CHAPTER – III

FIELD AND PLANNING OF THE STUDY

FORMULATION OF RESEARCH PROBLEM:

The health of country’s female population has profound implications for the health and education of children and the economic well-being of households, as well as for the women themselves. The most direct effects of poor health and nutrition among female in India are high mortality rates throughout the life-cycle. The effects of pervasive ill health extend beyond the women’s health. Women’s health and nutritional status influence her newborn’s birth weight and chances of survival, her capacity to nurse child, and her ability to provide food and care to children and family members.

Villages in India remain social and cultural units despite external economic and social forces. Large part of the potential of village studies lies in the possibilities of and associating and of penetrating the complex nature of socio–economic relationship as they bear on the micro level. India has seen considerable progress in social and economic development in recent decades, as improvement in indicators such as life expectancy, infant mortality, and literacy demonstrates. However, improvement in women’s health, particularly in the one of the few countries where males significantly out number female, and its maternal mortality rates in rural areas are among the worlds highest. Infectious diseases, malnutrition, and prenatal causes account for most of the disease burden. The nutritional status of women and girls is comprised by unequal access to food, heavy work demands, and illness is particularly anemia. Women especially poor women are often trapped in a cycle of ill health exacerbated by child bearing and hard physical labour, Bihar, Rajasthan and Madhya Pradesh, which account for almost 40 per cent of India’s population and which exhibit
well-documented unfavorable demographic trends, in comparison with the rest of India (World Bank: 1996).

The expectancy of life birth is Uttar Pradesh in 49.6 years for females, which is shorter than for males at 52.3 years. Death rate is also high. A large population of these deaths, in Uttar Pradesh as well in other states, occurs in childhood out of which one thousand live births dying 0.128 is marginally lower than of a boy child 0.130 till age of 1 year. However, by the age of 5 years the girl child is exposed to a higher risk of mortality than the boy child. Rural women in India, lacking in resources and knowledge of the law, are less likely than their urban counterparts to have a safe abortion. Although data is limited in India, approximately 20,000 deaths (about 18 per cent of all pregnancy- and childbirth-related deaths) are believed to be related to unsafe abortions, with most occurring among the poor rural women. Uttar Pradesh, with an estimated 68 induced abortion per 1,000 married women of reproductive age per year, is a state that has one of the country’s highest incidences of abortion, reflecting the fact that only 18 per cent of rural married women of reproductive age use modern contraception (Ganatra, et al: 1998).

Health infrastructure in Deoria district shows that it has one District hospital, 9 community health centers, 15 primary health centers, 61 additional primary health centers, 317 sub centers, 49 Ayurvedic hospitals and 27 Homeopathic hospitals (Registrar General of India: 1997).

AIMS AND OBJECTIVES:

The aim of present study is to investigate women’s health and nutritional status. Women’s status is inextricable bound up with social, cultural and economic factors that influence all aspects of their lives, and it has consequences not for children (particularly females) but also for the whole family and the distribution of resources.

The objectives on which the research is focused are as below:

1. To examine the indicators of women’s health status.
2. To analyze the factors affecting women’s health.

3. To study the utilization and pattern of health services.

4. To identify the beliefs, knowledge and cultural practices in relation to health and nutrition.

LIMITATIONS OF THE STUDY:

The main limitation of the study is that it is limited only to Uttar Pradesh. So, the entire findings of the study may not be applicable in case of other states.

METHODOLOGY:

The study is undertaken with the broader methodological framework of women for her health and nutrition. The study has analyzed the constraints of inequality of gender and to what extent they are able to face the challenges in the health care and nutrition.

The study is based on both primary and secondary data. The primary data has been collected through field work by using both quantitative and qualitative research techniques. The secondary data is collected through books, newspaper, journals, reports, etc from different libraries and also from hospitals reports, health centers and state government statistical office.

AREA OF RESEARCH:

The State of Uttar Pradesh is bounded by Nepal in the North, Himachal Pradesh on the North West, Haryana on the West, and Bihar on the East. Situated between 23° 52 N and 31° 28 N latitudes and 77° 3, and 84° 39 Longitudes, this is the fourth largest state in the country. Parts of Uttar Pradesh form a major area of the Northern fertile plain or the Indo-Genetic plain. The main occupation of the inhabitants is agriculture. The state of Uttar Pradesh has an area of 243286 sq. kms and population of 19, 95, 81477 (19.95 crore) out of which the population of Deoria district is 3,09,863. Density of area is 828 persons per sq. km (Census of India: Provisional population: 2011).
Rural population of Uttar Pradesh is 15,511,022 (census 2011). Rural female population is 7,40,66,367 and that of male is 8,104,655. Comparatively, urban population is 4,44,70,455 only (SRS Bulletin: 2011). In Uttar Pradesh the total number of districts is 72, number of blocks 813 and villages 10,7452. As per 2011 population census, total literacy ratio of the state is 69.72 per cent. Out of which male literacy stood at 79.72 per cent. The sex ratio of the state is 908 women per 1000 males, 899 (0-6 years) female per 1000 males. Sex ratio of rural area is 914 women per 1000 males (Times of India, Lucknow: 2011).

