

Health Status of Rural Women in Odisha

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ABSTRACT

In demographic point of view, women constitute little less than half of the world's total population. However, they do not enjoy socioeconomic and health status as par with the men meaning that women are adversely placed as compared to the men. Among states of India, Odisha is a major state in Eastern India with poor socioeconomic development. Health status is also found to be poor. In all the situations, women suffer more than the men. The disease burden is high among women and Pregnancy and child birth related diseases account for about 65 % of the disease. Hence, the study of health condition of rural women in Odisha is most important. In this paper, an attempt has been made to study the levels of health status of women in rural Odisha based on select indicators of health such as acute illness, chronic illness, abortions (between 15 to 49 age group), mortality, disability, BMI, anemia.

KEYWORDS: Women's health, Rural women, Odisha

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1. INTRODUCTION

In demographic point of view, women constitute little less than half of the world's total population. However, they do not enjoy socioeconomic and health status as par with the men meaning that women are adversely placed as compared to the men. Of course, there is geography of gender disparity and women's status. The situation is worse in developing regions of the world whereas women in the developed world enjoy relatively better socioeconomic status. Women in the developing countries have less power, less freedom, less education, less money, poor accessibility to health care facilities, and perform more responsibility and work than man. As they perform more household activities their work is considered as 'non-productive'. Their engagement in the non-income generating activities limits their accessibility to money and other social goods lowering their social status. The socioeconomic deprivation and marginalization of the women do affect their health condition. Poor health indicators of women in developing societies are believed to be a product of prevailing patriarchic social order that approves exploitation and discrimination of women. One can't afford to ignore rural-urban differences in health status; the situation better in urban areas as compared to rural areas. Rural women have poor access to health facilities and other health-promoting resources.

Among states of India, Odisha is a major state in Eastern India with poor socioeconomic development. Health status is also found to be poor. Owing to its poor health and demographic situation, Odisha is added to the group of BIMARU states leading to a change in the abbreviation from BIMARU to BIMARUO. As per the recent estimates around 41 percent of population of the state is living Below Poverty Line (BPL). The state is also frequently visited by draught, floods and other natural calamities. This calamity also aggravates the poor health condition of the people through the rise in incidence of communicable diseases and undernourishment. In all the situations, women suffer more than the men. The disease burden is high among women and Pregnancy and child birth related diseases account for about 65 % of the disease. Hence, the study of health condition of rural women in Odisha is most important.

Women's Health

Women's health refers to health issues specific to female anatomy. These often related to structure such as female genetic and breasts or to condition to cause by hormones specific to or most notable in females. Women health issue included menstruations, contraception, maternal health, child birth and breast cancer.

They can also include medical situation in which women face problem not directly related to their biology. For example, gender differentiated access to medical treatment.

2. Study Area:

The latitudinal and longitudinal extension of Odisha is (17°49' N – 22°34' N) and (81°02'E – 87°02'E).

