

# A Sociological Study of Women's Health Status In Seikhor Village, Ukhrul District, Manipur

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**Abstract - Living a solid life is something that everybody needs except one cannot get it effortlessly. In the present society, women's health status is being disregarded particularly among women living in a far-flung zone with weakness mind framework. In this investigation, the analyst intended to learn, discover and comprehend the issues confronted by the women in the village. The issues confronted by the women particularly physical medical issues where the concentration of the analyst found that larger part of the women well-being status alongside their income and an instructive level is low and poor. Method of data collection used was interview schedule.**

**Keywords: Women health status, income, education, intoxicants, healthcare system**

## *Introduction*

In 1948, World Health Organization (WHO) characterized well-being as being 'a condition of complete physical, mental and social prosperity and not simply the nonappearance of illness or ailment.' In 1986, the WHO additionally cleared up that well-being is 'An asset for regular daily existence, not the target of living. Well-being is a constructive idea stressing social and individual assets additionally physical limits' which implies that well-being is an asset to help a person's capacity for more extensive society. A restorative lifestyle of a man gives the way to have a full existence. In a developing nation like India, all over the place especially ordinary women are confronting genuine dangers to live their lives for well-being and prosperity.

On the chance that we need to comprehend and look at well-being status of women, well-being and medicinal services frameworks must be seen past the restorative system.

The disregard of women's well-being is obviously connected with the lower status in every single social type of life that has been agreed with women in Indian culture (M.Thilakavathy, 2015). Women medical problem incorporates period, maternal well-being, labor, menopause, contraception and bosom disease. There are two sorts of well-being which are generally examined, 'physical well-being' which includes keeping up physical wellness with a specific end goal to seek after empowering lifestyle to diminish the danger of infection and 'emotional wellness' which are regularly alluded to individual's passionate, mental and social prosperity. The encompassing condition of an individual assumes an imperative part of choosing person's sound, way of life in light of the fact that occasionally condition alone is sufficient to affect one's well-being.

## *Background Of The Study*

Ukhrul is a region in the northeastern territory of Manipur in India where it lays around 84 kilometer (52mi) upper east of Imphal. As per the 2011 statistics, Ukhrul area has a populace of 183,115 which gives it a positioning of 593<sup>rd</sup> in India (out of a sum of 640). The locale has a population thickness of 40 tenants for every square kilometer (100/sq mi), it has a 30.07% populace development rate throughout the decade 2001-2011.. The locale has a sex proportion of 948 female for each 1000 male and the proficiency rate of 81.87%. Ukhrul locale is a home of the Tangkhul Naga's as they frame the larger part ethnic gathering.

Seikhor village (where the study was conducted) and women health status: Under Ukhrul district, there are four zones Western zone, Eastern zone, Northern zone and Southern zone. Seikhor is a small village with 160 household numbers, located in the western zone which is 13 kilometer away from the district headquarters, Ukhrul. Here, the first objective of the study is to understand the physical health problems faced by women in the village. Secondly, to know the women socio-economic background and thirdly, to understand the prevalence of health care system and the women accessibility to it.

## *Review of Literature*

As indicated by Hridai R. Yadav (2015), an extremely restricted access to social insurance and well-being offices had been an awesome test for the women and young women in Amethi as they are confronting an emergency of becoming yet stayed unaddressed well-being prerequisite. The lack of healthy sustenance starts amid the earliest stage and sets into motioning a long-lasting cycle of weakness to the denied village women and it was recorded that a large portion of the women in Amethi experiences the ill effects of pallor which acidifies maternal mortality. The therapeutic well-being framework is irrelevantly disseminated against the regularly expanding populace and event of the waterborne infections and other health issues among the village and individuals making due in the remote village of Amethi piece.

Without tending to the important fundamental issues, for example: low investment of women in basic leadership which had extraordinarily influenced the status of women' well-being, the national strategy put their need on family arranging and conceptive well-being regardless of the disturbing well-being emergency of women. Tuberculosis has been another driving enemy of women but it was found that half of the non-working married women do not settle on individual medicinal services choice in Amethi. Very nearly three of fourth need the authorization to go to the market and a little more than one of tenth women are not associated with any family unit basic leadership whatsoever, while everyone of the choices is taken by the leadership of the family.

As per K.R. Lakshmy Devi (2015), women are frequently the last to eat the low amounts of nourishment accessible for them in the vast majority of the families since it was the way of life, they need to eat after their husbands, childrens, in-laws devours notwithstanding when they are pregnant. Accordingly, maternal and neonatal mortality and ailing health rates remained unsuitably high and also women’s instruction level and capacity to control family assets. But Kerala’s accomplishment in human advancement is based on the real result of better status of women as far as training and well-being. The markers chose to mirror the well-being status of women is a meaning of age at marriage; add up to richness rate, level of women with anaemia , maternal death rate, and female newborn child death rate.

