and caste structure of sample population of Labpur Community Development Block

Social Group	**No. of Women Respondents:**
High Caste Hindu	80
Muslim	80
Schedule Castes (SC)	80
Scheduled Tribe (ST)	80
Other Backward Castes (OBC)	80
TOTAL	400

Source: Field Survey, 2024

IV. LOCATION OF THE STUDY AREA

Labpur Block Community Development Block is an administrative division of Bolpur Subdivision of Birbhum District in the Indian state of west Bengal. The study area is located in between $23^0$46'north to $23^0$50'north latitudes and $87^0$44'east to $87^0$50' east longitudes. The average elevation is 35 metres from Mean Sea Level. This C.D. Block is a part of the Rarh region and the south eastern part of the block is a part of the interfluves of the Mayurakshi and Ajay rivers. The C.D. Block has general slopping from north-west to south-east. The C.D. Block has a total area 267.98 km^2 . This community development block consists of 11 Gram Panchayets (GPs). These are Hatia, Indus, Bipratikuri, Chauhatta-I, Chauhatta-II, Labpur- I, Labpur- II, Jamna, Kurnahar, Thiba and Dwarka. According to the Census of India, Labpur CD Block had a total population of 201,901, of which 196,482 were rural and 5,419 were urban. There were 103,777 (51%) males and 98,124 (49%) females. Population below 6 years was 23,750.

