

# Woman's Health is Her Capital- Her Stakeholding is Preponderance as a Beneficiary and Predominance as a Service Provider

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## Abstract:

Women and healthcare have been inseparable entities in perseverance of wellness of the families across the countries. This sounds more coherent in the context of India where two-third of the population lives in rural geography with men predominantly working to earn the bread and women keeping the household in order. Besides that, majority of women in small towns and villages are compelled to get engaged in unorganised agricultural or cottage employment to support their families. This paper throws light on the rising healthcare concerns in women in rural India with focus on how increasing life expectancy is making them more vulnerable to occupational, lifestyle and age-related critical medical abnormalities. This paper also dwells into to socio-economical hindrances in implementing the state-sponsored health schemes for women by women. India's frontline rural healthcare workers in the form of Accredited Social Health Activist (ASHA) workers have been a great support to the rural and uneducated urban women from lower middle and lower classes. State-sponsored schemes have been a great support to women empowerment through girl-child healthcare, peri-natal care, healthcare in mid-age crisis and healthcare in old age. Medically, the Indian state has been doing a lot, yet culturally a lot more needs to be done for the society to recognise that a woman's health is her capital.

**Keywords:** Women's Health, Women Empowerment, ASHA, Life Expectancy, HALE, Peri-Natal, Mid-Age Crisis, Post-Menopausal

## Introduction:

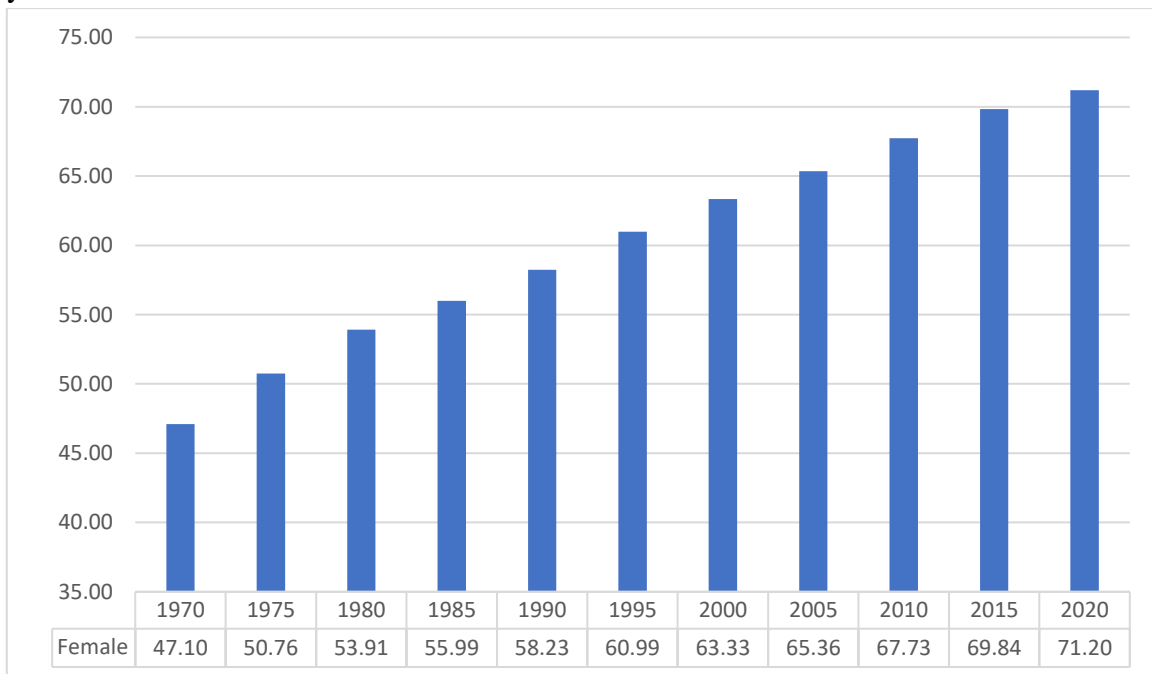
American actress, activist and theatre director Cynthia Nixon says "women's health needs to be front and center – it often isn't, but it needs to be". Role of healthcare in women empowerment is in fact an implausible argument as healthcare itself cannot exist without women. In a recently published report of The Lancet, referring to a BMJ report of 2015 (1), it is validated that 71% of the healthcare workers across the globe are women. 30% of the doctors, and as high as 80% of the para medics (nurses & midwives) are women. This clearly indicates that women are empowering the healthcare, it is not otherwise!



However, women’s health is so important for progression of the society. The ex-First Lady of US Michelle Obama once asserted “*communities and countries and ultimately the world are only as strong as the health of their women*”. India is among the very few countries that have least difference in healthy life expectancy, between men and women. However, when compared with men women in India get lesser medical care either due to their own inattention on their health or other familial priorities. But the mounting lassitude of women in healthcare makes them naïve to deliver their routine chores, further forcing them to stay little behind their male counterparts. So, the proper healthcare support to women can surely empower them and make them more confident of taking up the tasks that were once gender-biased.

