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A Study on Role of Primary Health Centre in Providing Treatment to Rural Women of Jammu District, Jammu and Kashmir

Nancy

Abstract

Primary health care infrastructure has recorded an impressive development during the last 70 years of independence. Public health care infrastructure in India has made a remarkable and impressive development in the past six decades of India planning. The policy focused much on the improvement of rural health. The people living in the rural area are affected by numerous minor diseases such as fever, headache, stomach pain and body pain etc. and the major disease are anemia, heart attack, diabetes, cancer, hypertension and asthma etc. Primary Health Centre was normally expected to provide services around twenty four hours a day. Health care facility and services for women are broadly indicates life expectancy, strength, stamina, vitality of health care includes control and eradication of minor and major disease. Provision of basic medical health care services to vulnerable section of the society and the provision of sanitation, nutrition to prolong their life expectancy and equity in promotion of health. The demand for several health care need includes not only preventive and curative but also promotional facility. In this context the present study is intended to assess the role of Sungal Primary Health Centre on health rural women in Sungal Village, Jammu District, Jammu and Kashmir.

Keywords: Health, Women, PHCs, Health Seeking Behaviour, Health Status

INTRODUCTION

Health is a state of feeling well in body, mind and spirit, together with a sense of reserve power; based upon normal functioning of the issues, a harmonious adjustment to the environment. Health is not only basic to lead a happy life for an individual, but necessary for all productive activities in the society also very important. It is not possible for rural people to keep their health in good condition. Health status of population is now considered as an important indicator of development and it is seen as a development issue, rather than just medical one. Health is a basic need along with food, shelter, and education and is a precondition for productivity and growth both theoretical as well as empirical evidence clearly point towards a positive correlation between better health and socio-economic development.

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Health is a common theme in most cultures. In fact, all communities have their concepts of health, as part of their culture. In some culture, health and harmony are considered equivalent, harmony being defined as "being at peace with the self, the community, god and cosmos". The ancient Indians and Greeks shared this concept and attributed disease to disturbances in bodily equilibrium of what they called "humours". "Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity" (World Health Organization, 1994). "Health care is not only every one's right but everyone's responsibility too. Informed self-care should be the main goal of any health programme or activity. Ordinary people provided with clear, simple information can prevent and treat most common health problems in their won houses. Basic health care should not be delivered, but encouraged" (David Werner, 2012).

"What we need as much as more knowledge is a better understanding of why humans persist in defying well-established principles of good health"(Rollo E. Wicks, 1958). According to Mahatma Gandhi "Health means body easy. He is a healthy man whose body is free from all disease; he carrier on his normal activities without fatigue. Such a man should be able with easy to walk ten to twelve miles a day, and perform ordinary physical labour without getting tired. He can digest ordinary staple food. His mind and his sensor are in a state of harmony and poise. This definition does not include prizefighters and such like. A man with extraordinary physical strength is not necessarily healthy. He has merely developed his musculature, possibly at the expense of something else".

Women Health Issues in Global Context

Women's health issues have attained higher international visibility and renewed political commitment in recent decades. While targeted policies and programs have enabled women to lead their health lives, the significant gender-based health disparities remain in many countries, with limited access to the education or employment, even though high illiteracy rate and increasing poverty level are making health improvements for women exceedingly difficult.

The slogan, "Healthy Women; Healthy World" embodies the fact that as custodiansof family health, women play a crucial role in maintaining the health and well being of their communities.

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Health Status of Women in India

India is one of the few countries in the world where women and men have nearly the same life expectancy at birth. The fact that the typical female advantage in life expectancy is not seen in India suggests that there are systematic problems with women's health. Indian women have high mortality rates, particularly during childhood and in their reproductive years. The health of Indian women is intrinsically linked to their status in society. Many researchers on women's health status have found that the contributions of Indian women to make families often are overlooked, and instead they are viewed as economic burdens. Women's poor health leads to give birth to low weight infants. They also are less likely to be able to provide food and adequate care for their children. Every minute a women dies from complications related to pregnancy and child birth that means 1,600 deaths everyday-more than half a million deaths every year worldwide in addition, for every women who dies in child birth, around 20 more suffer injury, infection or disease approximately 10 million women each year (Myshkin Ingawale, 2011).

Without the health we cannot achieve anything in our life. Life is very important for everyone, but taking care of our health is also considered important. It is not possible for the rural women to keep themselves healthy with the barriers of poverty and illiteracy. The concern for the significance good and stable health status of women has gained lots of prominence recent times. The women in India pay more attention to family rather than their own well being. The poor health of Indian women has a great concern on both national and individual levels, very particularly those in the southern India, fare poorly.

