Health Care Practices among Rural and Urban Women: A Comparative Study in Kendrapada District of Odisha

Bhagya Laxmi Nayak

Health care is the maintenance or improvement of health through diagnosis treatment, prevention of disease, illness, injury and other physical and mental impairments in human beings. Health Care practices can be Primary, Secondary, Tertiary or Quaternary Care. Primary care refers to the work of health professionals who act as a first point of consultation for all patients within the health care system. It also includes maternal and child health care services such as family planning services and vaccinations. Secondary care refers to hospital care. Tertiary care is specialized consultative health care. Quaternary care is used as an extension of tertiary care in reference to advanced levels of medicine which are highly specialize and not widely, home and community care. Health is influence by social, political and economic factors. There is accessibility of health care services from Aurvedic to Allopathic in both rural and urban Kendrapada. The objective of the study is to compare the health care practices among rural and urban respondents. It is hypotheised that the educated women are more guided by scientific values while seeking primary health care. Exploratory research design is engaged to explore the health care practices. To make the study effective and meaningful simple random sample is selected. It is found that 46% rural respondents obey family members' advice regarding health care and taking medicines whereas 36% urban respondents listen to the family members. 22% rural respondents' access health related information from friends when only 10% urban respondents take friends opinion. Hence both environment and family play the vital role in case of accessing the health care facilities.

Key Words: Health care, diagnosis, prevention of disease, consultative health care.

Health Inequality in India: Need for more Inclusion

Dr.Tattwamasi Paltasingh

Over the years the inequality in health sector in India has gained its prominence across regions, caste, gender and class. With the introduction of neo-liberal economic reform, gap between the rich and the poor has widened with noticeable income inequality. The consumption expenses has increased but restricted to the affluent population. The benefits of the advancement of science and technology are not uniformly shared as there are evidences of deaths and diseases, which could have been cured with basic health care facility and preventive care. Specialized care has been over-estimated and commercialized, making the health care facility inaccessible to a large number ofpeople.Health sector can also be innovative with committed professionals along with the introduction of low-cost and affordable technology and uniform practices of quality

treatment.There is a huge gap between the public health care provisions and the health requirement of people. A large population of India do not have access to essential drugs, sanitation and basic infrastructure; leading towards more health inequality.Numbers of undernourished people are increasing with decreasing focus on the preventive health care. The paper aims to discuss the consequences of the existing health inequalities, drawing the attention of policy makers for a better health sector with more inclusive and pro-people policies for progressive human development by assuring a safe & healthy life to individuals.

The Challenge of Solid Waste Management and its Health Hazards in Patna

Dr. Papia Raj,

Solid waste management remains one of the major challenges faced by developing countries like India. The problem is accentuated in a city like Patna, often termed as "Garbage City". Improper handling, storage and disposal of these wastes are major causes of environmental pollution, providing breeding grounds for pathogenic organisms encouraging the spread of infectious diseases. An analysis of Annual Health Survey Data (2011-13) shows that in Patna there has been an increase in the incidence of specific diseases, such as, Diarrhoea, Dysentry, Acute Respiratory Infection, Asthma and other Chronic Respiratory diseases. A survey was conducted during 2014-15 in selected areas of Patna using random sampling technique to better understand the relationship between different variables affecting public health due to exposure to MSW and lack of MSWM. From an analysis of the survey data it can be contended that segregation of wastes at source and segregation behaviour are some of the major determinants of public health issues. In this paper we focus on management of wastes at household level and suggest measures to create awareness among the community stakeholders about the importance, necessity and their role in waste management and how effectively it can help to reduce various health hazards.

Causes and Consequences of Abortion: From Fertility Control to Gender Control

Alok Kumar

This paper explores the socio –economic profile of abortion seekers and further examines the correlates and aftereffects of abortion .In this paper ,the researcher investigated the phenomenon by using interview and observation technique at Bulandshahar City .U.P.. The results revealed that majority of the respondents were Hindu and belonged to the age group of 25-30 years with mean age 30, were mostly

OBC, well qualified with post graduate degree belonging to nuclear families. Majority of the respondents induced abortion for not accepting the unwanted child, failure in contraceptive, maintaining the gap between children, poverty, preference for son and building career were responsible factor for abortion. Awareness, education, poverty and nuclear family were important motivating factors for abortion. Another important finding is the spouse's support for abortion .Whereas, in majority of the cases, in-laws were against the abortion. On top of it, majority of the female respondents reported that after abortion they felt physically weak and mentally upset and distressed.

