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Health Status Of Women In Tamil Nadu- A Study

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"*The health care of women in Tamil Nadu has improved since 1995 in urban areas. Access to health information, health services counsellor's etc. has increased largely in urban areas. Whereas in rural areas, they are not adequate enough. It was felt that there was a lack of people's participation in health programmes, could with inadequate funding on the part of the government and an over-emphasis on paperwork, rather than implementation."*

-UNICEF report on Beijing+5 Consultation, TN

Introduction

Tamil Nadu ranks among the states of India with a 'relatively' good quality of health care services especially on maternal and child health care services. In Tamil Nadu both access to and utilization of health care particularly among women is quite high compared to the women in rest of the country. Health spending has a positive and significant immediate impact on health capital. For example, an increase in health spending of 1 percentage point of GDP is associated with a rise in the survival rate of children under age 5 of 0.2 percentage point, on average, in developing countries. However, lagged health spending has no further effect on health indicators. The health status of women is one of the crucial elements in the assessment of the quality and development of their life. In this back ground, the present paper focuses on the status of women's health in Tamil Nadu.[1]

Objectives

1. To examine the existing situation of health among the Indian women with particular reference to the State of Tamil Nadu.
2. To throw light on the health welfare programmes formulated by the Government of Tamil Nadu; and
3. To suggest strategies for increasing the coverage and extent of health status of women in Tamil Nadu.

Status of Women's Health

The health of a nation is an essential component of development, vital to the nation's economic growth and internal stability. Women's health is an important aspect as far as health is

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concerned and comprehensive health care services are also crucial to meet and prevent women from various challenges of ill-health. There are indicators to determine women's health status of any society. Some of the important indicators are: Life Expectancy, Maternal Mortality Rate, Child Infant Mortality Ratio, Institutional Deliveries and Family Welfare. In this paper, the indicators such as three major concepts Life Expectancy, Maternal Mortality Rate and Child Infant Mortality Ratio are taken into consideration for analysis.[2]

The experience of economic progress, political developments and social transformation over the last six decades, indicate that although women of India have made major gains in terms of decline in maternal mortality and rise in life expectancy, increase in female literacy and employment, mobilization through self help groups and representation at the grassroots level democracy. Large gender gaps still exist in almost every sphere of life, which do not empower women to have informed choices on their health and nutrition. India accounts for nearly 25 per cent of the world's maternal deaths. Every year about 1,25,000 Indian women die from pregnancy-related causes many of which are preventable. Poor maternal health results in low birth weight and premature babies. More than 7 per cent of the new born babies die every year. Nearly 2.3 per cent of the babies who survive the first year becomes no more before they complete five years.

The mean age of marriage at the national level is 19.5 years, but about 17.4 percent of girls are married below the age of 18 years. Corresponding rates show marked rural (20.3%) and urban (7.4%) difference. 8.3% of fertility in India is contributed by mothers below 19 years of age and this is also linked with pregnancy wastages ranging from premature death, still birth, neonatal deaths, low birth weight babies and maternal morbidity.

Micro studies have indicated that women do not get adequate nutrition during pregnancy and lactation. The dietary intake of women in the lower economic group is deficient by 500 to 600 calories. In the above 7 years age group there are gender differences in consumption of cereals, pulses, and milk products. In the above 18 years groups, gender difference is quite prominent in the intake of energy rich food. According to an assessment of underweight and stunted growth of children (1997), in the age group of 1-5 years, almost half (49.1%) of the girls were underweight and 20.3 percent were severely underweight. Stunting was observed in 56% percent of girls. The Body Mass Index (BMI) indicates that more women (36.1%) than male (28.6%) are affected by various stages of Chronic Energy Deficiency.[3]

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Women Welfare and Health Programmes in Tamil Nadu

The Government of Tamil Nadu has adopted a number of schemes and programmes for the promotion of women's health care which provide essential services and opportunities to women such as education, health, maternity and child welfare, family planning, nutrition, socio-economic training and certain community organisations. Table 1 shows the important programmes implemented by the Government of Tamil Nadu for the promotion of health status of women.[4]

