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Determinants of women health status of Odisha: A household level analysis

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Abstract
The purpose of the study was to examine the differences of reproductive aged people's health behaviour in respect of gender, area (rural and urban), type of health facilities (public, private, chemist, untrained practitioner) and income. The health status of the majority of women was not found to be sound and also, they were not sufficiently involved in the decision-making process. Social imbalances and harmful traditional practices play a dominant role affecting the health and life, both rural and urban women. These problems can be solved up to some extent by educating and providing employment to women and this would also break the vicious circle of the overall low status of women in family as well as in society. The present study is based on determinant of women health status of Chandbali and Tihidi blocks in Bhadrak district. This district is economically and educational developed but it's very poor in health status and also women health is not so impressive. Women are not conscious about their health and they are completely neglected by the family. As it is tribal dominated area, women are denied for proper health care facilities in the study area.

Keywords: Health services, women, household, expenditure and Odisha

Introduction

Health is characterized by complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health organization, 1948). Some argue that health cannot be defined as a state at all, but must be seen as a process of continuous adjustment to the changing means given to life. It refers to a situation that exists in some individuals but not in everyone all the time; it is not usually observed in groups of human beings and in communities (Park and Park, 1995). In recent years, a new philosophy of health has been emerged which states health as a fundamental human right, an integral part of development and is central to the concept of quality of life.

Health is the barometer of growth of the body as well as the economy. In the developed countries the health status is far higher than that of developing countries. Quality of life and health services are also different among these countries. India being developing country health facilities are quite inadequate both in urban and rural areas.

The relationship between poverty and ill-health is indisputable. Relatively small expenditure on health can be financially disastrous for poor households. This is because almost all of their financial resources are used for basic needs and they are thus less able to cope with even very low expenditure compared to richer households. In any health care systems, if there is better provision of preventive and curative health care services, then that can make a difference to peoples' health. However, accessing these services can lead to individuals having to pay a major proportion of their available income and push many households into poverty. The potential impact of how health systems are financed on the wellbeing of households, particularly poor households, has affected the design of health system. Expenditure in health is an important and long-standing goal for society. The poor, by virtue of lower incomes, unsanitary living conditions, poor access to health care not only tend to have higher levels of morbidity and mortality but despite needing it more, have lower levels of health care use compared to those who are better off. They also spend higher proportions of incomes on the little health care that they access. Uncertainty related to health and its related expenditures often render even non-poor households into cycles of poverty. Health equity is most often measured as inequalities in health outcomes, health services utilization, out-of-pocket expenditures and use of public sector subsidies between the poor and the non-poor. In case of out-of-pocket expenditures, the focus is on achieving progressivity of health care expenditures. If health expenses incurred are proportionately higher for higher incomes and lower for lower incomes, health expenditures are progressive. Further goal is to achieve vertical equity (households of unequal ability should make appropriate dissimilar payments) and horizontal equity (households of the same ability should make the same contribution) which are then examined to see whether these have improved or worsened over time and why.

Maternal and child care need deals with the health need of mothers and young children who are considered as the most vulnerable group of the community. If the mother and children of the household are having a good status of health care services then it will indicate that the overall health status of the household is also good. Mother need special care during pregnancy, and child need regular health check-up and nutrition supplement to avoid illness, deficiency diseases and communicable diseases (Yesudian 1988). These special health problems of these two groups call for special health services. In many health service systems, the service related to maternal and child health problems are administrated as a special category. But in case of rural community, it was found that there is no separate hospital for maternal and child health care. Due to the lack of health service facilities the maternal and child health care has become one of the important components for the health programme. Certain health programme such as special nutrition programme and school health programme are exclusively carried out for these two groups. Utilization of health services means demand for health care. In case of utilization of health services, the performance of mother and

children are worst in many developing countries. The above arguments become much stronger than ever in case of health status of women in India.

