WOMEN'S HEALTH – AN ANALYSIS OF INDIA'S HEALTHCARE SYSTEM

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Abstract: Indian society is characterised by patriarchal norms and values which determine the status of women in our society and the kind of lives they lead. It is due to this nature of our society that women face discrimination at every stage of their lives. Patriarchy acts as one of those factors which hinder the growth of women in society. If health is considered to be 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity', then the very right to exist also demands to be a right which should be given to women to remain healthy. Women are considered to be economic burdens on the family and so for various such reasons many people in India kill the girl child even before they are given a chance to come out into the world. This paper aims to analysis the impact of various factors which affect women's health and also look into the various problems with the Indian healthcare system. Women and their lives have been ridiculed and undermined not just by men but by women themselves, however in India there have been several programs which have been instituted to look into the issue of women's health. There have been a number of initiatives taken but how far they have been successful have been analysed in this paper.

Keywords: Childbirth, Health, India, Policy Initiatives, Women

Introduction: The basic necessities of any individual are very simple and healthcare happens to be the most important of them all. To be able to understand the issues and perspectives which surround the entire genesis of healthcare one should look at the various determinants in it, laying greater emphasis on women healthcare. There are various factors which define or rather underline the issue of women health in India. India is one of the few countries in the world where women and men have nearly the same life expectancy at birth. The fact that the typical female advantage in life expectancy is not seen in India suggests there are systematic problems with women's health. Indian women have high mortality rates, particularly during childhood and in their reproductive years.

Indian society is characterised by patriarchal norms and values which determine the status of women in our society and the kind of lives they lead. It is due to this nature of our society that women face discrimination at every stage of their lives. Patriarchy acts as one of those factors which hinder the growth of women in society. If health is considered to be 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity', then the very right to exist also demands to be a right which should be given to women to remain healthy. It is due to the male dominated and patriarchal customs in our society that we chose to kill the girl child and celebrate the birth of the male child. There is a strong son preference in India which leads to mistreatment towards women, the women's role in the family is often overlooked and she is believed to be dependent on her father, then husband and later on her son. This tradition and mindset leaves very little autonomy for the women in the Indian society.

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Challenges to Women's Health in India: According to the research conducted by us we have identified core challenges to women's health in India. There are several more challenges which affect women's health but our research aims to deeply analyse a few major challenges.

Fertility is one challenge which women deal with in their everyday lives. The fertility rates vary according to the kind of education, family background, caste and place of residence in India. All these factors either lead to high or low fertility rates in different states of India. The rise in fertility rates can also be linked to strong son preferences in some parts of the country. In states like Haryana where the literacy rate is comparatively low to states like Kerala the fertility rates are high, this is because women and their families are not educated and they do not realise the risks in bearing children more than 3 times. In rural areas also we see that the fertility rates are high because the rural people have very low knowledge of contraceptives and they are not aware of the consequences of women bearing children more than 3 times. Factors like caste, customs, traditions, superstitions also play a major role in high fertility rates which ultimately affects the health of women at a large scale. Research has shown that closely spaced pregnancies can adversely affect the nutritional status of women and can majorly affect the health of the child as well. It can lead to premature births, low-weight babies and increasing health risks for the

mother. In the case of unwanted pregnancies also abortions might lead to heath issues like fatigue, weaknesses and related problems for women.

Maternal mortality is one such issue which is linked to high levels of fertility in our country. According to a report which was published by World Health Organisation (WHO) India's mortality ratios are lower than that of Nepal and Bangladesh but higher than Pakistan and Sri-Lanka. The problem of maternal mortality can be linked to poor healthcare facilities in India. Many of the deaths could be prevented if India had better and well equipped health care facilities. The availability of these healthcare facilities is also a problem, they are often out of reach for people belonging to poor sections of society and often due to low awareness also deaths take place. There are around 100,000 deaths which take place every year due to pregnancy related causes in India. This is due to a number of factors, majority of the births in India take place at home especially in the rural areas. During the time of pregnancy no medical help can cause negative effects for the child and the mother after the pregnancy. Unhygienic conditions can cause infection in the uterus and can also affect the baby's health. Along with this the issue of low parental care also needs mention. In India very few women are aware of pregnancy norms and the kind of care which is needed during pregnancy. Lack of parental care and the unwillingness on the part of women to learn or educate themselves with pregnancy norms is yet another factor causing harm to women's health. Anemia is one such disease that is very common in Indian women which leads to maternal deaths. It can be simply treated but between 50 to 90 percent of pregnant women die of anemia. Acute anemia can increase the chances of a haemorrhage which can lead to death during labor.

