WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal Homepage: www.ijrpr.com ISSN 2582-7421

Women's Health Profile in Ward No. 50 of Howrah Municipal Corporation: A Geographical Study

Rina Bag [a], Pritha Saha [b]

[a] PG student, Bijoy Krishna Girls' College, Howrah-711101, India
[b] Faculty, Bijoy Krishna Girls' College, Howrah-711101, India E-mail address: sahapreetha@gmail.com
[b] ORCID ID: https://orcid.org/0009-0003-3559-489X

ABSTRACT

Women's health is an important indicator of the social and economic development of a region. Socio-economic conditions, environmental factors, nutritional status, and access to healthcare services influence it. This Study, titled "Women's Health Profile in Ward No. 50 of Howrah Municipal Corporation: A Geographical Study," examines the Health Status of Women Using a Quantitative Geographical Approach. The Study aims to examine women's socio-economic and environmental conditions, assess their health and nutritional status, and evaluate their Access to and utilisation of healthcare Services, along with their awareness of government health schemes. Primary Data were collected through a structured questionnaire survey among women in Ward No. 50 of Howrah Municipal Corporation. The collected data were analysed using quantitative techniques.

Keywords: Women's Health, Health Profile, Nutritional Status, Healthcare Accessibility, Government Health Schemes, Howrah Municipal Corporation.

1. Introduction:

Women's health is an important part of the overall health and development of a society. It is not limited to pregnancy, childbirth, or reproductive health. It includes the physical, mental, and social well-being of women at different stages of life. Women's health is influenced by several factors such as age, nutrition, education, income, occupation, family conditions, lifestyle, and access to healthcare facilities. The World Health Organisation (WHO, 2026) also recognises that social and economic conditions, gender roles, and access to health services have an important influence on women's health.

In India, women face several health-related problems. These problems are often linked with poverty, inadequate nutrition, low health awareness, household responsibilities, and unequal access to healthcare services. The situation also differs from one place to another. Women living in urban areas may have better access to hospitals and healthcare facilities, but they may also face problems related to overcrowding, pollution, unhealthy lifestyles, stress, and inadequate living conditions. Therefore, women's health needs to be studied not only at the national or state level but also at the local level.

Nutritional health remains an important concern among Indian women. Anaemia is one of the major health problems, particularly among women of reproductive age. According to the National Family Health Survey-5 (NFHS-5), conducted during 2019–2021, about 57% of women aged 15–49 years in India were anaemic (International Institute for Population Sciences [IIPS], 2022). The problem is also significant in West Bengal. These findings indicate that nutritional deficiencies continue to affect the health and well-being of many women.

Along with nutritional problems, women are also increasingly affected by non-communicable diseases. Conditions such as hypertension, diabetes, obesity, and cardiovascular diseases are becoming important health concerns. Changes in lifestyle, dietary habits, lack of physical activity, and increasing urbanisation may contribute to these problems (World Health Organisation [WHO], 2026). Women may also experience additional health problems because of household responsibilities, employment, inadequate rest, and limited time for their own healthcare.

From a geographical point of view, women's health is closely related to the place where people live. Health conditions may vary between different neighbourhoods because of differences in income, education, housing, sanitation, environmental conditions, occupation, and availability of health facilities. Even within the same city, all women may not have the same health opportunities. Therefore, a study at the ward level can help to understand the local variation in women's health and the factors responsible for it.

Howrah is an important urban area of West Bengal and has a diverse population with different social and economic backgrounds. Like other rapidly changing urban areas, Howrah has experienced changes in its residential areas, occupations, lifestyle, and access to basic services. These changes may have an influence on the health conditions of women. However, general city-level statistics may not show the differences that exist within individual wards.

In this context, Ward No. 50 of Howrah City has been selected for the present study. The study is based mainly on primary information collected from women living in the ward. It attempts to understand their general health condition, major health problems, nutritional and reproductive health, lifestyle, awareness about healthcare, and use of health services. The study also considers the socioeconomic background of the respondents in order to understand the relationship between social conditions and women's health.