Review of Literature

Women's empowerment or autonomy in the words of Roy and Niranjan (2004) is a multifaceted concept. Traditionally, the Indian women has always been dependent on man throughout her life, on her father in childhood, on her son in old age. In most of communities in India, women have lower status than m an. In a patriarchal society, as exists in large parts of India, men are placed in a more advantageous position than women. The family lineage and living arrangements were cantered on men, and inheritance and succession practices tend to neglect women as well. The state of male supremacy is reflected in the child rearing and caring practices. It has been stated that the celebrations for the birth of a male child, and the differential treatment meted out to boy's bear sample evidence of this. Further, access to nutrition, child care and education all Favor boys over girls. From a very early age, a girl is socialized to give priority to the needs of the male members in the family. Women's empowerment is essentially an effort to rectify this imbalance and attain gender equity.

Chakraborty *et al* (2003) have explained the determined the use of maternal health care services in Bangladesh. The study highlights to examine the factor influence the use of maternal health care services. The study is based on the data from a survey of maternal morbidity in Bangladesh conducted by BIRPERHI from1992 to 1993.They used multi stage random sampling. The findings of the study that the conditions are categorized into life threatening, high risk and presence of other medical conditions, life threatening and high-risk morbidities included excessive bleeding. The life-threatening conditions, fits were reported 17.7% of respondent, followed by excessive bleeding 12.5%. Mothers education has net effect on maternal health services use independent of other women background characteristics, household socio economic status and asses to health care services. Among other morbid conditions, abdominal pain (87.4%) has found to be most common illness during pregnancy. About 46% women do not seek any care for excessive bleeding and 21.8% go to village doctor/kabiraj and other traditional sources, which are not adequate for treating life threatening conditions such as excessive bleeding. women with secondary education are almost 1.8 times more likely to seek treatment from doctor or nurse to treat their maternal morbidities. Women are whose husbands are involved in business /services are more likely to use both modern and traditional health care services.

Habib and Vaughan (1986) have discussed the determinants of health services utilization in southern Iraq. The purpose of the study to provide a depth picture of the illness experience of the study population of major determinants of health services utilization. The study is based on a household survey was conducted in 1982-83 in a sample of 337 households served by five health centres in two different areas of southern Iraq. They use primary data in this study. They also used systematic sampling method. In this study used multiple regression method. The study reveals that 37% of people reported some sickness during the four weeks recall period, giving an average of 40 episodes per 100 people four weeks. The average consultations rates were 33 per 100 people and estimated rate was 4.3 consultations per person per year. there were an average 82 consultations per 100 sickness episodes with the highest rates for infectious and parasitic disease, hypertension and heart disease. The most important factor affecting utilization were level of perceived sickness in the household and the distance to nearest health centre.

In Health for the Millions (1997), the problems of girls, especially adolescents, women who are unmarried, childless, old, disabled, deserted etc, have been largely neglected. The marginalization of women is worsened when it is associated with poverty, illiteracy, rural background, lower caste, widowhood, desertion, disability, single marital status or childlessness. In areas where women and girls are neglected, their health status is obviously negatively affected. Unfortunately, religion, health care, legal system, employment and media, reflect and promote gender discrimination. Efforts at building a gender perspective and gender sensitization in health care and development have repeatedly met with resistance from patriarchal structures. Opportunities for education, skill development, play, recreation, rest, adequate food, freedom of movement, speech and choice, etc are denied to women. Girls are denied medical care; studies show that the utilization of hospital services by girls and women is much less as compared to boys and men.

Objective

- To analyse the utilization pattern of curative health care services by women in the study area.

Methodology

The present study is based on both primary and secondary data but keeping the level of accuracy in mind, maximum dependence will be on primary data. Secondary data will be used as per the requirement of study. For the collection of primary data, multi-stage- Random Sampling Method will be used and sampling units have been divided into two categories: The women respondents of the district for the household survey who are the users of the available health facilities and the providers of the health services in the public sector in two blocks like Chandbali and Thidi block of Bhadrak district in Odisha.

For the primary work the present study has taken two villages from Tihidi block and NAC in Chandbali block. Primary data were collected from 100 households, fifty from each block was collected to analyse the health status of the households. Information about the factors affecting the health expenditure such as income, education level, family size, age, duration of illness, area, members under reproductive age etc. were collected from sample households. Estimation is based on sample data; (both qualitative and quantitative data) were collected for the above analysis. Here we have an attempt to look into the health care expenditure by considering the total health expenditure as well as expenditure made on women health of the sample households.

