



THE IMPACT OF MEDICAL SERVICES ON WOMEN: A STUDY IN KARIMNAGAR DISTRICT OF TELANGANA

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Abstract

The health of women is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. Women need to breach many social barriers to empower and to get access for quality health care services. Health seeking behavior is one of the important determinants of women health. It is very essential to identify and understand health seeking behavior in order to provide basic healthcare services and develop strategies for improving utilization of health services by the community particularly women. The health of women is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors.

Keywords: Health, Women, Services

Introduction

Health-oriented behavior is “any action or actions an individual takes to become aware of a health problem or illness and seek appropriate treatment.” Identifying and understanding health-related behaviors is critical to developing strategies to improve enrollment in Health care, especially for women. Women’s health is particularly concerned as it is discriminated against in many societies, mostly for socio-cultural reasons. Some socio-cultural factors, such as quality health care and unequal relationships between men and women, and social factors that reduce educational opportunities and income, can prevent women from achieving an optimal level of health. Customs, with special emphasis on their reproductive role Women and potential or actual experiences of physical, sexual, and emotional violence.

Historical perspective of health systems in India

He started his medical education in the ancient universities of Taxila and Nalanda and attained the rank of Doctor. The hospital system and facilities for men, women, and animals were created during the reign of Rahu (son of Buddha) and continued and expanded by King Ashoka; the next phase of Indian history (650 AD - 1850 AD) saw the rise and fall of the Mughal Empire. Muslim rulers invaded India around 1000 AD. The Arab system of medicine, known as Unani, evolved from Greek medicine and became part of Indian medicine with the political changes in India. A thousand years ago, the lamp lit by the ancient sages, education and health ceased, and ancient universities and hospitals disappeared.

Health system in India

India signed the Alma Ata Declaration in 1978, which promised “health for all” by 2000. It has become a symbol of human health and hope worldwide, especially in developing countries—distribution of supplies, hospitals, equipment, beds, etc. The number of health workers in rural and urban India varies greatly: 76.3% of the population lives in rural areas.



In India, 20 percent of the population has a network of doctors and primary care centers with an ineffective referral system. In contrast, fewer urban dwellers have fewer health centers and qualified staff. The layout of hospitals, care beds, ANMS, drugs, equipment, and referral services is clear. Infant and other health indicators like high mortality, birth rate, etc. The rural population reflects the severity of health problems in villages. The situation is worsening as the health department has not allocated funds in the five-year plan introduced by the government. Although health seems very important, sectors like education have received more allocations.

Women in India

Ladies and gentlemen, that word is very loud. Women have always played a bigger role than men, and it cannot be asserted that the world is beautiful, beautiful, and alive without the amazing achievements of women. There will be no room. When you raise a woman, you build a nation, and the truth is that women have always carried the burden of being wives, mothers, or sisters, and they don't need to be told that they fulfill those roles very well played. Men and women complement each other. While men care for external affairs, women are more responsible for internal affairs. You can find it in every possible place in human life. Women do not touch the male gender, which is an excellent sign of women's development. Urban women in India have always had many powers and privileges. Compared to women living in rural areas, rural women have developed faster, they have access to opportunities, better education, financial resources, and necessities of urban women, but they lack basic services. We are still at the stage of women's empowerment, but there are signs of slow progress. In recent years, India has been a male-dominated society. All books and even our Puranas

Women and Health Sector

Due to the poor image of India's health care system, consumers of the health system consider women in public and private health systems as mothers. Still, few EHPAD families reside primarily in maternity hospitals, so not much can be expected from the women's side. Women as mothers preventing them from becoming mothers are a major health problem. Private midwives target urban populations and the middle class (about 500 million women of childbearing age). At the same time, public health services provide family planning services to more than 10 million rural couples and one city. In the public sector, especially in rural areas, maternity care is provided mainly by public sector services, particularly by registered nurses such as assistant midwives (ANMs) and nursing assistants. It gives the benefits mentioned above, and some other temporary services, such as maternity care and abortion (both related to family planning), are not available to women with general health needs and are gender specific. Although professionals in the informal sector deal with the special needs of women, such as abortion, leukorrhea, mental health issues, etc., very few are discussed or debated.