The study is therefore an attempt to examine women's health at a micro level. By focusing on a particular ward, it seeks to identify the major health concerns of women and understand how social, economic, and geographical conditions are related to their health. The findings may also help identify areas where greater health awareness and better access to healthcare services are needed.

1.1 Objectives:

The main objectives are:

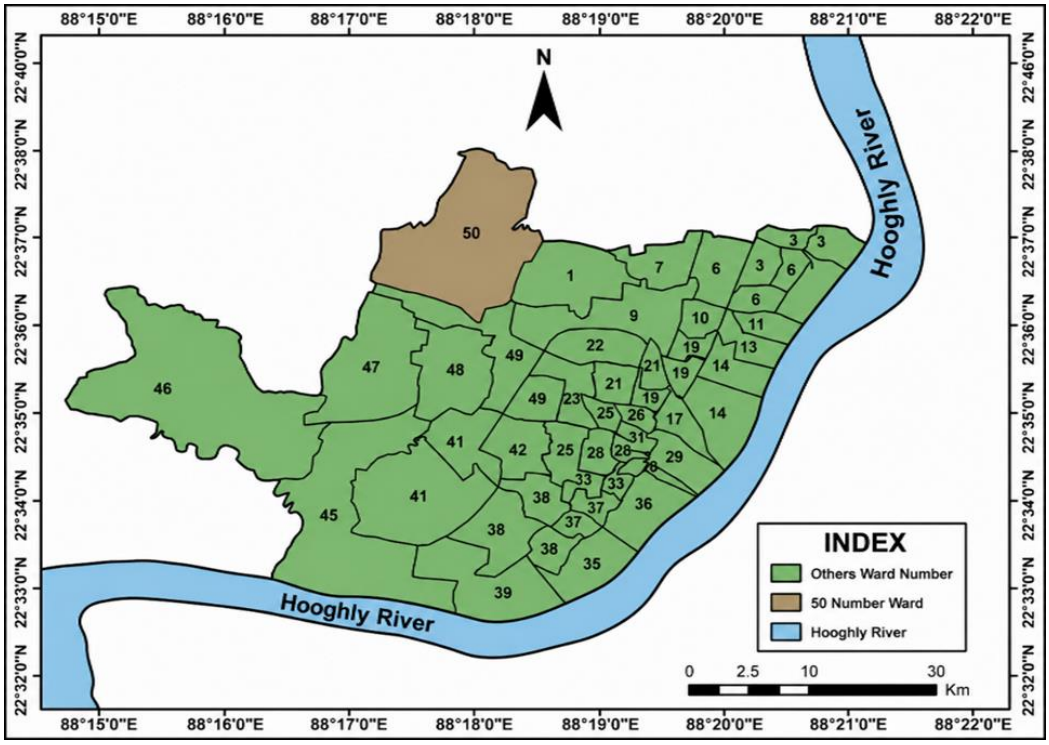
1. To examine the socio–economic and environmental Conditions.
2. To assess the health and nutritional status.
3. To evaluate the accessibility and utilisation of healthcare services and awareness of government health schemes.

2. Database and methodology:

This research work is based on primary data. However, in some sections, secondary data have been used. Primary data were collected through a field survey and questionnaire–based interviews with women. Secondary data were collected from existing sources such as government reports, census records, research articles, and publications.

Information was gathered through a women's questionnaire survey, and additional data were collected during the fieldwork. All the collected data have been represented through pie charts, bar graphs, and line graphs. The map was digitised using QGIS. The secondary data were processed and presented using MS Excel and MS Word to complete the overall analysis.

Study area: Howrah 50. Ward No. 50 is located at approximately Latitude 22.5958 degrees N, Longitude 88. 2636-degree E. Ward 50 of the Howrah Municipal Corporation (HMC) is an administrative division within Howrah, located near the Kona area and Benares Road. Kona and Pocha Khal are important localities situated within Ward No. 50 of the Howrah Municipal Corporation (HMC) in Howrah district, West Bengal. Howrah Municipal Corporation administers 50 wards across approximately 63. 55 sq.km. of urban area. Kona is a rapidly urbanising locality located along the Kona Expressway (NH – 16) and near Howrah – Amata Road, making it an important transport and residential corridor. Pocha Khal is a drainage canal and surrounding locality within Ward No. 50. It plays an important role in carrying stormwater from nearby residential areas. However, the canal is often affected by siltation, solid waste dumping, and poor maintenance, which reduce its drainage capacity.



