



# WHAT WOMEN WANT?

## WOMEN'S PERCEPTION, ACCESS & UTILISATION OF HEALTH CARE SERVICES IN U.P.

**Divya Kapur**

Research Scholar

Institute of Women's Studies

University of Lucknow

divikapoor@gmail.com

It can rightly be said that we do not often realise that a woman in our family is sick till her illness becomes really serious. Therefore it would not be wrong to say that from Birth to Death women continue to face unnecessary dangers through their health, just because they are women.

We talk of gender equality in this day and age and continuously strive towards it but a woman needs to be mentally and physically healthy so that she is able to take up challenges of equality. But it is sadly lacking in a majority of women especially in the rural areas. They have unequal access to basic health resources and lack adequate counselling. The greatest challenge is to recognize the obstacles that stand in the way of their right to good health. To be useful to the family, community and the society, women must be provided with health care facilities.

Health of a woman is influenced by a complex of biological, social and cultural factors like gender differences (differences in power at home and the ability to use it), traditional values (like restrictions on mobility of women), religion (strict moral codes for women) and most importantly education (lack of education leads to poor understanding of health problems and poor access to care) and violence against women as well as the kind of employment opportunities for women (long working hours and poor hygiene conditions affect not only the physical health but also mental health). Women's reproductive biology combined with their lower socio-economic status results in women bearing the greater burden of infections, higher vulnerability to illness, poor overall health and nutritional status, poor access to preventive and curative measures, poor quality of care and complications during delivery.

Some of the problems that women face during their life span are –

During infancy and childhood – low birth weight, growth retardation, late weaning and nutritional deficiencies

During adolescence – reproductive and sexual health, drug and substance abuse, low body mass index, anorexia, and violence

During reproductive years - Reproductive tract infections, Sexually transmitted diseases, HIV/AIDS, Unsafe abortion, Poor nutritional status, Breast and cervical cancer and Problems related to menstruation.

During old age - Menopause, Osteoporosis, Respiratory tract infections, Depression, Vitamin and mineral deficiencies and Problems related to eyesight and hearing

Health to women in a patriarchal society like ours is always secondary on their list of priorities. Diseases & illnesses among them are not given importance till they become grave.

There is enough evidence around the world to show that the health of women has profound implications for the health & education of their children, economic wellbeing of the house hold as well as women themselves. It influences the weight & chances of survival of her new-born, her capacity to nurse & nurture her child, ability to provide food & care to other members of the family. In households that depend on the labour of the women whether on family land or wages, income falls when ill health, prevents a woman from working.

Therefore when health of women is so important, then why is it that they are absent from the planning, implementation & monitoring of health programmes. We need to realise that when such programmes & policies are made, services that are provided under them without listening to & understanding what women want, are bound to fail.

So what is it that they want? What are the facilities that are available to them? What are the barriers to their accessing these facilities & how can we improve the utilisations, are some of the Questions that require Immediate Attention.

Before we move on let us first look at some facts related to women's health in Uttar Pradesh –

- Infant Mortality rate – 75/1000 live births in rural areas and 64/1000 live births in urban areas
- In terms of antenatal care – 26% women visited a medical facility thrice during their pregnancy and 26% women visited during the first trimester.
- Only 22% babies were delivered in medical facilities
- Only 29% deliveries were assisted by health professionals
- 62% of children under 3 years of age are stunted
- 42% of children are underweight
- 50% Women are anemic
- Use of contraceptives is only - 56% in urban areas and 40% in rural areas.
- Fertility rate is 3.8 per woman
- Maternal Mortality Rate is 440/ 100,000 live births in UP which is higher than the national average of 317.

Indeed a sorry state of affairs inspite of the fact that there are numerous health schemes being run by government like –

- Anaemia Prophylaxis programme
- Janani Suraksha Yojana
- Accredited social health activists
- Reproductive and child health programmes
- National rural health mission
- National aids control programme

Women want Quality Health Care Services which are easily accessible to them. But what is it that they perceive as quality health care? If we look at the perception, we find that quality for them involves the following factors –

- Cleanliness in & around the facility;
- Round the Clock Service;
- Availability of trained Female Doctors;
- Availability of trained female Nurses;
- Emergency Facility;
- Transportation Facility;
- Accessibility to correct & proper information regarding health care needs during different stages of their lifespan;
- Closeness of the Medical Facilities to their Homes;
- Timely addressal of their Problems;
- To be treated Sympathetically & Courteously by the service provider;
- Affordable Treatment;
- Protection from Abuse – Verbal & Physical;
- Confidentiality on the part of the Service Provider;
- Availability of medicines;
- To be treated equally & without discrimination based on Caste, Class, Community, Religion, etc.;
- Availability of Credit Facilities;
- Easily affordable medicines, Contraceptives;
- Regular visits of ANMs & Asha Bahus in Rural areas;
- Accountability of Service Provider;

There are three kinds of health facilities available to women of Uttar Pradesh – Public, Private and others. Public Services include PHCs, CHCs, government hospitals, municipal hospitals etc. as well as the facilities provided under various programmes and policies being run by the government. Private facilities include private clinics and hospital being run by individuals as well as corporate businesses. Services of Jholachaps and other forms of medicines like ayurveda, unani etc. are also very often availed by women to get rid of their problems quickly and cost effectively. The healthcare access and availability in India has a peculiar public private mix which generates a political economy that makes the health sector purchasing power dependent. This is a contradiction given that the large majority do not have the purchasing capacities even to sustain adequate nutritional requirements.

