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Female health care in Rural Punjab- A Situational Analysis

"Healthy Women, Healthy World"

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Abstract

Female health care; the most delicate issue which is being neglected since centuries. Women in urban area is some aware but those residing in rural area are still ignorant. Present study has been done in the rural Punjab particularly Doaba region to focus on the physical condition of the married females. The females were interviewed on the existing levels of their diet, hygiene, general health care, pre-natal and post-natal health care and family planning. These females are supposed to give priority to their household responsibilities.

Keywords : female health care, rural Punjab.

Introduction

"A woman's health is her total well-being, not determined solely by biological factors and reproduction, but also by effects of work load, nutrition, stress, war and migration, among others" (van der Kwaak, 1991).[1]

Women's health issues have attained higher international visibility and renewed political commitment in recent decades. While targeted policies and programs have enabled women to lead healthier lives, significant gender-based health disparities remain in many countries. With limited access to education or employment, high illiteracy rates and increasing poverty levels are making health improvements for women exceedingly difficult. Basic health care, family

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planning and obstetric services are essential for women – yet they remain unavailable to millions.

India is a country, which takes great pride in its cultural heritage, traditions and we grow up with the notion that ours is a country where women are worshipped but inspite of this malnutrition, poor health, lack of education, overwork, lack of skills, mistreatment, powerlessness brought about tremendous deterioration in her position at home and in society. Women are competing with men on an equal footing and have entered into occupations, which were considered as the domain of men (Desai 1957).Women in rural areas lagged behind their counterparts in urban areas because different opportunities were not made available to them. If a women is married at a younger age and there is wide age gap between the husband and the wife she would have a lower status. Thus, the present study is undertaken to study the rearing practices of rural women across Doaba region of Punjab under the following objectives: - To study the existing levels of schooling status, household responsibilities, diet, economic, marriage aspects, hygiene, general health care, pre-natal and post-natal health care and family planning of rural women.

Review of Literature

The health of Indian women is intrinsically linked to their status in society. Research on women's status has found that the contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens. Living in a rural setting is a major determinant of women's health, and correspondingly, poverty and financial insecurity are key determinants of rural women's health. Limited choice of primary health care providers, especially in terms of access to female practitioners, and limited or non-existent access to specialists or complementary services, part time, seasonal, and unreliable working conditions which create stress and financial insecurity.

Further, rural women have low levels of both education and formal labor force participation. They typically have little autonomy, living under the control of first their fathers, then their husbands, and finally their sons (Chatterjee, 1990; Desai, 1994; Horowitz and Kishwar, 1985;

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The World Bank, 1996). All of these factors exert a negative impact on the health status of Indian women. Victoria A. Velkoff and Arjun Adlakha International Programs Center Issued December 1998 Women of the World

The health of families and communities are tied to the health of women – the illness or death of a woman has serious and far-reaching consequences for the health of her children, family and community.

The slogan, "Healthy Women, Healthy World" embodies the fact that as custodians of family health, women play a critical role in maintaining the health and well being of their communities.[2] United Nations Population Division. State of the world population 2005: the promise of equality: gender equity, reproductive health and the Millennium Development Goals. New York: UNFPA. Available from: www.unfpa.org/swp/2005/pdf/en_swp05.pdf

Since many of the contemporary studies concerning the attitudes towards the status of women ; rooted in the past. They were imagined to be an unproductive human resource as their contribution to the family and community is "invisible" although it is substantial (Shah 1998).

Scholars working on the status of Indian women opine that many changes have occurred in the traditional conception of role and status of women through new opportunities for education and employment, emergence of new socio-economic pattern, and privileges of equal legal and political rights. However, the pressure of traditional customs and norms continue to determine the society's attitude towards women. The institute of caste and the patriarchal family system with religious mores and dominant value systems are still surcharges with the spirit 60 S. THIND, R. MAHAL AND SEEMA of male domination. Male children receive more effective independence and encouragement than females because of cultural roles assigned to both sexes in adult life (Verma and Ghadially 1985)

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Methodology

Two hundred rural women (20-55 years of age) of nearly 10 villages around Mukandpur were interviewed during Jan-March 2010; formed the study population. Data pertaining to each individual was recorded in a pre-designed case sheet. Data included their diet, hygiene, general health care, pre-natal and post-natal health care and family planning. Data collection was completed during one visit .

