

Technology And Women's Health: The Key Towards Realising The Goal Of Delivering Quality Care To Women In Rural India...

Dr. Sephalika Sagar¹, Dr. Pooja Kushwaha²

¹ Assistant Professor, Amity School of Business, Amity University Jharkhand, Ranchi, Jharkhand, India.
Email: reachsephalikasagar@gmail.com; ssagar1@rnc.amity.edu

² Assistant Professor, Amity School of Business, Amity University Jharkhand, Ranchi, Jharkhand, India.
Email: poojarkushwaha@gmail.com; pkushwaha@rnc.amity.edu

ABSTRACT

present research study is focused on assessing awareness, infrastructure, and technological adaptation in Women's Healthcare in Rural India. Data was collected from both primary and secondary sources. Primary data was analyzed using frequency analysis in JASP software, based on a sample of 100 respondents selected through simple random sampling from rural villages in Jharkhand. The result revealed that SHGs are the major sources of health related information in rural India, It was observed that healthcare infrastructure in rural regions of India has been found to be severely lacking when compared to their urban counterparts. There are still many challenges in improving women's health in India, the country has proven itself to be a pioneer in technological innovation. Just as well, it's proven that transformation is possible by putting its innovations towards women's health awareness using updated technology. Majority of the rural women are yet to adopt technology to access health care information i.e. maternity care, breast cancer cervical cancer etc.

Keywords: Technology, healthcare , Women, Rural India, Awareness.

INTRODUCTION

We can all be rightfully pleased of the progress our country has made in recent years, particularly in terms of gender imbalance. Despite this, several challenges remain that must be addressed. One of the most serious issues is the need to improve women's healthcare in India, primarily their awareness and access to health insurance. According to World Health Organization (WHO) data, India has a mortality rate among mothers of 174 deaths per 100,000 live births, which is much worse in comparison with other nations in the surrounding area. In India, around 50 million women have contraceptive health issues. Anaemia affects approximately fifty percent of Indian women of age at conception, causing problems during conception and delivery.

Moreover, breast and cervical cancer remain the most common cancers among women in India. Based to the National Health Profile 2019, around 96,922 people died in India from cervix cancer in 2018. Furthermore, tThe estimated incidence of cancer is rising in India, according to Union Health Minister Mansukh Mandaviya, who addressed the Lok Sabha on February 9, 2024. Citing the Indian Council of Medical Research-National Cancer Registry Programme, he noted that the estimated cancer cases in India reached 1,496,972 in 2023, up from 1,461,427 in 2022.. This underscores the critical need for the government to increase women's accessibility to decent healthcare services. The ideal method to tackle this

improvement would be to look at the resources that India obviously possesses but are under utilised. Technological innovation is the foremost of such devices.

PROBLEM STATEMENT

Despite the widespread availability of health insurance, many individuals remain underinsured or uninsured, particularly in low-income and rural areas. This lack of adequate coverage leaves significant portions of the population vulnerable to financial hardship in the event of illness or injury. The problem is further exacerbated by a general lack of awareness and understanding of the benefits and importance of health insurance. The challenge lies in not only making insurance accessible but also ensuring that individuals recognize its value as a vital tool for financial security and well-being. The issue at hand is how to effectively bridge this gap, providing comprehensive coverage and fostering a strong culture of insurance as a form of assurance for all.

OBJECTIVES:

1. To Create Awareness on Health Insurance Policies

To identify the current level of awareness about health insurance policies among rural populations in India.

To develop and implement targeted awareness campaigns that educate rural communities about the benefits, coverage, and accessibility of health insurance policies.

To evaluate the effectiveness of different communication strategies in increasing awareness and understanding of health insurance policies in rural areas.

2. To Analyze the Healthcare Infrastructure in Rural Regions of India

To assess the current state of healthcare infrastructure in rural regions, including the availability of hospitals, clinics, medical professionals, and essential medical equipment.

To identify the gaps and challenges in the existing healthcare infrastructure that affect the delivery of quality healthcare services in rural areas.

To provide recommendations for improving healthcare infrastructure in rural regions to ensure equitable access to healthcare services.

