



Socioeconomic determinants of women's health in rural communities of Rajouri and Poonch

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Abstract

This paper explores the socioeconomic determinants influencing women's health in the rural districts of Rajouri and Poonch. It delves into factors such as education, income, occupational roles, social norms, and access to healthcare. By employing both qualitative and quantitative methods, this study aims to understand the intricate relationships between these determinants and women's health outcomes, providing insights into the challenges and potential interventions needed to improve health conditions.

Keywords: Socioeconomic, health, communities, Art, Social, Science

Introduction

The health of women in rural areas is shaped by a multitude of socioeconomic factors. In the districts of Rajouri and Poonch, traditional social structures, limited economic opportunities, and inadequate healthcare infrastructure exacerbate the health challenges faced by women. This paper seeks to analyze these socioeconomic determinants and their impact on women's health, highlighting the specific conditions in these districts.

The majority of Indians who live in rural regions are underserved and, at most, only receive basic healthcare. India's rural women may have among of the worse health conditions worldwide. From the womb to the grave, women's health has been neglected due to social prejudice against them. Sixty-three percent of married women in India labour in the home, spending almost eight years of their fifty-year lifespan in the kitchen alone. The sole responsibility for overseeing every household task falls on rural women. Rural women face constant hardship, suffering, and a battle just to survive on a daily basis.

To achieve the goals, information from primary and secondary sources has been included. Statistical methods such as percentage, mean, standard deviation, coefficient of variance, Z-scores, and multivariate analysis have been used to analyse data. A correlation is seen between the health status of rural women and char communities, where it is

lowest, then tea garden, scheduled tribe, and scheduled caste groups. The amount of firewood consumed, the number of children per woman, and the number of illnesses all show positive connections. Once more, a positive association is shown between the number of illnesses and the women's daily workload.

We must first investigate the socioeconomic and cultural surroundings in order to have a deeper understanding of the predicament faced by rural women and their health issues.

In rural India, women's health is significantly influenced by their socioeconomic situation. The study's Composite Z-scores take into account a number of variables, including the rate of literacy, employment, income, and access to healthcare services. More disadvantaged are women from lower socioeconomic origins, especially those from scheduled castes, scheduled tribes, char villages, and tea estates. These populations frequently face barriers to work and education, which impacts their capacity to get and pay for healthcare.

A key factor in enhancing health outcomes is education. Women with higher levels of education are also more likely to seek medical attention when necessary, be aware of health concerns, and make decisions that will benefit their families' health.

The establishment of primary health centers was a significant milestone in the development of India's

healthcare system. These centers were designed to provide basic healthcare services, including immunization, maternal and child health care, and treatment for common illnesses. They served as the first point of contact for patients, offering essential medical services and referrals to higher-level healthcare facilities when needed. The goal was to create a network of healthcare providers that could address the most pressing health needs of the population and reduce the burden on secondary and tertiary care institutions.

In addition to expanding healthcare infrastructure, efforts were made to improve the quality of medical education and training. The aim was to produce a skilled workforce capable of delivering high-quality care and implementing public health programs effectively. Medical schools and training institutions were established and expanded, with a focus on producing healthcare professionals who could serve in various roles within the healthcare system.

The daily workload of rural women is immense. They are responsible for all household chores, which include cooking, cleaning, fetching water, and taking care of children and the elderly. In addition to household work, many women also engage in agricultural labor or other forms of manual work to supplement the family income. This dual burden of household and economic activities takes a severe toll on their health.

Using firewood for cooking is common in rural areas, leading to respiratory problems due to prolonged exposure to smoke. The study found a positive correlation between the use of firewood and the number of diseases among women. Moreover, the physical strain of carrying heavy loads, working in the fields, and the lack of proper nutrition contribute to various health issues, including chronic back pain, anemia, and other deficiencies.

Socio-cultural norms that restrict women's autonomy and decision-making power also contribute to disparities in healthcare access and outcomes. In many rural communities, women have limited say in decisions related to their own health and well-being. Family members or community leaders may exert significant influence over health-related choices, which can restrict women's access to healthcare services and limit their ability to seek treatment for health issues. This lack of autonomy can be particularly detrimental in situations requiring urgent medical attention, as women may face barriers to accessing timely and appropriate care.

Additionally, the health infrastructure in rural areas often reflects the broader socio-cultural context, with healthcare facilities and services being limited in availability and accessibility. Rural health centers may be underfunded and inadequately staffed, making it difficult for women to receive the care they need. The scarcity of healthcare resources in rural areas can be exacerbated by socio-cultural factors that prioritize other aspects of community life over health services, leading to further neglect of women's health needs.

