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"PRIMARY HEALTH CARE SYSTEM AND WOMEN'S HEALTH IN INDIA"

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ABSTRACT

The Alma Ata Declaration in 1978 gave an insight into the understanding of primary health care. It viewed health as an integral part of the socio-economic development of a country. The Declaration recommended that primary health care should include at least: education concerning prevailing health problems and methods of identifying, preventing and controlling them; promotion of food supply and proper nutrition, and adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; promotion of mental health and provision of essential drugs.

The aim of this article is to explain the issue of primary health care system in India. Through insight in to the programmes and policies are available for rural women's health. In this paper, we discuss various issues related to women health and also discuss about Social Work Response. In this paper authors has attempted to understand the role of Social Workers in primary health care system field.

KEYWORDS: *PHC (Primary Health centre), Social work, Women Health, Nutrition, Maternal Health.*

1.1 - Introduction

Health is the most important aspect for the survival of Human Beings. Gender differences in health status are significant. Women's health complications and issues are existed during all phases of life since childhood to old age. Women's health is an integrated concept and it involves various aspects like mental as well as physical and at all stages in life.

Good health is a fundamental goal of development as well as a means of accelerating it. Good health is a crucial part of well-being, but spending on health can also be justified on purely economic ground. "Improved health contributes to economic growth in four ways: It reduces production losses caused by worker illness; it permits the use of natural resources that had been totally or nearly inaccessible because of disease; it increases the enrolment of children in school and makes them better able to learn; and it frees for alternative uses resources that would otherwise have to be spent on treating illness"

1.2 – Methodology

This study is purely qualitative in nature and documentary analysis method applied by the researcher. So that we shall purposefully selected the related policy documents made by the governments and other apex bodies as primary sources. We shall try to critically highlight the major issues regarding the theme as enlightened in that policy documents. The data for the present study have been gleaned from the various sources which have been duly acknowledged. Information regarding literacy rate, gender gap, male and female ratio in education are obtained from Census Report of India- 2011, The Report on Selected

Health Statistics, Published by MHRD, Govt. Of India, 2014, and also from the 'EFA Global Monitoring Report 2013 - 2014' published by WHO, UNESCO etc.,

1.2.1 - Objectives of the Study

- To assess the primary health status of women in India.
- To study and compare the various dimension of health issues.
- To assess the impact of programmes and policies are available for rural women's health.
- To understand the role of Social Workers in Health Setting.

1.3 - Women's Health

Women's health care system in India can be studied I terms of multiple indicators such as by geography socio-economic status and culture practices of the people. Findings of the world economic forum states that. India is one of the worst countries in the world in term of gender disparities.

Gender is one of the social determinates of health status which comprises of social, economic and political factors, those are ply a pivotal role in the health outcomes of women's in India gender differentiation in the country negatively impacted on the health status of women.

Article 8 of the Indian constitution as amended on 8th Aug 1993, emphasized and ensured appropriate services on connation with pregnancy confinement and the Post-natal period. The universal Declaration of Human Rights (Article 15) States that " Everyone has the Rights to standard of living adequate for the health and well-beings of him/ herself and medical care and necessary social services Everyone has the rights to education and health" (what is foreign aid .2013)

Article 12 of the conversion on the elimination of all forms of discrimination against women (CEDAW) commits states parties to take "all appropriates measures to eliminates discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women access to health care services, including those related to family planning and to ensure to women appropriate services in connation with pregnancy. confinement and the Post-natal period, granting free services where necessary as well as adequate nutrition during pregnancy and lactation (www.un.org)Thus, all these observations indicates that women's health as an urgent agenda.

1.4 - Health care

The Dictionary meaning of health care is the prevention treatment and management of illness and the preservation of mental and physical well-beings through the services offered by the medical and health professions.

1.5 - Health care systems in India

As per constitution of India, health is a state subject every states has its own health care system. In each states there is a department of health and family welfare to deal with the state's healthcare where's at centre, there is ministry of health and family welfare responsible for the healthcare systems of the whole of India.

