Chapter 5
HEALTH AND THE SINGLE WOMEN

Women health and disease differ in many ways from men because of unique biological, behavioural and social conditions. WHO Ottawa charter defines health as a 'complete set of physical, mental and social well-being and not merely the absence of diseases or infirmity'. In another report WHO (1998) said that women health status is inextricably linked to their status in society. Gender is an important determinant of health in society. Health of woman is influenced not only by their biology but also by other socio-economic conditions such as poverty, unemployment and family responsibility (https://en.wikipedia.org/wiki/womans_health Accessed on 16th February 2017). According to UNDP Human Development Index health condition of a woman largely dependents on three factors, which includes food habit and nutrition, hygiene habit and health seeking behaviour (Sidramshettar 2004). Women in developing country living in greater level of disadvantage position such as social and economic power which restricts their access to many facilities including health care. The condition becomes more critical in case of single women. Health status of an individual and groups largely depends on health consciousness and attitude towards life. Therefore, for understanding the health condition of single women in Agartala town certain factors are taken into consideration. These are living condition, food habits, hygiene habits, reproductive health, disease and pattern of treatment etc. Some of the factors analyze here under.

LIVING CONDITION

I. House Types

Housing and health is closely related. Improper house condition rise health risk e.g. respiratory and cardiovascular diseases from indoor air pollution, too hot and too cold temperature inside house may cause illness, small and congested house there is, possibility of spread of communicable diseases etc. So types of house are one of the important indicators of economic condition and health condition of the people. Generally respondents are living in different types of houses namely hut with bamboo fancying, hut with mud wall, full brick house and half brick house etc. This is shown in the following table.

Table 5.1: Distribution of Respondents on the Basis of House Types and Marital Status

Type of House	Marital Status			Total (%)
	Widow	Divorce	Unmarried	
R.C.C	10 (7.81)	11 (10.80)	5 (7.14)	26 (8.67)
Half brick wall and rest part with tin.	41 (32.03)	15 (14.70)	12 (17.14)	68 (22.67)
Full brick wall with tin roof	12 (9.39)	13 (12.74)	12 (17.14)	37 (12.33)
Hut with tin fancying and tin roof	47 (36.71)	44 (43.13)	30 (42.86)	121 (40.33)
Hut with bamboo fancying and tin roof	9 (7.03)	17 (16.67)	9 (12.86)	35 (11.67)
Hut with mud wall and tin roof	9 (7.03)	2 (1.96)	2 (2.86)	13 (4.33)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Survey Conducted during February 2013 – January 2015.

The table reveals that 40.33% respondents living in hut with tin fancying and tin roof, 22.67% respondents living in half brick wall with tin roof, 12.33% respondents living in full brick wall with tin roof, 11.67% respondents living in hut with bamboo and tin roof, 8.67% respondents living in R.C.C. building and 4.33% respondents living in hut with mud wall, floor and tin roof.

Marital statuswise, 43.13% divorced, 42.86% unmarried and 36.71% widows living in hut with tin roof. 32.03% widows, 17.14% unmarried and 14.70% divorced respondents living in half brick wall and with tin roof. 17.14% unmarried, 12.74% divorced and 9.39% widow respondents living in full brick wall with tin roof houses. 16.67% divorced, 12.86% unmarried and 7.03% widows living in hut with bamboo and tin roof. 10.80% divorced, 7.81% widows and 7.14% unmarried respondents living in R.C.C. building. 7.03% widows, 2.86% unmarried and 1.96% divorced respondents living in hut with mud wall and tin roof.

Respondents those who live in tin shit houses said that during summer it become impossible for them to stay within the house. In summer they regularly suffer from headache, fiver and other types of diseases. Thus it appears that two fifth of respondents are living in hut with tin fancying and tin roof and two ninth of

respondents house is half brick wall with tin roof. Less than one tenth respondents are living in R.C.C. building. To get much clear picture about their living condition types of house along with ownership are discusses here under.

II. Ownership of the House

Normally in patriarchal society, it is the male who own all moveable and immobile property. It is a matter of concern to know who own the houses where single women reside. Ownership of house gives a sense of satisfaction, security and feelings of strong identity. Owning of house also indicate social status and their living standard. Ownership of houses of the respondents is given in Table 5.2.

Table 5.2: Distribution of the Respondents on the Basis of the Ownership of house along with Marital Status

Ownership of House	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Own	19 (14.85)	17 (16.67)	7 (10)	43 (14.33)
Rented	36 (28.12)	47 (46.08)	33 (47.14)	116 (38.67)
Parents	63 (49.21)	30 (29.41)	17 (24.28)	110 (36.67)
Husband	4 (3.13)	6 (5.88)	-	10 (3.33)
Neighbors, Friends and Relatives	6 (4.69)	2 (1.96)	13 (18.58)	21 (7)
Total	128 (100)	102 (100)	70 (100)	300 (100)

Source: Survey Conducted during February 2013 – January 2015.

Above data reveals that 38.67% respondents live in rented house, 36.67% live in parent's house, 14.33% live in their own house, 7% respondents live in friend/relatives house and 3.33% respondents lie in their husband house.

Marital statuswise, 49.21% widows, 29.41% divorced, 24.28% unmarried reside in their parental home, 47.41% unmarried, 46.08% divorced and 28.12% widows live in rented houses, 16.67% divorced, 14.85% widows and 10% unmarried live in their own houses, 5.88% divorced and 3.13% widows live in their own houses, 5.88% divorced and 3.13% widows live in their husbands houses, where as 18.58%

unmarried, 1.96% divorced and 4.69% widows either live in relative as friends houses.

So, it appears that around nine tenth of the respondents does not have any permanent place to live. They either live in rented, parents or friends houses which are not at all permanent accommodation, any time they may ask for living. They always remain in fear of displacement. Some of the respondents express their hope that one day they may get their share in parental property.

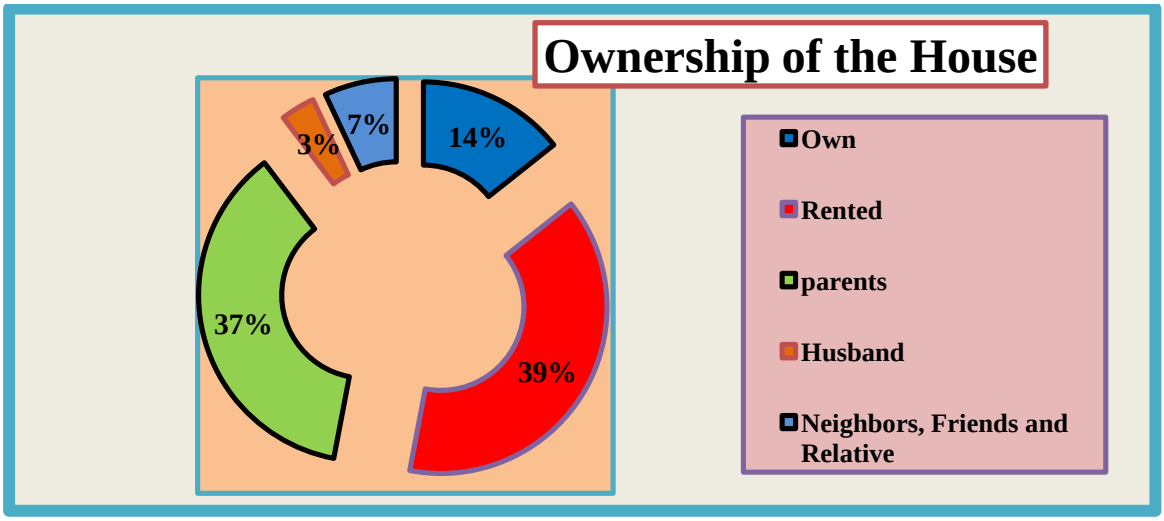

Figure 5.1: Percentage of Respondents on the Basis of Ownership of the House

III. Accommodation

Number of rooms in the house indicates the living standard of the people. It is also an important component to reflect respondent's socio-economic conditions. The following table shows the living accommodation of respondents.

Table 5.3: Distribution of Respondents on the Basis of Living Accommodation and Marital Status

Accommodation / No of Room	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
One	27 (21.10)	34 (33.33)	10 (14.29)	71 (23.67)
Two	50 (39.06)	41 (40.20)	27 (38.58)	118 (39.33)
Three	29 (22.65)	21 (20.59)	18 (25.71)	68 (22.67)
More than Three	22 (17.19)	6 (5.88)	15 (21.42)	43 (14.33)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Survey Conducted during February 2013 – January 2015.

The above table reveals that 39.33% respondents are living in two rooms house, 23.67% respondents living one room house, 22.67% respondents are living in three rooms house and 14.28% of respondents living more than three rooms houses.

On the basis of respondents marital status, among widows, 39.06% living in two rooms houses, 22.65% living in three rooms houses, 21.10% living only one room houses and 17.19% respondents living in three rooms houses.

Among divorced 40.20% of respondents living two room's houses, 33.33% living in one room houses, 20.59% and 5.88% respondents living in three room's houses and three room's houses.

Out of 70 unmarried respondents, 38.58% living two rooms houses, 25.71% living three rooms houses, 21.42% and 14.29% respondents living in more than three rooms house and only one room houses respectively.