Health of Indian Rural Women



With a population of 1,21,01,93,422, India is the second most populous country in the world, with females numbering 58,64,69,174 and males numbering 62,37,24,248. India has 16%. With only 2.4% of the world's land, the world's population puts enormous pressure on its natural resources. Currently, over 70% of India's population depends on the ground, of which 84% are working women. India is one of the few countries where men outnumber women, and this imbalance is increasing over time. Rural India has one of the highest maternal mortality rates in the world. Globally, India accounts for 19% of all live births and 27% of all maternal deaths. There seems to be a consensus about the scarcity of women in the population and high maternal and maternal mortality between the ages of one and five. Chatterjee (1990) estimates that 300,000 more girls than boys die each year in India, and six of those deaths can be attributed to gender discrimination alone. About 25% of the 15 million girls born in India yearly do not reach age 15. "Although India announced a formal family planning program in 1952, its population grew from 361 million in 1951 to 844 million in 1991. Rapid population growth created an urgent need for data during the six years of family planning—major objectives of the Eighth Five-Year Plan.

Statement of the Problem

Although health services are slowly expanding to rural villages, they must reach women, especially the illiterate. Due to a lack of education, there is no medical treatment from the government. Even today, many rural women rely on local doctors without medical training. If the condition of women is very bad, they are taken to the villages in the cities and examined and treated. He should end his life with village-level treatment if the condition is critical. Many incidents took place in Telangana state. The reason is that the state cannot provide health services to the poor people living in rural areas. Although the government is allocating some budget for the development of the health sector, the doctors need to show interest in the rural poor as they need to look at the expansion of the infrastructure.

Review of literature

Priyanka Dixit¹. (2017)¹, author of a study on the role of maternal and child care in contraceptive use in India. This study investigated the effects of early access to maternal and child health care and contraceptive use in the month after the last delivery. Data for the analysis came from the third round of the National Family Health Survey (NFHS) conducted in 2005-2006. This study showed that socioeconomic status influenced contraceptive use, and only 32% of women received this method within 6 months of delivery.

Woloski, Jason & Robertson-James, Candace & Reels, Serita & Núñez, Ana. (2014)² "Childcare Responsibilities and Women's Medical Care. *Journal of Women's Health Issues & Care*". Women are often considered the primary caregivers of their children and typically spend 50% more time than their male counterparts. This study used quantitative and qualitative methods to examine women's follow-up care responsibilities in routine and emergency care.

Sanjay K. Mohanty. (2012)³. studied high morbidity and maternal care in India. This study examined the relationship between multiple disabilities and the utilization of three maternal health services in India. The study contributed to three main outcomes: prenatal care, prenatal counseling, and health support during childbirth. According to the study, utilization of these services was lower among women who experienced all three levels of infertility.

Lewando Hundt et al (2012)⁴ noted in their study that there were accessibility issues related to distance and acceptance, a lack of local workers and women, cultural knowledge, and poor communication. They also found that providing affordable and accessible healthcare in rural areas is a challenge for healthcare providers and that developing collaboration among these healthcare providers can address these challenges in pastoral healthcare.

Meenakshi Gautham et al (2011)⁵ found that most rural residents enjoy primary health care and adequate services, including counseling and prescriptions. Non-certified allopathic practitioners (NDAPs) hold high standards of primary care, are not subject to a regulatory system, and, for the most part, are the first level of access.

Anne McDonald Culp et al (2007) found that children who received home care from child development professionals had better health and safety outcomes. Additionally, the authors strongly recommend implementing this program as part of new maternal and child health programs.

Frank Tanser (2006)⁶ found that building a clinic (website, according to PHIT) increases public accessibility by 3.6. The construction of the new clinics aims to improve the patient coverage rate (percentage of people in a 60-minute treatment) to 4.7. In addition, a Personal Itinerary (PHIT) model will be developed to enable planners to identify potential locations for new health facilities. Use GIS technology to locate new facilities to effectively accommodate primary care population growth.

