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Health problems of women and female child in rural area

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Abstract

The Population inhabiting in villages is called Rural Population. About 74% of Indian Population is inhabiting in rural areas. These areas provide a fundamentals structure for growth and development of the nation and if these areas were taken into consideration and be provide with basic necessities and basic facilities. The whole country will progress in a right direction. The prosperity in a rural area may be health if they are educated, according to Aristotle, "A sound body has a Sound mind". Hence good health ensures good thinking and good thinking ensures a good society and the good society comprises both men and women. About half of the rural population is women folk and unfortunately these women folk are illiterate and quite unaware about personal and public hygiene. If we want a prosperous and happy nation we should lay stress on rising the health conditions of the rural women in every aspect. It is true fact that if a women is educated the whole society is educated, if the man is educated, a single individual is educated. Hence stress should be laid on the education of women. So that they can play a very important role in the development of the country in particular and the whole world in general.

Keywords: Health and Rural Area

Introduction

The women is considered the colorful creature of this universe. The hustle and bustle of the worlds is due to these fellows. The advanced nations have given a due attention towards the welfare of the women. In these countries there are equal opportunities for men and women. Hence they are advanced in every field and those nations who did not pay due attention towards the women are lacking behind in every respect and there are poverty and illness. A healthy women is the foundation stone of a healthy nation, when the mother is healthy the younger too will be healthy and happy. A healthy women and a healthy child will proceeds in a right direction. If a women is not treated properly, forced to work hard not given her a good social status. She naturally revolt and does not behave properly with her house hold with the result, there is no proper nourishment and development of herself and their ward to overcome such hurdles, a women should be given proper education that she can understand her duty towards the family and towards the welfare of the society as the mother is the first teacher of the child. The child is indirectly influenced by the environment prevailing at his residence. The environment helps in the modification of behavior of the child will grow and develop in a right direction with right thinking. In the developed countries like Europe and America, there are special care centers for the welfare of the women. They are independent and think according to their wishes and ideals and can decide what is right and what is wrong. There is equal treatment of women and men and there is no differentiation between the two sexes. That is why they are well advanced in every sphere of life. They are aware of their duties and are in a better position to look off their wards within and outside of their homes.

More than 28 million women 18 and older live in Rural or Frontier India who need access to quality health care services. An estimated 5 million rural adult women are 65 years and older, more than 4 million are identified as having a disability. Health insurance is a barrier as 14% of all rural adult women do not have health insurance. Other factors that impact women's access to health care services include: 4% of the female civilian labor force 16 years and older is unemployed, and those who are employed consistently earn less than their urban counterparts and may not receive health insurance as a benefit.

All women in rural and frontier areas are affected by access issues, specifically the lack of primary and specialty care. The latter has a major impact on rural women as specialty care includes OB/GYN services. Rural areas also tend to have higher rates of chronic disease,

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including heart disease, diabetes and cancer.

This policy brief outlines the health care needs of rural women as well as the barriers they face with a number of contexts: Chronic Disease and Prevention, Maternal and Child Health/Perinatal Care, Elderly/Aging Issues and Mental Health. Policy recommendations will follow that are intended to recognize these emerging needs and improve the access to health care services for rural and frontier women.

Maternal and child health

Rural women face many hurdles during their reproductive years. Surveys have shown that maternal, infant, and child health rank as a top ten concern by rural health experts. Rural women are particularly susceptible to poor prenatal care due to fewer resources available to them. Obstetrics providers, in particular, are in short supply in rural areas; urban counties average nearly 35 obstetricians per 1,000 residents, while rural counties average less than 2 per 1,000 residents. Lack of access to such care has been linked with poorer outcomes among women. Rural women rely upon Family Medicine Physicians to provide this care, but the proportion providing these services, even in rural areas, has declined significantly over the past decades.