Thus, it is found that near three fifth of the respondents accommodated themselves in one or two rooms houses. Which could hardly accommodation them property. Most of the one or two room houses ventilations are inadequate, hardly one or two windows are found. Most of the respondents live in an inadequate and congested accommodation in limited space which affects the health of the respondents and their children. Some of the respondents are of the view that due to financial crises they could not effort two or three rooms rented houses.

IV. Power Consumption

Using electricity in home reduces smoke and makes the atmosphere pollution free. Following table explain the electricity consumption status of the respondents.

Table 5.4 Distribution of Respondents on the basis of Electricity Facility and Marital Status

Status of Electricity Consumption	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Yes	121 (94.53)	91 (89.21)	61 (87.14)	273 (91)
No	7 (5.46)	11 (10.78)	9 (12.85)	27 (9)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above data shows that 91% of respondents have electricity facility in their houses and 9% could not access it. On the basis of marital status, 94.53% widows, 89.21% divorced and 87.14% unmarried have electricity in their houses and 12.85% unmarried, 10.78% divorced and 5.46% widows could not access electricity facilities.

So, it appears that nine tenths respondents' uses electricity as a source of lighting. But a large number of them are illegal consumer. They did not take electricity connection formally from Tripura Electricity board but illegally manage one single connection from their relatives or neighbors and pay them a fixed amount per month.

V. Cooking Fuel

Fuel is essential requirement for preparing food. So it is one of the important factors for mans daily life. In rural India still majority people uses biomass like firewood, crop residues etc for cooking which villagers collected from nearby forest. But in cities or town it is difficult to use biomass for cooking. The scenario of Agartala town is quite different. In Agartala large number of respondents uses firewood and cow dung cake for cooking. The respondents are classified into three categories on the basis of the fuel they use for cooking.

Table 5.5: Distribution of Respondents on the Basis of Using Fuel and Marital Status

Type of Fuel	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Gass Stove (LPG)	49 (38.29)	42 (41.18)	28 (40)	119 (39.67)
Stove (kerosene)	13 (10.15)	13 (12.74)	11 (15.71)	37 (12.33)
Firewood/ cow dung/ cake	66 (51.56)	47 (46.08)	31 (44.29)	144 (48)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

The above table reveals that 48% respondents use firewood/cow dung cake/ dry leaves/ bamboo etc for cooking, 39.67% of respondents use gass stove(LPG) and 12.33% of respondents use kerosene stove for cooking.

Marital statuswise, 51.56% widows, 46.08% divorced, 44.29% unmarried uses firewood/cow dung or cake/bamboo etc. for cooking, 41.18% divorced, 40% unmarried and 38.29% widows uses LPG for cooking and 15.71% unmarried, 12.74% divorced and 10.15% widows uses kerosene stove for cooking.

So, it is appeared that nearly fifty percent respondent's uses biomass for cooking. The use of these fuel resulted health hazard and air pollution. Women are more affected by it because cooking in Indian society mostly done by female.

Only one tenth of the respondents' uses kerosene stove because of shortage of kerosene supply and high rate. Near about fourth tenth of the respondents uses LGP Gass Stove for cooking. Some of the respondents inform that they regularly face difficulties for collecting Gass cylinders because of agencies mismanagement. So they were bound to collecting cylinder from black market at high rate.

On the other hand the respondent who uses biomass for cooking also faces difficulties for collecting it. Agartala town does not have forest area, but cow dung is available. They collect dry leaves, bamboo etc from various source like, from construction site, old bamboo fancying etc. Some of the respondent said that they spend most of the time daily for collecting fuel for cooking.

VI. Source of Drinking Water

Water is not only important source for survival and quench people's thirst but it regulates human body's temperature, keeps the tissues moisture; it helps for detoxification of the human body and also perform some other function. So using clean and safe water for drinking, cooking is essential for maintaining good health. Respondents collect water from different sources like PHP community tap, tube well, river and pond and uses for drinking, washing, cooking and bathing. The following table highlights the respondents' source of drinking water.

Table 5.6: Distribution of Respondents on the Basis of Source of Drinking Water

Source of Drinking Water	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
PHE Community Tap	38 (29.70)	32 (31.38)	39 (55.71)	109 (36.33)
Tube Well	60 (46.88)	37 (36.28)	14 (20)	111 (37)
River	15 (11.71)	16 (15.68)	12 (17.14)	43 (14.34)
Pond	15 (11.71)	17 (16.66)	5 (7.15)	37 (12.33)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 37% respondents collect water from tube well, 36.33% respondents collect water from community tap, 14.34% respondents collect water from river and 12.33% respondents collect water from pond.

Marital statuswise, 46.88% widows, 36.28% divorced and 20% unmarried respondents collects water from tube well, 55.71% unmarried, 31.38% divorced and 29.70% widows respondents collect water from community Tap. 17.14% unmarried, 15.68% divorced and 11.71% widow respondents collect water from river. 16.66% divorced, 11.71% widows and 7.15% unmarried respondents collect water from pond.

So it reveals that majority of the respondents collect water from Community points and tube well. On the other hand some respondents collect water from river; basically those who live near river bank and very few collected water from pond.

VII. Purification of Drinking Water

Drinking unpurified and unfiltered water could be hazardous for health. So for maintaining good health purification of water is important. Unpurified water contains bacteria, germs, chemicals etc and if it directly comes into contact with human body then it may sick the body. Following table highlight methods adopted by the respondents for purification of drinking water.

Table 5.7: Distribution of Respondents on the Basis of the Method Adopted for Water Purification

Method of Water Purification	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Without Purification	9 (7.03)	9 (8.82)	5 (7.14)	23 (7.66)
Ordinary Filter	101 (78.90)	88 (86.27)	18 (25.71)	207 (69)
Electronic Purifier	1 (0.78)	1 (0.98)	3 (4.28)	5 (1.67)
Boil	17 (13.28)	4 (3.92)	17 (24.28)	65 (21.67)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table reveals that 69% respondents drink water from ordinary filter, 21.67% respondents purifies water by boiling, 7.66% respondents drink water without purifying and only 1.67% respondents purify water by using electronic purifier.

Marital statuswise, 86.27% divorced, 78.90% widows and 25.71 unmarried respondents purify water by ordinary filter. 24.28% unmarried, 13.28% widows and 3.92% divorced respondents purify drinking water by boiling. 8.82% divorced, 7.03% widows and 7.14% unmarried respondents drink water without purification. 4.28% unmarried, 0.98% divorced and 0.78% widow respondents purify drinking water through electronic purifier.

So it reveals that near three fourth of the respondents drink water either without purification on by using ordinary filter which can clean water but not cannot purifying it. Most of them were unaware about it and express their view that water collected from community tap (PHE) and tube well is safe for drinking.

VIII. Types of Bathroom

Bathroom is a place where to start and end the day. But this one room can pose potential threats if not maintain properly. In rural India, use of bathroom is uncommon but urban areas people uses bathroom for bathing and washing clothes etc. The following table shows the types of bathroom uses by the respondents.

Table 5.8: Distribution of Respondents on the Basis of Types of Bathroom They Uses along with Marital Status

Type of Bathroom	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Pacca bathroom	70 (54.68)	52 (50.98)	36 (51.42)	158 (52.67)
Kachaha bathroom	41 (32.04)	46 (45.09)	18 (25.71)	105 (35)
No bathroom	17 (13.28)	4 (3.92)	16 (22.85)	37 (12.33)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

The above table shows that 52.67% respondents have pacca bathroom, 35% respondents have kachaha bathroom and 12.33% respondents does not have bathroom.

On the basis of marital status, 54.68% widows have pacca bathroom, 32.04% respondents have kacha bathroom and 13.28% respondents does not have bathroom. Similarly 50% divorced respondents have pacca bathroom, 45.09% have kachacha bathroom and 3.92% respondents do not have any bathroom. Near half of the unmarried respondents 51.42% have pacca bathroom, 25.71% have kachacha bathroom and 22.85% do not have any bathroom.

Thus, it is found that two fourth respondents have pacca bathroom, more than one third have Kachacha bathrooms and one tenth does not have bathrooms. Those who do not have bathrooms they take bath in the open places like common splay point, pound or river. Respondents express their dissatisfaction that in open place they could not clean their body properly. At the same time they also said that due to shortage of space and money they could not manage it.

IX. Sanitation

The WHO defines, 'Sanitation is the provision of facilities and services for the safe disposal of human urine and faces' (https://en.wikipedia.org/wiki/sanitation Access on 17/2/17). It can be said that sanitation is a system that promote proper disposal of human and animal wastes, proper use of toilet and avoiding open space

defection (https://esa.un.org/iys/review09/countries/nigeria/pdfs/Nigeria-IYSFAQSsanitation.pdf Accessed on 17/2/17). Poor sanitation is one of the root causes of diseases. In India, still a large portion of rural population defecate open which resulted water and air pollution and has a severe impact on human health. In urban India especially slum areas also majority people defecate open spaces. Following table shown the access of toilet by the respondents.

