REPORT ON : "The Health Status of Rural Women & Role of the service providers in the enhancement of the Health care services: An exploratory study in the selected district of West Bengal" under NSOU Sponsored Research Project 2022-23

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Introduction

Right to health includes both the elements of Freedom as well as Entitlement. Freedom includes the ability to make decisions about one's own health and the right to be free from any kind of forceful experimental and illegal medical treatment. The access to a system of health protection (including health care and the underlying socioeconomic determinants of health) that offers everyone an equal opportunity to enjoy the highest standard of health falls into the category of entitlements. As a result, health rights are far more inclusive because they cover not just timely and appropriate medical care but also the underlying factors that influence one's health. To ensure Right to Health to each and every member of our, we have to achieve the goal of sustainable Health and development. As a basic human right and a vital factor in societal economic development, health is essential for the sustained advancement of humanity. A strong overall indicator of a country's progress toward sustainable development is its health. The discipline of Social Work is committed to promote social change and development, and eventually empowerment of people which is sustainable in nature; therefore we as Social workers have to shoulder the responsibility to contribute in the field of Health Care so that we may assure Right to Health for all.

Empowered Women are capable to know what is best for her and her family. She can oppose any kind of oppression. She may execute plans for her family and may say “No” to any kind of injustice done to her. However, if a woman who is a victim of Socio-cultural taboos, will not be in the position to make any decision and will have to accept her fate. The Rural women of India face a pathetic situation. Since her very childhood she is trained to be responsible towards her family, like- looking after the younger siblings and perform household duties. She even quites school and get married in her early teens and bear her first child before she is eighteen. The boy child of the family enjoys privileges and is given special treatment, gets the best food to eat and be immunized at right time, and obtain education. Thus women remain deprived of their legitimate heath rights .There is a need to break this vicious cycle, and formulate strategies, which shall be sustainable in nature and promote a healthy life for women without any discrimination. For doing this we have to see that woman of our society, particularly from rural belt must be made aware of their health rights and the service providers also play their role in ensuring these rights.

The study would help us to examine the Health Care System offered to the women, analysis of the gender and power relationships, studying the socio-cultural norms, and understanding the overall

health condition of the womenfolk of our society .The study may reveal the level of participation of women and analyze if the existing the social system is discriminatory in nature or not. This may be done by conducting, case study, and focus group discussions and analyzing it. The perspectives of the health care workers may be also be reviewed and understood. Thus a deep analysis will enable us to develop a pragmatic mechanism for improving the health care system for all in the community.

A clear picture about the Health Care services available for the women of West Bengal may also be obtained from the study and we may then be in the position to get an overall picture about the Health Right issues in relation to women and their access to the available Health Care Service. This will help us to be aware about the community and Government psyche towards women's health issue. Accordingly we may know the flaws or strengths of the system and design programmes which will fulfill the Rights of every human being irrespective of caste, creed or gender and propose recommendations and Social Work Interventions.

The proposed study shall be conducted in two Districts of West Bengal, Murshidabad and Nadia as identified by the Niti Ayog as the aspirational Districts of our State. In November 2017, in order to work out a process for the transformation of the backward states on the basis of education, health, nutrition, available infrastructure and access to social amenities, the Government of India under the New India Vision 2022, identified 115 districts across the country to be in the most dangerous zone. Out of this figure Niti Aayog took the responsibility of 30 districts, While 50 districts were to be taken care by the respective States and 35 districts were supposed to be monitored by the Ministry of Home Affairs. Of all 5 districts were identified from West Bengal namely, Murshidabad, Maldah, Birbhum, South Dinajpur and Nadia, while Niti Aayog became responsible for the improvement of Murshidabad, Maldah and Birbhum districts.while West Bengal Govt took the responsibility of Nadia and South Dinajpur . The proposed study therefore intends to select two districts, Murshidabad & Nadia, as the universe of study as we will understand in what ways the strategies adopted by Niti Ayog and West Bengal Govt are contributing in the Heath care services of these region of the state.

As academicians of Social Work discipline, we know that, denial of "Right related to health" would mean "Violation of Human Rights" and thus lead to "Social Injustice". This study is proposed to be

carried out to explore the influence of gender discrimination on deprivation of health needs particularly for women of Rural Bengal. The proposed study would try to get a picture about the existing health care system for women, whose health rights are not considered to be important. Further, we may also attempt to see in what ways Social Work approaches and theories may be applied in promoting public education in this regards and encourage women to take their own decision related to their health rights. It is only by helping the women to identify their potentials in tackling the social inequalities and talks for their rights, so that they may be able to fight discriminations and efforts may be taken to promote good health for all. Even Article 14 of our Constitution emphasizes on Social Responsibility and the value of good health.

In our nation, primary health centres are not a recent invention. Primary healthcare is described by the Sir Joseph Bhore Committee as a fundamental component that offers rural residents curative and preventive medical care. As a result of their research, numerous committees and health regulations each offer their own recommendation. Bhore Committee (1943–1946) and Mudaliar Committee (1959–1961) are two significant committees.

Chadha committee (1963)

In order to improve the amenities at PHCs, the Government of India established a committee in 1963, with Dr. M.S. Chandha as its head, to examine the requirements of PHCs in further depth. It suggests that general health care in rural areas should be effectively strengthened. Additionally, it suggests Multi-Purpose Health Services for all health initiatives, such as those addressing smallpox, malaria, and other communicable diseases as well as health promotion initiatives.

Mukherjee committee (1966)

The head of the Mukherjee committee is the union health secretary who is appointed by the central council of health to assess the Family Planning Programme. According to this committee's recommendation the administrative structure should be strengthened at all levels, from primary health care facilities to state headquarters.

Kartar Singh committee (1972-73)

The Government of India established a committee in October 1972 on the recommendation of the Family Planning Council's executive committee and under the leadership of Kartar Singh.This

group advised that each PHC should serve 50,000 people and have 16 subcenters dispersed throughout its region.

Shrivastava committee (1974-75)

Under the leadership of Dr. J.B. Shrivastava, the Government of India established a committee on medical education and support manpower in 1974. Among its many recommendations were the establishment of community-based basic health services and the training of the personnel required for them. Another important suggestion was the development of a cost-effective programme or set of health services that would connect the general public with PHCs.

National health policy (1983)

The Alma-Ata Declaration from 1978 set the objective of universal health coverage by the year 2000 AD, which invites a new strategy in primary healthcare. The National Health Policy of 1983 envisaged a PHC for every 30,000 people in plains and one PHC for every 20,000 people in mountainous, tribal areas in order to attain the target.

National health policy (2002)

The fundamental goal of this programme is to improve the nation's overall population's health to an acceptable level. The allocation for the primary health sector is increased to 55% of the overall public health investment. At the primary health service centre, it delivered the necessary medications. The Indian government also increased the number of sub-centers under each PHC and provided a large number of health personnel, in addition to offering family planning and programmes to manage communicable diseases.

