

## **A STUDY ON WOMEN'S ACCESS TO HEALTH FACILITIES WITH SPECIAL REFERENCE TO MORIGAON DISTRICT OF ASSAM**

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### **1.0 INTRODUCTION**

Health is the state of being free from illness or injury. The term also refers to both physical and mental wellbeing of a person. The state of wellbeing of a person is dependent upon many factors. World Health Organization recognized sex and gender as important determinants of health among them in 2010. Beyond the biological differences of sex, gender roles, norms and behavior have an influence on women's access to health services and the health systems according to their different needs. Health of women which differs from men in many unique ways, but it is often treated as simply women's reproductive health. WHO considers that an undue emphasis on reproductive health has been a major barrier to ensuring access to good quality health care for women.

Gender is one of the main social determinants of health-which include social, economic and political factors that play a major role in the health outcomes of women in India. Women's health can be examined in terms of multiple indicators, which vary by geography, socioeconomic standing and culture. In India, the health care system is quite unsatisfactory due to the inadequate number of healthcare personals including doctors and nurses in comparison to its total population. Moreover, the health care system is highly concentrated in urban areas. Again, nearly two third health workers in the country are men. This especially affects the rural areas where most of the doctors are men. Therefore the problem of women's access to health care services is multidimensional. The country has achieved some sorts of success to reduce infant mortality and maternal mortality after the implementation of National Rural Health Mission (NRHM) in 2005. But India women are still far beyond from the state of total psycho-physical wellbeing.

### **2.0 STATEMENT OF THE PROBLEM**

The study has been entitles as **“A Study on Women's Access to Health Facilities with special reference to Morigaon District of Assam.”**

### **3.0 SIGNIFICANCE OF THE STUDY**

Access to any facility means helping people with the particular facilities. It is a complex concept and at least four aspects require to evaluate-availability of services; relevance and adequacy; opportunity and ability to obtain the service exists and financial, organizational and social or cultural barriers that limits the utilization of services. Facilitating access to health is the synchronizing of these four factors to have appropriate health care resources in order to preserve or improve their health. Thus access measured in terms of utilization is dependent on the affordability, physical accessibility and acceptability of service not merely adequate supply.

According to Directorate of Health Services, Government of Assam, there are 18 PHCs and 123 Sub centers in the Morigaon district in order to provide health services to its population. Apart from these there are a number of government schemes and non government organizations to access health services, but most of these services are mainly related to reproductive health of women. The greater part of the district is an alluvial plain, because it consists of river Brahmaputra, bills and marshes. Therefore areas are basically flood prone. During rainy season many parts of the district became disconnected from the main land. Besides these, there is also number of char areas without road communication. Hence, in case of Morigaon district of Assam mere availability of facilities may not mean accessibility of facilities, therefore a thorough study may help to understand the situation.

### **4.0 OBJECTIVES OF THE STUDY**

- (1) To know about the availability of the health facilities in Morigaon district of Assam.
- (2) To study the nature of the problems that women face in order to avail the health facilities.

### **5.0 METHODOLOGY OF THE STUDY**

#### **5.1 Area of study:**

In this study five villages- Baghjap, Manaha, Baghmara, Pachim Nagaon and Nakhola in Mayong Development Block of Morigaon District have been selected. The reasons behind the selection are- Baghjap is about 5 km and; Manaha and Baghmara are about 11 km away from Jagiroad township. On the other hand, Pachim Nagaon and Nakhola are situated in the proximity of Jagiroad. People belonging to diverse culture are living in the surrounding areas. But the inhabitants of these villages are mainly Tiwas and the chief occupation of the villagers is cultivation.

## 5.2 Method:

In this study Descriptive Survey method has been used. With this method data can be collected from a relatively large number of cases at a particular time.

## 5.3 Population and sample:

The sample has included hundred married women between the age of 20 to 50 both literate and illiterate from the above villages. The method of sample selection was purposive. The following table shows the distribution of the sample

Table No.1:The sample

Villages	Literate	Illiterate	Total
Baghjap	10	10	20
Manaha	10	10	20
Baghmara	10	10	20
Pachim Nagaon	10	10	20
Nakhola	10	10	20
Total	50	50	100

## 5.4 Tools:

In order to collect data the investigator used a self-prepared questionnaire consisting of four areas relating to health care-

1. General information
2. Issues relating to general health
3. Medical Assistance
4. Issues relating to reproduction.

## 5.5 Delimitation of the study

- i. This investigation is confined to Jagiroad area.
- ii. The conclusion of the present study has been derived at on the basis of the study of only five villages.
- iii. The findings of the study were based on the survey of 100 married women of Morigaon district of Assam.

## 6.0 Analysis and interpretation of data

1. General information (Educational qualification): The following table shows the educational qualification of the sample.

Table no.2: Educational qualification of the sample (N=100)

Educational level	Age	
	20-40 years	Above 40 years
Illiterate	16%	34%
Class I to IV	10%	8%
Class V to HSLC	15%	4%
Class XI to XII	7%	-
BA and above	6%	-

### Occupation and Income:

60% of the women were engaged in household activities- cooking, animal husbandry, weaving and knitting, collecting fire wood and herbs and roots from nearby forests and hills, fishing etc. and earned some amount of money from other engagements. The other 40% were engaged in different private and public jobs according to their educational qualifications and earned their salary according to their jobs ranging from 1000 to 50,000 and above.

