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Health Status of Women in Border Areas of Jammu and Kashmir with Special Reference to Maternal and Reproductive Health: An Analysis

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Abstract: ***World Health Organization defined "Health refers to be complete social well-being of an individual". If we see in every society, women's maternal and reproductive health is always a matter of concern. The factors that are more important for women's health are nutritional status, education, age, social status, and geographical location. History revealed that there is a political disturbance in the union territory of Jammu and Kashmir since the partition between the two nations India and Pakistan in 1947, which impacts the lives of people residing there. In the case of women (who) are sensitive at one end and their health is affected by these circumstances. To acquaint the civil right of all individuals is said to as gender equality. Particularly, in remote border areas of Jammu and Kashmir women's concerning a lot of suffering and challenges regarding health. Overall, they are disadvantaged in all spheres and become prone to any change. However, they are not getting proper health care in specific. Almost they are under restrictions and not allowed to make social interactions. There is no sign of mobility has been observed concerning their socioeconomic conditions. Although there is a dearth of proper health infrastructure and there is no evidence of primary health care centers. Nevertheless, structural, and contextual circumstances signify a major role to decide the health of women such as early marriages, malnutrition, anaemia, reproductive, and oral health issues, and psychological problems, which this all-lead fuel to women's woe. Admittedly, it is to be said that due to all these challenges women are at risk of morbidity and mortality. It is reported that in the border regions there is a high rate of maternal mortality. To maintain the authenticity of my objective, I explore literature related to maternal and reproductive health and the impact of turmoil on the socio-economic life of women. This work is based on secondary sources and primarily addresses the issues of women's health in the border areas in Jammu and Kashmir. Secondary information has also been collected from various sources such as Books, Reports, Journals, Articles, Census, and Online sources. Articles reviewed for this paper revealed the***

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deteriorating condition of border areas of Jammu and Kashmir and how women are living under deprivation. The paper put forth recommendations to ensure that there should be civil rights for every female and inclusion in every institution which make them empowered and provide a better direction for improving the health of women.

Keywords: Border area, Health issues, Reproductive health, Turmoil, Women.

1. INTRODUCTION

Women's health is always a matter of concern in every society concerning maternal and reproductive health. Since human existence, issues of women's rise in every society. But one of the most specific is 'Health'. In the year 1948, the United Nations announced to provide human rights to everyone, and in this declaration Article 25 stated that every individual has the fundamental right to acquire means of the standard of life for him/herself and the family. Alma Ata's declaration in 1978 explained that should be of an individual focused on primary health if we want to achieve Health for everyone. On the other hand, in 1948 in Beijing, the world conference on issues of women's health is disclosed. The result of the proclamation gives a clear path to remove the gender disparity and provide equality which is said to be the basic right of every individual, indeed. As such the Sustainable Development Goal-3 and Goal -5 also indicate to provide and ensure better health and promote equality and uplift all women respectively. In the year 2011, their World conference was held on the issues related to health regarding social determinants. Here 125 member states' delegations meet and the result of the conference on social determinants of Health is promoted in the Rio Political Declaration. However, the declaration confirms that the social circumstances of the individual like residence, environment, education, income, and economic status all these determinants are responsible to create gender inequities in society and it is not to be acceptable anywhere. Going back to the mid-1800s, Engels was a contributor to Marx's view of the working-class health issues in the city of Manchester. He condemned that all the very concerning health issues, illnesses, and diseases are like societal murder which is done by the upper class that is the bourgeoisie. He discussed that health inequalities persist negatively, and people live in poor conditions. There is no equality in society. There is domination and exploitation of the high class where people feel distressed and are in a state of powerlessness. (Behera: 2016). However, India has a health infrastructure and portfolios focused on various schemes and policies that move through all states and union territories. Every state of India must provide better nutrition and living standard to their people and should improve the public health issues it is enshrined in the constitution of India. Moreover, in the" Parliament session Government of India announced the right age for women from 18 to 21 years vis-a-vis Prohibition of Child Marriage Amendment Bill, 2021". The Bill featured to improve the nutritional level that can reduce the maternal mortality ratio. Women can easily go for higher education and to get a job, to make self-reliant. Undernourished, Anaemic condition of women leads to mortality level. With the increase of the marriage age for every woman there will be improved in the nutritional diet. Whereas poor women do not become better nourished due to their poverty (Marriage age for women: 2022). Many states of India where the tribal population is high are Madhya Pradesh, Jharkhand, Rajasthan, Odisha, and Chhattisgarh. Their living habitat is different from the rest of the others. They mostly preferred having remote and rural areas found to be peaceful there and traditions and customs have a dominant role in their life. Because poor lifestyles and