The better well-being status of Kerala women are effectively exhibited by the investigation directed and the state has the most astounding mean age at marriage for women. Early marriage is regularly translated as a nullification of women’s self-rule and autonomy. Kerala maternal death rates are likewise much lower than all India average, despite the fact that a couple of states have still lower rates. Analysts have called attention to that high maternal specialist mortality is the result of the large poor state of well-being instead of dangers required with the birth of child. Kerala's female newborn child mortality is fundamentally lower than every other state in the nation. All these show the better well-being status of Kerala women.

As indicated by Suchitra S. Kumar (2014), the condition with respect to women's well-being, notwithstanding the way that it has enhanced since the autonomy is a long way from tasteful as the well-being status of the women and youngsters, particularly female kids endure in contrast with that of guys in territory where man-centric relationship and monetary framework control women's freedom. The women get almost no human services benefit in contrast with men and the majority of the women get restorative consideration just when their sickness achieves an extremely propelled status, regardless of the possibility that they get social insurance their confidence lies in conventional strategies for medications, as indicated by World Bank.

On account of the women from a low-income gathering, women's well-being is deciding a factor for the amount of sustenance she and her family will eat, as a women’s well-being shows how profitable she is and her capacity and an ability to win through beneficial action. The condition of a women's well-being is subsequently crucial for her as well as for her family too. The arrangement of healthy sustenance covers the cutting edge with low birth weight and the lower survival of babies, thus, high ripeness among women which brings about weight on the individual lady and society's rare assets. Lack of healthy sustenance begins early women life, setting off an endless loop through adulthood and into the people to come.

As indicated by Syed Waseem A. Ashraf and Ayaz Ahmad (2016), the Muslim women in Aligarh region by large life comprises of a high proportion of sickness, lack of healthy sustenance and sick well-being of women, in general human service is practically disregarded because of deficient nourishment, weakness, an absence of maternity focuses etc... A housewife who assumes the liability of social insurance of the family on her shoulder has scarcely anybody to deal with her.

**Research Methodology**

The study was conducted in Seikhor village Ukhrul district, Manipur. The researcher has utilized spellbinding examination outline. Convenient sampling technique was utilized to gather information from 115 respondents including both married and unmarried women. Method of data collection was interview schedule.

**Data Analysis:**

**Table No.: 1 Marital status of the respondents**

Respondent	No of respondents	Percentage
Married	73	64%
Unmarried	42	36%
Total	115	100

**Figure No.1 Marital status of respondents**

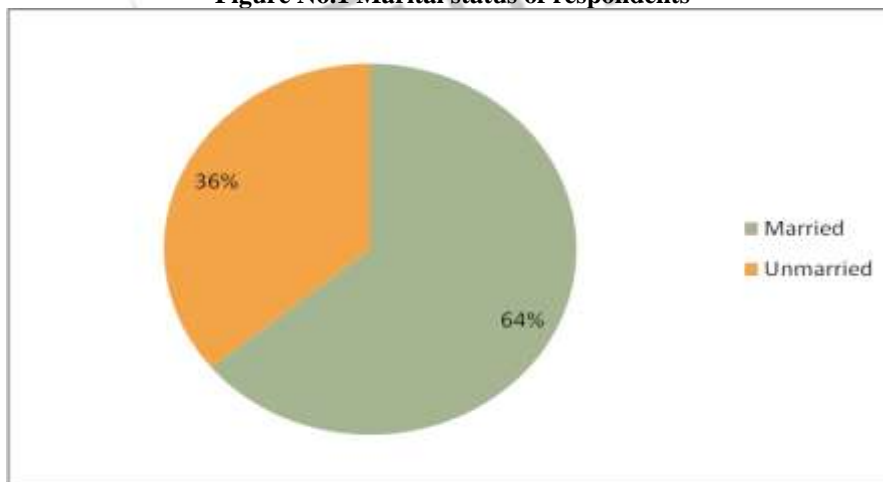


Figure No.: 1 shows marital status of the respondents comprising both married and unmarried women. Married women comprise of 64% and unmarried women comprise of 36% which comes to the total of 115 (100%) respondents.