2. Issues relating to general health:

Table No.3:Response regarding general health issues(N=100)

Questions regarding health related issues	Response(in%)					
	Literate		Illiterate		Total	
	Yes	No	Yes	No	Yes	No
Importance of good food	45	05	40	10	85	15
Importance of immunization for girl child	40	10	30	20	70	30
Importance of maintaining hygiene	42	08	32	18	74	26
Importance of pure drinking water	47	03	40	10	87	13
Use of pure drinking water	30	20	25	25	55	45

Most of the women (85%) were aware of the importance of good food, proper immunization and hygiene. In case of immunization, 70% women have understood its importance. 74% of the sample was in favour of importance of maintaining hygiene. Again 87% have reported that they understood the importance of pure drinking water and 55% used pure drinking water after boiling or used water filter.

### 3. Medical assistance:

Table No.4:Response regarding medical assistance(N=100)

Questions regarding health related issues	Response(in%)					
	Literate		Illiterate		Total	
	Yes	No	Yes	No	Yes	No
Normally goes to doctor during illness	33	17	07	43	40	60
Goes to doctor for their own illness	45	05	30	20	75	25
Performing Puja and rituals to cure disease	12	38	38	12	50	50

The study reveals that during illness most of the sample (60%) adopted traditional home remedies and in extreme cases only they called for doctors. Along with the traditional home remedies, 50% Tiwa women has reported that they perform various Puja and rituals also, particularly in case of measles, chicken pox, jaundice and problems of new born babies or infants. 75% women have reported that they normally do not go to doctors for their own illness, but if it is too serious then only their husband or other family member take them to doctors.

### 4. Issues relating to reproduction:

Table No.5:Age of the sample at the time of marriage (N=100)

Age of the sample at the time of marriage	Response(in%)		
	Literate	Illiterate	Total
16 to 20	04	30	34
21 to 25	33	15	48
26 to 30	12	05	17
31 to 35	01	-	01

i. Marriageable age: The study shows 60% of the illiterate group got married at the age between 16 to 20 years. On the other hand, 70% of the literate women got married at the age of 20 to 30 years.

ii. Care during Pregnancy:

Table No.6: Showing response regarding care during Pregnancy (N=100)

Questions regarding care during Pregnancy	Response(in%)					
	Literate		Illiterate		Total	
	Yes	No	Yes	No	Yes	No
Get rest during pregnancy	40	10	30	20	70	30
Provision of regular medical check up	33	17	15	35	48	52
Use of special food	52	25	15	35	40	60

It is evident from the table that 70% of the women got rest and some sort of care during pregnancy. During that period no hard work were assigned to them but they were required to do regular household activities like cooking, cleaning etc. Again, only 48% has gone through regular medical checkup during pregnancy. Though 35 out of 50 illiterate women has reported that they did not take medical help but most of them are above 40 years of age. The young women nowadays take medical help during pregnancy. Only 40% of the total sample(25% from literate and 15% from illiterate) has been provided special food during pregnancy though not regularly.

iii. Abortion: 80% of the total sample did not prefer abortion and they had not gone through it. Only 20% had gone through abortion once or twice to get rid of unwanted pregnancy. Again all these women who have gone through abortion were literate and they went through it in order to maintain small family.

iv. Number of children: The number of children was found more among the women of the age group 40 and above who did not have any formal education. The reason was that they normally did not know about abortion. Moreover, lack of information about contraception also contributed to the increasing number of children. But the young and educated women had less number of children (one or two).

v. Maternal and infant mortality: Only 04% of the sample had maternal mortality in their families in the last five years and none of the sample had problem like death of new born or still born.

## 7.0 FINDINGS

The study reveals that

1. There is no incidence of killing or abortion on the basis of sex. Women of Morigaon District even do not prefer abortion. If somebody aborts her pregnancy, it is get rid of unwanted pregnancy.
2. Most of the women normally do not go to doctors for their own illness unless it too serious. But they take help of doctors for their children and husbands.
3. Regarding food, they eat after feeding the other members of the family. If any shortage occurs, mothers sacrifice their shares first and then daughters.
4. There is difference in attitude between literate and illiterate group of women about marriageable age for girls.
5. Most of the literate women go through regular medical checkup, have rest and get some short of care during pregnancy.
6. Both literate and illiterate women use traditional medicines or home tips and They also perform various Puja and rituals for curing illness.

## 8.0 CONCLUSION

The health status of the women of Morigaon District is not at all satisfactory. Shifting of health care from the public to private sector compels the people to borne heavy financial burden and since in many cases treatment option is only with the private sector. Therefore, poor people can't afford those highly costly treatments and have to die without proper medical treatment. It is the responsibility of the government to take appropriate measure to improve the health status of the people by providing quality health care services in all areas along with food security, safe drinking water, housing, toilet and electricity etc.

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