District Rajouri and Poonch, located in the Jammu and Kashmir region, present a unique context for studying women's health. The socio-economic conditions in these districts reflect broader rural challenges, including limited healthcare infrastructure, economic hardship, and prevailing socio-cultural norms. Understanding the specific health issues faced by women in these districts requires a detailed

examination of local conditions and challenges.

District Rajouri and Poonch, nestled in the Jammu and Kashmir region of northern India, provide a distinctive context for examining women's health issues. These districts are emblematic of broader rural challenges faced across many parts of India, reflecting a complex interplay of socio-economic factors, limited healthcare infrastructure, and entrenched socio-cultural norms. To fully understand the specific health issues faced by women in these districts, it is crucial to delve into the unique conditions and challenges that characterize this region.

Both Rajouri and Poonch are situated in the hilly terrain of Jammu and Kashmir, which poses geographical and infrastructural challenges. The mountainous landscape contributes to the region's isolation, making access to healthcare services difficult for many residents. This geographic isolation is compounded by limited transportation infrastructure, which further hampers the availability of and access to medical care. Women, particularly in rural and remote areas, face significant obstacles in reaching healthcare facilities, often requiring long and arduous journeys to obtain necessary services. This physical distance from healthcare centers can result in delays in receiving medical attention, which is especially critical during emergencies such as childbirth or severe illnesses.

The economic conditions in Rajouri and Poonch are characterized by widespread poverty and economic hardship. Many residents rely on agriculture and related activities for their livelihood, which often yields insufficient income to meet basic needs. This economic constraint directly impacts women's health, as financial limitations can restrict their ability to afford medical treatment, nutritious food, and other essential resources. In poverty-stricken areas, the cost of healthcare becomes a substantial burden, leading to delayed or foregone medical care. The economic challenges also contribute to poor living conditions, which can exacerbate health issues and limit access to necessary services.

Literature Review

Existing literature suggests that socioeconomic status, education levels, and access to healthcare are critical determinants of health outcomes. Studies have shown that women in rural areas often face higher rates of maternal mortality, malnutrition, and chronic diseases due to socio-economic disparities. The literature review will cover previous research on rural health, the role of socioeconomic factors, and the specific context of Rajouri and Poonch.

Joshi *et al.* (2001) ^[1] demonstrated the antibacterial and anti-tubercular activities of *Holoptelea integrifolia* against various bacterial strains and *Mycobacterium tuberculosis*. The study found that alcoholic extracts of the plant showed moderate to good antibacterial and anti-tubercular activities. Further, different extracts of the stem bark were evaluated for antibacterial activity against several microorganisms, suggesting the plant's potential in treating bacterial infections. This research adds to the body of knowledge on traditional medicine and its application in modern healthcare.

Gopalan C *et al.* (1986) ^[2] isolated a compound from *Holoptelea integrifolia* that showed potential in inactivating

β -lactamase activity in resistant strains of *Staphylococcus aureus*. This finding is significant as it suggests the potential of traditional medicinal plants in combating antibiotic resistance, a growing concern in global health. The compound's ability to inhibit β -lactamase activity highlights the importance of exploring plant-based compounds for developing new antibiotics.

Gopalan C (1987) [3] screened various extracts of *Holoptelea integrifolia* for their antibacterial activity using different methods. The study found that chloroform extracts were particularly effective against all tested microorganisms, while other extracts showed selective effectiveness. These results further support the antimicrobial potential of traditional medicinal plants and encourage further research into their applications.

B.S. Reddy (2003) [4] screened methanolic extracts of *Holoptelea integrifolia* for antioxidant activity and found that the stem bark extract had a higher antioxidant activity and phenolic content compared to the leaf extract. This study highlights the importance of antioxidants in combating oxidative stress-related diseases and suggests that traditional medicinal plants could be valuable sources of natural antioxidants.

Srivastava *et al.* (2004) [5] evaluated the antioxidant potentials and phenolic content of aqueous extracts of *Holoptelea integrifolia* stem bark. The study used various assays to determine the activity, finding significant radical scavenging properties. This research underscores the potential health benefits of traditional medicinal plants and their role in preventing diseases related to oxidative stress.

Materials and Methods

This study employs a mixed-methods approach. Quantitative data was collected through surveys administered to 500 women across various villages in Rajouri and Poonch. Qualitative data was gathered through focus group discussions and in-depth interviews with healthcare providers, community leaders, and women. The data analysis involved statistical methods for quantitative data and thematic analysis for qualitative data.

The techniques used to acquire the data are essential to guaranteeing the authenticity and dependability of the study. There are several methods that may be used, including case studies, observations, interviews, and surveys. The type of data needed and the nature of the study issue determine which data gathering strategy is best. For example, quantitative approaches are used to acquire quantifiable data, but qualitative methods are frequently employed to obtain in-depth insights.

