HEALTH STATUS OF WOMEN IN NORTHERN REGION OF PUNJAB

1Abhijeet Sandhu & 2Sandhya Verma
1Student of Ba.Llb(hons.), 1Xth semester, 2Assistant professor, Law College Dehradun, 1Law College Dehradun, 3Uttranchal University, Dehradun, India.

ABSTRACT: Annually we commemorate women’s day and Mother’s Day as symbol of our love and respect to women in our lives. It is an excellent sign incredibly to women’s status in society but that’s only one side of the story. Even today there is a major block of women in our country who are restricted from their basic rights. In this article efforts have been made on health status of women of Punjab, a state situated in northern region of India. Presently it is numbered on 20th among all 28 states. Research only talks about a part of Punjab viz; northern Punjab. The focus of the article would be women reforms, status of women, health indicators in state, disease burden, medical institutions, health delivery system, Punjab government health expenditure for women, status of rural women, shortfall in health and health care for poor. Health is a necessary factor which benefits to economic growth and human wellbeing. While Punjab, was included at once among India’s richest and speedily developing states, it is now termed as “once – rich” state, as its economic development is getting low day by day and ill-health plaguing population of all ages. A re-check may be needed for health, nutrition and healthcare in Punjab, due to degradation in health services, health indicators lack their economic standing and system is not properly equipped to face new challenges. To appositely improve the health status of women of northern Punjab many major decisions of wellbeing must be taken immediately. Research is not only about human or women rights it also includes the environmental degradation due to which the human health is being affected. Various practices have been evolved in present scenario that are playing vital role in diminishing good status of women as well as human health.

Key Words: women’s health, environment degradation, industrialization, health expenditure.

I. Introduction

A state well known for its rich culture and heritage has been lagging behind in its health sector. Punjab faces serious health issues including lack of medical techniques to medical equipment’s to deal with health problems like cancer, maternity, obesity, undernourishment.

Punjab is ranked 16th among all states by population and studies have shown that day by day the golden sparrow state is degrading its health and healthcare. This state has costly unregulated health sector which leads to avoidance of healthcare to poor and half of the middle class present in this zone. It is very evident by looking at the economic difference of residents that the wealthy upper caste uses their social connections to avail public sector services meant for the poor. The concept of "PUNJAB" is suitably like ‘SPEND MORE ON SALARIES, LESS ON HEALTH ‘which results in degradation of health in residents of the state.

Leading to the main issue of the article ‘the health status of women in north zone’ of Punjab’, Priorly talking about north zone of Punjab which includes: Gurdaspur, Amritsar, Hoshiarpur, Jallandhar, Kapurthala, Nawanshahr, Ferozepur, Faridkot, Muktsar, Bathinda, Mansa, Moga, Ludhiana, Rupnagar, Sangrur, Patiala, Sangrur, Fatehgarh sahib and Chandigarh.

Studies have shown that there is much poor status of women health in this part of Punjab. The Northern Zone is also popularly known as ‘CANCER BELT OF PUNJAB’. This includes various reasons why it is called so? And that may constitute reasons regarding agricultural activities, unhealthy atmospheric surroundings, industrialization, chemical composition in ground water, impure or harmful contents in air and many such causes. These causes are not only the sole reason for degradation and poor condition of human health but this is also result of low education status of females in this very state. As the other states of India, it is not an unknown fact that we have a famous culture of male

2North Zone Cultural Centre of Punjab available on http://www.culturenorthindia.com/punjab/ (visited on 07, march,2019)  
domination as in which the female lacks not only availing of health care but most of her rights and fundamental laws are being breached.

**Last updated**

“In 2015, There is reported an estimated 90 patients for every one lac population in Punjab. Cancer burden in the state is higher than the national average of 80 per 1 lac population in Punjab, reveals survey by Punjab government. Malwa region is the hotspot for cases related to cancer. Malwa region, famously known as “COTTON BELT” of Punjab constituting Bathinda, Mansa, Muktsar, Sangrur including other districts are noticing the sudden growth rates in cancer cases. It has the towering rate of 136 cancer sufferer’s per lakh which is exceeding national average. According to ⁴ “State Council for Science and Technology’s Environment Report, 2007, Malwa belt intakes 75% of the pest control sprays or pesticides.”