**Table No.: 2 Physical ailments prevalent among women respondents**

Name of the Disease	No. of respondents		Percentage		Total (Percentage)
	(Yes)	(No)	(Yes)	(No)	
Arthritis	02	113	01.73%	98.26%	100

Breast Cancer	02	113	01.73%	98.26%	100
Womb problem	90	25	78%	21.73%	100
Period Problem	40	75	34%	65.21%	100
BP problem	20	95	17%	82.60%	100
Sinusitis	15	100	13%	86.95%	100
Gastritis	87	28	75%	24.34%	100

**Figure No.: 2 Physical ailments prevalent among women respondents**

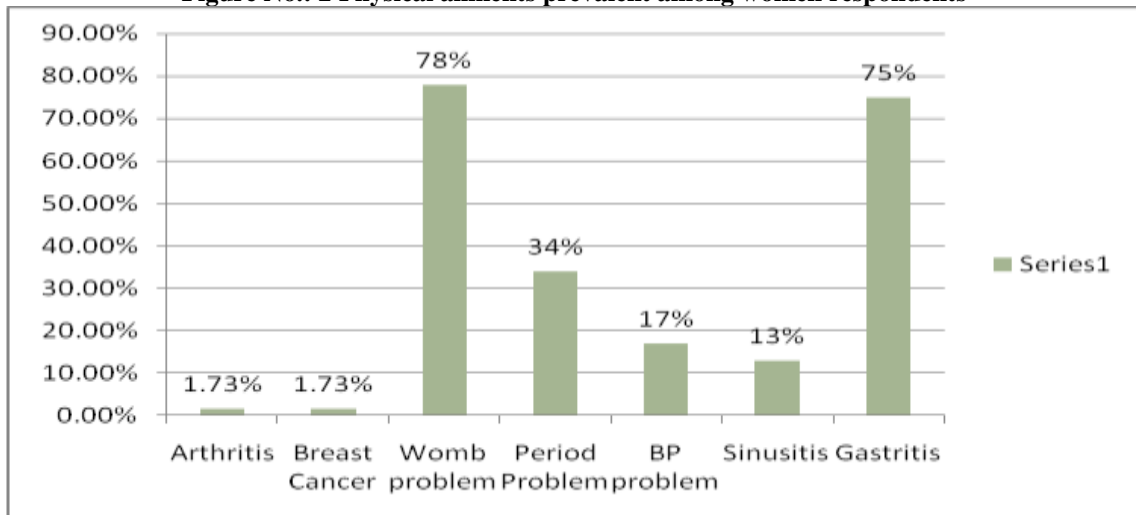
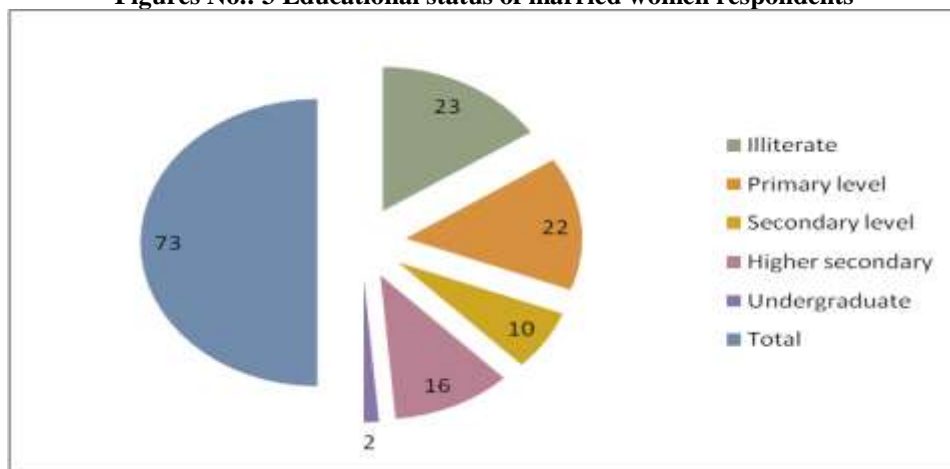


Table No.: 2 demonstrate the different sorts of physical ailment/sickness the women are experiencing. The investigation uncovers that 78% of women have womb issue which is at its most noteworthy pinnacle enduring, 75% of them experience the ill effects of gastritis, 34% of women are experiencing a period issue which is connected with the womb issue (34%).The uterus which is situated in the lower guts between the bladder and the rectum is known as the womb and the main indication of the womb issue perhaps seeping amid periods or after sex. There are numerous causes which incorporate hormones, polyps, tumor, disease, thyroid issues, fibroids, and pregnancy. Here most of the women experience the ill effects of one’s illness however, as a rule; women are determined to have more than three or four infections.

