

Health Care Initiatives for Women

Dr. Suneetha.V.

Professor of Sociology, Government First Grade College, Kota Padukare, Udupi. Karnataka.

Received: December 28, 2023

Accepted: January 8, 2024

Published: January 31, 2024

Abstract

Health is a precious possession of all human beings because it benefits both the individual and the community. A healthy individual or community can perform daily life activities and life-enriching goals. In particular, women's health is affected by biological differences from men and also determined by gender-based social, cultural and economic inequalities. In India, women's health is intrinsically linked to their social status in society. Forced or early marriage, sexual assault and hard work, low wages, poor home care during pregnancy and childbirth, etc. are linked to women's health. Other depression, anxiety, disorders, family stress, lack of medical facilities and similar other factors directly or indirectly affect the health status of Indian women. This research has been taken up with a objective of understaing the necessity of health care for women and the necessity of government intervention related to it.

Keywords: Women Health, gender inequality, Government intervention, health services.

INTRODUCTION

Women have played an important role in building societies and building nations. Independent India identified the role of women in development and adopted a welfare-oriented approach to women's empowerment. Gender issues gained great importance after the United Nations declared 1975 International Women's Year. The 1975 International Women's Year Conference in Mexico City recognized the role of women in social life, and the Fourth World Conference on Women in Beijing broadened the focus and included in its plan of action various issues related to women, such as human rights and women, women and economic development, and they also took note of their poor social status. In 1995, women's health, education and training, women and the economy, women in power and decision-making, institutional mechanism of empowerment, concern for the girl child, etc.

Right from the 1960s, with the development of the feminist movement and the gradual realization that the benefits of development did not reach almost half of the population, many national governments and international agencies focused on the empowerment of women. Now Central and State Governments have created and implemented various women health programs and are playing a major role in changing the lives of women. The Ministry of Health and Family Welfare understands the necessity of reproductive and health care for women. Globalized India has found the need for political system intervention to improve women's health and thereby reduce the gender gap in health. Women's health is one of the important problems of today's globalized world. The monograph "Status of Women in Karnataka" (p. 49) pointed out that health is one of the most important indicators of well-being. In recent years, much attention has been paid to improving the health status of people in general and women in particular.

The Government of Karnataka has also enacted many schemes for the development of women's health. With this background, this research study will focus on these programs and try to trace their intervention in improving the health status of women with special reference to the state of Karnataka.

HEALTH

The World Health Organization in 1948 states that health is a positive concept emphasizing social and personal resources as well as physical capabilities. WHO defined "health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The Alma-Ata Declaration was adopted at the International Conference on Primary Health Care (PHC) on 6-12 September 1978. It expressed the need for urgent action by all governments, all health and development workers and the world community to protect and promote the health of all people . It was the first international declaration emphasizing the importance of primary health care. The primary health care approach

has since been adopted by the member countries of the World Health Organization (WHO) as the key to achieving the goal of “Health for All”

HEALTH IN INDIA

As a signatory to the Alma-Ata Declaration (1978), India restructured and strengthened the primary health care delivery system. It must achieve the goal of “Health for All” through the National Health Policy which was unanimously approved by the nation in 1983. The National Health Policy accords high priority to maternal health programmes. Health interventions are important not only for preserving the health of the mother and children, but also socio-cultural factors.

WOMEN’S HEALTH

Women’s health is a topic that many feminists are concerned with, especially when it comes to reproductive health. Women’s health is embedded in a wider body of knowledge cited by the World Health Organization, among others, which emphasizes gender as a social determinant of health. Some health and medical research advocates, notably the Society for Women’s Health Research in the United States, define women’s health more broadly than matters specific to the human female anatomy to include areas where biological differences exist between women and men. Research has shown significant biological differences between the sexes in rates of susceptibility, symptoms and response to treatment in many major areas of health, including heart disease and some cancers.

WOMEN’S HEALTH IN INDIA

An individual’s health can be affected by a number of factors. In particular, women’s health is affected by biological differences from men and also determined by gender-based social, cultural and economic inequalities. In India, women’s health is intrinsically linked to their social status in society. Forced or early marriage, sexual assault and hard work, low wages, poor home care during pregnancy and childbirth, etc. are linked to women’s health. Other depression, anxiety, disorders, family stress, lack of medical facilities and similar other factors directly or indirectly affect the health status of Indian women.