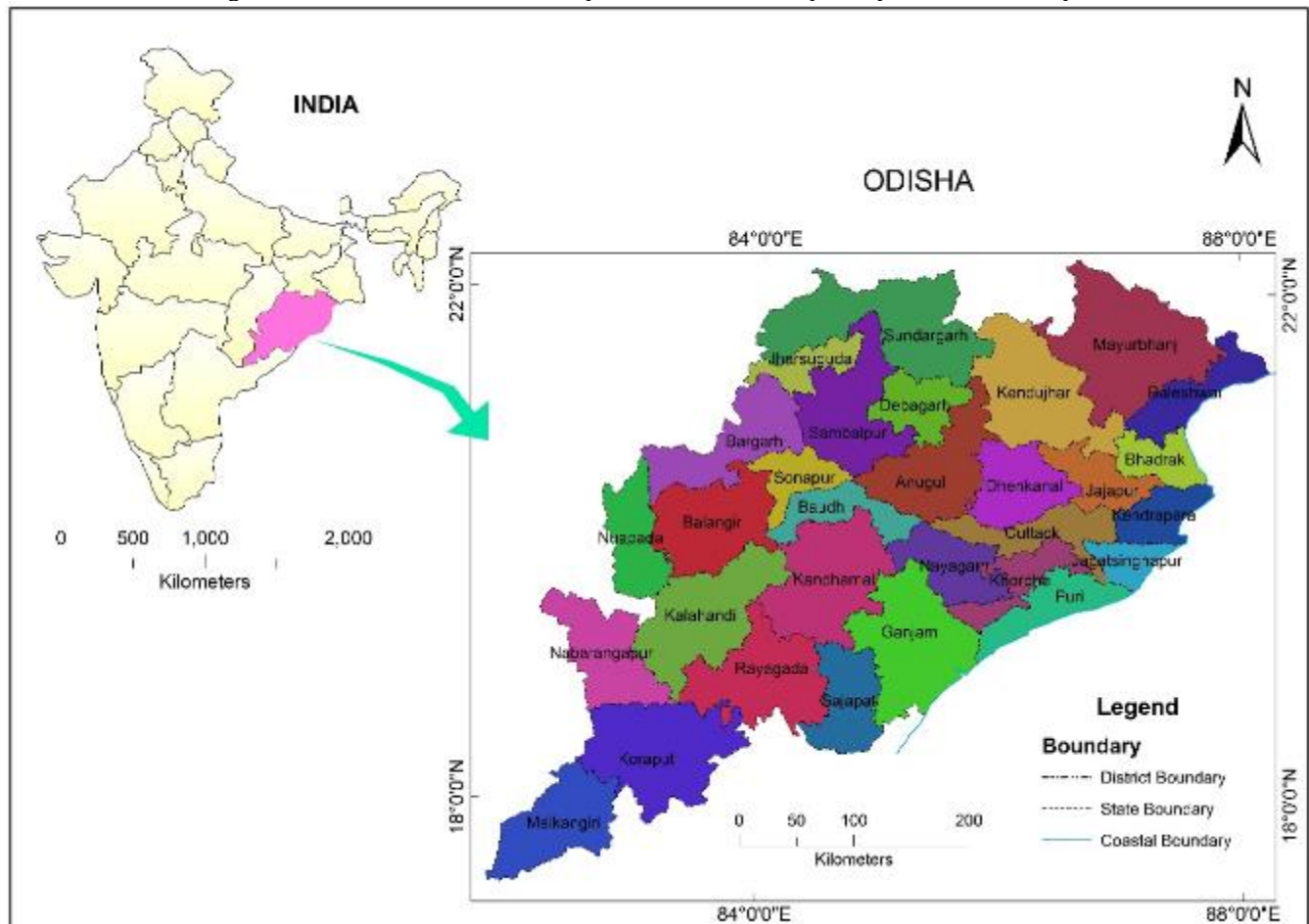


Fig. 1: Location of Study area.

Among the states in India, Odisha is one of the under developed state where health status of women is also poor. Especially the situation of rural women is more deplorable. Therefore, the study focuses on the women's health condition of rural Odisha. The specific reasons behind the selection of this state are as follows.

- A. Most of the rural area of Odisha are covered by hilly or forest.
- B. Economic condition of people in rural area is not good. People of rural area, especially female do not get adequate food for their daily requirements.
- C. So, most of them suffer from undernutrition and other nutrition-related diseases.
- D. Odisha experience various types of natural calamities in most of the year like flood, phylone, tornado etc. Heavy rainfall, flood also causes communicable diseases like diarrhea, cholera etc.
- E. Literacy rate among rural women is very low, which is also a cause of low health status.
- F. Low quality of sanitation facility and unsafe drinking water in rural area also causes various diseases, particularly among women.

3. Hypotheses:

- A. Health status of women in rural areas is poorer than that of urban women.
- B. Regional differentials in health status of rural women persist in Odisha.

4. Data source and Methodology

The present study is based on data collected from Annual Health Survey (AHS), National Family Health Survey (NFHS) and Districts Level Household Survey (DLHS). AHS(2012-13), NFHS-III(2005-06) DLHS-III (2007-08).

In order to analyze the data, certain simple quantitative techniques such as mean, standard deviation and coefficient of Variations are used.

$$1. \text{ Mean} = \frac{\text{Total female population or population}}{\text{Total no. of districts}}$$

$$2. \text{ Standard Deviation} = \frac{\sqrt{(x-\bar{x})^2}}{n}$$

$$3. \text{ Co-efficient of variation (C.V.)} = \frac{\text{Standard deviation}}{\text{Mean}} * 100$$

5. Results and Discussion

In this paper, an attempt has been made to study the levels of health status of women in rural Odisha based on select indicators of health such as acute illness, chronic illness, abortions (between 15 to 49 age group), mortality, disability, BMI, anemia.

Any type of acute illness

Acute illness is one of the important indicators of morbidity and health. For every 100,000 women, 10899 were suffered from acute illness while the figure for male is 10147. This shows that the prevalence of acute disease was more in case of female as compared to males. This is true for all the districts of Odisha. Highest acute illness among female was found in Debagarh districts (16034 persons) and lowest in Koraput (4828).

Table 1 Any type of Acute Illness (Per 100,000 Population)

Sl. No.	Districts	Total population	Total			Female		
			Male	Female	Difference	Rural	Urban	Difference
	Odisha	10147	9395	10899	1504	11373	8353	3020
1	Anugul	12050	10703	13437	2734	13592	12638	954
2	Balangir	10721	10102	11356	1254	11360	11312	48
3	Baleshwar	16083	15027	17067	2040	17727	12086	5641
4	Bargarh	10537	9305	11815	2510	12031	9391	2640
5	Boudh	11200	10831	11577	746	11686	0	11686
6	Bhadrak	17616	16320	18811	2491	19339	14824	4515
7	Cuttack	8164	7674	8684	1010	9683	5973	3710
8	Debagarh	14882	13478	16285	2807	16694	12375	4319
9	Dhenkanal	15219	14367	16034	1667	15890	17497	1607
10	Gajapati	7365	6597	8142	1545	8730	3264	5466
11	Ganjam	7863	7273	8408	1135	9092	4757	4335
12	Jagatsinghapur	8457	7917	9002	1085	9391	5578	3813
13	Jajapur	14245	13133	15325	2192	15411	0	15411
14	Jharsuguda	11506	10148	12962	2814	14668	10073	4595
15	Kalahandi	7169	6871	7481	610	7759	5197	2562
16	Kandhamal	9499	8964	10045	1081	10145	8996	1149
17	Kendrapara	10628	9535	11603	2068	11618	11365	253
18	Kendujhar	11033	10182	11869	1687	12086	10853	1233
19	Khordha	9061	8454	9701	1247	11951	6937	5014
20	Koraput	4594	4409	4777	368	5078	3340	1738
21	Malkangiri	13922	12531	15301	2770	14952	19202	4250
22	Mayurbhanj	12216	11594	12823	1229	13089	9290	3799
23	Nabarangapur	4747	4668	4828	160	4853	0	4853
24	Nuapada	6110	5819	6412	593	6478	0	6478
25	Nayagarh	14706	14277	15143	866	15171	0	15171
26	Puri	8698	8095	9313	1218	10053	5513	4540
27	Rayagada	5104	4651	5538	887	5924	3570	2354
28	Sambalpur	11623	10656	12619	1963	12542	12744	202
29	Sonapur	5939	5504	6405	901	6354	7257	903
30	Sundargarh	6776	6239	7343	1104	6930	8222	1292
MEAN				11003.53	1492.73	11342.57	7741.80	4151.03
SD				3775.79	763.67	3801.71	5162.21	3790.42
CV				34.31	51.16	33.52	66.68	91.31

