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Comparative analysis of reproductive women's health in rural and urban areas of Odisha

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Abstract

Odisha, like many other parts of India, faces significant challenges related to women's health. The state has one of the highest maternal mortality rates in India, and access to reproductive health services, including contraception and safe abortion, is limited, especially in rural areas. Malnutrition is a significant problem among women in Odisha, and violence against women, including domestic violence and sexual assault, is prevalent. To address these issues, the state government has launched various initiatives, such as the Janani Shishu Suraksha Karyakram (JSSK) and Mamata scheme, the Prerna scheme, the Odisha State Food Security Scheme, and the Integrated Child Development Services (ICDS) program. The graph provided in the text shows the percentages of literacy, family planning, anemia, and tobacco and liquor use for two different locations, Cuttack and Koraput. It provides some basic information about the health and social habits of the populations in Cuttack and Koraput, other factors such as age, gender, socio-economic status, and access to healthcare may also play a role in determining these outcomes.

It also provided in the percentages of different contraceptive methods used by women in Cuttack and Koraput. The most common modern contraceptive method in both districts is female sterilization, with a higher percentage of women using it in Koraput than in Cuttack. To address the disparities in reproductive health outcomes between women in rural and urban Odisha, as well as the gender gap that exists in this regard, it is crucial to improve access to reproductive health services and information. This can be achieved by providing women with education on reproductive health and family planning, increasing access to contraception, and ensuring that healthcare services are available and accessible to all women, regardless of their location or socioeconomic status. It is also essential to challenge gender norms and stereotypes that limit women's access to education and healthcare, promote gender equality, and empower women to make informed choices about their reproductive health. By working together, healthcare providers, policymakers, community leaders, and individuals can strive towards a future where all women have access to the reproductive healthcare and resources they need to lead healthy and fulfilling lives.

Keywords: Women's health, mortality rates, abortion

Introduction

“You can tell the condition of a Nation by looking at the
status of its women”
– Jawaharlal Nehru

Women is the incarnation of ahinsha. Ahinsha means infinite love, which again means infinite capacity of suffering. Let the transfer that love to the whole humanity she will occupy her proud position by the side of man as his mother, maker and silent leader.

Mahatma Gandhi.

It is important to note that maternal health and well-being are essential for ensuring positive outcomes for both the mother and the child. Adequate nutrition, including the consumption of prenatal vitamins and minerals, is crucial during pregnancy to prevent birth defects and promote healthy fetal development. Anemia is a common issue among reproductive women, and iron supplementation along with folic acid can help reduce the risk of anemia and birth defects. Calcium is also important for the healthy development of the fetus, and it is recommended that mothers consume adequate amounts of calcium through their diet or

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supplements. The provision of calcium tablets to new mothers can also help ensure that they receive the necessary amount of calcium to support their own health and the health of their child. It is encouraging to see that the maternal mortality rate has been consistently decreasing, and it is essential to continue to prioritize maternal health and well-being to sustain these positive trends. While the overall maternal mortality rate for India is 113, it is promising to see that some states, such as Odisha, have shown better performance compared to others, as per the estimates of NITI Ayog. It is crucial to continue to invest in improving maternal health and well-being to ensure positive outcomes for both the mother and child. It is unfortunate that women's health is being ignored in Odisha, and that there are significant health challenges in both urban and rural areas. The nutritional deficiencies, unhealthy lifestyle choices, and lack of awareness about health and wellness are all contributing to health issues in both contexts. However, the specific challenges facing women in these areas are different. In rural areas, the lack of access to health centers and medical facilities is particularly concerning, and is leading to high rates of mortality during pregnancy. Poverty, gender discrimination, and illiteracy are also key factors affecting women's health. On the other hand, urban women are facing challenges related to westernization, including lifestyle choices that are impacting their fertility and increasing the risk of degenerative diseases. Additionally, the prevalence of sexually transmitted diseases and the use of drugs, alcohol, and tobacco is leading to the spread of cancer and other serious health issues. In order to address these challenges, it is important to prioritize women's health and wellness in both urban and rural areas. This can be done through education and awareness campaigns, as well as increased access to medical facilities and health centers. Cultural and social norms that limit women's access to healthcare and education should also be challenged, and efforts should be made to address

Objective

To examine the factors that affecting the reproductive health of rural and urban women.

