



Breaking Barriers: Ensuring Health Security for Rural Women in India

(*Arunima Konar, Arindam Ghosh, Piyali Dutta and Ananya Ghosh)

School of Agricultural Sciences, Sister Nivedita Univery, Newtown, Kolkata, W.B

*Corresponding Author's email: arunima.k@snuniv.ac.in

In India, rural women face unique health challenges that affect their overall well-being and productivity. Health security, or the ability to access healthcare services when needed without fear of financial hardship or inadequate care, is essential to ensure that rural women can maintain good health and contribute fully to their communities. However, numerous factors such as poverty, gender discrimination, and lack of healthcare infrastructure pose significant barriers to achieving health security for rural women in India.

Poverty

One of the primary challenges facing rural women in India is poverty. Poverty limits access to healthcare services as it often involves direct costs such as medical fees, transport, and medicines. For many rural women, the high cost of healthcare services means that they cannot afford to seek medical attention when they need it, resulting in untreated illnesses and worsened health outcomes. This is particularly true for women who are heads of households or who are the primary income earners, as they often have to choose between paying for healthcare services and providing for their families.

Gender Discrimination

Gender discrimination is another significant barrier to health security for rural women in India. Women in rural areas often face social and cultural barriers that limit their access to healthcare services. These barriers can include cultural beliefs that prioritize the health of men over women or that discourage women from seeking medical attention from male healthcare providers. Moreover, rural women often lack decision-making power within their households, which can limit their ability to make decisions about their health and access healthcare services when needed.

Lack of healthcare infrastructure is another significant barrier to health security for rural women in India. Rural areas often have limited access to healthcare facilities, and even when they are available, they may lack the necessary equipment, medicines, and trained healthcare personnel to provide adequate care. As a result, rural women may have to travel long distances to access healthcare services or settle for substandard care.

Traditional Sanitary Practices of Rural Women

One of the most common sanitary measures practiced by rural women is the use of traditional menstrual cloths. These are reusable cloths made from cotton or other absorbent materials that are washed and reused after each use. While this method may not be as convenient as disposable menstrual products, it is cost-effective and sustainable, as it reduces waste and eliminates the need for regular purchases of disposable products.

Another common sanitary measure practiced by rural women is the use of homemade soaps and detergents. Many rural women make their own soaps and detergents using natural

ingredients such as ash, coconut oil, and herbs. These homemade products are not only affordable but also environmentally friendly, as they do not contain harmful chemicals.

Birth Control and Rural Women's Health

Access to birth control is a crucial aspect of women's health, particularly for rural women who face unique challenges in accessing healthcare services. Birth control methods are essential for women who want to plan their families, prevent unwanted pregnancies, and manage their reproductive health.

Rural women often have limited access to healthcare services, and this can make it difficult for them to access birth control. Women in rural areas may live far from healthcare facilities and lack transportation options to reach them. Additionally, cultural and social barriers may discourage women from seeking birth control services or discussing their reproductive health needs with healthcare providers.

Lack of access to birth control can have serious consequences for women's health. Unplanned pregnancies can result in increased maternal and infant mortality rates, and can also contribute to poverty and other social and economic problems. Women who do not have access to birth control may also be at higher risk of sexually transmitted infections and other reproductive health problems.

In recent years, there have been efforts to improve access to birth control for rural women. Programs have been developed to provide education about birth control methods and to increase the availability of services in rural areas. Mobile clinics and telemedicine options have also been used to bring birth control services to women who live far from healthcare facilities.

Improvement of Health Security of Rural Women

Rural women in India face numerous challenges in accessing healthcare services, which can negatively impact their health security. To improve the health security of rural women in India, several measures can be taken.

Firstly, there needs to be an increase in the availability of healthcare services in rural areas. This can be achieved through the establishment of more healthcare facilities in rural areas and the deployment of mobile clinics that can reach remote communities. Telemedicine options can also be utilized to provide medical consultations and support remotely.

Secondly, efforts should be made to address cultural and social barriers that limit women's access to healthcare services. This can be done through community-based education programs that promote awareness of women's health issues and address harmful cultural beliefs that discourage women from seeking healthcare. It is also important to engage men in these efforts, as they often hold decision-making power in households and communities.

Thirdly, there needs to be an increase in the availability of affordable and quality medicines and medical equipment in rural areas. This can be achieved through the development of supply chains and logistics systems that ensure the timely and efficient delivery of medicines and equipment to rural healthcare facilities.

