# Research Article

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### GENDER DIFFERENCES IN HEALTH STATUS OF RURAL AREA A CASE STUDY WITH SPECIAL REFERENCE TO KARUVARAKUNDUGRAMA PANCHAYATH

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#### Abstract

*India is one of the largest third world countries were females are considered as disadvantaged sections, demographically, socially, culturally and economically Women are described as the most vulnerable group exposed to various adversities of life. India is one of the few countries where males significantly greater than females and the countries maternal mortality rates in rural areas are among the world’s highest. Kerala, one of the small states in India Many analyst to talk about a unique “Kerala model of health” worth emulating by other developing parts of the world. Kerala has made significant gains in health indices like infant mortality rate, birth rate, death rate and expectancy of life at birth. But inspite of these achievements there exist some gender inequalities in health status.So this study is an enquiry into the nature and extent of gender disparity in health status in Kerala*

*Keywords: health status,female,male,gender,disparity*

### Introduction

Healthis considered as a fundamental human right. It is defined not only in terms of the wellbeing of mental and physical health but also improving sanitation, drinking water, shelter and assured livelihood condition of the population( According to the National Rural Health Mission – NRHM). One of the important strategy of the NRHM to reach out to pregnant women through Accredited Social Health Activities (ASHA) to improve the health of women as well as to encourage them to go for institutional delivery in the nearby hospital. The objective is to reduce both maternal and infant mortality. ASHA acts as a community worker to bridge between the health personal and village women. It is indeed heartening to know that 89% said that they were aware of the activities of ASHA.

Health is the functional or metabolic efficiency of a living organism. In human it is an ability of individuals of communities to adapt and self-manage when facing physical, mental or social challenges. The World Health Organisation (WHO) defined health is its broader sense in its 1948 constitution as a “State of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”

India is one of the largest third world countries were females are considered as disadvantaged sections, demographically, socially, culturally and economicallyWomen are described as the most vulnerable group exposed to various adversities of life. India is one of the few countries where males significantly greater than females and the countries maternal mortality rates in rural areas are among the world’s highest. Female diseases is more than males and are less likely to receive medical treatment. Disease burden per 1000 population in India is much more on women than men. In India, the problems of health hazards are guided by religious beliefs and practices. In India it found that poor are the worst affected by epidemics and contagious diseases.

Kerala has attained remarkable achievements in social development despite its economic backwardness. Kerala women enjoyed high health status compared to the women of other states. Kerala’s achievement in health has prompted many analyst to talk about a unique Kerala Model of Health’ worth emulating by other developing parts of the world.

Health status in India and Kerala are examined on the basis of sex ratio, life expectancy, age at marriage, reproductive health care, nutritional status, morbidity, mortality, literacy and education.

Malappuram, the most populated district in the state has spent 92% of the funds allocated for its implementation of the health. Major health programs implemented in Malappuram district were “ JananiSurakshaYojana” for maternal benefit of women and also undertaken “ Arogyakeralam Project”. Under this programme certain project was implemented health program in schools, Panchayaths and municipalities.

Eventhough Malappuram is educationally forward, studies on morbidity shows that the prevalence of morbidity is much more in Malappuram. In this context it is necessary to assess the gender wise health status of people in the district.

### Methodology and Data

The primary data is collected by using a well-structured questionnaire, interviews and discussion with selected people in the rural area. There are 21 wards in the panchayath

.from these 60 households were selected by using random method.

Secondary data is collected from Panchayats, different publication like economic review, different journal, report and government record of hospitals etc.

### Health Status in India and Kerala

Kerala state in India is one geographical area where in spite of the lower per- capita income, achieve significant improvements in its education and health scenario. In India, health indices (Fertility, Mortality, Life expectancy etc...) have registered a steady improvement to each level comparable to those in the developed countries. Most analyst have seen Kerala’s achievement in health has prompted. Many analyst to talk about a unique “Kerala model of health” worth emulating by other developing parts of the world. Kerala has made significant gains in health indices like infant mortality rate, birth rate, death rate and expectancy of life at birth.

India has traditionally been a rural agrarian economy. The Constitution of India makes health in India the responsibility of the state governments, rather than the central federal government. It makes every state responsible for "raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002. The National Health Policy is being worked upon further in 2017 and a draft for public consultation has been released. There are great inequalities in health between states. Infant mortality in Kerala is 12 per thousand live births, but in Assam it is 56.