“⁵A report from Hindustan Times speaks about cancer being higher in Punjab’s urban areas. The report appraises 5% to 12% males and 6% to 13% females are at risk of getting cancer. For more details to prove this point let’s analyse the table given below:

**1.A STUDY OF 3 DISTRICTS OF NORTH ZONE, PUNJAB**

In the below given data, ⁶ we can analyse that the risk of women getting cancer is more than men, and government should be taking measures in order to control this burden of disease of cancer in women of north zone. These tables are the report provided by Hindustan Times by giving details about average population of area, registered cases, cancer incidences and risk of getting cancer.

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>Females</th>
<th>Males</th>
</tr>
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<tbody>
<tr>
<td>MOHALI</td>
<td>Average Population Covered</td>
<td>5.33lakh</td>
</tr>
<tr>
<td></td>
<td>Cancer Cases Registered</td>
<td>899</td>
</tr>
<tr>
<td></td>
<td>Cancer Incidences</td>
<td>103(per 1 lakh)</td>
</tr>
<tr>
<td>SANGRUR</td>
<td>Average Population Covered</td>
<td>8.03lakh</td>
</tr>
<tr>
<td></td>
<td>Cancer Cases Registered</td>
<td>899</td>
</tr>
<tr>
<td></td>
<td>Cancer Incidences</td>
<td>58(per 1 lakh)</td>
</tr>
<tr>
<td>MANSA</td>
<td>Average Population Covered</td>
<td>3.72lakh</td>
</tr>
<tr>
<td></td>
<td>Cancer Cases Registered</td>
<td>469</td>
</tr>
<tr>
<td></td>
<td>Cancer Incidences</td>
<td>30(per 1 lakh)</td>
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</tbody>
</table>

The study of the three districts give us the view that women are more at a risk of cancer. ⁷

“2.NFHS-⁴⁸”

Not only about urban areas but rural population too is facing the similar risk. Breast cancer is the common issues among the women of Punjab. By recent research of NFHS-4 (2015-16) we can analyse the key indicators of health of women in Punjab.

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⁵Cancer Being Higher In Punjab’s Urban Areas available on Friday 08, march,2019 A report from Hindustan times [https://www.hindustantimes.com/punjab/story](https://www.hindustantimes.com/punjab/story) (visited on 8 march,2019)


⁷The study of three districts of Punjab available on [https://www.hindustantimes.com/punjab/](https://www.hindustantimes.com/punjab/) (visited on 8 march,2019)

⁸National Family Health Survey Report-4-available on [http://rchiips.org/nfhs/NFHS-4Reports/India.pdf](http://rchiips.org/nfhs/NFHS-4Reports/India.pdf) (visited on 9, march,2019)
NFHS - National Family Health Survey provides updates and evidential enquiry regarding population, health, nutrition indicators, including HIV prevention. This survey covers a vast range of health issues which include:

- FERTILITY
- INFANT AND CHILD MORTALITY
- MATERNAL AND CHILD HEALTH
- PERINATAL MORTALITY
- ADOLESCENT REPRODUCTIVE HEALTH
- SAFE INJECTIONS
- TUBERCULOSIS AND HIV
- NON CUMMUNICABLE DISEASES