Source: Annual Health Survey, fact sheet (2012-2013)

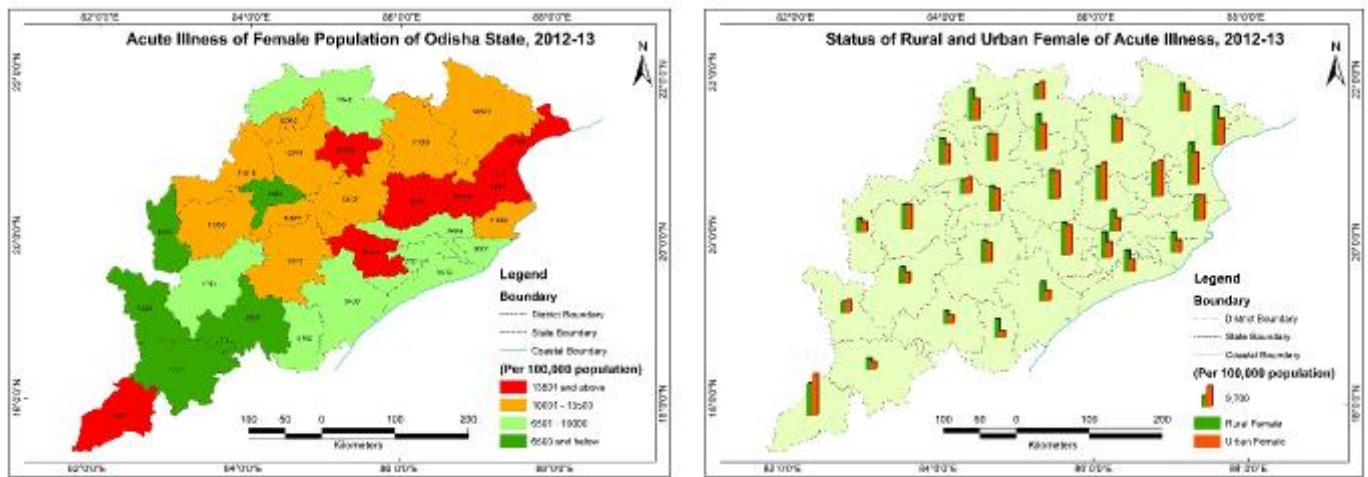


Fig. 2: Any type Acute illness of total female and rural, urban female in Odisha, 2012-13

Prevalence rate of acute illness also varies between rural female and urban female; higher among rural female as compared to urban female. Rural-urban difference in Odisha is 3020. This is true for all the districts except Malkangiri, Sambalpur, Sonapur, Sundargarh and Dhenkanal. Highest acute illness among rural female is found in Bhadrak (19339) and among urban female in Dhenkanal (17497) districts. The co-efficient variation values for total female and rural, urban female are 34.31, 33.52 and 66.68 respectively. This reflects a moderate degree of variations in the prevalence of acute illness across districts.

Mortality

Mortality also about the health status of people. Total CDR in Odisha is 8.1. The figures for males and females are 8.7 and 7.5 respectively. Death rate among male is high because they are exposed to risk, they work hard. But, between rural-urban female, mortality is high among rural female. Bhadrak, Gajapati, Khandamal experienced high level of rural female mortality. The main causes of high mortality are ignorance and in-sufficient availability of health care centers. Overall mortality is high in Gajapati districts.

Table 2 Mortality Status of Odisha

Sl. No.	Districts	Total	Total			Female		
			Male	Female	Difference	Rural	Urban	Difference
	<i>Odisha</i>	8.1	8.7	7.5	1.2	7.9	5.7	2.2
1	Anugul	7.1	7.6	6.6	1	7.0	4.6	2.4
2	Balangir	9.9	10.7	9.2	1.5	9.4	6.4	3
3	Baleshwar	6.7	7.4	6.0	1.4	5.9	6.4	0.5
4	Bargarh	9.8	10.1	9.4	0.7	9.8	5.1	4.7
5	Baudh	10.3	10.7	9.9	0.8	10.1	5.5	4.6
6	Bhadrak	7.9	8.5	7.3	1.2	7.4	6.7	0.7
7	Cuttack	6.8	7.1	6.4	0.7	7.1	4.6	2.5
8	Debagarh	8.8	8.9	8.7	0.2	9.0	6.6	2.4
9	Dhenkanal	10.5	10.5	10.4	0.1	10.8	6.7	4.1
10	Gajapati	7.6	7.7	7.5	0.2	7.5	6.7	0.8
11	Ganjam	8.3	9.1	7.6	1.5	7.7	7.0	0.7
12	Jagatsinghapur	7.0	7.6	6.3	1.3	6.7	3.6	3.1
13	Jajapur	7.6	8.2	7.1	1.1	7.2	5.0	2.2
14	Jharsuguda	8.0	8.6	7.3	1.3	8.1	5.9	2.2
15	Kalahandi	6.7	7.4	6.0	1.4	6.1	4.9	1.2
16	Kandhamal	9.0	9.3	8.6	0.7	8.9	5.8	3.1
17	Kendrapara	8.8	9.4	8.3	1.1	8.4	6.7	1.7
18	Kendujhar	9.2	9.7	8.7	1	9.2	6.4	2.8
19	Khordha	8.2	8.4	8.0	0.4	8.9	6.9	2.0
20	Koraput	7.8	8.6	7.0	1.6	7.3	5.4	1.9
21	Malkangiri	7.1	7.9	6.4	1.5	6.6	3.6	3.0
22	Mayurbhanj	8.5	9.6	7.5	2.1	7.6	6.0	1.6
23	Nabarangapur	7.7	8.9	6.4	2.5	6.5	4.1	2.4
24	Nuapada	7.4	7.5	7.2	0.3	7.3	5.3	2
25	Nayagarh	8.9	9.4	8.4	1	8.5	5.4	3.1
26	Puri	8.7	9.2	8.3	0.9	8.6	6.6	2
27	Rayagada	8.4	9.2	7.7	1.5	7.8	7.0	0.8
28	Sambalpur	9.1	10.1	8.1	2	9.5	5.8	3.7
29	Sonapur	7.5	7.6	7.5	0.1	7.6	6.0	1.6
30	Sundargarh	7.2	8.2	6.1	2.1	7.4	3.4	4

