# *The Effect of Poverty on Women's Health in Khewra City, Pakistan*

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The European Conference on the Social Sciences 2015
Official Conference Proceedings

**Abstract**
Poverty increased in Pakistan since the 1990s, after decline within the previous two decades. However, Pakistan is bearing an alarmingly high burden of communicable diseases which are mostly related to poverty. These diseases are mostly exacerbated by malnutrition and maternal risks. The present study attemps to find out the impact and effect of poverty on the health of women. Present study was conducted in the District Khewra. Three localities (low, medium and high social class) were selected for data collection. A multi-stage sampling techniques were be applied for data collection. At the first stage three localities low, medium and high social class i.e. Dandot, PMDC and ICI Colony were selected randomly from the selected Khewra city, at the second stage six Mohalas (two from each locality) were selected randomly and the third stage 120 respondents (20 from each mohala) were selected randomly. A well-designed schedule interviews to collect information and data collection was developed for the purpose. Collected information were analyzed by using descriptive and inferential statistics. It was found the health facilities were available in Khewra city. Majority of the respondents i.e. 62.5 percent were unexpectedly satisfied to some degree with facilities related to health, while 47.5 percent of the women faced problems related to health. The first child was delivered at home by 58.3% of the respondents. Only 15.8 percent of the respondents used contraceptive methods. A major number i.e. 70.0 percent of the respondents had the opinion that they did not face any miscarriage in their life. It was found that there is a positive and significant relation among education level & income of the respondents with their health status. It is recommended that education level should be increase among women, because educated women have more awareness about their health and protective measures and more economic opportunities should be arrange for women.

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**Introduction**

Health is the complete absence of disease or abnormality and it refers to physical, mental and social well-being of individuals. Women's health, their emotional, social and physical needs improvement and political, social and economic context of their lives, is determined by their biological traits. To achieve the highest achievable standard of health for women and there is difference among men and women for the social classes, geographical locations, ethnic groups and the indigenous groups. An inequality exists there among both the genders (FWCW, 1995).

Being a man or a woman, both biological and gender differences as a result has a significant impact on a person's health. In many societies, it is observed that, they are facing troubles due to discrimination in socio-cultural factors, due to the reason that the health of women and girls is a basic concern. This discrimination has deep roots in the society. For example, women and girls with HIV / AIDS face increased risk of abnormalities in their lives (WHO, 2010).

In recent decades, women's health issues and high international exposure gained renewed political commitment. Targeted policies and programs are being implemented to enable women to live more healthy lives, however significant gender-related health disparities still remain in many countries. There is a very limited access to education or employment but there are no very high levels of literacy and health improvement for women (van der Kwaak, 1991).

Some of the socio-cultural factors that are responsible for preventing women and girls to benefit themselves from quality health services and attaining the best possible levels of health include:

- unequal power relationship and affiliations among both the genders;
- social norms and culture that inhibit education and paid employment opportunities;
- an extra focus on women's reproductive roles; and
- Capabilites or real experiences of emotional, physical and gender related violence.

Poverty for both the genders is a key obstacle to positive health outcomes, fuel poverty, unsafe cooking practices (malnutrition) and use of unhealthy feed, due to a high burden on the health of women and girls (WHO, 2010).

Income has an impact on almost all aspects of our lives, it ranges from the place we live to what food we eat, from what clothes are worn to the selection of transport. Less access to the income refers to doing each and everything in the hard manner. The examples may include buying groceries or washing clothes, travelling in the city, using pay phones at homes, reading a variety of books and newspapers at library. The main health obstacles faced by low income people are:

- Improper living pattern, lack of ventilation, poor quality of air and water, unavailability of hygienic water for drinking purpose, inadequate clothing for saving from cold weather;
- Limited accessibility to the supermarket or sources of nutrition, low cost foods like fresh fruits and vegetables, good quality beef, mutton and chicken with low prices.
- Limited accessibility to medications which are non-insured.

- restricted approach to the sources and channels of communication (such as phone or Internet);
- Limited accessibility to quality education heading towards low health literacy, less job oppertunities.
- societal isolation;
- Restricted number of resources which help to handle the crisis and problems e.g., knowledge, access to experts and professionals, time etc.
- Enhanced levels of tension because of less leisure time and greater financial pressures (CWHN, 2007).