Government Initiatives for promoting women's health

Janani Suraksha Yojana (JSY)

It is a safe motherhood intervention with the goal of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women, particularly those with low socio-economic status, i.e. women from SC/ST/BPL households, with a special emphasis on low-performing states, and it provides cash incentives to women.

Ayushman Bharat- Health and Wellness Centres

As part of Ayushman Bharat, more than 77,000 Health and Wellness Centres (AB-HWCs) are operating throughout the nation to offer comprehensive healthcare, including community-based preventive healthcare and screenings for common non-communicable diseases in women.

Under the National Health Mission, Rs 2,233.48 crore has been allocated to support different Maternal Health Initiatives in FY 20-21.The NHM also helps healthcare providers in underdeveloped and rural regions provide a range of free services, including medical care of women's diseases.

Initiatives to tackle Anaemia in Pregnant women

According to the National Family Health Survey 2019–20, the majority of women and children in India are anemic, with the Himalayan cold desert having the highest prevalence of the illness. On the other hand, the government has taken steps to reduce anaemia among all identifiable populations in all States and UTs. As stated by the States/UTs in their yearly Programme Implementation Plans, the government provides financial and technical support to States/UTs under the National Health Mission (NHM) for the implementation of the Anaemia Mukt Bharat Strategy.

Surakshit Matritva Aashwasan (SUMAN)

In order to eradicate all preventable maternal and newborn fatalities, SUMAN guarantees that every mother and newborn who accesses public health facilities receives assured, dignified, respectful, and excellent treatment at no cost.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) offers pregnant women a planned, cost-free, and exceptional antenatal checkup by a Specialist/Medical Officer on the ninth day of every month.

Village Health, Sanitation, and Nutrition Day (VHSND)

A monthly outreach project at Anganwadi institutions called Village Health, Sanitation, and Nutrition Day (VHSND) delivers nutrition-based maternal and child care in compliance with the ICDS.

Sanitease

The Union Ministry of Youth Affairs and Sports has begun this programme under "Swachhagraha" as a way to promote women's health and hygiene. With a focus on urban and rural schools, this programme seeks to raise awareness of girls' and women's sanitary napkin use.

Literature Review

To get a first hand idea of the rural health care system and also about the health of the rural women a several articles and Journals were reviewed which may be briefly discussed in this chapter.

Health is an essential input for the development of human resources and the quality of life and in turn the social and economic development of the nation. Improvement in health status of the population has been regarded as an index of social development. Moreover, health is regarded a priority for sustained development interventions at the individual, community and national levels. The health of a country's female population has profound implications for the health and education of children and the economic well-being of households, as well as for the women themselves. (Anbu .Seilan 2020).

Parveen (2013) conducted a study on the health and health seeking behaviors of married Muslim women in the Katigorah Block in the Cachar District of Assam. Both the lower caste and the upper caste exhibit a high prevalence of medical pluralism, the researcher discovered. The area's preferred option for healthcare providers was found to be drug dealers. It was discovered that PHC (Primary Health Centre), private MBBS doctors, and other certified health service providers were more frequently used for serious diseases or in cases of pregnancy and delivery than for everyday health issues.

In the article putting the Men into Menstruation: the Role of men and boys in community menstrual hygiene Management by Therese Mahon. Anjali Tripathy and Neelam Singh discussions are made

on how Water Aid India, an NGO and Vatsalaya, a project induced by them, intervened and implemented sanitation and hygiene idea involved around menstruation which included male members of the society and enabled these male members to act as bodies of change. This enactor accepted the fact that India is a patriarchal society and that changes can be readily and far-fetchedly brought in if male members of the society, herein of the family and school (because they are the initial male counterpart that a girl comes across) can be made to participate. The article in written in form of a report on the NGO itself and its success rates is highlighted only for two states of India. Of course, the study was conducted in the form of a pilot project but only reports from two states that too from very specific districts cannot be a marker of the success rate for whole of India given the fact that India is a very large country, with various religion and varied demographic mindset. While , this can be a fairly acceptable mode of addressing the problem of lack of idea of menstruation, the traditionalist approach of a very natural procedure from the male perspective but not the key one, while working for women's' sanitation situation in rural and peri- urban areas. In relevance to our study of women's health in the district of Nadia, it was found that men were far more concerned and informative of female well being and health rather than the women population themselves, but again making the women aware in general could be a level to achieve in the success story of women's' health and hygiene. This is so because, they are the ones to practice the sanitary health practices rather than the men who can at most be mentally and verbally concerned.

In a report published by Department of Health and Family Welfare, Government of West Bengal, we get a picture about the Health Care system of the State. The primary health-care system, a secondary health care system (made up of district and sub-divisional hospitals), and tertiary hospitals (offering specialist and super specialty treatment) make up the three tiers of the health care infrastructure in our nation. Each district is headed by a Chief Medical Officer of Health (C.M.O.H.). The CMOH is in charge of overseeing the primary healthcare industry and ensuring the successful execution of numerous medical, health, and family welfare activities. Superintendents who answer to a hospital management committee and the C.M.O.H. are in charge of the secondary level hospitals (sub divisional and district hospitals). The Block Medical Officer of Health (BMOH) is in charge of overseeing and monitoring the operation of primary care facilities and the execution of health programmers at the block level. The table below shows the number of beds authorized in various healthcare facilities as declared by the West Bengal government.

Type of Institution	Number	Number of beds sanctioned
Medical College Hospital	13	12,641
District hospital	15	8,204
Sub divisional hospital	45	9,901
State general hospital	33	4,899
Other hospital	33	6,504
Rural hospital	269	8,820
Block Primary health Centre	79	1,086
Primary health Centre	909	6,592
Sub Centre	10,356	0
Hospitals under other departments of state government	72	6,212
Hospitals under local body	31	1,080
Hospitals under government of India	58	7,126
Hospitals under NGO/private	2,013	34,281
Total	13,925	1,07,346

The above data shows that there are inadequate bed facilities in the rural areas, and there is an immediate need to look into the matter.

Objectives of the study

- To explore the influence of gender discrimination on deprivation of health needs particularly for women of Rural Bengal.

- To get a picture about the existing health care system for women in the said district of West Bengal.
- To Conduct Outreach programmes to raise the health awareness as well as to understand the health care needs of the women of the selected districts.

Methodology

Since the study is taken up with an idea to understand those view points of the women who have not got enough scope to share their problems in a sensitive issue related to health, therefore there must be many crucial issues which are even not known to the Researcher, and the respondents have the full expertise and knowledge of their problem therefore there is a need to explore those issues which are under the cover. Thus the present study would be exploratory in nature.

The Approach of the study is Qualitative by adopting in-depth Focus Group Discussion and Case studies.

Selection of the Villages for conducting the Study-

In the month of July the PI visited Kalyani (Nadia) to meet the concerned District Programme Officers, Department of Family & Health Govt. of West Bengal and had a meeting with the officers from Murshidabad in Zoom Platform to know about the area and also to identify the villages where the study may be carried out.