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lack of resources impact women. They have an unhygienic environment with no proper sanitation system. Still, used clothes during the menstrual cycle are highly dangerous for their reproductive health. They are undernourished, suffer from anaemia, and possess a high fertility rate. Apart from this they also have communicable diseases and sometimes they bear long-term diseases and morbidity. In the interplay of all these circumstances, poverty plays a dominant role. On a global level, examined that Nigeria (Africa) reported the highest number of maternal deaths. Whereas India recorded the second highest ((Nour: 2008). According to the South Asia ranking of 2021 in which India got 146 positions out of 156 countries, it shows the least performer.

Truthfully, it is noted that women's health problems and concerns prevailing throughout the centuries. It is not only bound to India. In the manner of Radical Feminists views that patriarchy is responsible for the marginalization of women and is linked to low-status women. Due to the patriarchal structure, women bear discrimination within their private sphere. They have no right to decide. They get humiliated by the male domination power somewhere. They cannot access proper resources like food, health benefit, and education (Anbu: 2020). Because of inadequate health care, they are facing different challenges such as malnutrition, high fertility, being anaemic, a threat to mortality, prone to reproductive tract infections and psychological disturbance, and distant cure. Specifically, women's reproductive and maternal health are very essential factors for every woman in the world. Anyhow, concluded that the structural determinants caused health inequalities. They create differentiation concerning socioeconomic status.

Objectives

To describe the maternal health and reproductive issues of women.
To identify the challenges faced by the women in border areas of Jammu and Kashmir.

2. METHODOLOGY

The Research study is mainly secondary data. The various sources of data collection are reputed Journals, Books, Research papers, Newspapers, Online sources, Official reports, Government reports such as the World Health Organization report, the Ministry of women welfare report, and data reported by the ministry of health and family welfare, statement opined by National Family Health Surveys and NITI Aayog and rest from archives. The survey is a broad and in-depth process of collection of data about health and population parameters for every state and union territory of India. In addition, the survey also collects data at the district level.

Although, in the Slums region where socio-economic conditions are very poor, mostly people living under vulnerability especially women bear reproductive issues and morbidities as well. Along with that, the rural/remote areas women are also the victim of poor health facilities. Women do not prefer institutional delivery mostly they opt for traditional practices and home care. Indeed, in India, the highest cases were reported from the state of Meghalaya followed by Haryana and Jammu, and Kashmir. The middle age group of 25-35 years found higher odds of care, in comparison to both younger and older women (National Family Health Survey: 2016). In India, to provide better initiatives for the socio-economic development of women and children and public health and to improve the health issues and how to resolve them. NFHS-4 revealed that reproductive tract infections are found common among women. There are around

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39 percent of women have symptoms. As compared to other states of India, women face delivery complications as much more in the union territory of Jammu and Kashmir. Especially in border regions, there has been seventy-three percent of women bear reproductive problems (National Family Health Survey: 2015).

A survey was conducted by NITI Aayog in Jammu and Kashmir on Nutritional profiles among women. Most of the women are between the age group of 15-49 years 1,93,874 who are found underweight and undernourished. From the total the district Baramulla reported 32372 followed by Jammu-21545 and after that, Srinagar reported cases of 14648 followed by Anantnag 13044 and Bandipora 12389 with such cases. However, in the category of Pregnant women who are suffering from Anaemia. The total number is 1,64,670. Out of total Srinagar has found 37940 anemic women. Whereas a total number of 30289 cases were reported from Jammu followed by Baramulla with 13105, Anantnag-12408, and Udhampur-7306. Nevertheless, in the category of non-pregnant women who are suffering from Anaemic issues. The highest number of cases was reported from Jammu with 349848. Along with that, the other districts of Jammu and Kashmir such as Anantnag reported 240841 cases. Whereas Baramulla has 223242 cases followed by Srinagar-219726, and the border district Kupwara reported 164023 such cases of anemic among women (NITI Aayog Report: 2021).