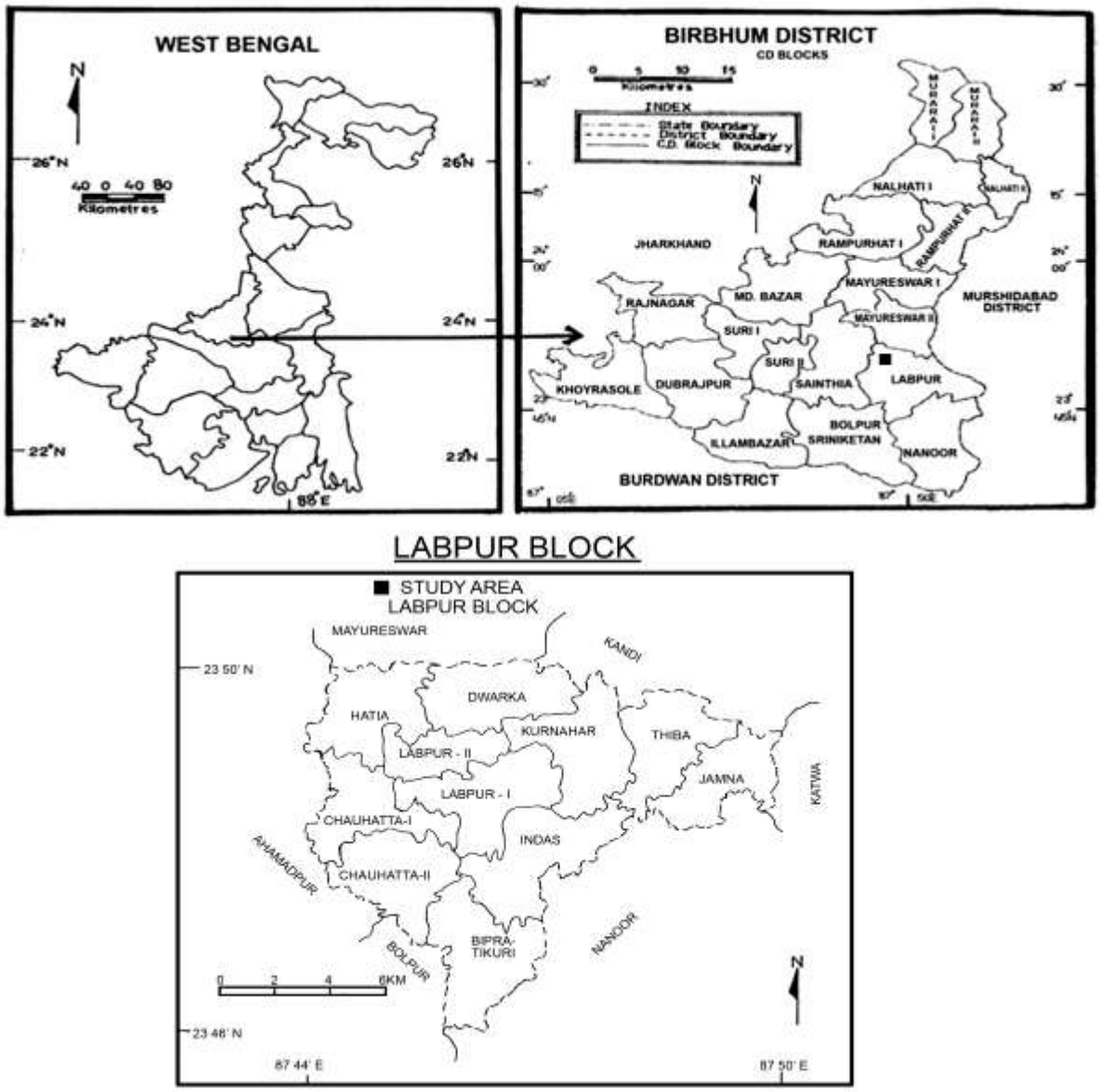

Fig.1

V. LITERATURE SURVEY

Several studies have been conducted by the scientists regarding health problem so women. In the developing countries these problems are more aggravated as medical facilities are not readily available. Some of the studies are discussed below.

- Sidramshetter, S.C. (2004) has discussed about the concept of women health which today has been a major concern among developing countries because of higher prevalence infant, child and maternal mortality and the deteriorating quality of life. The health of Indian women is intrinsically linked to their status in society. Women's family contributions are often overlooked and they are likely to be regarded as an economic burden, especially in rural areas. This attitude has a negative impact on their health status. Poor health has repercussions not only for women, but also for their children and other family members. This commentary focuses on the trend in five key women's issues in India: maternal and child health; violence against women; nutritional status; unequal treatment of girls and boys; and care quality.

Sahoo, s and panda, b (2006) have emphasized that many of the health problems of Indian women are related to exacerbate by high levels of fertility. Research has shown that numerous pregnancies and closely spaced births erode a mother's nutritional status, which can negatively affect pregnancy outcome (e.g. premature births, low birth-weight babies) and also increase the health risks for mothers. A healthy mother can produce a healthy child. If women are not well nourished, they are more likely to give birth to weak babies resulting to high infant mortality rate. This is most likely related to differences in the socioeconomic status of women and access to healthcare services among the states.

- Tripathy, S. (1999) has emphasized on consumption of a variety of nutritious foods which are essential for keeping women in good health. He observed that higher the income and educational status of adults, better was the quality of diet and quantities of nutrients consumed than low income status in both male and female.
- Rao, S.G., And Puttaraj, S. (2007) have also stated that a well balanced diet contains adequate amount of protein, fat, carbohydrate, vitamin and minerals. Meat, fish, eggs, milk, pulses and nuts are rich in protein. Green vegetables and other kinds of vegetables are rich sources of iron, folic acid, vitamin C, carotene, riboflavin and calcium. Vitamin C is obtained from many fruits, bananas are rich in carbohydrates. Papayas, mangoes and other yellow fruits contain carotene that is converted to vitamin A. Vitamin A is also present in milk product and egg yolks.

VI. ANALYSIS OF NUTRITIONAL FOOD INTAKE

In Labpur Block Community Development Block the information about the nutritional food intake was derived from household survey and taking interview of the women as how often they consume various types of food (daily, weekly, occasionally and never). Table 2,3,4,5 and 6 points out the food consumption of women across the communities in the study area. Table 2 points out substantial difference in food consumption by women across the High Caste Hindu communities. Here 93.75% women consume milk and curd everyday and nobody said that they never take milk and curd. Everyone of them eat pulses and beans and green leafy vegetables everyday. In reference to intake of different types of fruits, only 18.75% women eat fruits daily and 61.25% women eat fruits occasionally, whereas, 20% of them eat fruits at least once in a week. About 14 % women never eat eggs, fish, meat and chicken and the reason is not non-availability of affordability because they restrain themselves not to consume these food items due to the religious rituals.