  A disproportionate share of the poverty load on women's shoulders rests, and harms their health. Among 1.2 billion people living in poverty, 70 percent are women. The remote causes of poverty and five million women are exacerbated by hurdles, pregnancy-related complications every year die in vain. On average, than women to overcome poverty, which makes it even more difficult task than, for 30-40% less than men are being paid. Both genders may be poor and near poor, diseases which can lead to economic disaster. Domestic violence is often a contributing factor to poverty with stress and depression in women is a major factor (WHO, 2002).
- United Nations Population Fund (UNFPA) 99 percent of maternal deaths from pregnancy-related issues causes than a woman still dies every minute who are usually treatable. Family and society, not only on the economy but also on the impact of this loss. UNFPA report that reproductive health and gender equality, development and investment in sustainable development may be encouraged (UNFPA, 2005).
- Childbearing age (15-49 years), as many as 20 to 30 as an unsafe abortions for every 1,000 women, and most of them are in developing countries. Abortion-related deaths, particularly in Asia and Africa, are therefore common in developing countries. Pregnant woman in a poor developing country into a rich developed country is up to 500 times higher than its counterpart runs the risk of death, and the pathological sequel of maternal death suffering from lasting for at least 20 are women. Unfortunately, this ill-health as "poor obstetric pathology"(Aleem, 1993).
- Pakistan health status of women and women's low social standing has a very direct relationship. For example, in Balochistan, the rural maternal mortality rate is 800 deaths per 100,000 live births. At the end of the strikes on children's health as well as the national economy is on the negative ratio. The health status of women and men, but the differences among them can not only Pakistani politics. Poor women's health as much as it is medically necessary is a social plight. Women's health needs due to lack of awareness, low literacy rate, low social status of women and civil limiting factors such as the health standard for women in Pakistan are responsible. Both men and women in family planning poorly affect the health of the mother and child is taught about. Maybe as a woman to understand the economy of a country house and the biggest loss is the glory of all that is created (Kazmi, 2008).
- However, Pakistan exacerbated by poverty, malnutrition and maternal risks related to communicable diseases, gives a high load to the women. Life expectancy is 62 years, and public health services, resulting in continuous use, many Pakistanis are considered uncapable of reaching the life expectancy. Where services exist, through appropriate interventions, socio-economic and cultural barriers to access is required to remove the inappropriateness in services. More access to health services for mother

and child health as a whole decreased 30 percent to 55 percent of the population as was estimated. About 57% of the routine immunization of children and pregnant mothers as only 1% of 40%, for example, are vaccinated against tetanus. Health services more than 15 years of age and 43 percent of reproductive age (15-49) in women with almost 46 percent of the population, the demographic pattern is likely to be challenged (UN, 2003).

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The main task the maintenance of pregnancy, sexually transmitted diseases, digestive disorders, pneumonia and tuberculosis are being made to improve the sector. The main objective of the current study in Khewra is the effect of poverty on women's health.

**OBJECTIVES**

- To find out the socio-economic characteristics of the women of Khewra.
- To find out the factors affecting women's health in Khewra.
- To find out the relationship among women socioeconomic characteristics and their health status.

To suggest some policy measure for improvement the women's health.

**REVIEW OF LITERATURE**

Review the previous work done in the field of literature and previous studies by pointing out the weakness of the scientific design of the study does provide a guideline. This chapter reviews some of the relevant literature.

Metress and Metress (1990) reported that ill health in Northern Ireland has contributed to the quality of the production that features a combination of poverty inspected, and military occupation posed some unique tension will be logged. In doing so, the social environment in which women must work to provide an overview. It's a great toll on women's physical and emotional well-being, with the ability to receive an environment.

Kwaak (1991) illustrated women's health concerns in current eras, high universal coverage and extended transformed political assurance. Directed strategies and packages to qualify women to live improved lives, though momentous gender-based health discrepancies persist in various countries. Through restricted admittance to schooling or occupation, high illiteracy rates and poverty levels are very hard for women health development. Continuing health experiments. Women's health recognized in recent decades, many of the noteworthy assistances from the hazard or combat, financial uncertainty and the HIV / AIDS pandemic have been upturned. Prime health care, family planning and obstetric facilities are vital for women - hitherto he was not accessible to millions. Gender-equitable methodology to health scheduling and provision of health services to enable full contribution of women in necessity. Families and populations are linked to the health of women's health - ailment or death of a woman, her children, family and community health are severe and far-reaching concerns. The slogan, "Healthy Women, Healthy World" as guardians of family health, women's health and maintain well-being of their communities play an important role.

