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HEALTH CONDITIONS OF RURAL WOMEN: A SOCIOLOGICAL STUDY

Dr. Ganapathi H.B., Asst. Prof., Dept. of Sociology, A.D.V.S. First Grade College, Sasvehalli, Honnali, Davanagere (Distt.), Karnataka, India

Abstract: *Good health is a prerequisite for the adequate functioning of any individual or society. If our health is sound, we can engage in numerous types of activities. But if we are ill or injured, we may face the curtailment for our usual round of daily life and we may also become so pre-occupied with our state of health that other pursuits are of secondary importance or quite meaningless. Health is the topmost priority in every individual's life. Its importance is evident in old saying, "Health is Wealth". Every human being's basic goal is to be healthy and lead a happy life.*

Keywords: *Health, Rural Human, Development, Rural Area, Disease.*

INTRODUCTION

Good health is a prerequisite for the adequate functioning of any individual or society. If our health is sound, we can engage in numerous types of activities. But if we are ill or injured, we may face the curtailment for our usual round of daily life and we may also become so pre-occupied with our state of health that other pursuits are of secondary importance or quite meaningless. Health is the topmost priority in every individual's life. Its importance is evident in old saying, "Health is Wealth". Every human being's basic goal is to be healthy and lead a happy life. In the absence of health no amount of money or wealth can bring happiness to the human being. Health is considered as the fundamental human right. Health is an important asset of a community and healthy community is the foundation of a strong Nation. Thus it is important for the development of community or nation.

India was one of the pioneers in health service planning with a focus on primary health care. In 1946, the Health Survey and Development Committee, headed by Sir Joseph Bhore recommended the establishment of a well-structured and comprehensive health service with a sound primary health care infrastructure. This report not only provided a historical landmark in the development of the public health system but also laid down the blue print of subsequent health planning and development in independence India.

In India Totally 22,842 PHCs and 3,043 Community Health Centres are working. In Karnataka 1676 PHCs are working in rural areas and 9 PHCs in urban areas. And 583 public health units

are working in these primary health units are being upgraded to primary health centres. The main functions of PHCs are: Medical Care, Maternal and Child Health Services, School Health Services, Family Planning, Control of communicable Diseases, Environmental Sanitation, Health Education and vital Statistics. Karnataka has developed a wide spread network of health services. The State is a pioneer in the provision of public health services. Even before the concept of Primary Health centres was conceived by the Government of India, the state had already established number of PHUs for providing comprehensive health facilities to its citizens. Karnataka follows the National pattern of Government three-tier centres and sub-centres. It also has a large number of NGOs / Voluntary organizations involved in service delivery, community health and development, provision of health infrastructure through the primary health centres, health units, community health training, research, advocacy and networking.

Primary Health Centres: There are 2195 functional PHCs including 516 upgraded PHUs. In 2008-09, 65 new PHCs were set up, taking the total to 2260. In order to strengthen the delivery of healthcare services in Primary Health Centres, the State Government initiated a programme inviting the private sector as a partner. Currently 220 such PPP projects are underway across the state. As per the Government direction 07 Government in Karnataka there is one PHC for every 30,000 population in plain and for20,000 in hilly and tribal area. In Karnataka at present there are 1676 PHCs are working. And there are sub-centres for every 5,000 population in plain and for every 3,000 population in hilly and tribal areas. Each of this sub-centres consisted of one male and female worker.

INCREASE OF PHCS

In all India level Totally 22,842 PHCs and 3,043 Community Health Centres are working. In Karnataka 1676 PHCs are working in rural areas and 9 PHCs in urban areas. Among Public health units 583 units are being upgraded to primary health centres.

FORMATION OF PHCS

The PHCs function with a Medical Officer of Health or Administrative Medical Officer as the chief of PHC, and a lady Medical Officer as the second Medical Officer .One Block Extension Educator, one Pharmacist, a paramedical worker and two Senior Health Assistants[a male and female] work under the supervision of Medical Officer. Seven male and female multipurpose workers are under the supervision of male and female Senior Health Assistant

respectively. Three group D category staff forms the lowest staff category of PHC. In the sub-centre, trained dais [TBAs] non-government employees help multipurpose worker[female] when required.

REVIEW OF LITERATURE

1. Anuradha Mathu's article Women's Health-A Major area of Concern published in social welfare April 2005 issue provides a bird's eye view of the condition of women's health state initiatives and recommendations for improving implementation of health services. This article opines that the women as vulnerable group with regard to health status by virtue of their physical, mental, social, spiritual and economic status.

