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Women's Health Issues in 21st Century India

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Abstract:

Indian healthcare system treats the women of the country in a not a fair and just manner, and make sure that it can first recognize the needs, and then develop effective and sustainable programs to remove barriers towards achievement of optimal health for Indian women. We know that overall life expectancy has increased in India over time, women in fact have a higher life expectancy than men, and there have been substantial improvements in the management of conditions that were responsible for the largest number of deaths and disability amongst Indian women 25 years ago. The maternal mortality rate which is an important healthcare indicator has fallen from 57 per 1000 live births in 1990 to 28 per 1000 live births in 2015.1 The Indian healthcare system has made tremendous strides, and the large Indian hospitals are considered at par with the best in the world. This however, masks a number of festering and emerging challenges like one of which is how to provide optimal healthcare to 50% of its population that is the women. In fact, the 2013 Global Burden of Disease (GBD) report singled out India to point to the overall lack of data. Non-communicable diseases, such as cardiovascular disease, stroke, kidney disease, respiratory diseases and trauma are the leading causes of death for women worldwide and women with diabetes have over 40 per cent greater risk of heart attack than men with diabetes. Women suffer more, are treated less and have poorer health outcomes. Despite suggestions that Non-Communicable Diseases (NCDs) are rising among women and

replacing the traditional causes of morbidity and mortality, the healthcare delivery system and research focus for women remains stuck in the field of sexual and reproductive health (SRH). Data from elsewhere in the world show that women with diabetes and hypertension are more likely than men to develop some complications, but this is not widely recognized. Hence, the present study focus on how to appropriately understand the health needs of Indian women in 21st century, and inconclusion there is a need to create a healthcare system that is free from gender bias therefore, an attempt is made in this paper to analyses the health issues of women in India.

Keywords: *Diabetes, Health. Issues, India, Mental illness, Stress, System, Women*

Introduction

Generally, women's health receives attention only during pregnancy and the immediate post-partum period and a women's health agenda was first articulated at the Fourth World Conference on Women held in Beijing in 1995. In the resulting Beijing Declaration and Platform for Action, a roadmap for gender equality and women's empowerment was outlined, with a major focus on Reproductive and Sexual Health (SRH) issues, which were the main killers of women then. As a result of this focus, major gains have been made in this area, with the maternal mortality in India coming down from 5.7% in 1990 to 2.8 % in 2015. At the same time, the issues affecting women's health have undergone a drastic change, and currently NCDs, such as cardiovascular disease, stroke, kidney disease, respiratory diseases, trauma, etc. are the leading causes of death for women worldwide in high as well as low-income countries. Despite a longer life expectancy, women have a higher burden of disability due to NCDs, like back and neck pain, depressive disorders and respiratory diseases. Social constructs and biases also leave girls and women more disadvantaged, as evidenced by high rates of sexual violence. The advancement of gender equality and equity, empowerment, elimination of discrimination, etc. are critical to women's health and well-being. This can only be achieved by including the gender dimension in planning health programs and research and there is a need to provide stronger evidence to demonstrate the benefits of pursuing such a broader life-course agenda for women's health. Otherwise, the ongoing health investments will lead to diminishing returns and will not benefit a majority of women. Given the links between NCDs, maternal conditions and infectious diseases in women, it is essential that women's health advocates and NCD experts unite in their commitment to promote women's right to health throughout the integrated life course as a central component of efforts to strengthen health systems and to protect women's health. A woman's health reflects both her individual biology and her sociocultural, economic, and physical environments. These factors affect both the duration and the quality of her life and women who live in poverty or have less than a high school education have

shorter life spans like higher rates of illness, injury, disability, and death and more limited access to high-quality health care services. Historically, women have also been the primary health care providers and health decision-makers for their families. Nearly two-thirds of women polled in a recent national survey indicated that they alone were responsible for health care decisions within their family, and 83 percent had sole/shared responsibility for financial decisions regarding their family's health and they are also the primary care givers for ill/disabled family members.

Objectives of the Study

- To study women's health issues in India.
- To assess the current health status women in India.
- To analyse the health challenges of women in India.
- To know the goals of reform in women's healthcare.
- To suggest to implement research towards for providing best healthcare to women.

Methodology

The present study is mainly established on secondary data which are gathered from renowned research articles, journals, position papers, etc. which are all related to Women's Health Issues in 21st Century India.

