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### ELDERLY WOMEN'S HEALTHCARE ACCESS IN RURAL BANGLADESH – A SILENT VOICE

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**Statement of the Problem:** Bangladesh is identified as one of the poorest countries with disparities in access to healthcare services, especially in rural areas. A significant proportion of the country's poorest citizens are rural elderly women. The increased longevity and the compounding effects of acute and chronic illness often mean that elderly women are in more need of medical treatment than other populations. Despite medical treatment requirements, access to healthcare services for elderly rural women does not feature in governmental health care policy or in the existing research literature. The purpose of the study is to explore the factors and issues impacting on elderly women's healthcare access in rural Bangladesh.

**Methodology & Theoretical Orientation:** Two critical social frameworks underpinned by Jurgen Habermas and Axel Honneth were applied to research the phenomena of inequality in healthcare access for elderly rural women. Face-to-face audiotaped, semi-structured interviews were conducted with 25 elderly women and 11 healthcare professionals in one region of Bangladesh. Using a critical thematic discourse data analysis enabled the recognition of women's issues and the power relations that existed, whilst maintaining the respect and integrity of each participant's data.

**Findings:** Findings reveal a number of factors including individual, institutional and social contexts related to poverty, education, low self-efficacy, gender discrimination, inadequate and ineffectual healthcare arrangements and socioeconomic exclusion. These factors in combination inhibit elderly rural women's healthcare access.

**Conclusion & Significance:** The findings have implications for the planning and financing of healthcare services for this cohort at individual and institutional levels in rural Bangladesh. The political, social and economic implications will require significant changes to improve the health and wellbeing of elderly rural women and their healthcare access.

### FEMALE INMATES IN SINDH: A NEGLECTED POPULATION IN THE MEDICAL POLICIES OF PAKISTAN

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In Pakistan and especially in Sindh province, the health care facilities are not satisfactory according to the needs of the female inmates as compared to available health facilities for female inmates in developed countries. Health care facilities of female inmates in jails or prisons of Pakistan are neglected and ignored in government policies. The governments neither pay attention to provide standard health facilities to female inmates nor are their problems addressed by social scientists in Pakistan. Therefore, the voice of female inmates is missing and could not draw the attention of researchers or policy makers. The population of women as compared to male inmates is fewer and similarly, they have less or inadequate medical facilities in prisons or jails. The present exploratory research is conducted in Sindh province of Pakistan and all 113 female inmates (Convicted: 28 & Under-trial: 85) from all prisons/jails were interviewed. The average age of inmates was: 33.60 & SD: + 10.97. The results indicate that the majority of respondents, 71.7%, were married, 53.1% illiterate and 60% respondents belonged to rural regions. 53% respondents were not satisfied with the providing health facilities and 63% not satisfied with the quality of providing food in prisons. 16.8% respondents were suffering from Hepatitis-C, 15% high blood pressure, 9.7% hepatitis-B, and 2.7% tuberculosis. 72% respondents shared that their place of imprisonment has not sufficient light facility and 67.3% shared that their place of imprisonment is not airy. Therefore, the government should provide basic health facilities to female inmates and their place of imprisonment must be airy and lighted.