2. Kamble in Rural Health [1984] links the socio-economic factors with morbidity in rural areas. This book provides the description about Low health services in Karnataka variables among morbidity and environment and also the influence of consumption pattern on health and the availability of medical facilities and economic position of the patients that largely influence in getting better treatment.

3. Purendra Prasad N in the article Medicine, Power and Social Legitimacy A Socio-Historical Appraisal of Health Systems in Contemporary India published in Economic Weekly August 25, 2007 issue depict the conditions in that dominant medical systems emerged and also the social bases that sustain these systems and also described about the Medical Pluralism and unequal power relations between the different medical systems and health care providers and receivers.

SIGNIFICANCE OF THE STUDY

In our society women report themselves ill more than men. During the reproductive years adult women expected to increased utilization of health services. Even excluding the reproductive age women's illness experience is more than that of men. In any society women's health is the key to general health of the group. Because, they have their own health problems and the major challenges they face everyday life particularly during pregnancy and child birth. Along with her health problems she does most of the services for their family members. Thus, women's health in turn affect the family as a whole and there by affecting the societal functions. Role of PHC is very much important in providing health facilities to the rural people in general and women in particular. As development of any country depends on the health of its human capital, and women constitute 50% of the total

population and women is one who gave birth to child that is the future generation. If our population is to be healthy women must be healthy. Only healthy women can gave birth to healthy and bright baby. Thus it is clear that the health of women is at most important. PHC provide preventive and curative health services to the rural people. Role of Primary Health Centre is more effective in making women physically and mentally healthy.

It is thus very important to find out the drawbacks and problems of Primary Health Centres in providing health care services and to find suitable measures to overcome from the problems and serve effectively to the needy through Primary Health Centres which are working for the improvement of health status of rural people in general and women in particular, but 100% improvement has not been recorded. Therefore, in the study opinions of the women and health centres staff are collected to know about the reasons beyond the failure in rendering the quality health services and in strengthening the health care system for rural women.

RESEARCH METHODOLOGY

The main focus of the present study is on "Primary Health Centres and Rural Women: A Sociological Study (With special reference to Shimoga Taluk)". In the study efforts were made to understand the various activities of the PHCs including the punctuality, commitment and efficiency of the staff in delivering their responsibilities. Efforts are also put to understand the health status of rural women and the availing services of PHCs. The present study mainly concentrated on the analysis of the above issues keeping in view of the Sociological impact of health on women in rural area.

For the purpose of the study data's were collected regarding the quality of services rendered by the health centres through all sources and they are scientifically analysed. Required information about the facilities of PHCs in improving the health status of women is also collected trough PHC staffs and rural women in the study area that is Shimoga Taluk.

CONCEPTS

The concept of primary health centre is not new to our country. Sir Joseph Bhore committee provides the concept of primary health care entre as a basic unit that provides curative and preventive health care to the rural people. Several committees and health policies recommend their own recommendation as result of their study. Important committees are Bhore Committee (1943-46), Mudaliar Committee (1959-61).

Chadha committee (1963)

Bettering the facilities at PHCs the Government of India in1963 appointed a committee under the chairmanship of Dr. M.S. Chandha to look in details of requirements of PHCs. It recommends that general health services should be adequately strengthened in rural areas. It also recommends Multi-Purpose health services for all health programmes, including malaria, small-pox, control of other communicable diseases, health education etc.

Mukherjee committee (1966)

The central council of health, on 31st December 1965, appoints a committee under the chairmanship of union health secretary to undertake the review of Family Planning Programme and its strategy. This committee recommend strengthening of the administrative set-up at all levels from primary health units to the state headquarters.

Kartar Singh committee (1972-73)

With the recommendation of executive committee of Family Planning council Government of India appointed a committee under the chairmanship of Kartar Singh in October 1972. This committee recommended each PHC should serve 50,000 populations and should have 16 sub-centres spread over its area.

Shrivastava committee (1974-75)

The Government of India, in 1974 formed a committee on Medical Education and Support Manpower under the chairmanship of Dr. J.B. Shrivastava, man recommendations of this committee are organisation of the basic health services within the community and training the personal needed for the purpose and another major recommendation is that organisation of an economic and efficient programme or health services to bridge the community with the PHC.