Table 5.9: Distribution of the Respondents on the Basis of the Types of Latrine

Type of Latrine	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Sanitary	10 (7.81)	22 (21.56)	20 (28.57)	52 (17.33)
Low Cost Sanitary	60 (46.87)	30 (29.41)	16 (22.85)	106 (35.33)
Kachaha Latrine	51 (39.84)	46 (45.09)	28 (40)	125 (41.67)
No Latrine	7 (5.46)	4 (3.92)	6 (8.58)	17 (5.66)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above date shows that 41.67% respondents use Kachaha latrine and 35.33% respondents use low cost sanitary, 17.33% respondents use sanitary, and 5.66% respondents not use latrine they go to open space for defection. Marital status wise 45.09% divorced, 40% unmarried and 39.84% widow respondents use Kachaha Latrine. 46.87% widows, 29.41% divorced and 22.85% unmarried respondents use low cost sanitary. 28.57% unmarried, 21.56% divorced and 7.81% widows respondents use sanitary.8.58% unmarried, 5.46% widows and 3.92% divorced respondents gone for open defection.

It reveals that over two fifths of the respondents use kacha latrine and more than one third of respondents use low cost sanitary. Using kachaha latrine and open defecation indicates respondents' adjustment with poor sanitary condition which results health risks.

PERSONAL HYGIENE HABITS

Hygiene is any practices or activity that one performed to keep things and health clean. According to World Health Organization (WHO), 'Hygiene is the conditions and practices that help to maintain the health and prevent the spread of

diseases' (https://en.wikipedia.org/wiki/hygiene Accessed on 19th August, 2015). So it is a set of personal habits that help to maintain good health. Personal hygiene includes things like washing hands, bathing, cleaning teeth, oral care, hair and nail care, habits of cleaning cloths and utensils etc. Mohanty and Biswal (2007) is of the view that maintaining personal hygiene habits largely depend on the culture in which people live in. The personal hygiene habits of respondents are discussed here under. Following table shows the habits of the respondents regarding their regular bathing habits.

Table 5.10: Distribution of the Respondents on the Basis of Their Responses with Regards to Bathing

Personal Hygiene Habit	Marital Status						Total (%)
	Regular			Irregular			
	Widow	Divorced	Unmarried	Widow	Divorced	Unmarried	
Bathing	109 (36.33)	96 (30.66)	53 (17.6)	19 (6.33)	6 (2)	17 (5.66)	300 (100)
Washing clothes	83 (27.67)	98 (32.67)	42 (14)	45 (15)	4 (1.33)	28 (9.33)	300 (100)
Cleaning teeth	77 (25.67)	84 (28)	66 (22)	51 (17)	18 (6)	4 (1.33)	300 (100)
Washing hand before meal	34 (11.33)	42 (14)	23 (7.66)	94 (31.33)	60 (20)	47 (15.66)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that majority 86% of the respondents have regular bathing habits, 9.67% respondents take irregular bathing and 4.33% respondents do not give any response.

Marital statuswise, 94.11% divorced, 85.16% widows and 75.71% unmarried respondents have regular bathing habits. 20% unmarried, 10.16% widows and 1.97% divorced respondents does not have regular bathing habits. Whereas 4.68% widows, 4.29% unmarried and 3.92% divorced respondents do not gives any answer on it.

Bathing regularly is a common practice among the respondent. As around fourth five baths regularly where as one tenth not bath irregularly. Near three fourth respondents have regular habit of washing hands before taking meal and after coming from loo. All the respondents are not habituated in washing hands with soap before taking meal and coming from loo. The following table make it clean.

Table 5.11: Distribution of the Respondents on the Basis of Using Washing Materials

Washing Material	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Soap or Detergent	112 (87.5)	92 (90.19)	26 (37.14)	230 (76.67)
Sand	12 (9.37)	10 (9.80)	18 (25.71)	45 (15)
Ash	4 (3.12)	-	26 (37.14)	25 (8.33)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 76.67% respondents use soap or soda as washing materials, 15% respondents use sand as washing material and 8.33% respondents use ash as washing materials.

Marital statuswise, 90.19% divorcee, 87.5% widows and 37.14% unmarried respondents use soap or soda as washing material. 25.71% unmarried, 9.80% divorcee and 9.37% widows respondents use sand as washing material. 37.14% unmarried and 3.12% widows respondents use ash as their washing materials.

So, more than 75% respondents use soap or soda for washing their hands and rest uses sand and ash for washing their hands. Those are using ash for washing hand believes that ash has the power of killing germs or other infected bacteria's than shop.

FOOD AND NUTRITION

Food and Nutrition are prerequisite of maintaining good health and body equilibrium. The physical as well as mental health of an individual largely depends upon his food habits. Food habits are generally guided by once economic condition, culture, custom, belief etc. Sidramshettar (2004) said that poor nutritional intake women are correlated with their poor economic status. On the other hand socially and economically empower women have the capacity to take decision and spend money for their health. According to Ayurveda, food is the medicine; if one takes proper food then he or she has no need to take medicine (http://www.mapi.com/ayurvedic-knowledge/ayurvedic-diet/nine-ayurvedic-secrets-to-a-healthy-diet.html Accessed on 21th August, 2015). Diet of the respondents mainly consists of rice, pulse, fish, meat, milk etc.

COOKING PRACTICES

Most of the respondents cooked food in aluminum or steel vessel on 'Chulha' (Firewood oven made by mud and bricks) and gas stove. Generally food was cooked once in a day basically in morning. In the morning most of the respondent were clean their kitchen and utensils after that they cook food for whole day. Majority of them uses plum oil and spice for cooking. It is found that the respondent not clean vegetable, fish, meat properly before cooking.

FOOD CONSUMPTION PATTERN

Taking meal regularly is an important process for good nutrition consumption and maintains good health. The patterns of food consumed by the respondents are shown in the following table.

Table 5.12: Distribution of the Respondents on the Basis of Food Items They Consumed

Food Item	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Rice, Vegetables, pulses, cheese.	65 (50.79)	11 (10.79)	10 (14.29)	86 (28.67)
Rice, Vegetables, fish, cheese.	23 (17.97)	20 (19.60)	11 (15.71)	54 (18)
Rice, flour, Vegetables, cheese, meat, fish.	12 (9.37)	29 (28.43)	32 (45.71)	73 (24.33)
Rice, flour, vegetables, cheese, meat, fish, Dry fish.	18 (14.06)	30 (29.41)	13 (18.58)	61 (20.33)
Rice, whole wheat, Vegetables, cheese, meat, fish, egg, dry fish	10 (7.81)	12 (11.77)	4 (5.71)	26 (8.67)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 28.67% respondents take rice, vegetables, pulses and cheese. 24.33% respondents take Rice, flour, Vegetables, cheese, meat, fish. 20.33% respondents take rice, flour, vegetables, cheese, meat, fish, and dry fish. 18% respondents take rice, vegetables, fish and cheese. 8.67% respondents take Rice, whole wheat, Vegetables, cheese, meat, fish, egg and dry fish.

Marital statuswise, 50.79% widows, 14.29% unmarried and 10.79% divorced respondents take rice, vegetables, pulses and cheese. 45.71% unmarried, 28.43% divorced and 9.37% widow respondents take Rice, flour, Vegetables, cheese, meat and fish. 29.41% divorced, 18.58% unmarried and 14.06% widow respondents take rice, flour, vegetables, cheese, meat, fish, and dry fish. 19.60% divorced, 17.97% widows and 15.71% unmarried respondents take Rice, Vegetables, fish, and cheese. 11.77% divorced, 7.81% widow and 5.71% unmarried respondents take rice, whole wheat, vegetables, cheese, meat, fish, egg and dry fish.

So, it appears that majority of the respondents are non-vegetarian and take rice, cheese, vegetables and fish etc. Some of the respondents especially widow respondents are vegetarian. There is a custom among the Bengali widows that after the death of husband they take vegetarian food for at least one year.

EATING PRACTICES

Majority of the respondents are working women, they leave for work place in morning and came back in evening. That is why it is found that majority of the respondents take food twice daily- morning and night. They take food in the morning around 8 – 10 AM and evening 9 – 11 PM.

Table 5.13: Distribution of the Respondents on the Basis the Meal Taken Per Day

Frequency of Per Day Meal Taken	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Once	16 (12.5)	38 (37.25)	31 (44.28)	85 (28.33)
Twice	98 (76.57)	53 (51.97)	26 (37.14)	177 (59)
Thrice	10 (7.81)	5 (4.90)	10 (14.28)	25 (8.34)
More than thrice	4 (3.12)	6 (5.88)	3 (4.30)	13 (4.33)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table show that 59% respondents take meal two time in a day, 28.33% respondents take meal only one time in a day, only 8.34% respondents take meal three time daily and 4.33% respondents take meal more than three time.

Marital statuswise, 76.57% widows, 51.97% divorced and 37.14% unmarried respondents take meal two time per day. 44.28% unmarried, 37.25% divorced and 12.5% widows take meal only one time in a day. 14.28% unmarried, 7.81% widows and 4.90% divorced take meal three times daily and 5.88% divorced, 4.30% unmarried and 3.12% widows take meal more than three time.

Those who take food once in a day are more or less related to their economic condition. They go out for work in morning after taking tea and biscuit and return home around 4.00 PM. After returning home they cook and then they take meal. They are not aware that this type of food habit is hazardous for health.