Key Words: *Women's health, Abortion, Causes and Consequences of Abortion*

Tuberculosis in India: A situational analysis

Amarendra Mahapatra & Himadri Bhusan Bal

Tuberculosis is a disease of Indian sub-continent since olden days. It was mentioned as "RajYakhama" in Charaka samhita and many more olden Medical literatures. In 1882, Robert Koch discovered the causative agent of tuberculosis (TB), an airborne infectious disease caused by organisms of the *Mycobacterium tuberculosis* complex. Early case detection is vital to interrupt the transmission of TB disease as highlighted in the 12th five year plan (2012-2017) for TB control in India. The most common method for diagnosing TB worldwide remains sputum smear microscopy (developed more than 100 years ago), in which bacteria are observed in sputum samples examined under a microscope. However, developments in TB diagnostics in the last few years mean that the use of rapid molecular tests (Xpert MTB/RIF and Line Probe Assay) to diagnose TB and drug-resistant TB is increasing, and some countries are phasing out use of smear microscopy for diagnostic (as opposed to treatment monitoring) purposes.

The currently recommended treatment for new cases of drug-susceptible TB is a six-month regimen of four first-line drugs Isoniazid, Rifampicin, Ethambutol and Pyrazinamide. Treatment success rates of 85% or more for new cases are regularly reported to WHOby its 194 Member States. Treatment for multidrug-resistant TB (MDR-TB), defined as resistance to isoniazid and rifampicin (the two most powerful anti-TB drugs) is longer, and requires more expensive and more toxic drugs. MDR-TB treatment; patients are treated with a standardized six drug (Ethionamide, Cycloserine, Levofloxacin, Kanamycin, Ethambutol and Pyrazinamide), 24-27 month, daily regimen. The non-responders and failures are offered second line anti TB drug DST (Floroquinolone and aminoglycoside).

Delay in diagnosis, Non Compliance to Treatment and repeated infection in the same environment are the matter of concern to day in India. If the Social Science forum can come forward with a social

mobilisation package / social movement to bring in a change in the community behaviour than India can be TB Free very soon; and this is the need of the hour.

Cultural Dimension of Health: A Study of Urban Women in Chennai

AnnapuranamKaruppannan

Illness is one of the main health issues in India, in which the high proportion of them are women as compared to men and also continue to increase across regions in the country. This issue is explored by numerous studies, and highlighted as due to the influence of cultural factors, in which they born and live. In particular, the beliefs followed by health practices are the most significant cultural phenomenon for differentialhealth outcome. Thus, the studies repeatedly pointed out that still there is a substantial gap exist inthe transition of the health beliefsinto practices.Also, they have not given much attention tothe factors that deprive women in adopting health promotive behaviour and how does it make differences across income groups. To explore this issue, forty three women who livein belowpoverty line and as control group thirty two women above thepoverty line were interviewed with open ended questions in Chennai city. Theresponses were transcribed and comparisons done between the economic groups.

The study results indicate that the poor are more prone to illness than the middle class. Thus, they both attributed illnesses tonatural forces and social condition, but thelow perception of severityof illness resulted delay in seeking treatment and that extended the length of sufferings, which constitutes higher among the working class in poor families while housewives in the middle class.Even if they had taken treatment, the main barrier was unable to take possible consistent action by the poor in order torestore their health,and fall back with the same illnesswhile middle classable to control under medication.To conclude, the health promotive behaviour ishighly restricted with norms, violent behaviour and poverty while the responsibility and financial stability reinforces improved health behaviour among the middle class.

Key words: *urban women, illness, beliefs, practices, poverty*

Gender culture, Inequality and Health

Anuradha Sharma

All society has their own cultural values towards gender role, which determined the way of life of individuals and also influence their belief system. Relationship between social condition and cultural factor influence health care; People have generally tended to view health problems from the perspective of their own particular society and culture, as a result they respond to ill health in a specific way; based on cultural values. The main objective of the paper to understand the role of social inequality in availing health care facilities to understand the specific health problem regarding with women health and about gender differences in health interaction on the bases of social inequality . The paper is based upon the framework of socio-cultural inequality, how the constructed gender role avail the facilities of health care access on the basis of biological and cultural differences, women have good life expectancy and mortality, when it comes to health and illness they have disadvantage in comparison to man; this paper examining how the gender gap control or restricts women's mental and physical health. The presented paper is based on existing literature.

