

WOMAN POWER AND SOCIAL CHANGE



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A SOCIOLOGICAL STUDY ON HEALTH SEEKING BEHAVIOR OF ANTENATAL WOMEN IN MADURAI DISTRICT OF TAMIL NADU

M. Suganya and Dr. M. Thamilarasan***

Education as an Engine for Women's Health Empowerment

Rai Usha (2014) Educate girls and empower them and keep them in school as long as you can and those women are the best agents of change. Despite the pivotal role of education in improving health outcomes in children, delaying marriage and avoiding teenage pregnancy, there are currently about 60 million school-age children out of school across the world. In India, nearly eight million children have never stepped inside a school and the dropout rate is about 80 million, UNICEF noted.

When you educate a girl, you educate a nation. Access to quality education, as well as health, is important for human development. The government has recently committed to doubling its contribution to the global partnership for education for the next three years bringing it up to \$100 million per year. Increasing awareness about health among teens through education can have life-saving and life-changing consequences.

Driving home the vital message of educating girls. If all women were to complete primary education in the low and middle-income countries, there would be a 50 per cent drop in mortality of children aged less than five years. And if they were to complete secondary education, a 40 per cent reduction in child mortality could be achieved which means preventing 2.8 million child death a year.

UNFPA (2013) globally, India has the 95 million of adolescent girls aged 10-17 years. And not surprisingly, in 2010, India had the highest number (47 per cent) about 12 million of adolescent pregnancies in the world. Globally, child marriage is an important driver of early pregnancies; about 90 per cent of such pregnancies occur within marriage. One study found 44.5 per cent of women aged 20-24 years in India were married as a teenage; 22.6 per cent of them were married before age 16 years. A third of them had no formal education and more than two-third resided in rural areas. Child marriage in India had all the documented problems such as no contraceptive use before first child birth, high fertility, and a repeat child birth in less than two years, multiple unwanted pregnancies and abortion.

Having a baby much earlier in life combined with multiple pregnancies within a short span to time exponentially increases the risk of child death. Adolescent pregnancy is often associated with premature delivery; still birth foetal distress, birth asphyxia, low birth weight and miscarriage. There is a 50 per cent likelihood of stillbirth and death in the first week of life in babies born to mothers younger than 20 years than in those aged 20-29 years. There is also about 20 per cent risk of maternal mortality in adolescent mothers. According to the WHO, 2.5 million of all unsafe abortions in low and middle income countries are among mother aged 15-1 years.

Reviews Related To Health Seeking Behaviour Of Antenatal Women

Ganatra B.R. et al. (1996) found in a case control study in Maharashtra observes that women who received no antenatal care were twice as likely to of maternal caused diseases than women who had three or more antenatal contacts. The study analyses lack of information on the location of an appropriate facility can lead to obstetric

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