The concerned officers from all the districts shared that till date no such study has been conducted in these areas which may reflect the nature of Gender disparity in Health sector however there are several studies on the household surveys which be used for formulating the objective of the study or for planning the Methodology for Research.

With the help of the programme officers of the Selected Districts, the possible GPs were identified to carry out the study. Villages identified in Murshidabad were-Jhulka Beldanga I, and Ishwaripur in Chakdah Block from Nadia.

Apart from this, two outreach programmes were also conducted to generate health awareness as well as health camps were also organized to know the actual health status of the selected district. Finally a State level Seminar on "Role of Social Workers in Health Care Sector: Challenges

Scopes" was organized with the aim to understand the health care system and also chalk out some concrete strategy for developing a much inclusive, pragmatic, and approachable and gender Sensitive Health care model which may be later proposed to the policy makers.

PRA, Focus Group Discussions and Case Studies along with its findings

The Research was conducting purely by adopting Qualitative Method. FGDs were conducted to understand the views as well as the arguments of the participants on various health aspects. There

were six FGDs and four in depth case studies along with two oral histories for the study in both the districts. Question guides were developed to carry out the discussions with the participants.

Selection of the Respondents for the discussion-

The respondents who agreed to join the FGD were included in the group discussion. Moreover another important criterion was that the respondents should attain their puberty.

Before the FGD, Participatory Rural Appraisal was conducted to get more knowledge about the health culture of the Rural Women of Murshidabad and Nadia from their own perspectives. PRA Tools were developed to get desired information from the community members who were not literate and were unable to express themselves in a meaningful way.

PRA with the women of Murshidabad

PRA with the women of Nadia

Seasonal Calendar as a tool of PRA was used to explore the health issues in the village and to know which month is most severe in this regards. Another tool used was the Income and Expenditure Matrix to analyze how much the community members spend on heath care aspects. Daily Activity Clocks was a very important tool as it helped in giving some idea regarding the engagement of men and women in different activities, Who has the heaviest workload while Who has time for rest and leisure.

The PRA shows that women or girls spend a lot of time collecting water, cooking for the family, cleaning washing utensils, and hardly have any rest or leisure time in comparison to men. They are not very careful of their health, though the younger generation is becoming conscious about their health. They mostly suffer from, gastric problems, urinary tract infection, weak eyesight, respiratory problems, arthritis and migraine. The elderly women mostly suffered from problems related to Menopause or other gynecological; while the younger women had problems related to menstrual issues, PCOD and even skin related problems. The women are reluctant to visit the doctors as they feel that they may get themselves treated at home and it is unnecessary to spent money for themselves. They feel that the men of the family must have a safe life as they run the family.

They have good relation with the ASHA workers. They depend on the ASHA workers for all kind of health related issues. The ASHA workers take the responsibility of maintaining health records, like immunization record, physical and mental development of children, health records of the

pregnant ladies. They are however reluctant to go to the health centres as there is a lack of female doctors.

FGD of Muslim Women-

There were 10 women who attended the FGD in Beldanga I Murshidabad. Out of 10 women,8 were victims of child marriage. They were not much educated. Only 7 of them completed their Madhyamik while 2 of them were pursuing their Uchha Madhyamik and three never went to school. While in Ishwaripur, Chakdah Block Nadia, out of the 10 women who participated in the FGD, the cases of child marriage was 5 .There were two women above 20 years of age who were pursuing their graduation.

All the women were religious in nature. They follow the rituals with full faith. The women of Murshidabad mostly believe that a girl must be married as soon as she attains her puberty. The majority of the Muslim women of both the districts were economically sound, as either their husbands work in Middle East countries and remit a lot of money or their husbands even work two shifts a day. Thus these women prefer to visit the private health care centres, as they feel that there is lack of facilities in the Government Health Care centres.

The Muslim women are more prone to mental abuse than physical abuse as domestic violence. Since most of the women stay with their in laws as their husbands work abroad, therefore they often have to face ill treatments from their in-laws about which they cannot talk to anyone, not even to their husbands. For any health related issues they have to discuss with their mother in laws or any other women within their in law's family. The younger women preferred institutional delivery but the elderly women still supports institutional deliveries.

FGD with Hindu women-

There were 9 women in the group in Beldanga-I Murshidabad while 12 participated in Ishwaripur Chakdah, Nadia. Among the Hindu Women 7 women were found to be the victim of early marriage while 6 women from Muslim community were married before 18 years of age. The women of both the communities however have some basic education. There were 3 Muslim women who were pursuing their graduation, while two Hindu women were already graduate. They had knowledge

about Family planning techniques. However they are always expected to continue being pregnant until they give birth to a boy child.

Menstrual hygiene or health problems related to menstrual cycle is yet another issue that the women do not want to discuss even today. Mothers feel it may cause problems at the time of their daughter's marriage.

While discussing about their daily routines, it was revealed that the women of both the communities, have lots of responsibilities towards their families. They got up early in the morning and looked after each and every member of the family. At times they did not even have time to even have their meal. Though they had facilities of hand pump and LPG, yet carrying heavy water filled pots from hand pump to kitchen area causes a lot of body ache and inspite of having LGP some of the household still use chulhas for cooking, this leads to respiratory disorders.

FGD with Tribal Women

The Tribal women of both the Districts were not only hardworking in performing the household chores but also contributed to fulfill the economic needs of the family. The total participants who attended the FGD were 10 each in both the districts. The education level of the Tribal women was low, but in Nadia the situation seemed to be better than Murshidabad in this regard. It was found that the influence of Christian Missionaries in Nadia the life of the Tribal Community of Nadia district is better.

However the Tribal women are still ignorant about good health and hygiene practices. They have their own traditional practices of healing illnesses. They hardly visit doctors, firstly they are economically weak and secondly they prefer going to local quacks, who would understand their language and their problems in a better way.However the younger generation who are gaining education, are becoming aware of certain aspects and they follow a healthier life style.

FGD with Mixed Group

While having a discussion with the villagers with men and women of both the districts, several interesting issues came up in the surface. It was discovered initially that both men and women in the villages are quite aware of the fact that everyone needs to have access to institutionalized health and sanitation facilities, if not the government block hospitals but definitely some form of professional care is required. Through this programme, an effort was made to find the status of women in the accessibility and availability of health care facilities, the importance of such for them, as well as to the men of the village. But as the conversations with the men and women progressed, it became clear that they still had many taboos and superstitions about health, particularly women's health in general, with pregnancy as the focal point. They also generally preferred going to quack doctors rather than licensed medical professionals. The latter may be true since quacks are frequently found in rural areas, and the villagers, who frequently lack medical language proficiency, benefit from their general common knowledge on medicine. The women we encountered still adhere to taboos, some of which are rooted in Hindu religious doctrine and others of which have Muslim roots.