Mean				7.66	1.11	8.00	5.67	2.36
SD				1.15	0.61	1.20	1.05	1.13
CV				15.00	55.50	15.03	18.52	47.76

Source: Annual Health Survey, fact sheet (2012-2013)

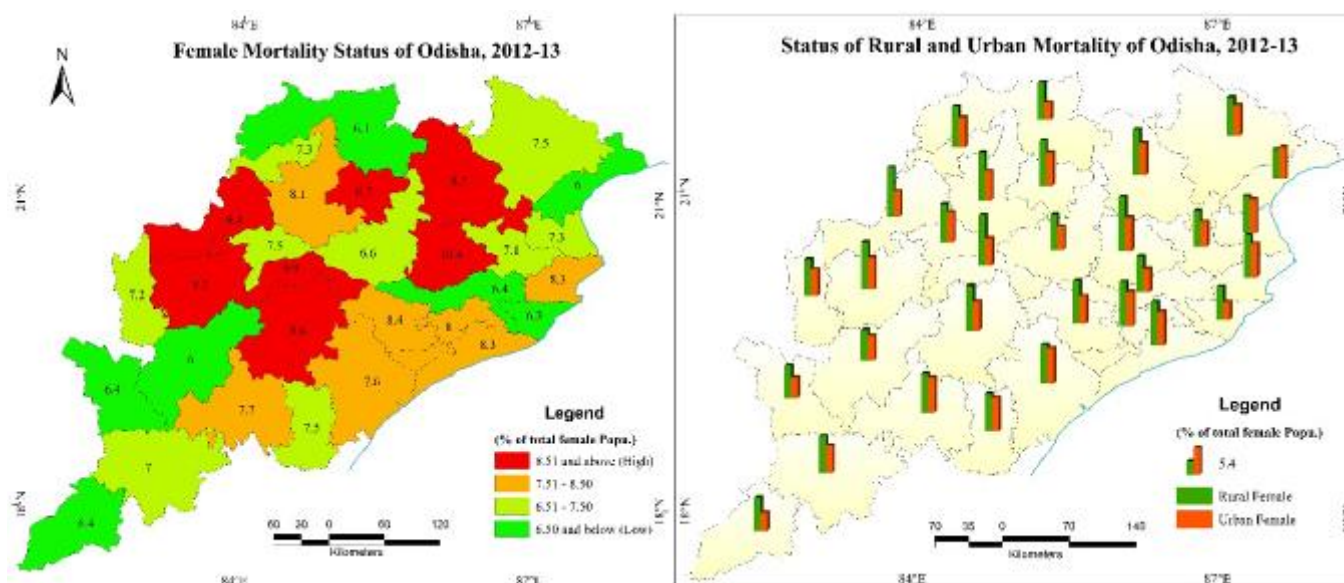


Fig. 3: Female and rural, urban female mortality in Odisha, 2012-13

Disability (Per 100,000 Populations)

By the help of disability we can measure the health status. Koraput, Nabarangpur, Kendujhar, Malkangiri experienced high rate of disability among female and rest of districts experienced high male disability. Among the female population disability is always high among the rural female population. 2248 rural female are affected by disability in 100,000 populations in Odisha. Jharsuguda (3317), Debagarh (4061), Khandamal (2037), Koraput (2388), Sonarpur (2749) were experienced high rate of disability among the urban female. Urban-rural female differences is high in Sonapur districts (1016).

All the backward as well as mining districts area experienced high level of disability. Mal-nutrition also causes of disability. Disability among rural female is high in Jajpur districts 3473 persons. Rural-urban female disability is high in Bhadrak districts.

Table 3 Disability (Per 100,000 Populations)

Sl. No.	Districts	Total	Total			Female		
			Male	Female	Difference	Rural	Urban	Difference
	Odisha	2358	2564	2152	412	2248	1632	616
1	Anugul	2524	2681	2362	319	2460	1855	605
2	Balangir	2669	2788	2546	242	2620	1719	901
3	Baleshwar	2381	2711	2072	639	2057	2187	130
4	Bargarh	2286	2503	2060	443	2112	1483	629
5	Baudh	2213	2416	2005	411	2039	0	2039
6	Bhadrak	2388	2434	2346	88	2393	1992	401
7	Cuttack	2426	2638	2201	437	2325	1864	461
8	Debagarh	2887	3467	2307	1160	2424	1190	1234
9	Dhenkanal	2572	2710	2439	271	2503	1795	708
10	Gajapati	3237	3094	3382	288	3301	4061	760
11	Ganjam	2705	2977	2454	523	2610	1619	991
12	Jagatsinghapur	2066	2346	1782	564	1870	1008	862
13	Jajapur	3196	3740	2667	1073	2679	0	2679
14	Jharsuguda	2174	2206	2139	67	2432	1644	788
15	Kalahandi	3408	3285	3538	253	3473	0	3473
16	Kandhamal	2693	2907	2476	431	2396	3317	921
17	Kendrapara	2228	2722	1787	935	1802	1552	250
18	Kendujhar	2299	2721	1885	836	1853	2037	184
19	Khordha	1317	1505	1118	387	1467	689	778
20	Koraput	2152	2192	2112	80	2178	1801	377
21	Malkangiri	1597	1784	1411	373	1468	775	693
22	Mayurbhanj	2319	2312	2326	14	2322	2382	60
23	Nabarangapur	1490	1480	1500	20	1501	0	1501
24	Nuapada	1619	1815	1416	399	1409	0	1409