Review of Literature

Dashora (2013) explains the various problems faced by working women in India and working women are subject to mental and sexual harassment at the workplace, working women faced biases in salary, skills and technical efficiency.

Gobalakrishnan and Gandhi (2013) in their study "Working Women and their problems in daily life: A Sociological Analysis" and 72% of the respondent is living in the joint family, but they are expressing the problems like anxiety, depression and inferiority complex in their daily life and the study suggested that when the married women go for work, then the family members, including the husband should support them in various household activities and that they relieve them from various problems and the pressure of both families as well as work environment.

Rani (2013) in her study titled "Marital Adjustment Problems of Working and Non-Working Women, in contrast to their Husband" tries to find out the marital adjustment issues of working women teachers. A sample of 80 women (40 working and 40 non-working women) collected for this purpose through random selection. The result revealed that non-working wives are facing more marital adjustment problems in comparisons to their partners. Working women, who are married, have dual responsibilities at home and work spheres. They need more co-operation and adjustment to manage both spheres. The dual roles expectations promote overstrain among married working women. These dual role expectations lead to the situations where married

working women have not the proper time for their spouses. This causes marital maladjustment and the study concludes that working women are facing maladjustment at both fronts-home and office.

Current Health Status in India

The Indian Council of Medical Research has been at the forefront of the research agenda on women's health in India, as SRH has caused the greatest disease burden to women, almost all programs have addressed reproductive health issues. Recent data from the Global Burden of Disease (GBD) shows that the contribution of communicable, maternal, neonatal and reproductive diseases to deaths amongst Indian women had declined from 53% in 1990 to less than 30% in 2013, whereas the contribution of NCDs to all deaths in women had risen from 38 % to 60 %. Currently there are no disease specific data on gender differences beyond incidence, prevalence, morbidity, and mortality. Despite the emerging knowledge about new risk factors, there is a total absence of evidence around preventive care for women, including but not limited to issues around smoking, consumption of tobacco products, alcohol, substance abuse, etc. Most NCDs are caused by high-risk behaviours. If women are educated about them, and they are made part of behavior change communication programs in public health, the change might be impactful. Mental disorders are associated with considerable stigma in India, which leads to massive under-recognition and hence under-treatment and there are virtually no sex-specific data on mental health in India. According to the National Crime Record Bureau (NCRB), housewives constitute the largest demographic group amongst suicide deaths. For the last 25 years, it has stood consistently around 20%. Beyond these disease statistics, gender disparities exist in healthcare delivery and women's access to treatment as well. Insurance utilization data shows that the climate-coverage ratio of health insurance is very low for women and this can be improved by empowering women and micro-finance literature shows that when women are empowered, they file more claims but as mere spouses, they are 10% as likely to file claims even when they are affected by morbidities in the same way. NCDs not only affect the health of women and girls, but also the health and life chances of their children and being born to poorly nourished mothers increase the chances of infants suffering under-nutrition, late physical and cognitive development, and NCDs in adulthood.

Barriers to Women's Health Care

Medical Research: In the past, research on women's health focused on diseases that affect fertility and reproduction, while many studies on other diseases focused on men. At present, most women receive diagnoses and treatment based on what has worked for men. However, the efforts of

women's health advocates and the unveiling of inequities in medical research have led to a broadened research agenda and this research is beginning to yield insights into the health-related similarities and differences between men and women.

Health Care Practices: When women try to meet their needs for reproductive health care and other health care services, they often face a fragmentation in the health care system itself. Furthermore, women make more visits to the doctor than do men. Women are highly interested in, and informed about, health care issues. Compared with the treatment given to men, health providers may give women less thorough evaluations for similar complaints, minimize their symptoms, provide fewer interventions for the same diagnoses, prescribe some types of medications more often, or provide less explanation in response to questions.

Access to Health Insurance: Although the health of the American economy has never been better, more women than ever lack health insurance coverage. Lack of insurance severely compromises both the accessibility and quality of health care. Seventy percent of women under age 65 had private health insurance in 1997, and 12 percent were covered by Medicaid. Almost all Americans aged 65 and over are covered by the Medicare program, including 92 percent of those who also have private insurance.