Materials & Method

The World Health Organization's (WHO) Global Strategy for Women's, Children's and Adolescents' Health and the United Nations Population Fund's (UNFPA) State of the World Population report can help to inform policies and programs that aim to protect and promote women's sexual and reproductive health rights. It is also important to involve women themselves, as well as community leaders and healthcare providers, in the design and implementation of such initiatives, in order to ensure that they are tailored to local contexts and reflect the needs and priorities of those they are intended to serve. Ultimately, promoting women's sexual and reproductive health rights is not only a matter of justice and human rights, but also of social and economic development, as healthy and empowered women are essential to building strong and resilient societies. The study used secondary data from the National Family Health Survey (NFHS) to evaluate the reproductive health and awareness of women in two districts in India: Koraput and Cuttack. The study likely examined various factors related to reproductive health and awareness, such as access to reproductive health services, knowledge of contraception and family planning, and rates of maternal mortality and morbidity. The study may

have also looked at differences in reproductive health and awareness between rural and urban areas within the two districts. Overall, the study likely aimed to assess the current state of reproductive health and awareness among women in these districts and identify areas for improvement.

Result & Discussion

Odisha, like other parts of India, faces several challenges related to women's health. Here are some key aspects of women's health in Odisha: **Maternal Health:** Odisha has one of the highest maternal mortality rates (MMR) in India. According to the National Family Health Survey-5 (NFHS-5), the MMR in Odisha is 175 per 100,000 live births. The state government has taken several initiatives to improve maternal health, such as the Janani Shishu Suraksha Karyakram (JSSK) and Mamata scheme, which provide free and cashless delivery services to pregnant women. **Reproductive Health:** Access to reproductive health services, including contraception and safe abortion, is still limited in Odisha, especially in rural areas. The state government has launched various initiatives to address this, such as the Prerna scheme, which aims to increase awareness of reproductive health and provide access to services. **Nutrition:** Malnutrition is a significant problem among women in Odisha, with a high prevalence of anemia and low body mass index (BMI). The state government has launched various programs to address malnutrition, such as the Odisha State Food Security Scheme and the Integrated Child Development Services (ICDS) program. **Violence Against Women:** Violence against women, including domestic violence and sexual assault, is a significant problem in Odisha. The state government has established various institutions, such as the Odisha State Commission for Women and the Mahila and Shishu Desk, to address this issue. That is a concerning issue, and it is important to address the disparities in reproductive health outcomes between women in rural and urban Odisha, as well as the gender gap that exists in this regard. As you mentioned, reproductive health is closely linked to mental and physical health, and poor reproductive health outcomes can have a significant impact on a woman's overall well-being. Improving access to reproductive health services and information can be a crucial step in addressing this issue. This can involve providing women with education on reproductive health and family planning, increasing access to contraception, and ensuring that healthcare services are available and accessible to all women, regardless of their location or socioeconomic status. It is also important to address the underlying social and cultural factors that contribute to the disparities in reproductive health outcomes. This can involve challenging gender norms and stereotypes that limit women's access to education and healthcare, promoting gender equality, and empowering women to make informed choices about their reproductive health. Overall, addressing reproductive health disparities is a complex issue that requires a multi-faceted approach, involving healthcare providers, policymakers, community leaders, and individuals alike. By working together, we can strive towards a future where all women have access to the reproductive healthcare and resources they need to lead healthy and fulfilling lives. Overall, while the government has taken steps to improve women's health in Odisha, there is still a long way to go to ensure that women have access to quality health services and are able to lead healthy lives.

