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Role of Primary Health Care in the Empowerment of Women and Concern about Health Issues

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Abstract: ***"You can tell the condition of the nation by looking at the status of women."Jawaharlal Nehru .****Women's empowerment is vital to sustainable development and the realization of human rights for all. When women are empowered, whole families benefit, and these benefits often have ripple effects to future generations. But the study of women's empowerment has raised a lot of concerns and issues that are associated with other demographic and* ***health outcomes.*** *The WHO constitution states: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social condition." A major obstacle to enjoying the right to health is being born female. Women's health is of crucial importance, which is greatly affected by the ways in which they are treated and the status they are given in the society as a whole. Studies have indicated that women are biologically and epidemiologically more vulnerable to diseases. Primary health care relies heavily on the contributions of women, particularly in the area of health education, it raises their self-esteem and empowers them to serve their communities in a number of ways: by improving women's health and the health of their families and by training women both as care givers and as health educators. An attempt has been made to study the role of PHC in providing the health needs of its most vulnerable and needy populations and, at the same time, empowers its most neglected resource - women.*

Keywords: *Women empowerment, Disease, Healthcare, Primary Health care.*

1. INTRODUCTION

The Women rights are the means by which a dignified living is ensured thereby safeguarding her privileges. Thus the basic fundamental rights of speech, freedom and decision-making are her basic rights as an individual and citizen. The right for education and employment are significant for women development and national development in the wider sense. As *Jawaharlal Nehru* well said, ***"You can tell the condition of the nation by looking at the status of women."*** The power and freedom to exercise these rights is ***Women empowerment***. The key underlying concepts that define women's empowerment relate to choices, control, and power (1).

The study of women's empowerment has raised a lot of concerns and issues that are associated with other demographic and ***health outcomes.*** Women's health is of crucial importance, which is greatly affected by the ways in which they are treated and the status they are given in the society as a whole. In present scenario, until the policy makers take a focused and long term interest in the advancement of women by ensuring reproductive rights and quality health care services, it will not achieve a breakthrough on the process of women empowerment. Women need to become empowered to ensure equal opportunities for training and promotion and equal wages for equal status. By providing better health services we can improve the quality of life of woman which in turn helps in empowering the woman. India's National Population Policy 2000 has been empowering women for health and nutrition as one of its crosscutting strategic themes.

Primary health care (PHC) relies heavily on the contributions of women, particularly in the area of health education, it raises their self-esteem and empowers them to serve their communities in a number of ways: by improving women's health and the health of their families and by training women both as care givers and as health educators. In India, women physicians have established some hospitals. Some such hospitals operate in remote areas to serve the poor and the suffering. Women health workers have made great contributions to the health of their community for many years. Women health workers of rural areas have proved that village women can improve the health status of their community, particularly that of women and children, if they receive

encouragement to learn healthcare skills. In India, community health care lies mainly with women in rural areas (2).In this paper an attempt has been made to study the role of PHC in providing the health needs of its most vulnerable and needy populations and, at the same time, empowers its most neglected resource - women.

2. WOMEN EMPOWERMENT

It is challenging, to measure women's empowerment because the term itself is often poorly defined (3). In broader sense Women's empowerment means women's access to and control over resources, which extends to their decision-making capabilities regarding household decisions, employment, income, household assets and expenditure, fertility, sexuality, and freedom of movement (physical mobility) and their control over material and intangible resources such as property, information and time; their position within the household vis-a-vis other male and female household members; their experience of domestic violence; and their education (4,5).

In another view it is true that women already have power to change society, empowerment is only to aware them about its use. Empowerment is not giving people power; people already have plenty of power, in the wealth of their knowledge and motivation, to do their jobs magnificently. Here we can use this statement for women; we can define empowerment as letting this power out (6). Failure to provide information, services and conditions to help women protect their reproduction health may be due to gender-based discrimination. It violates the women's rights to health and life. For women's empowerment and equality women should control their own fertility which is absolutely fundamental to women's right. If reproductive rights of women including the right to decide the number, timing and spacing of her children, and to make decisions regarding reproduction free of discrimination and violence are promoted and protected, she can participate more fully and equally in society significant co-relation between spread of female literacy and decline of fertility has been observed throughout the country although there are regions where fertility has declined despite prevalence of illiteracy. It is argued that until the policy makers take a focused and long term interest in the advancement of women by ensuring reproductive rights backed by quality health care services, it will be rather difficult to achieve a breakthrough on the process of women empowerment(7).