### RESEARCH OF NFHS-4
### NATIONAL FAMILY HEALTH SURVEY

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>NFHS-4(2015-16)</th>
<th>NFHS-3(2005-06)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>URBAN</strong></td>
<td><strong>RURAL</strong></td>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Maternity Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Mothers who had antenatal check-up</em></td>
<td>%76.0</td>
<td>75.3</td>
</tr>
<tr>
<td>*Mothers whose last birth was protected against neonatal tetanus</td>
<td>94.0</td>
<td>92.1</td>
</tr>
<tr>
<td><em>Mothers who had at least 4 antenatal visits</em></td>
<td>69.4</td>
<td>67.8</td>
</tr>
<tr>
<td><em>Mothers who had iron folic acid for 100 days when pregnant</em></td>
<td>46.5</td>
<td>40.0</td>
</tr>
<tr>
<td><em>Mothers who had full antenatal care 8</em></td>
<td>34.8</td>
<td>27.9</td>
</tr>
<tr>
<td>*Registered pregnancies for which the MCP card</td>
<td>93.9</td>
<td>95.8</td>
</tr>
<tr>
<td>2. BMI</td>
<td></td>
<td></td>
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<tr>
<td><em>Women BMI is below normal</em></td>
<td>9.0</td>
<td>13.5</td>
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<tr>
<td><em>Women who are overweight or obese</em></td>
<td>32.4</td>
<td>30.6</td>
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<tr>
<td>3. ANEMIA</td>
<td></td>
<td></td>
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<tr>
<td><em>Non-Pregnant women age 15-49 who are anemic</em></td>
<td>52.9</td>
<td>54.7</td>
</tr>
<tr>
<td><em>Pregnant women age 15-49 who are anemic</em></td>
<td>34.7</td>
<td>46.5</td>
</tr>
<tr>
<td><em>All age 15-49 who are anemic</em></td>
<td>52.3</td>
<td>54.4</td>
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<tr>
<td>3. DIABETES</td>
<td></td>
<td></td>
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<tr>
<td><em>Blood sugar level-very high</em></td>
<td>5.7</td>
<td>6.3</td>
</tr>
<tr>
<td><em>Blood sugar level low</em></td>
<td>2.5</td>
<td>2.7</td>
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<tr>
<td>4. BLOOD PRESSURE</td>
<td></td>
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<tr>
<td><em>Blood pressure level -high</em></td>
<td>9.7</td>
<td>11.1</td>
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<tr>
<td><em>Moderately high</em></td>
<td>1.8</td>
<td>2.1</td>
</tr>
<tr>
<td><em>Very high</em></td>
<td>0.5</td>
<td>0.8</td>
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<tr>
<td>5. CANCER</td>
<td></td>
<td></td>
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<tr>
<td><em>Cervix</em></td>
<td>37.4</td>
<td>38.4</td>
</tr>
<tr>
<td><em>Breast</em></td>
<td>22.5</td>
<td>20.2</td>
</tr>
<tr>
<td><em>Oral cavity</em></td>
<td>42.3</td>
<td>34.5</td>
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<tr>
<td>6. HIV/AIDS</td>
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Research Paper  IJRAR- International Journal of Research and Analytical Reviews  3y
**Women who have comprehensive knowledge**

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<tbody>
<tr>
<td>52.7</td>
<td>47.1</td>
<td>49.3</td>
<td>23.0</td>
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**Women who know that condoms reduce HIV**

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<tbody>
<tr>
<td>89.8</td>
<td>86.4</td>
<td>87.7</td>
<td>53.7</td>
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**Menstruation**

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<tbody>
<tr>
<td>91.2</td>
<td>80.7</td>
<td>84.4</td>
<td>na</td>
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</table>

“Rate of disease burden also known as disability adjusted life years or DALY rate, from chemic heart disease IHD is 17.08% for residents of Punjab against national average of 8.66%. A study was conducted on Malwa region of Punjab, in which 95 adult females aged between 45 to 70 years of age were studied on basis of disease burden and the results were heart throbbing, among them 33.6% had IHD, 14.7% had arrhythmia, 15.7% had stroke, 24.2% had peripheral vascular disease, 2.1% had aortic aneurysm. It doesn’t end here out of them 5.2% were infertile due to poly cystic ovarian syndrome, 73.6% had elevated lipid profile. The factor which proves to be risky in present scenario is high blood pressure, dietary risks, air pollution, high fasting plasma glucose, malnutrition, high BMI, high total cholesterol, tobacco, impaired kidney function and alcohol and drug abuse.”