TAKING BEVERAGE

There are some beverages which are popular among the respondents. These are shown in the following table.

Table 5.14: Distribution of the Respondents on the Basis of Types of Beverage They Took

Type of Beverage	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Tea	69 (53.90)	46 (45.10)	13 (18.58)	128 (42.66)
Tea, coffee	12 (9.38)	23 (22.55)	21 (30)	56 (18.67)
Tea, milk, coffee.	25 (19.53)	10 (9.80)	15 (21.42)	50 (16.67)
Tea and fruit juice	5 (3.90)	15 (14.70)	8 (11.42)	28 (9.33)
Tea and lemon juice	17 (13.29)	8 (7.85)	13 (18.58)	38 (12.67)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 42.66% respondents take tea regularly, 18.67% respondents take tea and coffee both, 16.67% respondents habituate to take tea, milk and coffee, 12.67% respondents habituate to take tea and lemon juice regularly, 9.33% respondents habituate to take tea and fruit juice occasionally.

Marital statuswise, 53.90% widows, 45.10% divorced and 18.58% unmarried respondents habituate to take tea. 30% unmarried, 22.55% divorced and 9.38%

widows take tea and coffee regularly. 21.42% unmarried, 19.53% widows and 9.80% divorced respondents take Tea, milk and coffee. 18.58% unmarried, 13.29% widows and 7.85% divorced respondents take tea and lemon juice. 14.70% divorced, 11.42% unmarried and 3.90% widows respondents take tea and fruit juice.

So it reveals that all respondents habituate to one common beverage called tea. Most of them take milk tea, and only three respondents take green tea. Some of the respondents are too much addicted to tea and coffee. Sumona Das, 45years divorced said that she can without remain food from morning to evening but cannot remain without tea. It appears that the respondents are not at all conscious about their food and health.

ADDICTION TO INTOXICANTS

Many of the respondents have addiction toward intoxicated things like bidi, betel nuts and pan, gutka, wine and so on. The following table shows the level of addiction of the respondents toward intoxication things.

Table 5.15: Distribution of the Respondents on the basis of their Addiction towards Intoxicating Things

Intoxicant	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Bidi, Pan Supari	4 (3.12)	12 (11.76)	10 (14.28)	26 (8.66)
Pan Supari and Tobacco	60 (46.89)	15 (14.70)	5 (7.14)	80 (26.67)
Pan Supari and Gutokha	45 (35.15)	22 (21.57)	10 (14.28)	77 (25.67)
Bidi, Pan Supari and Wine	3 (2.34)	6 (5.89)	-	9 (2.66)
No addiction	16 (12.5)	47 (46.08)	45 (64.28)	108 (36)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 36% respondents do not have any kind of addiction towards intoxicating things, 26.67% respondents take pan supari and tobacco regularly. 25.67% respondents take Pan Supari and gutokha, 8.66% respondents take bidi and pan supari, 2.66% respondents take bidi, Pan supari and wine.

Marital statuswise, 64.28% unmarried, 46.07% divorced and 12.5% widows do not have any kind of addiction. 46.89% widows, 14.70% divorced and 7.14% unmarried take pan supari and tobacco. 35.15% widows, 21.56% divorced and 14.28% unmarried take pan supari and gutokha. 14.28% unmarried, 11.76% divorced and 3.12% widows take bidi and pan supari. 5.89% divorced and 2.34% widow respondents take bidi, pan supari and wine but occasionally.

So it reveals that 76% respondents take different intoxicating things. On the other hand 36% respondents do not addicted towards any kind of intoxicating things. Those respondents take bidi, pan supari and wine share that they take wine occasionally. So it is found that the diet of the single women were deficient in all essential food elements. They consume less nutritious food rather attracted toward intoxicated things. At the same time irregular eating practices contributed more for their poor health condition.

DISEASES

Generally disease means abnormal condition or dysfunction of human body. Disease refers to any conditions effects the normal functioning of the body. People suffer from diseases due to different factors like injury, infection, toxicity, deficiency, unhealthy surroundings and life style. Single women of Agartala town are mostly neglected and highly vulnerable to diseases with high degree of malnutrition, unhygienic living condition, over burden of work, casual attitude towards health etc. The single women frequently suffer from different types of diseases like hepatitis, dysentery, cold and cough, vitamin deficiency, anemia, nutritional disorder, skin problem etc. The health condition of the respondents may be known on the basis of the diseases they suffer from last five years. Following table make it clear.

Table 5.16: Distribution of the Respondents on the Basis of Diseases They Suffered during Last Five Years

Type of Disease	Marital Status			Total (%)
	Widow	Divorce	Unmarried	
High Blood Pressure, Headache, Gastric	-	2 (1.96)	3 (4.27)	5 (1.66)
Fever, Cold and Cough, Gastric, Dysentery.	14 (10.93)	8 (7.84)	3 (4.27)	25 (8.33)
Diabetes, Headache, Urine problem.	2 (1.56)	1 (0.98)	-	3 (1)
Arthritis, Fever, Weakness, Body Pain	25 (19.53)	9 (8.82)	2 (2.84)	36 (12)
Skin Problem, Fever, Cold and Cough,	-	1 (0.98)	1 (1.42)	2 (0.67)
Physical Disabilities, Skin Problem, Hearing Problem	1 (0.78)	3 (2.94)	8 (11.42)	12 (4)
Gastric, Colitis. Malaria, Body Pain	13 (10.15)	8 (8.82)	9 (12.84)	30 (10)
Digestive Disorder, Headache, Gastric. Jaundice,	6 (4.68)	3 (2.94)	3 (4.27)	12 (4)
Chronic Dysentery and Blood Dysentery, Weakness, Body Pain.	6 (4.68)	1 (0.98)	-	7 (2.33)
Piles, Weakness, Body Pain	2 (1.56)	-	1 (1.42)	3 (1)
Asthma, Fever, Cold and Cough gastric, dysentery.	4 (3.12)	2 (1.96)	2 (4.27)	8 (2.67)
Tuberculosis, Fever, Cold and Cough, weakness.	3 (2.34)	-	-	3 (1)
Thyroid, gastric, dysentery, Body Pain.	15 (11.71)	10 (9.80)	8 (11.42)	33 (11)
Migraine, Fever, Cold and Cough gastric, dysentery. Pox, Body Pain	5 (3.90)	8 (7.84)	4 (5.71)	17 (5.67)
Do not have any disease	32 (25)	46 (45.09)	26 (37.14)	104 (34.67)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

The data reveals that majority of the respondents suffer from more than one types of diseases. Of them 34.67% respondents do not suffer from any diseases from five years. 12% respondents suffer from arthritis, fever, weakness, body pain. 11% respondents suffer from thyroid, gastric, dysentery, body pain. 10% respondents suffer from gastric, colitis, malaria, body pain. 8.33% respondents suffer from fever, cold and cough, gastric, dysentery. 5.67% respondents suffer from migraine, fever, cold and cough gastric, dysentery, pox, and body pain. 4% respondents suffer from digestive disorder, headache, gastric, Jaundice and physical disabilities, skin problem,

hearing problem respectively. 2.67% respondents suffer from asthma, fever, cold and cough gastric, dysentery. 2.33% respondents suffer from chronic dysentery and blood dysentery, weakness, body pain. 1.66% respondents suffer from high blood pressure, headache, gastric. 1% respondents have diabetes, headache, urine problem and piles, weakness, body pain and tuberculosis, fever, cold and cough, weakness.

Marital statuswise, 45.09% divorced, 37.14% unmarried and 25% respondents do not suffer from any diseases from last five years. 19.53% widows, 8.82% divorced and 2.84% unmarried respondents suffer from arthritis, fever, weakness, body pain. 11.71% widows, 11.42% unmarried and 9.80% divorce respondents suffer from thyroid, gastric, dysentery, body pain**.** 12.84% unmarried, 10.15% widows and 8.82% divorced respondents suffer from gastric, colitis, malaria and body pain. 10.93% widows, 7.84% divorced and 4.27% unmarried respondents suffer from fever, cold and cough, gastric, dysentery. 7.84% divorced, 5.71% unmarried and 3.90% widow respondents suffer from migraine, fever, cold and cough gastric, dysentery, pox, body pain. 11.42% unmarried, 2.94% divorced and 0.78% widow respondents suffer from physical disabilities, skin problem and hearing problem. 4.68% widows, 4.27% unmarried and 2.94% divorced respondents suffer from digestive disorder, headache, gastric and jaundice. 4.27% unmarried, 3.12% widows and 1.96% divorced respondents suffer from asthma, fever, cold and cough gastric and dysentery. 4.68% widows and 0.98% divorced respondents suffer from chronic dysentery and blood dysentery, weakness and body pain. 4.27% unmarried and 1.96% divorced respondents have high blood pressure, headache and gastric. 1.56% widows and 0.98% divorced respondents suffer from diabetes, headache and urine problem. 1.56% widows and 1.42% unmarried respondents suffer from piles, weakness, body pain. 2.34% widow respondents suffer from tuberculosis, fever, cold and cough, weakness.

So it reveals that health conditions of the respondents are not good at all. Majority of the respondents suffer from different chronic diseases but most of them did not take health problems seriously. Many of them take medicine from local pharmacist and recusant to doctor or hospital because of paucity of time and money.

