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The Actual Problem Of Health Among Rural Areas Women: The Need For Better And Affordable Health Services

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ACCORDING TO WHO (1948) -"HEALTH IS A STATE OF COMPLETELY PHYSICAL, MENTAL, SOCIAL WELLBEING AND NOT MERELY ABSENCE OF DISEASE OR INFIRMITY" In women's case the health issue is not merely a medical or physical phenomenon, but it is a complex social phenomenon. THE Effect of patriarchy system also great influence on the medical and health care system on women. The health of women has been neglected for a long time. According to C.S.W (commission on the status of women)1974, reported after three years survey "ALL the available evidence leads us to conclude that high female mortality rate and decreasing female ratio after every census is due to the consistent neglect of Female Health." The relationship between the health care attitude and status of women in society in the integral part of our cultural system. INDIA is one of the few countries where males significantly outnumber females (933 females for 1000 males) ,and its Maternal mortality rate in rural areas is among the World's highest. Women experienced with malnutrition, anaemia, infectious disease and illness more than men and less likely to receive timely medical treatment. Women especially poor and rural women often trapped in cycle of ill health exacerbated by child bearing and hard physical labour.

INDIA is one of the few countries where males significantly outnumber females (933 females for 1000 males), and its Maternal mortality rate in rural areas is among the World's highest. Women experienced with malnutrition, anaemia, infectious disease and illness more than men and less likely to receive timely medical treatment. Women especially poor and rural women often trapped in cycle of ill health exacerbated by child bearing and hard physical labour." Women in developing countries are often in poor health and overburdened with work, they are tired, most are anaemic, many suffer from malnutrition and chronic ill health from lack of personal attention and adequate health care especially during pregnancy and child birth. Early marriage, teenage pregnancy, repeatedly child bearing, ignorance, poverty, and manual labour.

The Global Commission on women's Health of the World Health Organization(WHO) was established in 1992. Its objectives is to accelerate action at the national and international level to improve women's health

as their fundamental human right. Among the many areas of action such as nutrition, reproductive health, violence against women, ageing, lifestyle related condition of women and work environment, nutrition and reproductive health are the only ones that have been researched and there are many areas where research has to be done. The benchmark global agreement to eliminate gender inequities, contained in the United Nations Convention on the Elimination of all forms of Discrimination Against Women was developed.

The relationship between the health care attitude and status of women in society is the integral part of our cultural system. Davis and Blake (1974) stated That “The cultural norms that particularly affect women’s health are the attitude to marriage, age of marriage, the values attached to fertility and sex of the child, attitude of family planning and the ideal role demanded of the women within family organization and social conventions. They determine her place within the family, the degree of her access to medical care, education, nutrition etc.

It has been obvious that, after independence, although the Government of India has made considerable efforts to initiate and implement the health policies for women and children, such as to formulate ‘separate division’ in planning commission for women and children, in 1978, ‘Health for all by 2000 AD’, in 1983 to enact comprehensive Health Policy which has enunciated the long term demographic goals and other selected time bound programmes to elevate the health status of masses. Besides these measures, significant achievements have been made in the production of Drugs, vaccines, Hospital equipments and trained medical personnels and specialized doctors and surgeons.

The people living in below the poverty line make somewhat 40% of the total population of the country. Due to living in unhygienic conditions and malnutrition, the people of this section are more prone to disease. Most of the epidemics affect this poorer sections of the population in very serious proportion which affects the health status and development process of the country. Because of poverty, backwardness and huge size, they require medical care correspondingly in more proportion from the government resources, which are already insufficient in quantity and quality both.

The mid-decade conference in Copenhagen in 1980 had done much to inform the world about women’s issues and get people talking about the issues of women and health. The primary health care (1978) and the Health for All (HFA) strategy had great promises for the women. However the achievements of primary health care did not fully achieve its goals in many countries by the year 2000.

In the platform of rural society the main objectives to identify the health status and the health problem of women that emerged-

1. To assess the socio-economic status of women in rural areas.
2. To identify the indicators of women’s health status.
3. To identify the reproductive behaviour and attitude towards general health care of women.
4. Increase women’s access throughout the lifecycle to appropriate, affordable and quality health care.
5. Strengthen the preventive programmes that promote women’s health.
6. Undertake gender sensitive initiatives that address the sexually transmitted disease (STD) and HIV/AIDS.
7. Promote research and disseminate information on women’s health.

Increase resources and monitor follow up for women's health.

