

# E- Health: Saving Lives of Women and Children

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**Abstract**—The process of change is sometimes so rapid that understanding and acting on its implications and potential health benefits can lag behind. A theme of this report, emerging from the survey is how these instruments of change, and policies related to them, are part of a “quiet revolution” in which many far-reaching health related changes are now taking place. The WeHealth IWG conducts a unique research process at the convergence of three key areas: Women Empowerment, healthcare, Improvement digital Solidarity. The principal goal of WeHealth is to investigate how women can access and benefit from better healthcare. Complications of pregnancy and childbirth are among the leading causes of death for women in developing countries. When health systems are functioning, and quality care is made available to all women, complications are avoided or treated, and maternal deaths are prevented. Millennium Development Goal (MDG) 5 is improving.

**Keyword:** Telehealth, mHealth, eHealth in rural area

## **Aim and Objectives :**

The aim of the study is to assess the health of women and children in rural and remote areas. The systemic research for this paper contains qualitative analysis of e-health services,

Information and Communication Technology (ICT) and factors associated with E-Health.



## 1. INTRODUCTION

The Internet and the mobile phone have become common place and almost indispensable aspects of daily life for a huge and growing proportion of people around the world. Remarkable technological advances in recent years have taken us from the bulky personal computer to the laptop, smart-phones and other handheld devices. Further exciting innovations are certain. These are instruments of change changing the way people live, work and interact, and the way health authorities and health care professionals can, through eHealth, help citizens everywhere to live longer and healthier lives. The process of change is sometimes so rapid that understanding and acting on its implications and potential health benefits can lag behind. A theme of this report, emerging from the survey is how these instruments of change, and policies related to them, are part of a “quiet revolution” in which many far-reaching health related changes are now taking place. Already, well over 100 countries are using mobile phones to achieve better health, or exploring how they can do so. Internet access is expanding everywhere, and with it access to vital information and advice. Through it, governments are finding new avenues, including official websites and social media, to provide more information to their populations at large, and to promote women’s and children’s health programmes. Meanwhile, use among health-care workers and patients themselves is gaining momentum. At the same time, governments are steadily moving towards ICT-based integrated health information systems, and adopting eHealth policies. Since 2012, at least seven more countries have adopted an eHealth strategy. The National eHealth Strategy Tool kit, developed and published jointly by WHO and the ITU, has quickly become an invaluable guide for all countries. The ability of people in general, together with health-care professionals and policy-makers, to make better-informed decisions has been transformed by ICT-enabled solutions. These trends are set to continue in the coming years and to have profound effects on people at all levels. At the family level, mothers and pregnant women are becoming enlightened on healthy pregnancy, safe delivery and improved infant and child protection. At national and community levels, official registration of births, deaths and causes of death is gradually improving. Counting the number of children born is essential in embracing them in a continuum

of care through their mother's pregnancy and into their first weeks, months and years of life. Birth registration is a "passport to protection" for children, extending from basic services in health, social security and education, to safeguards against other threats to their well-being and safety. However, these key points are only a part of a more nuanced and complex picture. This report also highlights the many difficulties, dilemmas and barriers that stand in the way of further progress. Progress recorded to date is often uneven, piece-meal and fragmented. It is held back by an array of problems. These include lack of government commitment in some cases, lack of skilled health professionals and expertise in others, and lack of financial and other resources almost everywhere. The report highlights gains that have been made and offers them as models that other countries can emulate. But it also shows where those gains have been much harder to achieve, and gives the reasons why. It provides many lessons that have been learned; often these lessons derive not from success stories, but from the lack of them.

The WeHealth IWG conducts a unique research process at the convergence of three key areas:

- Women Empowerment
- Healthcare Improvement
- Digital Solidarity

The principal goal of WeHealth is to investigate how women can access and use ICTs for health, with a particular attention to women living in conflicts, refugee camps and natural disasters. It aims also at giving a voice to local communities and silent populations living in difficult conditions. Information and communication technologies (ICTs) support the health sector in addressing a vast range of challenges to human life and healthcare.

Improving the health of women and children is a global health imperative. E-Health is an effective process to access to the health of women and children in rural and remote regions in developing nations. For the economic development it is essential to give preference to women and children, because they are the foundation of our society. As we have seen they face political, social and economical issues mainly impacts on their health. Every year, more than 350,000 women and about 9 million children die from preventable deaths and diseases that occur during pregnancy and after childbirth. Women and children belong to below poverty line (BPL) or that live in remote areas bear the greatest burden of health inequities.

Some of the most encouraging findings are summarized here:

- Ninety-four per cent of the countries have a national policy or strategy for women's and children's health.
- Over 90% of the countries are monitoring six of the 11 key indicators on reproductive, maternal, neonatal and child health (RMNCH), and monitoring of all of them is generally widespread in these countries.

- Sixty-nine per cent have implemented, at least partially, an electronic information system to register births, deaths, and causes of death.
- Fifty-six per cent of the countries report that e-health is supporting major women's and children's health initiatives.
- Forty-eight per cent have adopted at least one type of e-health initiative for the monitoring and surveillance of maternal, neonatal and pediatric patients. Telemedicine and teleconsultation services are the most frequently adopted.
- Forty-two per cent of the countries have a national e-health policy or strategy.