Balarajan, Y; Selvaraj, S et al. (2011). “Health Care and Equity in India” argues that gender is one of the many social determinants of health – which include social, economic and political factors – that play a major role in women’s health outcomes in India. The high level of gender inequality in India therefore negatively affects women’s health.

OBJECTIVES OF THE STUDY

This study was conducted with the following objectives:

- To analyze problems associated with women’s health
- Trace the need for government intervention in accessibility of Health services for women
- To understand the Government’s initiatives in the field of women’s health.

METHODOLOGY

1. Universe of the study: The universe selected for the proposed study is the state of Karnataka.

2. Method of Data Collection: This article is based on secondary sources. Secondary data is collected from various sources like health survey reports, books, magazines and newspapers and government websites etc.

IMPORTANCE OF RESEARCH

This investigation is justified from a theoretical and practical point of view. Due to the fact that the concept of women and development is increasingly important nowadays, it is necessary to study women’s health issues in the current situation. Therefore, the proposed study helps to fill this gap. At the theoretical level, the inquiry will help to gain conceptual clarity on various things such as women’s health, social determinants of women’s health, gender differences in health, etc.

On a practical level, this study would help to understand the cumulative impact of a number of dependent and independent variables such as traditional social determinants, government programs, new social identity, education, etc., on the changing trends of improving women’s health.

GOVERNMENT INTERVENTION IN WOMEN'S HEALTH

Women naturally need better health care and attention. However, there are gender disparities in health care and nutritional status in India, leading to gender inequality. Therefore, the Government of India prioritizes health services targeting women and children. The cumulative impact of women's low health status is reflected in high mortality, incidence of low birth weight babies, high prenatal mortality and foetal loss, and subsequent high fertility. Caste, education of husband and wife, economic status etc. is important variables that have a significant influence on the utilization of modern health services.

Focused issues related to women's health are discussed below:

1. Women's Health Issues: In this study, some issues related to women's health have been identified which are listed below

- Gender inequality in healthcare
- Nutritional deficiency
- Traditional customs like eating food after husband and other family members, belief about the necessity of nutritious food for girls etc.
- Reproductive health issues like infertility, menopause, maternal mortality, abortion etc.
- Illness of women due to child rearing, use of contraception and family planning
- Working women and role conflict
- Health hazards at work

2. Gender And Women's Care

- Discrimination based on gender begins before birth; women are the most common abortion in India. If the female foetus is not aborted, the mother's pregnancy can be a stressful experience because her family prefers a son. Once born, daughters are prone to less nutrition than sons, especially when there are already more girls in the household. As women mature, many of the barriers to achieving equitable levels of health stem from the low status of women and girls in Indian society, particularly in rural and poverty-stricken areas. The low status—and subsequent discrimination—of women in India can be attributed to many cultural norms. Social forces of patriarchy, hierarchy and multigenerational families contribute to Indian gender roles.
- Gender inequalities, in turn, are directly related to poor health outcomes for women. Numerous studies have found that hospital admission rates differ dramatically by gender, with men attending hospitals more often than women. Differential access to health care occurs because women are typically entitled to a lower share of household resources and therefore use less health care resources than men. Amartya Sen attributes households' access to fewer resources to their weaker bargaining power within the household.
- Furthermore, it has also been found that Indian women often under-report illnesses.
- Indian women also have low levels of education and formal labor force participation. All these factors have a negative impact on the health status of Indian women. Poor health affects not only women but also women.
- There may be gendered risks to women's lives in the domestic environment. In India, the vast majority of households rely on bio fuels (wood, dung, etc.) for cooking. Cooking is a woman's preserve in the home, and the pollutants produced by the burning of such bio fuels affect women (and young children) disproportionately, with consequences for their health - respiratory infections and blindness.

3. Reasons for the Necessity of Government Intervention

Nowadays, there is a great need for policy interventions and initiatives through government programs and schemes to deal with women's health problems and also to improve their health status. The study identified the following reasons

- Neglect of taking care of the health of the woman in the family

- Poverty
- Women's access to the right to health
- Lack of economic power for women
- Lack of awareness about health care
- Lack of personal health care
- Domestic violence
- Complications related to pregnancy and childbirth are among the main causes of mortality for women of reproductive age.
- Reproductive health: material mortality, abortion, infertility and menopause are major health problems faced by the female gender