3. To Analyze the Impact of Technology on Women's Healthcare

To examine the role of technology in enhancing women's healthcare services, particularly in rural regions of India.

To evaluate the impact of telemedicine, mobile health apps, and other technology-driven solutions on the accessibility and quality of healthcare for women.

To assess the effectiveness of technology in addressing specific health issues faced by women, such as maternal health, reproductive health, and preventive care.

4. To Understand the Readiness of Women in Rural Regions of India to Adapt to a Technology-Enabled Healthcare System

To evaluate the current level of digital literacy and access to technology among women in rural areas of India.

To understand the perceptions, attitudes, and potential barriers faced by women in adopting technology-enabled healthcare solutions.

To identify the factors that influence the readiness of women in rural regions to engage with and benefit from technology-based healthcare systems.

To develop strategies and recommendations to enhance the adoption of technology-enabled healthcare among women in rural areas, considering cultural, social, and economic factors.

RESEARCH METHODOLOGY:

The research was carried out at Ranchi, the capital city of Jharkhand in India. The district is divided into eighteen divisions, four of which have been studied: Namkum, Ormanjhi, Ratu, and Nagri. These divisions have distinct levels of healthcare infrastructure, enabling the study to assess the impact of varying healthcare availability and quality on the research outcomes. The divisions were chosen based on their population size and density to ensure that the study includes both urban and rural settings, offering a balanced perspective on the research topic. The selected divisions are accessible for data collection, with established networks and resources available to support the research process, ensuring the feasibility of the study. The administrative divisions align

closely with the research objectives, ensuring that the study's findings will be directly applicable and relevant to the key questions being investigated.

The research project's wards, villages, and respondents were chosen using a basic random selection process. The sampling strategy was decided upon since it assures that every component in the population has an equitable probability of getting selected (Kothari 15). The population universe in a study on rural women's healthcare encompasses all women residing in rural areas within the selected geographic region. This includes women of various age groups, socioeconomic backgrounds, and health statuses. The population universe is defined by specific criteria relevant to the research objectives, such as women who access local healthcare facilities, those engaged in maternal and child health services, or women within a particular age bracket. Understanding the population universe is crucial for ensuring that the study results are representative and applicable to the broader rural female population.

In this study, the simple random sampling technique is employed to select participants from the population universe. This method ensures that every woman in the population has an equal chance of being included in the sample. By using simple random sampling, the study minimizes selection bias and enhances the reliability and generalizability of the findings. The process typically involves assigning a unique identifier to each individual in the population universe and then using a random number generator or lottery method to select the required sample size. This technique is particularly useful in studies like rural women's healthcare, where the goal is to draw conclusions that accurately reflect the experiences and needs of the entire population. Since the infrastructure across all wards in the four divisions was identical, all wards from the divisions were selected for the study. These wards include NagabaKhatal, Albert Ekka, Amitha Nagar, Swarnarekha Nagar, Chutia, Ara, Anandi, Baridih, Barsa, Basilu, Cheta, and Chipra.

An aggregate of 100 participants were chosen at random from these villages. The population is very large, thus a sample size that is manageable but still statistically significant has been used. Because the research population was homogeneous, such somewhat limited sample suffices (Kothari,176). The number of persons who formed the group of participants from each village was determined mostly by the size of the local population and the willingness of those who participated in surveys. As a result, among the 100 responses, 8 samples each were from NagabaKhatal, Albert Ekka, Amitha Nagar, Swarnarekha Nagar, Chutia, Ara, Anandi, and Baridih subdivisions, while 9 samples each were from Barsa, Basilu, Cheta, and Chipra subdivisions.

In-depth investigations and interviews were utilised to obtain qualitative and quantitative data on the sources of information reviewed, access, and utilisation in the research region. The JASP (Just Another Statistical Program) software suite of analysis was used to examine the quantified data.

