

Research Paper

Exploring the Women's Health Conditions: A Case Study of Coastal Frazerganj in Sundarban, India

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ABSTRACT

The health issues of women living in Frazerganj in Sundarban, West Bengal, India, along the coast are investigated in this research. Situated in a Sundarbans sensitive ecological zone, the area suffers from poor healthcare facilities, economic uncertainty and regular natural disasters, all of which seriously compromise women's health. The study investigates the critical role of health professionals in the community and the health awareness, family planning practices, education, and health literacy of women. The study uses a mixed-methods approach to combine qualitative interviews and secondary data from health institutions, government papers, and academic literature with quantitative questionnaires of 45 women aged 15-49. It looks at family planning methods, health consciousness, educational levels and the part medical professionals play. Results underline major obstacles to health access, including inadequate mobility, socio-cultural taboos, financial constraints and environmental pressures. Widespread are malnutrition, problems with reproductive health and growing mental health disorders. The study emphasises the importance of combined policy initiatives focusing on health education, improved infrastructure, and community involvement. For women in this fragile coastal environment, strengthening local health systems and supporting gender-sensitive strategies can greatly enhance health outcomes.

Keywords: *Women's Health, Reproductive Health, Health Awareness, Family Planning, Rural Healthcare, Healthcare Access*

Women's health is described as women's health, which differs greatly from men's health in numerous distinctive ways. For the World Health Organisation (WHO), (World Health Organisation [WHO], 1948) health is "a state of entire physical, mental, and social well-being and not merely the absence of either infirmity or disease." Women's health is an example of population health. Larger groups argue for a broader definition of women's total health, which is better defined as "The health of women." Women's reproductive health is often handled as such. These kinds of disparities are made worse in developing nations when women face additional disadvantages due to their experiences and dangers related to their health. The issues of women's health in general and reproductive health in particular were neglected areas in health care. These issues came into prominence with the International Conference on Population and Development at Cairo in 1994 and the Fourth Conference of Women at Beijing in 1995) [(United Nations, 1995);

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United Nations Population Fund (UNFPA, 1994)]', At these conferences, it was accepted that women's health and reproductive rights are important means of women's empowerment and quality of life. Because of the high rate of baby, child, and maternal mortality as well as the declining standard of living, women's health has gained significant attention in developing nations these days. Women are biologically distinct from men and are therefore far more prone to illness than men. They have particular health problems that are exclusive to them. These medical conditions mostly pertain to problems during irregular menstruation, pregnancy, and other illnesses affecting specific female organs such as the ovaries and breasts. While many other diseases are identical in both sexes, they impact women differently. For example, women may be more likely than men to suffer from heart disease, osteoarthritis, and Sexually Transmitted Diseases (STDs). The health of Indian women is intrinsically linked to their status in society. Women in poor health are more likely to give birth to low-weight infants. A woman's health affects the household's economic well-being. As a result of poor health, women will be less productive in the labour force. Millions of Indian women simply lack the freedom to go out of the house in search of the health services they need. According to the National Family Health Survey-2, 1998-99, only 52% of women in India are even consulted on decisions about their health care. (International Institute for Population Sciences [IIPS] & ORC Macro, 2000).

A vital component of public health is women's health, which is impacted by a wide range of social, economic, and environmental variables. Women's health challenges are made more complex in coastal areas like Frazerganj in South 24 Parganas, West Bengal, due to the distinct physical and socioeconomic circumstances. The coastal village of Frazerganj, located in West Bengal's South 24 Parganas district, is distinguished by its distinct biological environment and socio-economic difficulties. Natural catastrophes like floods and cyclones are common in the area, exacerbating the population's preexisting vulnerabilities, especially those of women (Chakraborty, 2020). The bulk of the population depends on agriculture and fishing for their living, two industries that are extremely vulnerable to changes in the environment (Banerjee, 2019). In West Bengal's coastal and rural areas, access to healthcare is still a major obstacle. The availability of vital health treatments for women is restricted by the lack of healthcare facilities and the poor transportation system (Ghosh et al., 2018). Cultural traditions and financial limitations are two other obstacles that women in these areas frequently encounter when trying to get healthcare (Sarkar & Gupta, 2017). Living conditions in coastal locations like Frazerganj have an impact on a variety of health issues that affect women. Malnutrition, high rates of maternal and newborn mortality, and reproductive health issues are major issues (Basu, 2021). Frequent flooding exposes people to saline water, which can cause skin conditions and other health issues (Roy et al., 2019). The ongoing stress of unpredictable environmental conditions and unstable economic conditions is also contributing to an increase in mental health difficulties (Mukherjee & Banik, 2020). The purpose of this study is to investigate and record the particular health issues that women in Coastal Frazerganj, South 24 Parganas, encounter. By thoroughly comprehending these problems, it aims to provide guidance for healthcare and policy initiatives that can lessen these difficulties and enhance women's health outcomes in the area.