literature review

Women's Health Status in India

In human existence, Society has a patriarchal structure that makes women to adhere restrictions and norms. The societal structure impacts women's welfare, particularly on health. Health is a social phenomenon without comes that is influenced by the structure of the society. Women's health status in India is influenced by social circumstances. They constitute hierarchies in every society and generate differences. Maternal health is defined as the duration of pregnancy up to the post-partum epoch. Research revealed that because of the low socioeconomic status of women, insufficient medical care can increase mortality on large scale (Muzaffar: 2015). World Health Organization Survey found that uneducated women are likely to suffer from health issues possess a lack of awareness and found a high mortality rate during childbirth. However, poverty has a dominant role to accelerate poor health, and the consequences of illiteracy and being poor lead to a high fertility rate in India. Somehow, the high fertility rate raises serious health challenges in Indian women. Due to multiple pregnancies, women get undernourished which affects a child. They are not able to require adequate care for a child in terms of food (Scanneving: 2015). The topography and cultural manifolds vary throughout the country. There are some of the reasons why women's death rates urge during delivery due to lack of proper and nutritious diet, lack of awareness, and no medical care, particularly during the maternal period. Despite that, hemorrhage is a major killer in India. Improper health care facilities provide a major contribution to maternal mortality. Poverty and Unemployment are some social problems that lead to misery for people. Nevertheless, many other challenges have been in India. In all these circumstances, there is a lack of resources and poor accessibility to health care for everyone. In the Pandemic has been reported that a high risk of morbidity and the quality of being unhealthful found among pregnant women (Lancet GlobalHealth:2021). Discussed various issues of women's health. But one of the major factors that are responsible for the vulnerability of women is Anaemia (iron deficiency). It has an equally adverse effect on the health of women. In the reproductive age, anemia problems are found as much among

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women. However, in the category of pregnant around 50 percent of women in the middle age group were found to be anemic (Zodpey and Negandhi: 2022). Malnutrition is another serious health concern that threatens the survival of women. There is a need to require proper health care for Indian women, particularly during pregnancy and lactation periods. But in India women mostly suffers from no such proper care. Many of them in the duration of maternal not getting proper nutritious enriched diet which results into undernourished conditions as. Even during pregnancy, not concerned about medications that have iron content and vitamins which are essential for the good health of the mother. This negligence may threaten the survival of women. The state of Bihar has the highest number of maternal complications followed by the state of Jharkhand and West Bengal (Subba: 2013). Moreover, Bihar also ranked at the bottom regarding various health issues like there are high fertility rates, women not preferring institutional deliveries, delivery complications, maternal mortality, prenatal mortality, etc. (MOHFW, NITI Aayog:2019). A mother's poor health impacts the child. Odisha reported the highest number of low birth weight. Undoubtedly, it is true that early marriages and adolescent pregnancies, and childbirth are also paving to women's marginalization (Kowsalya and Shanmugam: 2017).

Table 1: Laying out the comparison between the rural and urban health issues of women

S.NO.	Rural women	Urban women	Total
Marriage before 18 years	5.3	2.0	4.5
Total fertility rate	1.5	1.2	1,4
Literacy Rate	71.6	81.9	74.3
Maternity Care	85.5	90.0	86.6

Source: National Family Health Survey-5(2019-20).

Table (1) explanation shows that the female's marriage age before 18 years of age increases in rural areas. From here we can analysed that may there are some factors like illiteracy, poverty, unemployment, geographical location, no exposure, low means of communication, and so on. There is a huge difference between rural and urban women as well. Rural communities are almost traditionally bounded and adhere to customs. They believed in shared and we-feelings. In remote rural areas due to geographical residence, there are various issues such as poverty, ignorance, unemployment, lack of economic resources and well infrastructure, social class, and no such education system. In rural areas, the fertility rate is much high, lack of resources, and a dearth of health infrastructure. In response to all these factors, people prefer early marriages, anyhow. Due to the burden of all these circumstances, women become a victim and then suffer a lot for the rest of life. Early/adolescent pregnancies lead to numerous complications. There is no such acceptable maternity care.

Physical and psychological well-being is called reproductive health. To make a healthy woman strong only then. Why do women have poor reproductive health because of some reasons such as multiple pregnancies, illegal and unsafe abortions, filthy sanitation, vaginal infections, etc? The survey NFHS-4 revealed that reproductive tract infections notified the highest among women at 39 percent. As per the National Family Health Survey (NFHS)-4 report that thirty-nine percent of women have symptoms. Data revealed that between the 14-49 age group estimated high symptoms including sexually transmitted diseases and infections (National