### Health Status of Male and Female in India

The following table features key indicators of the status of male and female in India and Kerala. Table:1 key indicators of the status of male and female in India and Kerala.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **Indicator** | **Kerala** | **India** |
| 1. | Death Rate # | 6.6 | 6.5 |
| Male | 7.6 | 6.9 |
| Female | 5.7 | 6.1 |
| 2. | Infant Mortality Rate | 12 | 37 |
| Male | 10 | 35 |
| Female | 11 | 39 |
| 3. | Mean Age At Effective Marriage |  |  |
| Male | 27.3 | 23.2 |
| Female | 21.4 | 20 |
| 4. | Maternal Mortality Ratio | 66 | 178 |
| 5. | Expectancy Of Life At Birth |  |  |
| Male | 71.4 | 62.6 |
| Female | 76.9 | 67.7 |

Source: Economic review 2016

In Kerala, most of the health indicators are highly favorable to women. Health indicators of women in Kerala are much better than their counterparts in the country as well as their male counterparts in the state. Life expectancy at birth of women in Kerala at 76.9 years is the highest in India; much higher than for women in India as a whole, which is 67.7 years.

### Analysis

In the analysis the study was mainly focused on three aspects. They are the comparison between male and female health status in rural area, their socio-economic condition and finally evaluate the recent health facilities available to the rural people and also their health status through a case study of Karuvarakundu Panchayath.

### Socio-Economic Condition

The socio economic condition of male and female in the study area are quite good. As in the case of social status the study is focused on certain indicators like age, caste, religion etc. As in the case of age composition majority of the respondent

belonging to the age group of 15 to 25 are females and 35 – 45 are males. Majority of the people in rural areas are Muslims. While comparing the marital status in other area of Karuvarakundu Panchayath, rural area is in better position about 58.3% people are married. In the study area most of them are following nuclear family system ie, out of 60 samples 35 of them belongs to nuclear family system. There shows an improvement in the social status of the rural people in the Karuvarakundu Panchayath and this mainly because of the educational level of the people. In which 43.3% of people are SSLC qualified. W eknow that education indicates high status of health status.

As per the economic status, in the study area 90% of the people are coolies. In which 50% are males and 40% female and remaining 10% are unoccupied category. On the basis of income wise distribution of 60 households 38.3% are living under the income 5000 and only 6.67 are living in the income 25000 and above. Among 60 samples 66.6% belongs to BPL family. So, in the socio economic condition both male and female are in better position. Variable such as family composition, occupation, income, education indicate high status of health.

### Health Status of Male and Female in Rural Area

Health status is a holistic concept that is determined by more than the presents of absence of any disease. It is often summarized by life expectancy of self-assessed health status, and more broadly includes a measure of functioning, physical illness and mental wellbeing.

The below table shows the comparison between male and female health status in rural area.

Table: 2Health Profile in the Study Area

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|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Indicator** | **Study area** |
| 1. | Infant Mortality rate (Percentage) | 2% |
| 2. | Maternal mortality rate | - |
| 3. | Life expectancy (Age) |  |
| Male | 69 |

39

|  |  |  |
| --- | --- | --- |
|  | Female | 72 |
| 4. | Nutritional status (%) |  |
| Male | 54% |
| Female | 46% |

Source : Field survey

The above table shows the male and female health status in rural area. While comparing with Kerala and India the selected rural area has very well-known achievement in the area of health status. Out of the total population in the rural area majority of them are females. While considering the death rate it was higher in males with comparing females. The main reasons for increasing male death rates are;

1. Alcoholic uses
2. Tobacco consumption
3. And Excessive use of drugs.

In the Rural area, the availability of drugs are comes down in recent years. But its overall effect are still continuing in rural area. Most of the male death rates are increased due this kind of practices. Female death rates are lower when compared to males because there is accessibility of health services, nutrition to rural area are given by Panchayath. In the case of birth rate females are greater than that of males. While comparing the infant mortality rate with Kerala and other rural areas it is declined that is only 2%. There is no maternal mortality rate. In the case of life expectancy females have greater life expectancy (72) than that of males (69).Nutritional status is a important indicator that determines the health status of a person. Here the male nutritional status is 54% the female health status are more or less proportionate to male at 46%. While comparing the male and female health status they are more or less equal. But there is a slight difference in death rate, birth rate and nutritional status etc.

As in the case of distribution of patients on the basis of sex, in the study area 45% are male and 55% are females. There is only a slight difference between male and females.

Major Health Problems in the Study Area

* 1. Communicable diseases affected in the last year*Table:3*

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Communicable disease** | **No. of persons (%)** |
| **Male (%)** | **Female (%)** |
| 1. | Malaria | 41.7 | 40.275 |
| 2. | Typhoid | 33.35 | 29.16 |
| 3. | Dengue fever | 24.95 | 30.56 |

Source: Field Survey

During the last year, from the 60 samples most of them are faced by communicable diseases. On the basis of gender, most victim of the communicable diseases are female out of them 60% of them are faced communicable diseases. Major reported diseases among communicable diseases are Malaria.