25	Nayagarh	2063	2492	1626	866	1641	0	1641
26	Puri	1845	2130	1554	576	1709	763	946
27	Rayagada	2290	2360	2224	136	2409	1283	1126
28	Sambalpur	2495	2892	2086	806	2397	1586	811
29	Sonapur	2140	2465	1790	675	1733	2749	1016
30	Sundargarh	2738	2983	2480	503	2889	1608	1281
Mean			2057.63	2136.37	460.50	2215.73	1431.97	988.50
SD			522.96	519.97	22.80	507.52	986.82	720.98
CV			25.42	24.34	#DIV/0!	22.91	68.91	72.94

Source: Annual Health Survey, fact sheet (2012-2013)

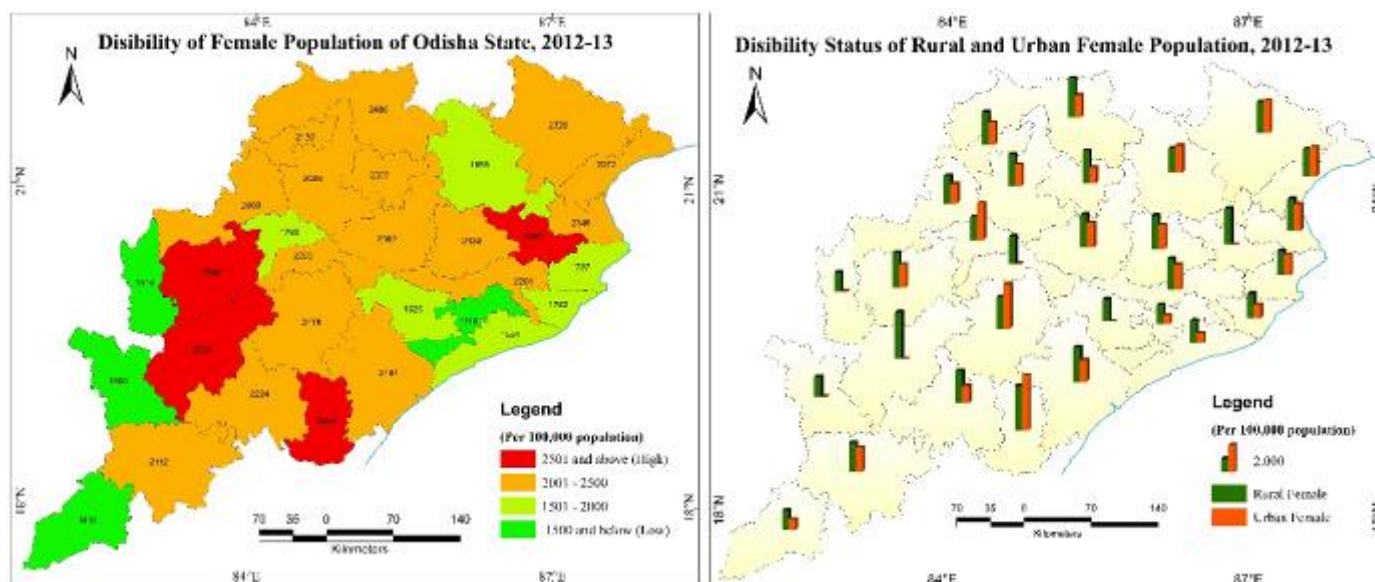


Fig.4: Female and rural, urban female of disability in Odisha, 2012-13

Body mass index (BMI)

Body mass index (BMI) is most important indicator of health status. BMI below 18.5kg/m^2 (thin) is highly found among rural male as well as rural female. But overall BMI below 18.5kg/m^2 is highly found among female population.

It indicates nutritional status of population. Nutrition is low among female population especially among rural female population; nearly half of the rural female population have BMI below 18kg/m^2 .

Date shows that high proportion of urban women has BMI Between 17.00kg/m^2 to 29.00kg/m^2 and above 30.00kg/m^2 . Urban female experienced more moderately and overweight BMI then rural female. High and moderate BMI is seen among male which reflects a relatively low nutritional status of women.

Table 4 Body Mass Index Among 15-49 Age group

Body mass index (BMI) in kg/m^2	Category	Male		Female	
		Urban	Rural	Urban	Rural
	<18.5 (total thin)	27.2	37.8	28.6	44.1
	<17.0 (moderately / 29.0 (overweight or obese)	24.7	17	29.8	23.7
	≥ 30.0 (obese)	4	0.4	3.3	0.7

Note: Prevalence of anemia, based on hemoglobin levels, is adjusted for altitude and for smoking status, if known, using the CDC formula (Centers for Disease Control (CDC). 1998. Recommendations to prevent and control iron deficiency in the United States. Morbidity and Mortality Weekly Report 47 (RR- 3): 1-29). Hemoglobin levels shown in grams per deciliter (g/dl). Total includes women/men belonging to other religions and women/men with missing information on education, religion, and caste/tribe, who are not shown separately. NA = Not applicable

* Percentage not shown; based on fewer than 25 un weighted cases.

@ For pregnant women the value is 10.0-10.9 g/dl.

@@ For pregnant women the value is <11.0 g/dl.

