UN WOMEN

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Empowering Her Health

FICCI STAKEHOLDERS' CONSULTATION ON

Women & Health

Position Paper

BACKGROUND

Throughout history, women have played pivotal roles to build a society. Their health, both physical and mental, is not just a personal concern but a cornerstone for the well-being of societies and nations. A woman's health journey, from childhood to old age, is intertwined with her roles as a caregiver so ensuring her well-being is not just a matter of rights but a necessity for the holistic development of communities. As we delve into the multifaceted realm of women's health, we must remember investing in women's health lays the foundation of a resilient nation and most significantly, **woman's health is a woman's human right.**

However, women in many societies and communities have lower social status than men in society, producing unequal power relations which makes women and girls more vulnerable to preventable disease, disorder and disability, leading to poor health outcomes. As a result, women need special attention for their healthcare since women are biologically different from men and have different needs throughout their **lifespan.**

While men and women both suffer from some preventable and communicable diseases, physiologically, men & women are different. Therefore, some health issues affect women differently and more commonly that often go undiagnosed due to lack of access to primary health service and most importantly women tend to ignore their personal health issue due to socio-cultural norms. Some of the common conditions are anaemia, breast cancer, cervical cancer, menopause, and pregnancy-related complications. Women suffer higher heart attack deaths compared to men. Auto-immune disease and mental health are often ignored by both women themselves as well as researcher, policy makers and health professionals. It is maternal health which takes all the attention of policy makers and subsequent spending of public budget.

Women play different crucial roles – from being the producer of food, manager of food, to managing household resources particularly food and nutrition within families. However, "women eat at the last and the least"[i] because of socio-cultural conditioning and tend to get trapped into lifestyle diseases and are unable to maintain a healthy lifestyle since they are overburdened with both productive and reproductive responsibilities that makes them prioritise their own health as the last priority. Health status of a woman is influenced by social, biological and cultural factors which are all inter connected[ii]:

Women are crucial for a resilient health system, both as recipients of the service and as service providers. In health sector, majority of health workers are women, especially front-line service providers but are often excluded from positions of responsibility and authority.

INTERNATIONAL FRAMEWORK AND COMMITMENTS

The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) is the principal international human rights treaty addressing the rights of women. Furthermore, the standalone goal for gender equality, SDG 5, focuses on achieving gender equality and empowering all women and girls, and includes ending all forms of discrimination against all women and girls everywhere as its first target.

Gender equality has been recognized as a prerequisite for achieving sustainable development and is connected to all the other SDGs including SDG-3 on Health and wellbeing. In addition, Beijing Platform for Action (BPfA)1995, established "women's rights are human rights" and that equality between women and men benefits everyone. The BPfA constitutes 12 Critical Areas of Concern including Women and Health, which focusses on holistic health of women as "the right to the enjoyment of the highest attainable standard of physical and mental health. The enjoyment of this right is vital to their life and well-being and their ability to participate in all areas of public and private life" [iii].

Factors Influencing Women's Health

The international framework, CEDAW and BPfA provides human rights foundation, the implementation and accountability mechanism for achieving gender equality, empowering all women and girls by ending all forms of discrimination based on gender. Additionally, the concept of 3AQ framework of ICESCR (International Covenant on Economic Social and Cultural Rights) provide us State obligations by using the AAAQ framework –availability, accessibility, adequacy and quality of services[iv]. The Govt of India has signed and ratified all the international instruments and working tirelessly towards achieving SDG. The honorable Prime Minister vision of women-led development has accelerated the progress towards achieving the goal of bridging the gender gap across areas of development including holistic health of women.

Recently, in G-20 Summit, Government of India capitalized on the opportunity and integrated the agenda of G20 declaration known as "New Delhi Declaration", prominently featuring women-related issues in its very first paragraph, emphasizing women-led development as a top priority since honourable Prime Minister himself championing the cause of Gender Equality and Women Empowerment through *women-led development agenda*.

