VOL- XI | ISSUE- XII | DECEMBER | 2024 | PEER REVIEW e-JOURNAL | IMPACT FACTOR 8.02 | ISSN 2349-638x

Exploring the Impact of Socio-Economic Factors on Women's Health in Rural Communities

Dr. Manjula. G.K.
Assistant Professor,
Department of Sociology
RCUB.

Abstract:-

The "social gradient of fitness" refers to the steep inverse associations between socioeconomic function (SEP) and the chance of untimely mortality and morbidity. in lots of societies, because of cultural and structural elements, women and ladies have decreased access to the socioeconomic resources that make sure right health and well being when in comparison with their male counterparts. for this reason, the goal of this paper is to review how SEP - a construct on the coronary heart of the Social Determinants of fitness (SDoH) principle - shapes the health and longevity of women's and women at all levels of the lifespan. using literature recognized from PubMed, Cochrane, CINAHL and EMBASE databases, we first describe the SDoH idea. We then use examples from each degree of the existence direction to demonstrate how SEP can differentially form women' and women's fitness effects in comparison with boys' and guy's, as well as among sub-corporations of ladies and ladies whilst other axes of inequalities are taken into consideration, inclusive of ethnicity, race and home putting. We additionally discover the important thing consideration of whether or not traditional SEP markers are suitable for know-how the social determinants of women's fitness. We finish by using making key pointers in the context of medical, research and policy improvement.

***Key words**: Social gradient, Socio-economic , women's fitness, women,etc*

Introduction:-

In nearly all nations, women's live longer than men but enjoy poorer intellectual health, more incapacity and extra co-morbidities. This paradoxical female advantage in life expectancy is, but, expected to decrease international by 2030. The excess mortality fees of men, in particular those below age forty five, have traditionally been explained by way of injuries and accidents. But, changing threat factor profiles discovered globally, especially from smoking cessation, have conferred extra survival gains in men. on the equal time that those mortality threat factors have modified, the worldwide financial weather has modified dramatically, mainly these days within the context of the COVID-19 pandemic. Austerity measures in reaction to monetary downturns have and will keep exacerbating socioeconomic inequalities for all. Those widening socioeconomic inequalities may assist give an explanation for the weakening female survival benefit.

Why is rural women's health the first priority?

Rural women constitute one-fourth of the world's population. They are the vital force for rural development thru the well-being of families, communities, and economies, and achievement of the Sustainable Development Goals (SDGs). Therefore, it is the foremost duty of government, politicians, and policy makers to focus on to take care of and overcome the life cycle vulnerabilities of rural women. Generally, the life cycle of a woman is categorized into infancy, puberty, reproductive age, climacteric period, and elderly years; in addition, pregnancy and delivery are generally included as life events unique to women. Urban women have access to healthcare services during their different life cycle stages, but women residing in rural areas and remote localities have poor access to health services during their lifetime

A social determinant of health (SDoH) framework seeks to understand how materialist and structuralism health inequities persist throughout life. This is a useful framework for understanding how the

health and longevity of females differs relative to males and each other. A SDoH approach purports that health outcomes depend on the organisation and distribution of socioeconomic resources across any given society. The "social gradient of health" refers to the steep inverse associations observed between SEP and mortality/morbidity. Measures of SEP (e.g., individual and household income, employment conditions) that are used to determined socially graded patterns are being thought of as inherently gendered. Moreover, some have argued that the role of gender has subsequently been neglected in discussions of how SEP influences health across the life course. This is despite the fact that, in almost all societies, women and girls, when compared with their male counterparts, have reduced access to the socioeconomic resources - namely education and/or employment - that ensure good health and wellbeing. This can stem from cultural biases and practices that can commence early in the life course (e.g., discriminatory feeding patterns, gender-based violence, uneven labour divisions) and persist across middle and later life (e.g., the gender pay gap, political impotence. The ways in which SEP is measured may affect interpretation of the social gradient of health for females. Moreover, SEP may exert its influence on the outcomes of women and girls differently to boys and men at specific stages of the life course. These concepts will, thus, be explored in this paper.