- Some quantitative and qualitative both methods, and some case study of rural area in Kolkata in West Bengal are fruitful for the study. The interview method is used for data collection.
- **The health problems among the women in rural area-**

Maternal Mortality and morbidity- The latest estimates issued by the WHO, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and the World Bank (WB) in September 2010 provide figures related to maternal death: globally, an estimated 287,000 maternal deaths occurred in 2010. Sub-Saharan Africa (56%) and southern Asia (29%) accounted for 85% of the global burden in 2010. At the country level two countries account for one-third of global maternal deaths. India at 19% and Nigeria at 14%. Maternal Mortality Ratio (MMR) measures the number of women aged 15-49 years dying due to maternal causes per 100,000 live births. Every year over 20 million women terminate unwanted pregnancies through unsafe abortions as a result of lack of access to relevant care and services, such as family planning, costly contraceptive methods, and lack of information.

Nutrition- Globally, 51% of the pregnant and one-third of women of reproductive age who are not pregnant suffer from anaemia. In developing countries 56% of pregnant women are anaemic. Discriminatory feeding practices in childhood sometimes lead to protein energy malnutrition, anaemia and other micronutrient deficiencies in girls. Stunting caused by protein energy malnutrition in girls is responsible for subsequent problems in childbirth leading to increased incidence of obstructed labour, and vesico-vaginal fistulae, birth asphyxia and other conditions. Iodine deficiency is the most commonest preventable cause of mental retardation. At least 25% of adolescent girls in developing countries are affected by iodine deficiency and this causes cretinism.

Anaemia- Low and lower middle income countries bear the greatest burden of anaemia, particularly affecting populations living in rural settings, in poorer households and who have received no formal education. Globally, it is estimated that 37% of pregnant women mainly 15-49 years of age are affected by anaemia. The largest causes were the dietary iron deficiency, thalassaemia and sickle cell trait, and malaria.

Reproductive Health- The reproductive pattern of Indian women are commonly painted out as tales of pregnancy and childbirth, which are too early, too soon, too many, too late. There is a widespread assumption that 'People in rural India go on producing children as long as they can'. Sexual and reproductive health problems are responsible for one-third of health issues for women between the ages of 15 and 44 years. Unsafe sex is a major risk factor – particularly among women and girls in developing countries.

Cancer- The most common cancers afflicting women are breast, cervical, colorectal and stomach cancer. At least there are half a million cases of cancer of the cervical cancer annually. There are 300,000 deaths occurring each year due to breast cancer. And there are estimated 700,000 new cases each year.

Reproductive tract infection and STD/HIV/AIDS- The impact of sexually transmitted disease is particularly severe for young women. Complications include pelvic inflammatory disease, infertility, pelvic pain, and life-threatening ectopic pregnancy. One of the biggest challenges in this century is the problem of HIV/AIDS. Every minute two women get infected in HIV and every two minutes a woman dies of HIV. Three decades into the AIDS epidemic, it is young women who bear the brunt of new HIV infections. Too many young women still struggle to protect themselves against sexual transmission of HIV and to get the treatment they require.

Ageing-As life expectancy increases in most countries,it is estimated that the number of women over the age of 65 will increase from 330 million in 1990 to 660 million in 2015.Many of these elderly women will have experienced poor nutrition,reproductive ill health,dangerous working conditions,violence and life style related disease.Little data exists on the health conditions of the elderly female population except in industrialized countries from which extrapolation is made.

Mental Health-Women are more likely to experience mental health issues like depression and anxiety than men.Though changes in how you think and feel may occur at any time,women are especially vulnerable during and after pregnancy due to the fluctuation in hormones.(perinatal and postpartum depression),as well as in the years leading up to menopause.

- **Need for improvement and better health-** In the most of the rural and tribal area of India,people have some specific convictions and beliefs regarding the role of super-natural powers in day to day life of a person,group or community.

The beliefs regarding illness,disease and their treatment go parallel to the modern medical system of treatment almost in all the villages today.

But changes has come relatively in some areas while progress in other areas has been slow and sometimes painful.Many different factors effect women's health,and all of them are interrelated.The extent of investment in human resources,community participation and other several factors do play a part.

A quality care essential in ensuring that the women get and enjoy good reproductive health throughout their lives,as urged by the Global commission mottos that "No women should die of child birth."

Primary Health Care centres are the key source and an important constituent of the government health care system in the villages .as apparent from countrywide ,these basic institutions are in very few number in the comparison to the needs of the people.so, immediate steps should be taken to increase the number of primary health centres and subcentres with full facilities.

Education is one of the urgent need of women,there is an urgent need of education and make it compulsory for women.Education can reduces the mortality and morbidity of women.women need to be given more information and empowerment to make dicision of their own.

Equity in the allocation of food between girls and boys be promoted.

Finally there is a need to develop community involvement and support groups to help women understand the problems they face and provide support not only for prevention but also treatment and rehabilitation.The NGO (non government agency) which will need to actively involve and address these issues with total commitment.

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