



HEALTH CARE SERVICES UNDER PRIVATIZATION AND ITS IMPACT ON RURAL WOMEN

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INTRODUCTION

Proper health Care is essential for an individual to lead a full, healthy and productive life. Only a productive life contributes to the sustainable economic growth and development of country and it ensures a better quality of social life and peace. Health care is in two level, and institutional or government level. The individual level means how the individual care her body and institutional level denote what are the facilities provided by the governments and private institution to women and how they utilize it.

RURAL WOMEN AND HEALTH CARE

Rural areas in India are under developed both economically and socially. Rural health care has been a perpetual problem in India. The fundamental issues concerning women and their health care are nutrition, sanitation, infections, overwork, work hazards, stresses, mental tensions, pregnancy, child birth and social harassment. In any society, women's health and their active involvement in health care programmers are essential keys to the general health of the community. This is because, quite aside from their own special health problems, women customarily do most of the services for their family members. Women in rural areas, because of their household responsibilities tend to neglect their illness until they become too sick to move around and perform household chores. Although women suffer from grater incidence of poor health and illness the traditional social system favors the health case of male members. Women patients are usually brought into hospital when the disease is at an advanced stage.

PRIVATIZATION IN HEALTH CARE

A burning issue in the health sectors in recent years is the privatization of health care. As a result of political and economic changes in most countries, there is a marked reliance on the market section. These trends are also seen in education and health the traditional domains of public sector. Due to the Lack of financial resources and poor quality of public services, governments feel that a

policy of privatization in the health care sector may not only free government resources, but may also improve the quality of services, since private providers are expected to have better incentives to provide good quality services to their customer.

Rural women face. High risk of nutrition retardation in growth and development, disease, disability and even death at three critical stages in their lives – infancy early childhood and reproductive phase, by and large, these women seek medical aid from private clinics But this is not an easy going affairs for them as private medical services are very expensive. But the poor women go to private clinics, not because they can afford the expense but a member of other factors.

COST OF HEALTH CARE

The important feature of health care system in India is that even visits to public facilities generally involve considerable out of pocket expenditures. These expenditures take the form of payment for medicines, laboratory tests, dressing linen and as direct payment to providers. This happen as medicines are often out of stock at public health facilities and patients have to approach the market for medicines as well as tests.

Next is the poor quality of health care available in the public sector. This is consistent, with large short falls in personnel, equipments, and medicine in public facilities reported in primary health centers and sub-centers. The poor quality of public facilities as one of the most important reason behind the rural women health care in private sectors and it result in the cost of health care increase.

Health care costs cuts rural women's households budgets in two ways Not only do they have to spend a large amount of money and resources on medical care but they also unable to earn during the period of illness. The poor have to borrow funds at a high interest rate to meet both medical expenditure and other household consumption needs, which carries them in to indebtedness, more than 40 percent of individuals, who are hospitalized in India in one year, borrow money or sell assets to cover the cost. The burden of treatment is particularly high on them when seeking in patient care. Many rural women do not seek health care because high cost involved. Those who avail of treatment pay a large proportion of their annual income. Hospitalized Indians spend more than half of their total annual expenditure on health care one possible consequences of this high medical expenditure could be the pushing of these rural women families into zone of permanent poverty. Almost one quarter of hospitalized Indians fall into poverty every year.

PRIVATIZATION OF HEALTH INSURANCE

The new economic policy and liberalizations process followed by the government of India has paved the way for privatization of the insurance sector in the country. Health insurance which has remained highly under developed and less significant. The privatization of health insurance raises several issues not the best being fears that if not regulated effectively, entry of private companies in health insurance could lead to adverse effects on care, equity and consumes satisfaction, fraud and deterioration in ethical standards . On the other hand, Properties of privatization claim that improvements in standards will occur as a result of competition and there will be a wider choice for the consumer with flexibility and cost effective packages, lower premium and claim settlement would be smoother and faster. But we relate this to rural women, the enormous financial burden arises because the poor are benefit of any safety nets like health insurance. A large majority of the rural especially rural women population mostly working in the informal section, remain outside the health insurance systems and thus have low protection from risk. And we must think how we can include them in health insurance system.

Insurance agencies are most important financial intermediaries who mobilize funds from the employees, government and house- holds and helps to finance the high cost of treatment in times of need.

CONCLUSION

Rural women are unable to access health care facilities, because of their poor purchasing power. It is mainly due to their weak asset base. Though enhancing their purchasing power is the desirable solution, the present economic system does not have the capacity to do so. So the economic system must bring changes for the benefit of rural women.

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