TECHNOLOGICAL INNOVATION IN WOMEN'S HEALTH SERVICES:

Technological innovation has the ability to completely change the context of healthcare for women. The adoption of technological advances, for example, can increase early identification of malignancies, notably cervical cancer with the bulk of instances being identified in advanced stages. This emphasises the relevance of focusing on early identification and management. Cervical cancer remains a significant health challenge, particularly in low-resource settings. However, advancements in diagnostic technologies are playing a crucial role in boosting detection rates. Tools such as HPV DNA testing, liquid-based cytology, and AI-enhanced imaging are making early detection more accessible and accurate. These technologies allow for more efficient screening, especially in remote or underserved areas, leading to earlier diagnosis and improved outcomes for women. The integration of these innovations into healthcare systems can greatly enhance the fight against cervical cancer by increasing the percentage of cases diagnosed at an early, more treatable stage.

Additionally, more funding and resources should be allocated to addressing sexually transmitted diseases, with a focus on diagnosing and treating women through thorough investigation and medical testing. To properly treat varied populations, psychological healthcare professionals ought to be trained in gender-sensitive counselling. Teamwork is critical for the advancement of femininity's medical care, since collaborations between the public and private sectors are required to allow healthcare pioneers to grow and impact additional women. Furthermore, the engagement of women professionals in the medical industry is crucial to the implementation of more women-centric programmes and the achievement of improved patient experiences.

Improving medical care for women in India is a pressing problem that necessitates a diverse strategy. It is critical to return to basics when it comes to preventative care. Healthcare insurance serves as a crucial social mechanism for ensuring access to preventative treatment. By offering coverage for routine check-ups, screenings, and early interventions, health insurance helps individuals maintain their well-being and detect potential health issues before they become serious. This not only reduces the overall burden on healthcare systems but also promotes a healthier population by encouraging proactive care. A well-structured and reliable healthcare insurance system is essential for fostering a culture of prevention, ultimately leading to better health outcomes and lower healthcare costs. Improving the availability of healthcare insurance policies is the greatest productive strategy to boost women's treatment in India. Most women in India, especially the ones living in rural regions, lack access to health care. As a result, people are frequently compelled to pay for medical expenditures out of pocket, which can be excessively expensive. This might cause women to postpone or avoid critical healthcare medication, that can have major ramifications for their physical and mental well-being. Additionally, there are numerous things that may be made to increase women's access to health insurance in India. One of the most essential is to reduce the cost of medical coverage.

There are now just a few insurance companies that give coverage tailored particularly to women. It will be simpler for women to discover insurance that fit their individual medical requirements if more insurance companies enter the marketplace and produce policies customised to their preferences. It is also critical to raise consciousness about the advantages of health coverage amongst Indian women. Numerous women are ignorant of the numerous advantages of medical coverage and may be uninformed that it can assist them in obtaining great healthcare services when they are most needed. It will be simpler for women to remain healthy and prevent significant health concerns if they are able to get to the medical care they require.

ANALYSIS AND DISCUSSION:

Demographic Profile of Respondents:

TABLE-1

Frequencies for Age				
Age	Frequency	Percent	Valid Percent	Cumulative Percent
18-25	63	63.000	63.000	63.000
26-32	25	25.000	25.000	88.000
33 and above	12	12.000	12.000	100.000
Missing	0	0.000		
Total	100	100.000		

Source: Survey result

TABLE-2

Frequencies for Education				
Education	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 8th Standard	37	37.000	37.000	37.000
Matriculation	39	39.000	39.000	76.000
Intermediate	12	12.000	12.000	88.000
Graduation	12	12.000	12.000	100.000
Missing	0	0.000		
Total	100	100.000		

Source: Survey result

TABLE-3

Frequencies for Income				
Income	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 10K	62	62.000	62.000	62.000
10K-20K	30	30.000	30.000	92.000
20K-30K	4	4.000	4.000	96.000
30K and above	4	4.000	4.000	100.000
Missing	0	0.000		
Total	100	100.000		

Source: Survey Result

The above tables provide demographic profile of the respondents which give insight into their age, education, and income levels based on the survey conducted.

Age Distribution:

The majority of respondents (63%) fall within the age group of 18-25 years, making it the largest age group represented.

25% of the respondents are aged between 26-32 years.

The remaining 12% of respondents are aged 33 years and above.

Educational Background:

39% of the respondents have completed matriculation, making it the most common level of education among the participants.