TREATMENT

Gender inequality is one of the social determinants of health. This gender inequality includes social, economical and political factors which ultimately plays significant role in the health outcomes of women. Gender discrimination in India began before birth and it became more acquit after the birth of a girl child. A female is

discriminated in every sphere of life including health. So, a general tendency developed among the Indian women to neglect diseases and reluctant to visit doctor. The problem is more critical in the case of single women. As they have to earn and feed the family, sometime it becomes luxury for them to visit doctor for their own problem. Unless and until problems become critical they did not approach doctor. For any health related problem the respondents wait two or three days for normal cure after that they tried to medicate by them self with the help of pharmacist. Even then if the problems remain same then they approach doctor. The types of the treatment they adopted are given in the following table.

Table 5.17: Distribution of the Respondents on the Basis of Diseases and Types of Treatment They Took

Disease	Type of Treatment					Total (%)
	Mordern Allopathic	Traditional Healer's	Homeopathy	Ayurvedic	Home Remedies or Self	
High Blood Pressure, Headache, Gastric.	4 (3.60)	-	1 (2)	-	-	5 (2.55)
Fever, Cold and Cough, Gastric, Dysentery.	13 (11.75)	3 (20)	5 (10)	2 (22.22)	2 (18.18)	25 (12.76)
Diabetes, Headache, Urine problem.	1 (0.90)	-	2 (4)	-	-	3 (1.53)
Arthritis, Fever, Weakness, Body Pain	16 (14.42)	3 (20)	10 (20)	2 (22.22)	5 (45.46)	36 (18.37)
Skin Problem, Fever, Cold and Cough,	2 (1.80)	-	-	-	-	2 (1.02)
Physical Disabilities, Skin Problem, Hearing Problem	8 (7.20)	2 (13.33)	2 (4)	-	-	12 (6.12)
Gastric, Colitis. Malaria, Body Pain	21 (18.92)	2 (13.33)	5 (10)	1 (11.11)	1 (9.09)	30 (15.30)
Digestive Disorder, Headache, Gastric. Jaundice,	8 (7.20)	1 (6.67)	3 (6)	-	-	12 (6.12)
Chronic Dysentery and Blood Dysentery, Weakness, Body Pain.	5 (4.50)	-	1 (2)	1 (11.11)	-	7 (3.58)
Piles, Weakness, Body Pain	1 (0.90)	-	2 (4)	-	-	3 (1.53)
Asthma, Fever, Cold and Cough gastric, dysentery.	3 (2.70)	1 (6.67)	3 (6)	-	1 (9.09)	8 (4.09)
Tuberculosis, Fever, Cold and Cough, weakness.	2 (1.80)	-	1 (2)	-	-	3 (1.53)
Thyroid, gastric, dysentery, Body Pain.	22 (19.82)	3 (20)	7 (14)	1 (11.11)	-	33 (16.83)
Migraine, Fever, Cold and Cough, Gastric.	5 (4.50)	-	8 (16)	2 (22.22)	2 (18.18)	17 (8.67)
Total (%)	111 (100)	15 (100)	50 (100)	9 (100)	11 (100)	196 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

On the basis of diseases and preference of treatments above table shows that among all 196 respondents suffer from different types of diseases. 111 (56.63%) out of 196 respondents prefer modern allopathic treatment; of them 19.82% suffer from thyroid, gastric, dysentery and body pain, 18.92% suffer from gastric, colitis, malaria and body pain. 14.42% suffer from arthritis, fever, weakness and body pain, 11.75% suffer from fever, cold and cough, gastric and dysentery, 7.20% suffer from physical disability, skin problem, hearing problem, digestive disorder, headache, gastric and jaundice. 4.50% respondents suffer from chronic dysentery, blood dysentery, weakness, body pain, migraine fever cold and cough, gastric, 3.60% suffer from high blood pressure, headache, gastric, 2.70% suffer from asthma fever, cold and cough, gastric and dysentery. 1.80% suffer from tuberculosis, fever, cold and cough, weakness and skin problem. 0.90% suffer from diabetes, headache, urine problem, piles, body pain and weakness.

50 (25.51%) out of 196 respondents prefer homeopathy treatment; of them 20% suffer from arthritis, fever, weakness, body pain, 16% suffer from migraine, fever, cold and cough, gastric, 14% suffer from thyroid, gastric, dysentery and body pain, 10% suffer from fever, cold and cough, gastric, dysentery, colitis, malaria, body pain. 6% suffer from digestive disorder, headache, gastric, jaundice, 4% respondents suffer from diabetes, headache, urine problem, physical disabilities, skin problem, hearing problem, piles, weakness and body pain, 2% respondents suffer from chronic dysentery, blood dysentery, weakness, body pain, high blood pressure, headache and gastric.

15 (7.65%) out of 196 respondents prefer traditional healers treatment; of them 20% suffer from thyroid, gastric, dysentery, body pain, fever, cold and cough, gastric, dysentery, arthritis, fever, weakness and body pain. 13.33% suffer from physical disabilities, skin problem, hearing problem, gastric, colitis, malaria, body pain. 6.67% suffer from digestive disorder, headache, gastric, jaundice, asthma, fever, cold and cough, gastric and dysentery.

11 (5.61%) out of 196 respondents prefer home remedies or self medication; among them 45.46% suffer from arthritis, fever, weakness, body pain, 18.18% suffer from fever, cold and cough, gastric, dysentery, migraine, fever, cold and cough and

gastric. 9.09% suffer from gastric, colitis, malaria, body pain, asthma, fever, cold and cough, gastric, dysentery.

9 (4.59%) out of 196 respondents prefer ayurvedic treatment; of them 22.22% suffer from fever, cold and cough, gastric, dysentery, arthritis, fever, weakness, body pain, migraine. 11.11% suffer from gastric, colitis, malaria, body pain, chronic dysentery, blood dysentery, weakness, body pain and thyroid.

So it reveals that majority of the respondents prefer allopathic medicine but not always avail expensive medicine. Sometime poverty, casual attitude towards health and lack of man power restrict them to take care of their health.

Case I

Mrs. Sobita Rishidas aged 49 year widow domestic worker was suffering from joint pain since 2012. In the beginning she did not take it seriously and started to take pain killer according to the advice of local pharmacist. But in spite of taking pain killer for long four months, she did not get any positive result rather new problem like stomach pain with vomiting started. By watching all these, her elder son Mr. Dilip Rishidas took her into hospital. Now she is under treatment and feels better.

Case II

Minoti Shing, aged 49 year widow was suffering from goiter since last 10 years. In the beginning she never discuss about her problem with family member and relatives. But when her condition becomes critical then relatives advised her to consult with doctor. At present her treatment is going on in G. B. P. Government Hospital. She told that doctor scolded her for delayed in approaching.

Photo Plate 5.1: Iodine Deficiency (Goiter)

Case III

Mrs. Jomuna Das 45 year old divorce and Monibala Das of 52 year old widow was suffering from fungal infection. Both of them said that due to excess cleaning and washing of cloths and utensil in others houses this problem emerges. None of them approached to doctor yet for their problems. By profession they are maid servant.

MONTHLY EXPENDITURE ON HEALTH

Monthly expenditure on health of the respondents mainly indicates their concern and awareness as well as care about good health. Following table make it clear.

Table 5.18: Distribution of the Respondents on the Basis of Their Monthly Health Expenditure

Monthly Expenditure on Health (in Rs)	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Less than 100	45 (35.15)	50 (49.01)	11 (15.71)	106 (35.33)
101 – 200	49 (38.30)	7 (6.87)	12 (17.15)	68 (22.68)
201 – 300	5 (3.90)	2 (1.97)	11 (15.71)	18 (6)
301 -- 400	4 (3.12)	5 (4.90)	7 (10)	16 (5.33)
401 -- 500	2 (1.56)	-	1 (1.43)	3 (1)
More than 500	1 (0.78)	-	-	1 (0.33)
Spend money when problem arises	22 (17.18)	38 (37.25)	28 (40)	88 (29.33)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above data shows that 35.33% of the respondents spend less than 100 Rs for health problems per month. 29.33% respondents spend money when health problem arises. 22.68% respondents spend 101 Rs to 200 Rs per month as health expenditure. 6% respondents spend 201 Rs to 300 Rs as monthly health expenditure. 5.33% respondents spend 301 Rs to 400 Rs per month as health expenditure. 1% respondents

spend 401 Rs to 500 Rs per month as health expenditure and 0.33% respondents spend more than 500 Rs as monthly expenditure for health.

Marital statuswise, 49.01% divorced, 35.15% widows and 15.71% unmarried respondents spend less than 100 Rs per month as health expenditure. 40% unmarried, 37.25% divorced and 17.18% widow respondents spend money for health when any problem arises. 38.30% widows, 17.15% unmarried and 6.87% divorced respondents spend 101 Rs to 200 Rs per month as health expenditure. 15.71% unmarried, 3.90% widows and 1.97% divorced respondents spend 201 to 300 Rs as health expenditure. 10% unmarried, 4.90% divorced and 3.12% widow respondents spend 301 Rs to 400 Rs monthly as health expenditure. 1.56% widows and 1.43% unmarried respondents spend 401 Rs to 500 Rs per month as health expenditure. 0.78% widow respondents spend more than 500 Rs per month as health expenditure.

