WOMEN AND CHILDREN: WELL-BEING AND MEDICAL AID

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Abstract: Everyone has a primary right to basic Health care when Women's Health issues come into the perspective, the spectrum enlarges to greater lengths. Women are entitled to certain health care provisions that would cater their specific needs. In Every Society, Women from multiple sections and walks of life experience different exigent when it comes to health and henceforth has varied requirements. According to the World Health Organization (W.H.O.), complications during Pregnancy and Childbirth are the leading causes of death in young women in developing countries. Both Children and young Mothers suffer from Malnutrition, under Nourishment and Hidden hunger that pose consequences at both individual and societal level. Due to Societal beliefs and Communal barriers, Young girls are married off in their pubescent or teen years and therefore, give birth at a very early age and lack the proper support to tackle the forthcoming issues of Hygiene, Care and Well-being of themselves and their Children. Many Women and young children lack the facilities for prenatal and neonatal care that form the reasons for the rise in the newborn child fatality. In India, under the Ministry of Women and Child Development, Integrated Child Development Services (ICDS), forms a greater part of providing Healthcare facilities and attempts to reach out to Women and Children. In addition to fighting malnutrition and ill health, the programme is also intended to combat gender inequality by providing girls the same resources that are usually presumed to be available to boys. The current paper highlights the various health problems and their related root causes. It also focuses on the effectiveness of the measures and remedies that are being implemented by the government. The paper also highlights the role of Socio-Cultural aspects which operate as a social control mechanism towards health care. The study is conducted in the Anantapur District; Andhra Pradesh. The primary data is collected through Interviews conducted in the Anantapur District. The quantitative paper is the scheme of this Research.

Keywords: Malnutrition, Health Care, Medical Aid, Social Beliefs.

Introduction: Health is an essential aspect of every individual's wellbeing. Since Time immemorial Health has become, ironically, both a prioritized as well as ignored detail of Wellbeing, and this arose due to the circumstantial, incidental and economic consequences that defined "Good Health". As stated in the Preamble of World Health Organization (WHO)[1], "Health is a state of complete physical, mental and social well-being and not merely the absence of disease". Irrespective of age, gender or any other difference for that matter, all Human Beings require a certain amount of secured benefits for sustenance and virility. In case of Women's Health, they require specific benefits and facilities, considering their differential needs and additional necessities. Absence or Lack of these prerequisites in most cases leads to "bad health"[2]. The health of women and girls is of special concern because they are disadvantaged by discrimination that is rooted in socio-cultural factors. It forms every Woman's responsibility to maintain proper health, considering her Health, in turn, affects the health of her offspring or the child she bears.

[1]Within the age group under 5 years, India has the highest prevalence of underweight children in the world (49 percent) which is comparable only with countries like Bangladesh (48 percent), Nepal (48 percent)
[2]about 46 percent of the children below age three are underweight, 79 percent suffer from anemia, and 56 percent escape full immunization. Nearly 23 percent of children born in the country have low birth weight.

Women's Health and related concepts lead to a farther more complex spiral of events of long-term and advanced soundness in terms of both physical and mental wellbeing.

Health through Lifestyle: An important element of facts, which is to be considered while analyzing Women's Health, is the dependence of livelihood and lifestyle factors on Health that shape the salubrity and vigor. In the lifestyle and behavior aspects, Nutrition plays a key role, a well – balanced and supporting diet ensures protection against infections and deficiencies that otherwise, may cause considerable damage to one's immune system by making them more prone and vulnerable to these diseases and thereby affects the wellness and state of health.In order to improve the lifestyle conditions of Women, the framework of certain social norms and stigmas that affect the prime of Well – being should be radicalized, if not, totally eradicated or reconstituted. The multifaceted patterns form the benchmark of different classes and other societal barriers that exist and thereby, also form the visceral of other factors that affect Health through lifestyle and livelihood.Global Strategy for Women, Children.

Adolescent Health: WHO[3] in its newest development scheme, Global Strategy for Women, Children and Adolescent Health (2016-2030), focuses on attaining standardized Health facilities to all Women, Children and Adolescents by decreasing social norms, and focuses more on the reproductive roles of Women, thereby not differentiating Women's Health and Childcare since, both lie in the same margin. By enhancing the physical and mental fitness of Women, this scheme aims at achieving a positive Health impact on Children as well. Global Strategy for Women, Children and Adolescent Health also throws light on the policy-making process of Leaders and thrives to change the mindset of people and communities to overcome and override the traditional suppositions to accept and frame a better Healthcare system that supports the overwhelming needs of Women and Children.