One of the examples of women empowerment through health is Gujarat state. The Women's Health Programme of the nongovernmental organization Social Action for Rural and Tribal Inhabitants of India (SARTHI) serves women living Gujarat State, India. The program, which has been addresses gynecological and psychological health and issues of violence and exploitation. It incorporates traditional health practices and modern allopathic health practices. SARTHI provides gynecologic services via illiterate women health workers. They also counsel the rural and tribal women and mobilize them for collective action. These women health workers soon realized that their main objective was empowerment of the local women. The program provides women with information to empower them to deal with their problems (8).

Women health workers have made great contributions to the health of their community for many years. In India, women physicians have established some hospitals, e.g., Christian Medical Colleges in Ludhiana and Vellore. Some such hospitals operate in remote areas to serve the poor and the suffering. Women health workers of Jamkhed, Deen Bandhu of Pachod, have proved that village women can improve the health status of their community, particularly that of women and children, if they receive encouragement to learn health care skills In India, community health care lies mainly with women (e.g., nursing personnel and in rural areas) (9).

If health care is widespread, women's empowerment may not affect their access to reproductive health services; in other cases however, increased empowerment of women is likely to increase their ability to seek out and use health services to better meet their own reproductive health goals, including the goal of safe motherhood.

3. HEALTH STATUS OF WOMEN

The WHO constitution defines health as "a state of physical, mental and social well being and not merely the absence of disease or infirmity." Many organizations are now adding to this definition a fourth dimension of health, spiritual well being. Health is an important factor that contributes to human wellbeing and economic growth (10). Health is not the mere absence of disease rather than

good health means a person free from illness and the ability to realize one's potential. Good Health confers on a person or group freedom from illness - and the ability to realize one's potential. Health is therefore best understood as the indispensable basis for defining a person's sense of well being (11).

A major obstacle to enjoying the right to health is being born female. Every woman should access to knowledge related to the spectrum of women's health issues, not only about her reproductive system, but about all aspects of her body but woman may more often ignore the symptoms and fail to seek medical attention. While India's population continues to grow by 16-17 million people annually, 25 million women, mostly in poor performing States, seek to postpone childbearing, space births, or stop having children, but are not using a modern method of contraception. Often, these women travel far from their communities to reach a health facility.

There are many health issues related to woman, only few are given here to show how poor health is affecting the woman.:-

(i) Gender-based differences in power and resource-access have affected the quality of life of the women, including its health. The gender discrimination, particularly in the developing countries, leaves women vulnerable to disease and death. Census 2001 shows our national sex ratio as 921:1000 (921 females for 1000 males), The main reason for this is female infanticide. Woman suffers discrimination and injustice in all stages of her life. Declining sex ratio portrays our discrimination shown towards her even at the stage of birth.

(ii) Maternal under nutrition or malnutrition in India, measured by chronic energy deficiency, defined as a body-mass index (BMI) <18.5 kg/m2, affects 47 per cent of rural women. At all stages of life -from infancy until the post menopausal and old age, women's lives are affected by lack of hygiene and malnutrition. Maternal malnutrition has been associated with an increased risk of maternal mortality and also child birth defects. In the above 7 years age group there are gender differences in consumption of cereals, pulses, and milk products. In the above 18 years groups, gender difference is quite prominent in the intake of energy rich food. One of the main drivers of malnutrition is gender specific selection of the distribution of food resources (12).

(iii) Hormonal problems for women are not confined to those involving the sex hormones but also affecting many other glands. Thyroid disease, both hyperthyroidism (over-activity of the thyroid gland) and hypothyroidism (under- activity of the thyroid), is far more common in women than in men. Urinary tract infections, including cystitis(bladder infection) and kidney infection (pyelonephritis) are significant health problems that especially affect women. After age 50, hypertension is more common in women than in men. Certain cancers are of specific concern to women include not only cancer of the female organs, such as the breast, cervix, womb (uterus), and ovary but also cancer of the pancreas, large bowel (colorectal cancer), and lung.