Table 2: Food Consumption by Women Belonging to High Caste Hindu Community

Type of Food	Period of Food Consumption				
	Daily	Weekly	Occasiona	Never	Total
Milk and Curd	75 (93.75)	5 (6.25)	-	-	80
Pulses and Beans	80 (100)	-	-	-	80
Green Vegetables	80 (100)	-	-	-	80
Other Vegetables	50 (62.5)	21 (26.25)	9 (11.25)	-	80
Fruits	15 (18.75)	16 (20)	49 (61.25)	-	80
Eggs	-	6 (7.5)	57 (71.25)	17	80
Fish, Meat and Chicken	-	15 (18.75)	54 (67.5)	11	80

Source: Field Survey, 2024

N.B. Figures within the brackets indicated percentages to respective total

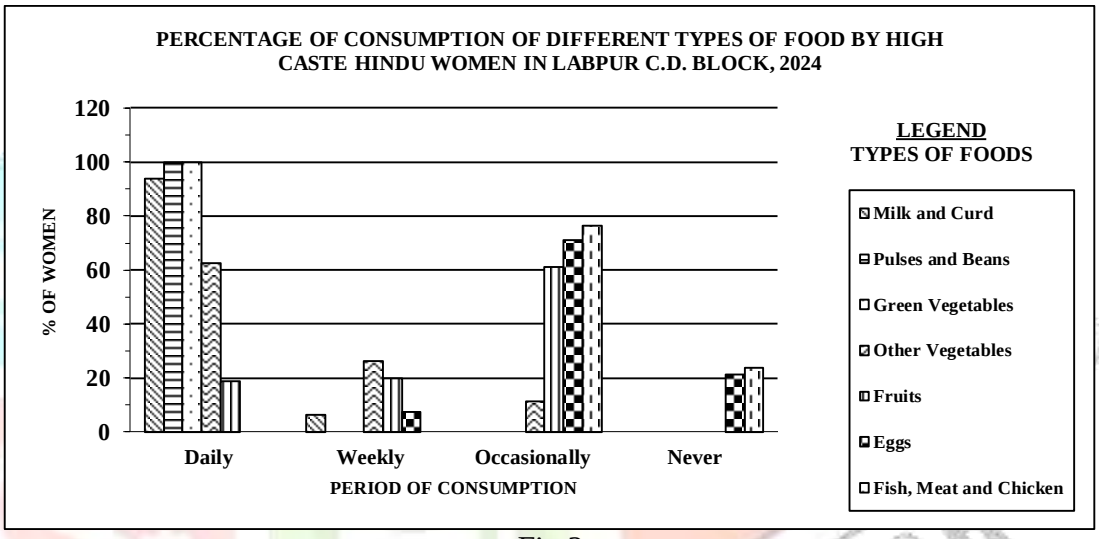

Fig.2

The most interesting fact of this survey is revealed from table 3, that only in Muslim community there is not a single woman who falls in a 'never consume' category. High percentages of women have been found to intake every food items everyday.

Table 3: Food Consumption by Women Belonging to Muslim community

Type Of Food	Period of Food Consumption				
	Daily	Weekly	Occasionally	Never	Total
Milk and Curd	39 (48.75)	11 (13.75)	30 (37.5)	-	80
Pulses And Beans	80 (100)	-	-		80
Green Vegetables	72 (90.6)	8 (9.4)	-	-	
Other Vegetables	54 (67.5)	26 (32.5)	-	-	80
Fruits	4 (5)	20 (25)	56 (70)	-	80
Eggs	17 (21.5)	15 (18.75)	48 (60)	-	80
Fish, Meat and Chicken	25(16.9)	14 (31.6)	41 (51.5)	-	80