Findings of FGDs and Case Studies

The health of the rural Murshidabad and Nadia women is not in an appropriate state. The village's economy is entirely dependent on agriculture, manual labour for pay, or remittances. Given that some occupations, such as shop keeping and a small portion of government work, are not the only reliable sources of income, two or more occupations are combined into major-allied relationships, where a major employment is performed alongside an allied one. Similar to this, peasants pay very little attention to their health. Their lifestyle and eating habits do not demonstrate this. They use both conventional and modern methods of treatment, although they primarily favour the age old approach to healthcare. They have their own social customs and cultural practises for the care of various illnesses. They have strong ties to their culture, customs, traditional beliefs, etc. when it comes to how they view health, sickness, treatment, life, and death. They rely more on the traditional healthcare system than the contemporary one. The traditional methods of therapy, such as getting medication from a local healer or consuming salt or purified water from an ojha, are the villagers' first preference for any health-related issues.

The rural women typically remain without diagnosis as they are ill-informed about how to help themselves, and suffer from a lack of treatment and medical facilities. Women suffer more than men from physical disability, obesity, pregnancy and childbirth, menopause, fertility issues, HIV/AIDS, and depression.

Overwork and responsibilities both at home and in the workplace have an impact on women's health. They experience stress, sleep deprivation, and nutrient-poor meals. They don't take good care of their health by getting regular checkups at the doctor's office. Their health issues receive little attention from them.

In both the district women seemed to be submissive and depended on their male counterparts. Women's deaths and illnesses are significantly attributed to violence against women. Women's health is impacted by numerous types of domestic violence. They have emotional and mental wounds in addition to physical ones. The wounds included burns, broken limbs, shattered teeth, and bites in addition to cuts, bruises, and bite marks. High prevalence of domestic violence demonstrates that it is still a significant public health issue in India. Effective interventions would need to focus on spouses because they are the main perpetrators of violence against women.

Women have obstacles while trying to acquire and use health care services due to limitations on their decision-making abilities, mobility, and autonomy. Women who experience these limitations are more likely to be dependent on others for their needs, particularly their health requirements, and to be economically disadvantaged.

The nation's population growth rate is to blame for its underdevelopment and poverty. The worst sufferers are women. The health of women and their offspring is greatly impacted by poverty, inequality, and lack of access to authority. The majority of the poorest people on the planet are women. Due to poverty, malnutrition, and poor health, rural women suffer. Most of the time, they have miserable conditions. In this situation, men typically have complete power over women.

The respondents had low awareness of government health policies and programmes. This leads to non-utilization of opportunities for improving their health status, as well as hindrance in accessing health-related information for these women. Moreover women are reluctant to go to the Govt health care centres because of lack of Lady Doctors, as they feel embarrassed to talk about their health problems with male doctors.

The Health Workers and Doctors of Murshidabad shared that they do not have enough facilities in the rural Primary health care centres, nor are they informed about the various health schemes. The training facilities for the frontline health care workers are not satisfactory. Most of the cases are referred to Behrampore Medical college, and thus making it even more over crowded.The Asha Workers do not have freedom to work or meet the women folk of the communityThe Situation of Nadia is better, as the health workers are trained and have lots of freedom in the field.

From the FGDs, it was revealed that the women of rural communities of Murshidabad still lack awareness about their health, due to low status of education and traditional values and taboos. Even though the women of these communities expressed their desire to seek medical assistance in case of medical emergency but they are unable to do so due to their family restrictions. Women of this area have many healthy issues but go untreated due to ignorance and their lack of awareness. However, the women of rural communities of Nadia district are in a slightly better position perhaps they have access to better medical facility from Kolkata and also the level of awareness amongst the women in relation to health is better as the Department of Rural Development, University of Kalyani conduct awareness programmes in these areas.

Report on the Outreach Programme

Health Awareness Camp in Murshidabad held on 12th August'2022

The first outreach programme of the NSOU sponsored project was organized in Jhulka village, Beldanga-1 in Murshidabad on12th August'2022. The camp was possible to be organized as the local ICDS workers helped in conducted the programme.There were about 38 women who participated for the programme.

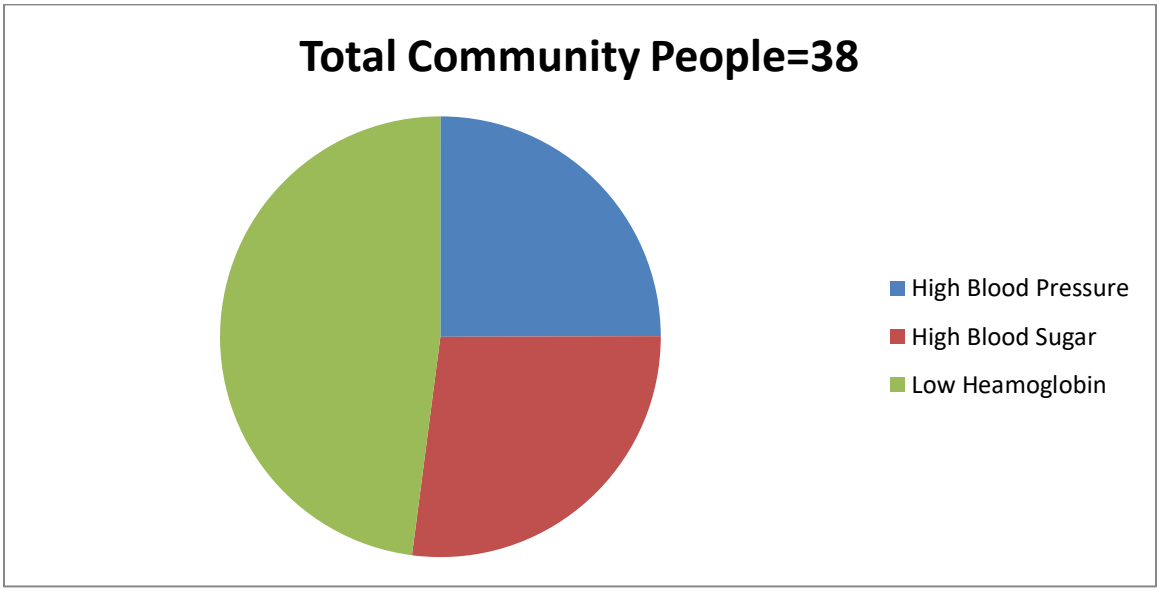
One the lady Doctor Dr Murshida Hassina who works in the ICDS centre, came to address the community women. She basically spoke about the menstrual health of the adolescent girls and also about the importance of eating Balance diet. The women were anxious to know about the various Government programmes which were meant for them, and one of the ASHA workers shared some of the programmes with them. The Health check up for women was conducted to find out health status of women of the area.