The Use and awareness of contraceptives among rural women: with special reference to Aurangabad district Maharashtra

Balasaheb B Shendge & Dr. T. P. Sondge

Over the decades, contraceptive use has been increasing in India. At the Same time, there is substantial unmet need for contraception. The contraception scenario is also characterised by the predominance of non reversible methods, limited use of male dependent methods, substantial levels of discontinuation and negligible use of contraceptives among rural couples. The present paper is focused on the use and

awareness of contraceptives among married couples in rural areas. The study will identify the use of the contraceptives, socio-biological effects, consequences and barriers of contraceptive use among young married couples in rural areas in Aurangabad district in Maharashtra. 250 household interviews were conducted. For the data analysis SPSS software has been used.

An Analysis of Reproductive Health in rural Meghalaya

Baharul Islam Laskar

Abstract

The health status in general and reproductive health in particular is comparatively not better among the rural population and especially among women. The National Family Health Survey – 4 (2015-16), District Level Household Survey – 4 (2012-13) and Census of India 2011 data were analyzed for understanding the dynamics of reproductive health status among rural population of Meghalaya. Meghalaya was having a total population of 5,48,059, of which 50.03% were females and 78.6% were rural inhabitants (Census 2011).

Some of the reproductive health indicators of the state (NFHS-4) shows that – total sex ratio was 1005, women literacy was 82.8% (79.6% in rural), women aged 20-24 years married before 18 years and men aged 25-29 years married before 21 years were 16.5% & 19.6%, TFR was 3.0 (3.5 in rural), 24.3% used any method of family planning, 23.5 % mothers had full antenatal care, 51.4 % institutional births, 56.2% women age 15-49 years are anaemic, 13.3% of women had comprehensive knowledge of HIV/AIDS, 32.3% women used any kind of tobacco, etc.

Among multiple interconnected and interdependent social determinants of reproductive health in rural Meghalaya, the matrilineal family system among the indigenous tribal people, better sex ratio and better female literacy, etc. were playing vital positive roles. While, socio-culturally imbibed factors like high TFR, child marriage, low institutional births, use of smokeless tobacco, etc. were playing negative roles in reproductive health of women.

Keywords*: Reproductive health, social determinants, women, morbidity & mortality.*

Role of NRC in taking care of SAM Children: A Study in DHH, Baripada, Odisha

Debasmita Tripathy

Nutritional Rehabilitation Centre (NRC) plays a significant role in managing severely malnourished children. It provides guidance not only to Severe Acute Malnutrition (SAM) cases but also to all children falling in the category of “orange and yellow zone". The caring of child doesn’t require any sophisticated equipments rather it needs proper attention to the child.

This paper aims to find out the casual factors of malnutrition and how NRC is taking proper care of SAM child. The finding shows that there are various socio-cultural factors responsible for under-nourished children. These are habits of alcoholism especially ‘Handia’ local drink practiced by tribals, poor financial background, food practices more particularly feeding water rice without considering the biological clock of the child, food intake of mother during pre and post delivery, heavy work burden and early marriage of mother, very less preference for family planning, staying in unhygienic atmosphere which is more prone to infection etc. NRC is handling proper care to the SAM cases by giving therapeutical diet and home based diet considering the need of child. Counselling is being given to the mother regarding improvement of health seeking behaviour and awareness. Even wage compensation is provided by the Govt. during staying in NRC and also in follow up visit. There is a provision for follow up visits up to four times after discharge and medicines are given at that time too. The frontline workers are participating more in identification in community level and admission in NRC which help to maintain bad occupancy rate.

Key Words: SAM, therapertical diet, home based diet, follow up visit and relapse.

Mental Health Awareness and consciousness: A Study on Working Women in Barak Valley.

Jayeeta Sen & Jhimli Bhattacharjee

The term health encompasses both physical and mental health. But unlike physical health mental health are often misinterpreted and stigmatised as madness. As in case of former latter are seldom cared and occupies smaller space in terms of consciousness, awareness and treatment.