Accessibility to Health Care: Not every Woman, though validated, may be able to access basic Health facilities given to her and sometimes these conditions may even behave like a barrier to obtain Healthcare. To increase availability and propagate the importance and essentiality of Primary health, ideal and quintessential setups should be established for micro-level care, that is spread over a large dimension and that specifically caters the needs of Women and their Health.

Women, Children, and ICDS: The obligated Health facilities may not reach all Women[4] originating from various backgrounds and places they come from and to compensate this, the Government tries providing essentialities to them through carefully and precisely constructed programs and schemes. ICDS or the Integrated Child Development Services, under the Ministry of Women and Child Development, aims at supplementing the care and conditions for Women Health and Child Growth and Improvement. Launched in 1975, discontinued from 1978 and later re-established by the Tenth five-year plan with enhanced objectives, ICDS or the Anganwadi system has been evolving and developing to constitute and fulfill the needs and demands of feminine health and rectifying the problems and obstacles that arise in the course.This scheme deals with a collective number of interrelated problems and issues and tries to solve the consequent conundrums till the core of the dilemmas. From Malnutrition and Malnourishment in both Mother[5] and Children to Immunisations and eradicating any forms of Gender Inequality. Initially, though the programme suffered practical and feasible predicaments, like the failure to deliver sufficient nutrient supply to the Poorer states of the country and also the attendance of children from poor backgrounds, over the years, this schemes proved to enhance the progress of Physical and Mental Development of Children, by engaging them in activities and other forms of operations for gradual and successive development. As stated and instigated by the survey and

[3]The World Bank has also supported nutrition improvement programme in India since 1980 through six projects with an overall investment of over 700 USD million. These projects are: Tamil Nadu Integrated Nutrion Project (TINP I, 1980 – 1989); TINP-II (1991 – 1997); ICDS I (1991-1997); ICDS II (1993 – 2002): ICDS III (1994 – 2006); and ICDS programme in Andhra Pradesh (1999-2000) as a part of Andhra Pradesh Economic Reconstruction Programme (APERP).

[4]Only 21% of mothers (1 in 5) received full antenatal care in the country (NFHS 4, 2015-16)

[5]More than 50% of the pregnant women aged 15-49 years were found to be anemic (NFHS 4, 2015-16)

report in the States of Andhra Pradesh and Karnataka for the year 2010, that asserts, the improved Physical and MentalWellbeing associated with individuals enrolled in this scheme.

Social Audit – Analysis and A Comparison: For Further support to the judgment, the results of the Social Audit of 2008-09 were compared and analyzed by visiting certain Anganwadi centers in the Anantapur District and the reports of the same were broken down and scrutinized.Social Audit is a systematized scheme by which different individuals of the community and the related beneficiaries, examine the implementation of the scheme, with the participation in the critical examination of all aspects of the scheme that are audited. It is a cross-check mechanism for the administration process by establishing transparency and documentary evidence.For the analysis, the district of Ananthpur was chosen for its specific mention in the review of the Audit as well as its mention as one of the Districts with minimalistic Healthcare and dimensional aspects. The prominent Raptadu Mandal was identified with a static and conventional setup and the Villages Chapala, Marur (AWC1[6], AWC2) and M.Gollapalli. In total, a number of four Anganwadis were visited, though Marur had three Anganwadis with a new, third one that was recently instituted and was not scaled for comparison due to its absence in the Social Audit of 2008.After an over decade gap from 2008 to 2018, this visit provided a new scope for the changes and development that these AWC's coursed through the time.Chapatla Village of Marur Gram panchayat of Raptadu Mandal, established in 1993, in the Social Audit was reported the lack of proper adult weighing scales thereby hampering the weight monitoring in Pregnant Women, also had certain plumbing problems and a rendered Vitamin – A supply and unidentified Malnutrition and prevalence of some taboos and beliefs.Currently, the Anganwadi takes care of over 12 children and 7 Pregnant women who visit the centre daily for their supplements and children below 6 years attend the centre for a caretaker, both of whom, eat their midday meals at the centre. The weighing scales were replaced and the plumbing problems were solved. The construction of a permanent Anganwadi building is in progress and until then the AWC activities are being carried out in the local abandoned school building.Marur Village of Marur Gram Panchayat of Raptadu Mandal – AWC1, established in 1993, this centre was located in the AWW's house and had no lavatory provision, the weighing scales were in repair and only 60 out 134 children under 3 years received supplementary nutrition and the distance added to the unsupervised activities and unregulated and disturbed supply of medicines and IFA (Iron and Folic Acid) tablets, classified the working of AWC1 unruly and unbalanced.At Present, the AWC1 houses over 15 children and has reduced the force of one Anganwadi Centre by establishing a third Anganwadi Centre, with both the centres having a permanent building and the weighing scales have been replaced and supply of the medicines has apparently been regulated and regular Supervisor visits are being organized.Marur Village of Marur Gram Panchayat of Raptadu Mandal – AWC2, established in 1993, though the centre has its own building, it suffers from leaks during monsoons and recorded an improper attendance register and a disturbed supply of medicines along with the absence of midday meal scheme in this AWC.The centre though still suffers from leaky roofs and improper water supply but now has a continuous medicine and supplements supply with a properly functioning midday scheme.