FINDINGS

1. Women's health is related to many problems. Women suffer from various health problems and there are many challenges in promoting women's health.
2. The gender system plays a very important role in access to health care, which can be determined by examining the allocation of resources within the household and the public sphere.
3. Gender inequalities are directly related to poor health outcomes for women. The current study also revealed that the household appeared to be a prominent site for gender discrimination in health care. Acceptance of health care and access to family resources is significantly gender-biased for men.
4. Women's health is affected not only by their biology, but also by their social conditions, such as poverty, employment and family responsibilities.
5. Women's low socioeconomic status and reproductive role puts them at risk of ill health and premature death
6. A life-cycle approach to health involves assessing critical risks and supporting key interventions that can have a positive long-term impact. For example, girls who are malnourished in childhood may have stunted growth, leading to a higher risk of complications during childbirth and low birth weight babies.
7. Under-addressed health care needs of women, especially in rural and poor communities. The big challenge is therefore to instill awareness among them about modern health care systems and the need to take care of their own health.
8. Women naturally need better health care and attention. However, there are gender disparities in health care and nutritional status in India, leading to gender inequality. Therefore, women and children health services are prioritized by the Government of India and therefore in all states.
9. Because women's health has an intergenerational impact. The Government of Karnataka is implementing many programs to improve the health status of women and thereby reduce the gender disparity in health
10. his study explored that women's perceptions and attitudes towards their health and health facilities are not encouraging. It requires an immense amount dedication and reforms in the health care system that need to be implemented and rigorously monitored by the government

SUGGESTIONS

The present study sought to find some solutions to eradicate the problems associated with the promotion of women's health and equal access to health care for men and women. Since women's health care is very much needed, some solutions to eradicate the challenges associated with promoting women's health and equal access to health care for men and women are listed below:

- Since gender inequality is one of the important issues that contribute greatly to women's health problems, gender equality must be introduced in all spheres of social life.

- Socio-cultural norms and beliefs that conflict with modern medicine should be eradicated
- Stronger evidence is needed to demonstrate the benefits of nutrition and the use of modern health facilities for both men and women, otherwise continued investment in health will not benefit most women.
- Governments, intergovernmental agencies and NGOs must broaden their focus on women's health and must recognize and adopt a lifelong approach while advancing the women's health agenda.
- Although the majority of health care is provided by women, both in the formal health care setting and in the informal sector and in the home, women's own health care needs are under-addressed, especially in rural and poor communities. The big challenge is therefore to instil awareness among them about modern health care systems and the necessity of taking care of one's own health.

CONCLUSION

Thus, the development process that brought far-reaching demographic, social and economic changes to post-independence India has not been as effective in improving women's health. Government initiatives and interventions have played a very important role in improving women's health care. However, improving the health status of Indian women will require increased levels of education as well as increased access to income and employment opportunities.

REFERENCES

1. Dube, S.C- Tradition and Development, Vikas publishing House, New Delhi, 1990.
2. Ghosh S.K-Indian Women Through the Ages, Ashish publishing house New Delhi-1989
3. Gulani, K.K. - Community Health Nursing principles and Practies, N.R. Brothers, Indore, 2004
4. Hate, Chandrakala. A - Changing Status of Women, Allied Publishers, Bombay, 1969.
5. Kramer,Laura – The Sociology of Gender, A Brief Introduction, Rawat Publications, Jaipur and New Delhi, 2001
6. Saha, Chandana - Gender Equality and Equality, Rawat Publications, Jaipur, 2003.
7. Singh,Yogendra: Modernization of Indian Tradition, Rawat Publication, New Delhi, 2002.

REPORTS AND ARTICLES

1. State Fact Sheet Karnataka -National Family Health Survey-4 Report of 2015-2016, Ministry of Health and Family Welfare, Government of India.
2. Framing Women's Health Issues in 21st Century India - A Policy Report, The George Institute for Global Health India, New Delhi. May 2016.
3. Report No. 15328-IN- India Issues in Women's Health January 25, 1996 Population and Human Resources, Operation Division, South Asia Country Department (Document of the World Bank)
4. WHO Road Map for Action (2014-2019)- Integrating Equity, Gender, Human Rights and social determinants into the Work of WHO. WHO, Geneva, 2015.
5. Shrivastava. Ramesh.C.: 'Women Empowerment and Good Governance' in "Prashasnika", Vol. XXXXIII, No. 2, July-Dec., 2014.

Citation: Dr. Suneetha.V. *Health Care Initiatives for Women. Int J Innov Stud Sociol Humanities. 2024; 9(1): 1-5.*
DOI: <https://doi.org/10.20431/2456-4931.090101>

Copyright: © 2024 The Author(s). This open access article is distributed under a Creative Commons Attribution (CC-BY) 4.0 license