Map 1: Location map of the study area Source: Prepared by author

3. Result and Discussion

3.1 Socio–economic condition

Women's health is shaped by non–medical factors that influence health outcomes throughout a woman's life. The WHO calls these the "conditions in which people are born, grow, live, work and age" A woman with low income often lives in areas with poor air quality and unsafe water, and has less power to change her situation.

Age structure is significant for the present study on socio–economic and environmental determinants of women's health. Women aged 18 – 40 are most directly affected by issues such as maternal health, contraception, occupational exposures, and household decision- making.4% of women belong to (less than 18); .85% of women belong to the (18-40) age group. 10% of women belong to the (40 and above) age group. Females accounted for 71% of the total respondents, while males constituted 29%. The higher proportion of female respondents is consistent with the study's primary focus on women's health and its determinants.

Married women account for 59% of the sample; single women account for 38%. Widowed and divorced women together constituted only 3%. The limited number of widowed and divorced women restricts statistical comparison but highlights a vulnerable subgroup requiring attention in women's health policy.

43% of women have a degree or higher, 24% have completed higher secondary, 26% have completed secondary, and 9% have completed primary education. (Fig. 1)

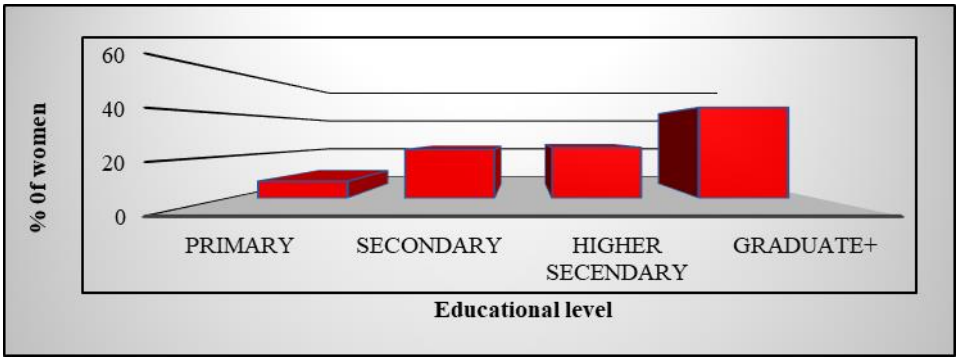


Fig. 1: Educational structure

58% of women are engaged in business, and 15% of women are housewives. 7% of women are engaged in service, and 9% of women are students; only 2% of women are engaged in private tutoring. Monthly income is one of the most critical socio–economic determinants of women's health. Higher income levels are generally associated with greater health awareness, better maternal care, institutional delivery, and preventive health–seeking behaviour. Low income restricts healthcare access, increases dependence on public facilities, and forces trade–offs between health expenses and other basic needs.

55% of women reported monthly income between 10,000 – 20,000 rupees, while 26% earned below 10,000 rupees. Only 12% of women earn 20,000 - 40,000 rupees, and 2% of women earn above 40,000 rupees. Thus, 81% of women earn 20,000 rupees less per month. Indicating that the study sample predominantly represents lower–to middle–income groups. This economic profile suggests limited capacity for private healthcare expenditure and higher dependence on public health infrastructure. (Fig. 2)