Source: National Family Health Survey-3 (2005-06)

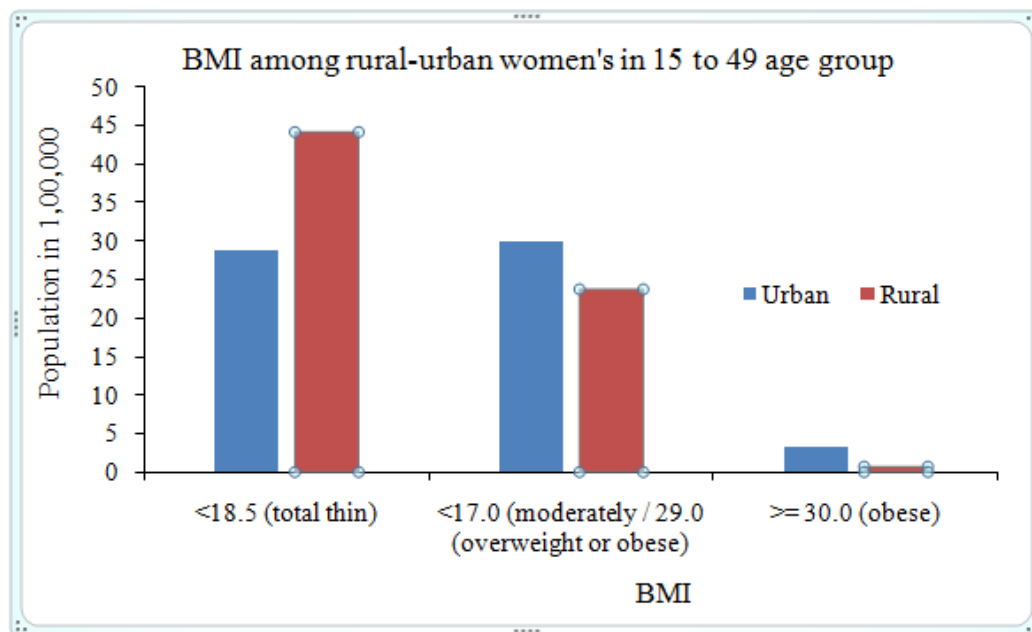


Fig.5: BMI among rural-urban women's in 15 to 49 age group

Anemia in adults

Anemia among the adults is also important measure in health status. Mild anemia is high among female population (17.7), and also high among rural female population. Half of female population suffer by anemia.

Moderate to severe type of anemia is also highly experienced by rural male and rural female. Between male-female, female experienced more anemia in this categories (32 percent).

Around 62.3 percent of rural female and 55.9 percent of urban female suffer from any anemia. Anemia also caused by intake of insufficient food, mal-nutrition, shortage of health treatment etc.

Table5: Anemia in adults (15-49 age group)

Prevalence of anaemia in adults	Male		Female	
	Urban	Rural	Urban	Rural
Mild (10.0-11.9 g/dl)@	15.8	17.7	40.2	45.8
Sever to Moderate(< 7.00 9.9g/dl)	9.9	18.1	15.8	16.4
Any anaemia (<12.0 g/dl)@@	25.7	35.9	55.9	62.3

Note: Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude and for smoking status, if known, using the CDC formula (Centers for Disease Control (CDC). 1998. Recommendations to prevent and control iron deficiency in the United States. Morbidity and Mortality Weekly Report 47 (RR- 3): 1-29). Haemoglobin levels shown in grams per decilitre (g/dl). Total includes women/men belonging to other religions and women/men with missing information on education, religion, and caste/tribe, who are not shown separately. NA = Not applicable

* Percentage not shown; based on fewer than 25 unweighted cases. @ For pregnant women the value is 10.0-10.9 g/dl.

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Source: National Family Health Survey-3 (2005-06)

