



WOMEN'S VOLUNTARY ACTIVITIES ON WOMEN HEALTH: DEMYSTIFYING HUMAN DISEASES

Sociology

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ABSTRACT

Health is one of the most important indicators of development in the society. The present paper deals with the importance of women's voluntary activities on health and how the activities being demystifying the human diseases within the society as well as to improve the public health in the near future. Women's health refers to the health of women, which differs from that of men in many unique ways. Women's health is an example of population health, where health is defined by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Often treated as simply women's reproductive health, many groups argue for a broader definition pertaining to the overall health of women, better expressed as "The health of women". These differences are further exacerbated in developing countries where women, whose health includes both their risks and experiences, are further disadvantaged. Although women in industrialised countries have narrowed the gender gap in life expectancy and now live longer than men, in many areas of health they experience earlier and more severe disease with poorer outcomes. Gender remains an important social determinant of health, since women's health is influenced not just by their biology but also by conditions such as poverty, employment, and family responsibilities. Women have long been disadvantaged in many respects such as social and economic power which restricts their access to the necessities of life including health care, and the greater the level of disadvantage, such as in developing countries, the greater adverse impact on health.

KEYWORDS

Health, Diseases, Voluntary, Community Participation etc.

1. OBJECTIVES OF THE STUDY:

To explore the importance of voluntary involvement of women on health;

To analyse and discuss the various form of voluntary involvement of women on women's health activities etc.

2. RESEARCH METHODOLOGY:

Focus group discussion with the voluntary participants' women, Interview with the key persons like health officials, community leaders, reviewed literatures etc. And, the present study used both the published and unpublished materials pertaining to the present study.

3. INTRODUCTION AND CONCEPTUAL FRAMEWORK:

The present paper deals with the importance of women's voluntary activities on health and how the activities being demystifying the human diseases within the society as well as to improve the public health in the near future. As, we all know that Health is one of the most important indicators of development in the society. Moreover, women health is health of the society. Healthy mother give birth healthy babies in the society. Women's health refers to the health of women, which differs from that of men in many unique ways. Women's health is an example of population health, where health is defined by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Often treated as simply women's reproductive health, many groups argue for a broader definition pertaining to the overall health of women, better expressed as "The health of women". These differences are further exacerbated in developing countries where women, whose health includes both their risks and experiences, are further disadvantaged. Although women in industrialised countries have narrowed the gender gap in life expectancy and now live longer than men, in many areas of health they experience earlier and more severe disease with poorer outcomes. Gender remains an important social determinant of health, since women's health is influenced not just by their biology but also by conditions such as poverty, employment, and family responsibilities. Women have long been disadvantaged in many respects such as social and economic power which restricts their access to the necessities of life including health care, and the greater the level of disadvantage, such as in developing countries, the greater adverse impact on health. Women's health refers to the health of women, which differs from that of men in many unique ways. Women's health is an example of population health, where health is defined by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Often treated as simply women's reproductive health, many groups argue for a broader definition pertaining to the overall health of women, better expressed as "The health of women". These differences are further exacerbated in developing countries where women, whose health

includes both their risks and experiences, are further disadvantaged. Although women in industrialised countries have narrowed the gender gap in life expectancy and now live longer than men, in many areas of health they experience earlier and more severe disease with poorer outcomes. Gender remains an important social determinant of health, since women's health is influenced not just by their biology but also by conditions such as poverty, employment, and family responsibilities. Women have long been disadvantaged in many respects such as social and economic power which restricts their access to the necessities of life including health care, and the greater the level of disadvantage, such as in developing countries, the greater adverse impact on health. Women's reproductive and sexual health has a distinct difference compared to men's health. Even in developed countries pregnancy and childbirth are associated with substantial risks to women with maternal mortality accounting for more than a quarter of a million deaths per year, with large gaps between the developing and developed countries. Co morbidity from other non reproductive disease such as cardiovascular disease contributes to both the mortality and morbidity of pregnancy, including preeclampsia. Sexually transmitted infections have serious consequences for women and infants, with mother-to-child transmission leading to outcomes such as stillbirths and neonatal deaths, and pelvic inflammatory disease leading to infertility. In addition infertility from many other causes, birth control, unplanned pregnancy, and the struggle for access to abortion creates other burdens for women.