**Table No.: 3 Educational status of the women respondents**

Qualifications	No. of respondents (Married )	percentage	No. of respondents (unmarried women)	percentage
Illiterate	23	31.50%	-	-
Primary level	22	30.13%	9	21.42%
Secondary level	10	13.69%	12	28.57%
Higher secondary	16	21.91%	16	38.09%
Undergraduate	02	2.73%	5	11.90%
Total	73	100	42	100

**Figures No.: 3 Educational status of married women respondents**



**Figure No.: 4 Educational status of the unmarried women respondents**

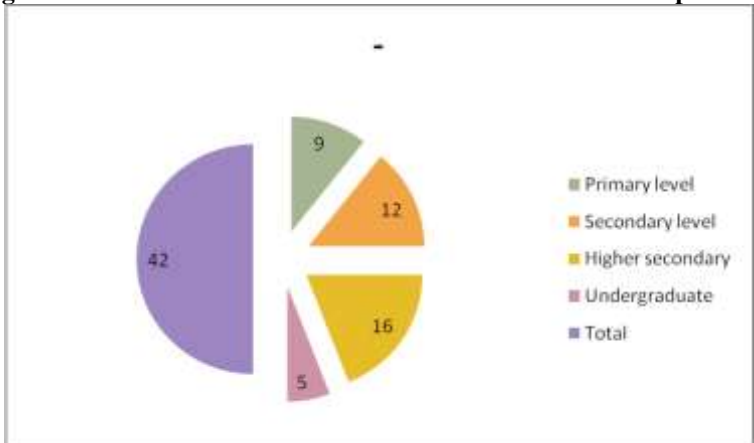
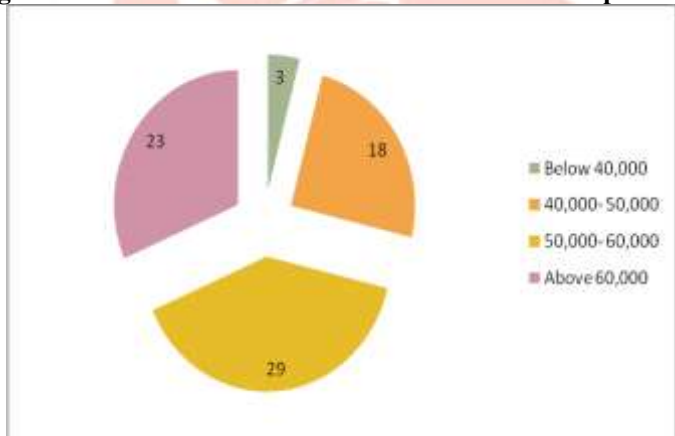


Table No.: 3 demonstrate the instructive status of both the married and unmarried women. The unmarried women educational status is at a more elevated amount than that of the married women additionally among the unmarried women the investigation uncovers that there are no unskilled women when contrasted with the married women.

**Table No.: 4 Annual income of the women respondents**

Income	No of respondents (married)	percentage	No of respondents (unmarried)	percentage	(59.52%) of unmarried women depends on their parent's income
Below 40,000	03	04.10%	02	04.76%	
40,000- 50,000	18	42.85%	12	28.57%	
50,000- 60,000	29	69.04%	-	-	
Above 60,000	23	54.76%	03	07.14%	
Total	73	100	42	100	

**Figure No.: 5 Annual income of the married women respondents**



**Figure No.: 6 Annual income of the unmarried women respondents**

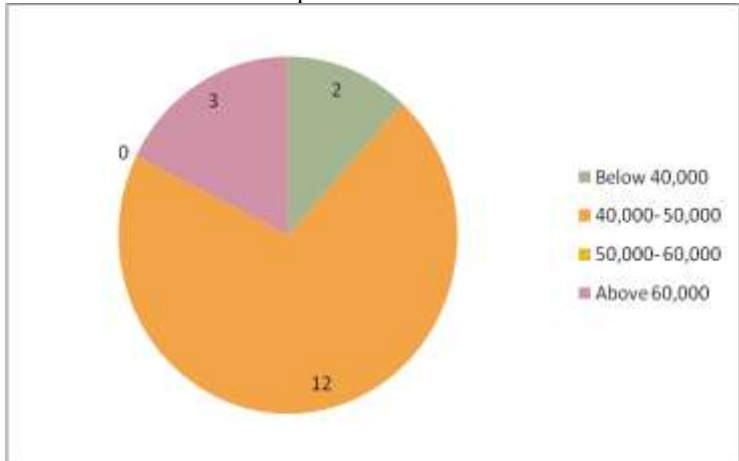


Table No.: 4 demonstrate the yearly income of both the married and unmarried women respondents in the village. The income of the married women is considerably higher than the unmarried women. The investigation uncovers that 59.52% of the unmarried women rely upon their parent's income.