Fourthly, there should be an emphasis on the training and deployment of female healthcare workers in rural areas. Female healthcare workers can provide care that is culturally sensitive and can help to address gender disparities in access to healthcare services. It is also important to provide training to existing healthcare workers to improve their skills and knowledge in providing care to women in rural areas.

Finally, efforts should be made to increase women's participation in decision-making processes related to their health. This can be done through the provision of education and training on women's rights and the importance of women's participation in decision-making processes. Women should also be encouraged to take leadership roles in community-based health initiatives.

Strategies

Several strategies need to be implemented to improve the health security of rural women in India. First, there is a need to address poverty by providing financial assistance and health insurance schemes that reduce the financial burden of seeking healthcare services. Additionally, there is a need to address gender discrimination through community awareness programs that promote the importance of women's health and empower women to make decisions about their healthcare. Finally, there is a need to invest in healthcare infrastructure in rural areas by building and equipping healthcare facilities and training healthcare personnel.

Efforts should be made to improve access to birth control services in rural areas, including education programs, increased availability of services, and the use of innovative healthcare delivery methods. By ensuring that rural women have access to birth control, we can help to improve maternal and infant health outcomes and promote the overall health and wellbeing of women in rural communities.

Due to limited access to basic facilities and resources, such as running water, proper toilets, and menstrual products, many rural women are at risk of poor sanitation and hygiene, which can have serious health implications. However, despite these challenges, many rural women have developed their own sanitary measures to ensure they maintain proper hygiene.

Rural women also practice proper hand hygiene by washing their hands regularly with soap and water, particularly before eating or preparing food. In areas where running water is not available, rural women may use alternative methods, such as using a basin of water or hand sanitizers, to maintain proper hand hygiene.

Proper disposal of waste is another essential sanitary measure practiced by rural women. In areas where there is no access to proper waste disposal facilities, rural women may bury or burn their waste to prevent the spread of disease.

Conclusion

In conclusion, rural women have developed various sanitary measures to maintain proper hygiene and sanitation despite the challenges they face. While these measures may not be as convenient or advanced as those practiced in urban areas, they are effective and sustainable, and demonstrate the resilience and resourcefulness of rural women. However, it is essential to continue to provide rural women with access to basic facilities such as clean water, toilets, and menstrual products, to improve their health and well-being. Improving the health security of rural women in India is essential to promote their overall well-being and productivity. Addressing poverty, gender discrimination, and lack of healthcare infrastructure are crucial steps that must be taken to ensure that rural women have access to adequate healthcare services when needed. With the right interventions and investments, rural women in India can achieve good health and contribute fully to their communities. Improving the health security of rural women in India requires a comprehensive approach that addresses the numerous challenges that women face in accessing healthcare services. This includes increasing the availability of healthcare services, addressing cultural and social barriers, improving the availability of medicines and medical equipment, training and deploying female healthcare workers, and increasing women's participation in decision-making processes related to their health. By taking these measures, we can improve the health and wellbeing of rural women in India and promote gender equity in healthcare.

References

- A. Amorim et al.: South-south cooperation and decent work: Good practices (Geneva, ILO, 2013), p.53; and E.E.S. Alvarez: Conceptual guide for integrated rural access planning and community contracting in the water and sanitation sector: With an approach on

gender and inter-culturality (Geneva, ILO, Guides for integrated rural access planning and community contracting in the water and sanitation sector No. 1, 2015).

- A. Elsayed and R. Roushdy: Empowering young women through business and vocational training: Evidence from a field intervention in rural Egypt (Geneva, ILO, Impact Report Series, Issue 8, 2017).
1. Ending violence and harassment against women and men in the world of work, Report V (1), International Labour Conference, 107th Session, Geneva, 2017, (Geneva).
 2. FAO: The state of food and agriculture 2010-2011 – I: Women in agriculture: Closing the gender gap for development (Rome, 2011).
 3. ILO: Working in the rural areas in the 21st century: Reality and prospects of rural employment in Latin America and the Caribbean, Regional Office for Latin America and the Caribbean (Geneva, Thematic Labour Overview No. 3, 2017), p. 38.
 4. FAO, IFAD, ILO. 2010. Gender dimensions of agricultural and rural employment: Differentiated pathways out of poverty - Status, trends and gaps (Rome)
 5. 2008. “Women, gender and work: What is equality and how do we get there?” in Gender, Work and Organization, Vol.15, No. 2, pp. 228.230.
 6. <https://www.financialexpress.com/lifestyle/health/womens-health-in-rural-communities-it-is-high-time-we-understand-what-complications-are/2994187/>
 7. https://www.ilo.org/wcmsp5/groups/public/eddialogue/sector/documents/publication/wcms_601071.pdf