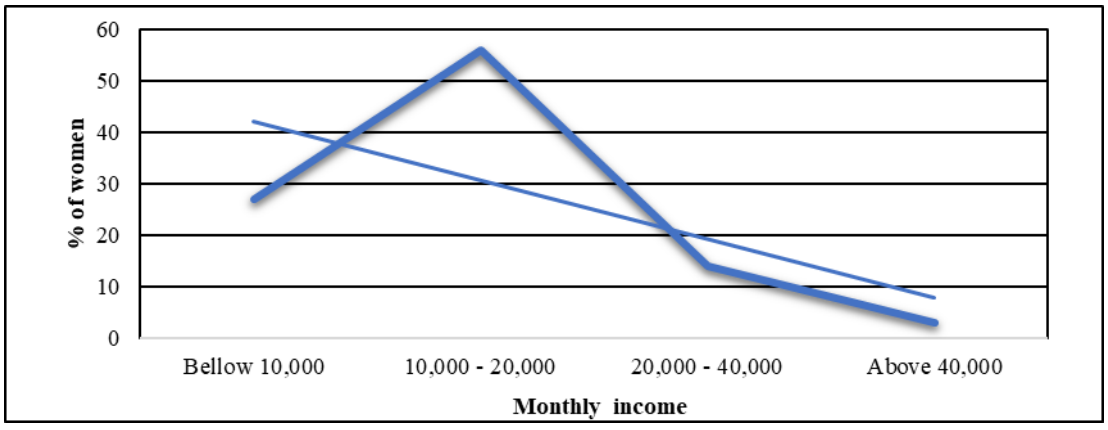


Fig:2 Monthly income

3.2 Housing and environmental conditions

Housing and environmental conditions are fundamental determinants of women's health. The type of house, overcrowding, access to safe drinking water, sanitation facilities, respiratory illnesses, and reproductive health risks. Poor housing conditions include Kachhi houses, inadequate ventilation, and indoor air pollution from biomass fuel. In this study, housing and environmental variables are examined to understand their role in shaping women's health outcomes and identifying key risk factors for targeted interventions.

1% of women use tap water,5% of women use tube wells, 45% of women use bore wells, and 49% of women use filtered water. (Fig. 3)

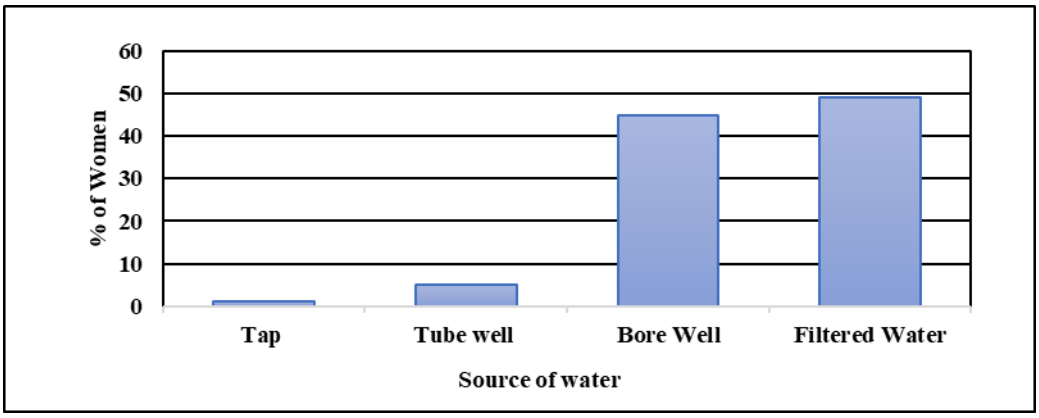


Fig. 3: Sources of drinking water structure

87% of women use private toilet facilities; 13% of women depend on shared toilets. 62% of women report poor drainage systems, while only 13% have good drainage. The remaining27% fall under moderate conditions. This indicates a serious environmental health risk in the study area. Poor drainage leads to water stagnation, accumulation of wastewater, and breeding of mosquitoes and flies. 78% of women dispose of waste through open dumping, while only 15% of women use municipal collection services. Around 5% of women resort to burning waste. Open dumping is a major environmental risk factor in my study. (Fig. 4)