**DEPARTMENT OF HEALTH AND FAMILY WELFARE, GOVT. OF PUNJAB**

**Punjab Health System Corporation** PHSC is assimilated through legislative measures by the state govt. of Punjab to introduce more administrative flexibility for implementing “**Second State Health Systems Development Project**” with assistance of World Bank to upgrade Health Services at secondary level. PHSC has taken 150 institutions including District Hospitals, Sub-Divisional and Community Health Centres. The 86 institutions are located in Rural areas and 64 in Urban areas. There are several benefits invested for general public such as:

1. Free diagnosis, medicines and treatments
2. Free consultation for all
3. Full availability of equipment and chemicals for diagnosis

Punjab Government has issued yellow cards for free medical aid to anyone and even free treatments are available for government officers as Punjab government employees, pensioners, past and present members of legislative assembly, honourable judges, freedom fighters, under emergencies and natural calamities and under national programs. The whole of the state is covered by installation of 86 government health centres in rural areas. The project objects basically to provide assistance to government of Punjab to improve the efficiency in allotting and usage of health resources, to improve the performance of health care system.”

“Punjab has also successfully implemented the **NHRM2005-2012 National Rural Health Mission** in state which has its major focus on maternal and child health.”

But the mode of growth of medical institutions has remained less or more stagnant from years, which plainly reflects about the poor commitments of state government. Improving institutional area where the state of Punjab differs in its role when compared to the other states at national level is diminishing the role of Non-Government Organisations (NGO’S) and reason for this weak presence of NGO’S in Punjab is due to the fact of state government views active status of NGOs as a sign of poverty and non-success of government. Another reason contributing would be fair or rather strong presence of Gurudwaras, which are covering a large range of social services at state level. Although they are different in approach but are a strong ruling identity in Punjab.

The advent of private healthcare in this state is not a new phenomenon yet it gained momentum in post economic reforms.” According to **Human Health Development Report**, Private health sector in Punjab

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11 **National Rural Health Commission Report available on** [http://shodhganga.inflibnet.ac.in/bitstream/10603/129163/17/12_chapter%204.pdf](http://shodhganga.inflibnet.ac.in/bitstream/10603/129163/17/12_chapter%204.pdf) (visited on 13, march, 2019)

has become main 128 source of medical care covering 90% cases of non-hospitalized care and over two-third of hospitalized care. While private sector a little information is available on private health sector in Punjab yet a few features may be highlighted. The operates without sticking to regulations and is often a barrier to making healthcare accessible to all. Private doctors do not dither to carry out sex determination tests on pregnant mothers. These doctors often tend to terminate pregnancies in case the foetus is found to be female. The profit motives derive out loyalty and devotion which they often pledge. It is interesting to note here that although, private medical care in Punjab is highly expensive yet even the poor turn to private health services."

“To safeguard that this commencement is unimpaired and every child and mother is healthy in Punjab, the government has been providing super speciality healthcare services even in interior states. Continuing efforts for a superlative healthcare provision in the state. MRS. Harsimrat Kaur Badal, minister of state government of Punjab inaugurated a new 30-bedded multi-speciality Mother and Child care hospital in Mansa. Also, to guard personal hygiene of young girls, Punjab Govt. has taken an initiative to install sanitary napkin vending machines at educational institutions. Mrs. Badal inaugurated the first sanitary vending machines at The Government Senior Secondary School (for girls) at Bathinda. 20 more such machines will be installed at various educational institutes of districts. Punjab government has its department of social security and development of women and children through which it provides schemes like Old Age Pensions, Financial Assistance to Widow and Dinducte Women, Financial Assistance to Disabled, Financial Assistance Dependent Children, Indira Gandhi National Old Age Pension, ICDS Services, BebeNankiLadliBeti Kalyan Scheme, Mai Bhago Vidya Scheme, Benefits for Adolescent girls under Indira Gandhi MatrityaSahyogYojna, Adoption services through State Adoption Resource Agency, Foster Care.”

