New Dimensions of Women Empowerment in Contemporary Era

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Preface

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Chapter-4

Women's Health – Issues related to Nutrition, Maternal Mortality, Depression and anxiety

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Abstract
Health needs and services for various populations have come to the forefront as states work to make their systems more efficient and consider covering additional people under federal health reform implementation. This brief, the third in a series about women's health, highlights diseases and health challenges common to women, opportunities to improve access to care and effective treatment, and strategies to prevent conditions and health problems before they become problematic and expensive.

Women, who are key in maintaining healthy families, access the health system more than men, both for themselves and on behalf of their children. Many become pregnant and give birth, a significant health event, then typically become their child's primary caregiver, a role that greatly influences household health overall. Elder and long-term care issues affect women more often because they live longer; have higher rates of disability and chronic health problems; and lower incomes

than men on average, which puts them at greater need for state and community resources, such as Medicaid. Across her lifespan, a woman's health status matters to herself, her family and to state budgets. Legislators are wrestling with tight budgets and changing health laws—including the realities of implementing federal health reform under the Affordable Care Act (ACA). If women's needs are overlooked in these discussions, however, states lose important opportunities to improve the health of residents and gain partners in creating a healthier society.

Introduction

Women are an integral part of human society. But for a woman, there couldn't have been any man. She is the mother of mankind. No ritual was ever complete without the presence of a woman by her man's side. All our gods are worshipped alongside their heavenly consorts. Women at home and society in general, are a different cup of tea. They are treated as second class citizens. How did this 'battle of sexes' begin? Over a period of time the man started believing that his role was superior to that of the woman as without him there would be no food at the table. Woman's role was taken as for granted. The physically feeble woman was led to believe this lie for centuries. Health is complex aspect dependent on several host of factors, The dynamic interplay of socioeconomic and environmental factors has profound multifaceted implication of human health. Good health is not only key to personal well-being and longevity but also central to socioeconomic progress within communities.

Women's health in the world today

Why focus on women and health? The response is that women and girls have particular health needs and that health systems are failing them. What are these needs? There are conditions that only women experience and that have negative health impacts that only women suffer. Some of these conditions, such as pregnancy and

childbirth, are not in themselves diseases, but normal physiological and social processes that carry health risks and require health care. Some health challenges affect both women and men but, because they have a greater or different impact on women, they require responses that are tailored specifically to women's needs. Other conditions affect men and women more or less equally, but women face greater difficulties in getting the health care they need. Furthermore, gender-based inequalities – as in education, income and employment – limit the ability of women to protect their health and achieve optimal health status.

Analyses of women's health often focus on, or are limited to, specific periods of women's lives (the reproductive ages, for instance) or specific health challenges such as the human immunodeficiency virus (HIV), maternal health, violence, or mental ill-health. The present chapter, by contrast, provides data on women's health throughout the life course and covers the full range of causes of death and disability in the major world regions.

Healthcare is a fundamental human right with the goal not to merely extend longevity but also to ensure one's lifetime are worth living with diminished impairment or disabilities with a greater degree of health security. Women's lived experiences as gendered beings result in multiple and, significantly, interrelated health needs and the healthcare of women requires special warranted attention. The health of Women is intrinsically linked to their status in society. Which are governed by multifaceted and nuanced realities where class, caste and religion intersect with each other in complex ways to intensify women's subordination. These vexed realities make it an imperative to analyze women's health needs within a broader socio-political and economic context.

Poor health has repercussions not only for women but also their immediate families. Women in poor health are more likely to give birth to low weight infants. They also are less likely to be able to provide food and adequate care for their children. As a result, the household economic well-being is directly affected.

Women's health issues have emerged at the top of the worldwide health care agenda and concern. To enhance women's health globally, appropriate health care programs have to be established within a framework that acknowledges women's perspectives, experiences, and contexts. The context of the totality of women's daily situations and daily experiences and role responsibilities as women themselves see them must be captured, described, and carefully integrated into effective health care plans (Meleis et al., 1990). It is through such an approach that groups of women who are most vulnerable to health risks may be identified and that appropriate resources that are more congruent with their needs may be developed (Stevens, Hall, &. Meleis, 1992).

Gaps in knowledge related to women's situations are a top priority. The ways in which women tend to integrate their roles on a daily basis and the patterns of management of the complex and intricate aspects of each of their daily roles need to be uncovered and addressed (Meleis &: Bernal, 1995; Meleis &: Stevens, 1992). A focus on women's roles, integrations, and vulnerabilities could help to identify women's critical needs to develop a united front which would be the Single most powerful strategy to improve women's status and situation, which in turn could have a profound effect on women's health.

Gender inequities affect women's health

The adverse impact on health of low socioeconomic status is compounded for women by gender inequities. In many countries and societies, women and girls are

treated as socially inferior. Behavioural and other social norms, codes of conduct and laws perpetuate the subjugation of females and condone violence against them. Unequal power relations and gendered norms and values translate into differential access to and control over health resources, both within families and beyond. Gender inequalities in the allocation of resources, such as income, education, health care, nutrition and political voice, are strongly associated with poor health and reduced well-being. Thus, across a range of health problems, girls and women face differential exposures and vulnerabilities that are often poorly recognized (World health statistics, 2009).