Thus it can be said that near one third respondents spend less than 100 Rs for their health problem. Many respondents spend money when any kind of health problem arises though at that time amount of money depends on their earning or savings.

Case I

Sefali Das, 45 years old unmarried said that she was burned in her childhood. Her right leg affected badly. At that time doctor suggested her parents for operation. But due to economic crisis her parents was unable to go for operation. Suddenly near 20 years latter in 2012 her burned right leg was started swelling, smelling and infected. She does not have any permanent resident because after her parents' death she was thrown from house by her elder brothers. Since then she was staying in different relative or neighbor's house. When she failed to bear the pain she shared all problems with her elder sister who brings her in private doctor's chamber. After observing her condition immediately referred Sefali in the emergency ward of government hospital. This doctor's wife Mrs. Suvra Paul helps her financially and morally. But the big issue was the arrangement of money for operation. Sefali worked as maid servant and had only 20,000/- in her bank account. By listening all this, her neighbors contribute for her operation. Now she gets complete relief from her problem.

These cases shows due to financial crisis single women sometime cannot go for proper treatment. On the other hand because of society's attitude toward them the single women are very casual about their life. During interview, most of the respondents said we are the burden of society. What is need of health care and treatment we will not die quickly after completing all our suffering we will die. We did not think about to live long. If we survive long then we will suffer long.

REPRODUCTIVE HEALTH

For understanding total health condition of women, there is a need to know their reproductive health. Reproductive health implies people's responsibility, satisfaction and safe sexual life and that they have the capacity to reproduce. Reproductive health deals with reproductive process, functions and system at all stages of life (www.un.org/popin/unfpa/taskforce/guide/iatreph.gdl.html Accessed on 21th August, 2015). Women reproductive system is mainly a delicate and complex system in the body. (www.who.int/topics/reproductive_health/en/ Accessed on 11th June, 2016). Following discussion mainly highlights single women's reproductive health status, which includes menstrual problems, conception status, age at first conception, gap between the children, mode of delivery, place of delivery pre natal and post natal health care etc.

MENSTRUAL CYCLE

Menstruation occurs normally monthly cycles throughout a women's reproductive life. This is clearly related with reproductive system. Respondents were asked about their menstrual cycle and their responses were recorded in the following table.

Table 5.19: Distribution on the Respondents on the Basis of Their Menstrual Cycle

Menstrual cycle	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Regular	57 (44.54)	63 (61.76)	46 (65.71)	166 (55.33)
Irregular	30 (23.43)	18 (17.64)	6 (8.58)	54 (18)
Menopause	41 (32.03)	21 (20.60)	18 (25.71)	80 (26.67)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 55.33% respondents have regular menstrual cycle, 26.67% respondent's menstrual cycle stop permanently due to menopause and 18% respondents have irregular menstrual cycle.

Marital statuswise, 65.71% unmarried, 61.76% divorced and 44.54% widow respondents have regular menstrual cycle. 32.03% widows, 25.71% unmarried and 20.60% divorced respondent's menstrual cycle stop. 23.43% widows, 17.67% divorced and 8.58% unmarried respondents have irregular menstrual cycle.

So it reveals that majority of the respondents have regular menstrual cycle. Almost one third respondents reach the stage of menopause, which means a normal change in a women's life when her period stops. A woman has reached menopause when she has not had a period for 12 months in a row. Menopause happens because the women's ovary stops producing the hormones estrogen and progesterone. This stage mainly happens 45-55 year of age. Those who have irregular menstruation they neither take it seriously nor visit doctor for treatment. Mrs. Gita kar said that irregular menstruation is not a serious disease it sometimes happened, so no need to consult doctor. Majority of respondents who have these problems expressed similar view like Gita Kar.

MENSTRUAL PROBLEM

Respondents were asked the question about their menstrual problems. Respondents answer were recorded and tabulated in the following table.

Table 5.20: Distribution of the Respondents on the Basis of Menstrual Problems

Menstrual Problem	Marital Status			Total (%)
	Widow	Divorce	Unmarried	
Pain, Irregularity, Irritation	23 (17.96)	10 (9.80)	30 (42.85)	63 (21)
Excess Bleeding, Weakness and Pain	62 (48.43)	60 (58.82)	10 (14.28)	132 (44)
No Problem	2 (1.56)	11 (10.78)	12 (17.14)	25 (8.33)
Menopause	41 (32.03)	21 (20.58)	18 (25.71)	80 (26.66)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 44% respondents suffer from excess bleeding, weakness and pain. 26.66% respondents already reach menopause stage. 21%

respondents suffer from menstrual pain, irregularities and irritation. Marital status wise 58.82% divorced, 48.43% widows and 14.285 unmarried suffer from excess bleeding, weakness and pain. 32.03% widows, 25.71% unmarried and 20.58% divorced respondents reached the menopause stage and 42.85% unmarried, 17.96% widows and 9.80% divorced respondents suffer from menstrual pain, irregularities and irritation.

CONCEPTION STATUS

On the basis of conception and child birth a women's position in her family and society decided. Woman who unable to give birth of children is accorded with low status and prestige in her social set up. It is believe that only motherhood provide worth of her life. Therefore there is a need to know the conception status of the respondents.

Table 5.21: Distribution of the Respondents on the Basis of the Age of Their Conception Status

Conception Status	Marital Status		Total (%)
	Widow	Divorce	
Yes	74 (72.54)	96 (75)	170 (73.91)
No	28 (27.46)	32 (25)	60 (26.09)
Total (%)	102 (100)	128 (100)	230 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Conception status of respondents was counted by excluding unmarried single women. It is found that among divorced and widow respondents 73.91% have children and 26.09% respondents do not have any children. Marital status wise 75% widows and 72.54% divorced have children. 27.46% divorced and 25% widows do not have any children.

AGE AT FIRST CONCEPTION

Health of women is largely affected by her conception at premature physical stage of age. Pre-mature conception creates high risk for mother as well as children life. Age at first conception of the respondents is shown in following table:

Table 5.22: Distribution of the Respondents on the Basis of First Conception

Age at First Conception	Marital Status		Total (%)
	Widow	Divorce	
Less than 15	2 (2.70)	4 (4.16)	6 (3.52)
16 – 17	1 (1.35)	-	1 (0.58)
18 – 19	30 (40.54)	41 (24.11)	71 (41.76)
20 – 21	21 (12.35)	21 (12.35)	42 (24.70)
22 – 23	3 (4.05)	20 (20.83)	23 (13.52)
24 – 25	7 (9.45)	5 (2.94)	12 (7.05)
26 – 27	2 (2.70)	5 (2.94)	7 (4.11)
28 – 29	4 (5.40)	-	4 (2.35)
30 – 31	1 (1.35)	-	1 (0.58)
32 & above	3 (1.76)	-	3 (1)
Total (%)	74 (100)	96 (100)	170 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table show that 41.76% respondents had their first conception in the age group of 18 – 19 years, 24.70% respondents had their conception in the age group of 20 -21 years, 13.52% respondents had their conception in the age group of 22 – 23 years, 7.05% respondents has their first conception at the age group of 24 -25 years, 4.11% respondents had their first conception at the age group of 26 – 27 years, 3.52% respondents had their first conception at the age group 28 – 29 years, 1% respondents had their first conception at the age group of 32 and above, 0.58% respondents had their first conception in the age of 16 to 17 years and 30 – 31 years respectively.

Marital statuswise, 40.54% widows and 24.11% divorced respondents had their first conception at the age group of 18 – 19 years. 12.35% widows and 12.35% divorced respondents had their conception at the age group of 20 – 21 years. 20.83% divorced and 4.05% widow respondents had their conception at the group age of 22 – 23 years. 9.45% widows and 2.94% divorced respondents has their first conception at the group age of 24 -25 years. 2.94% divorced and 2.70% widow respondents had

their first conception at the group age of 26 – 27 years. 4.16% divorced and 2.70% widow respondents had their first conception at the group age of 28 – 29 years. 5.40% widow respondents had their first conception at the group age of 32 and above. 1.35% widow respondents had their first conception at the group age of 16 to 17 years. 1.35% widow respondents had their first conception at the group age of 30 – 31 years.

So majority of respondents give birth of children after attaining 18 years. Only 4% respondents give birth of their child before 18 year of age.

NUMBER OF CHILDREN

Not only age at conception but also giving birth of more and more children affects mother health. Majority of respondents has more than one child. The numbers of children of respondents are shown in following table.

Table 5.23 Distribution of the Respondents on the Basis of Number of Children

Number of Children	Marital Status		Total (%)
	Widow	Divorce	
One	18 (24.32)	34 (35.41)	52 (30.58)
Two	31 (41.90)	30 (31.26)	61 (35.90)
Three	14 (18.91)	19 (19.80)	33 (19.41)
Four	9 (12.17)	8 (8.33)	17 (10)
More than four	2 (2.70)	5 (5.20)	7 (4.11)
Total (%)	74 (100)	96 (100)	170 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 35.90% respondents have two children, 30.58% respondents have one child. 19.41% respondents have three children, 10% respondents have four children and 4.11% respondents have more than four children.

