

An Empirical Analysis of Rural Women Health Problems And Facilities In Ramanagara Rural Area

Dr. Narasimhamurthy B

Guest Faculty, Department of Economics, PG Centre Ramanagara, Bangalore University

Abstract:

Rural women's health reveals several prevalent issues, including anemia, malnutrition, stress, heart disease, diabetes, and menstrual irregularities. These problems are often exacerbated by poverty, low levels of education, and a lack of nutritious diet. Access to quality healthcare is limited due to socioeconomic constraints, geographic barriers, inadequate transportation, and cultural norms. To address these challenges, interventions should focus on increasing health awareness, improving access to qualified healthcare professionals, enhancing socioeconomic conditions, and promoting support systems to encourage better health-seeking behavior and outcomes. The present study identifies and analyzes health-related problems among rural women in Karnataka, with a specific focus on Ramanagara rural areas. Findings indicate that 46.8% of rural women report an excellent current health status, 74.5% of respondents demonstrate awareness of health issues, and 45.7% of rural women cite short distance as the primary reason for choosing a particular hospital.

Keywords: Rural Women's Health, Healthcare Access, Karnataka, Ramanagara, Health Awareness

Introduction

The status of women in India has been subject to many changes over the time of recorded India's history the present paper examines the overview of literatures on the health status of the rural women in India. The Women's health and nutritional status is inextricably bound up with social, cultural, and economic factors that

influence all aspects of their lives, and it has consequences not only for the women themselves but also for the well-being of their children (particularly females), the functioning of households. Since the turn of the century, India's sex ratio has become increasingly favourable to males. This is in contrast to the situation in most countries, where the survival chances of

Please cite this article as: Narasimhamurthy, B. (2025). An Empirical Analysis of Rural Women Health Problems And Facilities In Ramanagara Rural Area. *SRUJANI: Indian Journal of Innovative Research and Development* 4(3), Pp. 203-211

females have improved with increasing economic growth and declining overall mortality.

According to 2011 Census of India 1,210.9 million (623.2 million males and 587.6 million females) in compared to a total of 1, 028, 737, 436 in the year 2001. In absolute term, the population of India has increased by more than 181 million during the decade 2001- 011. The population at the turn of the twentieth century was around 238.4 million. It has grown steadily at each decennial census from 1901, except for a decrease during 1911-21. In Karnataka state population of 6.11 Cores, an increase from figure of 5.29 Core in 2001 census. Total population of Karnataka as per latest census data is 61,095,297 of which male and female are 30,966,657 and 30,128,640 respectively. In 2001, total population was 52,850,562 in which males were 26,898,918 while females were 25,951,644. The 2011 Karnataka village-wise census aimed to provide information on the individual population and the literacy ratio in the rural areas of Karnataka. According to the 2011 census, 38.67 percent of Karnataka's population lived in urban areas, while 61.33 per cent lived in rural areas. The overall urban population was 2,36,25,962, with 1,20,37,303 males and 1,15,88,659 females. The male population in rural Karnataka was 1,89,29,354, whereas the female population was 1,85,39,981.

Review of Literature

Review of literature is one of the most important steps in the research process. There are good numbers of works on women health, rural women health stress, women health awareness issues. Accordingly, the literature related to rural women health issues, problems and health care utilization are reviewed.

The socio-cultural constraints of women, health needs, widespread women's ignorance, women's rights, women's access to available resources, nutritional stress, fertility and reproductive health, gender discrimination and awareness of reproductive health infections. (Dr. R. Hariharan, 2016), Rural women, in particular, have poor health status, despite its links to their productivity and human capital. In this aspect, Rural women have limited access and opportunities to make use of health care policies. Rural women face various kinds of problems such as maternity, mother feeding, reproduction, malnutrition and sanitation which are directly affecting GDP. (Ranjithkumar A., 2021), awareness and perception about health issues and also they were aware of the various schemes and initiatives taken by the government to uplift the rural women and children to live healthy and better life in rule. (V. Selvam., 2019)

Statement of the Problem

As nowadays concept of women and development is being given more importance, at the present situation there

is a necessity of study of health issues of women. Therefore, this study helps to trace out various issues which hinder the health promotion of women in Indian Society. At the theoretical level the investigation will help to get conceptual clarification of various things such as women health, social determinants of women health, gender gap in health, nutritional status etc. The present study rural women health problems in Karnataka and Ramanagara district.