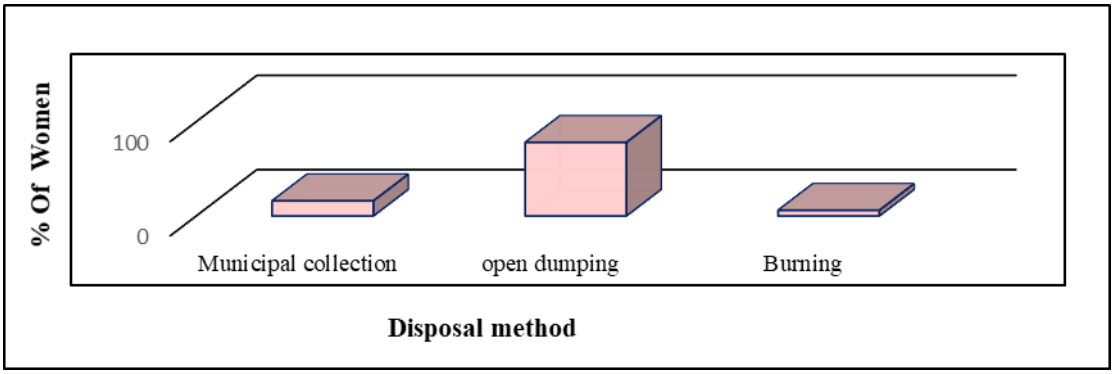


Fig. 4: Waste disposal

3.3 Health and nutritional status

Women's Health and Nutrition Are Essential Components of Sustainable Development and Overall Social Well–Being. Nutrition Throughout the Life Course Helps Women Maintain Physical and Mental Health. Women's Access to Healthcare, Education, Nutritious Food, Sanitation, Economic Resources and Decision–Making Power Plays an Important Role in Improving Nutrition Outcomes.

General health condition reflects the overall physical and mental well–being of women and is shaped by multiple socio–economic and environmental determinants. 45% of women have a poor health condition, 32% have an average health condition, and only 23% of women have a good health condition. This indicates a high morbidity burden in the study sample. The majority of women (70%) suffer from fever, 17% of women suffer from diarrhoea, and 12% of women suffer from hypertension. 5% of women suffer from respiratory diseases, and 2% of women suffer from diabetes. (Fig. 5)

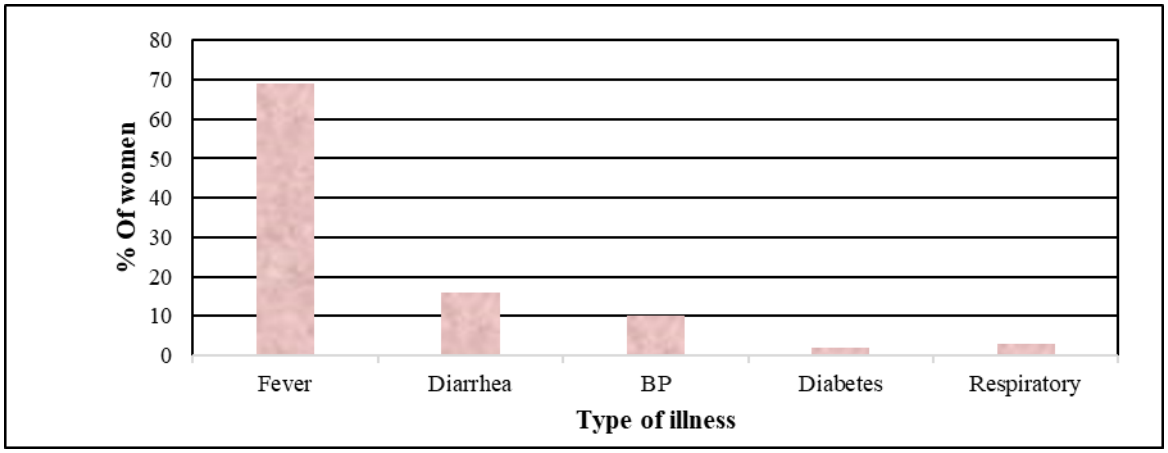


Fig. 5: Types of illness

94% of women suffer from chronic disease, while only 6% of women have no chronic disease.

55% of women take their meals three times, while 45% of women take their meals more than three times. This indicates that 100% of women in my sample have three or more meals. 75% of women consume fruits, while 25% of women do not consume fruits at all. 85% of women consume vegetables, while 15% of women do not consume vegetables. 80% of women consume milk or protein food, while 20% of women do not consume milk or protein food. This indicates a high reported intake of protein sources in our sample. Milk, pulses, eggs, and meat provide essential amino acids. Women are consuming fruits, vegetables, and protein, but access is difficult. That means consumption is likely infrequent. 75% of women face difficulty accessing nutritious food, while only 25% of women report no difficulty.