Although Uttar Pradesh has a fairly large public sector health infrastructure comprising one Super Specialty Institution, 7 government medical colleges & hospitals, 53 District Hospitals, 13 Combined Hospitals, 388 Community Health Centres, 823 block PHCs, 2817 Additional PHCs apart from 20521 Sub Centres, yet only 9 percent of the State's population actually make use of this facility for treatment of ordinary ailments and people mostly have to depend on private healthcare. In the private sector, there are 3 medical colleges & hospitals and 4913 Male/Female hospitals/nursing homes at District level in the State. However, there are a large number of registered and non-registered medical practitioners in the State and they play an important role in providing medical service to the rural population.

However, the physical health infrastructure in the State is still much below the country average. For instance, the population covered by a Sub-centre in the State is 7080 and the average distance is 3.4 km. while the country average is 5109 and 1.3 km. It is estimated that 11% of people in Uttar Pradesh are not

able to access medical care due to locational reasons. Further, even when accessed, there is no guarantee of sustained care. Several other deterrents such as bad roads, the unreliability of finding the health provider, costs for transport and wages foregone, etc. make it cheaper for a villager to get some treatment from the local quack.

Besides the inadequate number of facilities, there is a severe shortage of manpower at all levels in the public health delivery system.

### Human Resources

The ratio of doctors per thousand population for U.P. is much below the national figure of 1 and although the ratio of beds is almost the same as the all India figure of 0.7, their geographical distribution is highly skewed in favour of the urban areas, depriving the rural masses.

It is evident that the situation is grave in terms of requirement of medical personnel, specially doctors and specialists. Although the State also has a large presence of private health providers, it is mostly concentrated in the urban areas and is largely focusing on curative aspects, rather than maternal & child health services.

Attitudes to the body are part of the process of gender construction. When dealing with gender and health, the knowledge, belief and ideas regarding the functioning of the body become relevant to understanding how policies and programmes are received by women; why women react differently to different morbidities; which illness receives attention and which are not spoken about, why one practitioner rather than another is approached; and how the access to and the utilisation of health services vary according to the reproduction functions of the body. Therefore let us now look at how women utilise the existing health care services –

A study conducted by the Institute of Women's Studies, Lucknow University, under the Centre of Excellence Scheme and Government of UP over a period of two years on more than 2000 respondents in more than seven states revealed a very sorry state of affairs regarding women's health in UP. Some of the results were as follows -

Some results -

- Health awareness was high in only about 21% of the respondents in the study.
- 52% of the respondents did not receive annual check-up's, immunizations, nutritious food is not eaten and visits to government hospitals are not taken seriously
- In most of the rural areas, women preferred going to jholachap doctors rather than to a CHC or a PHC may be due to lack of proper facilities.

Taking examples of Pratapgarh with a more rural setup and Pilibhit with a more urban setup in terms of health care facilities we find that -

- In Pratapgarh district only 10% women had access to government hospitals.
- 66% women prefer treatment by female doctors.
- 92% women eat low nutritious food
- Only 10% women availed reproductive facilities
- Only 2% births were institutional deliveries
- In Pilibhit district
  - 26% women visited government hospitals
  - 88% women preferred female doctors
  - 36% women eat highly nutritious food
  - 44% women availed reproductive facilities

- 26% of women had institutional deliveries.

Looking at the above data we find that Pratapgarh with a more rural setup does not have health care facilities which match up to women's perceptions. Whereas Pilibhit in contrast, with a more urban setup, provides better accessibility to health care services for women as they come close their perception of quality health care services.

This clearly suggests that if the health care facilities are as per women's wants, their utilisation will increase manifold. In this relation some of the steps that can be undertaken are as follows.

- There is need to recognise that the poorest women have expectations of quality service and services need to be improved according to the wants of such women.
- There is need to understand that health related practices especially reproductive health are embedded in culture and it will not be possible to improve quality of care without incorporating these elements into service provision protocols.
- There is need to understand women's perception and experience of hospital deliveries to achieve safe motherhood.
- Need for training of service providers in interpersonal behaviours and client expectations within an overall quality of care framework.
- Holistic understanding of quality of care must be included in medical and paramedical curriculum
- Service providers need to be professionally trained and updated with latest knowledge.
- Drugs, contraceptives, sanitary pads and other medical supplies etc.. need to be readily available everywhere and at medical facilities.
- Adequate answers (correct information) should be provided to women seeking knowledge on various issues related to health.
- Functioning of medical facilities whether in urban or rural areas should be carefully monitored.
- Female doctors, nursing staff should be readily and easily available as well as available on demand in case of emergency.
- Improvement in infrastructure e.g. Roads, transportation facilities, power supply etc.
- Making the public sector efficient, cost effective and socially accountable – what makes the private health sector better in terms of usage is its better access and non-bureaucratic nature.
- Check on quacks in mandatory so as to improve the health of women as well as to provide them with correct treatment.
- Lastly health sector needs to be rid of corruption.

In conclusion it can be said that if women indeed are to benefit from actions to improve their health, the health care community must make listening and talking with women a fundamental organising principal of women's health programmes. Listening and talking to women on what they want from health care services will not only help the service provider but will also heighten women's awareness of their health needs and resources for addressing those needs. It will also help them realise that some problems of high prevalence need not be accepted as normal or as women's fate but are amenable to treatment. This will also help in identifying and prioritizing health needs as women perceive them. Services will more like be appropriate if community women help plan interventions. Involving women in the implementation of the plans and programs will more likely benefit women's long term development and would be more sustainable.

Therefore to provide women with the health care services that they want and which they will be able to access we need to give them a careful ear to their voices to allow them to practice their right to healthcare.

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