The evidence is mixed in regards to receipt of prenatal care. Several studies have indicated that rural women are more likely to initiate prenatal care late, and to subsequently have poorer outcomes. A study of Oregon women, however, did not find a rural disparity in initiation of prenatal care, but did find that rural pregnancies were more likely to be in younger, unmarried women and to be unplanned. Lower education, unplanned pregnancy, and inadequate transportation to a provider have all been associated with untimely prenatal care. Rural women also face barriers in delivery; many rural hospitals do not offer obstetric services, while those that do report shortages of providers and trained staff.

Rural Indian women insured by Medicaid are more likely to experience poor outcomes than women with private insurance, although this disparity may ameliorate with proper risk adjustment. Medicaid managed care often did not fare better, particularly for non-white patients.

Importance of women health

The woman is the key to the provision of health services for the family and society, yet she has been neglected and exploited by health services. The mother is the central figure who provides the child care, hygiene, nutrition and even primary health care. Without good mental and physical health for mother herself and health programmes are doomed to failure.

If a nation has to develop then half of its population women and girls must develop, be educated, become healthy and develop self-positive image. If the so-called better half continues discriminated and exploited in the matter of nutrition, education, health and legal rights. How she can be expected to give her best for the health and development of her child, family, society and the nation. "In India and other poor countries she is 'beast of burden'".

Conclusion and Suggestions

Keeping the response of questionnaire and interviews of two highest qualified persons and data collected from District Hospital Anantnag and also the data of PHC Larnoo, it is clear that illiteracy, poverty and lack of Govt. Facilities are the problems responsible for low rural health status of rural women. To improve this situation I am to suggest the

following measures.

Suggestions

Following measures can be suggested to raise the health status of rural women:

1. More schools be opened in rural areas so that more and more girl students can be enrolled, incentives should be given to girl child during schooling such as free books, free uniform, mid-day meals and other benefits. There should be co-curricular arrangements in schools. It is only through education that we can overcome the unhygienic conditions of the rural women.
2. Community centers should be opened in villages, where the women folk be taught the principles of personal and public hygiene.
3. Maternity homes should be set up in bigger villages so that proper care of the young one and the mother be ensured.
4. Smokeless chulas, heaters and gas connections may be provided to rural women so that they can rid of Asthma and T.B.
5. The villages should be electrified in order to replace the traditional methods of lighting such as burning of oil lamps and wood.
6. Craft oriented courses be started in rural areas so that a girl child can learn as well as earn their livelihood.
7. Proper drinking water be supplied to villages so that they can refrain from drinking impure water of the streams and ponds. In short illiteracy is the root cause of all disease and education can help in bringing a revolution in rural areas and with the help of education a woman may understand her duties towards her home, children and the welfare of the society. Normalcy is must we can establish new assets to remove poverty only in peaceful environment.

References

1. US Census Bureau. American Community Survey 5-year estimates 2007-2011.
2. Bolin JN, Bellamy G. Rural Healthy People 2020.
3. Health Resources and Services Administration. Area Resource File (ARF) 2011-2012.
4. Nesbitt TS, Larson EH, Rosenblatt RA, Hart LG. Access to maternity care in rural Washington: Its effect on neonatal outcomes and resource use. *Am J Public Health* 1997.
5. Gupta S, Sharma ML, Darshan S. Health problems and promotive programmes in rural community: A case study in Haryana. *HAU Journal of Research* 1981;11(1):93-99.
6. Singh IJ. A study of morbidity pattern in rural community. *Health and Population-Perspectives and* 1979;2(3):193-206.
7. Nair GR. The problem villages. *Social Welfare* 1982;14(1):26-28.
8. Maegraith B. Disease due to infection and infestation. In: Price's textbook of the practice of Medicine (ed: RB Scott). The English Language Book Society and Oxford University Press, Ely House, London 1974, 149-150.
9. Gopalan C. Nutritional problems in India. *Social Welfare* 1974;21(1):6.
10. Alen Tim, Alan Thomas. Poverty and Development in the 1990s. Oxford University Press: London 1992.
11. World Bank. World Development Report-Investing in Health. OUP: Oxford 1993.
12. Ghosh, Pradip K 1984.