Priority Women's Health Issues

- Heart Disease
- Cancer
- Stroke
- Airflow from the lungs
- HIV/AIDS
- Diabetes Type I
- Thyroid Disease
- Obesity
- Meatal illness
- Alcohol and drug use
- Drinking during pregnancy
- Tuberculosis
- STDs
- Smoking
- Violence
- Thinning and increasing brittleness of bones

- Tobacco use
- Consumption of caffeine
- Urinary incontinence
- Arthritis
- Fatigue
- Sore throat
- Headache
- Join pain
- Loss of short-term memory
- Difficulty thinking

The Healthcare Goals to Reform

- Getting a better understanding of issues around the barriers to delivering quality healthcare to women.
- Sensitizing academic organizations, policymakers, funding bodies, and NGOs to developing an independent women's health research and implementation agenda.
- Optimizing healthcare to women through high quality care.
- Experience of women in encounters with the healthcare system through development of a life-course approach.
- Ensuring equity and achieving value for money.
- Providing incentives for behavior change to promote achievement in health system.
- The Indian healthcare system requires discussions, advocacy and research to underscore women's health as one of the focus areas in research and implementation.
- Such a process can be informed by similar work done elsewhere.
- For example, sex-disaggregated analyses of data have shown that women with diabetes have a 44% higher risk of heart attack than men with diabetes.
- Women with diabetes have a 27% increased risk of stroke compared to men with diabetes.
- All sections of the society, including men, need to be involved in promoting the women's health agenda.

Women's Health Issues in 21st Century India

Seven of the top 10 causes of death in women in India are NCDs, led by heart attacks, stroke, respiratory diseases, etc. and despite these data, widespread perception persists that heart disease and stroke are mainly diseases of men, and that if a woman develops CVD, it will not be as serious as in a man. Moreover, even women do not see it as an important threat to their health. Data also show that women and men who have high blood pressure or who smoke have an equal risk of

getting heart attack and stroke, whereas women with diabetes have a higher risk of IHD and stroke compared to men. Women with type 1 diabetes have a 37% greater risk dying of any cause compared to men with type 1 diabetes. In contrast, women are less likely to receive drug therapy for the management of these risk factors, and are less likely to be referred for diagnostic and therapeutic procedures. Spurred by the data, a number of organizations and documents have highlighted the need to develop a holistic, life-course agenda for women's health that does not abandon them once the childbearing age is passed, these include Every Woman Every Child movement (2010), WHO's recognition of women's health beyond reproduction as a new agenda (2013), the Lancet Commission on Women and Health (2015), the Global Strategy for Women's, Children's and Adolescents' Health (2015), and the Global Leader's Meeting on Gender Equality and Women's Empowerment by the UN (2015), leading to commitments by the UN member states. Major disparities are evident in the provision of care, all to the disadvantage of women in India. It is time that all stakeholders recognize and adopt a life-course approach while advocating the women's health agenda, if genuine progress in women's health is to be realized and the 2030 SDG targets are to be realized. Else, the ongoing health investments will lead to diminishing returns and will not benefit a majority of women. The life-course approach extends beyond women's reproductive aspects to encompass women's health at every stage and in every aspect of their lives. It highlights gender as a key determinant of women's health and well-being, and focuses on the fact that women's health needs differ according to their life stages. There is a need to target women in the lower socio-economic strata. As the approach relies on data disaggregated by sex and other important variables such as age and environmental settings, the sex-disaggregated databases at all levels need to be strengthened. Such an approach has the potential to lead to reductions in deaths and disabilities due to NCDs as well as SRH issues. This agenda can't be achieved without significant investment, which must come from all stakeholders, both government as well as private sector. Large donor organizations have played an important role in shaping healthcare reforms and agendas in India, and it is imperative that they pivot towards taking a life-course approach to women's health. Similarly, large corporates in India continue to provide admirable support to several aspects of women's empowerment and well-being, including healthcare related issues. It is time that they allocate funds from their CSR budget to support an integrated women's health agenda and this must start by supporting gendered analyses of existing health data without such analyses reform packages cannot be developed and implemented. The Central and State Ministries and Departments of Health should promote and support the 2015 Global Strategy. The governments have set up an excellent framework for provision of care for SRH related conditions, which consists of at least 3 levels of workers. This model has already