Table 1

Health Profile of Tamil Nadu State as Compared to India

Indicator	Tamil Nadu	India
Infant Mortality rate (SRS 2011)	22	44
Maternal Mortality Rate (SRS 2007-09)	97	212
Total Fertility Rate (SRS 2011)	1.7	2.4
Crude Birth Rate (SRS 2011)	15.9	21.8
Crude Death Rate (SRS 2011)	7.4	7.1
Sex Ratio (Census 2011)	995	940
Child Sex Ratio (Census 2011)	946	914

Source: Health & Family Welfare., Government of India, March, 2012.[5]

i) Life Expectancy at Birth

Life expectancy at birth tends to be a good summary measure of women's health status. According to the government census and statistical record, normally women outlive men. In countries with high income women on an average live longer by six years than men. In countries with lower income they live only two years longer.[6] There has been a steady decline in overall death from 16.1 per thousand populations in 1970-71 to 9.1 per thousand populations in 2000 – 2001. This makes an impact on the life expectancy of the population. Table 2 provides the details regarding the life expectancy for females in comparison to men in Tamil Nadu. The table clearly proves the fact that the life expectancy at birth for females has shown a steady increase since 1960s in the state, from 39.74 years in 1961 to 69.75 years in 2010. This has been possible due to the efforts taken by the Government of Tamil Nadu such as: DANIDA (Danish Development Agency) and TNHCP (Tamil Nadu Area Health Care Project).[7]

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TABLE 2

Life Expectancy of Females Compared With Males in Tamil Nadu

Years	Males	Females
1951	41.45	38.45
1961	42.35	39.74
1971	45.65	43.34
1981	52.30	50.10
1991	61.45	62.35
2001	64.50	69.75
2010	67.10	70.90

Source: Department of Public Health, Government of Tamil Nadu.[8]

ii) Infant and Child Mortality Rate

Tamil Nadu has lower IMR and CMR compared to all India 52 and 16 per 1000 live births respectively. Factors affecting infant mortality are birth order, spacing between children, nutrition and socio-economic causes. According to the rapid Household Survey conducted between1998-99, approximately 30 percent of infant deaths are due to low birth weight and premature birth. Diarrhoea is the cause for 8 percent of deaths in the 1-4 age group. 17 per cent of the deaths are caused by respiratory infections. Among children under 5 years, more than five lakh cases of acute respiratory infections were reported in Tamil Nadu. Female infanticide in Tamil Nadu is prevalent in the backward regions of the State and it also becomes one of the causes for the rise in Child Mortality Rate. In addition, the emergence of technology for sex determination of the foetus has contributed to abortion of the female foetus, even in rural areas.[9] The Government has succeeded in reducing the Infant Mortality Rate (IMR) from 52 per 1000 live births in 1999 to 28 per 1000 live births by 2007. The current level of IMR in Tamil Nadu for the year 2012 is 21 per 1000 live births as per the Sample Registration System. Government of Tamil Nadu has committed itself in reducing the IMR below 13 (number of infant deaths per year for every 1000 live births) by the end of the Twelfth Five Year Plan.[10]

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iii) Maternal Mortality Rate (MMR)

The Maternal Mortality Rate in Tamil Nadu is comparatively low than Indian level. It is in the range of 150 to 200, according to data from the Vital Events Survey of 1995, 1996, 1997 and 1998 conducted by DANIDA TNHCP. The prevalence of maternal mortality rate at this level is attributed to well identify direct and indirect obstetric causes for maternal deaths as well as other socio-economic factors viz., burden of work and poor nutrition, absence of transport and communication facilities, delay in accessing proper health care facilities, lack and poor quality of essential/emergency obstetric services and the patriarchal attitude exist in the society. Among the medical causes, haemorrhage accounted for nearly 40 per cent of all maternal deaths in Tamil Nadu 1996. Many efforts are being made by the Government of Tamil Nadu to reduce Maternal Mortality Rate (MMR) from 150 per 100000 births to 100 by 2007 and 50 by 2012. Likewise, the Maternal Mortality Ratio represents the most sensitive and key indicator of women's health status in the society.[11]