Women's experience of health and disease differ from those of men, due to unique biological, social and behavioural conditions. Biological differences vary from phenotypes to the cellular biology, and manifest unique risks for the development of ill health. Women's health has been described as "a patchwork quilt with gaps". Although many of the issues around women's health relate to their reproductive health, including maternal and child health, genital health and breast health, and endocrine (hormonal) health, including menstruation, birth control and menopause, a broader understanding of women's health to include all aspects of the health of women has been urged, replacing "Women's Health" with "The Health of Women". The WHO considers that an undue emphasis on reproductive health has been a major barrier to ensuring access to good quality health care for all women. Conditions that affect both men and women, such as cardiovascular disease, osteoporosis, also manifest differently in women. Women's health issues also include medical situations in which women face problems not directly related to their biology, such as gender-differentiated access to medical treatment and other socioeconomic factors. Women's health is of particular concern due to widespread discrimination against women in the world, leaving them disadvantaged.

A number of health and medical research advocates, such as the

Society for Women's Health Research in the United States, support this broader definition, rather than merely issues specific to human female anatomy to include areas where biological sex differences between women and men exist. Women also need health care more and access the health care system more than do men. While part of this is due to their reproductive and sexual health needs, they also have more chronic non-reproductive health issues such as cardiovascular disease, cancer, mental illness, diabetes and osteoporosis. The life-course perspective is one of the key strategies of the World Health Organization.

4. Global Perspective:

Gender differences in susceptibility and symptoms of disease and response to treatment in many areas of health are particularly true when viewed from a global perspective. Much of the available information comes from developed countries, yet there are marked differences between developed and developing countries in terms of women's roles and health. The global viewpoint is defined as the "area for study, research and practice that places a priority on improving health and achieving health equity for all people worldwide". In 2015 the World Health Organization identified the top ten issues in women's health as being cancer, reproductive health, maternal health, human immunodeficiency virus (HIV), sexually transmitted infections, violence, mental health, non communicable diseases, youth and aging.

5. Life Expectancy:

Women's life expectancy is greater than that of men, and they have lower death rates throughout life, regardless of race and geographic region. Historically though, women had higher rates of mortality, primarily from maternal deaths (death in childbirth). In industrialised countries, particularly the most advanced, the gender gap narrowed and was reversed following the industrial revolution. Despite these differences, in many areas of health, women experience earlier and more severe disease, and experience poorer outcomes.

Despite these differences, the leading causes of death in the United States are remarkably similar for men and women, headed by heart disease, which accounts for a quarter of all deaths, followed by cancer, lung disease and stroke. While women have a lower incidence of death from unintentional injury (see below) and suicide, they have a higher incidence of dementia.

The major differences in life expectancy for women between developed and developing countries lie in the childbearing years. If a woman survives this period, the differences between the two regions become less marked, since in later life non-communicable diseases (NCDs) become the major causes of death in women throughout the world, with cardiovascular deaths accounting for 45% of deaths in older women, followed by cancer (15%) and lung disease (10%). These create additional burdens on the resources of developing countries. Changing lifestyles, including diet, physical activity and cultural factors that favour larger body size in women, are contributing to an increasing problem with obesity and diabetes amongst women in these countries and increasing the risks of cardiovascular disease and other NCDs.

Women who are socially marginalized are more likely to die at younger ages than women who are not. Women who have substance abuse disorders, who are homeless, who are sex workers, and/or who are imprisoned have significantly shorter lives than other women. At any given age, women in these overlapping, stigmatized groups are approximately 10 to 13 times more likely to die than typical women of the same age.

6. Social And Cultural Factors:

Women's health is positioned within a wider body of knowledge cited by, amongst others, the World Health Organization, which places importance on gender as a social determinant of health. While women's health is affected by their biology, it is also affected by their social conditions, such as poverty, employment, and family responsibilities and these aspects should not be overshadowed.