37% of respondents have education levels below the 8th standard.

Both intermediate and graduation levels are represented by 12% of the respondents each.

Income Levels:

A significant portion of the respondents (62%) have an income of less than ₹10,000 per month.

30% of respondents earn between ₹10,000 and ₹20,000 monthly.

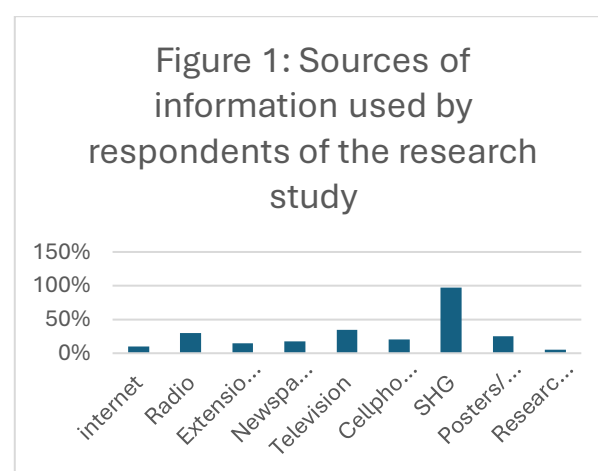
Only a small percentage (4%) of respondents have monthly incomes between ₹20,000 and ₹30,000, with another 4% earning ₹30,000 and above.

Overall, the survey indicates that the majority of respondents are young adults with lower income levels and varying educational backgrounds, with a significant portion having completed only basic education.

TO CREATE AWARENESS ON HEALTH INSURANCE POLICIES:

Access to reliable information is crucial for empowering rural women and improving their quality of life. Various sources can provide valuable information .

In the present study respondents used a variety of information sources such as radio, television, newspapers and magazines, mobile phones, face-to-face meetings with Self Help Group leaders, extension activities organised by educational institutions, brochures, libraries, and the internet. Face-to-face meetings with SHG's among them was the most widely used, with 97% of respondents utilising it. Other claimed sources of information include educational institution extension efforts, cell phones, television sets, newspapers and periodicals.



Source: Survey data

It was discovered that a number of Self-support-Groups (SHGs) span the research regions, since the SHGs structure was created in India to support rural people. SHGs are the primary sources of health information. There were some cell phone owners among the responses. The availability of radio and television frequencies, as well as mobile phone infrastructure, in the research region made acceptable information sources available; however, the available mobile phone infrastructure is inefficient owing to a lack of education to operate properly and low income to acquire android mobiles.

Participants in the research region used various information sources, with face-to-face meetings with Self Help Group (SHG) leaders being the most common, used by 97% of respondents. Other sources included radio, television, newspapers, and mobile phones. However, rural India's medical facilities are lacking, with women's healthcare access hindered by gender discrimination, social stigma, illiteracy, and poor infrastructure.

Improving rural healthcare requires strengthening infrastructure, educating women, and leveraging technology. Despite ongoing digital transformation, many rural women face barriers like limited education and finances, with only 38% willing to learn about technologies that could improve their healthcare access.

TO ANALYSE THE HEALTHCARE INFRASTRUCTURE IN RURAL REGIONS OF INDIA:

Rural India's medical system is significantly deficient compared to its urban counterparts, with over 75% of medical facilities and 74% of doctors concentrated in cities, despite only 27% of the population living there. This disparity in healthcare access is even more pronounced for rural women, who face additional barriers like gender segregation, societal prejudice, lack of education, and superstitions.

Addressing these challenges requires a comprehensive approach, including strengthening infrastructure, educating women on health issues, and leveraging technology to ensure quality healthcare delivery. The goal is to ensure that rural women receive the care they need and that healthcare facilities in these areas are fully equipped to provide it.

TO ANALYSE THE IMPACT OF TECHNOLOGY ON WOMEN'S HEALTHCARE IN INDIA:

As India's healthcare system undergoes rapid digital transformation, technology could be key to improving medical care for rural women. While many still have reservations about using technology, skill-building programs can empower them to manage their health more independently. With the right support, rural women can easily access virtual patient monitoring and telemedicine, helping them safeguard their health and well-being.