Philip Gottlieb and others (2002)⁷. WHO guidelines for the evaluation of maternal health services applicable to developed countries. The purpose of this study was to review the data needed to quantify WHO maternal health care in Eritrea. The study shows that the Eritrean population is in poor health, with a mortality rate (IMR) of 114 per 1,000 live births and a mortality rate (IMR) of less than 1 per 1,000 live births. -A mortality rate of 195 per 1,000 live births (U5MR). 1000 live births in 1995

Rajna P.N. et al (1998) A mother's upbringing greatly influences a child's later behavior. While improving maternal education is one way to reduce infant mortality, improving maternal and child health care and access to clean water can reduce infant mortality in communities. Faster tax reduction is possible.

Paivi Rautava et al (1990)⁸, in a study of women's views on childbirth courses, found that postpartum women increased their knowledge, helped them cope with pregnancy and childbirth, and reduced anxiety. It helped, but little. What arrived needed to be updated, adequate, and better presented. Women wanted detailed information about normal and abnormal births and life at home after delivery.

Cleland J.G. et al (1988)⁹, in their study, most data from developing countries over the past twenty years found that maternal education strongly affects infant and youth



mortality. On average, increases in maternal education were associated with a 7% to 9% reduction in five-year mortality each year. The effect of education in infancy and later childhood is greater than in childhood.

Methodology

the study based on secondary data only which is available as journals, news papers, books and thesis.

Ethical considerations

Study participants were informed about the purpose and nature of the study, and informed consent was obtained before data collection.

Relevance to the practice of primary care physicians

Women's health should be prioritized at all stages of life as it is important to the child's and family's health. However, it is often overlooked due to various social reasons. Although the government has introduced many programs and schemes, these services are only available to some women. The Sustainable Development Goals (SDGs) include reducing maternal, infant, and under-14 mortality and ensuring universal access to sustainable sexual and reproductive health services in primary care. Ethicists play an important role in raising awareness and improving healthcare practices. This study may be useful to practitioners because it shows dimensions of behavior in women's health practice and health research. The study will also be useful in identifying the determinants of women's health behaviors and planning appropriate interventions to remove societal barriers and promote women's health.

Strengths and limitations

One of the strengths of this study is the investigation of rural women's behavior concerning health and its characteristics, which is important to identify barriers and improve women's health. However, some limitations cannot be noted, especially the small sample size limited to only 3 sites, which limits the generalizability of the results.

Declaration of patient consent

The authors confirm that they have received all relevant informed consent forms from which the patient consented to publish their photographs and other clinical information in the journal. Patients know that their names and initials will not be used and that every effort will be made to conceal their identity, but anonymity cannot be guaranteed.

Aims of the Study

This study focuses on the impact of health services on women: a case study in Karimnagar District, Telangana State.

Objectives of the study:

1. To assess healthcare-seeking behavior among rural women in Telangana.

2. To understand the impact of medical services on women: a study in Karimnagar district of Telangana state.
3. To determine the level of awareness among beneficiaries about services.
4. To find out the factors influencing the medical services for women.
5. To suggest measures to improve the impact of medical services on women based on the findings.

Conclusion

Midwives and gynecologists are important in formulating positive policies, guidelines, and laws to achieve the Millennium Development Goals. Where there are no Ministries of Health to ensure effective practice, there are courts, tribunals of opinion, and reports that show neglect of women's reproductive and sexual health, such as in Argentina and Mali.

Responsibility often means blaming and punishing. The United Nations Special Envoy for the Right to Health has clarified that the narrow interpretation of the term is limited. Accountability systems enable healthcare providers and patients to identify which healthcare policies and institutions are working and which are not, who is responsible, whether they worked, and if not, why not. The accounting process should be efficient, transparent, and accessible. Accountability is an important part of the legal framework for ensuring the health care of women employed by midwives and gynecologists and promoting women's sexual and reproductive health, as other responsible institutions have increased their legitimacy and effectiveness. With these steps, you have contributed to achieving the Millennium Development Goals.

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