LITERATURE REVIEW

The reviews below summarize, analyze, and evaluate existing literature in this study to provide context.

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Kumar (2018) discussed "major concerning issues and challenges for women's health: an interpretation". This study investigates the link between women's health and social exclusion by looking at discrepancies in access to critical infrastructure, including hospitals, schools, and sanitary services. Using secondary data from the NFHS-4 (2015-16), it exposes rural-urban disparities in healthcare accessibility and fertility rates. The study goes on to investigate how educational attainment reduces socioeconomic disparities, which has a direct impact on women's health outcomes.

Das et al. (2018) studied "the health status of women, in Purba Bardhaman district, West Bengal: a study of spatial variation. This study investigates the influence of gender disparities on economic and social development, with a focus on women's lack of access to resources and decision-making. Focusing on maternity healthcare services in Purba Bardhaman District, West Bengal, it investigates how health, education, and societal roles influence women's contributions to national advancement, limiting optimal human resource use.

Singh (2021) discussed the "Health Status of Women in India. Every individual's health is acknowledged as a basic human necessity. The health of women is a direct reflection of the health of the nation. Because of the declining quality of life, the idea of women's health has become a major concern in developing countries today. The main causes of high maternal mortality rates include insufficient nutrition and a lack of information about health-care facilities. The government, on the other hand, has made several measures to enhance women's health. Poverty, illiteracy, and gender inequality, among other issues, are related to policy implementation. The current study focuses on the significant aspects and challenges influencing women's health concerns in India.

Roy (2020) studied the "Health status of the women of the coastal region of South 24 Parganas: A narration based on field survey. This study investigates the relationship between family socioeconomic status and women's nutritional health, focusing on marginalised communities. Utilising government records, academic literature, and field surveys at Diamond Harbour Women's University, data was analysed by medical and nutritional experts. The research highlights the prevalence of educational aspirations over health awareness among respondents.

Research Objectives:

The objectives of this study are-

- To know the level of education and health literacy among the women of that area.
- To study their health awareness
- To show the measures that they have taken for family planning
- To identify the role of health workers in that area.

Research Questions:

The questions of this study are-

1. What is the level of education and health literacy among women in the study area, and how does it influence their daily lives?
2. What are the common health awareness practices among women in the region and what factors influence their health-related decisions?
3. What family planning measures have women in the study area adopted and what socio-cultural factors affect their choices?

4. What role do health workers play in promoting healthcare and family planning and how effective are their interventions in the community?

RESEARCH METHODOLOGY

This paper is based on A mixed-methods approach, using both quantitative surveys and qualitative interviews. The Secondary data is acquired from a variety of sources, including primary health care, magazines, Gram Panchayat and BDO reports, National Family Health Survey reports, newspapers, government websites and NCW reports among others. A representative 45 sample of women aged 15-49 were surveyed using structured questionnaires. Health records from local healthcare facilities were also reviewed. Quantitative data was analysed using statistical tools, whereas qualitative data was analysed thematically.

Location of the Study Area:

The district of South 24 Parganas comprises 5 sub-divisions. Namkhana CD Block falls within the Kakdwip sub-division. Namkhana consists of rural areas with 7 Gram Panchayats. The Frazerganj Gram Panchayat forms the western limit of the block and consists of 5 villages as Shibpur, Debnibas, Bijaybati, Amrabati and Lakshmpur. This area is a portion of the world's biggest tidal halophytic mangrove forest, the Sundarbans, which is renowned for its distinct ecological and socio-economic circumstances. The Fraserganj gram panchayet is located at 21.5851°N and 88.2585°E.