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Family Health Survey: 2015). Women who suffer from reproductive tract infections bear the discomfort, distress, embarrassment, problematic situation in the menstrual cycle, the impact of the use of contraceptives, and reported stillbirths. Reproductive tract infections are a kind of syndrome which causes various problems like itching and ulcers in the vagina, excessive bleeding, vaginal fluid discharge, feeling the personal embarrassment and ashamed, physical discomfort, the reaction to using contraceptives, abortion mishaps, and vanished economic productivity, somehow. (Balan:2017). Although, the slum area is in the vicinity of the city. These areas are not mainly developed, and their socio-economic conditions are very poor. There is no proper sanitation and cleanliness. In slums, many diseases and infections are found among living people. Women's condition is pathetic in these areas they bear challenges to their health. Morbidities are found common among women in living slums (National Family Health Survey: 2016). Marginalized women's living style and their hostile life created a problem for their health (Khanday and Akram:2016).

Maternal and Reproductive Issues of Women in Jammu and Kashmir

The union territory of Jammu and Kashmir is identified as a unique landscape and diverse in culture. In Jammu and Kashmir, studying the different parameters of women's health confined that discrimination exists in the health sector that further leads to women's marginalization (Muzaffar: 2015). Since 1947, has been going through political turbulence which affected the lives of people, especially women. The border regions have been areas of controversy and disagreement. These areas are constantly under reeling, escalations, and suspension of hostilities. Women suffer a lot, and their social status is very low. They are not involved in civil and political participation. They are not enjoying their rights and no such conducive environment. Since partition, the state of Jammu and Kashmir has been going through political turmoil that has put an appearance on the health, particularly of women. The border areas of Jammu and Kashmir have been an area of dispute which have directly or indirectly affected the lives of people. These regions are reeling under constant escalation and ceasefire violations. Women's social, economic, cultural, and political lives are impacted due to turmoil.

In general, we see women have various issues and challenges in all spheres of life ((Dar:2015). But specifically, the very important institute is health. As we all know good health must be essential for every human being for the survival of the fittest in society. Notably, they lack proper care regarding maternal health. Research disclosed that in Jammu and Kashmir almost women are suffering from reproductive problems. However, they experience limitations around there. They have almost fewer interactions with one another. To examine the social factors that have a vital role to determine the health of women such as their diet, work status, family type, source of income, dependency, and rigid terrain. Regardless of, early marriages, being anemic, lack of awareness, improper care during pregnancy, and at the time post-partum, these further add to the sorrow of women. The consequence gives challenges to them which results in long-term infections, morbidity, and an increase in mortality rate. Because of resources in the remote areas, people have various issues, whereas the dominant concern of women is illiteracy, unawareness, multiple pregnancies, poor lifestyle, uncontrolled birth rate, unsafe abortions, and so on. These are some aspects that affected the lives of women. Most women not getting an adequate amount of food as well as the nutritious diet that should be needed. No doubt they have been overburdened by domestic work along with turmoil. While during work in agricultural fields and cattle grazing mostly get injured in cross-border shelling

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and gun fights. They are economically dependent on their spouse. Within the bounds or limits that result in high neonatal, infant, and maternal mortality. Adolescent marriage age, poverty, hypertension, lack of prenatal and post-care, home deliveries, etc all these factors that increased the chances of maternal mortality as well. Even so, they have very poor antenatal care and due to impoverished circumstances, they don't prefer institutional deliveries which impact negatively their health and develop fetal distress, a victim of being anemic during a post-partum period rises to serious mental health problems and cases of stillbirths are also reported. (Adiga: 2021).

Around 73 percent of border areas living women found reproductive health issues (NFHS: 2015). As a result of this, many more women are divorced due to their incapability to give birth to a child (Bilal et. al., 2017). Along with that reported the highest number of complications during pregnancy and at the time of post-delivery. In Jammu and Kashmir, delivery complications are much more rather than in other states of India (NFHS)-3 data reported that they often received antenatal care from ASHA workers and Auxiliary nurse midwives (Muzaffar: 2015). During the review of the literature, I get to know that in border areas there is a dearth of good health infrastructure. As such no primary health care centers there. Furthermore, Jammu and Kashmir's topography demands snowfall which makes obstacles and barriers for living people for almost four months. Particularly during this time pregnancy and childbirth is such a great challenge for every woman. Here occurred trenches and roads are blocked for villagers' treacherous journey to access the requirements and health facilities. Childbirth is dangerous for women during snowfall blocks roads, and villagers make a treacherous journey to access even rudimentary health care facilities. Better maternity health is still a dream for women in remote border areas of Jammu and Kashmir. Truly, it is said that good maternal health care is still hoping for women in rural remote border areas of Jammu and Kashmir (Aljazeera: 2021).