"Like all other women in the country the Punjabi rural women do all sorts of domestic works of washing, cleaning, cooking, feeding the cattle, distribution of food items, milking animals, taking care of children and family elders etc. And in all this scenario they are particularly characterized by low status, level of education, low level of health conditions and employment. Research into women’s status in society has found that the contributions which rural women make to families are overlooked, instead they are considered as economic burden and this is the common view in rural areas of northern belt. Some challenges faced by women healthcare in rural areas are like inability of services to be reached to all corners of the rural area, some of our villages are situated at remote locations that not many doctors are willing to go, people of villages tend to trust mystics and astrologers more than medical practitioners, most clinics in villages have single doctor, there is lack of awareness, people tend to lose hope easily due to no knowledge of possible cures, least but most important there are not too many service minded people in our country and rural healthcare does not pay well. As rural women have low levels of education, it is seen that majority of births in rural area are still delivered at home. The common reasons behind such are traditional attitude and economic reasons. This attitude needs to be changed through innovative health education programs and by providing maternal and child health services.”

According to the Article 25 of the Universal Declaration for Human Rights of 1948, motherhood and childhood are entitled to special care and assistance.” “The vision of the World Health Organization in ‘making pregnancy safer’ is a world in which skilled care at every birth is ensured for all women. But only 1/3rd of the rural women get attended deliveries which results in many problems such low immunity of mother or fetus, lack of aid, care etc. Especially the women in rural areas of Punjab or in India need to be empowered to receive greater education and training. If the rural women are empowered properly, they will start to earn and as women earn more, they spend it to further education and health of their children and rise in economic status will be for sure, they will gain greater social standing and will have a greater voice. As women will gain influence and consciousness, they would be better nourished and will be healthier and give birth to healthy babies.”

14A detailed Study on Rural Women of India available on https://core.ac.uk/download/pdf/43024312.pdf (14, march,2019)
16who- making pregnancy better available on https://www.who.int/sorry/en/ (14, march,2019)
Poor health has repercussions not only for women but also for their families. Such women are more likely to give birth to low weight infants, they are less likely to provide care and food to children. Finally, a women’s health affects household’s economic wellbeing because a woman in poor health will be less productive and mostly in rural areas of Punjab where women are less educated and deprived, their health condition is worse.

4. Legalisations Associated with Women Health

Under this head we will discuss about the legal prospective of women health in country which applies to state of Punjab too as it constitutes a part of India.

1. The present paragraph aspires to spotlight the constitutional provisions in the present article. The principle of gender equality is given in the Indian Constitution in its preamble, directive principles, fundamental rights and duties. The present paragraph aspires to spotlight the constitutional provisions in regard to health sector. It gets certain to consider the constitutional provisions relating to various aspects of social sector with a view to get to know the role of citizens. The constitution of India not only grants women equality but also empowers the state to embrace ways of positive discrimination in approval of women. Within the framework of growth, we have aimed at women’s advancement in different aspects. Our country has also ratified international conventions to secure rights of women. The key among them is the Ratification of the Convention on Elimination of all forms of Discrimination against Women (CEDAW) IN1993.

2. (1) Constitutional Provisions: Fundamental rights, ensure equality before law and equal protection of law, it prohibits discrimination on basis of caste, creed, religion, sex, place of birth and promises equal opportunity to all citizens in employment. Article 14, 15, 15(3), 39(b), 39(c), 42 and 47 specifies in this regard. Article 14 talks about equality before law for women. Article 15(i) tells about not to discriminate any citizen on grounds only of religion, race, caste, sex and place of birth. Article 15(3) says that state shall make special rules in regard to women and children. Article 39(A) is of the view to promote justice on the basis of equal opportunity to provide free legal aid to citizens. Article 42 enables the state to makes rules for securing just and fair conditions of work and maternity relief. Article 47 rewards the state to raise the level of nutrition and standard of living of its people.

3. Legalisations Associated with Women Health

Under this head we will discuss about the legal prospective of women health in country which applies to state of Punjab too as it constitutes a part of India.