Findings of the Health Checkup

Sr No	Age	Sex	Weight	Blood	Random	HB	ECG

			Kg	Pressure	Blood Sugar Count		Recommended and conducted
1	44	F	56	152/88	191	12.3	Yes
2	43	F	44	145/89	109	11.1	Yes
3	59	F	43	124/82	178	10.8	-
4	54	F	45	155/85	260	11.7	Yes
5	45	F	56	132/85	109	9.4	-
6	26	F	54	142/89	102	10.2	-
7	38	F	39	134/86	95	10.3	-
8	30	F	67	127/85	127	8.7	-
9	18	F	42	140/96	132	9.8	Yes
10	18	F	38	122/85	183	11.9	-
11	28	F	65	134/88	124	12.0	-
12	45	F	43	143/87	91	10.0	-
13	19	F	54	125/87	128	8.9	-
14	35	F	60	115/67	109	13.0	-
15	55	F	68	134/90	190	12.9	-
16	78	F	40	108/67	100	10.6	-
17	56	F	45	160/110	202	9.7	Yes
18	64	F	65	143/88	113	11.4	-
19	81	F	56	114/69	95	10.9	-
20	47	F	45	144/86	176	11.5	-
21	75	F	43	132/82	96	11.9	-
22	33	F	65	142/88	112	10.3	-
23	29	F	45	142/77	125	9.6	-
24	37	F	53	150/90	118	8.9	Yes
25	44	F	44	165/88	232	12.8	Yes
26	71	F	46	145/78	145	11.3	-
27	53	F	54	156/84	177	10.8	Yes

28	26	F	46	124/78	134	10.0	-
29	28	F	43	143/76	130	9.8	-
30	34	F	54	132/77	198	8.9	-
31	48	F	61	157/87	256	10.4	Yes
32	28	F	42	123/84	100	11.1	-
33	17	F	40	137/87	132	10.2	-
34	18	F	49	127/87	135	10.9	-
35	15	F	43	123/78	121	12.3	-
36	16	F	50	132/80	118	9.7	-
37	27	F	47	143/78	100	11.0	-
38	42	F	54	162/85	166	10.3	Yes



The above pie chart shows that women are highly anemic, and this may be due to iron deficiency.

Health Awareness Camp, in Nadia held on 13th January' 2023

Health Camp as an outreach Programme in Duttapulia at Sreema Mahila Samity, District Nadia

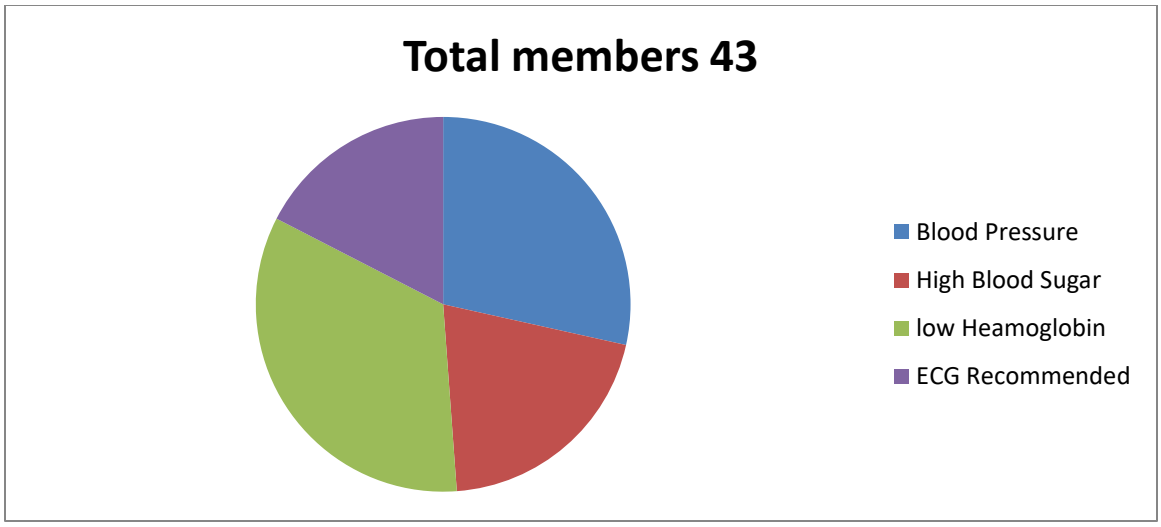
on 13th January 2023.The Narayana Groups extended their support by providing their team of Doctors and health workers along with the medical equipments to carry out the Camp. Health check-ups and awareness on various health issues were given to the community members and 43 participants, out of which 34 women and 9 men participated for the programme.

Blood Pressure, Blood Sugar level, Hemoglobin count and weight of the community people was monitored by the health workers. Further ECG was also conducted for the patients whose blood pressure was recorded to be towards the higher side. The Dr S. Mondal, who examined the community people said that maximum number of women who came for the health check up were anemic with low blood pressure, Bone degeneration, Respiratory problems, gastric problems, while men complained of eye related problems, cardiac diseases, liver problems etc.

Findings of the Health Checkup

Sr No	Age	Sex	Weight Kg	Blood Pressure	Random Blood Sugar Count	HB	ECG Recommended and conducted
1	47	F	65	140/90	107	11.2	yes
2	62	M	63	180/110	83	14.5	-
3	70	M	45	140/77	150	12	-
4	60	M	35	142/85	269	14.0	yes
5	60	F	70	143/80	109	11.9	-
6	56	F	50	139/45	92	10.9	-
7	60	M	59	140/85	115	12	-
8	60	F	36	140/85	128	9.0	yes
9	80	F	40	160/90	130	11.8	yes
10	45	F	64	135/75	121	10.4	-
11	60	F	31	135/85	105	10.3	-
12	42	F	65	140/89	191	10.9	-
13	56	M	60	139/85	113	12	-
14	57	F	57	140/89	222	9.4	-
15	45	F	60	139/87	133	10.8	-

16	55	F	60	145/90	106	10.7	yes
17	52	F	62	145/90	158	11.2	-
18	57	F	46	180/98	111	10.8	-
19	60	F	85	163/90	178	11.2	-
20	52	F	54	140/83	112	10.9	-
21	35	F	43	166/90	435	10	-
22	62	F	55	145/90	135	10.8	yes
23	59	M	62	131/80	126	9	yes
24	55	F	54	135/82	127	10.5	-
25	82	F	47	120/73	235	11.2	-
26	50	F	44	142/80	127	10	-
27	78	F	41	145/85	331	10.6	-
28	60	M	59	124/77	201	9.2	-
29	70	F	44	150/90	117	12.2	-
30	38	F	66	125/80	103	11.6	-
31	80	F	61	146/85	122	11.9	yes
32	70	F	46	147/90	93	8.9	-
33	63	F	42	115/60	324	11.9	-
34	65	F	62	125/80	123	10.3	-
35	38	F	58	130/85	119	10.8	-
36	38	F	50	133/82	165	10.6	-
37	65	M	60	120/76	110	12.1	-
38	58	F	45	146/95	511	12.1	yes
39	37	F	54	130/70	122	10.3	-
40	45	F	41	140/90	162	10.8	yes
41	42	M	69	122/82	109	10.6	-
42	35	F	48	160/90	194	10.1	yes
43	33	F	57	135/87	100	9,0	yes



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A large number of community members in this area suffer from high blood sugar as well as high blood pressure. About 12 members underwent ECG and were recommended to go for treatment for cardio vascular issues. Thus the risk of cardiovascular diseases is also high. Women are highly anemic and perhaps they are also suffering from malnutrition and other deficiency disorder.