3.4 Accessibility and utilisation of healthcare services and awareness of government health scheme

Accessibility And Utilization of Healthcare Services Are Important Aspects of Women's Health. Easy Access to Affordable and Quality Healthcare Facilities Helps Women Receive Timely Treatment and Preventive Care. Government Hospitals and Health Centres Play a Significant Role in Providing Healthcare Services. Therefore, Improving Healthcare Accessibility and Increasing Awareness of Government Health Schemes Are Essential for improving the Overall Health and well-being of Women.

80% of women respond to government hospitals for healthcare .12% of women respond to private hospitals for healthcare, 6% of women use clinics for healthcare, and 2% of women use pharmacies for healthcare.

87% of women must travel 5 km or more to reach the nearest health centre. Only 13% of women have access within 5 km. (Fig. 6)

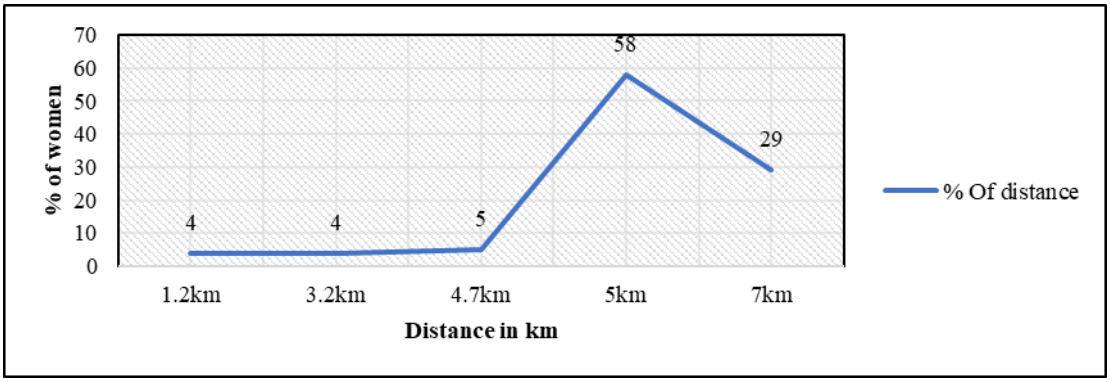


Fig. 6: Distances to nearest health centre

Women perceived accessibility to health services, categorised as Easy, Moderate, or Difficult. Largest segment: moderate 45 – 50%, second largest easy 30 – 35%, smallest segment difficult 20 – 25%. 81% of women have a health check, up from 19% of women who did not have a health check. This figure proves utilisation is high, but outcomes remain poor.

3.5 Maternal and child health

Maternal and child health refers to the health of women during pregnancy, childbirth, and the postnatal period, and the health of children from conception through adolescence. It is a core indicator of a nation's overall development, social justice, and health system performance.

95 -97% 0f children are vaccinated, and 3- 5% are not vaccinated.

Physical exercise levels in the study area are critically low, with approximately 50% of women reporting that they never engage in exercise, and only 25% of women respond that they exercise regularly.

5 hours: 15- 18% of women, 6 hours: 15 – 18 % of women, 7 hours: 20 – 22 % of women, 8 hours: 20 – 22 % of women, 9 hours: 25 – 28 % of women. Sleep duration in my study area reveals a polarised pattern with significant public health implications.

3.6 Awareness and health schemes

Awareness of health services and entitlements under government schemes is a prerequisite for equitable health utilisation. In India, flagship programs under the national health mission aim to provide universal access to prevention.

87% of women responded without health insurance; 13% of women responded with health insurance. This chart shows extremely low health insurance coverage.

85 – 90% of women, a large majority, did not participate in health awareness programs. 10 – 15% of women, only a small fraction, participated in health awareness programs.