NCW (1992) argues that poverty had the greatest impact on children of the relationship among poverty and poor health, having said. Families interested in the overall health of Family Physicians most devastating effects of poverty on women, one of which must be acknowledged that inter-ethnic one.6 children live in.

Cohen (1994) illustrated that the women and children struggle daily with povertyand therefore all of our communities, better health can not be stated that that should be recognized. Women's health status in which they live, cultural, political, and socio-economic context is reflected, and the challenge to change discriminatory practices and gender discrimination of women in poverty as a result of all those factors change advocates and encouraging women in leadership positions must be taken.
Sathar (1996) reported that child survival in any society is a matter of great interest, but it's a big part of the total deaths every year where Pakistan claims, a pro-nationalist society is particularly important in that report. One reason for the concern that with the death of each human life and emotional harm reduction is. Another reason at least partially from high levels of infant and child mortality, which is attributed to persistently high levels of fertility, is. This situation with the health of the mother with infant health study of the factors determining demand immediately. Infant mortality in the country's socio-economic conditions is one of the most sensitive barometers, and local legislative activities of the cost of health services at the same time.

Oxaal and Kick (1998) examined the health effects of interaction among gender and poverty concerns most clearly more work, hazardous work, and that is seen in terms of poor nutrition observed. Due to the health problems of poverty and gender, mental illness, violence, vulnerability, and stigma is the main contacts. Nutrition combined effects of poverty, gender inequality and pregnant or lactating women undernourishment / more work through ill-health for women and girls can be, and the generation transmission of poverty production is a key area. Furthermore, poor health conditions of ill health and to recognize the importance of the cycle of poverty, pointing to women's social exclusion and poverty may lead to a result. However, women's health and access to health care by poverty, but by gender inequality affects not only is important to recognize that. Studies in behavioral health care, poverty and gender barriers that poor women (and girls) to access appropriate care and treatment are less likely to suggest that this means that . Poor range of factors which limit access for women to time constraints, intra-household resource allocation and decision-making related to health, social, legal and cultural obstacles include. Health policy, financing and service delivery issues, particularly budgetary allocations, user fees impact on poor women, and the quality of care, which merit further research on key gender issues in all aspects is.
Firth's *et al.,* (2000) described that societal exemplary of health care, social and economic position of women / well in relation to their experience of ill health was taken into account that the demand be implemented. The health status of the quality of life with good health is linked to medical evidence that was given. So poor housing, helplessness and a location in which lived the experience of ill health in women can contribute as follows. A key indicator of the health consequences of deprivation becomes: Firth says, "a more important predictor of mortality among women of the house was inequality in general social benefit.
Pena's Leon, Nicaragua *et al.,* (2000) testified that 15 to 49 years old in a demonstrative trial of 10,867 women of propagative history, based on the examination of a depending of newborn persistence, was held. A total of 7073 infants were considered; 342 years of newborn deaths happened through the follow-up to 6394's. Consequences procedures the infant mortality rate (IMR) and for diverse assemblies had comparative dangers of deaths. The infant mortality rate was 50 per 1000 live births. (; 95% confidence interval [CI] = 1.15, 1.92 attuned relative risk [RR] = 1.49) poverty, augmented the risk of death of children, as

the home unsatisfied basic needs (UBN) expressed. (; 95% CI = 1.12, 2.71 adjusted RR = 1.74), social inequality, and increases the risk of domestic UBN and neighborhood expressed as a contrast among the UBN. A protective effect of mother's education level was seen only in poor households. It's the absolute level of poverty, social inequality and child mortality in low-income countries may be an independent risk factor that was concluded. In poor households, women's education plays an important role in preventing child deaths could. The link among poverty and poor health is well established and common sense. Medicines such as affordable housing, transportation, food and non-insured health benefits, including access to poverty reduction, which can lead to poor health, there are many ways.

(2000) Pharmal health of the population adversely affected by inequality in the country was noted. Being the most vulnerable women and children were the most affected. Children under the age of five protein energy malnutrition (PEM) coverage is 51 percent. Per capita availability of food is more than enough food shortages in a country where such a magnitude, inequality within countries were at the root of the problem is indicated by the fact. Poor health affects income access, use and quality of health care malnutrition, gender, urban-rural divide was not only predictor. Moreover, such a patriarchal system with deep cultural literacy, healthy behavior, women's lack of decision-making power about the mother's ignorance, as there were some fundamental factors. This malnutrition are some of the biological factors, was due to a multitude of was concluded that, among others, environmental, cultural or socio were. The children and family caregivers hidden half of the population, education, to alleviate this problem is a key strategy.