Later Dr Mandal addressed the community about some very important health related issues. He specifically sensitized the womenfolk of the community about good health practices.

The president of Sreema Mahila Samity Duttapulia extended Netaji Subhas Open University for organizing such an effective outreach programme for the community members, who otherwise do not seek for any, medical assistance.

Thus the outreach programme was effective in the identification of prevalent diseases among the community members of Duttapulia and aware them about their basic requirements.

Report on one day State Level Seminar on "Role of Social Workers in Health Care Sector: Challenges Scopes"

One day Seminar on "Roles of Social Workers in Health Care Sector: Challenges & Scopes" as a part of the NSOU sponsored project taken up on 24th May' 2023 in Subhas Chandra Sabhagar, NSOU.Salt Lake Campus. About 46 students of Social Work programme of NSOU and other university like, Rabindra Bharati and Vidyasagar University participated in the seminar. Apart from the students some faculty members from other schools also actively participated in the programme.

The inaugural session began by felicitating Prof Chandan Basu, Hon'ble Vice Chancellor of NSOU, Prof Anirban Ghosh, Director School of Professional Studies (i/c) and Prof Arun Chakraborty, HOD Library and Information Science.

The session then began with a welcome address from Prof Anirban Ghosh, Director School of Professional Studies (i/c). He extended a warm welcome to the participants and said that he was overwhelmed to see the students for the seminar.Prof Ghosh shared that the University always tries to extend best support to the students. Since the students are from Social Work programme, which is professional course they must focus on field work activities. They have to deal with human beings therefore to understand human sentiments they must sincerely carryout their fieldwork activities. In case of any academic matter they may feel free to contact the concerned faculties for support.

Hon'ble Vice Chancellor, Prof Chandan Basu, was then invited for his valuable speech and to officially inaugurate the Seminar.Prof Basu, was glad to address the students and stated that the Seminar was indeed very relevant in today's context as we have just experienced a bad phase during the pandemic era, where many of us have lost our dear ones. This Pandemic has taught us the importance of our health. He further said we have no control over our own body, rather it is been regulated by others fir their economic gains. Therefore we have to be various cautious and think about some ways to improve our health care sector so that no one in our society goes untreated and the health care facility is made available for all without any discrimination. Prof Basu concluded his speech by officially inaugurating the seminar and with a hope that this seminar shall be able to put forward important recommendations for the Social Workers to work effectively in the Health Care Sector.

Smt Kasturi Sinha Ghosh while introducing the Theme of the Seminar said that the seminar was a part of her NSOU sponsored project: "**The Health Status of Rural Women &; Role of the service providers in the enhancement of the Health care services: An exploratory study in the selected district of West Bengal".** She was happy to share that the project was completed successfully. She shared that many interesting facts emerged in her findings which she would later present in the seminar.

Finally Prof Arun Chakraborty, in her speech said that Govt. keep on launching several Health Programmes and Schemes for us from time to time, but if the people do not get the right information then this effort of the Government is meaningless. Therefore we must have mechanism to disseminate informations to the people so that they are able to enjoy their basic entitlements.

The inaugural session concluded with the Vote of thanks Ms Debadrita Mandal, the Project Assistant of the NSOU Sponsored Project, after which after a short tea break was announced.
In the next session the Resource persons Somdeb Mukherjee, District Programme Manager, Department of Health and Family Welfare, Govt of West Bengal and Ms Jhilam Banerjee, Psychiatric Social Worker, District Mental Health Department, Govt of West Bengal were invited to give their lectures on "Health Care Infrastructure of West Bengal and Social Work intervention"

and “Mental Health problems of the vulnerable and coping methods” respectively. Their speech was really though provoking and was loaded with recommendations. From their discussion it was understood that social workers indeed can make lots of contribution in the society in promoting health and hygiene.

As a case worker a Social worker may work in clinical set up, as Medical Social Workers and conduct counseling sessions. They may even work as Tele-Mental Health professional.
Social Group Work can be carried out through Peer Group Interventions in various School health programmes, by extending support to the group of patients, conducting Mahila Arogya Samity and even by adopting Buddy Approach in preventing the spread of diseases.

Community Organization may be taken up conducting National Health Programmes, Awareness Campaigns, Pandemic and Epidemic Management and Mobile Medical Camp.
Social Work Research may be carried to know about the Socio-economic perspective of disease-load, Academic degree purposes, Occupational health etc, while Practices in Secretariat & Directorate, Programme Management Units, and Convergence e.g. 3rd Saturday meeting between Health & ICDS can be a good example for Social Welfare Administration. Lastly Social Action can be applied to promote Gender sensitivity , addressing superstition, carrying campaign & advocacy for save the Girl Child, controlling child marriage and teenage pregnancy.

Thus professional Social Workers in Govt. Health Sector can play many important role as a Consultant and Programme Manager for various programmes. After the speaker finished, there was a wonderful interactive session where the audience got a chance to ask questions and clear up any questions they had for the presenters.

The last session was the technical session, which was chaired by Prof Arun Chakraborty and there were four paper presentations.
One of the presenters shared the effect of rapid urbanization on the health, particularly in the Rajarhat Area. The presenter opined that rapid urbanization is a result of migration, which leads to overcrowding of the city areas, leading to development of slums. Further poor drainage and sanitation leads to stomach infection. There is an increase in the percentage of iron in water which

causes problems related to hair, teeth & skin. With the exchange of culture there is a drastic change in the socio cultural life style of the people of Rajarhat area, originally the inhabitants who lived in panchayat area, are now a part of urban community, they try adopting the life style of the urban communities. So they try to change their way of living, thus there is a change in their food habits also, They are getting habituated to processed food, and thus obesity and unhealthy life style is becoming a common in this area. Too much of traffic has made this area accident prone.

In another presentation, the State Government's role in health care system was very well highlighted. The main problems with the state-sponsored health insurance programme Swasthya Sathi in West Bengal are that the respondents are having trouble due to procedural problems, and the majority of those who are already signed up only receive coverage for 10–20% of their expenses while paying 75–80% out of pocket, even though their claim should be 100% covered since the mentioned programme guarantees coverage up to 5 lakhs per family per year.

Prof Chakraborty said from the technical session many interesting findings and facts have emerged

and these findings may be of great help to our students who intend to work in the area of health care sector. The Seminar came to an end after the distribution of certificates.

Recommendations

In this section we may propose some recommendation to promote health for women.In our societies, women are important. A healthy population of women will result in a healthy family, neighborhood, and country.We need to address problems with reproductive health, maternal fatalities, malnutrition, and non communicable illnesses through high-quality, reasonably priced health care provided by universal health coverage in order to improve women's health.To improve the health of women, a holistic, all-encompassing, and life-course strategy is required, beginning with pregnancy and continuing through the newborn, childbearing years, childhood, adolescence, and ageing stages. Women must have the power to look after their own health.