3.7 Perceived health problems in the area

Perceived health problems reflect how a community experiences and prioritises illness. Perceived health problems provide critical insight into community health priorities and health–seeking behaviour, often differing from clinical morbidity patterns.

mosquito – borne diseases 40 – 45 % of women response, and water – borne diseases 25- 28% of women response dominate community health concerns, directly reflecting the environmental deficits documents poor drainage 62%.78% open dumping create vector breeding grounds, while unsafe water drives enteric infections. Air pollution 18 – 20 % (Fig. 7)

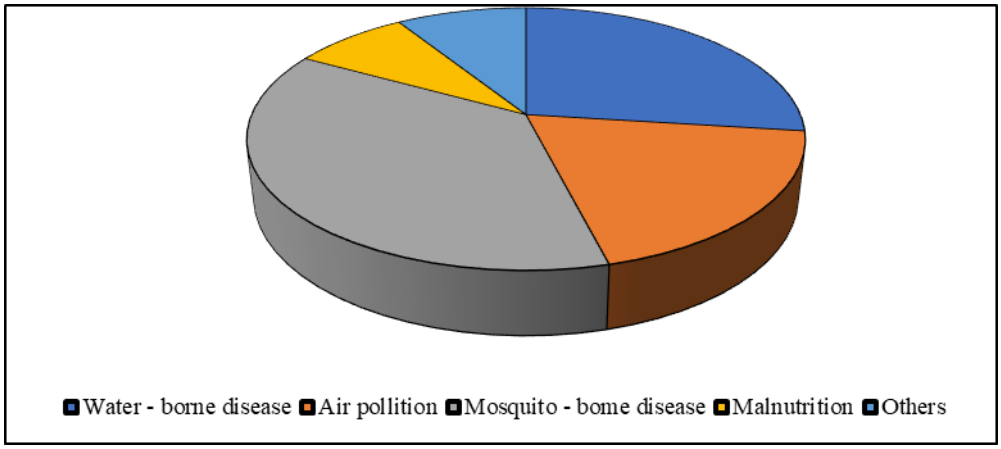


Fig. 7: Major health issues

4. Conclusion

50 of the Howrah Municipal Corporation has a significant impact on women's health. Women are more vulnerable because they are primarily responsible for household activities such as water collection, cooking, cleaning, and childcare, which increase their exposure to the polluted environment. The questionnaire survey also indicates that inadequate awareness regarding hygiene, disease prevention, and waste management further aggravates the health risks faced by women. The accumulation of stagnant wastewater, improper solid waste disposal, and inadequate drainage create favourable conditions for the spread of water–borne and vector- borne diseases. The findings indicate that diseases such as diarrhoea, skin infections, dengue, and malaria are common public health concerns associated with the polluted canal. These health issues not only affect their physical well–being but also increase psychological stress, healthcare expenses, loss of productivity, and reduce the overall quality of life. The study highlights the urgent need for integrated interventions, including regular cleaning and maintenance of Pacha Khal, improved drainage and solid waste management, effective mosquito control, access to safe drinking water and sanitation facilities, and community awareness programmes on hygiene and disease prevention. The study concludes that the polluted conditions of Pacha Khal in Ward No. 50, Howrah Municipal Corporation, adversely affect women's health through increased exposure to water–borne and vector–borne diseases. Effective drainage, waste management, sanitation, and mosquito control can improve women's health and well-being.

REFERENCE

Ministry of Health and Family Welfare. (2023). Health and family welfare statistics in India 2023. Government of India.

International Institute for Population Sciences. (2022). National Family Health Survey (NFHS-5), 2019–21: India report. IIPS.

World Health Organisation. (2021). India: Gender and health. WHO Regional Office for South-East Asia.

World Health Organisation. (2024). Extending healthy ageing across the life course: Connecting healthy development and healthy ageing.

World Health Organisation. (2026). Women's health.

Park, K. (2015). Park’s textbook of preventive and social medicine (23rd ed.). Bhanot Publishers.

Frumkin, H. (Ed.). (2016). Environmental health: From global to local (3rd ed.). Jossey-Bass.

Youngkin, E. Q., & Davis, M. S. (2013). Women’s health: A primary care clinical guide. Pearson.

Merrill, R. M. (2019). Introduction to epidemiology (8th ed.). Jones & Bartlett Learning.