Women have traditionally been disadvantaged in terms of economic and social status and power, which in turn reduces their access to the necessities of life including health care. Despite recent improvements in western nations, women remain disadvantaged with respect to men. The gender gap in health is even more acute in developing countries where women are relatively more disadvantaged. In addition to gender

inequity, there remain specific disease processes uniquely associated with being a woman which create specific challenges in both prevention and health care.

Even after succeeding in accessing health care, women have been discriminated against, a process that Iris Young has called "internal exclusion", as opposed to "external exclusion", the barriers to access. This invisibility effectively masks the grievances of groups already disadvantaged by power inequity, further entrenching injustice.

Women's health is an issue which has been taken up by many feminists, especially where reproductive health is concerned and the international women's movement was responsible for much of the adoption of agendas to improve women's health.

7. Biological Factors:

Women and men differ in their chromosomal makeup, protein gene products, genomic imprinting, gene expression, signalling pathways, and hormonal environment. All of these necessitate caution in extrapolating information derived from biomarkers from one sex to the other. Women are particularly vulnerable at the two extremes of life. Young women and adolescents are at risk from STIs, pregnancy and unsafe abortion, while older women often have few resources and are disadvantaged with respect to men, and also are at risk of dementia and abuse, and generally poor health.

8. Reproductive And Sexual Health:

Women experience many unique health issues related to reproduction and sexuality and these are responsible for a third of all health problems experienced by women during their reproductive years (aged 15–44), of which unsafe sex is a major risk factor, especially in developing countries. Reproductive health includes a wide range of issues including the health and function of structures and systems involved in reproduction, pregnancy, childbirth and child rearing, including antenatal and parental care. Global women's health has a much larger focus on reproductive health than that of developed countries alone, but also infectious diseases such as malaria in pregnancy and non-communicable diseases (NCD). Many of the issues that face women and girls in resource poor regions are relatively unknown in developed countries, such as female genital cutting, and further lack access to the appropriate diagnostic and clinical resources.

9. Maternal Health:

Pregnancy presents substantial health risks, even in developed countries, and despite advances in obstetrical science and practice. Maternal mortality remains a major problem in global health and is considered a sentinel event in judging the quality of health care systems. Adolescent pregnancy represents a particular problem, whether intended or unintended, and whether within marriage or a union or not.

10. Suggestions And Recommendations:

Above discussion the study may concluded that women health is more important than men's health. So, Equal importance should be given to all men and women. It is rightly said that a healthy mind keeps the body healthy. The stress should be given to the importance of a healthy life style, positive thinking, health seeking behaviour and positive coping mechanism attitude.

The following are the some important suggestion and recommendations of the present study. They are

- i) Equal health care facilities should be given without bothering about sex,
- ii) Political commitment and to initiate a responsible government for a healthy society in the society;
- iii) Every woman should participate voluntarily for a better and healthy society in the near future.

11. CONCLUSIONS:

While there is some evidence to establish the benefits of voluntary participation in producing health and health related outcomes, only a few good quality higher level studies have been conducted. Few, if any, studies have definitively demonstrated that women voluntary participation provides better health outcomes than no voluntary participation in the same circumstances. However, further attention to the analysis and reporting of the voluntary participation aspect of primary health care and public health interventions is warranted, as absence of evidence of an effect is not the same as absence of an effect. Improved

analysis of voluntary participation of women could be achieved.

Achieving further clarity about the benefits of voluntary participation requires tools to measure and analyse it as a collective phenomenon. To date there has been less interest in this than in measuring more tangible outcomes of public health and primary health care interventions.

Finally, we would stress the value of genuine community–health sector partnerships to develop health services for rural communities. Using a developmental approach will enable women to work in partnership with health systems to employ resources to the health issues that are of most concern to the society. However, governments, practitioners, and health systems must recognise and accept that women health and public health development requires a long-term and consistent investment, with health system reform processes and restructures management system so that get a positive aspect on the processes. If the society women be improved voluntary participation on women health, public health can be achieved.

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