(iv) Reproductive Health: Women, for both physiological and social reasons, are more vulnerable than men to reproductive health problems. Reproductive health problems, including maternal mortality and morbidity, represent a major – but preventable -- cause of death and disability for women in developing countries. Women are unable to protect themselves from unwanted/unplanned pregnancies and sexually transmitted infections, including HIV/AIDS and this type of incomplete control over the reproductive process leads to relatively high levels of unwanted child rearing (13).

(v) An early age at marriage also has many negative health consequences for women. For one, early ages at marriage typically lead to early childbearing. Majority of Indian women being anemic, transfusion of blood during child birth is quite common making the women more susceptible to the contact. Early ages at marriage and large spousal age differences can put women at a higher risk of sexually transmitted infections including HIV (14). An early age at marriage for a woman is related to lower empowerment and increased risk of adverse reproductive and other health consequences (15).

(vi) Mortality rate of women India accounts for nearly 25% of the world's maternal deaths. Every year about 1,25,000 Indian women die from pregnancy-related causes which are preventable.

Women's morbidity is linked with the environment like indoor air pollution, iodine deficiency of soil/water, flurosis and arsenic related disorder, use of fossil fuels etc. Women have higher mortality rates relating to cardiovascular disease than men in India because of differential access to health care between the sexes (16). Moreover, maternal mortality is not identical across all of India or even a particular state; urban areas often have lower overall maternal mortality due to the availability of adequate medical resources. It is also true that states with higher literacy and growth rates tend to have greater maternal health and also lower infant mortality (17).About 80% of maternal deaths occur due to direct causes like hemorrhage, infection, complications related to unsafe abortion and hypertensive disorders for want of skilled obstetric care at critical moments during pregnancy and childbirth. Several domestic chores as also occupational work of many kinds affect the women and leads to an incurable state of health. Environmental sanitation is poor in rural areas and urban slums; less than 10 per cent of the rural population have sanitation facilities.

(vii) People in general, particularly in rural areas and urban slums are not knowledgeable about health matters, such as prevailing health problems, how to prevent and control these, and the needs for the maintenance and promotion of health; what are the resources available and how and when to utilize these etc. Socio-economic backwardness, ignorance, traditions and superstitions had been acting as block to progressive thinking including development of the concept of positive health. Prime function of the health workers and village level functionaries and of other sectors such as social and women's welfare, education, agriculture and animal husbandry, panchayats and voluntary agencies like *mahila mandals* and youth clubs can contribute very significantly(18).

4. PRIMARY HEALTH CARE AND WOMEN

Women empowerment and Women's health is of crucial importance, both complement each other as if women are empowered they can access health facilities and if health facilities are provided to them women can be empowered. There are many issues related to women's upliftment and many suggested ways by which we can help in women's upliftment and hence empower them. India recognizes that health care for women should extend beyond mere reproductive health, improving access of women to health care services, particularly those which relate to other major health concerns like Tuberculosis, Malaria etc. Sex desegregated information and monitoring systems. To improve and enhance the health services Primary Health Centers (PHCs) have been set up in the rural communities of India. Important role of PHCs is to provide health education emphasizing family planning, hygiene, sanitation, and prevention of communicable diseases.

Primary health care is the first level of contact of the individuals, the family and the community with the national health system bringing health care as close as possible to where the people live and work: It should be based on practical, scientifically sound and socially acceptable methods and technology. It should be made universally accessible to the individuals and the family in the community through their full participation. It should be made available at a cost which the community and the country can afford. PHC will require support in these areas as : (a) consultation on health problems; (b) referral of patients to local or other specialized institutions; (c) supportive supervision and guidance; and (d) logistic support and supplies. At least eight essential components of primary health care need to be properly implemented. For this the cooperation and support of other social and economic development sectors, such as education, social and women's welfare, food and agriculture, animal husbandry, water resources, housing, rural development, energy, environmental protection, industry, communication, etc. would be vital. For many village women, PHC offers their first opportunity ever to be educated. Primary health care discussions bring women into the process of both making and implementing decisions that affect the community.

The concept of Primary Health Centre (PHC) is not new to India. The Bhore Committee in 1946 gave the concept of a PHC as a basic health unit to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The health planners in India have visualized the PHC and its Sub-Centers (SCs) as the proper infrastructure to provide health services to the rural population. The Central Council of Health at its first meeting held in January 1953 had recommended the establishment of PHCs in community development blocks to provide comprehensive health care to the rural population.

The Government of India's initiative to create and expand the presences of Primary Health Centers throughout the country is consistent with the eight elements of primary health care (19).