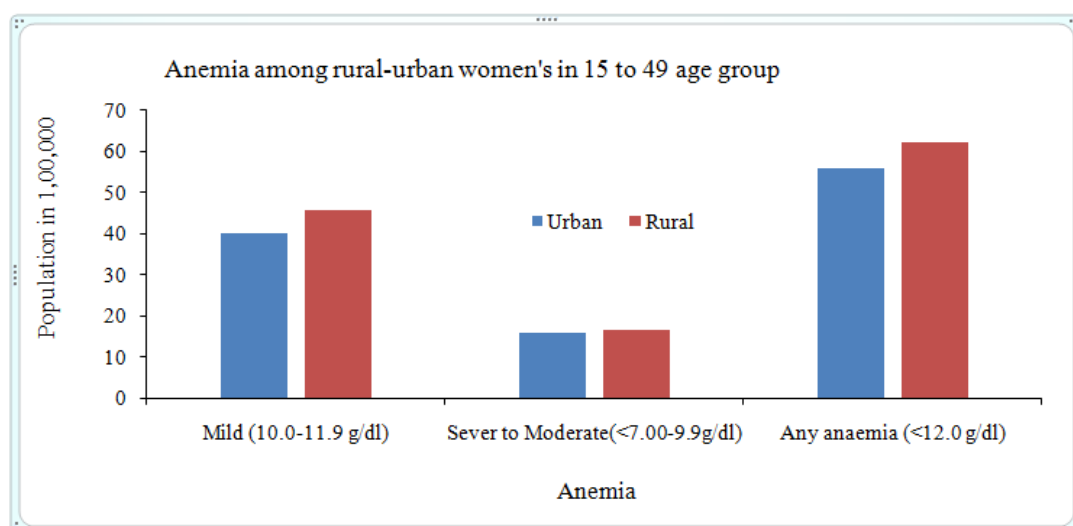


Fig.6: Anemia among rural-urban women's in 15 to 49 age group

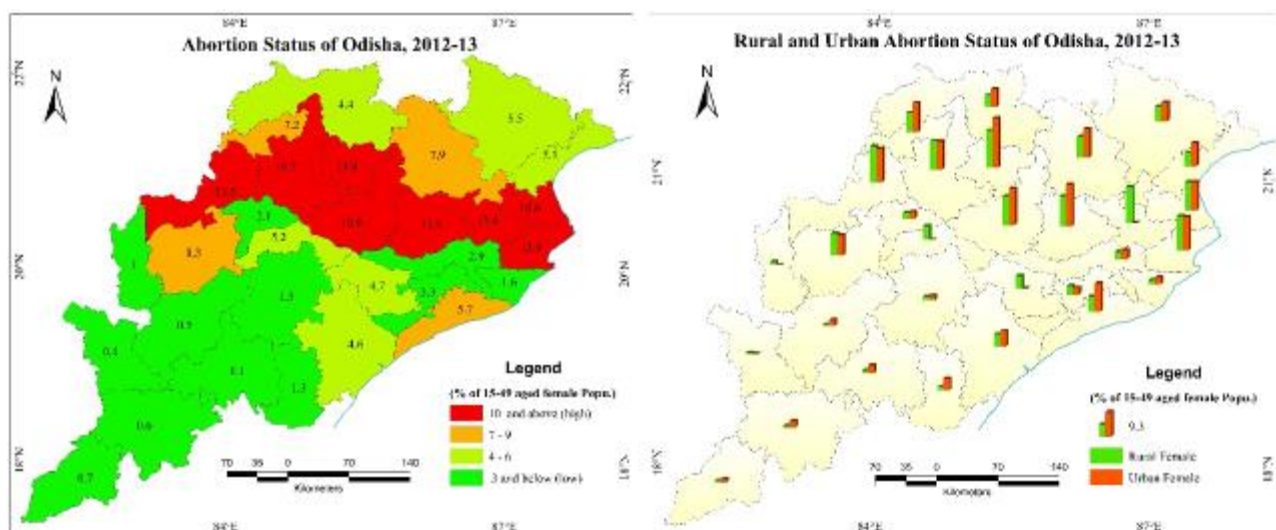
Abortion (Age Group 15-49)

Abortion is high among urban women; it is high because of high literacy rate and availability of medical care centres. They also know about the family planning and pregnancy termination technologies. But in most of the cases it is slightly similar to rural female. Mean abortion among rural female and urban female is quite similar. The abortion rate in Odisha is 6.7%. The figures for rural and urban areas are 6.6 percent and 7.4 percent respectively. Abortion rate is found to be high in a continuous belt formed by the districts such as Dhenkanal, Angul, Bargarh, Debagarh and Sambalpur in both rural and urban areas.

Table 6: Abortion (Age Group 15-49)

Sl. No.	Districts	Total	Female		
			Rural	Urban	Dif.
	<i>Odisha</i>	6.7	6.6	7.4	0.8
1	Anugul	11.3	10.8	13.6	2.8
2	Balangir	8.2	8.3	7.6	0.7
3	Baleshwar	5.5	5.1	8.7	3.6
4	Bargarh	13.4	13.5	12.4	1.1
5	Baudh	5.0	5.2	0	5.2
6	Bhadrak	10.6	10.6	10.5	0.1
7	Cuttack	3.0	2.9	3.4	0.5
8	Debagarh	14.3	13.9	18.5	4.6
9	Dhenkanal	11.7	11.4	15.8	4.4
10	Gajapati	1.6	1.3	4.3	3.0
11	Ganjam	4.8	4.6	5.8	1.2
12	Jagatsinghapur	1.7	1.6	2.5	0.9
13	Jajapur	13.4	13.4	0	13.4
14	Jharsuguda	8.7	7.2	11.0	3.8
15	Kalahandi	0.6	0.5	2.1	1.6
16	Kandhamal	1.3	1.3	1.6	0.3
17	Kendrapara	12.8	12.8	12.5	0.3
18	Kendujhar	8.3	7.9	10.7	2.8
19	Khordha	3.0	3.3	2.6	0.7
20	Koraput	0.9	0.6	2.4	1.8
21	Malkangiri	0.8	0.7	1.2	0.5
22	Mayurbhanj	5.6	5.5	7.0	1.5
23	Nabarangapur	0.4	0.4	0	0.4
24	Nuapada	1.1	1.0	0	1.0
25	Nayagarh	4.7	4.7	0	4.7
26	Puri	6.4	5.7	10.6	4.9
27	Rayagada	1.3	1.1	2.9	1.8
28	Sambalpur	10.7	10.7	10.6	0.1
29	Sonapur	2.1	2.1	2.5	0.4
30	Sundargarh	5.1	4.4	6.8	2.4
Mean			5.75	6.25	2.27
SD			4.45	5.22	2.60
CV			77.46	83.52	114.68

Source: Annual Health Survey, fact sheet (2012-2013)

**Fig.7: Total and rural, urban abortion in Odisha, 2012-13**

Chorionic Illness (Any Type of Symptoms/100,000 pop')

Chronic illness is much higher among females than the males. Chronic illness is high among female in Bhadrak, Nayagarh, and Puri districts. It also varies between rural female and urban female. In most of the case it high among urban female. In Odisha chorionic illness is also high among the urban female. Rural-urban female chronic illness differences is 962. In Ganjam, Bhadrak, khurda, and Puri districts rural female are experienced high level of chorionic illness.

The co-efficient variation of total female and rural, urban female are 42.49, 46.45 and 55.88 respectively. These values indicate that the degree of district level variations in the prevalence of chronic diseases urban areas is relatively higher than that of rural areas. However, the district level of variations is substantial for rural areas.