Nutrition

Nutrition is the most pivotal aspect regarding women's health. A well-balanced diet is critical to good health and is key to longevity, growth and reproduction. A Good Nutritional status is also vital to immunity, to increase the body's resistance to infection as well as helping the body fight existing infection. Depending on the nutrient in question, nutritional deficiency can manifest in an array of disorders. Improper nutritional intake is also responsible for diseases like coronary heart disease, hypertension, diabetes mellitus and cancer.

Women's nutritional needs differ from men's, Women start to develop unique nutritional requirements as puberty begins and also during the time of pregnancy and lactation. While women tend to need fewer calories than men, requirements for certain vitamins and minerals are much higher. Hormonal changes associated with menstruation, child-bearing, and menopause mean that women have a higher risk of anemia, weakened bones, and osteoporosis, requiring a higher intake of nutrients such as iron, calcium, magnesium, vitamin D, and vitamin B9 (folate). Nutritional anemia in women especially warrant special emphasis, this is due to

menstruation or postpartum hemorrhage after childbirth. However, they may also occur due to deficiencies in the diet such as iron, folate or vitamin B12 that restrict the formation of new blood cells can contribute to anemia. Nutritional Anemia occurs more commonly in women because of dietary restrictions, the additional requirement of Iron for women is increased during reproductive years and it has been estimated that 47% of all women and 59% of all pregnant women in developing countries are anemic (Bruce, 1981).

Another nutritional deficiency of importance that affects women is rickets. Rachitic osteomalacia and contracted pelvis are conditions that still occurs in developing countries and is almost extinct in the more economically advantaged countries. This is similarly true in many other nutritional deficiency conditions that are aggravated by the maternal depletion syndrome. Studies have shown that poor nutritional status can lead to low birth-weight babies, unfavorable reproductive histories, obstetrical complications, and increased susceptibility to infection (Bruce, 1981). Similar nutritional status is manifested in more economically advantaged countries, examples are obesity, bulimia, and anorexia nervosa. These eating disorders can only be adequately understood when considered within the context of societal expectations of women and the myths surrounding women's figures and weight.

Particular health problems characteristic in older women are predominantly associated with hormonal changes, especially during the time of menopause. Osteoporosis, a result of increased bone loss after menopause, often leads to bone fragility and an increase in the risk of bone fracture during old age. Cardiovascular disease (CVD) is another common cause of morbidity in older women. The risk of CVD increases after menopause due to hormonally influenced changes in blood lipid profiles.

The menopause is only one stage in the continuum of life stages, and prior health status, reproductive patterns, life style and environmental factors play a significant role in determining the health status of older women

Maternal Mortality

Reproductive health and maternity are an important aspect of women's health and are considered an element of primary health care as they relate to maternal healthcare. Statistically women usually enter the health care system for reproductive care.

In a number of countries, maternal mortality rates remain at alarmingly high levels, as does the low nutritional status of women throughout their reproductive cycles ("Family Planning Programs," 1984; WHO, 1991). It has been estimated that there are at least half a million preventable maternal deaths in the world each year (WHO, 1986). This maternal mortality is not evenly distributed in different parts of the world. For example, women in Bangladesh face a risk of dying that is 400 times greater than that of women in Scandinavia and 50 times greater than that of women in Portugal. The maternal mortality rate is as high as 900 per 100,000 in some countries, compared with a rate below 10 in 100,000 in developed countries (WHO, 1986).

According to a survey in India between 1974 and 1979, for each maternal death there were 16.5 illnesses related to pregnancy, childbirth, and the puerperium. Many authorities believe these figures to be underestimated (WHO, 1986). The factors behind the immense difference in the effects of childbirth in developing versus developed countries have been widely examined. Some of them are health service factors while others are socioeconomic and medical; there are also reproductive factors that include pregnancy in girls younger than 18 years of age, pregnancy after age 35, pregnancy more

than four times, and less than 2 years between pregnancies ("Family Planning Programs," 1984). It has been estimated that the number of maternal deaths would decline by over 20% if the first through the fifth births were confined to women from 20 through 39 years of age (WHO, 1986) In addition, these changes would reduce the total number of births, lowering the general fertility rate by 25% (Trussell &: Pebley, 1984). The number of maternal deaths would drop by one third and would decline even further if there were no births after age 35 or beyond the fourth child (Maine, 1982; Rochat, 1979).

Women having more than four children are at increased risk of maternal mortality known as a grand multigravida. Different studies have shown that primigravida have slightly higher mortality rates, which decrease during the second delivery and start rising again after the third, increasing with the number of pregnancies and the lack of adequate time between pregnancies. Not only parity and age, but also intervals between births, have an effect on maternal mortality. In Bangladesh and Indonesia, for example, the highest death rates are found in women under the age of 20 with three or more children (Chen, Geshe, Ahmed, Chowdhury, Mosely; Williams, 1973) There are, however, limited studies that have examined the effect of birth intervals independent of age and parity (Trussell &: Pebley, 1984). Adolescent pregnancy has been linked to low birth weight and maternal complications (Zambrana, 1988). However, the availability of health care resources in the high-income countries acts as a buffer against these complications.

Psychological Health

The definition of psychological illness, as well as the conditions that affect mental health, is more varied than the diagnosis and causes of physical health problems.