Marital statuswise, 41.90% divorced and 31.25% widows have two children, 35.41% widow and 24.32% divorced respondents have only one child. 19.80% widow and 18.91% divorced respondents have three children. 12.17% divorced and 8.33% widow respondents have four children. 5.20% widow and 2.70% divorced respondents have more than four children.

So it appears that nearly three fourth respondents have one or two children and near one fourth have three and above children.

Case I

Dipika Mujumdar 38 years old divorced said that she gave birth of two children within two years. She becomes pregnant second times within the three months of her first delivery. She was not mentally prepared for second pregnancy but due to her husband desire she couldn't abort the second child. Short space of pregnancy brings lots of complication and at last she took admission in the Indira Gandhi Memorial Hospital. At that time her husband left her without any information. Two days she wait for him then one unknown lady who was also the patient of that hospital help her, share meal and inform Dipika's guardian. Dipika's parent was in shock to hear all these but immediately rush hospital. Still she is suffering from different types of gynecological problem.

PRE-NATAL AND POST-NATAL MATERNITY CARE

Pre-natal or anti natal care is types of preventive health care which a pregnant woman receive during the cause of the pregnancy. This include regular checkup by trained doctor, taking proper medicine, diet, maintain healthy life style that benefit both mother and child. Not only has this, after giving birth of child, the mothers' body continued to go through many changes. So mother needs special care after delivery also.

In India much importance is not given to the women during the time of their pregnancy. In most of the cases they neither visit doctor regularly nor take especial diet and take adequate rest. For understanding the types of pre-natal and post-natal care received by the single women of Agartala town the respondents were asked certain question like what types of diet they take during the pregnancy?, The frequency of visiting doctor and hospital during pregnancy etc. Following table makes it clear.

Table 5.24: Distribution of the Respondents on the Basis of the Types of Diet They Took during Pregnancy

Diet taken during Pregnancy	Marital Status		Total (%)
	Widow	Divorced	
Nothing Special	59 (79.73)	72 (75)	131 (77.07)
Fruit and Milk	5 (6.76)	9 (9.39)	14 (8.23)
Fish, Meat, Vegetables, Vitamins	2 (2.70)	11 (11.45)	13 (7.64)
Fish, Meat, Vegetables, Health Drinks	8 (10.81)	4 (4.16)	12 (7.06)
Total (%)	74 (100)	96 (100)	170 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 77.07% respondents take no special diet during pregnancy. 8.23% respondents take fruits and milk regularly during pregnancy period. 7.64% respondents take fish, meat, green vegetables and vitamins during pregnancy period and 7.06% respondents take fish, meat, vegetables and health drinks during pregnancy period.

Marital statuswise, 79.73% widow and 75% divorced respondents take no special diets. 9.39% divorced and 6.76% widow respondents take fruits and milk. 11.45% divorced and 2.70% widow respondents take fish, meat, vegetables and vitamins during pregnancy period. 10.81% widow and 4.16% divorced respondents take fish, meat, vegetables and health drinks during pregnancy period.

Thus, the pattern of diet indicates that more than three fourth respondents did not get any special care from their family member during the child bearing period. It will be better understood if it is probed about their visit to hospital for checkup during the pregnancy.

Table 5.25: Visit to Doctor and Hospital during Pregnancy

Visit to Doctor and Hospital	Marital Status		Total (%)
	Widow	Divorced	
Regularly	7 (9.47)	9 (9.37)	16 (9.41)
Not Regularly	43 (58.10)	52 (54.17)	95 (55.89)
Not Visited	24 (32.43)	35 (36.46)	59 (34.70)
Total (%)	74 (100)	96 (100)	170 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

The data shows that 55.89% respondents visited a doctor/hospital irregularly during their pregnancy. 34.70% respondents did not visit to doctor and hospital during their pregnancy and only 9.41% respondents visited to doctor/ hospital regularly during their pregnancy.

Marital statuswise, 58.10% widow's and 54.17% divorced respondents visited a doctor/hospital irregularly and 36.46% divorced and 32.43% widow's respondents did not visited to doctor/hospital. 9.47% widow's and 9.37% divorced respondents visited doctor/hospital regularly during pregnancy.

Therefore, only 9.41% of the respondents have taken medical services regularly during their pregnancy. Generally the women do not go for checkup in the hospital during pregnancy by themselves. They visited hospital when their husband and other family members take initiative and accompanied them. To acquire more clear picture of it an enquiry into the place of the delivery of their babies are discuss here under.

PLACE OF DELIVERY

Place of delivery is also an important factors of reproductive health care. The place of delivery often indicates the quality of care taken by the family members towards mother and infant. Child born in a healthy and hygienic atmosphere can reduce the neonatal mortality. Still large number of delivery in India takes place at home. So for understanding the types of care once received by single women in Agartala town are shown in following table.

Table 5.26: Distribution of the Respondents on the Basis of the Place of Delivery

Place of Delivery	Marital Status		Total (%)
	Widow	Divorce	
Government Hospital	61 (82.43)	80 (83.33)	141 (82.95)
Private Hospital	8 (10.81)	10 (10.41)	18 (10.58)
Primary Health Center	2 (2.70)	6 (6.26)	8 (4.70)
Home	3 (4.06)	-	3 (1.77)
Total (%)	74 (100)	96 (100)	170 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 82.95% respondents have deliver their baby in government hospital, 10.58% respondents have deliver their baby in primary hospital, 4.70% respondents have delivery their baby in Primary health center and 1.77% respondents have delivery their baby at home.

Marital statuswise, 83.33% divorced and 82.43% widows have deliver their baby in government hospital, 8.33% divorced and 6.77% widows have delivery their baby in private hospitals. 6.25% divorced and 2.70% widows have delivery their baby in primary health center. 4.05% widows and 2.09% divorced respondents have delivery their baby in private nursing home.

Therefore, a negligible fraction of widowed does not availed hospital service at the time of the baby delivery.

MODE OF DELIVERY

Not only place of delivery but also mode of delivery also contributes to the women's health. On the basis of the mode of delivery of the respondents are classified into two categories, normal and caesarean. This is shown in the following table.

Table 5.27: Distribution of the Respondents on the Basis of Their Mode of Delivery

Mode of Delivery	Marital Status		Total (%)
	Widow	Divorced	
Normal	61 (82.43)	80 (83.33)	141 (82.94)
Caesarean	13 (17.57)	16 (16.67)	29 (17.06)
Total (%)	74 (100)	96 (100)	170 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

The table shows that 82.94% respondents delivered their baby normally and 17.06% of the respondents delivered their baby by caesarean. Marital status wise 83.33% divorced and 82.43% widows delivered their children normally and 17.57% widows and 16.67% divorced delivered their baby by caesarean.

ADOPTION OF FAMILY PLANNING

Family planning is one of the important and essential health care services that can ensure reproductive health. Family planning can reduce maternal mortality by preventing unwanted pregnancy and unsafe abortion of their family. Adoptions of family planning method by the respondents are shown in the following table.

Table 5.28: Distribution of the Respondents on the Basis of the Adoption of Family Planning

Adoption of Family Planning	Marital Status		Total (%)
	Widow	Divorced	
Yes	62 (83.79)	90 (93.75)	152 (89.41)
No	10 (13.51)	6 (6.25)	16 (9.41)
No Response	2 (2.70)	-	2 (1.18)
Total (%)	74 (100)	96 (100)	170 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

The table shows that 89.41% respondents adopted family planning while 9.41% respondents did not adopt any kind of family planning and 1.18% respondents did not give response to this question.

Marital statuswise, 93.75% divorced and 83.79% widow respondents adopted family planning. 13.51% widows and 6.25% divorced respondents did not adopt of family planning. 2.70% widow respondents did not response to this question.

Thus, a large number of respondents adopted family planning. Tripti Roy (32 years), Krishna Deb (42 years) and Moushumi Paul (45 years) said that they were convincing by the doctor and mid wife to adopt family planning. Rupali Karmakar (44 years) said the she adopt family planning without consulting with her husband because he was against family planning. Procedures of family planning adopted by the respondents discusses in the following table.

Table 5.29: Family Planning Methods Adopted by Respondents

Family Planning Method	Marital Status		Total (%)
	Widow	Divorce	
Operation	7 (9.45)	2 (2.08)	9 (5.29)
Oral Pill	55 (74.32)	88 (91.66)	143 (84.11)
Indigenous Methods	12 (16.21)	6 (6.25)	18 (10.58)
Total (%)	74 (100)	96 (100)	170 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

The table reveals that 84.11% respondents uses oral pill, 10.58% respondents take indigenous medicine and 5.29% respondents adopted operation as a means of family planning. Marital status wise 91.66% divorced and 74.32% widow respondent's uses oral pill. 16.21% widow and 6.25% divorced respondents take indigenous medicine. 9.45% widow and 2.08% divorced respondents adopted operation as a means of family planning.