Objectives of the Study

1. To identify the rural women health related problems among the Karnataka and Ramanagara rural areas.
2. To analyze the health infrastructure, health status and health care facilities available especially for the rural women in Ramanagara rural area.

Research Questions of the Study

1. What are the awareness level of rural women regarding health care services and health status in Ramanagara district?
2. How to utilization status of the govt. primary health care facilities?

Scope of the Study

With more than 70% population living in rural areas and low level facilities, there is lack of quality infrastructure and inaccessibility to basic medical facilities. There is a dire need of new practices and procedure to ensure that quality and timely healthcare reaches the deprived corners of the rural areas. To improve the

healthcare and providing timely help, one can build a career in rural healthcare.

Importance of the Study

As nowadays concept of women and development is being given more importance, at the present situation there is a necessity of study of health issues of women. Therefore, this study helps to trace out various issues which hinder the health promotion of women in Indian Society. At the theoretical level the investigation will help to get conceptual clarification of various things such as women health, social determinants of women health, gender gap in health, nutritional status etc.

Research Methodology

The present study is followed analytical inductive method for the analysis of data. It was found the review of literature that most of previous research works have studied rural women health problems using both primary and secondary sources of data. Accordingly, the present study used both primary and secondary data.

Secondary data collected from Karnataka Economic Survey Reports, Indian Economic Survey Reports, Karnataka At Glance, Ramanagara District At Glance and Population Census Reports : India and Karnataka. Data period from 2010-11 to 2023-24, India Census Report, 1951, 1961, 1971, 1981, 1991, 2001, 2011.

The primary data collected for rural women in Ramanagara district selected

rural villages are Shanabhoganahalli, Kutagal, Yerahalli, and Hunsanahalli. Health problems of rural women in Ramanagara district. The researcher randomly selected sample size is 94.

Data Analysis and Interpretation

The collected primary data appropriate statistical tools to analyse the data and interpretation.

Demographical Profile of the Respondents.

The researcher selected 94 respondents are different rural areas in Ramanagara rural areas.

Table 1: Age of the respondents

Variables		F	%
Age	20-30 Years	57	60.6
	31-40 Years	29	30.9
	41-50 Years	7	7.4
	51 and Above	1	1.1
	Total	94	100.0
Mean : 1.49, Standard Deviation : 0.684, Sum : 140			

Source: Field Survey Data

In the above table indicate that age of the respondents 60.6 percent of the respondents are 20-30 years, 30.9 percent of the respondents are 31-40 years, 7.4 percent of the respondents are 41-50 years and 1.1 percent of the respondents are 51 above years. The mean value 1.49 Standard deviation is 0.684 and Sum 140. Therefore, matter fact that 60.6 highest percent of respondents are age group of 20-30 years.

Table 2: Educational Qualifications of the respondent

Variables		F	%
Educational Qualifications	Illiterate	4	4.3
	1-10 th Standard	17	18.1
	PUC and Degree	66	70.2
	Any other	7	7.4
	Total	94	100.0
Mean : 2.81, Standard Deviation : 0.627, Sum : 268			

Source: Filed Survey Data

In the above table indicate that of the respondents 70.2 percent of the respondent are PUC and degree, 18.1 percent of the respondent are 1-10th standard, 7.4 percent of the respondents are any others, and 4.3 percent of the respondents are Illiterate, the mean value 2.81 standard deviation is 0.627 is sum 268 Therefore matter fact that 70.2 highest percent of respondent are studied of PUC and degree.

Table 3: Marital Status of the respondent

Variables		F	%
Marital Status	Unmarried	45	47.9
	Married	47	50.0
	Widow	1	1.1
	Divorced	1	1.1
	Total	94	100.0
Mean : 1.55, Standard Deviation : 0.580, Sum : 146			

Source: Field Survey Data

In the above table indicate that of the respondents 50.0 percent of the respondent are married any, 47.9 percent of the respondent are unmarried, 1.1 percent of the respondent are widow, and 1.1 percent of the respondent are divorced. The mean value 1.55 standard deviation is 0.580 and sum 146. Therefore, matter fact that 50.0 highest percent of respondents are married.