The Lancet (2001) many women, running a home and raising children, caring for elderly relatives, as well as working outside the home, can influence their physical and mental well-being is detected. Ensuring good nutrition and a healthy lifestyle throughout their lives can contribute to women's health. Adolescence, menstruation and the demands of pregnancy and lactation Rapid growth during the iron, folic acid and calcium as an increased risk of low levels of nutrients can result. Surveys of nutritional status frequently but not in the first year after a woman's life, not only through the expansion, chronic shortages of these nutrients showed. Low-energy diets, slimming to re gimes, eating disorders and the increasing number of vegetarians to nutritional inadequacies make women even more vulnerable. Women of childbearing age have increased iron needs and hence are at risk of iron deficiency anemia. Hemoglobin in the meat and meat products, the haem iron, is well absorbed. Sources of non-haem iron green vegetables, baked beans, peanuts and fortified breakfast cereals are included. Because they improve the absorption of non-haem iron dietary sources of vitamin C are also important.

Donner (2002) concluded that poverty is the most subtle discriminatory way. For example, women who were poor and their children, which contributes to ill health, were more likely to be socially isolated. Still fully in our society, which led to ill health in low income and income inequality did not understand all of the ways. But on the whole, still working to improve the health of these procedures did not need to understand. The link among income and health was a particular significance for women. (As in the rest of Canada) Manitoba, poverty much more often and more severely than men kill women, exhibits discriminatory practices. This study suggested that income inequality and how inequality of women living in poverty, but of every member of the society not only appears to affect health.

Brown *et al.*,(2002) said that the women often have limited access to their own income. On average, their incomes were too low compared to men. Their care role and status places them in a weak economy. They remain the biggest group who experience poverty.

WHO (2002) argued that women of poor families have increased the burden of reproductive and care which are rich people, found that there are larger. Teenage pregnancy was higher in poor families. Domestic violence is often a contributing factor to poverty, stress and depression in women was a major factor behind. Nearly 1.2 billion people living in poverty, 70 per cent were women. A direct result of poverty, malnutrition and iron deficiency anemia, which was double the number of women affected than men. In many parts of the world social and economic change and the role of job loss for men. Fast women and their household breadwinners in addition to caring role was, they were likely to be low income, and child care, but often suffers as poverty, the samples were easily. Where conventional medicine or doctors were available, many women cost, convenience, and comfort of the reasons for the selection of these systems. Often, these methods did not work and could lead to further health complications.

Alexender (2002) reported that a relatively low number of physical disorders, unique for women are more prevalent or serious in women, or women specialized in prevention or intervention strategies that have been described. Arthritis, diabetes, lupus and erythematosus, gallstones, and osteoporosis are other diseases in this category. Reproductive health, women's health concerns are a major focus. Pregnancy-related maternal mortality reduction in the times of the century, is one of the major public health achievements. Despite effective contraception, unintended pregnancy in this country more than half; thus, infertility and problems related to unintended fertility research priorities. Especially to reduce the rate of prematurity, pregnancy outcomes improve, increasing attention is required.

Laughlin (2003) illustrated that the women living in poverty for long periods of time were more likely to have stated that.said. And when they were old.highlighting the extent to which women were dependent% were women showed that due to their greater longevity benefits and hardships and poverty of different experiments (data sourced from the Department of Work and Pensions). Poverty also affects women in gender-specific ways to "lower social class effects such as depression for non-mental health problems was particularly evident.

Johnston *et al.*, (2003) Rural women working at different levels of the health of a web of interconnected factors result in the compromise that was found. Asian population in rural poverty has a devastating impact on the health of rural women. Poverty is a condition that has reached the most important stage in achieving the appropriate health services can cause delays. A role in poverty rural women for HIV and other STIs increase the visibility of their activities that are being forced to take part in plays. In the Philippines, for example, to save their families from starvation as a measure of farming women engaged in the sex industry were reported. Reduce rural women's literacy and education play a role in health status.