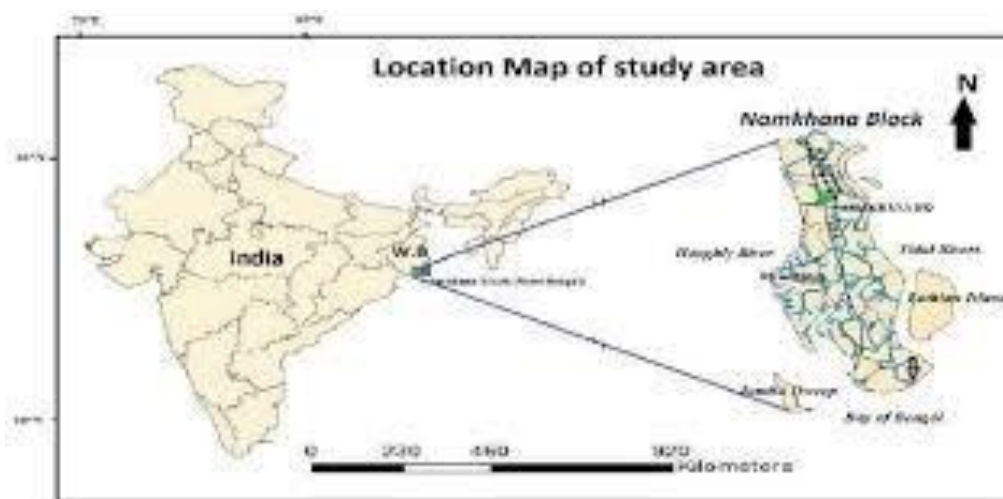


Figure No.1: Title-Location of the Frazerganj Gram Panchayat

Findings and Analysis:

Frazerganj, located along the Bay of Bengal, is a scenic coastal community that relies on its fishing industry. The economy of the region is significantly reliant on fishing, impacting the livelihoods and living situations of many individuals, particularly women. Women in Frazerganj, as in several coastal regions, significantly contribute to the informal economy, frequently engaging in fish processing, sales, and various activities associated with the fishing sector. This economic dependence frequently compromises their health due to exposure to environmental risks, inadequate nutrition, and restricted access to healthcare services.

Level of Education: Note

The education level in the Gram Panchayat is generally minimal. The primary standard of education is the most common level of education for both males and females. Males have a higher literacy rate than females, even though the number of males who have passed is comparatively lower. As per the 2011 census, the total number of educated individuals in the two CD blocks is 91.54% for males and 79.64% for females. The total number of illiterate individuals in the Frazerganj Gram Panchayat is 8.46% for males and 20.36% for females. 91.11% of the population is literate, while only 8.90% are illiterate, as indicated by primary data.

Table No. 1: Level of Education

Level Of Education	Literate In %	Illiteracy In %
Male	91.54	8.46
Female	79.64	20.36