Deoria district is situated in the South-East of Uttar Pradesh; agriculture is the main business of people of Deoria district. Wheat, rice, mustard, arhar and sugarcane are the major crops produced in the district. The district headquarters are located in Deoria town.

Deoria is bordered by Kushinager district in the North Gorakhpur district in West and South and Balia district of Uttar Pradesh in east. The district is composed of five tehsils, BhatparRani, Barhaj, Deoria, Rudrapur and Salempur. These tehsils are further divided in to 16 blocks and 2,008 villages. Numbers of Nyay Panchayats are 176 and 1,017 Gram Shabhas. Deoria district covers 1.1 per cent of Uttar Pradesh’s geographical area and account for 1.6 per cent of its population. There is one district hospital, nine male/ female community health centers, and one women hospital. 44 Ayurvedic hospitals and 27 Homeopathic hospitals are in the district. There are 1,625 Primary schools, 498 middle (upper primary) schools, 180, intermediate colleges, 160 graduate and 10 Post graduate colleges. It is quite large, having an area of 2,539 sq. km.

This district is located between 26° and 28° North latitude and 83° and 85° East longitude out of which district (Demographic Profile of Deoria: 2011). Deoria had population of 3,098,637 of which male and female is 1,539,608 and 1,559,029 respectively. Average literacy rate in Deoria in 2011 is 73.53 per cent compared to 58.64 in 2001, which indicate a good increase is in literacy rate i.e. about 15 per cent .If things are looked out at gender wise, male and female literacy rates is 86.07 and 61.34 per cent respectively. With regards to sex ratio in
Deoria it stood at 1013 per 1,000 male as compared to (Census of India: 2001) of 1002 in 2001. The national sex ratio in India is 940 as per 1,000 male (Census of India: 2011). The child sex ratio (0-6 years) 948 there are total sex ratio of girls per 1,000 boys.

SAMPLE DESCRIPTION:

Sample consists of households from Dumari village which it is dominated by people belonging to scheduled caste and backward castes. Dumari is a village in Bhaluani Mandal, Deoria, and district. It is located 287 km. away from its state main city Lucknow. Dumari is a mid sized village. It has a population about 4,331 person living in around 540 households. Near by town is Rampur Karkhana (1.6 km) and Deoria (7.4 km), which are less than 10 km. There are 1 primary school, 1 Government hospital, 4 Private clinics and 5 medical stores (Sarpanch of the village 2011).

SAMPLING METHOD:

The village under study Dumari has 540 households with a population of 4,331. We have decided to take the 40 per cent households from the village. The list of the households is collected from the Sarpanch of the village. With the help of the lottery method, we chose 216 household which comes out to be 40 per cent of the total households from the list procured by the village the Sarpanch. Thus, a total of 216 household were selected and from each household, we interviewed elder/ responsible women. Thus, in all we interviewed 216 women.

METHOD OF RESEARCH:

The interview schedule is used for the selected interviews consisting of questions, both open and close-ended. Beside this, focused group discussion is held with people from different sections of society on the issues of women and their health and nutrition. In-depth interview are conducted from the women. Data collected are then coded, tabulated and interpreted for analysis in the study.
SIGNIFICANCE OF STUDY:

The study is considered significant, as it has provided a different perspective to the studies done on women health and nutrition. Most of the studies are only sketchy, they see only health in general not relating it to the intake and procumbent of nutrition. This study has a sociological perspective and viewed health and nutrition as an interlinking social aspect. It has tried to understand that health is not only a biological concept but a social issue and difference in the food and nutrition consumption pattern has a bearing on health. How its structural social relationship and why do women continue to remain under nutrition inspite of their excess requirement? It has also selected the issue of health and nutrition of women with their pattern of using the health services and focused on the question (among others) as to why women do not demand equal sharing of good health and nutrition and what can be done to strengthen women’s health.

Significance is at the theoretical level as well as substantive level. At the theoretical level it has focused on the gender perspective. As the long as patriarchal system is prevalent, it is difficult to demand for the equality of food and nutrition and in turn for equal health. The study is significant, as it has analyzed the constraints of patriarchy on women and to what extent they are able to face the challenges. In this sense, it has also focused on women’s agency. At the substantive level it has brought out the major findings of the study, some of which can be seen as measures to resolve the problem of health care selected to women. The study has highlighted the problem of nutrition particularly among the women age in age-group of reproductive period. The study is significant because it brings out suggestions to improve the health care and nutrition among women.