Thaver and Bhatta (2003) said that in Pakistan poor are not only deprived of the financial resources that have been described, such as the education, health, clean drinking water and education, health and nutrition, limited access to adequate sanitation lack of access to basic needs as undermining their capabilities, making them vulnerable during the marketing exogenous shocks, gainful employment, and income poverty and social exclusion limits the ability to save the results. This poverty in Pakistan in 1989-99 to 32.2 per cent in 1993-94 to 29.3 per cent, 1990s has remained fairly stable over that was described. Children and with the

sole earning member of a number of poor households are more likely to be poor, have a high dependency ratio. A poor average number of births by women (married and age of 15-49) for a poor woman than four, almost five. Poor sanitation infrastructure such precision relatively low penetration, are characterized by. Compared to 53 percent of non-poor households with flush toilet with 76% of the poor live while. Even relatively poor communities and health facilities for immunization coverage seem to have less access, poor children aged 1-5 years 45% Fully 58% of non-poor households have been vaccinated against.

Arif (2004) examined the weight for age and height for age measured by two important indicators, morbidity and malnutrition using checking the health status of the children. The demand for medical services has also been identified. The main data source used in this study child health and poverty provides sufficient information on the socio-economic survey of Pakistan 2000-01 (enterprises), is. And immunization during the first 4-5 months of life, both exclusive breastfeeding significantly smaller children (0-5 months) among the occurrence of the disease that can help control the results of the study show. The child's health (nutritional status) in the production of strengthening the role of mother's education. The role of the mother's education than non-poor families, poor families are found to be more clear. Since the mid-1990s, poverty has negatively affected the nutritional status of children. The main problem is to reduce household food insecurity is about. The benefits of recent high GDP growth has been slow in the past decade in the job, you can move through the poor. Poor and vulnerable segments of the population's real incomes rise in food prices must also be protected against. At present, the health and nutrition sector to GDP is only 0.7 percent. Health care facilities in the country are curative in nature, and diagnosis and treatment, not in favor of preventive aspects of health care are heavily Bangalore. Preventive aspects of health care resources should be made available to. Child immunization coverage should be increased, and the provision of safe drinkingwater social sector policies can be more preferred.

Yasin *et al.*, (2004) the city of Multan, Pakistan, mother and child health in socio-economic factors affecting the investigation. Neglected areas, namely Sameejabad a colony, was selected for data collection. A total of 993 married women were interviewed by door-to-door survey. The literacy level of maternal and infant vaccination was found that both had a strong bond. Whose husbands were educated women, which was higher than the annual income for themselves and their children had higher percentage of vaccination. Mother's occupation is concerned, it did not prove a good indication. The present study maternal and child vaccination in Multan city affecting the social and economic factors is an attempt to identify. This study illiterate and the majority of mothers were working as house wives that is found. Vaccination of mothers, literacy levels, but only the mother of the children was found to be highly relevant for vaccination. Such a high percentage of mothers and vaccination of children vaccinated because their husbands were educated mothers, whose vaccination seemed to have a positive effect. Mother and child health household income also proved to be a good indication. Mothers whose household income, not just themselves but also their infants than were vaccinated got the vaccine. Mother's occupation was concerned, as it will be a good indicator of the vaccination, but vaccination of children was not a good sign as it was.

Bamji *et al.,* (2004) improved rural health care outreach, an experiment in Andhra Pradesh (AP) Narsapur mandal of Medak district of the five non-Integrated Child Development Scheme (ICDS) Villages (population 4400) in was. With the seventh-grade level of education equivalent to a local women (one per village), preventive and curative health care, and had been trained in aspects of nutrition. The women's health, nutrition, hygiene and family planning, the community, especially women advice. All pregnant women, prenatal check-ups, iron folic acid tablets, to ensure compliance record blood pressure in pregnant women identified risk and pays community, which for the treatment of minor ailments Login. Birth weight (wherever possible) with age and cause deaths, and births records are maintained. Both groups of women can work in tandem so that 'dais' (traditional birth attendants) also being trained. A monthly allowance is paid, the daily wages of Rs.5 / training and small incentive money is given for days - for each reported event. After three years positive results were significant improvements in nutritional knowledge of mothers, and mothers' behaviors related to food, and infant feeding, increasing institutional delivery; PERINATAL and child mortality, (child After three years of decline and even death), and the reduction in morbidity and loss in preschool children (Bitot spots) Vitamin events. Only minor improvements in child nutrition, and around 20% in the incidence of low birthweight who had no improvement.