- Awareness generation regarding proper disposal in open spaces should supervised properly to avoid public health and environment hazards or eradicate health related problems.
- Helping women in the lowest socioeconomic groups gain access to sexual, health, and reproductive rights. Strengthening urban health facilities by providing training on various women related health issues.
- Successful community supervision by health workers would handle various vulnerable situations.
- Strengthening community groups and making them responsible for maintenance of health and hygiene of community people from time to time.
- Introducing different preventive health agenda to the SHGs in the area to strengthen urban health facilities.
- Liaison with stakeholders to address and develop need specific appropriate action plans regarding local health issues.
- Improving health communication through interactive group and interpersonal methods at the grass root level.
- Time to time mass media initiatives and advocacy with various stakeholders.
- Establishing referral linkages with the different stakeholders of health community services.
- Organizing special awareness camps at the educational institutions to promote sexual health programmes for adolescent boys and girls.
- Promote special intervention strategies to be adopted and implemented on health care activities to focus on areas like malnutrition, personal and environmental hygiene,

sanitation, preventive health care, reproductive health etc.

- The overlapping responsibilities of the state and central government should be handled properly.
- Developing information, education, communication (IEC) activities under any programme, related to awareness generation needs to be emphasized
- Equal representations of women in health sector leadership and in decision-making processes.
- Efforts need to be made in reducing barriers to accessing hygiene and sanitary materials.
- The continuity of core health services, including sexual and reproductive health must be ensured.
- Dissemination of right medical information to all women and girls, including those in remote and rural communities.
- Understanding the Health culture of the different communities
- Recruitment of Male health workers to work with the community as well Female doctors are needed to treat the women of the communities.
- Timings of the OPDs may be flexible particularly for the female patients.
- Schools must play important role.
- Promoting indigenous treatment methods.
- Involving community members to give their inputs to enhance the treatment methods

Social Work in Tackling Health Problems of Women

This project explores health inequalities as a central global issue for social work. Efforts are taken to develop understanding of social work's contribution to addressing this profound and pervasive social problem. Direct interventions with individuals, families, groups, communities, and populations are considered, together with policy formulation, service design, and development, research, and education. We will take a holistic view of health, emphasizing the interconnectedness of psychological or emotional well-being and physical dimensions to health. Global health inequalities is a product of social inequalities, thus we will try to see how social workers may be engaged in combating health inequalities across the life course.Focusing on preventive measures that both enhance and expand upon the resources of disadvantaged local communities to improve

their health is one facet of social work's commitment to addressing health inequities. In essence, social work is an interventionist field that identifies the detrimental effects of social injustices on health outcomes and experiences, as well as why this is a pertinent area for social work intervention. Additionally, it draws attention to certain aspects of how practises and policies ought to recognise and address disparities in global health. Social workers can help vulnerable populations, particularly women, take care of their health needs by applying their beliefs and abilities. There is a need for social workers to gain understanding of the social character of health in all its dimensions like – physical, mental, emotional, and social. Social Workers must understand the, local health culture, taboos and believes of the women The educators of social workers must prepare the students so that in future they, may be trained to work with the pressing health inequalities and priorities of the day and the different kind of health issues faced particularly by the women of our community, and try to understand the reason behind such ailments.

Role of Social Work in Public Health

Ensuring that families and individuals receive psychological services

Encouraging consumer participation in the planning and evaluation of services; collaborating with professionals from other disciplines to deliver comprehensive care; promoting social work values, such as self-determination, within the health care system; and educating consumers and health care providers about community service networks

Finding systemic barriers to service utilisation or access; recording social problems impeding the pursuit of health and advocating for program/policy modifications to alleviate those conditions.

Since social work focuses on the individual in their environment, systems theory offers a helpful conceptual framework for social work practise.

The theory presents a comprehensive perspective on individuals, their issues, and circumstances. It assists social workers in recognising and comprehending the social milieu, identifying principles of practise that are applicable in various settings, and integrating social work theories to promote unity within the profession. As a result, social workers who operate in the fields of disease prevention and health promotion can utilise the systems approach in their planning, evaluation, and intervention processes, which may result into noteworthy outcomes. This viewpoint is

consistent with the optimal strategy for promoting health, which is the ecological perspective, which aims to affect institutional, communal, intrapersonal, interpersonal, and public policy aspects. "Advocacy, organisational change efforts, policy development, economic supports, environmental change, and multi-method programmes" are added to educational activities by this strategy.

Conclusion

The concept of health promotion is far broader than that of illness prevention. Intervention in health promotion aims to enhancing people's overall well-being, and Targeted processes

or disease agents are not mentioned."Health promotion goes beyond specific medical focuses on and accepts less precise notions of health, development, and social improvement

While concluding we may say that poor eating habits, unhygienic practices, and traditional mentality have all contributed to the poor health of rural women in the chosen districts. The most important factor is gaining good health and improving the country's economic situation. Governments, NGOs, and families must show a strong and ongoing commitment to improving women's health. Additionally, a supportive policy environment and well-targeted resources are needed. Clinics and neighborhood-based programmes may be beneficial. Providing services for women and children in close proximity to one another frequently improves health outcomes, lowers time and travel expenses for women, and lowers overall service delivery costs. Due to war, economic instability, and the HIV/AIDS pandemic, many of the small improvements in women's health made in recent decades are now in danger or have already been undone. Although obstetric, family planning, and basic health care services are necessary for women, millions of people still lack access to them. For women to fully participate in the design and provision of health services, gender-equitable approaches to health are required. The organised way in which a society responds to the needs and health issues of its people is through the health care delivery system. Countries vary greatly in terms of their economic potential and income levels, the variety of health issues and needs they face, how they respond to those needs, and the extent of central management, funding sources, and control over the organisation, planning, and coordination of their health care systems. The quality of a healthcare system is demonstrated by its finance, coverage, equity, and efficient use of resources. The ageing of the population, the prevalence of lifestyle risk factors and the rising burden of non-communicable diseases, new medical innovations, rising costs, a lack of community involvement, and intersectoral cooperation and actions are just a few of the new challenges that healthcare systems are facing. Accessibility to medical care and barriers to care that may arise due to location, financial constraints, bureaucratic responses to the patient, and social distance between the patient and service provider are important determinants of

health seeking behaviour among rural women. Throughout an individual's life, health systems bear a critical and ongoing responsibility for their health. They are essential to the normal growth of people as individuals, as families, and as society worldwide. Stronger health systems built on primary healthcare are essential for making significant progress in health towards the UN Millennium Development Goals and other national health targets.In all nations, wealthy or poor, health systems today affect people's lives more profoundly than they ever have. Since people have always sought to preserve their health and treat illnesses, there have existed various forms of health systems. Traditional medical practises have been around for thousands of years and frequently coexist with contemporary medicine today. They provide both preventive and curative care and are frequently combined with spiritual counselling.

The multipurpose goal of health services, which is a permanent nationwide system of established institutions, is to address the diverse health needs and demands of the populace and thereby provide health care for individuals and the community. This includes a wide range of preventive and curative activities and makes extensive use of multipurpose health workers. The ownership and profit motive of any health services organisation can be used to categorise it. They can also be categorised based on the patient's admission status i.e., inpatient or outpatient.