1. Part IV of the constitution of India deals with directive principles of our state policy (DPSP). DPSPare positive duty on the state, however not applicable in the court of law. Article 38: State to secure a social order for promotion of welfare of people - the state must encourage the well-being of people by securing and protecting it as a social order and make great efforts to minimize the variation in status; income, facilities and opportunities to all its citizens. This article directly tells about state being liable to provide women too with the available facilities and opportunities in all aspects of life. Article 39: Certain Principles of Policy to be Followed by the state (e) - it deals with the strength of workers, both men and women are not abused and not forced to work by economic necessity, the word abusing and forcing are displaying their negative impact on the health of women and this article implements no words for actions which have evil impact on women health as well. Article 41: Right to work, educate and to public assistance in certain cases - it is a mandate for the state to make effective provisions for fixing the right to education, work and public assistance to women in cases of unemployment, disablement, old age, sickness and in other cases of want maternity. Article 42: Provisions for just and humane conditions of work and maternity relief - special conditions of work and maternity relief should be provided to women in required circumstances. Article 47: Duty of the state to raise the level of nutrition and the standard of living and to improve public health - the state must consider the raising of the level of nutrition and the standard of living of its people and improvement of public health as its prior duties; and shall prohibit the intake of intoxicating drinks and drugs those are injurious to health.

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5. Constitutional Perspectives

The principle of gender equality is given in the Indian Constitution in its preamble, directive principles, fundamental rights and duties. The present paragraph aspires to spotlight the constitutional provisions in regard to health sector. It gets certain to consider the constitutional provisions relating to various aspects of social sector with a view to get to know the role of citizens. The constitution of India not only grants women equality but also empowers the state to embrace ways of positive discrimination in approval of women. Within the framework of growth, we have aimed at women’s advancement in different aspects. Our country has also ratified international conventions to secure rights of women. The key among them is the Ratification of the Convention on Elimination of all forms of Discrimination against Women (CEDAW) IN1993.
The Right to health and Care Under Constitution of India

The Constitution of India consolidates provisions undertaking every individual's right to attain highest standard of physical and mental health. This article provides Protection of life and personal liberty to every citizen. The Supreme Court has held that the right to live with human dignity given under this article derives from DPSP and therefore includes protection of health. Further it has been also held that the right to health is integral to right to life and the government of India has a constitutional obligation to provide health facilities, failure of government hospital to provide timely medical facilities results in violation of the women's right to life. Uniformly, the court has also upheld that the state's obligation to maintain health services."

"6.21LABOUR LAW

Through the years, different enactments have been passed for the wellbeing of the working people. Some of them were especially craved out for women at workplace. In recent times we notice an increased number of women professionals in both public and private workplaces. To protect the health of these women of working class several provisions are laid under Labour Law which are:

Labour Laws in India for Protection of the Working Women - there are different laws related to labour in India but for this article we will touch upon few important among them. As correctly mentioned by our honourable Prime Minister Mr. Narendra Modi in one of his speeches, "women constitute 50% of our population and if they don't come out and work then our country will never grow at the pace, we all envision it to grow." And for this very reason government has enacted various Laws in regard to women especially in relation to health of women.

(1)The Maternity Benefit Amendment Act,2017- Before this act, the previous Maternity Act was passed in 1961. In this present act the maternity leave after correction has been raised from present 12 weeks to 266 weeks, pre-natal leave has been increased from 6 weeks to 2 months. However, a lady with effectively at least two children is qualified leave for 12 weeks and the pre-birth leave, for this situation stays a month and a half. Infirmary facility has been made mandatory under the change for each foundation. The maternity act provides the ladies with sufficient leave and additional advantages in order to take good care of their own health and their infant.

(2)The Factories Act,1948 -This act is a legislative way to guard the employed workers in a factory, their health, safety, welfare etc. are secured under this act. This act has exclusive provisions for women working in factories. It includes provisions permitting intervals or rest hours during a working day, weekly off, annual leaves etc.in order to maintain healthy mind body of workers. There are prohibitions for women workers to work under hazardous conditions keeping in view their health status. There are various facilities which are given to workers such as washing and bathing facilities for women, toilets separately for women, restrooms and canteens."