Figure-2: Level of Education

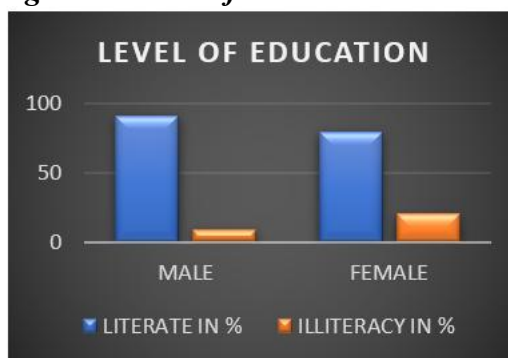


Table No. 2: Level of Education

Level of Education	LITERACY IN %	ILLITERACY IN %
Female	91.11	8.89

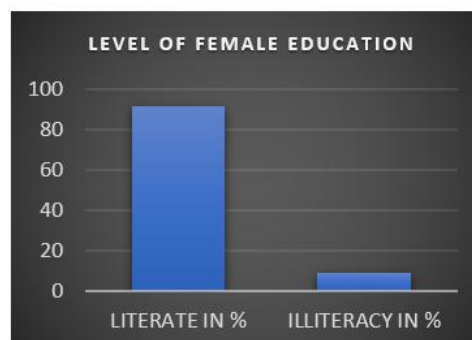


Figure-3: Level of Education

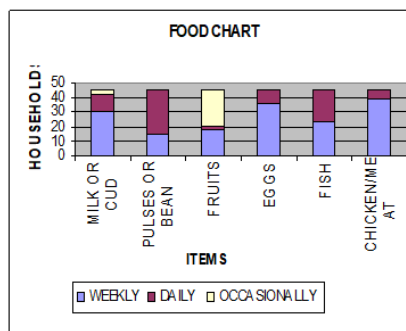
Food chart:

According to the primary survey in the Frazerganj Gram Panchayat, all 45 households are non-vegetarians. According to the survey, 66.67% of women take milk or curd weekly, 26.67% take daily, and 6.67% of women take occasionally; 66.67% of women take pulses or beans daily, while 33.33% take weekly. The majority take fruits occasionally. 53.33% of women take fruits occasionally, and 40% take them every week. From the diagram and data, we see that eggs, fish, and chicken, or meat, are taken daily or weekly.

Table No. 3: Food chart

Item	Weekl y	Dail y	Occasionall y
Milk Or Cud	30	12	3
Pulses/Bean	15	30	0
Fruits	18	3	24
Eggs	36	9	0
Fish	24	21	0
Meat/Chicke n	39	6	0

Figure-4: Food chart

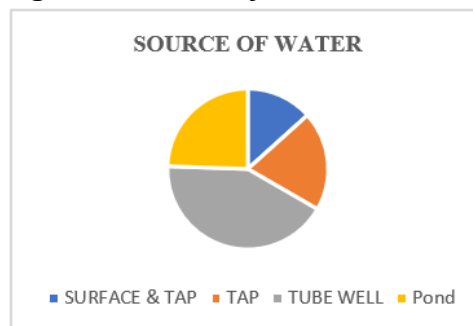


Source of water: According to the Primary Survey, out of 45 households, most of the households used tap water. 9 households (20%) used tap water for bathing, and 42.22% of households used a tube well for bathing and cooking, and out of 19 households, 6 houses (31.58%) used both tap water and surface water; 11 houses (24.44%) used a pond for their needs.

Table No. 4: Source of water

SURFACE & TAP	TAP	TUBE WELL	POND
6	9	19	11

Figure-5: Source of water

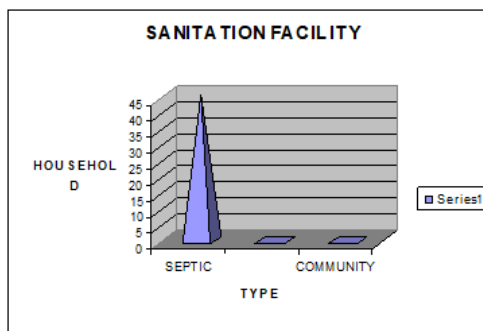


Sanitation facility: According to the Primary Survey in Frazerganj Gram Panchayat, 100% of the households have a septic sanitation facility, and there was no open or community type of sanitation facility. This indicates substantial advancements in rural sanitation infrastructure and implies that hygienic practices are being recognized and implemented at the grassroots level.

Table No. 5: Sanitation facility

SEPTIC	OPEN	COMMUNITY
45	0	0

Figure 6 Sanitation facility



Diseases: As women are doing the household work, child care, etc so they do not take care of their health. According to the primary survey, many women are suffering from acidity, gastric problems so on. One woman had undergone an appendix operation. Pre-existing conditions can worsen during pregnancy, threatening the health of a mother and her child. Asthma, diabetes, and depression can harm the mother and child during pregnancy if not managed properly. Pregnancy can cause a healthy mother's red blood cell count to drop, a condition called anemia, or induce depression. Another problem arises when a reproductive cell implants outside the uterus, making further gestation unfeasible. Fortunately, obstetricians can manage and treat common and rare health issues that emerge during pregnancy.