Table-4.4: Occupation of the respondent

Variables		F	%
Occupation	Farmer	50	53.2
	Agricultural Labor	10	10.6
	Worker	4	4.3
	Govt. Employee	21	22.3
	Any Other	9	9.6
	Total	94	100.0
Mean: 2.24 Standard deviation: 1.515 Sum: 211			

Sources: Filed Survey Data

In the above table indicate that of the respondents 53.2 percent of the respondents are farmer, 22.3 percent of the respondents are government employees, 10.6 percent of the respondents are agricultural labours, 4.3 percent of the respondents are workers and 9.6 percent of the respondents are any other occupation. The mean value 2.24 standard deviation 1.515 and sum 211. Therefore, matter fact that 53.2 highest

percent of respondent are working of a farmer.

Health Status and Healthcare Issues among Rural Women

In Ramanagara rural area women's are facing different types of short-term and long-term health problems of the respondents.

Table-4.5: Suffering short-term health problems

Variable		F	%
Short-term health problems	Fever	13	13.8
	Cold \ Cough	22	23.4
	Headache	22	23.4
	Toothache	4	4.3
	Body Pain	25	26.6
	Above the all	8	8.51
Total		94	100.0
Mean: 3.36 Standard Deviation: 1.660 Sum: 293			

Source: Field Survey Data

In the above table indicate that of the respondents 26.6 percent of the respondents are body pain ,23.3 percent of the respondent are headache,23.4 percent of the respondent are cold cough are, 13.3 percent of the respondent are fever are, 4.3 percent of the respondent are toothache are, 3.2 percent of the respondent are above all. The mean value 3.26 standard deviation value 1.660 and sum value 239. Therefore, matter fact that 26.6 highest percent of respondents are group of body pain.

Table 4.6: Suffering long-term health problems.

Variable		F	%
Long-term health problems	Fracture	5	5.3
	BP Problem	9	9.6
	Diabetes	6	6.4
	Knee\ Joint Pain	15	16.0
	Back\ Neck Pain	43	45.7
Any other		16	17.01
Total		94	100.0
Mean: 4.42 Standard deviation: 1.691			
Sum: 380			

Sources: Filed survey Data

In the above table indicate the that of respondents 45.7 presents of the respondent are back\neck pain, 16.0 percent of the respondent are knee\joint pain, 9.6 percent of the respondents are BP problemc,8.5 percent of the respondents are ant other, , 6.4 percent of the respondent are diabetes, 5.3 parent of the respondents are fracture. The mean value 4.42 standard deviation 1.691 and sum 380. Therefore, matter that fact 45.7 highest percent of respondents are group of back\neck pain.

Table 4.7: Fertility related issues in respondents.

Variable		F	%
Fertility related issues	Infant Death	10	10.6
	Abortion	14	14.89
	Miscarriage	3	3.1
	Premature Delivery	4	4.3
	Not Applicable	62	66.0
Total		94	100.0
Mean: 4.13 Standard deviation: 1.493			
Sum: 359			

Sources: Filed survey Data

In the above table indicate that of the respondent 66.0 percent of the respondents are not applicable, 14.89 percent of the respondents are abortion, 10.6 percent of the respondent are infant death, 4.3 percent of the respondents are premature delivery, 3.1 percent of the respondents are miscarriage. The mean value 4.13 standard deviation value 1.493 and sum 359. Therefore, matter fact that 66 percent of the respondents are not applicable for infant death, abortion, miscarriage and premature delivery issues in study area.

Table-4.8 : Burden of health care spending of the respondent

Burden of health care spending		Freque ncy	Perc ent
Are you burden of health care spending?	Yes	50	53.19
	No	44	46.8
	Total	94	100.0
Mean: 1.53 Stranded division: 0.562			
Sum: 144			

Source: Filed survey Data

In the above table indicate that of the respondents 53.19 percent of the respondents are opinion about the burden of health care spending and 46.8 percent of the respondents are no burden of health care spending. The mean value 1.53 stranded division value 0.562 and sum 144. Therefore, matter that fact 53.19 highest percent of respondents are facing burden of health care spending.

Cost of Healthcare for Rural Women

Rural women spend healthcare facilities based on cost of government hospital or private hospital services.

Table 9: Current status of health among the rural women

Variables		F	%
Current status of health among the rural women	Excellent	44	46.8
	Good	42	44.7
	Fair	4	4.3
	Poor	4	4.3
	Total	94	100.0
Mean: 1.66 Standard division: 0.756 Sum: 156			

Source: Field Survey Data

In the above table indicate that of the respondents 46.8 percent of the respondents of excellent, 44.7 percent of the respondents of good, 4.3 percent of the respondents are poor, 4.3 percent of the respondents are fair. The mean value 1.66 standard division 0.756 and sum 156. Therefore, matter fact that 46.8 highest percent of rural women are excellent current status of health in the study area.