Table 7: Chorionic Illness (Any Type of Symptoms/100,000 pop')

Sl. No.	Districts	Total population	Total			Female		
			Male	Female	Difference	Rural	Urban	Difference
	<i>Odisha</i>	10552	9813	11290	1477	11139	12101	962
1	Anugul	5272	4356	6216	1860	5712	8804	3092
2	Balangir	8412	7692	9151	1459	8936	11538	2602
3	Baleshwar	4774	4458	5068	610	5084	4950	134
4	Bargarh	10758	9797	11756	1959	11611	13377	1766
5	Baudh	10970	10682	11265	583	11128	0	11128
6	Bhadrak	15702	13901	17364	3463	17732	14587	3145
7	Cuttack	12465	12071	12882	811	13326	11678	1648
8	Debagarh	14091	13181	15002	1821	15047	14564	483
9	Dhenkanal	13318	12528	14073	1545	13825	16599	2774
10	Gajapati	10280	9208	11366	2158	10742	16546	5804
11	Ganjam	12260	11304	13143	1839	12319	17535	5216
12	Jagatsinghapur	14577	14065	15096	1031	15502	11515	3987
13	Jajapur	14937	13808	16034	2226	15869	0	15869
14	Jharsuguda	13923	12634	15306	2672	16528	13236	3292
15	Kalahandi	11059	9829	12352	2523	12231	13343	1112
16	Kandhamal	11541	11164	11925	761	11841	12812	971
17	Kendrapara	12709	10759	14451	3692	14228	17937	3709
18	Kendujhar	3267	3119	3411	292	3193	4431	1238
19	Khordha	15268	14198	16392	2194	19719	12306	7413
20	Koraput	6596	6428	6763	335	5985	10478	4493
21	Malkangiri	6724	6671	6777	106	5875	16876	11001
22	Mayurbhanj	6883	6544	7215	671	6875	11720	4845
23	Nabarangapur	7007	6160	7874	1714	7882	0	7882
24	Nuapada	3832	3640	4031	391	3992	0	3992
25	Nayagarh	22383	21788	22990	1202	23025	0	23025
26	Puri	18309	16953	19695	2742	19989	18185	1804
27	Rayagada	3752	3789	3718	71	3248	6109	2861
28	Sambalpur	8751	8166	9354	1188	8726	10365	1639
29	Sonapur	11882	11155	12662	1507	12285	18966	6681
30	Sundargarh	6863	6727	7006	279	5193	10865	5672
Mean				11344.60	1456.83	11254.93	10644.07	4975.93
SD				4820.05	964.09	5228.16	5947.45	4819.20
CV				42.49	66.18	46.45	55.88	96.85

Source: Annual Health Survey, fact sheet (2012-2013)

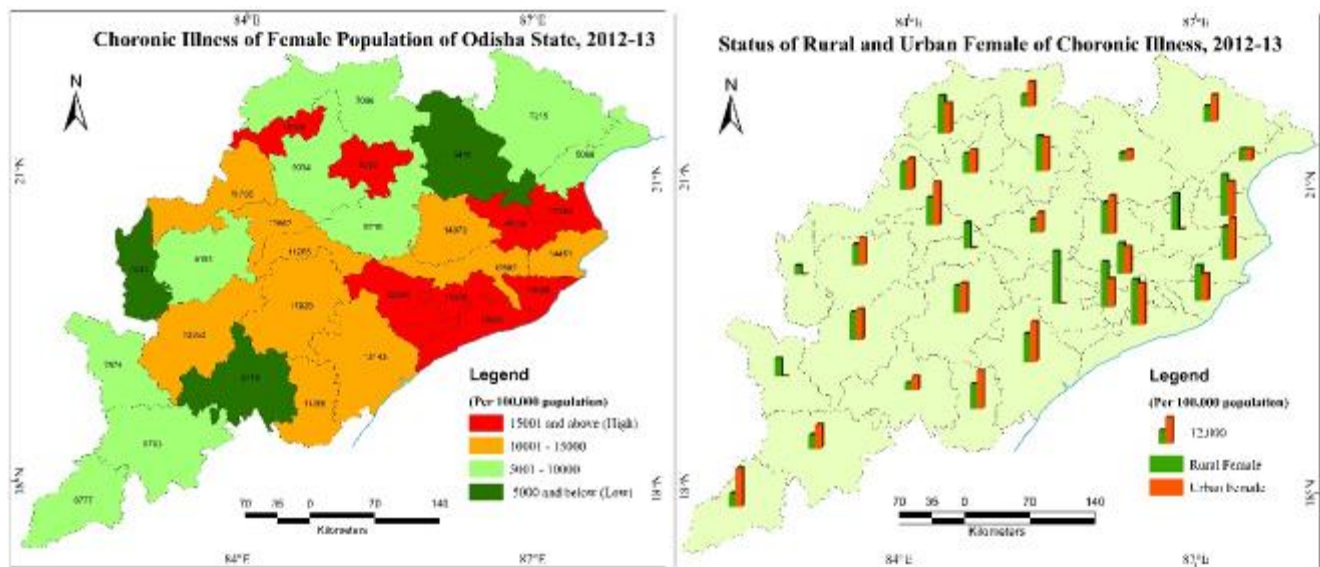


Fig. 8: Chronic illness of total and rural, urban female in Odisha, 2012-13

6. Conclusion

An overall study of these topics, we can remarks that health status is low in rural area due to, physical location, Economic condition, and social condition. Literacy is the one of the most important factors behind the health status. Political factors also can play an important role; government does not provide adequate health care facility to rural people. But in present day state governments and central governments also implement various plan and policy for rural people especially for their health, NHRM one of the important among theme. Various NGOs and self-help group provide them financial support.

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