NATIONAL SAFE GUARDS: POLICIES AND PROGRAMMES

1. National Health Mission: The National Health Mission (NHM) has been instrumental in advancing women's health across India, both in rural and urban settings. In rural areas, where healthcare access has traditionally been limited, the NHM, through its initial National Rural Health Mission NRHM and NUHM component.
2. Pradhan Mantri Swasthya Suraksha Yojana (PMSSY): PMSSY ensures that women, especially those in remote areas, receive timely and advanced medical interventions addressing women-specific health concerns such as maternal complications, gynaecological issues, and cancers like cervical and breast cancer.
3. Ayushman Bharat: The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PMABHIM) is a comprehensive initiative aimed at bolstering India's health infrastructure. While its scope encompasses the broader population, its implications for women are particularly profound. By enhancing health infrastructure, PMABHIM ensures that facilities, especially maternal and child health wings in hospitals, are better equipped to address women-specific health needs. The mission's focus on improving diagnostic facilities plays a crucial role in the early detection of diseases that predominantly affect women, such as breast and cervical cancers.
4. Janani Suraksha Yojana (JSY): Launched in 2005, this scheme aims to reduce maternal and neonatal mortality by promoting institutional deliveries. Pregnant women are provided with cash incentives to give birth in health institutions.

WOMEN HEALTH AND BUDGET

The National Health Policy has planned to increase the Government's health expenditure to 2.5 per cent of GDP by 2025. As compared to 1.2 per cent in 2014-15, the Government's health expenditure has increased to 2.1 per cent of GDP in 2021-22. The total budgetary expenditure on health was Rs. 4.72 lakh crore in 2021-22 (budget estimates), which is about 6.6 per cent of the total Government expenditure. In terms of investment in women's health and nutrition, the Department of Health and Family Welfare reported 37 per cent of their total budget in the gender budget statement (GBS) in 2022-23 amounting to Rs. 30,720.06 crore, which is among the largest gender budget allocations by Ministries at the central level. It included allocations for schemes such as Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY), Flexible Pool for Reproductive and Child Health and Health System Strengthening, National Health Programme and National Urban Health Mission, among others.

HERE ARE SOME OF THE FLAGSHIP PROGRAMMES OF GOVERNMENT

- Pradhan Mantri Matru Vandana Yojana: Conditional cash transfer of Rs. 5,000 to pregnant and lactating women.
- Janani Suraksha Yojana, under the National Health Mission: Cash transfer scheme to promote institutional deliveries and antenatal care.
- Anaemia Mukt Bharat addresses the high prevalence of anaemia through iron and folic acid supplementation. Pregnant women (age 15-49 years) who are anaemic reduced from 57.9% in 2005-06 to 50.4% in 2015-16 but has increased to 52.2% in 2019-21 (NFHS).
- Ayushman Bharat: Achieve universal health coverage in line with Sustainable Development Goals. The scheme focuses on comprehensive, need-based health care system covering prevention, promotion, and ambulatory care. It has two components- (a)Pradhan Mantri Jan Arogya Yojana (PMJAY) provides social health protection to poor families in the health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization. Over 10.74 crore poor and vulnerable families (approximately 50 crore beneficiaries) are eligible for benefits. (b) Health and Wellness Centres provides universal and free primary health care by transforming existing sub-centres and primary health centres to cover both, maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services. These centres also include services for screening of breast cancer, cervical cancer.

GRB AND WOMEN HEALTH

Gender Responsive Budgeting (GRB) as a tool enables the process of identifying gender specific barriers across the budgeting sphere in all sectors of development. It is a critical tool for ensuring that the specific needs and challenges faced by women are addressed in policymaking, and resource allocation. The process of budget planning and preparation provides a strategic opportunity to identify, prioritize and address gender concerns in all programme and policies of the government at not only the allocation of resources but also different phases of implementation, expenditure monitoring, auditing, and measuring the result through gender audit and impact assessment.

In context of India, where socio-cultural, economic, and structural disparities often put women at a disadvantage, Gender Budgeting becomes especially important for women's health. Addressing gender issues in health sector may require formulation of a specific scheme/ programme for women and girls. However, this may not necessarily require a revision of existing schemes/ programmes but placing a gender lens on existing schemes.