Table 2: Showing the difference between the districts about women's malnourished profile. Data presentation is in the form of a percentage.

S. No	Districts	Age	Malnutrition No.
1	Anantnag	15-49	6.72
2	Baramulla	15-49	16.69
3	Bandipora	15-49	6.39
4	Jammu	15-49	11.11
5	Srinagar	15-49	7.55

Source: NITI Aayog Report, 2021, Jammu and Kashmir.

Table 3: District-wise comparability of the pregnant and non-pregnant anemic status of women. Data is present in the form of a percentage.

S. No.	Districts	Pregnant women Anemic	Non-Pregnant women Anaemic
1	Srinagar	23.04	133.43

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2	Jammu	18.39	212.45
3	Baramulla	7.95	135.56
4	Anantnag	7.53	146.25
5	Udhampur	4.43	_
6	Kupwara	_	99.60

Source: NITI Aayog Report 2021, Jammu and Kashmir

Data shown in Table 2, that report from NITI Aayog describes the Nutritional profile of women of Jammu and Kashmir. However, gathered data depicted that twenty-nine lakhs of women are undernourished and in a state of anaemic. The district Baramulla ranked at the top with 32372 percent of women found underweight and undernourished followed by Jammu at 21545 percent. And after these two districts, the other comes in the category that is Srinagar-14648. Whereas 13044 were reported from district Anantnag and 12389 from Bandipora district of Kashmir division.

Table 3: Data showing the difference between the Anaemic profile between Pregnant and Non-Pregnant women in the districts of Jammu and Kashmir. However, in the category of Pregnant women reported Anaemic, where Srinagar was at the top with 37940 cases of women conditions suffering due to chaos and fear of turmoil. Here reported 13105 anemic women. The other districts are Anantnag with such cases as 12408 and Udhampur- 7306. On another hand, the category of Non-pregnant Anaemic women was found highest in the Jammu district with such cases as 349,848 followed by Anantnag-240841. Thereafter the other Anaemic cases were reported from Baramulla with 223242 and Srinagar-219726 and at last, Kupwara also a border district of Jammu and Kashmir with a vast majority population. Here the Anaemic women reported in the non-pregnant category by 164023 cases (NITI Aayog Report: 2021).

Though in the province of Jammu most of the women between the age group of thirty-five to sixty-five years of age group having menopause problems. The syndrome of the menopausal transition period starts in the midlife of the women when they bear the symptoms such as sleeplessness, feeling depressed, mood swings, and somatic behavior (Neeru, Samridhi, and Ambika: 2015). In the union territory of Jammu and Kashmir, the tribal population mainly consists of two major tribes Gujjars and Bakarwals(Nomads) are under the category of scheduled tribes. They are living a sedentary life and suffering from many challenges. They belong below the poverty line and live under unprivileged circumstances. But if we talk about nomad women health conditions are very pathetic. Researchers spill out that their health is not good as much from the rest of others. Because of domination of the poverty, they are not getting to take any proper medications or maternal care. They have no awareness, their literacy rate is below average, very poor sanitation, and no proper infrastructure. Though their living style and structure of houses are different, mostly prefer to stay in dhoks(margs) lying in the upper reaches or uplands. Their occupation is pastoral cattle rearing for the grazing of cattle, usually migrating from one place to another, called seasonal migration. Because their means of livelihood is cattle rearing. So, these circumstances show that maternal health care has been a great challenge with their socioeconomic profile. Here reported high fertility rate and illegal abortions, mortality, and stillbirths have evidence. which decline their health status and create infections and complications during pregnancy (Gul: 2014). Unquestionably, here we can say

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that the women's status is not good, still living in a state of worseness. It must need to be addressed.

3. RESULTS AND DISCUSSIONS

In every society, women's health issues are still prevailing since human existence. However, women's health issues are prevailing over the past decades. The social profile of women is confined by the socioeconomic status of women in society (Desai: 1994). The patriarchal structure and ideology make rigid norms and cultural practices that are highly rooted in society. Women are expected to make conformity to those social norms and roles. Women adhere to following such traditional norms. It may directly or indirectly affect the social life of women which hinders or make obstacles to their development, particularly in health. Although, I have discussed the major and primary concerns of women that caused disparity and produced stratification in the position (Hamal and Dieleman: 2020). Considering maternal and reproductive health are neglected at a distance.