Health System an Overview

India's health system is characterized by a large public and larger private sector. The public sector consists of a hierarchy of health facilities comprising of Sub-Centres, Primary Health Centres (PHC), Community Health Centres (CHC), district hospitals and specialty research hospitals. The private sector is largely unregulated and heterogeneous; it comprises of super specialty hospitals, nursing homes, clinics, trained practitioners of indigenous systems of medicine and traditional health care providers.

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Since health is a state subject in India's federal system, the respective state governments are responsible for administering and funding the public sector. Common norms guide the states resulting in similar public sector structures across the country. The central government, however, is also an important financier of health care. This is primarily done through centrally sponsored schemes through which health initiatives of national importance receive direct funding from the centre. Examples of these programs include, all the national disease control programs, the family planning program, the reproductive and child health program and, most recently, the National Rural Health Mission (NRHM). These programs, depending on the situation, have their own cadre of workers or fill vacancies in the public sector by hiring workers on contract or make use of the state level health workforce.

Rural Health Service

Rural health services in India were developed on the basis of the directions and guidance provided by the health survey and development committee (Bhore committee) of 1946. As per the recommendation of the Bhore committee it was proposed to establish a Primary Health Centre (PHC) to deal with medical care, maternal and child health, family planning. school health, health education, environmental sanitation, control of communicable disease, collection of vital statistics, active cooperation in the implementation of national programmes like malaria eradication, small-pox, control TB, leprosy and expanded nutrition programme.

The Rural Health Care System

The health care Infrastructure in rural areas has been developed in terms of three tier systems and is based on the following population norms, in a contemporary civilized society primary health care would play a significant role in promoting effective human development and is the backbone of the Indian health system.

Sub-Centre

The sub-centre is the most peripheral and first contact point between the primary health care system and the community. Each sub-centre is required to be manned by at least one Auxiliary Nurse Midwife (ANF) female health worker and one male health worker. One

Lady Health Visitor (LHV) is entrusted with the task of supervision of Sub-Centre. Sub-Centre are assigned task for rendering services in relation to maternal and child health, family welfare, nutrition immunization, diarrhea control and control of communicable disease programmes. The Sub-Centre are provided with basic drugs for minor ailments needed for taking care of essential health needs of men, women and children. As on March, 2017, there are 1, 56,231 Sub-Centre's functioning in the country.

Primary Health Centres (PHCs)

Primary Health Centre is the first contact point between village community and medical officer. The PHCs were envisaged to provide an integrated curative and preventive and primitive health care to the rural population. The Primary Health Centre are established and maintained by the state governments under the Minimum Needs Programme (MNP) / Basic Minimum Services programmes (BMS). As per minimum requirements, a PHC is to be manned by a medical officer supported by 14 paramedical and other staff. It acts as a referral unit for 6 sub-centres. It has 4-6 beds for patients. The activities of PHC involve curative, preventive, primitive and family welfare services, as on March 2017, there are 25,650 PHCs functioning in the country.

Community Health Centres (CHCs)

Community Health Centres are being established and maintained by the State Government under MNP/BMS programme. It is manned by four medical specialists i.e. Surgeon, Physician, Gynecologist and Pediatrician supported by 21 paramedical and other staff. It has 30 in-door beds with one OT, X-ray, Labour Room and Laboratory facilities. It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations. As on March, 2016, there were 5510 CHCs functioning in the country.

Health is a fundamental right. It is one of the subjects in the state and the lost of Indian constitution. State has the responsibility for delivering health care to its citizens; it is an essential factor for the human development. India is a country of villages whose 73 per cent population resides in rural areas. India has introduced public health care facilities at

large scale within the country covering every individual. But because of rapid growing population, development of health care sector has become great challenges. India can only make progress when its rural population remains healthy and contributes to the prosperity of the nation. This is a vital area and faces several problems which vast population scarcity of resources, non-availability of personal, infrastructure, lack of medicine, and unaffordable health care to the poor.

