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Women of Northeastern Region facing severe healthcare challenges

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This article delves into the healthcare challenges faced by the women of Northeast India, shedding light on the grim reality of inadequate healthcare infrastructure, limited resources, lack of awareness or understanding of health and hygiene, poverty, faulty food habits, and drugs are the pressing need for comprehensive solutions.



The Northeastern Region (NER) of India, with its unique geography, diverse terrain, and rich socio-cultural fabric, is making strides in socio-economic development of the country. However, a deep-seated healthcare crisis continues to afflict the region, with both communicable and non-communicable diseases (NCDs) affecting the day-to-day lives of the people.

The health challenges faced by women in NER encompass a spectrum of issues, including but not limited to maternal health, malnutrition, and infectious diseases; ignorance, limited access to healthcare facilities in remote areas amplifies these concerns, leading to a higher prevalence of health disparities. In women healthcare, NER is weaker than any other state of the country. The factors responsible for poor rural healthcare services are:

Menstrual health Issues

Menstrual health among women is intricately tied to a complex interplay of cultural, social, and economic factors. Fortunately, various initiatives and awareness campaigns have been implemented to tackle these issues. These efforts aim not only to break the silence surrounding menstruation but also to empower women with accurate information and access to essential hygiene resources. Additionally, educational programmes are being conducted to dispel myths and foster a more supportive environment for women's menstrual health.

HIV and other infectious diseases

North eastern states of India have higher number of HIV cases than any other part of the country. According to the NACO report Manipur has more than 25,000 registered people living with HIV and their children whether affected or not usually avoid getting tested for AIDS, for the fear of social ostracism. One of the major reasons for the increase in the cases of AIDS is drugs.

Mizoram shares two international borders, one with Myanmar, the golden triangle in the east and Bangladesh in the west, a haven for drug traffickers, who often use infected syringes leading to its fast spread, affecting both men and women equally. According to the NACO Mizoram has acquired the dubious distinction of becoming one of the leading states that registered an average of 5 to 6 positive cases in a day. Manipur and Nagaland are not too far behind in the race.

Cancer

According to the ICMR reports, the probability of developing cancer over a lifetime is as high as 1 in every 4 males and 1 in every 6 females in Assam. Among women, breast cancer was found leading with 14.5 percent followed by cervix uterus 14.2

%. According to the cancer incidence DAR for 2012 -2016 the highest incidence of cancer in women in India was in the North Eastern region, with Aizwal and Kamrup leading the cancer incidence rates.

Peculiar Dietary Habits

Almost negligent availability of fruits and vegetables, highly spicy food, limited water intake, over dependence on hot beverages and consuming fermented pork, dried and salted meat and fish using soda as food additive, raise the risk of cancer. The prevalence of H pylori infection which may act as carcinogen is very high in these regions.

The practice of betel nut chewing was found to be one of the major reasons for oesophageal cancer. Mizo women, particularly from Aizwal district, have the highest incidence of lung cancer due to excessive tobacco use, cigarette smoking, and inhalation of second-hand smoke. About 22.8% women suffer from tobacco related cancer, of which Tripura leads in tobacco consumption.

In breast cancer, Aizwal recorded the highest incidence among all North Eastern states.

Cervical cancer, another leading type of cancer, caused by persistent infection with HPY 16 and 18 is prevalent among women.

Other conditions

Maternal health remains a significant concern, with inadequate antenatal care and unskilled birthing assistance contributing to heightened risks during pregnancy and childbirth.

Cultural norms and societal taboos surrounding menstruation continue to influence women's experiences in the region. These norms can contribute to a lack of open dialogue about menstrual health, leading to misinformation and stigma.

Infectious diseases, such as malaria and waterborne illnesses, pose additional threats to the well-being of women in the region.

Economic disparities also play a role. Many women have to struggle to afford sanitary products, leading to improvised solutions that may compromise hygiene.

Efforts to address these issues involve a multi-faceted approach, combining improved healthcare infrastructure, community health education, and targeted interventions for maternal and child health. Collaborative initiatives between governmental and non-governmental organizations are essential to alleviate the agonies faced by these women.

Disease Burden and Healthcare Utilisation Study

A comprehensive study was conducted by Manali Swargiary and H. Lhungdim which aimed to understand the disease burden and healthcare utilization in the North Eastern Region of the country. The findings were shocking. The study revealed that Sikkim and Mizoram reported the highest prevalence, while Meghalaya emerged as the 'healthiest' state with the least reported prevalence. The prevalence of infectious diseases was highest, followed by other ailments and NCDs. Notably, NCDs, including vaginal, menstrual, and reproductive health issues, have been gradually expanding in the region, warranting urgent attention and preventive measures.

A survey conducted by Gynoveda in the eight states of Northeast India highlighted the staggering health challenges faced by women in the region. A staggering 98% of women reported grappling with health issues.

Over the years, the Government of India has implemented various healthcare infrastructure and policies to bridge the gap between the need and the feed in these underserved areas. However, despite an increase in expenditure in recent years, the region still lags behind the rest of the country.

The prolonged isolation, marginalization, increased cross border movements and insurgency in the region have hindered development. To improve women healthcare and establish primary medical and diagnostic facilities for the women in this region, a collaborative effort of the public and private sector is needed. Other than Government PSUs and Corporates have a

crucial role to play in bridging the healthcare gap and build a better diagnosis and treatment facility by spending CSR funds here. Which can really make a difference.

CSR Funds and Healthcare in North East India

A critical analysis of CSR spending in the Northeast reveals that it constitutes a mere 0.91% of the total CSR funds spent in India, as per the Ministry of Corporate Affairs. While there is a growing trend in the absolute amount, the percentage share remains disproportionately low. Education, health, and rural development emerge as the top recipients of CSR funds, but the challenges persist due to a lack of awareness, insufficient infrastructure, and difficulties in identifying and implementing projects.

Rural Development and Healthcare

The Census data underscores the unique challenges faced by the Northeast, with 84% of the population residing in rural areas, surpassing the national average of 70%. The region, constituting 8% of India's total geography and home to 4% of the population, grapples with severe developmental challenges. Poverty rates in the region are significantly higher than the national average, standing at 34.28%. Despite government schemes, the Northeast continues to face developmental challenges, with limited CSR funds spent in these crucial areas such as healthcare.

Challenges and the Way Forward

The healthcare challenges faced by women in Northeast India are deeply intertwined with the overall development and healthcare infrastructure of the region. Limited CSR funds spent, coupled with challenges such as lack of awareness, infrastructure deficits, and difficulties in project implementation, exacerbate the healthcare crisis.

The agonising healthcare challenges faced by women in Northeast India demand immediate attention and concerted efforts from both the public and private sectors. The region's unique socio-cultural fabric, coupled with the burden of diseases and inadequate healthcare infrastructure, necessitates a comprehensive approach. Increased CSR funds spent in focused manner, awareness campaigns, and strategic healthcare interventions are crucial to empower women, enhance healthcare access, and alleviate the suffering of the Northeastern population. Only through collaborative efforts can the region overcome its healthcare challenges and pave the way for a healthier and more prosperous future.

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