The problem of mental health poses serious threat to entire society. Presently it is seen that the social disturbances, suicidal deaths, madness, depression etc are increasing day by day causing family and social disturbances. Amidst various types stress allied mental health problem is a menace to the women of present age Thus, a study on stress allied mental health problem will be more significant. Again a study among highly educated working women can make it more meaningful to have an understanding of mental health awareness.

The present paper here tries to map the awareness level of mental health problem amongst the working women in Barak Valley with special reference on mental stress. The research is based on both primary and secondary sources of information .The primary information are based on both quantitative and qualitative studies. Secondary information is based on published and unpublished works.

Key Words: social disturbances, mental stress, mental health.

Medical pluralism in India and its integration to health service system

Kuheli Das

The dominant system of medicine in India during early 19th century was the indigenous system of medicine which included many folk medicines as well. With the advancement of century, the Britishers have started to endorse Bio-medicine as the official system of medicine through policies and creating a discourse for its people. The era of post –independence had many debates about the indigenous system of medicine and the committees that were formed in and around that period of time reflected those debates. TheChopra Committee1946-1948 and the National Health Policy of 1983asked for integration of indigenous system of medicine with the overall health service system.Following these recommendations an attempted was made to integrate the traditional system of medicine along with allopathic medicine at the medical college and at the service delivery level department of Indian System of Medicine and Homeopathy (ISM &H) was formed in the year 1995, which was later on named as AYUSH.But these moves were not based on equalityAYUSH practitioners were only used as replacement to allopathic practitioners who refuses to go to the rural area, additionally; the AYUSH medicines are found in short supply; these measures further consolidated the image of AYUSH as an "alternative" to allopathic medicine

Perceptions on Health and the Indigenous Health Care Practices among the Tai Khamyang Community of Assam- A Sociological Study

Kuki Boruah

Health is a dynamic social phenomenon, affecting multiple aspects and being affected by multiple factors. Every society irrespective of its simplicity and complexity has its own set of beliefs and practices concerning disease and maintaining health. In context of the tribal people, various socio-cultural aspects such as education, economy, norms and values regulate the health status of the people. Indeed in today's world, where science has been making great progress in every field, the tribal people are still found to be indulging in their traditional ways of treating an ailment. However, in most of the regions, there is a parallel acceptance of both the traditional and modern health care system. Indeed, depending upon the health care practices and its consequent demographic variation, the development rate of a society can be formulated. It is in this context that an enquiry on the health status of the tribal people is relevant at this period. Thus, the paper is an attempt to know about the perceptions on health and the significance of the traditional health care practices among the Tai Khamyang Community of Disangpani village in Sivasagar District, Assam with the application of survey method. Besides, in a situation where there is an initiative on the part of the Government to improve the health condition of every individual and subsequently the whole society with the introduction of modern health care facilities, it is relevant to know about the perspectives of the people towards these modern health facilities.

Keywords: Health, Indigenous health care systems.

Suicides in India: A Sociological Study

Mohammad Akram

Introduction: Suicide, according to Durkheim, is caused socially and the differing rates of suicides could be explained in terms of differential integration and cohesion prevailing in societies. The conflict/ political economy perspective examines the incidences of suicide in terms of conflicting relations. However, the biggest limitation of these structural approaches is their inability to explain the huge differences in the incidences of suicide in different contextswhich largely share similar macro structural conditions.The existing literature on suicide has other limitations also. This paper intends to overcome these limitations and fill this gap.

Objectives: This paper has three main objectives: (i) to understand the patterns of suicide in India; (ii) to explore the reasons behind differential occurrence of suicides in different groups; and (iii) to suggest mechanisms through which rate of suicide could be mitigated.

Methods: It is an analytical study and uses the secondary data provided by NCRB and Registrar General of India. It develops a theoretical approach to explain the prevailing conditions

Findings: This paper builds up an agency-structure integration approach and focuses on the "spaces" created due to different types of interaction between "agencies" and "structures". These spaces are explained in terms of mutually interacting "social situations" and "social practices". This paper finds that regularisation, sanction and glorification of social situations causing suicide in some cases convert them into social practices. But similar social situations under the influence of other components of the social structure may not cause suicide. So, incidences of suicide increases when social situation causing suicide becomes social practice. Based on this approach, it tries to explain the differential prevalence of suicide in India.