MENTAL HEALTH

The concept of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and self actualization of one's intellectual and emotional potential among other (Bagga and sakurkar 2013. According to the World Health Organization (1981), mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities to achieve something and collective goals dependable with justice and the ability and preservation of conditions of fundamental equality' (Gomel 1997). In India discrimination directly or indirectly affects women mental health. Among women, 'single women' are in most disadvantage position in every sphere of life. Social inequality and social treatment toward them affect the mental and emotional well

being of single women (Krishnakumari 2006). Just only biological or neurological factors alone do not adequately explain mental health status of women especially single women rather it's also related with their educational, economical and social position (Jayakody 2000). If a person has feelings of inferiority, low self esteem, shame and being of low rank in their social surroundings then its reflects the state of depression which is not consider as good mental health condition (Brown and Harris 1989). Most of the single women whether divorced, unmarried or widow came across different types of insulting circumstances and embarrassing moment in social gathering which effect their mental health.

Generally stress is consider as a state of mind that resulted an over load mental pressure which has a direct impact on ones motivation, attitudes and behaviors (Bagga and Sakurkur 2013). Single women are leading their life with high level of stress especially those are working women or those have the burden of children (Barooah 1998). Single women face tremendous pressures in maintaining balance between professional and family life. It is totally depends on her ability of management capacity and copying mechanism. Basically single women are found in a heavy 'Role Strain' which means they experienced incompatible behaviour, expectations, responsibility and obligations related with their single marital status (Goode 1960). Single women of Agartala town also have different types of mental stress and strain which ultimately affect their mental health. Following table makes it clear.

Table 5.30: Distribution of the Respondents on the Basis of Their Mental Stress

Type of Mental Stress	Marital Status			Total (%)
	Widow	Divorce	Unmarried	
No Mental Stress	8 (6.25)	9 (8.82)	6 (8.58)	23 (7.67)
High Mental Stress	45 (35.15)	7 (6.87)	15 (21.42)	67 (22.33)
Feeling Mental Stress Occasionally	53 (41.40)	74 (72.54)	33 (47.14)	160 (53.33)
No Reply	22 (17.20)	12 (11.77)	16 (22.86)	50 (16.67)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 53.33% respondents feel mentally stress occasionally, 22.33% respondents feel high mental stress every time. 16.67% respondents do not response to this question and 7.67% respondents do not suffer from mental stress.

Marital statuswise, 72.54% divorced, 47.14% unmarried and 41.40% widow respondents feel mental stress occasionally. 35.15% widows, 21.42% unmarried and 6.87% divorced respondents feel high level of mental stress regularly. 22.86% unmarried, 17.20% widows and 11.77% divorced respondents do not reply to this question. 8.82% divorced, 8.58% unmarried and 6.25% widow respondents have no mental stress in their life.

Therefore, irrespective of marital status, around seven tenth of the respondents suffer from mental stress. A large number factors effects the mental peace of the single women. Following table explain the reason of mental stress of the respondents.

Table 5.31: Distribution of the Respondents on the Basis of Reason for Their Mental Stress along with Marital Status

Reason for Stress	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Economic Crisis, attitude of neighbor, loneliness	18 (18.75)	22 (30.55)	19 (32.20)	59 (25.99)
Health Problems, economic problem, attitude of relative.	20 (20.83)	17 (23.61)	7 (11.88)	44 (19.38)
Behaviour of neighbors or relatives and overburden of work.	3 (3.12)	11 (15.28)	15 (25.42)	29 (12.77)
Feeling of Insecurity, economic crisis	5 (5.20)	11 (15.28)	2 (3.40)	18 (7.92)
Loneliness, economic crisis, overburden of work and responsibility	14 (14.58)	2 (2.78)	3 (5.08)	19 (8.37)
Fear for future, Economic crisis, Loneliness	22 (22.91)	9 (12.5)	11 (18.64)	42 (18.50)
Horrible past, Insecurity	14 (14.5)	-	2 (3.38)	16 (7.04)
Total (%)	96 (100)	72 (100)	59 (100)	227 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

The data shows that 25.99% respondents feel mentally stressful due to economic crisis, 19.38% respondents have major health problems which cause mental stress among them. 18.50% respondents feel stress because they have fear for future, 12.77% respondents found mentally stress because they constantly facing bad

behaviour of neighbors or relatives. 8.37% respondents feel stress because of loneliness. 7.92% respondents feel stress because of insecurity and 7.04% respondent's share that their husband's ill behaviour creates stress for them.

Marital statuswise, 32.20% unmarried, 30.55% divorced and 18.78% widows feel mentally stressed because of economic crisis. 23.61% divorced, 20.83% widows and 11.88% unmarried respondents have major health problems. 22.91% widows, 18.64% unmarried and 12.5% divorced respondents feel fear for future. 25.42% unmarried, 15.28% divorced and 5.20% widows respondents constantly facing problems in their life. 14.58% widows, 5.08% unmarried and 2.78% divorced respondents have less intimacy with their family members. 15.28% divorced, 5.20% widows and 3.40% unmarried respondents have a sense of insecurity. 14.5% widows and 3.38% unmarried respondents have other issues or problem which lead them stressful life.

Thus, single women suffer from mental stress due to different reason. Majority of the respondents facing economic crisis which lead them to feel insecure along with attitude and behaviour of neighbor and relative also make them depress. Due to stress they face different types of problem which affect their day to day life activities. Most commonly they suffer from hypertension, anxiety, depression etc. Following table explain it clearly.

Table 5.32: Distribution of the Respondents on the Basis of the Problems They Face Due to Stress

Type of Problem	Marital Status			Total (%)
	Widow	Divorce	Unmarried	
Hypertension, Anxiety and Inferiority Complex	73 (57.03)	28 (27.45)	9 (12.85)	110 (36.67)
Lose of Temper and Aggressive	5 (3.90)	12 (11.76)	8 (11.42)	25 (8.33)
Depression	34 (26.57)	21 (20.59)	10 (14.28)	65 (21.67)
Insomnia and Losing Peace of Mind	10 (7.81)	15 (14.70)	8 (11.42)	33 (11)
Feeling of Regret	6 (4.69)	26 (25.50)	35 (50)	67 (22.33)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

The table shows that 36.67% respondents suffer from hypertension, anxiety and inferiority complex, 22.33% respondents have the feeling of regrets, 21.67% respondents suffer from depression, 11% respondents suffer from insomnia and losing peace of mind and 8.33% respondents said that they less temper and become aggressive.

Marital statuswise, 37.03% widows, 27.45% divorced and 12.85% unmarried respondents suffer from hypertension, anxiety and inferiority complex. 50% unmarried, 25.50% divorced and 4.69% widows have strong feelings of regrets. 26.578% widows, 20.59% divorced and 14.28% unmarried respondents suffer from depression. 14.70% divorced, 11.47% unmarried and 7.81% widows suffer from insomnia and losing peace of mind. Whereas 11.76% divorced, 11.42% unmarried and 3.90% widows suffer from loses of temper and became aggressive for any simple reason.

Therefore, social attitude, poverty, overburden of work and uncertain future lead them to suffer from different types of mental problem which ultimately affect their physical health too.

Case I

Dipa Shil, (38 years old) unmarried was suffering from hyperthyroidism since childhood. Due to this problem she could not speak properly. For number of years she was the victim of physical and mental tortured by her sister in laws. As a result she became impenitent and frequently shows anger and aggressiveness. Lastly she started protesting against abusive behaviour and when her neighbors' came to know about this matter, they took initiative and solve her problem. Now Dipa get one separate room in her elder brother's house and both the brothers share the responsibility of her treatment. Now she feels much better and started work as a house maid in her locality. Brothers always take care of her but their wife's did not like it. They still behave badly with her.

HEALTH CARE FACILITIES

Being a capital town Agartala has number of public and private hospitals, nursing home, primary health center and doctor's clinic etc. Those respondents have better economic condition can afford to visit doctors and private hospital for treatment. But those who are poor especially living below poverty level, the

government of Tripura provide them smart health card. With this card they can avail all government health facilities. The following table discussed about respondents health care facilities.

Table 5.33: Distribution of the Respondents on the Basis of Health Care They Had

Having Smart Card or Health Insurance	Marital Status			Total (%)
	Widow	Divorced	Unmarried	
Yes	39 (30.46)	24 (23.52)	24 (34.28)	87 (29)
No	71 (55.46)	68 (66.68)	37 (52.85)	176 (58.67)
No response	18 (14.08)	10 (9.80)	9 (12.85)	37 (12.33)
Total (%)	128 (100)	102 (100)	70 (100)	300 (100)

Source: Field Survey Conducted during February 2013 – January 2015.

Above table shows that 58.67% respondents do not have any health care or medical insurance. 29% respondents have smart card /health card or medical insurance. 12.33% respondents do not give any kind of response. Marital statuswise, 66.68% divorcee, 55.46% widows and 52.85% unmarried respondents do not have any smart card/ health card/ health insurance. 34.28% unmarried, 30.46% widows and 23.52% divorced respondents have smart card/ health card or health insurance. On the other hand 14.08% widows, 12.85% unmarried and 9.80% divorced respondents do not give any response to this question.

So it appears that more than 50% respondents do not have any health card or insurance. Most of them avail medical facility by themselves.

In sum, the poor economic conditions, overburden of work, casual attitude towards health, irregular food habit, poor living condition, loneliness, attitude of neighbor/relatives are the major factors for the poor health of single women in Agartala.