



Women's Health in Rural Community

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Women's are the major family role plyers in home settings. Women are regretted to expose their problems to the others even to the close persons. In India Women's health was neglected in rural areas than in urban areas if we compare. The poor health of Indian women is a concern on both national and individual levels.

According to the Indian Ministry of Health and Family Welfare, 51% of Indian women between 15 to 49 years were anaemic, Women are burden more often than men, such as diabetes, hypertension, cancer, thyroid etc in which biological and reproductive changes were leading to a declined quality of life among women [1]. Urinary tract infections (UTIs) and some kind of gynaecological problems were the major and minor problems among them. Women continue to face current and ongoing health and wellbeing challenges.

Women issues related to their health are always neglected, never spoken about as well as they are taught and expected to suffer in silence. The reasons for such conditions were may be ignoring nutrition intake, poor hygienic practices, rituals, beliefs etc. However, they often avoid taking consult from gross route levels, if getting it treated also, they show negligence in follow up or higher centre referral most of the time which are main leading cause for complications. Mortality and Morbidity rates are differ in women's with compare to sexual health/reproductive health, and communicable, non-communicable diseases [2].

Most of the women not having healthy life style awareness in rural areas, since they were not expected to share their personal problems. The government is focusing on awareness campaigns and ASHA workers were playing a major role in approaching women's health while their routine house to house surveys. There are two types of women like more educated, more exposure to media and less literature, less exposure to media, where the first concentrated too much health concern which leads to certain complications and secondly the women really shows neglected health [3].

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Giving trainings at community level to selected women representatives of sanghams can be very helpful. So, when the sangham meets every month, they discuss about their health and identify their problems, and visit doctors in time if need. Second is to develop effective communications skills among the nurses and rural health organisers. They have knowledge but often lack of skills to communicate with the women in a way that will help them to open up. To put it simply, effective communication with the patients. There are also many psychological and social factors involved due to which women do not open up [4].

Developing a strong medical network, like volunteers, health organisers and tele communications (which already in process at Ayushman Arogya Mandirs) that helps us to reach out to women especially for follow-ups. Rural women are encouraged to realise this as they suffer more, the days are going to come soon as like women enjoying in urban vice versa at rural too [5]. The Central and State Govts of India, Dept of Health and Family Welfare, Rural Women Development Organizations and other NGOs were becoming more active in approaching the women health concern. Health care department at gross root level Community staff includes starting from ASHA worker, ANM, MLHP/CHO, Health Supervisors, Public Health Nurses, Medical Officers were playing a fabulous role in screening and referral of such ill cases among women at community especially in rural and tribal areas. The health education and awareness camps are well happening at all levels, even the stigma among women were still not changed but when all these will be leaving we don't know even, But Being author, I want to mention that Women health services were more and more highlighted in all aspects of rural areas as like in urban.

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