Table-10: Health awareness of rural women

Variables		Frequency	Percent
Is your health awareness	Yes	70	74.5
	No	24	25.5
	Total	94	100.0
Mean: 1.28 Standard deviation: 0.516 Sum 120			

Source: Field Survey Data

In the above table indicate that of the respondents 74.5 percent of the respondents are opinion about the have a health awareness of rural women, and 25.5 percent of the respondents are there is no health awareness of the study area. The mean value 1.28 standard deviation 0.516 and sum 120. Therefore, matter fact that 74.5 highest of respondents are have a health awareness of rural women in the study area.

Table-11 Reason for choosing hospital by the rural women of the respondent

Variables		F	%
Reason for choosing hospital by the rural women	Affordability	3	3.2
	Short Distance	43	45.7
	Timely Attention	17	18.1
	Quality of healthcare	6	6.4
	System of medicine	5	5.3
	Facility is well known	4	4.3
	Family Doctors	16	17.0
	Total	94	100.0
Mean: 3.36 Standard deviation: 2.272 Sum :341			

Source: Field Survey Data

In the above table that indicate that of the respondents 45.7 percent of the respondents are short distance, 18.1 percent of the respondents are timely attention, 17.0 percent of the respondents are family doctors, 6.4 percent of the respondents are quality of healthcare, 5.3 percent of the respondents are system of medicine, 4.3 percent of the respondents

are facility is well known, 3.2 percent of the respondent's affordability. The mean value 3.36 standard deviation 2.272 and sum 341. Therefore, matter fact that 45.7 percent of the respondents are short distance reason for choosing hospital by the rural women.

Results of the Study

- 60.6 highest percent of respondents are age group of 20-30 years in the study area.
- 70.2 highest percent of respondent are studied of PUC and degree in the study area.
- 50.0 percent of respondents are married in the study area.
- 53.2 percent of respondent are working of a farmer.
- 26.6 highest percent of respondents are suffering short-term disease about body pain.
- 45.7 highest percent of respondents are suffering long term disease of back\neck pain.
- 66 percent of the respondents are not affected for infant death, abortion, miscarriage and premature delivery issues in study area.
- 53.19 highest percent of respondents are facing burden of health care spending
- 46.8 highest percent of rural women are excellent current status of health in the study area.
- 74.5 highest of respondents are have a health awareness of rural women in the study area.

- 45.7 percent of the respondents are short distance reason for choosing hospital by the rural women.

Suggestions of the Study

1. Educating women on personal and public hygiene and improving access to clean water and sanitation.
2. Implementing initiatives like specialized health camps, mobile health clinics, and utilizing technology to reach remote areas.
3. Providing access to education and information on nutrition, health, and family planning to promote self-preparedness and informed decision-making.

Conclusion

Rural women experience significant health problems, including high rates of malnutrition, various chronic illnesses like diabetes and heart disease, and issues with reproductive and maternal health stemming from limited access to adequate healthcare, education, and hygienic conditions. These problems are exacerbated by socio-cultural norms that de-prioritize women's health, economic barriers, and the lack of accessible, quality healthcare services in rural areas, leading to increased risks of disease, disability, and mortality.

References

- Bankar, V. (2021). Mahila madhil hemoglobin chi kamtrata va tyavril upay yojna. *Sanskriti International Multidisciplinary Research Journal*, ISSN 2455-1511, 246.

- Hariharan, R. (2016). Health status of rural women in India: An overview of literatures. *International Journal of Research in Economics and Social Sciences (IJRESS)*, 6(10), 109–119.
- Jagani, H. (2019, March). Status of rural health services in India: Challenges and solutions. *Research Guru*.
- Kothari, C. R., & Garg, G. (2024). *Research methodology: Methods and techniques*. New Delhi: New Age International Publishers.
- Laharia, C. (2019, September). Transforming Indian health systems. *Yojana*.
- Ranjithkumar, A. (2021). Women's health in rural Tamil Nadu. *Women's Health Science Journal*, 1(1), 1–9.
- Selvam, V. (2019). Awareness and perception of health issues among rural women. *International Journal of Recent Technology and Engineering*, 8(3), 12–17.
- Sundaraman, T. (2016, February). Health sector issues and challenges in India: Solutions for a brighter future. *Scheme*.