In India, the well-being of women is exposed to a number of dangers, including increasing maternal mortality rates, an inadequate level of preventative diligence, and ignorance about birth control and contraceptives. Notwithstanding this, India has established itself as a leader in technical development among emerging nations, and its latest technologies are aimed at enhancing the health of females.

Despite the rates of maternal mortality in India have decreased significantly in the previous decade, the number of documented fatalities in the country due to pregnancy problems remains alarmingly high. According to a UNICEF research, 44,000 women die in India each year as a result of avoidable pregnancy problems. Despite the accelerated decline in India's maternal and infant mortality rates (MMR and IMR) since 2005, several challenges persist.

These difficulties are frequently caused by an absence of understanding and an unwillingness to recognise that their kid is not progressing normally. Because of this lack of understanding, lesser women pursue therapy that may preserve their existence. To tackle this, organisations are creating new smartphone applications to assist women in remaining vigilant and knowledgeable about their infants' health and the condition of their gestation.

For instance, in 2014, MAMA (Mobile Alliance for Maternal Action), a non-profit organisation committed to

women's health while pregnant in underdeveloped countries, launched mMitra, a digital service. The programme provides footage and text messages to recent and expecting moms with important data on the first year of growth for children and the early stages of pregnancy. The programme, which has 50,000 members within a few weeks of its inception, distributed information to women in their native tongues and at times convenient for them. Ultimately, mMitra hopes to assist women in detecting pregnancy and child developmental difficulties early and seeking medication before their condition worsen or threaten the mother and kid.

Breast scans are an important aspect of women's preventive care across the world. Notwithstanding this, as per National Institute of Health more than 90% of women in the developing countries do not receive this critical diagnostic check. High costs, unreliable electricity, and a shortage of adequately trained radiographers are key factors limiting access to mammography and other treatments in India.

Breast cancer rates

The following table shows total global breast cancer incidence and rates in 2022 for women

TABLE- 4

Rank (women)	Country	Number	ASR/100,000
	World	2,296,840	46.8
1	China	357,161	33.0
2	United States of America	274,375	95.9
3	India	192,020	26.6
4	Brazil	94,728	63.1
5	Japan	91,916	74.4
6	Russian Federation	78,839	57.7
7	Germany	74,016	77.0
8	Indonesia	66,271	41.8
9	France (metropolitan)	65,659	105.4
10	United Kingdom	58,756	94.0

Source: World Cancer Research Fund International

Breast cancer deaths

The following table shows total global breast cancer mortality in 2022 for women. India had the highest overall mortality rate from breast cancer in 2022, followed by China.

TABLE- 5

Rank (women)	Country	Number	ASR/100,000
	World	666,103	12.7
1	India	98,337	13.7
2	China	74,986	6.1
3	United States of America	42,900	12.2
4	Indonesia	22,598	14.4
5	Brazil	22,189	13.9
6	Russian Federation	22,115	13.6
7	Germany	20,601	15.8
8	Japan	17,638	9.7
9	Nigeria	16,332	26.8
10	Pakistan	15,552	18.6

Source: World Cancer Research Fund International

TABLE-6

State-wise Maternal Mortality Ratio (MMR) as per Sample Registration System (SRS) 2018-20

Name of the State/UTs	SRS 2018-20
Assam	196
Madhya Pradesh	173
Uttar Pradesh	167
Chhattisgarh	137
Odisha	119
Bihar	118
Rajasthan	113

Haryana	110
Punjab	105
West Bengal	103
Uttarakhand	103
India	97
Karnataka	69
Gujarat	57
Jharkhand	56
Tamil Nadu	54
Andhra Pradesh	45
Telangana	43
Maharashtra	33
Kerala	19
Other States	77

(Source: RGI: Special Bulletin on MMR)

TABLE-7

Details of Infant Mortality Rate (2020)

States	Rate
Andhra Pradesh	24
A&N Islands	7
Arunachal Pradesh	21
Assam	36
Bihar	27
Chandigarh	8
Chhattisgarh	38
D&N Haveli	16
Daman & Diu Delhi	12
Goa	5
Gujarat	23
Haryana	28
Himachal Pradesh	17
Jammu & Kashmir	17
Jharkhand	25
Karnataka	19