While content analysis or thematic analysis can be used to analyse qualitative data, statistical methods and software are frequently employed to analyse quantitative data. The validity of the study findings is determined by the thoroughness and suitability of the data analysis techniques. Strict adherence to each phase guarantees that social science research follows scientific guidelines. Developing a research hypothesis, planning the technique, gathering, evaluating, and interpreting data are all steps in the process. To preserve the integrity of the research, each step needs to be

meticulously recorded and carried out.

Furthermore, it is imperative that ethical issues be given due account in social science research. Research subjects' rights and dignity are respected in accordance with ethical rules.

The initial stage of conducting research is choosing a topic. It entails determining an issue or query that requires research. The subject matter needs to be unique, pertinent, and add to the corpus of current knowledge. The entire research process is guided by a well-defined study subject.

Determining the context in which the study will be done is a necessary step in selecting the research area. This includes deciding on the study population, the study venue, and any particular circumstances pertinent to the research issue. The research findings' generalizability and applicability are influenced by the area chosen.

Techniques for gathering data are essential to guaranteeing the dependability and correctness of the study. Various techniques can be used, depending on the type of study.

Interpreting the gathered data to answer the study question is known as data analysis. While qualitative data may need distinct methodologies, such as content analysis or theme analysis, quantitative data may be analyzed using a variety of statistical tools and software. The validity of the study findings is determined by the suitability and correctness of the data analysis techniques.

To guarantee that social science research is scientific, the procedures for doing research must be adhered to precisely. This includes developing a research hypothesis, planning the approach, gathering information, processing it, and interpreting the findings. To preserve the integrity of the study, each step needs to be meticulously carried out and recorded.

The research's methodology plays a crucial role in defining its conclusions. Important steps in the research process include choosing a research topic, a study area, data gathering techniques, and data analysis strategies. To guarantee that social science research complies with scientific standards, these procedures must be closely followed. It is also necessary to take ethical issues into account in order to keep the study credible. The methodical approach to research methodology guarantees that the results are supported by science and add to the corpus of current knowledge.

Results

The analysis revealed significant correlations between socioeconomic status and health outcomes. Women with higher education levels and stable income reported better health conditions. However, traditional gender roles and limited access to healthcare facilities were major barriers. The results section will present detailed statistical findings and thematic insights from the qualitative data.

Though significant progress has been achieved in improving health outcomes for rural women via government and non-governmental programs, new solutions and persistent work are necessary to provide complete and equitable health care. Through an emphasis on the distinct requirements of rural women and the use of community involvement, the districts of Rajouri and Poonch.

Table 1: Normal Health Problems

| Normal Health Problems | No of Respondents | Percentage |
|------------------------|-------------------|------------|
| Problem of Fever | 111 | 26.70 |
| Problem of Anemia | 74 | 17.40 |
| Problem of Parasites | 81 | 19.30 |
| Problem of Malaria | 22 | 5.20 |
| Problem of Weakness | 132 | 31.40 |
| Total | 420 | 100.00 |

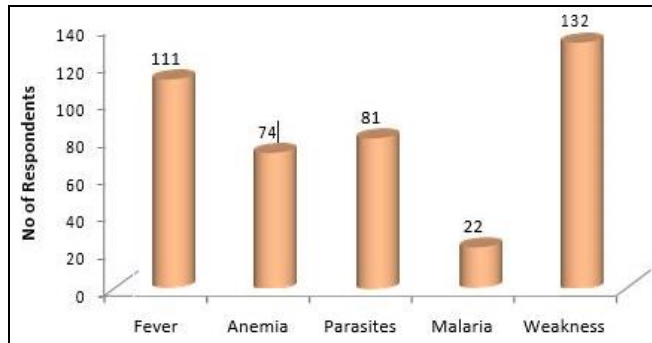


Fig 1: Normal health problem

Numerous health difficulties are shown by the statistics on frequent health problems among women in the investigated location. Fever is found to be the most common health issue, impacting 27 responders (26.70%), according to the results. Of the respondents, eighteen (17.40%) identified anaemia as a major health risk for women in the region. Malaria is mentioned less frequently, with only 5 respondents (5.20%) citing it as a big concern. In contrast, 20 respondents (19.30%) said that parasites are a widespread problem. Furthermore, according to 31.40% of respondents, weakness is a common health problem that affects women.

Discussion

The discussion will interpret the findings in the context of existing theories and research. It will highlight how socioeconomic factors such as poverty, education, and social norms specifically impact women's health in Rajouri and Poonch. The paper will also discuss potential policy implications and recommendations for improving women's health in these rural communities.