Governments and non-governmental organizations need assistance in providing more health services, particularly reproductive health services, to the most vulnerable women. In order to educate disadvantaged women and their families about women's health issues and the value of getting care, communication activities are also required. The level of care a woman receives influences her decision to seek medical attention. Women could not use health treatments even if they are accessible and reasonably priced if they are of low quality. National research has suggested that women might not be as content with the information they get from their medical professionals

Additionally, a number of studies have discovered that medical professionals approach women differently than men . Health care professionals might treat women less well than they treat males.

To reduce gender inequality and advance women's health, education in the classroom and at the community level is crucial, as is the use of the media. Activities geared towards men must be a part of initiatives to promote the health of women. Early engagement with males through school-based and media-based initiatives can be particularly beneficial in influencing their attitudes and behaviours later in life. To encourage safe sex, raise understanding of women's nutritional and health needs, combat gender bias, and lessen violent behaviour, programmes geared at boys and men are required.

The motto "Healthy Women, Healthy World" captures the crucial role that women play in safeguarding the health and wellbeing of their communities as custodians of family health. Additionally, it is the responsibility of everyone involved to offer women access to quality healthcare.

Reference

- Anbu, S. (2020). Health of Rural Indian Women -A Study with Special Reference To Selected Villages In Kanyakumari District. *Health Economics and Management* (pp.39-44) Publisher: TISSL International Publications, New Delhi
- Balambal.V (2011). Health Problems and Prospects of Women with Special Reference to India as presented in *International Conference on Gender and Bioethics* Kazan Russia
- Bywaters, Paul et.al (2009), 'Preventive social work intervention and health promotion', *Social work and global health inequalities: Practice and policy developments* https://doi.org/10.1332/policypress/9781847421951.003.0011, accessed 29 Oct. 2023.
- Deb Nath.B & Barman B. (2017) . Economic and Health Condition of Bramans in Dhanipur Village of Cachar District of Assam *Intellection: A Bi-annual Interdisciplinary Research Journal*
- Mohan.Tet al (2015). "Putting the Men into Menstruation: the Role of men and boys" *Community menstrual hygiene Management* Waterlines Vol. 34 No.1 pp 7-14
- Parveen, N. (2013). *Health and Health Seeking Behaviour of Married Muslim Women in Katigorah Block of Cachar District, Assam* (Doctoral thesis, University, Guwahati).

Links

- http://www.4woman.gov/0wh/
- https://www.health.harvard.edu/topics/womens-health

Appendices

FGD for Women

Semi Structured interview schedule I

Theme 1-Women in their Childhood and adolescence.

Sub theme

Childhood Experiences

Education

Age of attained puberty

Problems in the onset of Menstrual Cycle

Any sessions on Menstrual hygiene

Idea regarding good hygiene practice

Theme 2-Women and their marital life

Sub theme

Age of marriage for women

Compatibility between the couple

Role of In laws

Reproductive life

Decisions related to children

Views about the role of men in family planning

Views about Women's right over her body

Violence or abuse in your marriage

Theme 3-Women ,household and social taboos

Sub Theme

Daily Routine

Religious believes and social Taboos

Treatment and support received by the family during pregnancy and child birth

Eating Habits

Ways of cooking food and collecting water

Toilet facilities

Theme 4-Women and their status in the family

Sub Themes–

Role of families in addressing the problems related to women's health

Decision about children in regard to immunization,education and health

Treatment of son and daughter in the family

What kind of contribution are the men doing for the family

How are you contributing for the family

Initiatives taken when men are in need of medical emergency

Does the family spends enough or are concerned about women in case of medical emergency

Theme 5-

Women and their perspectives about Health

Sub Themes

What are the basic rights of women

Major health problem of women in your locality

Ways of Treatment

Visits to local Primary Health Care Centre

Opinion about family planning

What are the possible consequences of poor health status of women in our society

Theme 6

Women and their knowledge about Health care facility of their locality

Sub Theme

Awareness about various Government Schemes for Health for women in India

Availing these facilities

Acquaintance with the ASHA workers of their area

Idea about the ICDS centre

Kind of experience in Primary Health care Centre

FGD for Men

Semi Structured interview schedule II

Theme 1

Men in their childhood and Adolesence

Sub Theme

Childhood Experiences

Education

Restrictions faced

Attitude of the parents towards them

Where they aware of the health issues faced by the girls of their age

Theme 2

Men in their married life

Sub Theme

Age of marriage

Comptability between the couple

Reproductive life

Decisions related to children

Views about the role of men in family planning

Views about the role of women in family planning

Your Views about Women's right over her body

Should the women be subjected to violence in marriage

Theme 3

Notion of men about family

Sub Theme

Role and duties of men for the family

Role and duties of women for the family

Observing Social and religious rituals

Decision about children in regard to immunization, education and health

Treatment of son and daughter in the family

Theme 4

Status of women in Family

Sub Themes

Daily Routine of women

Expectation from mother, wife and daughter

Practicing Religious rituals and social Customs

Treatment and support received by women during pregnancy and child birth

Does the family spends enough or are concerned about women in case of medical emergency

Diet and Eating Habits of women

Ways ofcooking food and collecting water

Toilet facilities for women

Theme 5-

Men and their perspectives about Health

Sub Themes

What are the basic rights of an individual

Major health problem of Men and women your locality

Ways of Treatment

Visits to local Health care centres

Opinion about family planning and participation of women for the same

What are the possible consequences of poor health status of women in our society

Theme 6

Men and their knowledge about Health care facility of their locality

Sub Theme

Awareness about various Government Schemes for Health ,especially for women in India

Availing these facilities

Acquaintance with the ASHA workers of their area

Idea about the ICDS centre

Kind of experience in Primary Health care Centre

FGD for Mixed Group

Semi Structured interview schedule II

Theme 1

The major health problems as well as the reasons behind these health hazards faced by the rural women of the districts under the study

The major health problems of Men and women of rural areas

Awarenessabout the health related hazards

Daily Routine of Women and Men

Theme 2

The Gender based differences created by socio- cultural practices which lead to health deprivation of the rural women of West Bengal.

Are the rural families spending enough to improve the social status of the daughters and women members of the family as they do for the boys and men of the families?

Need for education for men and women

Role of families in addressing the problems related to women's health with seriousness

Role of families to provide basic amenities to protect the women members from domestic drudgeries

Theme 3

The consequences of inadequate health status of women on the societal structure of the rural areas of the districts under study.

What are the effect of inadequate ante natal as well post natal services on women and their children after their deliveries?

In what ways the lack of knowledge related to family planning, lead to high fertility rates which may lead to population explosions and further results in other social problems

Theme 4

Knowledge about the health care system in the locality

Awareness about the various health related schemes which are especially meant for women

Are they acquainted with the ASHA workers of the village and do they avail legitimate facilities from them?

Kind of treatment received by women from the local health workers and other health officials of the health care centres