Comparison of women health, education and income status; the above examination demonstrates the after effects of the women well-being, training, and wage status. On account of these women in the village, they are very little mindful of their condition the same number of them is uneducated. The other incredible obstacle to the weakness status is their low salary which they need to win taking part in an overwhelming farming field work where their financial life completely relies upon it. Among the married women 31.50% are observed to be unskilled however on account of unmarried women, there is none yet, the general educational status of the unmarried women is higher than married women as appeared in the table No.: 3.

In the case of diseases, the dominant part of both married and unmarried women are a casualty of womb issue (78%) and in addition, period issue (34%) has appeared in the table No.:2. The specialist found that there is not even a solitary lady who experiences one ailment alone. The greater part of them experiences the ill effects of more than three or four ailments at any given moment which is the after-effect of their weakness status. Besides, 99% of the women are a casualty of intoxicants of different sorts; some people are of now dependent on it. They had been expending the intoxicants for very nearly 10 to 15 years or more which makes them difficult to leave it even in the wake of knowing, its unsafe impacts to their body.

Their wellspring of wage was basically drawn from farming. On account of income, married women win higher than that of unmarried women. 54.76% of the married women acquire rupees 60,000 above while just 7.14% unmarried women earn a less amount. As appeared on the table No.4 is 59.52% of the unmarried women did not earn anything but rather they rely upon their parents' income.

### **Findings**

The investigation uncovers that out of the aggregate 115 respondents, 73 are married women and the rest of the 42 women are unmarried. As indicated by the study, the physical well-being status of the women at the village is under poor condition inferable from different issues. The examination uncovers that there is not even a solitary center or dispensaries inside the village and there is not a solitary specialist which is an incredible need. The women, for the most part, have an issue with womb (78%) and monthly periods which are firmly interrelated to each other, and gastritis with (75%). A majority of the married women conveys a youngster at home which was taken care by the village elderly women, neighbors and the attendant accessible in the village. They do not select healing center in light of their numbness, bound by the method for convention and also money-related issues.

The examination found that the village people usually went to the basic city doctor's facility which is 94 km far from the village rather than the locale healing center which is much closer to the village due to the absence of framework and absence of good specialists. Another factor which significantly hurt the women well-being in one way or the other is the normal utilization of intoxicants, for example, biting of the container which is accessible in different sorts in the village. Indeed, even in the wake of knowing its hurtful impacts a few women think that it is hard to stop the utilization since they are dependent on it and some simply expend it for their own bliss. Additionally as there are exceptionally restricted assets which leave the women with no preferred choice rather over relying upon agribusiness and an independent company like weaving, cultivating etc...., as their wellspring of income and the examination found that larger part of the unmarried women did not procure alone but rather 59.52% relies upon their parents financially.

### **Recommendation**

- 1) Dispensaries or clinic ought to be set up inside the village with a specialist or an individual who has a decent learning about different ailments so she can help the villagers in possible ways. Women ought to be given preparing or a medicinal camp for nothing ought to be set up all the time with the goal that they will turn out to be more mindful about their well-being as well as about the entire family well-being and lifestyle.
- 2) Women's education is an incredible need, the more taught the women is the more she will play it safe about the living conditions, lifestyle or more all the well-being which will prompt a healthy living.

### **Conclusion**

One might say that majority of the women in the village are physically, fiscally and instructively not in a steady stage where their present and future lives are in an extremely poor and decrepit condition. The women's physical well-being status ought to be given care by the family and also by the general public with no segregation. Women, regardless of their weakness status they do not have a recreation time for themselves as their reality is by all accounts spinning around their family and they never stop to escape from their obligations as a mother or as a sister. The well-being status of women in the village is in especially poor condition. Generally, the women are uneducated and they are very little mindful of their well-being condition. As per this investigation, there is not even a solitary well-being facility and Primary Health Centre in the village which incredibly owes to the living weakness state of the women. The closest healing center was situated at the region where they needed to go by public taxi confronting a troublesome circumstance due to the street condition, particularly amid blustery season. Being a woman, greater part of them are bound by the way of life where they generally needed to give up themselves for family joy notwithstanding their different issues, they considered that women ought to be under control of men regardless of the possibility that they would prefer not to do in light of the fact that it was the custom that their progenitors had been following. The more taught the women are the more well-being mindfulness she will give to herself, youngsters, family, the general public and more. She would do well, clearly her living way of life will be an extraordinary case of the general public.

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