National health policy (1983)

The declaration of Alma-Ata Conference in 1978 set the goal of the health for all by 2000 A.D., this welcomes a new approach in primary health care. To achieve the goal the National Health Policy of 1983 proposed a PHC for every 30,000 population in plains and one PHC for every 20,000 population in hilly, tribal areas.

National health policy (2002)

The main objective of this policy is to achieve acceptable standard of good health amongst the general population of the country. It increases the allocation to 55% of the total public

health investment for primary health sector. It provided the essential drugs at primary health service centre. Further Government of India expanded the facilities at PHCs as it provide family planning and programmes of controlling communicable diseases and increases the number of sub-centres under each PHC and many health workers were also provided. Initially all these programme run independent of each other and staff recruited under each programmes.

Therefore there will be no practical co-ordination among them. These led to the duplication, wastage of resources and poor impact on beneficiaries. So planners felt the need for integration of health, family planning and nutrition programmes. As a result of this multipurpose workers replaced unique purpose workers. Health in general means that the state of being in which all the parts and organs are sound and in proper condition. World Health Organization defines health as 'A state of complete physical mental and social well being and not merely the absence of disease or physical infirmity'.

According to Oxford dictionary, 'the condition of being sound in body, mind and spirit, especially freedom from physical disease or pain'. The first five year plan of India describes 'Health is a state of positive well being in which harmonious developments of mental and physical capacities of the individuals' leads to the enjoyment of a rich and full life. It implies adjustment of the individual to these total environmental physical and social conditions.

PHCs: Primary health centres are an institution to provide both curative and preventive services where medical services are not available. PHCs are working in all states and union territories to meet medical needs of the areas where medical facilities are not available. These PHCs provide primary health service to the patient but these are not fully equipped like hospitals. These PHCs provide curative, preventive and promotive health services.

Women Health: Women have special health needs as she bear and nurture the children and most of caring functions in the family done by women. She not only plays her age-old tradition role but along with it she also took the role of breadwinner for her family.

OBJECTIVE OF THE RESEARCH STUDY

As present study is a sociological study there is necessary to concentrate on various facts. Having this in mind the following objectives have been formulated.

- To study the health problems of rural women.

- To know about the quality of services rendered by PHCs towards strengthening the health of rural women.

METHODOLOGY

Primary health centres are corner stone of rural health care. In Karnataka as on September 2005, 1681 primary health centres are functioning. For the purpose of the present study data have been collected from Shimoga taluk of Shimoga district. In Shimoga taluk there are 8 primary health centres are functioning for about 4,45,192 population. Among 8 PHC 1PHC is working in Shimoga city, near Kote. This PHC is excluded for the study, because it is situated in urban area, the remaining 7 PHCs namely, Gondichettana halli, Holalur, Harmaghatta, Mattur, Kumsi, Aynur, and Harnahalli PHCs are included in the frame of this study. The total sample size of this study is14,020 women beneficiaries selected from each Primary Health Center.

RESEARCH FINDINGS

- In the present study researcher attempted to understand the common diseases suffered by the rural women and visit of these women to PHCs for treatment for fewer/headache and pain concern to human body.
- Most of them (88.57%) go to PHCs to get treatment for back pain, followed by eye infections (43.10%) ,stomach (33.58%).
- Rural women also suffer and go to treatment for pneumonia, cough and cold(52.01%)
- Women 41.00% also go to PHCs to get treatment for their skin problems.
- Majority 83.40% respondents opined that they largely depend on PHCs during the pregnancy delivery and during the early stage of the child care.
- In the present study efforts have been made to understand the different facilities available in the PHCs. As per the result it is very clear that PHCs are not having adequate facilities and rural women are also not satisfied about the facilities available in their PHCs.
- With regard to the availabilities of the Physician at the PHC, 85% of the rural women opined that physicians are not available during the working hours. Not only the physician but also it apply to the staff of the PHCs. PHC staffs are not punctual and they absent particularly during afternoon. It evident from the information collected

by the women that PHC staffs although not all staffs but majority of them are not available during afternoon. Women are in need of lady doctors. As there is lack of lady physicians women feel shy of discussing their health problems with male physician.

