



Rural Women's Perceptions And Awareness Of Health Issue.

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Abstract: A United Nations assessment on healthcare found that even while just 27% of Indians reside in metropolitan areas, nearly 75% of the country's healthcare infrastructure, including medical professionals and physicians, is concentrated there. According to a KPMG analysis published in 2017, India has more physicians than the average country in the world, yet 74% of them only serve 442 million people, or a third of the country's urban population. According to figures from the government's department of health and family welfare, there are 81% too few doctors in the country to staff rural community health facilities, and 63% of hospital beds are owned by private companies. The availability of primary healthcare services is very low in remote village areas, despite the government's active efforts to improve the current health care systems by opening primary health centres and providing free medical amenities to rural poor women and children. The Indian government's budget forecasts a noticeable increase in spending on health of more than 27%. The budget forecast for 2017–18 has been raised to a net amount of Rs. 47,352.51 crore, up from Rs. 37,061.55 crore in 2016–17. This will promote the national health mission and make tertiary care, medical education, and human resources more visible. Due to diverse social and economic factors, the needs for health care are different for the rural population than they are in the cities. The rural people, and especially women, are heavily involved in the labour movement for agriculture, but there are numerous difficulties, including problems with agriculture, health concerns, a lack of sufficient elementary education, and a lack of understanding of many government programmes and advantages. Based on the aforementioned difficulties, the current study attempts to determine how women in rural Agra district, Uttar Pradesh, India, perceive and are aware of health issues. The study's findings revealed that the respondents had a thorough understanding of health-related issues and were aware of the numerous government programmes and programmes aimed at assisting rural women and children in leading healthier lives.

Keywords: Awareness, Perception, Health issues, government initiative and Development of rural women.

INTRODUCTION- According to the 2011 Census, there are 121 crore people living in India, of which 83.3 crore (68.84%) live in rural areas and 37.7 crore (31.16%) live in urban areas. The majority of the population, it is clear, resides in rural areas. Since independence, the Indian government has chosen to give its public health care system the most attention possible in order to provide preventative, promotion, healing, and specialised services while also taking into account the delivery of services to the people and the socioeconomic structure of the society. With the creation of Sub Centres (SCs), Primary Health Centres (PHCs), and Community Health Centres (CHCs), India chose to implement a three-tiered health care system to serve its rural population. In order to provide a range of healthcare services to the rural population and to take a closer look at the socioeconomic determinants of health, a network for primary health care was driven to be established (Shashi Rani 20117).

The Future of Information Technology in Rural Healthcare- The only way to provide rural women and children in India a shred of hope is to put into practise a redefined strategy with a series of suitable measures that will ensure the sustainability of rural healthcare schemes. According to health officials, this concept may also appeal to the commercial sector, where investors may be interested in gaining a stake in isolated diagnostics, telemedicine, and other linked amenities for rural healthcare. With software applications being employed for social sector systems on a global scale, information technology may play a significant role in advancing access to healthcare in rural areas. hospitals accepted into the government insurance programme, as well as medical equipment facilitated and connected to district servers. Beneficiaries can receive healthcare services at any hospital that has been granted an accreditation by using a smart card. For this, more upscale private hospitals are needed in the countryside. The national budget for 2017–18 increased funding for rural health by almost 27%, which is a significant incentive. However, this initiative can only result in significant change if the private sector contributes a similar amount to improve rural health among women and children in India.

Ayushman Bharat – Rural Healthcare Redefined- Although all impoverished families are covered by the RashtriyaSwasthyaSurakshaYojana (RSSY), they do not really benefit from it since the healthcare facilities in rural regions are inadequate, requiring them to go to metropolitan areas. But this year, the government boosted the yearly cap per family from Rs. 30,000 to Rs. 100,000, plus an additional Rs. 30,000 for older folks. According to administrators' calculations, it would cost between Rs. 2,460 crore and Rs. 3,350 crore to enrol all households in the nation below the poverty line in health insurance plans. Governments in South Indian states like Tamil Nadu, Karnataka, and Andhra Pradesh have implemented cashless health insurance programmes that greatly assist the rural populace. The Ayushman Bharat universal health protection programme was introduced by the national government this year.

Objectives

1. To identify the awareness on key health issues related to women and general health issues relating to women and children in rural area.
2. To find out the perception of women about the various government schemes and initiatives for tackling health issues in rural area.

This paper is based on secondary sources of data. An extensive literature survey has been done. Secondary data is collected from different sources including books, research papers and websites used for the purpose of study.

Statement of the Problem-Following a review of the literature, the researchers determined and presented the study's research issues. The difficulty with the government health care programme in rural areas is that there are many gaps in primary health services and the medical facilities are mostly urban in nature. The differences in health status between urban and rural areas are caused by a number of factors, including the accessibility, affordability, and availability of health amenities, one's level of literacy and education, poverty, one's employment and source of support, one's income and family size, one's food intake and nutritional status, one's housing, one's access to fresh water and sanitation facilities, and one's housing situation. These elements directly affect how rural residents' health is affected. In addition, maintaining a higher standard of living depends heavily on one's health. Numerous groups of poor people in India are still struggling to survive and stay healthy. The issues start even before delivery since the mother's malnutrition reduces the foetus's chances of living. Even with global advancement, a growing number of child fatalities take place in Southern Asia and Africa. With the exception of malaria and tuberculosis, the prevalence of major infectious illnesses has decreased globally since 2000, although many parts of the world, including India, continue to face challenges from these and other diseases. Lack of access to basic healthcare, close proximity to medical facilities, poor sanitation and hygiene, water-borne illnesses, and critical issues affecting women and children are the top health concerns in rural India.

Health Schemes for Rural Women

- Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), provides health coverage of up to Rs 5 lakh per family per year to around 10.74 crore poor and vulnerable families in the country as per Socio Economic Caste Census (SECC).
- Surakshit Matritva Aashwasan (SUMAN) provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
- Janani Suraksha Yojana (JSY), a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- Under Janani Shishu Suraksha Karyakram (JSSK), every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, other consumables & diet.
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

Conclusions- The study reach the conclusion that, as a result of the government's heightened attention to the sector in recent years, healthcare delivery in rural India is now ideally positioned to experience transformation at all of its stages, including prevention, diagnosis, and treatment. When the public and private sectors work together to close the gaps and make sure that medical staff are deployed in sufficient numbers in rural India so that the rural women receive full advantages and are fully informed of government plans and initiatives, the true transformation will occur. Additionally, the study's findings suggest that in order to change the current situation, the issue of rural health must be addressed holistically at both the macro (national and state) and micro (district and regional) levels, with sincere efforts to put the poorest members of society at the centre of fiscal policies. To address the demands of the rural people, a paradigm change from the existing "biomedical model" to a "sociocultural model" is necessary. The current situation calls for a completely updated national health strategy that addresses the current disparities and works to advance a long-term perspective plan specifically for rural health. Instead than emphasising universal coverage in terms of quantity, policymakers should concentrate more on providing high-quality healthcare for rural women. Above all, the government must increase financial allocation and infrastructure development in accordance with demand and need in order to offer equitable and fair health care to rural women.

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