Results and Discussion

In table-1, health problems are not aggregated in broad categories as suggested in table 5.2, but taken them separately. In the previous table there is no association between area and health problems among broad categories. Febrile illness and undiagnosed ailments are more specific to urban area; while some other diseases such as gastro intestinal problems are more prevalent in rural areas. In all health problems such as febrile illness and gastro-intestinal problems are common in Bhadrak district.

Table 1: Area Wise Frequency of Different Health Problems

Types of Health Problem	Area		Total ailing cases
	Urban	Rural	
White discharge	4	8	12
Menstruation	8	9	17
under nutrition	5	2	7
Gastro	8	20	28
illness(fever)	20	15	35
joint and bones	7	10	17
Diarrhea	6	7	13
Jaundice	3	1	4
skin diseases	6	8	14
Diabetes mellitus	15	11	26
Accidents/injure/factures	7	13	20
Blood pressure	9	15	24
psychiatric problem	2	5	7
other undiagnosed problem	7	8	15
Pregnancy	5	12	17
Cold	10	25	35
urinary system	5	10	15
Tuberculosis	1	3	4
cardiovascular	5	8	13
Eye problem	6	13	19
Respiratory disease	6	7	13
Miscarriage	1	4	5
Total	146	214	360

Note: Figures in parentheses are percentages

In the study area there are 100 households both in rural and urban. There are 360 total ailing cases, out of them in rural area 214 health problems and in urban area 146 health problem are found.12 people have white discharge problem out of them 8 in rural area and 4 in urban area. Menstruation problem 17 women,9 in rural and 8 in urban. Under nutrition diseases are suffering only 7, 2 in rural and 5 in urban. Gastro diseases is very common maximum people are suffering these diseases. Total 28 people suffer these diseases, 20 in rural and 8 in urban, it is more seen in rural area because they are not aware on health. Another serious disease found on women that is illness.35 women are suffering from illness 15 in rural and 20 in urban.17 people are suffering from joint and bone diseases, out of them 10in rural and 7 urban area. A very rare disease is also seen on 4 people suffers, 1 in rural and 3 in urban.14 people have skin diseases, among them 8 in rural and 6 in urban area. A very common diseases is diabetes which is affected to both men and women26, in rural 11 and urban 15.20 are in accidents,13 in rural and 7 in urban.24 people have blood pressure 15 in rural and 9 in urban. Mentally disorder people are 7, 5 and 2 in rural and urban. Other diagnosed ailment is 15 suffering.8 and 7 in both areas. Pregnancy 17 women, 12 and 5 both in the area. Cardio diseases have 13 people 8 in rural and 5 in urban. Another common disease is cold 35 people affected on it.25 in rural and 10 in urban. Like these 214 diseases in rural and 146 in urban area.

On the other hand, health problems are taken not in groups but taken separately for men and women, whereas in the previous table, these health problems are studied in groups. It is evident that RHPs such as white or any vaginal discharge are more prevalent in women. While among men accidents, injuries, fractures and febrile illness are more prevalent. The major illnesses for women in general categories were fevers and digestive illnesses, general aches, pains and weakness followed by reproductive illnesses. Menstruation related health problems, under-nutrition, white discharge, red discharge, pregnancy complications, maternal malnutrition, headache, joint pain, gastro intestinal, abdominal pain, and infections during pregnancy, anemia in general are common. 360 total ailing cases, out of them in 153 men have health problems and 214 women have health problem are found.12 people have white discharge problem out of them 3 men and 9 women. Women are more affected by these diseases. Menstruation problem 17 women. Under nutrition diseases are suffering only 7, 5 are men and 2 are women. Gastro diseases is very common maximum people are suffering these diseases. Total 28 people suffer these diseases, 7 are men and 21 are women, it is more seen on women because they are not taking food in proper time and not aware on health. Another serious disease found on women that is illness.25.17women are suffering from illness and men 8.17 people are suffering from joint and bone diseases, out of them 7 men,10 women. A very rare disease jaundice is also seen on 4 men suffers, 14 people have skin diseases, among them 5 male and9 female. A very common diseases is diabetes which is affected to both men and women26, 15 male and female 9.20 are in accidents, 13 8 and 5 both male and female. 24 people have blood pressure 15 in rural and 9 in urban. Mentally disorder people 7, 5 and 2 in rural and urban areas. Other diagnosed ailment 15 suffering, 8 and 7 in both areas. Pregnancy 17 women. Cardio diseases have 13 people 6, 7 male and female. It can be said that most of diseases are suffered by women.