iv) Institutional Deliveries

The state has made significant progress in increasing the proportion of institutional deliveries. According to SRS data, Tamil Nadu was behind Kerala and Maharashtra in terms of percentage of institutional deliveries in 1971, but stood way ahead of all States except Kerala in 1996. This has been indicated by the fact that in 1996, 97 per cent of all deliveries in Kerala were institutional deliveries. Whereas, in Tamil Nadu institutional deliveries comprised of 65 per cent of the total deliveries during the same period.[12] The picture changed in 1998-99, because the share of institutional deliveries to total deliveries in Tamil Nadu was around 80 per cent. At one end, the urban district of Chennai accounts with almost 100 per cent of institutional deliveries, while on the other hand, Tiruvannamalai accounts for only 51 per cent of institutional deliveries. Though a substantial number of primary health centres (PHCs) and health sub-centres (HSCs) are equipped to conduct normal deliveries, only about 8 to 10% of all deliveries in Tamil Nadu are conducted in 10,000 plus HSCs and PHCs in the State. This works out to less than one delivery per PHC or HSC in one month. As for the share of 'safe' deliveries, defined as all institutional deliveries plus all domiciliary deliveries attended to by trained personnel, the SRS figure for the State as a whole rose significantly from 39.3 % in 1971 to 85.6% in 1996.[13]

A notable achievement of women's healthier position in the state has been that over 90 per cent of the deliveries take place under institutional care whereas at the country level "even 60 per cent of the deliveries could not be institutionalized so far". The TNHCP Phase-III has made

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significant strides in empowering the medical staff in public health sector to improve the likelihood of 'safe' deliveries. A total of 2,57,564 deliveries have been conducted in PHCs at an average of 15 per PHG per month during 2011-12, contributing to 27.2% of total deliveries in the state. The Institutional services in the Primary Health centres are monitored through a web enabled Institutional Services Monitoring Report (ISMR) and feed back is sent to the districts for further improvements.[14]

Family Welfare

Since 1956, Tamil Nadu is one of the States implementing the Family Welfare Scheme successfully. Among the major States, the States of Kerala and Tamil Nadu have already achieved a replacement level of fertility viz. "Total Fertility Rate" of 2.1. It shows that these two states are forerunners in containment of population growth. In the early pace of the implementation, the programme was 'target oriented'. Subsequently, a 'Cafeteria approach' i.e. motivating the couples to take family welfare measures on their own free-will was adopted. Reducing the decadal population growth from 11.2 per cent to 7 per cent by 2011 and to establish population stabilization is one of the monitor able targets for Tamil Nadu's Tenth Five Year Plan. The state has already achieved the target set for Ninth Five Year Plan well in advance owing to proactive family welfare measures taken by the State. The Government of Tamil Nadu has started implementing the Chief Minister's Comprehensive Health Insurance Scheme from January, 2012 at an annual coast of Rs.750 crores. In order to improve the health status of the mother and child, the financial assistance under Dr. Muthulakshmi Reddy Maternity Benefit scheme was enhanced to Rs.12,000 from 1st June 2011. The Government is committed to providing quality super speciality services in Government Hospitals to the poor people who are largely dependent on public institutions.[15]

Conclusion

Tamil Nadu is one of the developed states in India. The analysis of status of women's health in Tamil Nadu is ahead of most states in the absolute condition of women health. Tamil Nadu is moving towards population stability and has managed to reduce maternal and infant mortality substantially over the last three decades. It has also established a widespread network of health institutions in the public sector and equipped them to some extent. In respect of the three strategic elements are like MMR-family planning, antenatal and post-natal care and essential emergency and obstetric care. Tamil Nadu has also, over the years, made significant progress in the health care of women. However, the government should be took the efforts for framing the imaginative policy, using additional resources and increased participation of the people in the welfare activities.

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