Table - 1
Population covered under SC, PHC, and CHC

Centre	Plain area	Hill/Tribal/Difficult area
1.Sub centre	5000	3000
2.primary health centre	30.000	20.000
3.community health centre	1.20.000	80.000

Source: Rural Health Statistics India -2012

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1.6 - Few Pregnant Women Receive Prenatal Care

The National Family Health Survey (NFHS) was conducted in 1992-93; it found that in the 4 years preceding the survey, 37 percent of all pregnant women in India received no prenatal care during their pregnancies (IIPS, 1995). The proportion receiving no care varied greatly by educational level and place of residence. Nearly half of illiterate women received no care compared to just 13 percent of literate women. Women in rural areas were much less likely to receive prenatal care than women in urban areas (42 percent and 18 percent, respectively). Thus, there is a definite need to educate women about the importance of health care for ensuring healthy pregnancies and safe childbirths. Another reason for the low levels of prenatal care is lack of adequate health care centers. It is currently estimated that 16 percent of the population in rural areas lives more than 10 kilometers away from any medical facility (Bhalla, 1995).

1.7 - Over 100,000 Indian Women Die Each Year from Pregnancy-Related Causes

Maternal mortality and morbidity are two health concerns that are related to high levels of fertility. India has a high maternal mortality ratio—approximately 453 deaths per 100,000 births in 1993.3 This ratio is 57 times the ratio in the United States. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) estimate that India's maternal mortality ratio is lower than ratios for Bangladesh and Nepal but higher than those for Pakistan and Sri Lanka (WHO, 1996). The level of maternal mortality varies greatly by state, with Kerala having the lowest ratio (87) and two states (Madhya Pradesh and Orissa) having ratios over 700 (Figure 3) (UNICEF, 1995). This differential maternal mortality is most likely related to differences in the socioeconomic status of women and access to health care services among the states. The high levels of maternal mortality are especially distressing because the majority of these deaths could be prevented if women had adequate health services (either proper prenatal care or referral to appropriate health care facilities) (Jejeebhoy and Rao, 1995). In fact, the leading contributor to high maternal mortality ratios in India is lack of access to health care (The World Bank, 1996).

1.8 - Mother's Education Strongly Related to Children's Malnutrition

Mother's education, according to the NFHS, is highly correlated with the level of malnutrition among children. Children of illiterate mothers are twice as likely to be undernourished or stunted as children whose mothers have completed at least high school. The differentials are even larger when severely undernourished children are considered. Children of illiterate mothers are three times as likely to be severely undernourished as children of mothers with at least a high school education.

2.0 - Suggestion of the research study

2.1 - Need of integration between preventive and curative health care services.

The basic objective of establishing PHCs is to provide preventive and promotive health care services. However this objective should not sideline the curative health care needs. The study reveals that the majority of the people choose private health care providers only because non availability of certain services in the PHCs. Therefore it is necessary to strengthen PHCs so as to provide essential services to the needy people.

2.2 - Need of increasing the number of PHCs.

Demand for health care services is growing with the increase in population. This has and would definitely increase the burden on PHC. To render quick and qualitative health care services, it would be better to progressively reduce the PHC population ratio by increasing the number off functional PHCs.

2.3 - Need of lady physicians in PHCs.

Majority of the female respondents demand lady doctors in PHCs. The respondents feel very comfortable to discuss with a lady doctor.

2.4 - Need of Gynaecological Services and MTP Services at PHCs.

A rural woman cannot go to city to consult experts for her gynaecological needs. Cost, distance and poor economic condition of the households check their mobility. Similarly removal of unwanted pregnancy or obstructed pregnancy threatening the life of the expectant mother needs MTP (Medical Termination of Pregnancy) Services. These facilities are found to be not available in any of the PHCs in the study areas.

2.5 - Effective Implementation of Family Planning Services.

Growth in population is a major hurdle in the process of economic development. Government has given a top priority to the family planning programmes by making it an integrated part of MCH (Mother and Child Health) activities of PHCs.

2.6 - Provision of Reproductive and Child Health Care Facilities.

National health care policy aims at, providing hundred percent coverage of expectant mothers for prenatal care, postnatal care and natal care facilities.