Kerala	6
Ladakh	16
Lakshadweep	9
Madhya Pradesh	43
Maharashtra	16
Manipur	6
Meghalaya	29
Mizoram	3
Nagaland	4
Odisha	36
Puducherry	6
Punjab	18
Rajasthan	32
Sikkim	5
Tamil Nadu	13
Telangana	21
Tripura	18
Uttar Pradesh	38
Uttarakhand	24
West Bengal	19

Source: Sample Registration System (SRS) of Registrar General of India (RGI)

Nevertheless, without sufficient knowledge on these topics, adolescent Indian women find challenging to take educated judgements on which alternatives are most appropriate for them. However, in the middle of India's technology revolution, increased connectivity to mobile devices is slowly changing the way women in India receive health knowledge.

A specific smartphone app is providing a significant role in increasing women's health consciousness in India. Gyan Jyoti, the mobile app, gives genuine data via instructional videos, TV advertising, and doctor professional testimonies. It also serves as an application for ASHAS (assigned health counsellors). The software enables ASHAS to increase understanding of birth control by means of an e-learning component, customise their counselling plan based on individual requirements, and track and save client activities to deliver the most effective insight available.

Although there are still many problems regarding enhancing women's health in India, the nation has established itself as a technology innovator. It has also demonstrated that change is achievable by directing its inventions towards women's medical education via

mobile applications, life-saving portable gadgets, and instructional resources that can be accessible with a single clicking.

Remote patient monitoring (RPM) devices may be extremely useful in assisting medical personnel in keeping watch of patient health indicators such as cardiac rate, respiration rate, arterial pressure, blood oxygen saturation in order and the temperature, particularly in the circumstance of patients in faraway locations. In the instance of expectant remote women, as per National Institute of Health who account for 50% of maternity deaths in rural India, the majority of such women experience problems or even mortality as a result of failing to get to the hospital in time. However, with RPM and advanced detection mechanisms in place, these scenarios may be avoided since doctors can be warned beforehand if patient circumstances deteriorate. Telephone consultation programmes allow women to obtain personalised medical advice.

The Indian government has launched a number of programmes intended to make healthcare more open to women living in rural India. The the SEWA programme Village Health programme, for example, educates regional health professionals how to utilise basic technology like as blood pressure monitors and urinary dipsticks. The programme has had a considerable influence on maternity and child health results in the communities that have participated. In addition, with the advent of Electronic Health Records (EHR), healthcare practitioners have found it simpler to keep medical documents and exchange them with other healthcare providers, improving consistency in treatment for women in remote regions who might require to see numerous medical practitioners.

Improvements in medical technology have allowed for more accurate and efficient illness diagnosis and treatment. Medical equipment that includes non-contact electronic monitoring of patients systems, compact ultrasonography machines, and blood sugar monitors have made it simpler to provide treatment to women in rural places. The goal is to create a fundamental change in healthcare by using persistent contact-less health surveillance and an AI-based alert system in order to safeguard people's lives.

As a whole, innovation has allowed medical professionals to give inaccessible medical opinions and therapies, enhanced medical excellence, and has rendered it simpler for women in rural places to receive medical solutions with the touch of a device. To guarantee that India reaches the aim of comprehensive healthcare protection, actions must be taken to redress the disparities in regards to healthcare provision in rural regions. Training and upgrading medical professionals to promote technology uptake in these locations would go quite a ways towards laying the groundwork for the country's robust and effective rural medical ecology.

TO UNDERSTAND THE READINESS OF WOMEN OF RURAL REGIONS OF INDIA TO ADAPT THEMSELVES TO TECHNOLOGY-ENABLED HEALTH CARE SYSTEM:

TABLE- 8

Frequencies for Readiness					
Readiness	Frequency	Percentage	Valid Percent	Cumulative Percent	
Not ready yet	62	62.000	62.000	62.000	
Ready	38	38.000	38.000	100.000	
Missing	0	0.000			
Total	100	100.000			

Source: Survey Result

To understand the readiness of women of rural regions of India to adapt themselves to technology-enabled health care system; respondents were analysed on their readiness. Rural women are under various constraints such as education, income; which primarily set the ground for technology adoption. As observed in the survey only 38% of rural women are ready to adept themselves to the technologies which can help them for a better access to health care information and requirements. Majority of the rural women are yet to adopt technology to access health care information i.e. maternity care, breast cancer cervical cancer etc.