Significance of the Study

Primary health care infrastructure has recorded an impressive development during the last 70 years of independence. Public health care infrastructure in India has made a remarkable and impressive development in the past six decades of India planning. The policy focused much on the improvement of rural health. The people living in the rural area are affected by numerous minor diseases such as fever, headache, stomach pain and body pain etc. and the major disease like anemia, heart attack, diabetes, cancer, hypertension, asthma etc. Primary Health Centre was normally expected to provide services around twenty four hours a day. Health care facility and services for women are broadly indicates life expectancy, strength, stamina, vitality of health care includes control and eradication of minor and major disease. Provision of basic medical health care service, sanitation and nutrition to the vulnerable section of the society is to increase the life expectancy of people and equity in promotion of health. The demand for several health care needs includes not only preventive and curative but also promotional facility. In this context the present study is intended to assess the role of Sungal Primary Health Centre on health of rural women in Sungal Village, Jammu District, Jammu and Kashmir.

Objectives

1. To study the socio-economic characteristics of the sample population in the study area.
2. To examine the awareness level of rural women and general health habits with respect to personal hygienic practices in the study area.
3. To analyse the role of primary health centres on the health of rural women in the study area.

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Area of the Study and Sample Size

Sungal is a large village located in Akhnoor Tehsil of Jammu district, Jammu and Kashmir with total 1633 families residing. The Sungal village has population of 8090 of which 4198 are males while 3892 are females as per PopulationCensus2011. In Sungal village population of children with age 0-6 is 1000 which makes up 12.36 % of total population of village. Average Sex Ratio of Sungal village is 927 which is higher than Jammu and Kashmir state average of 889. Child Sex Ratio for the Sungal as per census is 754, lower than Jammu and Kashmir average of 862. Sungal village has higher literacy rate compared to Jammu and Kashmir. In 2011, literacy rate of Sungal village was 73.15 % compared to 67.16 % of Jammu and Kashmir. In Sungal Male literacy stands at 81.50 % while female literacy rate was 64.38 %. As per constitution of India and Panchyati Raaj Act, Sungal village is administrated by Sarpanch (Head of Village) who is elected representative of village. The main occupation of the village is agriculture and allied activities. For the present study the researcher collected data from 120 rural women chosen purposively, who ever available at the time of field work.

Research Design

The study is descriptive research in nature, because the characteristics, which are essential for the same like, observation, recording, analyse and interpretation of the conditions and the states of wants that exist at the present juncture have been covered.

Tools of Data Collection

The primary data have been collected through interview schedule and the data collected from the rural women were statistically processed and tabulated leading to analysis. In this process simple statistical techniques like averages and percentage were used. The secondary data have been collected from the records, documents and studies conducted from the books and periodicals.

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ANALYSIS AND INTERPRETATION OF DATA

Socio-Economic Condition of the Respondents

The socio-economic status is the indicator for among social science researcher to understand the respondent's personal profile, living arrangements and project their quality life. In the present study equal number of respondents belongs to the age between 25 years to 40 years. The education attainment is another major indicator that determines the social status. Hence, to understand the socio-economic status an examination of the educational attainment has become essential. Six out of ten of them illiterate and almost equal number of women belongs to the backward and schedule caste. The monthly income of the respondents refers to the income of the head of the family and the income of earning member of the family. Half of the women work as agricultural labour and less than four out of ten are home makers. Equal number of women (38.33%) earn between Rs. 4001-Rs. 8000 a month. Majority of women (90%) are married and part (94%) of nuclear family.

Key findings on Women's health and Primary Health Centers

The key providers of health care services generally classified into two categories namely the sources of government and the sources of private providers. The preference for health care provider is influenced by many factors such as, cost, distance, services, taking care, availability of medicine and other health infrastructures, etc. The women from the study area equally prefer Government (45%) and private hospitals (55%) for health care. They are aware about the facilities and functioning of PHC mostly through their family members (33%) and neighbors (29%). The awareness about the Government Health Insurance, little higher than fifty percent (56%) of them aware and utilize the facility and rest have no idea about the insurance.

Key Observations of the study

1. More than half (52.5%) of them in the study are suffering from Anemia.
2. All the respondents' house hold does not boil/filter the drinking water.
3. More than half (55%) of the respondents not visiting PHC, since the PHC located more than 5 km away from the Sungal village.
4. The reason quoted by the 57.75 percent of women for visiting the private and Christian hospital regularly is good care and quality services.

Conclusion

The rural people are aware about importance of health care; hence, they did not show interest for the proper treatment especially in the low-income people. However, economically sound are consumers of the private hospitals/clinic. The major setbacks identified in the health care scenario of rural India are lack of transport facilities to access care and ill equipped rural health centres to handle minor and major aliments, very specifically of maternal and child health care. To straight down the hurdles, the rural health care services should manned with medical officers and paramedics will increase the trust and pull the rural people towards public health care system. The major responsibility of the rural health care services is "health empowerment of women". Hence the empowerment of women in all respects is to empower the nation.

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