Source: Field Survey, 2024

N.B. Figures within the brackets indicated percentages to respective total

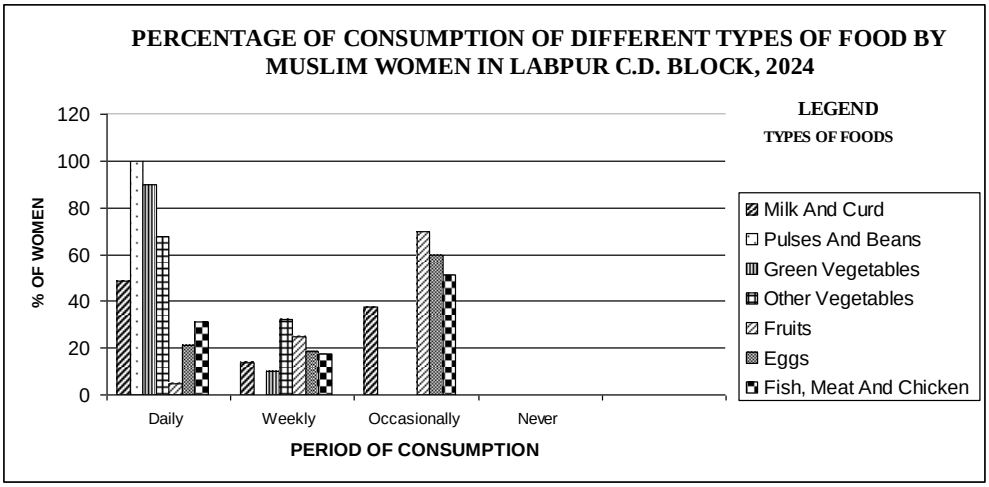

Fig.3

Few women belonging to Scheduled Caste community do not take egg, fish, meat and chicken everyday, but each of them consumes pulses everyday. About 12% women never consume eggs, fish and chicken, whereas, more than 50 % women everyday consume these food items. Low consumption of these items is related to their poor economic condition, but sometimes religious rituals too. A large number of women of SC community consume all the said food items occasionally (Table 4).

Table 4: Food Consumption by Women Belonging to Scheduled Caste Community

Type Of Food	**Period Of Food Consumption**				
	Daily	Weekly	Occasionally	Never	Total
Milk and Curd	39 (48.75)	11 (13.75)	30 (37.5)	-	80
Pulses and Beans	80 (100)	-	-		80
Green Vegetables	72 (90.6)	8 (9.4)	-	-	
Other Vegetables	54 (67.5)	26 (32.5)	-	-	80
Fruits	4 (5)	20 (25)	56 (70)	-	80
Eggs	14 (17.5)	13 (16.25)	44 (55)	9(11.25)	80
Fish, Meat and Chicken	25(16.9)	14 (31.6)	41 (51.5)	11(13.75)	80

Source: Field Survey, 2024
N.B. Figures within the brackets indicated percentages to respective total

From the table 5 is evident that a sizable proportion of women from Scheduled Tribe (ST) community never consume the mentioned every type of food. 70% of women in this community consume pulses everyday, whereas, 3% women never consume this very nutritious food as their economic condition does not permit so. Among these women more than 60% women take green vegetables at least once in a week.

Thus, it can be inferred that women belonging to SC, ST, and OBC communities have relatively poor diet particularly deficient in milk and curd, fruits, eggs, as well as, fish, meat and chicken.

Table 5: Food Consumption by Women Belonging to Scheduled Tribe Community

Food type	Period of Consumption				
	Daily	weekly	occasionally	Never	Total
Milk and Curd	8 (10)	33 (41.1)	24 (30)	15 (18.9)	80
Pulses And Beans	56 (70)	4 (5)	17(21.25)	3 (3.75)	80
Green Vegetables	15 (18.75)	49 (61.25)	15 (18.75)	1(1.25)	
Other Vegetables	12 (15)	38(47.5)	20(25)	10 (12.5)	80
Fruits	10 (12.5)	23 (28.75)	29 (36.25)	18 (22.5)	80
Eggs	13 (16.25)	30 (37.5)	35 (43.75)	2 (2.5)	80
Fish, Meat and Chicken	10 (12.5)	15 (18.75)	49 (61.25)	6(7.5)	80

Source: Field Survey, 2024

N.B. Figures within the brackets indicated percentages to respective total

Table 6: Food Consumption by Women Belonging to Other Back Ward Castes (OBC) Community

Food type	Period of consumption				
	Daily	weekly	occasionally	never	total
Milk and Curd	56 (70)	15	9 (11.25)	-	80
Pulses and Beans	80 (100)	-	-	-	80
Green Vegetables	74 (92.5)	6 (7.5)	-	-	80
Other Vegetables	45 (56.25)	25	10 (12.5)	-	80
Fruits	6 (7.5)	9	60 (75)	5 (6.25)	80
Eggs	-	1 (1.25)	67 (83.75)	12 (15)	80
Fish, Meat and Chicken	-	1 (1.25)	63 (78.75)	16 (19.00)	80

Source: Source: Field Survey, 2024

N.B. Figures within the brackets indicated percentages to respective total

VII. ANALYSIS OF REPRODUCTIVE HEALTH

In India reproductive health is a vital aspect of the women's health. In the present era, reproductive health encompasses a broad range of issues. Age at marriage is very crucial for women as it determines the health of a woman. In India the age of a female child and male child for marriage has been fixed as 18 years and 21 years, respectively, and that are treated safe for pregnancy and delivery related problems. Despite the above governmental rule and concerned effort made by the government, substantial number of marriages of girls specially are still being performed below the above mentioned age-bar. Among the 400 respondents 15% women from both High Caste Hindu and OBC communities got married below 18 years of age. In other communities also marriage has taken place below the age of 18 years (Table 7).