HIV/AIDS is a misunderstood or rather less understood disease which is common amongst women in general. There are several cases in India which highlight that there is major confusion over the transmission of this disease and this is due to low awareness and education about the disease. Most women have not even heard of this disease and even if they have they do not possess any knowledge about it. It is a common phenomenon among married and non-married women in India where the disease is transmitted to the women in a number of ways and according to a survey conducted by World Health Organisation around 40 percent of pregnant women has this disease which later leads to the children also bearing the HIV virus. Large majority of men who indulge in sexual relations with sex workers might transmit the virus to the sex worker and the sex worker having no awareness of it continues to bear it. A number of female deaths in India take place due to this disease. Violence against women caused either due to dowry deaths, rape, murders or any other factors also lead to deaths of women on a large scale. Health does not only include life without disease it also includes the right to life itself. In a male dominated society like India females are treated as mere objects of satisfaction, of inferiority and of objects of subordination. The system of giving dowry leads to a number of women dying not only in rural but also in urban educated societies. Along with this rapes and murders to showcase male superiority is another common feature of our society which leads to unnecessary and unfortunate deaths of women in our society. Yet another issue faced by women in India today is that of surrogacy. Surrogacy is basically a practice where a woman bears a baby for another couple through natural and artificial means. In India today surrogate motherhood has become more of an economic activity where women from poor sections of society rent their wombs for money. This can have adverse effects on the child which is born out of such a process and also on the bearer of the child. The woman who is responsible to give birth to the baby is often forced to implant more than 3 eggs in her womb so that the couple is able to get a child according to their wishes, this adversely affects the health of the woman bearing the child as it is not advisable to bear more than 3 embryos in a womb. It could be lethal and at the same time can cause negative health impacts on the child bearer. Another related problem is that of the baby when he/she is born may not get the right nutrition after breast feeding from the surrogate mother as she may not have developed the correct amount of nutritious milk which is required for the baby. Surrogacy is a major health challenge faced by Indian women today which will further increase health risks.All the above stated factors have other factors which can be related to them. Women and their lives have been ridiculed and undermined not just by men but by women themselves, however in India there have been several programs which have been instituted to look into the issue of women's health. There have been a number of of initiatives taken but how far they have been successful needs to be analysed.

Analysis of Policy Reforms in India on Women's Healthcare: India has made several initiatives in the policy area in recent years, including: the National Health Policy in 1983; the National Nutrition Policy in 1993; the National Policy on Indian System of Medicine and Homeopathy and Drug Policy in 2002; Introduction of simple health insurance schemes for the poor in 2003; the inclusion of health in the Common Minimum Programme of the Central Government in 2004. In 2005, India launched a flagship programme called the National Rural Health Mission (NRHM). The scheme has had significant impact on the ground though problems persist. In

2008, the Union Labour Ministry also launched the Rashtriya Swasthya Bima Yojana (RSBY), a health insurance scheme for those below the poverty line (BPL). The government has announced the establishment of the National Health Mission (NHM) which will bring together the NRHM and the National Urban Health Mission. To what extent the NHM will succeed in its objectives remains to be seen. A deeper analysis of all the policy reforms with regard to women's health will help us understand the lapses in these policies and the ways to improve them. Some of the popular initiatives are discussed below to identify their effectiveness and also to critically analyse them.

Accredited social health activist (ASHA): It is an effective link between the Government and the poor pregnant women in low performing states. It identifies pregnant woman as a beneficiary of the scheme and report or facilitate registration for ANC, it also assists the pregnant woman to obtain necessary certifications wherever necessary. It provides the women in receiving at least three ANC checkups including TT injections, IFA tablets, Identify a functional Government health centre or an accredited private health institution for referral and delivery, Counsel for institutional delivery, Escort the beneficiary women to the pre-determined health center and stay with her till the woman is discharged. This scheme lays down provisions for the arrangement to immunize the newborn till the age of 14 weeks, inform about the birth or death of the child or mother to the ANM/MO. Post natal visit within 7 days of delivery to track mother's health after delivery and facilitate in obtaining care, wherever necessary, Counsel for initiation of breastfeeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.

Home Based New Born Care (HBNC): This scheme has been launched to incentivize ASHA for providing Home Based Newborn Care. ASHA will make visits to all newborns according to specified schedule up to 42 days of life. The proposed incentive is Rs. 50 per home visit of around one hour duration, amounting to a total of Rs. 250 for five visits. This would be paid at one time after 45 days of delivery, subject to the following: recording of weight of the newborn in MCP card ensuring BCG , 1st dose of OPV and DPT vaccination both the mother and the newborn are safe till 42 days of the delivery, and registration of birth has been done. To improve new born care practices at the community level and for early detection and referral of sick new born babies. The schedule of home visits by ASHA consists of at least 6 visits in case of institutional deliveries, on days 3, 7, 14, 21, 28 & 42nd days and one additional visit within 24 hours of delivery in case of home deliveries. Additional visits will be made for babies who are pre-term, low birth weight or ill.

Navjat Shishu Suraksha Karyakram (NSSK): It is a programme aimed to train health personnel in basic newborn care and resuscitation, It has been launched to address care at birth issues i.e. Prevention of Hypothermia, Prevention of Infection, Early initiation of Breast feeding and Basic Newborn Resuscitation. Newborn care and resuscitation is an important starting point for any neonatal program and is required to ensure the best possible start in life. The objective of this new initiative is to have a trained health personal in Basic newborn care and resuscitation at every delivery point. The training is for 2 days and is expected to reduce neonatal mortality significantly in the country.