Maternal and Child Health Services Among the Bakarwal Tribe

Uma Prasher & Dr.Neena Rosey Kahlon

Abstract

Maternal and child health is the index of health status of the population in any society. Government of India introduced numerous maternal and child health targeted programs to enhance the status of the mother and child health in the country. In this paper, an endeavor is made to shed light on the maternal and child healthcare services among the Bakarwal tribe of Jammu and Kashmir. There are 22 districts in the state where one (Kathua) district is selected randomly, and from the selected district 50 respondents are interviewed with the help of interview schedule. This empirical study shows that majority of the Bakarwal women are unaware about the maternal and child health care services and therefore all these services are underutilized by these women**.** The obliviousness and underutilization of these services are mainly due to the low socio-economic status of the tribal population who are poor, illiterate and survived in far flung areas without access to medical facilities.

Menstrual Hygiene Practices among Urban Poor: A Study of Young Girls in a Selected Slum in Delhi

Rozi Rashmi

The present study reflects on reproductive and sexual health; menstrual hygiene and awareness regarding related illnesses. The study is relevant area to explore living spaces and health care services providers and interaction among adolescent girls as well as with the adult on various issues of health and sexuality. According to NFHS-3 and WHO reports India's youth population has increased during past few decades and the illnesses related to reproductive and sexual health also increased. Therefore the study discussed the issues concerning sexual health, the various factors influencing and determining the menstrual practices and hygiene among the young girls living in urban slum. Youth health is important to study because they contribute to the economy and are the important population which share more than half of their effort to India's development. However, more than half of young girls are anemic, one fifth are denied education, those who do access, nearly 60% drop out during primary and middle levels. Therefore, the present study research is a timely contribution to the literature on understanding issues pertaining to youth population and its relationship with reproduction and menstrual and sexual health in context of place of residence.

Maternal health care in Kashmir: a case study of district hospital Kulgam, Jammu and Kashmir

Nadiya Muzaffar

Abstract

In order to reduce the maternal and infant mortality, government through various programmes promotes institutional deliveries so that women are assisted by skilled attendants at the time of childbirth and the high expenses incurred during the institutional deliveries in the form of user charges, diagnostic tests, caesarean sections etc. are being met out. However, institutional delivery brings with it several challenges and consequences.

The present study makes an attempt to understand the maternal health services present at the district hospital. It tries to know the factors behind Lower Segment Caesarean Section (LSCS) deliveries and makes an analysis of different factors responsible for the referrals.

This study is a part of a larger study conducted in District Kulgam. A qualitative single case study of a District hospital with embedded cases i.e. one gynecological ward and its staff and patients was conducted. Unstructured interviews were used and this data was triangulated with observation and quantitative data.

There is a high incidence of LSCS deliveries in the District hospital. The absence of gynecologist during night hours compel the pregnant women to get referred to other health facility or to get a caesarean section delivery done on demand and avoid getting referred to other far off hospitals. Inadequate manpower and bed strength and indifferent and uncaring attitude of doctor and nurses act as a push factors for consulting private clinics to those who can afford it or leads to home deliveries among poor women. This study finds that the pregnancy and childbirth process has become highly medicalised in District Kulgam and explains the medicalization gaps and traps, visible all around.

Menstrual Hygiene among Adolescent Girls: Practices and its Correlates

Navdeep Kaur

The first occurrence of menstruation is also known as menarche, is a unique phenomenon associated with females. With the initiation of menstruation adolescent girls become capable of having child. Though it's a biological process but a number of taboos and restrictions are associated with menstruation. This belief system is transferred from one generation to next. If the menstrual hygiene is not taken care of properly then it may make girls more vulnerable to various diseases. The present study analyzed the comparison on practices related to menstrual hygiene among in school and out school adolescent girls in association with their social and cultural profile.

Choice between Public and Private Healthcare service Delivery: A Study in Kolkata

Mahua Patra and Partha Sarathi De

Abstract

Health seeking behavior depends upon availability, accessibility and affordability of healthcare provision. This paper aims to find out whether the health seeking behavior of masses representing diverse socio economic strata varried or not. Education, occupation and related family income are assumed to be the important variables in health seeking behavior. By analyzing their choice of service provider the objective is to find out the picture of healthcare provisions and their accessibility pattern in West Bengal. This study is based on both qualitative and quantitative methods of studies. Both Public and Private hospital were selected and indoor patients of different wards and staffs were contacted for the purpose. The study reveals that choice of hospitals depends upon socio-economic factors like education, occupation, family income, and membership of health insurance. Both public and private service delivery is dissatisfying to people. Health care system of West Bengal needs Government's attention, monitoring and up gradation immediately.