Table No. 6: Diseases of Women

YES	NO
44	1

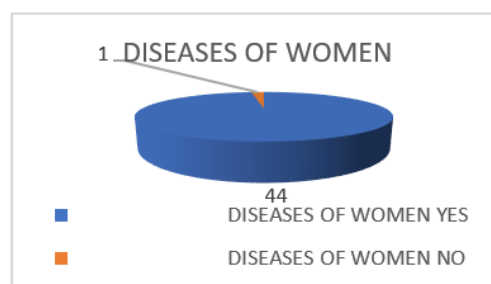


Figure-7: Diseases of Women

Age at Marriage: Age at marriage is considered one of the vital indicators of women's health. Early age at marriage leads to early pregnancies and high fertility among women. Adolescent pregnancy and high fertility are considered indicators of poor health and poor quality of life. According to the primary survey, we see that in this Gram Panchayat, the maximum age of marriage is 18-25, and the percentage is 80% and the percentage under 18 marriages is 13.33%, and the percentage above 25 marriages is 6.67%.

Table No. 7: Age at Marriage

Level Of Education	Literat e In %	Illiterac y In %
<18	18-25	>25
6	36	3

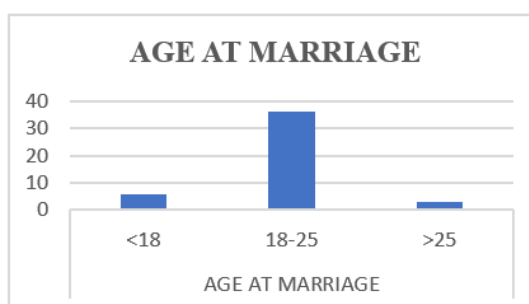


Figure-8: Age at Marriage

Family planning measures: Women, particularly women in rural areas, do not have access to safe and self-controlled methods of contraception. The public health system emphasises permanent methods like sterilisation, or long-term methods like IUDs that do not need follow-up and are thus felt to be more 'foolproof' than other spacing methods. According to the primary survey, a large number of women use pills for their family planning (46.67%); 26.67% of women were sterilised, and 13.33% of women are using IUD or LOOP.

Table No. 8: Family planning measures

Sterilization	Pill	IUD/LOOP
12	21	6

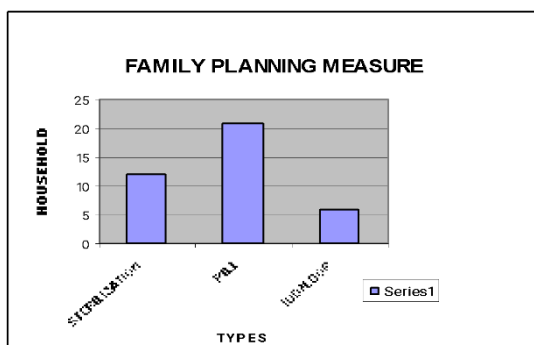


Figure-9: Family planning measures

Health care facility: In this Gram Panchayat, there is a Primary Health Centre at Fraserganj, with 10 beds, which has been newly constructed. According to the primary survey, many people can afford another medical facility, such as private doctors (73.33% of people are going to the private doctors), while only 20% of people are going to PHC and hospitals, and 06.67% of people are going to Kolkata for their treatment.

Table No. 9: Health care facility

PHC	Hospital	Kolkata	Others
9	14	3	19

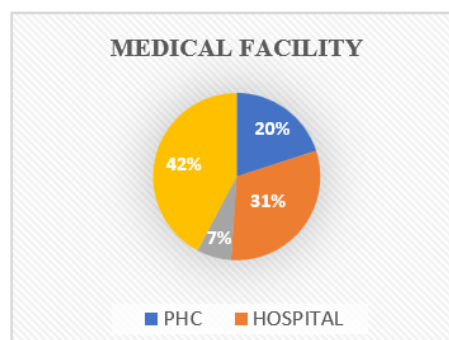
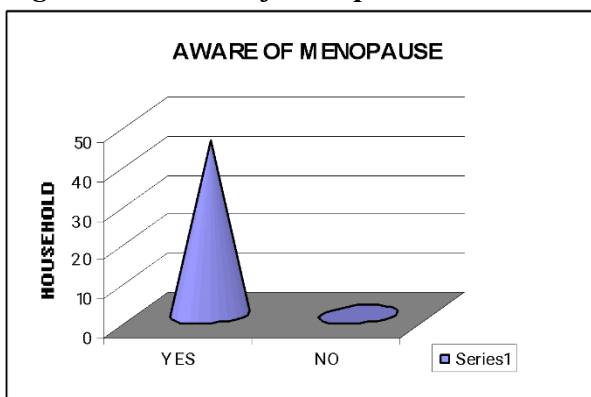