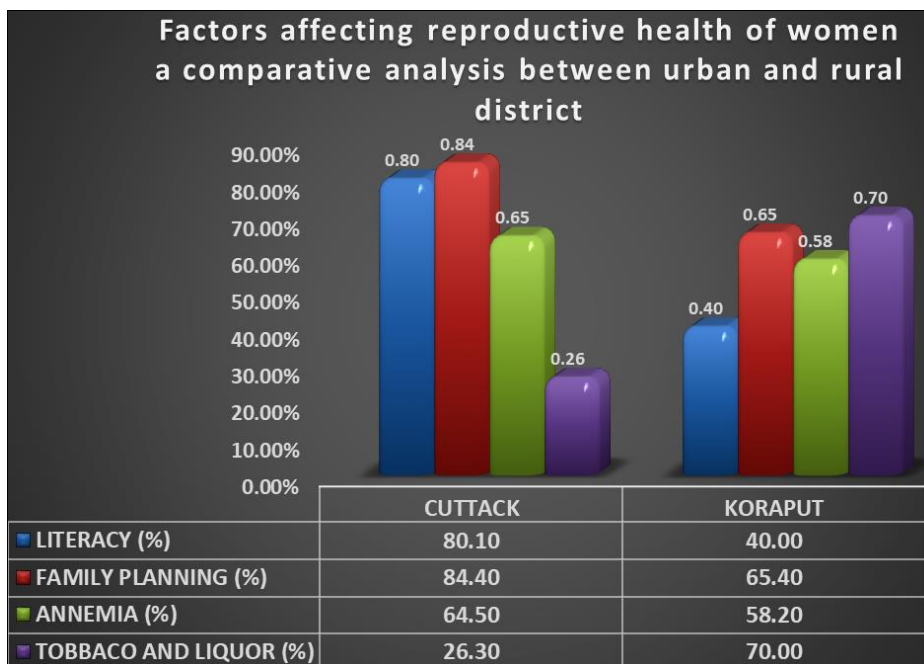


Fig 1: Factors affecting reproductive health of women

The graph provided shows the percentages of literacy, family planning, anemia, and tobacco and liquor use for two different locations, Cuttack and Koraput. Here's what the numbers mean: Literacy (%): This refers to the percentage of the population that is literate, or able to read and write. In Cuttack, 80.10% of the population is literate, while in Koraput, only 40.00% of the population is literate. Family Planning (%): This refers to the percentage of couples who use some form of contraception to prevent unwanted pregnancies. In Cuttack, 84.40% of couples use family planning methods, while in Koraput, 65.40% of couples use family planning methods. Anemia (%): This refers to the percentage of the population that suffers from anemia, a condition in which the body lacks enough healthy red blood

cells. In Cuttack, 64.50% of the population suffers from anemia, while in Koraput, 58.20% of the population suffers from anemia. Tobacco and Liquor (%): This refers to the percentage of the population that uses tobacco and/or liquor. In Cuttack, 26.30% of the population uses tobacco and/or liquor, while in Koraput, 70.00% of the population uses tobacco and/or liquor. These numbers provide some basic information about the health and social habits of the populations in Cuttack and Koraput. However, they do not tell the whole story and should be interpreted with caution. Other factors such as age, gender, socio-economic status, and access to healthcare may also play a role in determining these outcomes.