Key words: Healthcare affordability, Health Insurance, Health Seeking Behaviour, healthcare service provider

LEPROSY AND ITS SOCIAL CHALLENGES IN TEA GARDENS OF ASSAM: A STUDY ON SOCIAL STIGMA OF LEPERS AND THEIR REHABILITATION IN DIBRUGARH

Dr. PRANJAL SARMA

Leprosy is an infectious disease and it is a chronic infection, which can remain without symptoms and typically remain this way for five to as long as twenty years. The disease causes severe disfiguring of skin and nerve damage in the arms and legs. More than the disease most disturbing factor is the terrifying negative stigmas associated with the leprosy patients which lead to their status of being shunned as outcast from the society. In this paper we will try to focus on different social stigma associated with the disease and the problems and challenges faced by the lepers of tea gardens of Dibrugarh.

We will collect primary data from government officials, from directorate of health and by interviewing different people from tea gardens and lepers themselves. It is a fact that social stigma regarding lepers still prevail and it was found many a times that even medical practitioners and staff feel reluctant to treat them. It is a social challenge and many steps to be taken in case of their rehabilitation.

Key words: Stigma, Leprosy, Lepers and Rehabilitation

Maternal Health (Millennium Development Goals): Path travelled and Path to Success

Pratima Yadav

Health is the key pillar of the MDG as adopted on September,2000.3 of 8 goals,8 of 18 targets and 18 of 48 indicators are health related.Maternal health is one of the key aspect of attainment of health targets as stated in Millennium Development Goals.Maternal Mortality Ratio and Proportion(%) of births attended by skilled health persons are the 2 main indicator to access progress in Maternal health.MMR is the was set to be 109 per 100,000 live births in 2015 from the baseline of 437 per 100,000 in 1990,thus citing a reduction of 75%.But if retrospection of present situation is done then then India is likely to miss its target with present rate of 212 per 100,000 population. Lack of national healthcare infrastructure have has severe effect on our efforts.Lack of funds for public hospitals,lack of trained staff,lack of health insurance,lack of access of a majority population to healthcare and lack of quality healthcare have remained major obstacles in attainment of our goals.But in spite of these shortcomings the effort we as a nation have made and progress done in various fields are really congratulating. Under RCH2 all CHCs and 50% PHCs provide round the clock delivery services with 52% of 14,225 PHCs providing 24-hour services. Attempts are made to provide skilled attendance at every birth, both at institutional and community level.FRUs are equipped to provide both emergency obstetric and neonatal care, All M.B.B.S

students are skilled in anesthetic skills for emergency obstetrics care with a 18 month training program. Facility of manual vacuum aspiration abortion facility is made available at all CHCs and 50% PHCs.Through Janani Suraksha Yojana under NRHM a significant population have been provided maternal benefits.States like Kerela,Goa,Tamil Nadu have already achieved the MDG and Andhra is about to achieve it. So keeping in prospect all these facts it's clear that progress India has made is remarkable and current rate of progress is still very much appreciating. Hence it can be summed up that progress India has made in field of Maternal health can achy remarkable feet only if some lacunae are filled up and proper awareness be generated.

Key words- Maternal Health, millennium Development Goals

Dimensions Of Medical Marginality: A Case Study Of Unani Medical System.

Priya Sharma

The concept of medical marginality defines those therapeutics which are non institutionalized and are not recognized by the state but still exists today. Medical marginality operates as a framework to differentiate between medical practice that is sanctioned and regulated by the state (allopathic medicine or the AYUSH) and that which is not regulated by the state. In Indian context, medical systems under the acronym of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) have been given legitimate position and included in the health service sector. The conceptual framework of medical marginality in this paper approaches the concept in a different way. Focusing on unani system which is an institutionalized medical system and a part of AYUSH, the paper attempts to demonstrate dimensions of marginality of unani with allopathy and within AYUSH. Taking the case of a unani hospital in Hyderabad, the paper examines how unani medical system has been marginalized by medical professionals themselves and government policies. The study uses open interviews with AYUSH officials, doctors and paramedical staffs of the unani hospital along with secondary resources like government records and other scholarly works done in this area.