Anyhow, in presence of unrest in the region, improper management, and lack of transparency there. And this kind of disturbance such creating tremendous uncertainty and impact the health of women. There are inadequate proper health facilities with no such provision for providing better medical care. Whereas, in border areas of Jammu and Kashmir women are depressed by exploitation, discrimination, and various challenges regarding health and care and are vulnerable to any social change (Bilal, et.al., 2017). Women's health is affected by several factors that increased the possibility of death in essence to the social status of women. The figures and data from border areas exposed that women about seventy-three percent are found with reproductive problems (National Family Health Survey: 2015). Taking into consideration such problems as low education, poor style of living, less female participation, destitute slums conditions, poverty, unemployment, and many more. Besides this, those women who are living in remote areas and urban slums are most vulnerable to various health crises. They are deprived of many resources (Gul: 2014). In Kashmir, on coming winter climate creates a barrier and make challenges to the life of people there. The heavy snowfall and armed conflict, provide no favorable environment to give childbirth. In addition, the condition of nomad tribal women' is also disintegrated to some extent.

4. CONCLUSION

In a Nutshell, I must say that the most basic and essential aspect of human life is 'good health'. In India, the women's population is comprised of around forty-eight percent (Census:2011). With that their growing affairs, concerns and problems remained. Objectively, some factors may be responsible for the marginalization of women. These are economic position, social status, and exclusion from political participation. After analyzing the secondary sources, concluded that women's maternal health is not good as it is needed. National Family Health Survey-5 summarized the data that depicted how women in India are impoverished and suffering from different problems with their reproductive health. They face challenges during pregnancy and deliveries and postpartum issues. Amongst all women's complications are found due to their dietary habits which are not fulfilled as they much needed. This further leads to an impact on childbirth. During the pregnancy period, most of the females suffered because

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of various factors reviewed in the study. But only in the union territory of Jammu and Kashmir there are near about fifty-nine percent of women bear complications and seventy-four percent faced issues at the time of delivery and forty-five percent undergo post-delivery problems. Delivery complications are more recorded in Jammu and Kashmir as compared to the rest of India. (NFHS: 2015). Unfortunately, women's issues persist in every society.

Recommendations

The World Health Organisation affirms to provide equality to every individual in terms of health, is a fundamental right. Where everyone can enjoy and attain an adequate standard of health care facilities. Globally, efforts such as the Beijing declaration, and the women's health agenda mean to promote well-being Sustainable Development Goal-3 and Goal-5 indicates achieving gender equality. No doubt on the global level the concerned women's health issues should be discussed and it makes a duty of all governments to provide such provisions, and schemes and make policies, and laws for the development and empower the women. To provide basic requirements to all marginalized sections of women that make enable them to adopt good well-being (Behera:2016).

On a global level, we examine if women contribute to half of the population, then how could they be neglected in society? However, there are feminist movements led who generally raised the issues of women in any way. So, their socioeconomic and political concerns are much needed in the limelight. Which every community and society should take into consideration and let them be entitled to. No doubt, it is true that the health of any individual is an essential part of life. As regards women maternal health should be a very crucial component to bring change in any country. Though, there is a need to increase quality and equal accessibility for every woman and provide proper reproductive health care as well (Muzaffar: 2015).

The constitution of India enshrined special provisions and rights for the upliftment of women to remove gender disparity and make an equal identity for every citizen of India. However, Article 21 and Article 47, are concerned with the protection of life and liberty, and the state must concentrate on public health and make such provisions in the standard of nutrition level and make an adequate mean of life respectively. "Ayushman Bharat", a flagship central sponsored scheme to promote a health care environment and to aid every needy. This has great relevance in society to get benefitted everyone who is economically weak (Behera: 2006).

Anyhow, there should need to bring reform in society to provide equal opportunity to every individual and to enhance the participation of women in every sphere. There must have quality health care for each woman and give equal opportunity. Achievements and equality are attained only by the proper implementation of the schemes and government policies with transparency and accountability to address the issues of women. To provide better and more valuable education to every girl child further they became a woman and to make inclusion in civil societies. Education and Inclusion of females will remove the barrier of helplessness and every female get aware of their rights and how to protect herself from any uncertainty and move towards empowerment. With this, women's health must be on priority, and to access better health care is every woman's right. Awareness and Incorporation create a new society and developed any nation in the world.

*This reviewed research paper describes the health issues of women. The data were primarily collected from secondary sources. However, the notion of ideas in this article is also part of my Ph.D. research work.

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