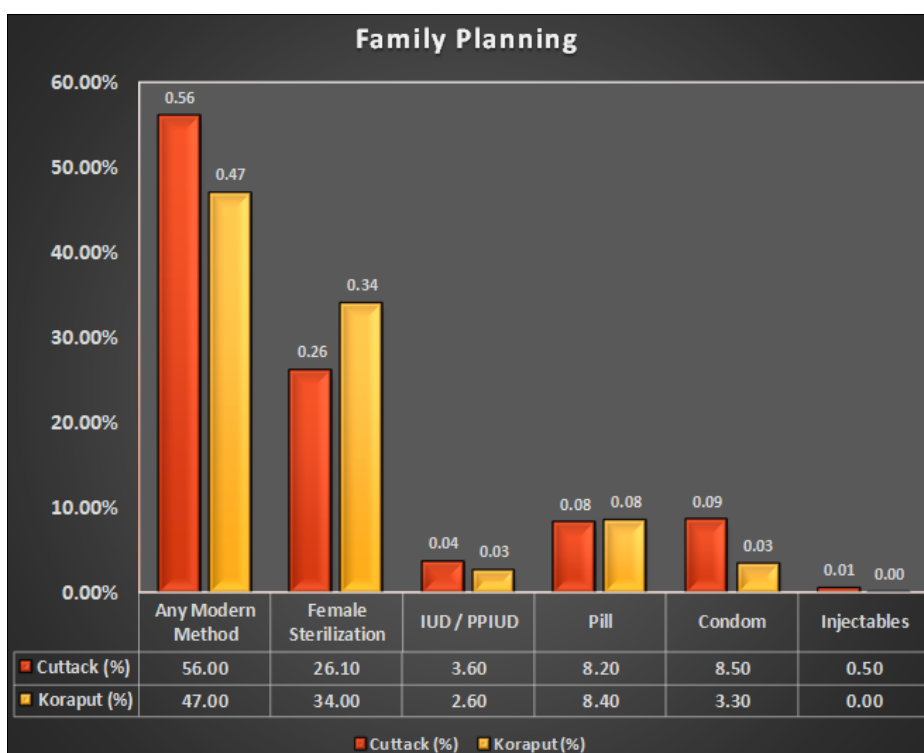


Fig 2: Family planning

The graph 1.2 displays the percentages of different contraceptive methods used by women in two districts in India, Cuttack and Koraput. In Cuttack, 56.00% of women use any modern contraceptive method, compared to 47.00% of women in Koraput. The most common modern contraceptive method in Cuttack is female sterilization, with 26.10% of women using it, while in Koraput, it is the most common method with 34.00% of women using it.

IUD/PPIUD (intrauterine device/postpartum intrauterine device) is used by 3.60% of women in Cuttack and 2.60% of women in Koraput. The pill is used by 8.20% of women in Cuttack and 8.40% of women in Koraput. Condom use is more prevalent in Cuttack, with 8.50% of women using it, compared to only 3.30% of women in Koraput. Finally, injectables are only used by a small percentage of women in Cuttack (0.50%), and none in Koraput.