In the following table frequencies and percentage of non-utilization of health facilities are much higher in case of eye ailment, white or any other type of vaginal discharge, psychiatric disorder, menstrual problems, dizziness, weakness, low body immunity, disease of urinary system and undiagnosed ailments; whereas, in case of tuberculosis, jaundice, diabetes mellitus, accident, injuries, fractures diarrhea, dysentery and fever utilization of health facilities by the ailing persons is almost 100%. Health problems such as febrile illness, cold, cardio vascular diseases, DNC, infertility and miscarriages treatment have been utilized by 90% ailing cases.96% of people are taken treatment and only 4% people are not receiving treatment.

Table 2: Utilization/Non - Utilization of Health Facilities for Different Health Problem by the households in the study area

Types of Health Problem	Treatment Taken		Total ailing cases
	Yes	No	
White discharge	11	1	12
menstruation	16	1	17
under nutrition	4	3	7
Gastro problem	23	5	28
illness(fever)	35	0	35
joint and bones	16	1	17
Diarrhea	13	0	13
Jaundice	4	0	4
skin diseases	14	0	14
Diabetes	26	0	26
Accidents	20	0	20
Blood pressure	24	0	24
psychiatric disorder	7	0	7
other undiagnosed problem	15	0	15
Pregnancy	17	0	17
Cold	35	0	35
urinary system disease	15	0	15
Tuberculosis	4	0	4
Cardiovascular disease	13	0	13
Eye problem	19	0	19
Respiratory disease	8	0	13
Miscarriage	5	0	5
Total	349	11	360

Note- Figures in parentheses are percentage

Table 3: Sources of treatment for Different Health problem

Types of Health Problem	Treatment Taken					Total ailing cases
	Not Taken	Public Health Centre	Private Health centre	chemist	Untrained practionrs	
White discharge	1	7	4	0	0	12
Menstruation	1	12	4	0	0	17
under nutrition	3	1	1	0	2	7
Gastro	5	15	6	2	0	28
illness(fever)	0	15	19	1	0	35
joint and bones	1	10	6	0	0	17
Diarrhea	0	8	4	1	0	13
Jaundice	0	0	3	0	1	4
skin diseases	0	5	5	4	0	14
Diabetes	0	7	14	0	5	26
Accidents	0	13	7	0	0	20
Blood pressure	0	14	4	6	0	24
psychiatric problem	0	2	5	0	0	7
other undiagnosed problem	0	6	9	0	0	15
Pregnancy	0	10	7	0	2	17
Cold	0	15	11	7	0	35
urinary system	0	10	5	0	0	15
Tuberculosis	0	4	0	0	0	4
Cardiovascular	0	2	11	0	0	13
Eye problem	0	8	11	0	0	19
Respiratory disease	0	7	3	0	3	13
Miscarriage	0	1	4	0	0	5
Total	11	172	143	21	13	360

Note: figure is percentage

The above table reveals that treatment is taken by the people in the different way such as public health centre, private health care, chemist and untrained practitioners etc. 47.77% people in the study area prefer to take health care facilities from public health care, 39.72% people receive private health care, 6% take treatment from chemist and 3% from untrained practitioners.4% not take proper treatment.

It appears from the following data that in the study area some people are not utilize the health care due to financial reason, jhada foonk, long waiting, (urban and rural area) and non-serious attitude in both urban and rural areas are the most important factors for the non-utilization of health facilities.

Table-4 Area Wise Differences in Reasons behind Non-Utilization of Health Facilities

Reason	Area		Total ailing cases
	Rural	Urban	
Lack of faith	0	0	0
Long waiting	1	1	2
Financial reason	0	1	1
Not serious	1	0	1
Domestic treatment	0	0	0
Appropriate health facility not available	0	0	0
Jhade foonk	2	5	7
Need not felt	0	0	0
Others	0	0	0
Total	4	7	11

Note: Figures in parentheses are percentages.