The role of SEP on the fitness and longevity of girls and women is complex and fluctuates for the duration of the lifestyles route. This trajectory appears structured upon

(i) the outcome of hobby and placing in which the research is carried out;
(ii) how SEP is described and the level (macro or micro) at which it is measured; and
(iii) the volume to which other axes of inequality are taken into consideration (ethnicity, residential putting, Indigenous status).

How SEP is measured and applied is an vital consideration given that many women are in all likelihood to have variable engagement with the workforce and feasible financial reliance on others at diverse degrees of the existence path. it's miles in all likelihood that the traditional idea of SEP itself may additionally inherently misrepresent gender-based totally inequalities in fitness. Taking a broader view of SEP, that includes psychosocial inputs and considers SEP as a web of interconnected variables, may additionally offer a more correct understanding of women's fitness - relative to guys and each other throughout the existence route. That is crucial from both medical and public fitness views on the way to design and deliver interventions that are appropriate for girls and women of decrease SEP and thus may also assist in ameliorating the social gradient of health.

Factors of rural health women

1. Health offerings get entry
2. Rural health Disparities
3. Obstetric–Gynaecologic Workforce in Rural Areas

Health offerings get entry:

Get admission to fitness take care of rural residents is complex by using patient factors in addition to those related to the shipping of care. Rural citizens are much more likely to be negative, lack medical insurance, or rely considerably on Medicaid and Medicare; they also journey longer distances to get hold of care or to get admission to a range of clinical, dental, and mental fitness area of expertise offerings sixteen. much less than one half of rural ladies stay within a 30-minute drive to the closest sanatorium presenting prenatal offerings. Within a 60-minute power, the share will increase to 87.6% in rural cities and seventy eight.7% inside the most remoted regions 17 18. throughout 2008–2010, rural girls aged 18–64 years said the best rates of delayed care or no hospital therapy due to cost (18.6%) and no medical insurance (23.1%), each costs improved considering that 2002–2004 five. in keeping with 2006 birth certificates statistics, home births we

Rural health Disparities:

Although country wide records on women's fitness and consequences in line with residence are constrained, disparities in rural ladies are obvious. fashionable fitness situations and conduct that I India rural girls experience at higher costs than their city opposite numbers encompass, self-stated honest or terrible health reputation, accidental injury and motor vehicle-related deaths, cardiovascular disease deaths,

suicide, cigarette smoking, obesity, issue with basic movements or quandary of complicated sports , and incidence of cervical cancer . Other comparisons display that loss of life costs from ischemic heart disease in rural girls exceeds that for all India women. In some areas of the United States, girls in nonmetropolitan regions have better rates of heavy alcohol consumption. Proportionately fewer rural ladies get hold of recommended preventive screening services for breast and cervical most cancers.

Obstetric–Gynaecologic Workforce in Rural Areas:

In 2008, only 6.4% of obstetrician–gynaecologists practiced in rural settings 25. By 2010, 49% of the 3,143 India counties (home to 10.1 million women or 8.2% of all women), lacked an obstetrician–gynaecologist. These predominantly rural counties exist in all states, but are particularly prevalent in the central and mountain west states. The ratio of obstetrician–gynaecologists per 10,000 women is highest in metropolitan areas, and decreases in less populated and rural counties.

References:-

1. Ashrafi N, Jha GN. Impact of economy on reproductive health of Muslim women of Gaya. Jharkhand J Soc Develop. 2013;5:13-4.
2. Devi L. Socio-economic development of Muslim women: impact of education. Indian J Public Admin. 2014;50:44-7.
3. Beard JR, Tomaska N, Earnest A, Summerhayes R, Morgan G. Influence of socioeconomic and cultural factors on rural health. Aust J Rural Health. 2009;17(1):10-5.
4. Atkinson S, Haran D. Individual and district-scale determinants of user's satisfaction with primary health care in developing countries. Soc Sci Med. 2005;60:45-50.
5. Bhatt R, Gadhvi MS, Sonaliya KN, Solanki A, Nayak H. An epidemiological study of the morbidity pattern among the elderly population in Ahmedabad, Gujarat. Nat J Community Med. 2011;2(02):233-6