- According to the 81% of the respondents staffs are not regular to their duty and the attitude of the staff members of the staff members towards the patients also not in a right manner most of them behave roughly.
- With regard to the availability of the medicines in the PHCs 65% of the respondents opined as not satisfactory, where as 24.8% of them express their satisfaction.
- In relation maintenance of the clean and hygiene, majority i.e. 67% of the women express their dissatisfaction women reported that they dispose all waste effluents and syringes within the premises of the health centre itself and sometimes it smells badly.
- About the condition of the buildings 57.86% of them reported that most of the buildings are old not painted or white washed and leakage is common during the rainy season. Most of the buildings are old and having limited space and could not provide in patient care. Although some of the buildings are enough but they are very old and need of rehabilitation. Furniture also only for sake and not in condition to use.
- The adequate furniture and equipments like chair, tables, cot and bed, lab facilities, facilities at labour ward etc, are not sufficient as per the73.41% of the respondents. PHCs are not fully equipped. X-ray machines are not available and if they are in laboratory also they are not good condition and the tests conducted were not reliable most of them were referred to outside clinics.
- Treatment during the maternity and emergencies was satisfied as per the 52.03% of the respondents where as 31% of them not satisfied about it.
- With regard to creating awareness about immunization, family planning, notorious food, caring during the pregnancy etc, were very poor as opined by 61.43% of the respondents. Objective of PHCs are preventive, promotive and curative. Among this preventive health aspect has been neglected and only curative health concept is

being concentrated. They are providing treatment only for those who visit for the treatment of their diseases.

- It is essential that people must also involve in the health care exercises of the PHC but people are not having interest in these matters and many times they are not aware of the programmes conducted by the health centres.

CONCLUSION

In any society, women's health and their active involvement in health care programmes is essential key to the general health of the group. This is because, quite aside from their own special health problems, major challenges they face like pregnancy, childbirth and she always do the work of taking care of their family members. Therefore it is very important to take care of the health of women. Rural women are more vulnerable to diseases because of poverty, illiteracy. Therefore they are in more need of public health care centre that cost less. PHC provide cost-effectives healthcare to the population in general and women in particular.

Although, poverty and low levels of education are the root causes, India's Primary Health Centres (PHC) that is not spared from the issues such as inability to detect diseases early due to the lack of multi-disciplinary medical expertise and laboratory facilities and insufficient quantities of general medicines. At the same time, patients usually do not visit PHCs in the early stages of their diseases. In India Primary Health Centres are the cornerstone of rural healthcare, a first port of call for the sick and an effective referral system in, addition to being the main focus of social and economic development of the community. It forms the first level of contact and a link between individuals and the National Health System, bringing healthcare delivery as close as possible to where people live and work.

PHCs charged with providing promotive, preventive, curative and rehabilitative care. This implies offering a wide range of services such as health education, promotion of nutrition, basic sanitation, the provision of the mother and child family welfare services, immunization, disease control and child treatment for illness and injury. PHCs are performing poorly due to in adequate of financial resources to PHCs, lack of interest among the personnel, lack of equipment and other facilities like building, staff and lack of community participation. The incongruence between resources and targets result in lack of

medicine. In order to improve primary care services a number of things can do such as encouraging community involvement, as this improves the accountability of public primary health clinics that lead to increase in drugs supply and improved provider skills.

Suggestions given below can make the primary health services more competent and to improve the health status of rural women.

- As there is lack of medical equipment, laboratory equipments and some of them are not in working condition, the Government should provide adequate and good quality equipments.
- Medical officers and nurses must work efficiently to increase the trust of the rural women on them.
- PHCs should be made more concentrated on preventive health aspect.
- Rural communities also must actively take part in the health care exercises by PHCs.
- Government should appoint a lady doctor in each PHC.
- Government should make strict rules to conduct health awareness programmes regularly and effectively.

REFERENCES

1. Ahluwalia A., "Social of Medicine in India I Survey of Research In Social Sciences" *Major Group IV. ICSSR:* Delhi, 1974.
2. Ahuja Ram, "Research Methods" *Rawat Publications*, 2001.
3. Bhat V N., "Public Health in India" *Amar Prakahan*, 1990.
4. Chawal S C., "Preparation of young physician for primary health care in Sharma and Hirmanu" *Health and Young India,* 1968.
5. Coe Redney M., "Sociology of Medicine" *McGraw Hill Book Company, London. Duff Raymond S and Sickness and Society, Haarper and Row Publishers, August B. Hollingshead Newyork.* 1970.
6. Field, Minna., "Patient People: A Medical Social Approach to prolonged illness" *Columbia University Press, New York,* 1967.