Janani Shishu Suraksha Karyakram (JSSK): It has provision for both pregnant women and sick new born till 30 days after birth as follows Free and zero expense treatment, Free drugs and consumables, Free diagnostics, Free provision of blood, Free transport from home to health institutions, Free transport between facilities in case of referral, drop back from institutions to home, exemption from all kinds of user charges. The initiative would further promote institutional delivery, eliminate out of pocket expenses which act as a barrier to seeking institutional care for mothers and sick new born and facilitate prompt referral through free transport.

Janani Suraksha Yojana: It aims to decrease the neo-natal and maternal deaths happening in the country by promoting institutional delivery of babies. It is a 100% centrally sponsored scheme, it integrates cash assistance with delivery and post-delivery care. The success of the scheme would be determined by the increase in institutional delivery among the poor families. In this scheme, one important role is of the ASHA activist whose role can be of an encouraging person in the field to encourage institutional deliveries among the poor women.

Features of this scheme: In this scheme, the states where there is a low rate of Institutional deliveries is classifiedasLow Performing States(LPS)' (the states of Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Orissa an d Jammu and Kashmir), whereas the remaining states are termed as High Performing States(HPS).

Rashtriya Kishor Swasthya Karyakram: The Government of India has started the country's first comprehensive adolescent health programme. It will also focus on adolescents' reproductive health. It focus on Health needs of 24.3 crore adolescents which makes 21% of India's population in India. Community based interventions through peer educators, and is supported by collaborations with other Ministries and State governments, knowledge

partners and research. To make adolescents aware even before the occurrence of any disease or problem, so that they could make informed decisions and choices. By using new technologies and social media platforms to reach the adolescents in their own spaces, with strategic partnerships with communities and peers.

All the above stated schemes are government initiatives to ensure healthy child birth and also ensure the good health of both the mother and the child. However, these schemes seem perfect in their conception and on paper but are they really effective in achieving proper women healthcare?

If we take any scheme into consideration it is seen that schemes like ASHA or HBNC aim at providing proper care after pregnancy to the mother and the child, however its effectiveness depends upon the willing of the government to identify poor pregnant women who need these facilities. Often is the case that after the institution of such schemes the government successfully caters to a few cases in the beginning then due to lack of trained personnel is unable to discharge the functions stated in the scheme properly. Training is another problem. For pregnancy related work women need to be trained and training is not adequate all the time. Sometimes untrained women are sent to help the poor pregnant women without any knowledge of pregnancy related issues. This may lead to increasing in the health problems for both the mother and the new born child instead of reducing it.

According to our research on these various schemes we found out that implementation is a major problem. The schemes have tremendous potential but the implementation process lacks credibility. There have been instances where the help has not reached on time causing problems for the women and the child. Another drawback is that these schemes are only institutional in low income states and not usually in states having a better standard of living. Poor pregnant women are a part of every state and these provisions should be extended to all states. Gaps in proper implementation has led to premature child deaths, lack of trained personnel has led to complications during and after pregnancy. Women need to be made aware of issues relating to child birth and health. Awareness programmes need to be instituted where the mother is able to handle at least the basic pregnancy related issues.

Conclusion: Indian health care system tries to provide certain facilities to the women's health but still there are various weaknesses such as availability, low levels of public spending, the quality which is been given and affordability of the health care. In India, the Constitution assigns the states responsibility for the provision of social services in the state list of the 7th Schedule of the Constitution assigns [Public health and sanitation, hospitals and dispensaries to the state governments] and coequal responsibility with the central government for the provision of economic services.

However, since all broad-based tax handles except the general sales tax are assigned to the central government, there is a high degree of vertical fiscal imbalance. Further, the wide interstate disparities in revenue capacity make it difficult to ensure comparable levels of public services in different states at comparable tax rates. We have a shortage of more than 1 million doctors. But we make such stringent rules in running a medical college that no one can start medical colleges in this country; even if one starts, it costs over Rs.200-300 crore, whereas anywhere in the world one can start a medical college with any building. They don't need 25 acres of land and teachers retiring at 60. There are 800,000 of them at the village level. But they're trained badly. We need to ask how can we up-skill them? How can we make them our frontline workers who identify early signs of a disease?

Shortage of funds is a major drawback in public sector for rural health, this lead to non availability of health infrastructure, provision of inputs, drugs etc. at the grass root level. There is sub – optimal utilization of health centers due to inadequate human resources and lack of availability of drugs and good laboratories. In rural areas improving nutrition seems to be the biggest challenge. A large number of legal provisions exist in the health sector such as no smoking; it is unfortunate that the level of legal provision is very poor. There is need to strengthen the implementation mechanism. Actual implementation of innovative schemes and programmes launched. The number of doctors, nurses and paramedical staff is low. To assess the development in the field of medical relief in public health, the union health ministry has constituted committees such as Bhore committee, Dr. A.laxmanswamy mudiliar and Swami Mudaliar, central expert committees under the Indian council of medical research (ICMR) to make effective recommendations to improve the health sector. The recommendation of these committees needs to be translated into reality.

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