CHAPTER VIII

SUMMARY AND CONCLUSIONS
The present research study was carried out to find out the health status of women working in different fields and their access to health services in Belgaum district of Karnataka State. The major findings of the study are as follows.

- It has been observed from our study that considerable number of women respondents belonged to the General Merit/Upper Caste which accounts 42.86 percent in rural areas and 37.14 percent in urban areas. Further, out of the women respondents interviewed, 38.29 percent and 41.71 percent belonged to SC/ST, 9.14 percent and 10.86 percent belonged to Backward classes and 9.71 percent and 10.29 percent belonged to Minority in rural and urban areas, respectively.

- As evident from our study it is observed that 25.71 percent women respondents in rural areas and 30.28 percent women respondents in urban areas were concentrated in the 21-30 years age group.

- Study results shows that 65.71 percent in rural areas and 70.28 percent in urban areas were married. There were 4.00
percent women respondents in rural areas and 9.14 percent in urban areas were unmarried.

• The study results as regards the age at marriage 35.09 percent women in rural areas and 23.56 percent women in urban areas married before 15 years of their age followed by 57.89 percent and 47.78 percent women respondents who married at 16-20 years, respectively. Women respondents who married between 21-25 years constitute 4.68 percent and 24.84 percent in rural and urban areas, respectively.

• According to our study majority of the women respondents (63.64 percent in rural areas and 47.45 percent in urban areas) are found to have 3-4 children. Women respondents with 1-2 children constitute 27.27 percent in rural areas and 46.71 percent in urban areas.

• As study data shows among the women respondents sampled for study who have children 79.36 percent in rural areas reported that they leave children in street/alone at home when they go outside for work. As against this in urban areas 35.77 percent women reported that mother-in-law looks their children when they go outside for work.

• Examination of the educational status of women respondents shows that 68.58 percent in rural areas and 34.86 percent in urban areas were illiterate. Further examination of the
educational status of women respondents shows that 29.14 percent in rural areas and 20.00 percent in urban areas had education up to primary level (I-VII standard) and 2.28 percent in rural areas and 12.00 percent in urban areas had education up to secondary level (VIII-X standard). Further, study findings shows that 17.71 percent women respondents possess under-graduation, 11.43 percent women respondents had education upto pre-university (PUC), 2.29 percent women respondents had post-graduation, 1.71 percent women respondents completed professional courses (i.e., TCH, B.Ed, ITI, Polytechnic etc) in urban areas.

- As per our study results majority of the women respondents are found to have nuclear family i.e., 78.29 percent in rural areas and 68.00 percent in urban areas. However, 21.71 percent and 32.00 percent women respondents have joint family in rural and urban areas, respectively.

- Data regarding size of the family shows that majority of the households are found to have 3-4 members (45.14 percent in rural areas and 42.29 percent women in urban areas). Whereas, 18.86 percent in rural areas and 34.85 percent women in urban areas reported that their family members constitute up to 2.
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- As per our study findings 93.14 percent in rural areas and 61.71 percent in urban areas live in kachcha houses and 6.86 percent in rural areas and 5.71 percent in urban areas live in semi-pucca houses. However, in urban areas, 28.00 percent women stated that they live in pucca houses.

- As regard source of drinking water it is found from our study that 67.42 percent women respondents reported public tap was the main source of drinking water. In case of urban areas, an improved source of water for drinking includes private tap as reported by 30.28 percent. However, it is unsatisfactory to note that 56.00 percent women stated that they depend on public tap for drinking water in urban areas.

- The study results depicts that majority of 94.28 percent in rural areas and 39.4 percent in urban areas use wood as fuel for cooking. Study results further reveals that 45.72 percent women respondents in urban areas rely on LPG gas for their cooking.

- It has been found from the study that 94.29 percent in rural areas and 32.00 percent in urban areas reported houses without toilet facility. Whereas, houses with toilet facility constitutes only 5.71 percent in rural areas and 68.00 percent in urban areas.
In the present study 88.80 percent women in rural areas and 58.53 percent women in urban areas feel that their husbands are 'happy' with their participation in work.

The exploration into the occupational status of the women respondents shows that 85.71 percent were agricultural labourers and 14.29 percent were self employees in rural areas. As against this, in urban areas 22.86 percent were industrial labours followed by made servants (22.86 percent), government employees (22.29 percent), construction labourers (17.14 percent) and self-employees (14.85 percent).

It has been found from our study that 93.71 percent women respondents have started to work due to economic strains on the family. Whereas, in case of urban areas 68.00 percent women started working because of economic strains on the family.

In the present study, considerable income variation has been found in the income status of women respondents in study areas. In case of rural areas, 92.00 percent women respondents possess a monthly income up to Rs.2000, and 8.00 percent women respondents possess a monthly income Rs.2001-5000. Whereas, in case of urban areas, 58.85 percent women respondents belong to the income group of up to Rs.2000, 19.43 percent women respondents belong to
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income between Rs.2001-5000, 8.58 percent women respondents belong to income group between Rs. 5001-10,000, 10.28 percent women respondents belong to income group between Rs.10,001-25,000 and 2.86 percent women respondents belong to income group of Rs.25,001 and above.