3.0 - Social Work Intervention

The term 'social work intervention' usually describes work undertaken with individuals, families, groups and communities. Successful social work includes the capacity to work effectively within organisations and across organisational boundaries. Professional social workers and social work institutions have long been involved in the field of health, social welfare and in the prevention and control of major social evils. Generally speaking, professional social workers have commitment, knowledge, techniques and skills to deal with human and their situations. From its beginnings in the general hospital setting in the late 1800s, social work in health care, that is, medical social work, has expanded into multiple settings of health care, and the role of the social worker from being a nurse to requiring a Master's Degree in Social Work (MSW) from a university. However, the broad function of social work in health care remains much the same, that is, "to remove the obstacles in the patient's surroundings or in his mental attitude that interfere with successful treatment, thus freeing him to aid in his own recovery" (Cannon, 1923. p 15). Health care social workers are trained to work across the range of "methods," that is, work with individuals, small groups, and communities (social work "methods" are called "casework", "group work" and "community organization").

Social specialists assume a basic job in clinic settings by helping patients and families address the effect of sickness and treatment. Colossal pressure frequently originates from hospitalizations that are sudden and, now and again, identified with disastrous disease or damage. Stressors, for example, diminished individual control, data over-burden, change in practical capacity and decreased monetary assets, can prompt a scope of passionate reactions, for example, uneasiness, outrage, and gloom. Social laborers, as a feature of the human services group, give appraisal and suitable mediations to help the patient in accomplishing ideal recuperation/restoration and personal satisfaction. This incorporates augmenting the advantage the patient and family get from their therapeutic medications and progressing to chance decreased, auspicious release. Social specialists frequently have particular mastery in regions, for example, general drug, crisis work, pediatrics, geriatrics, oncology, nervous system science, psychiatry, and palliative and end-of-life care.

What Services Do Social Workers Provide in health setting?

Social specialists in human services generally give singular, couple, gathering and family advising, emergency mediation, persistent/family training, asset referral and backing, in inpatient and outpatient settings. Since social specialists can give both psychosocial care and different administrations to the patient and family, duplication of administrations is lessened. A commonly created consideration plan for every patient/family depends on skilful psychosocial appraisal. Conference with therapeutic and associated wellbeing experts is verifiable in creating and actualizing treatment designs. Social work administrations can incorporate all or a portion of the accompanying:

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Psychosocial Assessment: screen for high-hazard; decide require/qualification for administrations; recognize qualities/adapting limits; evaluate casual system of help.

Advising/Psychotherapy: evaluate job of passionate and social/social factors on wellbeing status and conduct and give fitting intercession; improve adapting limits identified with sentiments of misfortune, misery and job changes; survey and mediate identified with emotional wellness concerns, for example, tension, sadness, outrage administration.

Persistent/Family Education: instruct patients and families to encourage comprehension of doctor's facility forms; increment comprehension of sickness/inability on connections; and encourage life advances when wellbeing conditions require an adjusted way of life.

Asset Counseling and Discharge Planning: recognize and deliver obstructions to release; find assets; distinguish alternatives and accessible backings; encourage referrals and applications to government/network organizations; advocate for access to assets; arrange referrals or potentially situation designs; help patient and family to candidly get ready for advances; anticipate readmissions for non-therapeutic reasons.

Steady Care to Outpatients: help outpatients to recognize and get suitable assets and backings, consequently empowering expanded consistence with treatment and avoiding emergency or superfluous clinic affirmation. Interview: give skill/fill in as an asset to interdisciplinary groups.

CONCLUSION

Research thinks about outline demonstrates that while the strength of young ladies and ladies has much enhanced in the course of recent years, the additions have been unevenly spread. In numerous parts of the world, ladies' lives, from youth to maturity, are lessened by preventable ailment and sudden passing. This article features the shared traits in the wellbeing challenges confronting ladies in India yet in addition attracts thoughtfulness regarding the distinctions that emerge from the shifted conditions in which they live. The article puts forth the defense that tending to ladies' wellbeing is an important and viable way to deal with reinforcing wellbeing frameworks by and large – activity that will profit everybody. Essential medicinal services – with its emphasis on value, solidarity and social equity – offers a chance to have any kind of effect. Enhancing ladies' wellbeing matters to ladies, to their families, and to networks and social orders on the loose.

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