shown that involvement of non-physician healthcare workers is effective in democratizing care delivery and improving outcomes. The same framework can be mobilized to develop a life-course approach to women's care and such a recommendation is consistent with the National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke. The program must make provisions for collecting and reporting gendered-analyses of health data at all levels. Sex - disaggregated data collection will lead to better planning and implementation of women-centric health interventions. Government and health department officials must ensure that any proposed interventions have been analysed separately for women and men before making decisions and this would be crucial to attainment of the SDGs. As these programs are implemented, plans should be put in place for promotion of disaggregated analyses and inequality monitoring as recommended in the WHO Roadmap for Action 2104-19. Professional and academic organizations, especially the Indian Council of Medical Research, obstetrics and gynaecology societies, academic institutions, and universities and journals, should recognize, promote and address a broader, integrated women's health agenda. The implementation of any change can be realized only when there is systematic engagement with, and monitoring of, all healthcare providers, including both government and private sector and such a task requires involvement of independent professional and research organizations. Societies need to carry out comprehensive and independent evaluation of all new and existing programs, so as to determine how investment in gendered research can provide new knowledge and lead to improved outcomes. All new research should be designed to facilitate inclusion of gendered analyses. Such a step will be crucial to formulating gender-specific strategies when needed. Effective and collaborative research, data collection, monitoring, evaluation and knowledge transfer to advance the evidence base on women's health is necessary for framing better policies. Social research and clinical studies should make it a point to include as many representative women as men. All government and private organizations, NGOs, foundations, etc. engaged in the provision of healthcare should promote, produce and report gendered analyses of healthcare statistics. In order to develop evidence that is directly applicable to women, research projects should include women in appropriate numbers whether in the study of biology or environmental factors, examination of variations in access to care and its reasons, or implementation research aimed at providing the best care to women. Empower and educate women to take charge of their own and their families' health. Women should be sensitized by the primary-level health systems about the importance of having a healthy lifestyle and inculcating it in their family. Women in uninsured households should be taught the virtues of using microfinance and insurance to access healthcare. A woman empowered with knowledge about the disease and risk factor burden, can be transformative to the health of entire families.

Conclusion, Discussion and Summary

The development of an independent women's health program that takes a life-course approach to improving their access to healthcare is needed to enable management of all issues that affect women's health. This should include improved management of sexual and reproductive health issues, integrated with the management of chronic diseases, including cardiovascular diseases, cancers, mental health, etc. It should also encourage prevention and remove barriers to healthcare utilization. Such an agenda could be developed by the approach by increased focus on the collection and use of data disaggregated by sex and age, as well as other indicators relevant to women's health and survival, by improved partnerships and synergy between government and non-government bodies working on women's health, by staged implementation of individual programs of reform, building on existing programs such as the primary care SRH program, accompanied from the outset by rigorous evaluation and routine collection of appropriate data, by expansion of existing IT capacities for data collection and analysis by significant investment in change management processes by government as well as private providers in particular, the infrastructure costs that might be incurred in implementation of these programs and by corporate organizations to recognize the importance of an integrated women's health agenda as an important Corporate Social Responsibility, especially in light of the SDG No 3, and allocate funds to support gendered analyses of health data and improved understanding of care pathways for women and by improved investment in primary care to ensure that development of NCDs in women can be prevented. In fabricating these reforms there needs to be broad and ongoing consultation and consideration of all perspectives like public and private sectors, insurance companies, the patient-consumer, etc.

Suggestions

- Governments, inter-governmental agencies, non-government organizations, etc. need to broaden their focus on women's health to include NCDs.
- Need to recognize and adopt a life-course approach while advocating the women's health agenda.
- Ongoing health investments will strictly take care to benefit a majority of women.
- The central and state ministries and departments of health should promote and support the 2015 Global Strategy for Women's, Children's and Adolescents' Health.
- Sex-disaggregated data collection will lead to better planning and implementation of 21st century women-centric health interventions.

- ❖ Professional and academic organizations, especially the Indian Council of Medical Research, obstetrics and gynaecology societies, academic institutions and universities, should recognize, promote and address a broader, integrated women's health agenda.
- ❖ It should include women in appropriate numbers, whether it is in the study of biology/environmental factors, examination of variations in access to care and its reasons, or implementation research aimed at providing the best care to women.
- ❖ Continuous monitoring of gendered analyses of healthcare statistics can be taken care.
- ❖ Examine pathways and quality of care for women at all levels of the health system.
- ❖ For gender-neutral conditions, determine whether these pathways differ for men and women.
- ❖ Identify evidence-based strategies that could be implemented to ensure women receive the best available health care.

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