Table7: Community Wise Age at Marriage for Women

Communities	No of marriages below 18 years	% of marriages below 18 years	No of marriages above 18 years	% of marriages above 18 years
High Caste Hindu	12	15	68	85
Muslim	09	11.25	71	88.75
SC	10	12.5	70	87.5
ST	10	12.5	70	87.5
OBC	12	15	68	85

Source: field Survey, 2024

The place of delivery is of immense importance for a woman as it determines the survival factor for both mother and baby. The government of India encourages institutional delivery (in government or private hospitals and nursing homes) in proper hygienic conditions under the supervision of trained professionals to minimize mother's mortality. Table 8 highlights that deliveries in Labpur C.D. block took place in government and private hospitals. 23.55 % child births were performed at home in unhygienic conditions by untrained village or home ladies. 27.15 % deliveries took place at primary health centers. Highest percentage of deliveries at home (32.89 %) is performed among Scheduled Tribe community while the lowest (14.70%) in High Caste Hindu Community. From table 8 it can be concluded that there is a need to strengthen the public hospitals, community health centres (C.H.Cs) and Primary Health Centres (P.H.Cs) facilities and staffs to facilitate birth at a hygienic place. Accessing private hospitals seems quite difficult for the households here and the percentage of women were quite low whose delivery took place at the private hospitals.

Table8: Place of Delivery

Community	Place of Delivery				
	Non-institutional	PHCs	Govt. Super Specialty Hospitals	Private Hospitals	Total
High Caste Hindu	10 (14.70)	20 (29.41)	33 (48.53)	5 (7.36)	68
OBC	12 (17.15)	19 (27.15)	29 (41.43)	10 (14.29)	70
SC	19 (24.68)	21 (27.27)	30 (38.96)	7 (9.09)	77
Muslim	19 (27.14)	20 (28.57)	24 (34.29)	7 (10)	70
ST	25 (32.89)	18 (23.68)	27 (35.53)	6 (7.89)	76
total	85 (23.55)	98 (27.15)	143 (39.61)	35 (9.7)	361

Source: Source: Field Survey, 2024
N.B. Figures within the brackets indicated percentages to respective total

VIII. REMEDIAL MEASURES

Rural health infrastructure should be strengthened and primary health centres and primary health sub-centres should get the facility of female health care unit and gynecologist. Women should be more aware of their health issues. Self Help Groups should be involved to make these ladies aware of the food intake of higher nutritive value. Although most of the women are busy in household chores, they should also prioritize their diet and health issues. Pregnant women's delivery at non-institution with the help of untrained persons should be stopped entirely which is crucial for both mother and the baby. On the other hand, accessibility to the health care units should come smoother and easier.

IX. CONCLUSION

The result of the present analysis revealed substantial variations in individual health indicators across the communities in Labpur C.D. Block. With regard to the consumption of fruits, eggs and meat and chicken the condition of women is grim. A considerable percentage of women were also married below 18 years of age and that tradition is still in existence in the area. In the study area mostly the SC and the ST community women have poor condition of health as well as socio-economic condition. This situation may be mitigated through government interference in the matter and on the other hand, women should also become more aware of their health condition.

REFERENCE

[1] Gopalan, C., B.V. Rama Sastri and S.C. Balasubramaniam. 1996. Nutritive Value of Indian Foods. National Institute of Nutrition, Hyderabad.

[2] Govt. of India. 1995. Country Report on 4th World Conference on Women. Beijing.

[3] Iyengar, S.D., Iyengar, K. & Gupta, V. 2009) Maternal health: A case study of Rajasthan. Journal of Health Population and Nutrition, 27 (2), 271 – 292

[4] Kennedy, E. And M. Gracia. 2007. Body Mass Index and Economic Productivity. IFPRI Report. Washington.

[5] National Family Health Survey (Nfhs-2): India, 2001. International Institute for Population Science (IIPS), Mumbai.

[6] Sahoo, S. And Panda, B. 2006. A Study of Nutritional Status of Pregnant Women of Some Villages in Balasore District, Orissa, Journal of Human Ecology.

[7] Sidramshetter, S.C. 2004. Health Status of Women in Karnataka: Problems and Future Needs. The Journal of Family Welfare, 50 (2)

[8] Tripathi, S. 1999. Health Seeking Behaviours. Professional Geographer, 52.