Keywords: Medical marginality, AYUSH, Unani medical system.

Marginalised Women's Health: A Study in Nalbari District of Assam.

Purabi Bhagawati

The term 'Health' has a wide and narrow application, as it can be both positively and negatively used. Moreover health is not just a feature of our daily life, it also appears frequently on the political landscape. The political and economic, historical, socio-cultural, epidemiological state of a nation have played important role in terms of health scenario of a particular place. Similarly various social determinates of health viz., social location, economic condition, education, gender are also very important as far as health is concerned. In this study, an attempt has been made to see how the various social determinants of health have played an important role in terms of marginalized women's health. Marginalised is often described as a social process where people are relegated to the margins of society. It is a process where people or communities are being excluded from the mainstream. Further this study also tends to look critically at the state's interpretation on women health. Women's health becomes important when she gets pregnant or feeding breast to her children. Thus
state's hegemonic nature through the lens of the western medical system would have been studied. To substantiate the argument an ethnographic study has been conducted in three different villages of Nalbari District of Assam.

Management of Health Services in Rural Areas:Does Gender of the Sarpanch matter?

SucharitaPujari,

Major challenges in the health care sector in rural India today are low quality of care, poor accountability, lack of awareness and limited access to health facilities. Since the well-being of the villagers depends to a great extent on the efficacy of the gram panchayat, it is the responsibility of the gram panchayat not only to provide basic public services like drinking water, toilets, etc, to villagers, at the same time it is expected of the Sarpanch to take a keen interest in the provision of these services by her/his initiative and interest.

The present study is an attempt to understand whether the gender of the sarpanchis influential in the management of the health services in the rural villages in Kalahandi district of Orissa.Information has been collected through in-depth interviews with key village functionaries and panchayat members in two female headed and one male headed panchayat.

Irrespective of the gender of the sarpanch, panchayats are not empowered with the understanding and mechanisms required for them to play their role in governance of health to enable communities for the attainment of better health status in the village. Owning to their educational backwardness and lack of awareness there is reluctance to accept modern practices and habits related to health and hygiene.Beliefs in traditional healers arepredominant.

Limited awareness about modern health practices and about hygienic practices makes it difficult to render proper services related to health.

Yoga: A journey to healthy living

Tultul Lahon Baruah

Abstract: In this paper an attempt is being made to analyze the role and significance of yoga in human life. Traditionally yoga refers to a "way of life for human beings.

The main issue is how to understand this way of life? Every individual lives in a specific society but universally all individuals must have proper health. Yoga provides three dimensions of health so that a balanced mental, physical and spiritual health could be maintained. There are three related aspects of yoga namely Asana, Pranayama and Dhyana. The roles and functions of these aspects of yoga will be explained in this paper.

Further will explain how some Asanas and Pranayamas could cure some diseases of individuals which will help to lead a healthy and beautiful life.

Maternal and Child Health Services Among the Bakarwal Tribe

Uma Prasher,Dr.Neena Rosey Kahlon***

Maternal and child health is the index of health status of the population in any society. Government of India introduced numerous maternal and child health targeted programs to enhance the status of the mother and child health in the country. In this paper, an endeavor is made to shed light on the maternal and child healthcare services among the Bakarwal tribe of Jammu and Kashmir. There are 22 districts in the state where one (Kathua) district is selected randomly, and from the selected district 50 respondents are interviewed with the help of interview schedule. This empirical study shows that majority of the Bakarwal women are unaware about the maternal and child health care services and therefore all these services are underutilized by these women**.** The obliviousness and underutilization of these services are mainly due to the low socio-economic status of the tribal population who are poor, illiterate and survived in far flung areas without access to medical facilities.

Knowledge and Practices on Child Health among Mothers of Malnourished Children: A Study of Beneficiaries of Anganwadi Centres

Navdeep Kaur

Prevalence of malnutrition can be because of either the child is not taking diet with enough nutrients or taking diet with more calories. In that scenario mother's role is of great importance. This paper focused mainly on under nutrition aspect of malnutrition. Malnourished children were selected from among the beneficiaries of Anganwadi Centres. Data was collected from mothers of those malnourished children. Data collected by using Interview schedule. The study was undertaken to assess the socio-economic profile of the respondents, to assess the

impact of nutrition and health education which is one of the component of integrated child development services programme on the knowledge level and practices related to child health.