M.Gollapalli Village, Marur Gram Panchayat of Raptadu Mandal: Though not mentioned in the Social Audit of 2008, this Anganwadi centre also had a permanent building for the ICDS working and procurement. It had a considerable number of children enrolled but due to some territorial issue, failed to have electricity, apparently, only on that particular day and was solved immediately by the local Head/Sarpanch,who escorted us during our visit. The Anganwadi Worker was newly enrolled and thus had no knowledge of the previous functioning and hence, forms no convention or scale for Analysis and Comparison.

Observation: The latest advancement in the Supervision technique has been observed by interviewing these Anganwadi Workers, who recently, a month prior to our encounter, received Smartphones from the ICDS[7]. The purpose of the phone is that the activities and attendance need to be uploaded to the

[6]Anganwadi Centres

[7]The ICDS programme today covers 8.4 crore children of age below 6 years and 1.91 crore pregnant and lactating mothers through 7,066 projects and 13.42 lakh 2 | A Quick Evaluation Study of Anganwadis under

supervisor on a daily basis, with a picture to support their deliberation. After visiting four such Anganwadi centres, one of the conclusions, which can be sought, is that, efficient supervision led to the better functioning of the ICDS centre and one of the drawbacks is that of certain stigma and controversial practices, some through lost on the way, some others are still existent and should be a cut down for a far more progressive outlook.

Primary Health Care – A Right Stated by Law: Right to health is not included directly as a fundamental right in the Indian Constitution. The Constitution commissions this duty on the state to ensure social and economic justice. The Right to Health can be derived from Article 21 of the constitution, Right to Life.Article 38 of the Indian Constitution makes the State liable to secure a social order for the promotion of the welfare of the people and to achieve that, Primary Healthcare is essential and without public health, the welfare of people is impossible.Article 42 makes provision to protect the health of infant and mother by maternity benefit.In India the Directive Principle of State Policy(DSDP), in the Part four of the Constitution, under the Article 47, considers it the primary duty of the state to improve public health, securing justice, human condition of works, extension of sickness, old age, disablement and maternity benefits and also contemplated. Article 47 makes improvement of public health a primary duty of State. Hence, the court should enforce this duty against a defaulting authority on pain penalty prescribed by law, regardless of the financial resources of such authority.

Conclusion: The Paper aims to establish the essentiality of Women's Health, their entitlement to Good Health and the work of ICDS towards the same. The results of the field visits to these ICDS centers are included to give a better insight to the working of the system at the grass – root level. Though the scope of exploration was limited, a comparative analysis was drawn with the Social Audit Report of 2008 and the contrast revealed considerable developments with respect to the enhancement in ease of working with use of Technology but there are certain loose ends that are making the system insufficient which can be drawn together and thereby increase the accessibility to Health care and necessary medical facilities, especially to growing children.

References:

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2. About 46 percent of the children below age three are underweight, 79 percent suffer from anemia, and 56 percent escape full immunization. Nearly 23 percent of children born in the country have low birth weight.
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