A cursory decadal analysis of gender budget allocation of the Department of Health and Family Welfare shows a significant rise. The quantum of allocation for women beneficiaries has increased from Rs. 15,612.41 crore in 2014-15 (including plan and non-plan) to Rs. 30,720.06 crore in 2022-23. However, upon detailed analysis, as of 2023-24, the Department of Health and Family Welfare reported only 2 programs- Ayushman Bharat and National AIDS Control Program with universal coverage in the GBS. There is a vast scope for increasing women-centric health allocations to more schemes. This means not only allocating funds for women-centric programs like maternal and reproductive health but also understanding and addressing the broader determinants of women's health, such as nutrition, education, sanitation, and socio-economic factors. It pushes for a more comprehensive approach, ensuring that health policies are not just gender-sensitive but also gender-responsive. By incorporating gender budgeting, Indian health schemes can better address systemic gender disparities, ensure that health interventions are tailored to the unique needs of women, and promote overall gender equality in health outcomes. The scope also extends to monitoring and accountability, ensuring that allocated funds are effectively utilized for the intended gender-specific objectives.

CONCLUSION

While the emphasis on maternal and reproductive health has been commendable and well recognized, leading to significant improvements in reducing the maternal mortality rates and encouraging institutional deliveries, it has inadvertently overshadowed the broader, holistic health needs of women. This background note delves into the skewed focus of India's health policy and underscores the need for a more comprehensive approach to women's health.

Historically, the health of Indian women has been synonymous with their roles as caregivers. The National Health Mission (NHM) and its flagship programs like the Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) have been instrumental in promoting institutional deliveries, prenatal and postnatal care. While these initiatives have undeniably saved countless lives, they have also perpetuated the notion that a woman's health is primarily tied to her reproductive role.

This narrows the focus and has several adverse implications. Firstly, it side-lines critical health issues that women face outside of maternity, such as non-communicable diseases, mental health disorders, and age-related ailments. For instance, cardiovascular diseases, which are on the rise among Indian women, often go undetected and untreated due to the lack of targeted awareness and screening programs.

Secondly, the emphasis on reproductive health often does not address the broader determinants of women's health, such as nutrition, sanitation, education, and socio-economic factors. Anaemia, a condition that affects a significant portion of Indian women, is a case in point. While it has reproductive implications, its roots lie in nutrition, education, and socio-cultural practices.

Furthermore, the focus on maternal health sometimes fails to address the underlying gender disparities that affect women's health. Issues like gender-based violence that is a global health and human rights issue with long lasting impacts on a women's physical and mental health limited decision-making power, and restricted access to resources play a critical role in determining women's health outcomes. A health policy that does not address these systemic issues remains incomplete.

Lastly, the mental health of women, often intertwined with societal roles, expectations, and challenges, remains a glaring oversight. From postpartum depression to the mental toll of domestic responsibilities and societal pressures, the mental well-being of women is a critical aspect that often remains outside the purview of mainstream health policies.

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ii *[https://medcraveonline.com/MOJPB/health-status-of-the-indian-women-a-brief-report.html].*

iii *BPfA- https://www.un.org/womenwatch/directory/women_and_health_3003.htm*
https://archive.unescwa.org/sites/www.unescwa.org/files/u1281/bdpfa_e.pdf

iv *ICESCR: International Covenant on Economic, Social and Cultural Rights | OHCHR*

- *Availability of services in remote areas, hilly areas for multiple marginalized women and girls as Primary health care and, identification and referral.*
- *Accessibility - physical access, access to informationo Economic (Affordability)-out of pocket expenditure, transportation, uncovered expenditure-vaccinations*
- *Adequacy- Adequacy of services for overall health, based on life -cycle approach, including mental health and disability*
- *Quality of services available across geography, states/UTs*

CEDAW: https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/cedaw.pdf

SDG: https://sdgs.un.org/goals

BPfA- https://www.un.org/womenwatch/directory/women_and_health_3003.htm