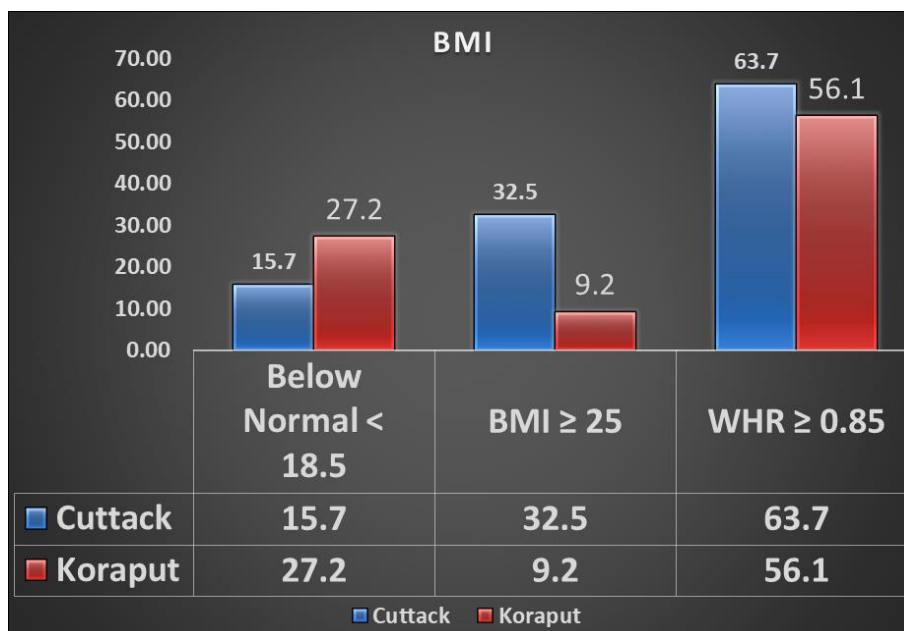


Fig 3: BMI

The graph compares two districts in India, Cuttack and Koraput, in terms of their BMI (Body Mass Index) and WHR (Waist-to-Hip Ratio) percentages. For the BMI category of "Below Normal" with a range of less than 18.5, Cuttack has a percentage of 15.7, while Koraput has a percentage of 27.2. In the BMI category of "≥25", which indicates overweight, Cuttack has a percentage of 32.5, while Koraput has a lower percentage of 9.2. In the WHR category of "≥0.85", which indicates an increased risk of cardiovascular disease, Cuttack has a percentage of 63.7, which is higher than Koraput's percentage of 56.1.

Conclusion

The findings of the study indicate that although familial, spousal, and social support parameters were more adverse in urban women, reproductive health problems were still more prevalent in this group. Additionally, these problems were found to be associated with poor mental health. In summary, the study suggests that there are significant differences in reproductive health between urban and rural women in Odisha, and that addressing issues related to familial and social support could have positive effects on their reproductive health outcomes.

Recommendations

Healthcare is a critical aspect of human life, particularly for women communities, as it can significantly enhance their quality of life. A recent study conducted in Odisha represents a significant step forward in comprehending sexual and reproductive health issues in the region. The research provides factual evidence about the sexual and reproductive health of women and their related practices and care. The study highlights several themes that can be drawn from its

findings. Despite programmatic policies, women in urban and rural communities have limited knowledge about reproductive health. Socio-cultural norms, beliefs, and practices play a significant role in making tribal women more susceptible to reproductive health issues. Consequently, many women, both married and unmarried, experience reproductive and sexual illnesses and consider them a typical part of being a woman, without seeking medical assistance. The study indicates that child marriage and early childbearing among tribal women increase reproductive health problems, leading to poor reproductive health status for women. These are all great suggestions for the government of Odisha to consider in order to improve the reproductive health of women and promote their overall socio-economic development. Improving the social status of tribal women and involving them in decision-making processes can help to ensure that their needs and perspectives are taken into account in the development of policies and programs. Creating awareness about development programs and economic empowerment opportunities can also help to improve the economic situation of tribal communities. Effective advocacy and communication strategies can help to increase awareness of reproductive rights and health, and involving NGOs and other partners can help to expand outreach efforts and ensure that services reach marginalized and vulnerable groups. Increasing access to reproductive health resources and services, including through outreach clinics and special camps, can help to ensure that tribal women have access to the care they need. Training and empowering local tribal women as health educators can also help to improve health education and promote healthy practices within communities. Finally, providing health insurance schemes for tribal people can help to make healthcare more affordable and accessible. By implementing

these measures and strategies, the government of odisha can help to improve the health and wellbeing of tribal women and promote their overall socio-economic development.

References

1. NFHS. NFHS; c2015-16. Retrieved July 2018, from <http://rchiips.org/nfhs/NFHS-4Reports/India.pdf>
2. World Health Organization. Alcohol in developing societies: A public health approach Geneva: World Health Organization; c2002. p. 263.
3. World Health Organization. Adolescent health and development: the key to the future. Geneva: WHO; 1994. Global Commission on Women's Health.
4. World Health Organization. Alcohol in developing societies: A public health approach Geneva: World Health Organization; c2002. p. 263.
5. World Health Organisation. Sexually transmitted infections and other reproductive tractinfections-a guide to essential practice. Department of Health and Research, WHO, Geneva; c2005. [Accessed: July 1 2012]. Available at: <http://whqlibdoc.who.int/publications/2005/9241592656.pdf>.
6. World Health Organization. Adolescent health and development: the key to the future. Geneva: WHO. Global Commission on Women's Health; c1994.
7. World Health Organization. Reducing risk, promoting healthy life. World Health Report. Geneva: World Health Organization; c2002.