FINDINGS:

Information Sources:

Face-to-Face Interactions: 97% of respondents reported relying on face-to-face meetings with Self Help Group (SHG) leaders as their primary source of information.

Other Sources: Educational institution extension activities, mobile phones, television, and newspapers/magazines were also significant sources of information for rural women.

Healthcare Access and Challenges:

Deficient Medical Facilities: Medical facilities in rural India were found to be significantly lacking when compared to urban counterparts.

Impact of Gender Discrimination: Existing systems of gender discrimination, along with social stigma, illiteracy, and superstition, have substantially hindered rural women's access to healthcare.

Infrastructure Issues: Logistical challenges such as inadequate infrastructure, inconsistent electrical supply, and unreliable network connections make it difficult to provide timely medical services in remote communities.

Preparedness for Technology-Enabled Healthcare:

Low Readiness: Only 38% of rural women expressed willingness to learn about and adapt to technology that

could enhance their access to healthcare information and services.

Barriers to Technology Adoption: Educational and financial limitations were identified as key barriers to the adoption of technology in healthcare by rural women.

Limited Use of Technology: A majority of rural women have not yet utilized technology to access crucial health information, such as maternity care, breast cancer, and cervical cancer.

Potential for Technology in Healthcare:

Positive Impact: Technological innovations have improved the quality of healthcare and made it easier for rural women to access services remotely.

Need for Skill-Building Programs: Effective skill-building programs are necessary to increase self-sufficiency among rural women in managing their health and well-being through technology.

SUGGESTIONS:

To enhance women's healthcare in rural India, the following strategies could be implemented:

Financial Incentives for Health Insurance: Providing financial incentives or concessions to women who acquire health insurance coverage can significantly increase their participation. This approach can reduce the financial barriers that prevent women from accessing essential healthcare services.

Customized Insurance Plans: Governments and private insurance companies should collaborate to develop insurance plans specifically tailored to the needs of women. These plans should include coverage for critical areas such as sexual health and maternity services, addressing the unique healthcare requirements of rural women.

Public Awareness Campaigns: Joint efforts by governments and insurers to create public awareness programs are crucial. These programs should focus on educating women about the importance of medical coverage and the specific benefits that tailored insurance plans can offer. By increasing awareness and understanding, these initiatives can empower women to make informed decisions regarding their healthcare.

Infrastructure Enhancement: More healthcare personnel and improved infrastructure are needed in rural areas to address current deficiencies.

Public Awareness and Education: Efforts to educate rural women on health-related issues and the benefits of technology in healthcare should be intensified.

Technology Integration: There is a need for continued investment in and deployment of technology-backed solutions to ensure comprehensive healthcare coverage for rural women.

CONCLUSION:

Participants in the research region accessed various information sources, including radio, television, newspapers, mobile phones, and face-to-face meetings with Self Help Group (SHG) leaders. Face-to-face contact with SHG leaders was the most common, with 97% of

respondents using it. Other sources included educational institution extension activities, mobile phones, and media outlets. However, medical facilities in rural India are significantly lacking, with women's access to healthcare hindered by gender discrimination, social stigma, illiteracy, and superstition. Logistical challenges like poor infrastructure, inconsistent electricity, and unreliable networks further complicate healthcare access in remote areas.

A comprehensive approach to improving rural healthcare requires strengthening infrastructure, educating women on health issues, and leveraging technology to ensure quality care. With the nation's healthcare system undergoing rapid digital transformation, technology interventions could help provide better treatment for rural women. However, many rural women still face barriers to using technology, such as limited education and finances. Only 38% of respondents expressed willingness to learn about new technologies that could improve their access to healthcare information

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