Results and Discussion

Total 200 women registered for the program. Only 87% were literate and 13% were illiterate.

Tab- II : (n=200).

Sr.No.	Attributes	Variables		Percentage
1	**Literacy**	Literate		87%
		Illiterate		13%
2	**Employment**	Employed		
		Unemployed		
3	**Family income**	1000- 10,000		
		10,000 - 50,000		
		50,000 – 100000		
		100000 – 200000		
		200000 – 300000		
4	**Food Habit**	Vegetarian		69%
		Non- vegetarian		31%
		Balanced diet	Aware	81%
			Unaware	19%
6	**Personal hygiene (menstruation)**	Sanitary pads		54%
		Cloth		46%
7	**General health care**	Regular Exercise		38%

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		No exercise		62%
		Home remedies		70%
		Doctors advise		30%
		Communicable disease	Aware	65%
			Unaware	35%
		Vaccination	Aware	90%
			Unaware	10%
		AIDS	Aware	77%
			Unaware	23%
8	**Peri-natal**	Hygiene Conscious		91%
		Balanced diet	Aware	87%
			Unaware	
		Vaccination	Aware	91%
			Unaware	
		Medicalcheckup(before child blrth)	90%	
		Medical checkup(after child blrth	71%	
		Delivery	Hospital	34%
			Home	59%
10	**Family planning**	Contraceptive	Aware	60%
			Utilize37%	
			Don't utilize61%	
			Unaware40%	

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Conclusion

With health awareness being minimal in rural Punjab, ASHA, a scheme launched by the Government of India under the National Rural Health Mission (NRHM), is benefiting villagers.ASHA or, Accredited Social Health Activist, is bringing about a transformation, as the scheme spreads awareness about mother-child health.

• Rural women need to be included in policy-making decisions at all levels of Government in order to ensure that rural women's health needs are met.

• Rural women need to be recognized as health care facilitators in their Communities.
• Contact your local government and demand that they address rural women's health care needs, including expanding health services to include more diverse health care providers such as public health nurses, nurse practitioners, and midwives.

References

1. Adamson, J., Y. Ben-Shlomoa, N. Chaturvedib and J. Donovan. 2003. "Ethnicity, Socio-Economic Position and Gender—Do They Affect Reported Health—Care Seeking Behaviour?" Social Science & Medicine 57: 895–904.
2. Basu, A. M. 2002. "Why Does Education Lead to Lower Fertility? A Critical Review of Some of the Possibilities." World Development Review 30(10): 1779–90.
3. Basu, S.K. 1993. "Health Status of Tribal Women in India." Social Change 23(4): 19–39.
4. Bloom, S.S., D. Wypij and M.Das Gupta. 2001. "Dimensions of Women's Autonomy and the influence on Maternal Healthcare Utilization in a North Indian City." Demography 38(1): 67–78.
5. Chatterjee, 1990; Desai, 1994; Horowitz and Kishwar, 1985; The World Bank, 1996.

IJARSE
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ISSN (P) 2319 - 8346

6. Chapple, A. 1998. "Iron Deficiency Anaemia in Women of South Asian Descent: A Qualitative Study." Ethnicity & Health 3(3): 199–212.

7. Chattopadhyay, M. 1982. "Role of Female Labour in Indian Agriculture." Social Scientist 10(7): 43–54.

8. Davidson, R., J. Kitzingerb and K. Hunt. 2006. "The Wealthy Get Healthy, the Poor Get Poorly? Lay Perceptions of Health Inequalities." Social Science & Medicine 62: 2171–82.

9. Dyson, T. and M. Moore.1983. "On Kinship Structure, Female Autonomy and Demographic Behaviour in India." Population and Development Review 9(1): 35–60.

10. Gallin, R.S. 1989. "Women and Work in Rural Taiwan: Building a Contextual Model Linking Employment and Health." Journal of Health and Social Behavior 30(4): 374–85.

11. Ganguli, G. 1998. "Reproduction, Abortion and Women's Health." Social Scientist 28: 11–2.

12. Victoria A. Velkoff and Arjun Adlakha International Programs Center Issued December 1998 Women of the World

13. United Nations Population Division. State of the world population 2005: the promise of equality: gender equity, reproductive health and the Millennium Development Goals. New York: UNFPA. Available from: www.unfpa.org/swp/2005/pdf/en_swp05.pdf