Kaplan's *et al.,* (2004) identified a breast abnormality in the low-income women to determine what factors affect the follow-up care. 535 respondents, 8.6% received no follow-up care. With follow-up care of those, 29.4% poor maintenance (not start-up in a timely manner or did not complete the recommended method) achieved. Factors affecting the recovery of any follow up a CHC vs. a hospital (or 2.79, CI 1.20-6.50), where to get care uncertainty about the patient (or 0.24, CI 0.07-0.77), and recommended Index care visit included a clinical breast examination having (CBE) (OR 0.12, CI 0.04-0.40) or a mammogram 6 months (OR 0.11, 0.04-0.31 CI) vs. a first follow-up procedures of a diagnostic mammogram. Factors affecting the realization of appropriate follow-up being white, a hospital vs CHC (or 1.90, CI 1.13-3.20) included in the index visit Care / Other Asian Pacific Islander / vs Latina (OR 5.33, CI 1.71- 16.68), a diagnostic mammogram (OR 0.06, CI 0.02-0.14), and breast cancer (OR 0.44, CI 0.22-0.89), a family history versus a mammogram recommend 6 months. Low-income women with a breast abnormality maximum return for follow-up, clear information for patients, especially in hospital settings, where to get the care that should be provided about the concluded was. In particular the importance of full and timely follow-up care or clinical breast exams and referrals for mammograms with 6 months, should be emphasized.
CASW (2006) illustrated how and why the health of their income on such transactions in Canada, poor, low-income women reflected on life experiences. The effects of pregnancy on the health of a growing fetus begin considering. This will raise the child properly, or learn how to get pregnant out of wedlock, and what could not be considered.How will open, so you experience anger. If such an experience can bring a little way into the depths of despair. The hatred of your family, or perhaps even a child can mean so much for being unwilling, to provide you with health care doctors and nurses. If you are an unmarried woman, sex before marriage is still a stigma, you may encounter a community of hate.

Astbury (2006) added that postpartum depression (PPD) are important consequences for both the mother and the family can have a serious mental health problem. For mothers, PPD's ability to function in everyday life affect and anxiety, cognitive impairment, guilt, fear, sleep

disturbance increases their risk for, thoughts of hurting yourself and your child can are. Furthermore, infants develop PPD to provide proper care can lead to trouble. As a result, children of mothers with PPD, cognitive, social and emotional development and the problems experienced anxiety disorder and major depression in childhood and adolescence may be more at risk. APA means of PPD, the differences among racial and ethnic groups, and treatment and NIMH supports research and cooperation on this issue with NICHD finding opportunities to encourage ORWH.

Alexander *et al.*, (2007) said that the health needs of women in mid-life change concluded that entering. And knowledge of cancer, diabetes and other health conditions as the screening of a number of cardiovascular and other chronic diseases management, is necessary. During a woman's age, mental health services, many of womanhood overall health during later years, as well as prescription drugs, long-term care facilities, and community-based care services affecting access . He strongly involved in their health and wellness education for women to support efforts, holistically the emotional, social, environmental, physical, mental and spiritual realms wellness defined to include. Violence against women through research and intervention that demands our attention has become a global social epidemic that was found. Gender-based violence affects women more than the physical, mental, and reproductive risk factor for psychosomatic disorders indicates that there is a growing body of evidence. The results of physical illness, injuries, pregnancy, injuries, and risk are included. The psychological consequences of suicide, depression, anxiety, posttraumatic stress disorder, eating disorders, ranging from chemical dependency, are serious.

**Main Findings**

- Majority i.e. 54.2% had upto Rs. 10000 family monthly income.
- A huge majority i.e. 88.3% used pipe water (WASA).
- Majority i.e. 61.7% of the respondents were drinking milk daily, a major proportion i.e. 40.8% of them were eating ruit on daily basis, little less than half i.e. 49.2% of the respondents were eating vegetable on daily basis. 40.8% were eating chicken twice a week, 40.0% o them were eating chicken weekly.
- A vast majority i.e. 89.2% of the respondents reported that health facilities were present in their locality.
- About 36.7% of the respondents got medicine from specialist doctors, while a major proportion i.e. 43.3% reported that they get medicine from MBBS doctors.
- All of those respondents (90.0%) who had child, completed health department's injection course for their child.
- The bi-variate analysis shows that there is significant association between different independent variables i.e., age, education of the respondents, family income, water quality, health facility in the locality and visit of health center and dependent variable which is the health status of women.

**Recommendations**

It is recommended that women should make aware about the effects of using good quality water and availing health facilities available in the locality. It is also argued that the economic and educational opportunities should also be provided to enhance their socio-economic and reproductive health status.