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HEALTH CARE UTILIZATION AMONG RURAL WOMEN- A CASE STUDY IN KARNATAKA

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ABSTRACT India was one of the pioneers in health service planning with a focus on primary health care. In 1946, the Health Survey and Development Committee, headed by Sir Joseph Bhore recommended establishment of a well-structured and comprehensive health service with a sound primary health care infrastructure. This report not only provided a historical landmark in the development of the public health system but also laid down the blueprint of subsequent health planning and development in independent India.

Health can be defined variously as absence of disease, ability to perform one's roles and based on one's own opinion about has health varying from poor to excellent. Health is not a uni-dimensional but it is a multidimensional concept. Majority of the health care needs of the population is taken care of by the trained health personnel at the primary health care level. Those requiring specialized care are referred to secondary or tertiary care. Thus, the three-tier system consisting of Primary, Secondary and Tertiary care facilities with adequate referral linkages will provide essential health and family welfare services to the entire population.

KEYWORDS : Health, PHC, rural women

Introduction:

Health is an important asset of a community and healthy community is the foundation of strong nation**.**Thus it is important for the development of any community or nation.Thus it can be said that health of an individual is more important than any form of investment. Health in general means that, state of being in which all the parts and organs are sound and in proper condition. World Health Organization define health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or physical infirmity"**.**According to **Webster's dictionary** "the condition in which its functions are duly and efficiently discharged"**.** In medical model health is defined as the 'absence of disease'. The presence of any disease condition is determined by reports from the patient, observation by the health practitioner or medical tests.

Health is a major issue in every society, whether they rely on shamans, barber, surgeons, magic, rituals, herbs or hospitals, people in all societies develop cultured patterns to cultural patterns to cope up with sickness and death.Thus every society has its own system of medicines and own way to get relief from the disease. Medicine has moved from organism to organ and from organ to cell and from the cell to molecular properties. Despite spectacular bio-medical advances and massive expenditures, the death rate and the life expectancy in the developed countries have remained unchanged. Medicine, as practiced today has begun to be questioned and criticized. High technology medicine seems to be getting out of hand and leading health systems in wrong directions.

The district health office is the nerve center of the health care delivery system. It acts as an intermediary between the state and the grass root level health organizations. The District Health Officer provides leadership to the district health care delivery system and functions under the supervision and controls the chief enforcement officer of Zilla Panchayat. Health infrastructure in rural areas is of prime importance for attaining the goal of 'Health for All'. PHC is the facility at the first contact level and seeks to provide a full range of health promotion and preventive services, as well as curative care, limited to ambulatory patients. The PHC has a multidisciplinary team capable of providing this range of services.

There is an increasing concern about the cost and allocation of health resources, but the efficacy of modern medicine is fundamentally questioned through various points of view. Contemporary medicine is no longer solely an art and science for the diagnosis and treatment of diseases. It is also the science for prevention of disease and promotion of health. With increasing recognition of the failure of existing health services to provide health care, alternative ideas and methods to provide health care have been considered and tried in large scale in the recent past; likely Ayurveda, Yoga System, Unani System,**Naturopathy,**Siddha System and Homoeopathy etc.,

In India with the recommendation of Bhore committee in 1946 the concept of PHC came into existence. To provide comprehensive, curative and preventive health services in rural areas this committee recommended. Further government of India expanded the facilities at PHCs as it provides family planning and programmes of controlling communicable diseases and increases the number of sub-centres under each PHC and many health workers were also provided. Initially all these programs run independent of each other and staff recruited under each programs.

Anuradha Mathu's article ***Women's Health –A Major area of Concern*** published in social welfare April 2005 issue provides a birds' eye view of the condition of women's health state initiatives and recommendations for improving implementation of health services. This article opines that the women as vulnerable group with regard to health status by virtue of their physical, mental, social, spiritual and economic status.

V.Mohana Rao in the article entitled ***Rural Health Facilities*** published in Kurukshetra, October 2005 issue described the National Rural Health Mission programme started in April 2005 and planned to operate till 2012. The Government of India launched the programme to improve the quality of life of its people. It also provides the estimated fact that around 20% of the country's requirement of health care is met through public health care systems.

Importance of the study:

In our society women report themselves ill more often than men. During the reproductive years' adult women expected to increased utilization of health services. Even excluding the reproductive age women's illness experience is more than that of men.In any society women's health is the key to the general health of the group. Because, they have their own health problems and the major challenges they face during everyday life.

The main focus of the present study is on healthcare system among rural women, with special reference to Bhadravathi Taluk in Karnataka.

