



DISEASES AMONG RURAL WOMEN IN MURSHIDABAD AND BARRIERS TO HEALTHCARE

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ABSTRACT

Major diseases faced by the women in rural areas of Murshidabad are anemia, nutritional deficiencies, non-communicable diseases, pregnancy complications among others. Major causes of these diseases are the lack of proper facilities access, improper care, attention, timely detection. Stereotypical notions are addition to these causes, obstructing the path to access healthcare. These notions affect the dignity and individuality of women, which is a matter of shame for the women. However, some women, in spite of having the facilities, prefer traditional means for healthcare. This is something which delays modern efficient healthcare services planned by the government. This reliance contradicts advancement which is intended in the field of healthcare. Need is increasing education and awareness among women to take proper care for reducing complicated diseases.

Keywords: Diseases, rural areas, women, Murshidabad, barriers, healthcare

1. INTRODUCTION

The paper attempts to shed light on the diseases which rural women in Murshidabad suffer from. The perspective applied is the barriers which these women have, towards accessing healthcare services. Common diseases, which these women face is anemia, nutritional deficiencies, maternal and reproductive health risks, non-communicable diseases, among others. It is a common aspect that when diseases are there, it has to be cured with medication and treatment. But these women lack equal access to healthcare services (Biswas & Mukherjee, 2025). Evidences are discriminations, harassments, stigmas, stereotypical notions to which these women are exposed. All these aspects limit and make their existence claustrophobic. All these aspects are evaluated from multiple aspects and perspectives.

2. LITERATURE REVIEW

For the review, common diseases among rural women in Murshidabad (West Bengal, India) and the barriers they face in accessing healthcare are to be contextually described. Anemia is one of the major diseases, which rural women in Murshidabad suffer from. According to the healthcare experts, women, in West Bengal, on the verge of reproduction suffer from anemia. Narrowing down the search to Murshidabad, districts have recorded the greatest number of women suffering from anemia. This is the case detected recently. Along with this, there are nutritional deficiencies, which are detected from the issues of underweight, poor dietary intake among others. These issues contribute to limited access towards micronutrient, acting as a supplement. Based on these, Tuddenham et al., (2010) argued that the immediate impact is poor food diversity.

Maternal and reproductive health conditions are also a concern for the women in the rural areas of Murshidabad, West Bengal. Women, especially the ones who are pregnant are seriously at risks. Reasons behind this are inadequate antenatal care (ANC). Coverage in Murshidabad is lower as compared to many districts in West Bengal. Serious concern is that many women lack recommended prenatal check-ups. Poor postnatal care and high child-bearing, at young ages, increase maternal morbidity. This further leads to poor health outcomes, both for mothers and babies. Seriousness also lies in cases of reproductive tract infections, which are caused from toilets with poor hygiene, sanitation. In this context, Ahmad et al., (2024) stated that limited access to skilled care is seriously a matter of concern.

Non-Communicable Diseases (NCDs) also pose a risk as compared to diagnoses. In the regional studies, cases of hypertension, pre-diabetes, and dyslipidemia have been recorded among the rural women. Major causes of these diseases are low physical activity and poor dietary patterns, which aggravate the risks of cardiovascular and metabolic disorders. Along with this, undernutrition and

micronutrient deficiencies (e.g., iron, folate) are common among these women, as they hardly get access to healthy and nutritious foods. Infectious diseases are also commonly observed, which are caused from environmental factors like presence of arsenic in groundwaters of blocks in Murshidabad. According to Parvin et al., (2021), this arsenic is really harmful for women's good health.

The situation is alarming as structural and social barriers are operations in terms of women accessing healthcare services. One of the barriers is improper infrastructure. It is striking to note that blocks lack good healthcare facilities. Even primary health centers (PHCs) and sub-centers reflect absence of beds, skilled and qualified doctors, and effective referral systems. Mention can also be made of poor road conditions and long distances of the women from better-equipped facilities. As a result of this, many women are compelled to face tragic death, as they do not get timely healthcare interventions and care. It is difficult also, especially in emergency cases like childbirth. Among the barriers, lack of skilled care providers is a major cause of concern. Shortage of trained health professionals, especially specialist maternal and reproductive health providers, are observed in poorer underdeveloped districts. As a result of this, women's trust is broken for the care provided in gynecological issues. Basu and Banerjee, (2024) argued that major drive behind this is the lack of female providers preference. Economic constraints are reflected from heavy reliance and dependence on the male earning members. This is because they themselves lack financial control and ownership with which they can fulfil their medication needs. Sometimes, costs of travel, medicines and private services are untimely and need more care, for which they have to seek help from these male earning members. Sociocultural barriers come from gender norms restricting women's mobility and decision-making capabilities. These norms delay care for women, as permission from males is time consuming and sometimes, permission is not given at all. Gaps persists as literacy on health conditions are limited. Also, Hasan and Ghosal, (2025) argued that there are misconceptions about symptoms, recognizing them late, are common in cases of reproductive infections or NCDs.

Service quality and perception can also be related in terms of accessing healthcare. In case of rural women in Murshidabad, perceptions are poor as the services include improper amenities, inconsistent drug supplies, and dysfunctional diagnostic services. There is preference for distant private facilities which are availed, in spite of being costly and efficient. Context of healthcare systems in Murshidabad, are directed towards district's health delivery network. Essential elements are multiple tiered facilities found in rural hospitals, primary health centers, block PHCs, and health sub-centers. Along with infrastructure, resources, staffing, and service quality add to the effectiveness of care. Hossain and Hannan, (2024) argued that service quality remains uneven even across blocks.

3. METHODOLOGY

Inductive approach is beneficial in terms of inducing new facts, aspects, theories, notions on diseases among women in Murshidabad, along with barriers to healthcare. This induction leads to new facts in this context. In support of this, qualitative data collection can be proposed. As a matter of specification, interview on healthcare professionals tending rural women in Murshidabad is effective for gaining practical insights into the common diseases faced and the major barriers in their path to access healthcare services. 5 such professionals can be roped into the process of interview. The interview responses, analyzed through charts, tables, graphs, yields better results in alarming the audience on the common diseases faced by these women and the major barriers lying in their access to healthcare services.

4. CONCLUSION

Based on the reviewed aspects, it can be concluded that anemia is one of the major diseases which women in rural areas of Murshidabad, West Bengal, face. Along with this, lack of healthy diet makes them suffer from undernutrition. One of the supporting factors is limited nutritional programs. Maternal health complications are also seen among the women due to inadequate ANC and PNC programs. Transportation facilities to the healthcare services are poor, which cause gaps in getting proper healthcare services. For pregnant women and the ones on the verge of reproduction, cultural stigmas, dearth of skilled and qualified gynecologists is a matter of concern. Mention can also be made of non-communicable diseases, which these women face due to unhealthy lifestyles, poor screening access and most importantly improper education and awareness on the diseases. Need is increasing educational programs so that they can detect the diseases early and take timely prevention. For this, infrastructural change is needed in the form of increasing the services and its quality. This change can increase trust among the women for the facilities. Culture and gender norms can be reduced through education and awareness on the right symptoms for the diseases. Equality needs to be there among the women, in terms of accessing healthcare.

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