* 1. Non communicable diseases affected in the last year Table: 3

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Non Communicable diseases** | **No. of persons (%)** |
| **Male** | **Female** |
| 1. | Lung diseases | 51.16 | 17.65 |
| 2. | Cholesterol | 9.30 | - |
| 3. | Mental depression | 11.62 | 29.41 |
| 4. | Diabetics | 9.32 | 11.77 |
| 5. | Hyper tension | 18.60 | 41.17 |

Source: Field survey

Out of 60 sample in the last year most of them are faced by non-communicable disease in which majority them are males. Because the behavior such as smoking unhealthy diet and physical inactivity which can lead to hypertension and obesity.

There are different opinions regarding major causes of health problem in the study area. As per the study major causes of health problem are liquid waste (28.3%), mosquito

breeding (8.33), increasing life style diseases (30%), lack of traditional practices (6.67%), absence of blood bank (15%), lack of nutrition (1.67%) etc. So in the study area most of the people depend on Allopathic. In which 53.1% of them are males and 64.2 of them are females. From this data it clarifies that the female patients is more than that of male patients.

In the Panchayath most of the are so aware about the medical checkup. They have taken it monthly, annually, and usually. Here the medical checkups are usually taken by the males (50%) than that of females (35%). But the majority of the females take medical checkups annually (50%). There is a positive situation existing here that is, there heath expenditure is less than of their income. So it show a better health condition in the area. The study shows a better female health status or more or less equal to males.

### Major Health Progaramme Conducted in the Study Area

There are various programs implemented or practiced for the improvement of health status of both male and female and also other peoples in the rural area. They are as follows:

1. Immunization program
2. RNDCP (Rebiced National Tuberculosis controlled Program)
3. National Deveming day
4. Family welfare program
5. NCD (Non Communicable disease Program)

### Health Care System in KaruvarkunduPanchayath

* 1. **Public Health Care System**

Public health care system in Karuvarakundu consist of Ayurveda and Modern medicines. A primary health care center is working on the Rural area, One Ayurvedic dispensary is functioning under public health care system. 18 doctors and 27 nurses are working in the primary health care center with 123 beds.

### Private Health Care System

The role of health care sector in Karuvarakundu Panchayath has been very decisive and significant. There are 7 private medical institution and other individual medical clinics functioning in the Panchayath. Among hese institution had facilities with 37 doctors 114 nurses are working under the sector with 175 beds. The Cooperative sector institutions are not functioning in the Karuvarakundu Panchayath.

PHC is the oldest health care in Karuvarakundu Panchayath. Majority of the people are depending on the PHC in which majority are comes from Rural area. Some of the private institutions are recently organized. It provides most of the modern medicines and it functioning with better infrastructural facilities .There are no wide changes in the number of doctors and nurses during the period from 2015-2016.But there is variations in the number of patients in every year.

### Suggesstions

1. To Increases the age of marriage of females in the rural area.
2. To conduct awareness class and activities among people in order to reduce Alcoholic, Tobacco and drugs use among males.
3. To take preventive methods to control life style diseases.
4. Reduce the number of female patients through better medical facilities.
5. To conduct medical camps weekly

### Conclusion

In this study it review the male and female health status in Karuvarakundu Panchayath by discussing through socio-economic condition health status, health facilities and health problems in the study area. The health status of male and female in the rural area of Karuvarakundu Panchayath is found to be high. It differs from other rural areas and also described recognized position of health care. To calculate the health care system of proportion is shaped by a variety of factors such as level of income,

standard of living, housing, sanitation, Education, Availability of medicine and Accessibility of hospital facilities more over there are certain socio-economic factors. While comparing the health status of female in Kerala and India it has better position in Karuvarakundu Panchayath.

### References

1. Adler Nancy, Ostrov, and Joan, M. (1999). Socio Economic Status and Health: What We Know and What We Don’t, *Annals of the New York Academy of Sciences,* No: 896, pp.3-15.
2. Akshaya Project in Malappuram district, District Census Hand Book, 2001. Alagh, Yogindra, K. (2004).
3. Fore word to Economic Empowerment of Muslims in India by Abu Saleh Sheriff and Mahatabal Azam, Institute of Objective Studies, New Delhi.
4. Amartya Sen (2001). Text of an Inauguration Lecture for the New Rad Cliffe Institute at the Harward University, *Frontline*Vol.18, Issue.22.
5. Aras, R, N. Pai., and Purandare (1990). “Pre natal Mortality- A Retrospective Hospital Study” *Journal of Obstetrics and Gynecology*, 40.No: 3,June, 365-69.
6. Ascadi George, T. F., and Gwendolyn Johnson-Ascadi (1990). *“Safe Motherhood in South Asia: Socio Cultural and Demographic aspects of Maternal Health*” Background Paper, Safe Motherhood, South Asia Conference, Lahore.