This table shows that a very little people in the study area are not taking proper treatment. they are believing on domestic treatment, jhade foonk, they have financial problem and don't feel serious. It is more in urban area in compare to rural area.

Health Service Providers: Opinion

To understand the behaviour of the health service providers and also that of the reproductive aged women, information was collected through discussions with 7 health service providers, who work in different public health facilities Chandbali and Tihidi block in Bhadrak district. Opinion of health service providers on different health problems and general problems in utilization of health facilities has been instructive about the requirement and policy implementations regarding women's health. Main findings are as follows:

- According to health service providers 60% women suffering from these problems (discharge of any type, menstrual problem, dizziness, weakness, head ache, body ache, back ache, stomach pain, eye problem, lower abdominal pain etc.) due to unhygienic conditions during menstruation, unsafe and unhygienic sexual relations, unsafe environment condition, unhygienic water, delivery under unhygienic conditions, lack of nutritious diet etc.
- The major morbidity patterns noticed among reproductive aged women are white or other vaginal discharge, menstrual disorders, weakness, gastritis etc. The main cause of the first problem (white or other vaginal discharge) is very miserable condition of their personal hygiene and sanitation. Therefore, comprehensive health education is required for them. Menstrual disorders are common in adolescents as well as among young women.

According to health service providers, majority of young women and adolescents lack knowledge about hygiene during this period, nutritional requirement of the body, marriage and safe motherhood and continue to be moulded in superficial traditional values that aggravate the already deteriorating health. As for weakness, body pain, headache, knee pain, the reason behind these is deficient intake of nutrition when more nutrition is needed for the body than in the normal period of life

Many health workers highlight some women don't take these tablets because of the view that free tablets are of poor quality and have some side effects. Apart from this, some other important aspects are lack of education, financial resources, appropriate health facilities in rural areas, technical persons at the grass root level, lack of government's concern towards policies of women's specific health needs, and excess burden on public health facilities all result in low quality and inefficiency of services. The developmental efforts must be taken to improve adult literacy, rural-urban disparities, and also promote women's economic activities for improvement of women's status and for better utilization of health services

In this present chapter has analysed that the pattern of utilization of health services on the basis of gender, area, health problems etc. From the above discussion we found that the reproductive health problem is more in the study area. While analysing the area wise health problem that, it is found that rural area people are more suffering health problems and female are more suffers health problems in compare to male. Both rural and urban area 97% people are taken treatment. In the study area more people are suffering from cold, menstruation related problem, illness, Gastro intestinal, Diabetes, BP etc. Some people don't take any treatment, jhada foonk, need not felt and financial reason etc. Most of the people in the study area taken treatment from PHC,Private health center, chemist and untrained practitioners because of low cost, nearby, confidence, emergencies etc.

The success of any programme in society depends on the impact on root cause, changes in social attitude and beliefs. The consequences of social, economic, and cultural discrimination on health of the women have produced a higher morbidity rate among women because all the above factors play an important role in attitude change and development. Multiple factors underlie the availability and utilization of health facility in a particular area like household practices and community behaviour (attitude) with regard to women's health. All these factors have affected the women's health status. However, morbidity rate reduced through improved nutrition, better health care, education, proper counselling, women's interest in their environment and prevention through health education, all of which have brought encouraging changes in women's behaviour and life style.

Thus, health is the responsibility of the health sector, but reproductive and sexual health is a societal issue, so it has important social aspects. Availability of health services is important for the improvement of women's reproductive health but greatest gains in health will come through behavioural change. Women must change their health seeking behaviour. It is a well-known fact that even though services may be provided for women, it does not guarantee

that women will use them. Therefore, utilization of health facility by women depends upon many socio, economic and cultural factors. The present organized health network is unable to address the RHPs especially for women in an adequate manner. In the primary health care package, great emphasis is laid on the birth delivery but other RHPs are not a priority area at all.

The study concludes that knowledge of health services does not by itself increase its utilization. Women's awareness and attitude towards health is the most important step to the improvement of the health status of women. Not only is their own but also their husbands' and in-laws' attitude is more important. In such situation women receive scarce resources. The researcher recommends the need to involve the husbands in reproductive health care as well as to extend the services especially to women.

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