



A sociological investigation on the health conditions of rural women.

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Abstract-The proper operation of any person or community depends on their being in good health. We may participate in a variety of activities if our health is good. However, if we are unwell or injured, we may have to adjust our normal routine and we may also become so focused on our health that other activities become unimportant or even useless. Every person's existence revolves around maintaining their health. The adage "Health is Wealth" makes its significance clear. Being well and having a happy existence is everyone's fundamental objective.

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

Introduction-The proper operation of any person or community depends on their being in good health. We may participate in a variety of activities if our health is good. However, if we are unwell or injured, we may have to adjust our normal routine and we may also become so focused on our health that other activities become unimportant or even useless. Every person's existence revolves around maintaining their health. The adage "Health is Wealth" makes its significance clear. Being well and having a happy existence is everyone's fundamental objective. In the absence of health, no amount of riches or money can make a person happy. The primary human right is regarded to be health. A healthy community is a valuable asset, and a great nation is built on a healthy community. For the growth of a community or a country, it is crucial.

One of the first countries to organise health services with a primary care focus was India. A well-organized and comprehensive health service with a reliable primary healthcare infrastructure was advocated in 1946 by the Health Survey and Development Committee, which was led by Sir Joseph Bhore. This study lay the groundwork for future health planning and advancement in independent India, serving as both a historical marker and a blueprint for future public health system growth. In India Totally 22,842 PHCs and 3,043 Community Health Centres are working in Uttar Pradesh (726)

Review Of Literature

Anuradha Mathu's-The social welfare April 2005 issue article Women's Health-A Major Area of Concern offers a bird's eye view of the state of women's health state efforts and suggestions for enhancing the execution of health services. According to this article, women are a particularly susceptible population in terms of their health due to their physical, emotional, social, spiritual, and economic conditions.

Kamble- in Rural Health [1984] relates morbidity in rural regions to socioeconomic variables. This book describes the factors that contribute to low health services in Uttar Pradesh as well as the relationship between environment and morbidity, the impact of consumption habits on health, the accessibility of medical facilities, and the financial circumstances of the patients, all of which have a significant impact on receiving better care.

Purendra Prasad N- in the article Power, social legitimacy, and medicine A Socio-Historical Appraisal of Health Systems in Contemporary India, published in Economic Weekly's August 25, 2007, issue, describes the circumstances under which dominant medical systems developed as well as the social foundations that support

them. It also discusses Medical Pluralism and unequal power relations between the various medical systems and health care providers and recipients.

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. Women's health therefore has an impact on the family as a whole, which in turn has an impact on social activities. PHCs play a crucial role in delivering health services to rural residents in general and women in particular. Given that women make up 50% of the population and are the ones who bear the children who will make up the next generation, a nation's ability to flourish rests on the condition of its human capital. Women must be healthy if our population is to be healthy. Only healthy mothers are able to give birth to intelligent, healthy children. It is obvious that women's health is of utmost importance as a result. Rural residents can receive preventative and curative healthcare treatments via PHC. Women can become physically and emotionally well with the help of primary health centres. In order to effectively serve the needy through Primary Health Centres that are working to improve the health status of rural people in general and women in particular, but 100% improvement has not been recorded, it is crucial to understand the shortcomings and problems of Primary Health Centres in providing health care services. It is also crucial to find suitable measures to overcome from the problems and serve the needy through Primary Health Centres. In order to learn more about the factors other than the inability to provide quality healthcare and to improve the health care system for rural women, perspectives from women and health centre employees are gathered for the study.

Concepts

In our nation, primary health centres are not a recent invention. Primary healthcare is described by the Sir Joseph Bhore Committee as a fundamental component that offers rural residents curative and preventative medical treatment. As a consequence of their research, several committees and health regulations each offer their own recommendation. Bhore Committee (1943–1946) and Mudaliar Committee (1959–1961) are two significant committees.

Chadha committee (1963) -A commission headed by Dr. M.S. Chandha was established by the Indian government in 1963 to examine the specific needs of PHCs with a view to improving the amenities at PHCs. It suggests that rural regions' general health services be sufficiently reinforced. Additionally, it suggests Multi-Purpose Health Services for all health programmes, such as those for eradicating diseases like smallpox, malaria, and other contagious illnesses, as well as for promoting good health.

Mukherjee committee (1966) -A commission headed by Dr. M.S. Chandha was established by the Indian government in 1963 to examine the specific needs of PHCs with a view to improving the amenities at PHCs. It suggests that rural regions' general health services be sufficiently reinforced. Additionally, it suggests Multi-Purpose Health Services for all health programmes, such as those for eradicating diseases like smallpox, malaria, and other contagious illnesses, as well as for promoting good health.

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.

“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.

Objestives

1. To study the health problems of rural women.
2. To know about the quality of services rendered by PHCs towards strengthening the health of rural women.

Conclusion-

In any society, women's health and active participation in health care initiatives are crucial to the population's overall wellbeing. This is due to the fact that, aside from their own unique health issues, they frequently encounter difficult situations like pregnancy and childbirth, and she is constantly responsible for caring for their family members. Therefore, it is crucial to look after women's health. Because of poverty and illiteracy, women in rural areas are more susceptible to illness. They therefore have a greater demand for free or low-cost public health facilities. PHC offers affordable healthcare to the entire public and women in particular.

Although poverty and low levels of education are the main causes, India's Primary Health Centres (PHC) are not exempt from problems like the inability to detect diseases early due to the lack of multidisciplinary medical expertise, laboratory facilities, and a lack of general medicine supplies. Patients also seldom go to PHCs while their illnesses are first starting, according to statistics.

- As there is a shortage of laboratory and medical equipment, and part of it is not in working order, the government should supply sufficient and high-quality equipment.
- To gain the rural women's trust, medical staff members and nurses must work effectively.
- 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.

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