### Body

Successful e-Health initiatives such e-Diabetes have shown that for data exchange to be facilitated either at the front-end or the back-end, a common thesaurus is needed for terms of reference. Various medical practises in chronic patient care (such as for diabetic patients) already have a well defined set of terms and actions, which makes standard communication exchange easier, whether the exchange is initiated by the patient or the caregiver.

In general, explanatory diagnostic information (such as the standard ICD-10) may be exchanged insecurely, and private information (such as personal information from the patient) must be secured. E-health manages both flows of information, while ensuring the quality of the data exchange.

Complications of pregnancy and childbirth are among the leading causes of death for women in developing countries, including Nigeria and India. When health systems are functioning, and quality care is made available to all women, complications are avoided or treated, and maternal deaths are prevented. Millennium Development Goal (MDG) 5 is on improving maternal health, and Target 6 calls for the reduction of maternal mortality by three quarters between 1990 and 2015. Every year, between 350,000-500,000 girls and women die from pregnancy-related causes. Achieving MDG 5 is not only an important goal by itself, it is also central to the achievement of the other MDGs: reducing poverty, reducing child mortality, stopping HIV and AIDS, providing education, promoting gender equality, ensuring adequate food, and promoting a healthy environment.

Save the Children's Saving Newborn Lives program to reduce global neonatal mortality by working in partnership to develop packages of effective, evidence-based newborn care interventions and to implement these innovations at scale.

To accomplish this goal, the Saving Newborn Lives program:

Generates evidence around newborn health supporting programs and research studies evaluating the most affordable, feasible and effective ways to save newborn lives in low-income settings. Many of the studies evaluate the impact of

using existing community health workers to counsel families about newborn care at home and refer them to local health facilities.

Advocates for improved policies and funding for newborn health, increased availability and access to routine and emergency newborn care services and supplies, improved quality of newborn care services, and increased knowledge about and demand for newborn care.

Ensuring quality programs reach mothers and newborns involves interactions at national, regional and global levels. Working alongside valued partners, ministries of health and national stakeholders, SNL provides technical leadership, advocacy, and measurement support and facilitates partners, governments and international organizations to maintain the cycle of evidence generation, consensus building, policy formulation and guidance, and program implementation and learning.

Every woman and girl who we help to give birth safely has her own story to tell. Sometimes, with all the statistics, it is easy to forget that each woman who gives birth is unique, with her own family, her own life, her own baby. Here are some of their stories.

A vital part of our work is raising the skills of local doctors and midwives so that they can help women and girls in their communities to give birth safely. of the local nurses trained.

### **The Situation of Maternal Health**

- Maternal health and newborn health are closely linked.
- According to UNFPA (2008), the UN Secretary General noted that “MDG stands as the slowest-moving of all the MDGs” and is seriously off-track to meet its targets by 2015.
- While the numbers of deaths are decreasing, the progress is not enough. Poor access and utilization of quality reproductive health services contribute significantly to the high maternal mortality in Nigeria.
- Women Empowerment, Healthcare Improvement and Digital Solidarity – with the mandate of improving health of women through eHealth.

- Strategies to promote-health and telemedicine activities in developing countries is being explored. Literature Review The Situation of Maternal Health between 15 and 20 million girls and women suffer from maternal morbidities every year.
- Almost all maternal death occurs in developing countries, and the most vulnerable are poor women.
- Maternal mortality represents one of the greatest health disparities between rich and poor and between the rich and poor populations within every country.
- Though there has been some improvement in maternal health in many countries, the situation in sub-Saharan Africa is devoid of much improvement.
- Many countries in sub-Saharan Africa and South Asia have shown little progress in recent years.

### **Conclusion**

E-Health has greater impact to improve the quality of medical health care system and targeted to those who are unaware of telehealth. We have now understood the kinds of E-health programmes being offered in India and the challenges for us to improve the efficiency of medical treatment with e-health. This approach related to e-health could be the better solution of maternal, newborn, and child health improvement. The expected outcomes of this paper are to empower the underdeveloped populations of rural and remote area especially for the well being of women and children by offering timely access of health care services.

### **References**

- [1] [http://www.who.int/goe/publications/ehealth\\_ex\\_summary\\_en.pdf](http://www.who.int/goe/publications/ehealth_ex_summary_en.pdf)
- [2] <http://www.ccri-nece.de/publications/paper/public/LR-06-262.pdf>
- [3] [https://en.wikipedia.org/wiki/PubMed\\_Identifier](https://en.wikipedia.org/wiki/PubMed_Identifier)
- [4] [http://www.itu.int/ITU-D/cyb/app/docs/e-Health\\_prefinal\\_15092008.PDF](http://www.itu.int/ITU-D/cyb/app/docs/e-Health_prefinal_15092008.PDF)
- [5] <http://www.jmir.org/2001/2/e20/>