"7.22Human trafficking act

Human trafficking is a criminal offense which affects global community as a whole. Simultaneously, the people of Punjab too are victims to it. The will of Punjabi's to migrate to foreign countries has provided traffickers an opportunity to utilize them easily. Using multiple methodology, people of different background has been involved in this business and often put the lives of their clients in significant danger, which leads to deportation, exploitation, indebtedness, imprisonment and even death. This paper explores the business of human trafficking in Punjab. In Punjabi language, human trafficking is termed as 'kabootarbazi', it is the hottest among one of the hottest issues in Punjab. India enacted Emigration Act, 1983 to control this illegal act. Amendments have been made including an imprisonment of five years from


Laws Every Working Women Should Know About available on https://sheroes.com/articles/5-laws-every-working-woman-should-know-about/MT11NA=-(visited on 20,march,2019)

six months, the fine is also proposed to be increased from present 1000 to 25000 rupees. Since number of Punjabis going to different countries abroad is very large, they will also benefit from the proposed changes in emigration law. Besides this the Ministry of women and child development launched ‘Ujjawala’, it included rehabilitation and rescue of trafficked females as well as males. The government of Punjab is also set to enact the Punjab Prevention of Human Trafficking Act to arm the police with more powers to check illegal human migration. To provide relief to the trafficked people, ‘Punjab State Human Trafficking Victim Relief Fund’ has been proposed to be constituted by the state government”.

“Effects and consequences of trafficking in women have been seen as the trafficked women may suffer from serious health problems, including health, reproductive health and mental health. They repeatedly suffer from serious physical mistreatment and physical weariness and starvation as well, typical injuries can include broken bones, concussion, bruising or burns, as well as other injuries consistent with assault. Women who have been trafficked have been abused over an extensive period of time, they may suffer these health problems in a way consistent with the victims of prolonged torture. Sexual assault is a traumatic act with emotional and physical effects on victim.

8.24 PUNJAB STATE WOMEN’S COMMISSION

“It is an institution made by government of Punjab in order to protect the rights and health of women of Punjab. It was constituted on 3rd January, 2013. This is led forward under the guidance of Paramjit Kaur Landran as a chairperson of the commission.” This is an effective step taken by the state government in order to enhance the services and to keep a security check on the status of women of their state. This is yet under development and will produce effective results soon.

9.25 THE PUNJAB STATE COMMISSION FOR WOMEN ACT, 2001

The Punjab State Commission for Women has been constituted under The Punjab State Women’s Act to provide for the constituting of the state commission for women with a view of the status of women of the state of Punjab and to inquire into unfair practices affecting women and for the matters connected incidental thereto.”

10.26 THE PUNJAB OCCUPATIONAL SAFETY AND HEALTH ACT, 2019

It is being a necessity to make and consolidate the laws for the occupational safety and health of persons at workplace and to protect them against the risks arising out of the hazardous occupations. This act provides about the health of women at workplaces. It promotes safe and healthy working environment catering to the psychological requirements of the employees at workplace and to provide for matters connected therewith.”

5. Conclusion

This article focuses on the trend in main key women’s health issues: maternal health, nutritional status, quality care, challenges faced by rural healthcare, lack of treatment, low economic conditions and many more as explained above. Regardless of betterment, persisting and growing problems challenge women’s health. This study is done totally in response to these, it is a comprehensive approach including implementation of effective interventions at both clinical and health systems level. Additionally, social, political, economic, environmental determinants that result in unequal access to care should be tackled to ensure the ending of preventable deaths, morbidities and disabilities among women and improve their health.

It this paper we have also dealt with legal provisions relating to women health all over India which are also applicable on the state of Punjab or on a specific part of Punjab. The legislative provisions in regard to state policy provided for women health have also been discussed above. After all the research we can conclude

23 Effects and consequences of trafficking in women available on http://hrlibrary.umn.edu/svaw/trafficking/explore/4effects.htm (visited on 20, march, 2019)

24 State Commission For Women in Punjab available on https://www.google.com/search?q=punjab+state+commission+for+women&rlz=1C1CHBF_enIN828IN828&oq=punjab+state+commission+for+women&aqs=chrome..69i57j69i60.7553j0j7&sourceid=chrome&ie=UTF-8 (visited on 20, march, 2019)


that though there are sufficient laws and legislations being made for women health but still there is a need to enforce them more appropriately in order to receive the desired goals.

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