• In our study 74.42 percent and 74.28 percent women in rural and urban areas reported weakness, respectively. Further, 43.42 percent and 76.57 percent in rural areas and urban areas reported Back pain as health problem followed by Pneumonia (53.14 percent and 54.85 percent), Psychological problems (28.00 percent and 23.42 percent) in rural and urban areas, respectively.

• It has been found that 38.29 percent women respondents stated that they have health problem due to excess burden of work while working outside. And 26.29 percent women respondents stated that long working hours was the next main reason which results in health problem of women. In case of urban areas, 44.57 percent women reported ‘excess burden’ as main reason for their health problem.

• As study illustrates 65.14 percent in rural areas and 53.14 percent in urban areas stated that they themselves attend the family works during their illness. However, 20.58 percent women in rural areas reported that their children did their
works and 10.86 percent women in urban areas reported that made servants attended house works during their illness.

- The study reported that 81.14 percent of women in rural areas and 32.57 percent women in urban areas prefers to visit Government Hospitals/PHCs when they get sick. Whereas, 9.72 percent women in rural areas and 51.43 percent women in urban areas prefers to visit Private Hospitals when they get sick.

- The study results shows that in rural areas 65.71 percent women respondents preferred to visit hospital when they were suffering from the health problems. Further, the distribution of the data for the women respondents of urban areas reveals that 72.58 percent women respondents preferred to visit hospital when they were suffering from the health problem.

- It has been found from study that 67.82 percent women respondents stated that they get permission to visit hospital when they were suffering from illness. Further, the distribution of data for the women respondents of urban areas reveals that 85.82 percent women stated that they get permission from their husband/parents.

- As evident from study that 86.86 percent in rural areas and 48.58 percent in urban areas stated that they did not prefer to take rest during their ill health.
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- As per our study it has been found in rural areas, that 84.21 percent women respondents did not take rest during their illness because of 'inevitable to work outside'. Whereas, in case of urban areas 70.59 percent women respondents stated that they were unable to take rest during their illness because of 'inevitable to work outside'.

- It has been found from study that 32.12 percent women respondents reported that they themselves take the decision to visit hospital, and 62.42 percent women respondents reported that husband take the decision to visit hospital in rural areas. Whereas, in case of urban areas, 57.36 percent women respondents reported that they themselves take the decision to visit hospital, and 39.54 percent by husband.

- The data collected regarding medicine taken in rural areas, only 29.10 percent women respondents reported that they take medicine when they are sick. And 58.28 percent in urban areas reported that they take medicine when they are sick.

- From the study it is clear that only 10.72 percent women reported that they purchased full drugs/medicines prescribed by the doctors, however, 58.93 percent women reported that they purchased half drugs/medicines and 30.35 percent women reported that they purchased quarter
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Drugs/medicines prescribed by doctors in rural areas. As against this, in urban areas, 39.22 percent women reported that they have purchased full medicines prescribed by doctors followed by half (46.08 percent) and quarter (14.70 percent).

- It is recorded from our study that an overwhelming 85.71 percent women respondents in rural areas stated that they do not purify water prior to drinking. Similarly, in urban areas 60.00 percent women stated that they do not purify water before drinking.

- Study results presents that 78.28 percent women in rural areas consumes pulses followed by milk (74.28 percent), green vegetables (42.42 percent), non-veg (37.71 percent) and fruits (24.00 percent). Whereas, in case of urban areas, 84.00 percent women reported that the consumes green vegetables followed by pulses (78.28 percent), milk (66.28 percent), fruits (62.28 percent) and non-veg (33.14 percent).

- Study results reveals that an overwhelming 92.00 percent women in rural areas and 62.29 percent women in urban areas stated that drainage facility is not extended to their houses.

- Study results shows that large majority of 84.00 percent in rural areas dispose waste 'close by'. As against this, in urban areas 35.42 percent women stated that they dispose
waste 'close by', followed by kitchen garden/soakage pit (33.15 percent)' and 'into street (31.43 percent)'.

- As particulars of data indicates that 60.57 percent women in rural areas wash vessels before serving food in it. Whereas, in case of urban areas, 81.14 percent women stated that they wash vessels before serving food in it.

- The study reported that in rural areas, 53.72 percent women respondents stated that they themselves bears medical expenses in case of their ill-health and 45.14 percent women respondents stated that their husband bears medical expenses. As in case of urban areas 45.71 percent women respondents stated that they themselves bears medical expenses in case of their ill-health and 34.28 percent women respondents stated that their husband bears medical expenses.

- As evident from our study only 2.29 percent women in rural areas and 11.42 percent women in urban areas reported that their employer arranged for medical check up during their illness.

- As study results explores majority of women respondents responded for our question about their break-fast before going in urban areas, whereas rural women responded negatively.
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- As revealed by our study in case of rural areas, 53.71 percent women reported that they have medical store in their villages and all women in urban areas stated that they are having such facility in their towns/city.