These are listed below:

- Provision of medical care
- Maternal-child health including family planning
- Safe water supply and basic sanitation
- Prevention and control of locally endemic diseases
- Collection and reporting of vital statistics
- Education about health
- National health programmes, as relevant Training of health guides, health workers, local dais and health assistants. Basic laboratory workers
- Referral services

PHC Primary Health Centre (PHC) is the first contact point between village community and the Medical Officer. One PHC is to cover a population of 20000 in Hilly/ Tribal / Difficult areas and 30000 in Plain areas. The activities of PHC involve curative, preventive, promotive and Family Welfare Services (20).

Women medical professionals are being placed in Primary Health Centers to overcome the hesitancy that women in explaining their health problems to males. Among paramedical personnel, there are a number of female frontline workers like the Trained Birth Attendant, Auxiliary Midwife Nurse, Lady Health Visitor, and Health Worker (Female).Besides, government extension workers, women groups called Mahila Swasthya Sangathan, have been organized among the community. A regional community health program established in South Orissa, India, described and found that women are the best health workers and educators in rural areas since cultural beliefs are more deeply rooted among them, they look after the sick in the family, they can enter every house where men cannot, and the risk of malpractice and misuse of training is less with women (21).

Apart from the regular medical treatments, PHCs in India have some special focuses.

- **Infant immunization programs:** National immunization program is dispensed through the PHCs. It is fully subsidized and for newborns Immunization.
- **Anti-epidemic programs:** The PHCs act as the primary epidemic diagnostic and control centers for the rural India. Whenever a local epidemic breaks out, the system's doctors are trained for diagnosis.
- **Birth control programs:** National birth control programs are dispensed through the PHCs. Sterilization surgeries such as vasectomy and tubectomy are done and are fully subsidised.
- **Pregnancy and related care:** A major focus of the PHC system is medical care for pregnancy and child birth in rural India. This is because people from rural India resist approaching doctors for pregnancy care which increases neonatal death.
- **Emergencies:** All the PHCs store drugs for medical emergencies which could be expected in rural areas.

Several programmes run in PHC such as maternal health and hygiene issues, family planning, nutrition intake and perinatal and postnatal facilities to the pregnant women. Monitory benefits are also given to women for family planning. Counseling and guidance about beneficial schemes are carried for example “BETI ANMOLE” and “INDIRA GANDHI BALIKA SURAKSHA YOJNA”. A special programme has also been launched to change societal attitudes to the girl child. The care of the girl child and the adolescent girl is being addressed through various targeted interventions in the areas of advocacy, community education, nutritional supplementation and education including family life education. PHC has both enjoyed solid progress and suffered serious setbacks, but where it has been implemented it has brought important benefits to women. Because primary health care relies heavily on the contributions of women, particularly in the area

of health education, it raises their self-esteem and empowers them to serve their communities in a number of ways (22).By improving women's health and the health of their families; by training women both as care givers and as health educators; by placing them in positions of responsibility; and by encouraging individual initiative.

5. CONCLUSION

Women's empowerment is vital to sustainable development and the realization of human rights for all. Empowering the women also leads to better health facilities as women's health is of crucial importance, which is greatly affected by the ways in which they are treated and the status they are given in the society as a whole. India is moving towards creating a public health system that is sensitive to the needs of women. Important role of PHCs is to provide health education emphasizing family planning, hygiene, sanitation, and prevention of communicable diseases. PHCs involve the local population in the operation and in the community outreach programs and encourages cultural activities, self-help programs, and health education through the PHCs. For many village women, PHC offers their first opportunity ever to be educated. It relies on home self-help, community participation, and technology that the people find acceptable, appropriate, and affordable. Primary health care /center is not only making a difference on the local level, it is having an impact on health planning at the national and international levels. Primary health care needs to be adapted to varying circumstances at local and national levels. Any country that establishes a solid basis for PHC both provides for the needs of its most vulnerable and needy populations and, at the same time, empowers its most neglected resource - women. There is a need for the people in the field of health and other related socio-economic development sectors to be motivated and to create awareness among people for the empowerment of women and raise health issues for the betterment of women and society as a whole. Swami Vivekananda had said ***"That country and that nation which doesn't respect women will never become great now and nor will ever in future"*** **and in pursuit of making India a great nation, let us work towards giving women their much deserved status.**

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