Figure-10: Health care facility

Awareness: According to my case study, it is seen that in the Fraserganj Gram Panchayat, 100% of women are aware of menopause. This is a good advantage of education or awareness programmes. It shows that women are becoming more knowledgeable about significant biological and health-related changes, enabling them to better control their condition. Promoting women’s well-being, lowering stigma around natural bodily processes, and supporting honest conversations on reproductive health all depend on this kind of consciousness. This represents a major stride toward rural women’s health empowerment.

Table No. 10: Aware of *Figure-11: Aware of menopause*
menopause

YES	NO
45	0

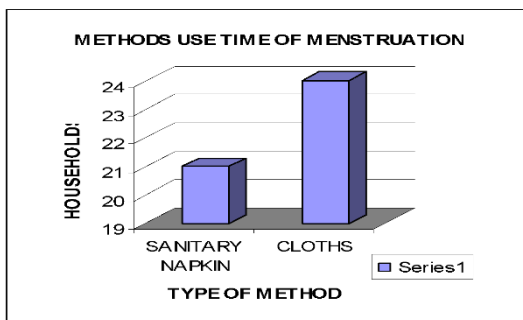


According to the primary survey, all women are aware of menstruation hygiene, but there is a problem with using napkins because of cost, as they have insufficient income. More than half of the women (53.33%) are using cloth, and 46.67% of women are using sanitary napkins. This underscores the economic obstacles that impede the implementation of safer menstrual hygiene practices. Enhancing cost via subsidized sanitary products or community-based distribution initiatives could markedly elevate menstruation health and hygiene for women in the region.

Table No.11: Using method during
menstruation

Sanitary napkin	Cloths
21	24

Figure-12: Using method during
menstruation



Health Programme: Since Independence, India has built a huge health infrastructure. However, more preventive health services are required, such as a protective water supply and sanitation. These are the two strategic areas for the prevention of diseases in all age groups. Next in importance for children’s and mothers’ health are the health programmes. Among the various health programmes, Janani Suraksha Yojana (JSY) and Supplementary Nutritional Programme (SNP), Indira Gandhi Matritva Sahyog Yojana (IGMSY), National Rural Health Mission (NRHM) and Swasthya Sathi have been implemented at the district level. Consequently, Frazerganj is also under this programme.

Table No. 12: Facilities of the Health Programme

YES	NO
45	0

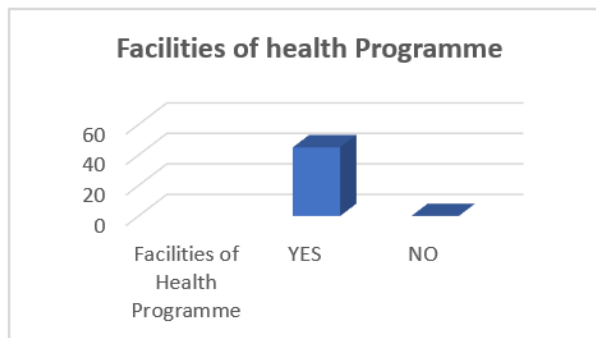


Figure-13: Facilities of the Health Programme

Beneficiaries of the Study Area:

The Frazerganj Gram Panchayat is providing the following benefits to all the local people:

- Every day, a govt the doctor visits the PHC and sees the patients free of cost. (10 am to 4 p.m). In case of malaria, Filaria, and T.B diseases, this can be easily curable and medicines are being given from the PHC free of cost.
- The scheme called N.S.U is being opted for by the govt. hospital through which male or female sex related problems are being solved, complicated operations are also done with no side effects. Medicines are given free of cost.
- Under the JSY scheme, pregnant women who belong to BPL families will get Rs.500/- and the transport fare for going to the hospital.
- Train and enhance the capacity of Panchayati Raj Institutions (PRIs) to own, control, and manage public health services.
- Promote access to improved healthcare at the household level through the female health activist (ASHA).
- Health Plan for each village through the Village Health Committee of the Panchayat.
- Strengthening sub-centre through an untied fund to enable local planning and action, and more multi-purpose workers (MPWs).
- Integrating vertical Health and Family Welfare programmes at National, State, Block, and District levels.
- Technical Support to National, State, and District Health Missions for Public Health Management.
- Developing capacities for preventive health care at all levels for promoting healthy lifestyles, reduction in consumption of tobacco and alcohol, etc.
- Promoting the non-profit sector, particularly in underserved areas.
- Preparing and implementing an inter-sectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation & hygiene, and nutrition.
- Improve the attendance of ASHA, Anganwadi workers, and Lady Health Visitors.
- The Sasthyaswati scheme facility for all people in the study area. This scheme provides 5 lakh rupees per head of the family.

Stakeholder Analysis on Women's Health

Stakeholder	Interest	Potential Strategies	Impact
Primary Stakeholder (Women of Frazerganj)	Get food, nutrition, family planning measures, and improve their health condition	Maintenance of hygiene, increasing nutritional intake during pregnancy, and awareness about family planning measures	Positive
Secondary Stakeholder (G.P., N.G.O., ASHA, ANM, Lady Health Worker)	To improve the health status of women for the development of society	Improve the health infrastructure	Positive
Key Stakeholder (D.H.M.O)	To improve the health status of women for the development of society	Maintain the qualitative and quantitative standards of doctors, nurses, and medicines	Positive
External Stakeholder (Ministry of Health, Child and Women Development)	Improvement of the health scenario, reduction of MMR, providing minimum nutrition, and increasing awareness about health conditions.	Better health condition for the local and national levels	Positive

Suggestions:

Based on the primary survey, the nature of awareness, the Govt. interventions in the Gram Panchayat, the following are the guidelines for plan implementation-

- Better campaigning techniques to be implemented, Better health insurance schemes and Better medical accessories in the health centre are required to be implemented.
- Healthy relations among stakeholders are to be inculcated or developed.
- Full sanitation, pure and clean drinking water supply made available to all households.
- Improvement in hygiene conditions and greater spread of health infrastructure.
- Improve the awareness of the primary health centre among the people, including women, and improve the infrastructural facilities of the PHC.
- Conduct training programs to provide women with information on the proper use of protective apparatus and safe fishing practices.
- Implement community-oriented nutrition initiatives that offer instruction on balanced meals and supplementation to address anaemia and malnutrition.
- Organise regular health programs and establish mobile health clinics to ensure that medical services are accessible. The gap between the community and healthcare providers can be bridged through collaborations with NGOs.
- Organize workshops and awareness campaigns to inform women about the significance of antenatal care, family planning, and reproductive health.

CONCLUSION

The socio-economic and environmental setting of Coastal Frazerganj is closely linked to the health issues that women experience. To effectively address these problems, a multifaceted strategy that addresses socio-economic barriers, improves maternal and reproductive health

services, ensures proper nutrition, and prepares for environmental threats must be implemented. Policymakers and other stakeholders can greatly enhance the health and well-being of women in Coastal Frazerganj by putting these recommendations into practice, which will benefit the region's overall development. The developing world must acknowledge women's health as a crucial development issue and applaud efforts to improve the standard and accessibility of healthcare. Women who eat well will be able to participate actively in society and raise healthier generations. Additionally, women need to be made aware of their health and the value of receiving the right care during pregnancy and labour. Research on women's health status has to be more focused and collaborative because women experience different health challenges than men do. To improve women's health concerns, the government should put in place the necessary measures to raise the standard of education and literacy rates, as well as give women many employment options. The government may also enhance women's health by bolstering healthcare facilities, raising public awareness of gender-based violence, and educating people about the need for proper nutrition and education. Even though Frazerganj may not have many medical facilities, the neighbourhood and the participation of numerous organisations contribute to the availability of a network of support for the community's medical requirements. To address the health issues that women and the larger community in this coastal region face, efforts made by public health centres, non-governmental organizations and community health workers are essential.

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Conflict of Interest

The author(s) declared no conflict of interest.

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