- The exploration into the quality of medical services delivered by the Government Hospitals / PHCs it is clear that 45.14 percent and 64.57 percent women expressed their dissatisfaction and stated as 'poor' quality medical services in rural and urban areas, respectively.

- The study results shows that 34.29 percent in rural areas and 22.29 percent in urban areas reported that the facilities like injections/laboratory tests/X-rays were provided in Government Hospitals/PHCs.

- It is observed from study that 70.19 percent women respondents in rural areas and 88.02 percent women respondents in urban areas received antenatal care for their last child birth.

- Study results explores that 91.15 percent and 8.85 percent women respondents in rural areas and 58.40 percent and 41.60 percent women respondents in urban areas received ante-natal care services in Government Hospitals/PHCs and Private Hospitals, respectively.
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- It is clear from the study that 51.33 percent and 73.60 percent women received antenatal care from doctors followed by 35.45 percent and 16.00 percent by ANM/Nurse in rural and urban areas, respectively.

- The study categorically highlights that 49.56 percent women respondents in rural areas visited up to 3 times, whereas 36.00 percent women respondents in urban areas visited 4-6 times during their last pregnancy. Further, 29.20 percent women respondents in rural areas had 4-6 times ante-natal visits and 33.60 percent in urban areas had 4-6 times ante-natal care visits.

- As study explores that 31.85 percent women had their first ante-natal care visit in the first trimester of pregnancy in rural areas. Whereas, majority of 54.40 percent women in urban areas had their first ante-natal care visit in the first trimester of pregnancy.

- According to study results 38.50 percent women in rural areas reported their last delivery by doctor, 21.74 percent by ANM/Nurse. However, it is unsatisfactory to note that 22.98 percent and 16.78 percent women stated that their last delivery was attended by relatives and untrained dai, respectively. Whereas, in case of urban areas deliveries/births assisted by Doctor accounted 60.56 percent, 16.20 percent by
ANM/nurse, 13.38 percent by untrained dai and 9.86 percent by relatives/friends.

- The study results explores that in rural areas 45.35 percent women reported their last delivery took place at home. Deliveries took place in health facilities like Government Hospitals constitute 53.41 percent followed by Private Hospitals (1.24 percent). As against this, in case of urban areas 47.86 percent deliveries occurred in Private Hospitals and 37.85 percent in Government Hospitals. However, still 14.29 percent deliveries occurred at home.

- It is evident from the study that of the total married women respondents 95.03 percent in rural areas and 67.61 percent in urban areas know female sterilization method.

- As per the study it is found that women in rural areas have heard or saw family planning message primarily through radio (63.35 percent) followed by television (36.65 percent). As against this, in case of urban areas, the women who heard or seen family planning message on radio constitute (47.18 percent) followed by television (44.37 percent).

- The study data reveals that in rural areas who discontinued contraceptive methods in study area reported 'lack of knowledge about family planning (78.85 percent)' followed by 'family members opposed (9.93 percent)'. It is found from
urban areas that they had to discontinue contraceptive methods 'due to lack of knowledge about family planning (46.47 percent)' followed by 'health do not permit' (23.24 percent).

- As study results explores 65.21 percent women respondents stated that Government hospital was the main source of modern methods of contraceptive. In case of urban areas, Government hospital as source of modern methods of contraceptive was reported by 54.22 percent and private hospital by 17.61 percent.

- It is observed from study that 9.42 percent women respondents in rural areas and 25.71 percent women respondents in urban areas reported that they are benefited from health programmes of Government.
SUGGESTIONS

Following are the suggestions:

- Due to early and compulsory marriage, women could not complete education in time. Hence, efforts should be made to provide job oriented short term courses to them.

- Government should made provision of reservation for women in all working fields.

- Family-friendly and secured job policies needed to be strengthened to promote gender equality at work place.

- There is need for professional education and skill development among women for gainful employment due to Globalization and Privatisation.

- Government should create some alternative home based activities to agriculture labours to increase their income level.

- Occupational health services should be strengthened through capacity building of health care providers in primary health care.

- Government should create effective workplace through health and safety regulations especially in the agricultural labours in rural areas and labours working in unorganised sector in urban areas.
• Women workers policies should be supportive for child care, maternity leave, and conducive for women during maternity and or return to work.

• Government should ensure that pregnant women are supervised by trained health workers with relevant technology to overcome pregnancy risk and provide prenatal and postnatal care during delivery as expeditiously as possible.

• Government should regulate the private health care sector and strengthen public health care accessible to workers from agricultural and unorganized sectors.

• Efforts must be made to educate girls since women's education and their health status is closely linked.

• Quality of family planning services and proper follow up must be ensured. The role of family planning workers need to be increased to minimize the socio-cultural constraints that women face in acquiring services.

• Family planning counseling centres should concentrate more in rural areas.

• Programmes should ensure greater health facility and food security for rural agricultural workers and women working in unorganised through supply of nutricious food.
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- Government should involve women in planning and implementing policies and programmes of health, so that their needs and preferences are explicitly taken into account.