As present case study is having following objectives.

- To know about the role of PHC's in providing health care services.
- To know the rural women's knowledge and the utilization of facilities of PHCs

- To know about the medicines and other facilities available for rural women in PHCs,

As the present study aims to study the socio- economic and health of rural women in rural areas, sample survey was made to collect the primary data. That is the researcher chosen five villages from one PHCs, that is B R Project (Singanamane) at Bhadravathi Taluka of Shivamogga District. The total sample size of this study is 50 respondents.

Religion wise classification

Unity in diversity is the important feature of our country. It includes people from different religious background. Hence it is necessary to study the religious background in any study.

Table no. 1 Religion wise of the Respondents

Religion	Frequency	Percentage
Hindu	35	70.00
Islam	11	22.00
Christian	04	08.00
Total	50	100.00

The above table shows that 70 percent of the total members belong to Hindu religion. As they form majority in our country. Members belong to Islam constitute 22 percent and the rest of 08 percent of women are of Christian religion.

Details about the distance and marital status

10 percent of the total members have PHC as near as less than 01 km. From their home or their village and 07 i.e., 14 percent of total members have PHC only 01 to 02 km away from home. The same ratio 78 percent of total members have PHC s as far as more than 03-06km from their village. Thus it is clear that people need not go too far away to reach PHC.

It is evident that of the 50 members except 14 all 36 members are married. It shows that the ratios of married women visiting health centres are more than unmarried.

Details about the facilities at PHC

PHCs are established to provide health service to the rural poor. It is necessary to evaluate the facilities rendered by these PHCs and quality of these facilities.

Table No.2 Facilities available in the Primary Health Centres

Facilities	Yes	No	If yes				Frequency & Percentage
			Excellent	Good	Average	Bad	
Availability of physician	40 (80.00)	10 (20.00)	--	24 (60.00)	11 (27.50)	05 (12.50)	40 (100.00)
Availability of staff	45 (90.00)	05 (10.00)	--	32 (71.11)	09 (20.00)	04 (08.89)	45 (100.00)
Medicines	30 (60.00)	20 (40.00)	--	19 (63.33)	08 (26.67)	03 (10.00)	30 (100.00)
Clean and hygiene	32 (64.00)	18 (36.00)	02 (06.25)	17 (53.12)	07 (21.88)	06 (17.75)	32 (100.00)
Furnitures	38 (76.00)	12 (24.00)	--	23 (60.53)	12 (31.58)	03 (07.89)	38 (100.00)
Building	42 (84.00)	08 (16.00)	01 (02.38)	31 (73.80)	18 (42.86)	02 (04.76)	42 (100.00)
Experienced Nurses	33 (66.00)	17 (34.00)	06 (18.19)	13 (39.40)	06 (18.19)	07 (21.22)	50 (100.00)
Health Education	32 (64.00)	18 (36.00)	03 (09.38)	21 (65.62)	05 (15.62)	03 (09.38)	50 (100.00)
Immunisation	30 (60.00)	20 (40.00)	--	18 (60.00)	07 (23.34)	05 (16.56)	50 (100.00)
Creating awareness about Family Planning Programme	35 (70.00)	15 (30.00)	07 (20.00)	21(60.00)	07 (20.00)	--	50 (100.00)
Maternity Facility	20 (40.00)	30 (60.00)	--	11 (55.00)	06 (30.00)	03 (15.00)	50 (100.00)
Treatment during emergency	18 (36.00)	32 (64.00)	--	08 (44.44)	05 (27.78)	05 (27.78)	50 (100.00)

From analyzing the views of women we can come to conclusion that facilities at PHCs are only nominal on the papers only but in reality it is not like that. PHC staffs are not available even since morning to evening as most of them are not residing at the place of their posting but residing in nearby towns. Most of their time and energy spends in traveling.PHCs are not working 24-07 as problems may occur any time. Most of the women are of the opinion that PHCs are not conducting health education and awareness programmes. Community members and particularly women and other organisations less often participate in the health education and awareness programmes conducted by PHCs.

Rural women opined that they are in need of lady physicians, better maternity facility and good building and adequate staff so that they may not wait for hours together to get treatment. It is clear from the study that PHCs are not providing qualitative service it fails in its goal of improving the health status of the rural people particularly of women. Emergency care facility is also very poor in PHCs although facilities are not adequate, they are not partial in providing treatment.It is very important to take care of the health of women. Rural women are more vulnerable to diseases because of poverty, illiteracy. Therefore, they are in more need of public health care centres that cost less. PHC provide cost-effectives healthcare to the population in general and women in particular.

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