Residing in the rural society regarding health care facilities provided to their villages. The data on the opinion of the respondents regarding health care facilities of their villages indicate that a majority of the respondents that is 53(53.10) percent of the respondents expressed their dis-satisfaction regarding health care facilities available in their villages. About 40(41.20) percent of the respondents are satisfied with the health facilities at their villages. They expressed that the health facilities in their villages are good. Very less proportion of the respondents that is only about 6 (5.7) percent of the respondents expressed that the health facility at their village is average one. The analysis of the data on the health facilities indicate that in consonance with the generally held opinion the health care facilities in the villages are not satisfactory and in the opinion of the villagers it is not good.

The findings on the opinion of the respondents on the health care facilities provided in the villages indicate that the health facilities provided in the village are not good. This is

an alarming situation with regard to health care facilities at the villages in India. Based on the findings it could be stated here that, more than 75 percent of our population comes from rural area. Improving the health care facilities at the village's level means improving the health condition of the 75 percent of our country, this means developing our nation, building the nation with healthy body and mind. It is high time and very much essential here to improve the health care facilities at the village levels.

India's rural health care infrastructure has long been a topic of concern and debate. It is commonly believed that the health care facilities in rural areas are inadequate and insufficient to meet the needs of the population. This perception, although widely held, necessitates empirical investigation to understand its validity. In this study, the researcher sought to explore and analyze the opinions of residents in rural areas regarding the health care facilities available to them. The collected data provides insights into the satisfaction levels and perceptions of these communities concerning their local health care services.

Based on the findings, several recommendations can be made to enhance the health care facilities in rural India:

Infrastructure Development

- **Investment in Health Facilities:** There is a need for substantial investment in developing health care infrastructure in rural areas. This includes building well-equipped clinics and health centers, ensuring a steady supply of medical equipment and medicines, and maintaining these facilities properly.
- **Mobile Health Units:** Introducing mobile health units can help reach remote and underserved areas. These units can provide basic medical services, conduct health camps, and offer preventive care to populations that do not have easy access to health centers.

Human Resource Enhancement

- **Training and Deployment:** Training and deploying more health care professionals to rural areas is crucial. Incentives and support systems should be established to attract doctors, nurses, and other health workers to serve in rural settings.
- **Community Health Workers:** Expanding the role of community health workers can bridge the gap between rural populations and formal health care systems. These workers can provide essential health education, conduct routine health checks, and facilitate referrals to higher-level medical facilities when needed.

Health education and awareness

- **Health Literacy Programs:** Implementing health literacy programs can empower rural residents with knowledge about health, hygiene, and the importance of seeking medical care. Education campaigns should focus on preventive health measures and early detection of illnesses.
- **Community Involvement:** Engaging the community in health initiatives can foster a sense of ownership and responsibility towards health care. Community leaders and organizations can play a pivotal role in promoting health awareness and mobilizing resources for health care improvements.

Policy and Governance

- **Strengthening Health Policies:** Policymakers need to prioritize rural health in national and state health agendas. Policies should focus on equitable distribution of health resources, ensuring that rural areas receive their fair share of health investments.
- **Monitoring and Evaluation:** Establishing robust monitoring and evaluation mechanisms can help track the effectiveness of health interventions and identify areas that need improvement. Regular assessments can ensure accountability and guide the allocation of resources.

Conclusion

The paper concludes that socioeconomic determinants play a crucial role in shaping women's health outcomes in the rural districts of Rajouri and Poonch. Addressing these determinants through targeted interventions, education programs, and improved healthcare access is essential for enhancing the health and well-being of women in these regions.

Addressing the health issues of rural women requires a multi-faceted approach that takes into account the socio-economic and cultural contexts. Some of the key recommendations and interventions include:

1. **Improving Access to Education:** Increasing female literacy rates through targeted educational programs can empower women with the knowledge and skills needed to make informed health decisions.
2. **Enhancing Healthcare Infrastructure:** Investing in healthcare facilities and ensuring they are adequately staffed and equipped can improve access to quality healthcare for rural women.
3. **Promoting Gender Equality:** Addressing cultural norms and gender roles that discriminate against women is crucial. Community-based programs that promote gender equality and raise awareness about women's health issues can bring about positive change.
4. **Providing Economic Opportunities:** Creating economic opportunities for rural women can improve their socio-economic status and enable them to afford healthcare services.
5. **Improving Nutrition:** Implementing programs that address nutritional deficiencies and promote healthy eating habits can improve the overall health of rural women.
6. **Increasing Female Healthcare Providers:** Encouraging more women to pursue careers in healthcare and ensuring their presence in rural health centers can make healthcare more accessible to women.
7. **Supporting Maternal Health:** Providing comprehensive maternal health services, including prenatal and postnatal care, can reduce the risk of maternal and child health complications.

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