**Life Expectancy of women:**

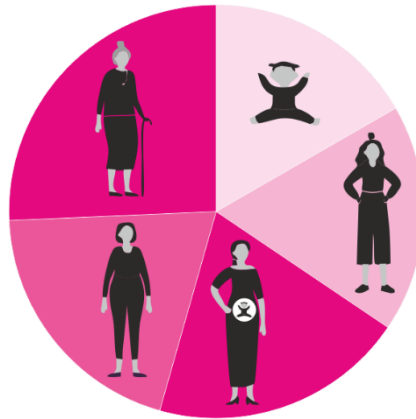
In last 50 years, the life expectancy of women had increased by 24.1 years, i.e. from 47.1 years in 1970 to 71.2 years in 2020.



Statistically this sounds so encouraging, but in reality, all that matters is how the additional years of survival affecting the health of women in totality. Because living longer is not living longer in childhood nor in mid-age, it is surely in old age. Now it is not just the life expectancy (LE) anymore, it is rather healthy life expectancy (HALE) that became a benchmark to assess the quality of life. In India, there is always a difference of 10 years between LE and HALE. That means, at an average each Indian lives for 10 years with something or the other ailment that requires medical attention. In case of women, the difference between LE and HALE is further wider by almost 2 years when compared with their male counterparts. That means the women have to go through 12 long years of compromised health towards the end of their life. This makes the healthcare more important for the empowerment of the women who possess high amount of passion and compassion for the societal obligations.

**Life stages of women:**

Unlike the men’s life, women’s life is majorly controlled by innate hormones taking their lives through 5 major stages, viz. childhood, young age, reproductive age, climacteric age and post-menopausal phase(3).



Even though there are no major anatomical and physiological differences between boys and girls in early childhood, girls are over capped when compared with their male counterparts, in conservative societies like India. However, this phase does not differentiate much in healthcare concerns between both the genders.

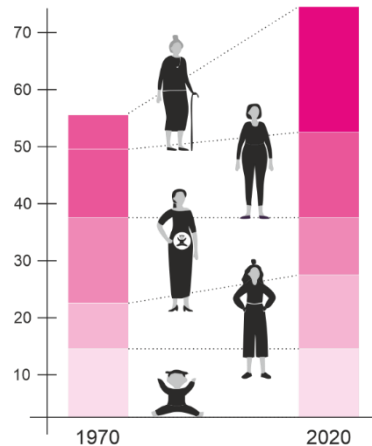
The first eventful stage of women is puberty on attaining which the clear demarcation between male and female evolves through a series of hormonally directed changes in a girl's body and brain. The anatomical changes in response to the physiological progression take the girls from childhood to adulthood, and this phase witnesses the unexplainable medical anomalies in a woman's body, in a sequence leading to sexual and reproductive maturity. Women in this phase go through many health-related challenges that need to be medically addressed appropriately and completely.

Active fertility or child-bearing age is the most important phase in woman's life as this phase not only has the gender-based hostility, but also a pro-creative role to pave the way for future generations through their offspring. Though all that is quite natural, the process takes a big toll on the general health of the woman. Due to late marriages, more than half of this fertility phase goes in their spinster status, because of which they have to face several hormone retractions. Even after marriage, many women have the great challenge in dealing with family planning through different birth control measures that eventually demonstrate the natural physiology of the reproductive system causing grave health concerns which are sometimes irreversible too.

Climacteric or post-reproductive age till attaining menopause is the most jugglery life for women. They have to make many compromises or take several risks to balance their life between family and profession. This will greatly affect their health on account of several ailments such as thyroid problems, diabetes, hormonal changes, cardiovascular risks, loss of libido, joint and muscular tenacity etc.

The last and most ungrateful stage for women is post-menopausal age during which they face uphill challenges on account of their diminishing health status. As they live all their life till this phase for the need of others, they should ideally be reinventing themselves for their own sake in this phase, but instead they spend this painful phase subverting as it is very natural and they are bound to take the journey without any hostility. Unfortunately, many women consider this post-menopausal period as the last leg of their lives without realising that their experience that they earned till then would be of great help to the society.

**Living Longer... Risking Longer:**



The timelines of women’s life cycle have drastically changed in last 50 years. But the extension of life is towards their struggling phase than the early healthy phases. Over the decades, the age of puberty has not changed. Though the mean marriage age considerably went up, the age bracket of fertility period is not changed. That means, women do not conceive or even if they conceive, cannot sustain the pregnancy towards late 30’s. Further, the age to attain the menopause remained same. So the obvious fact is that the increase in life expectancy of women is more towards the post-menopausal life. That means they are living for longer period in volatile stressful post-menopausal phase. This calls for a certain programmed healthcare scheme for them across the socio-economic and demographic status of the women.

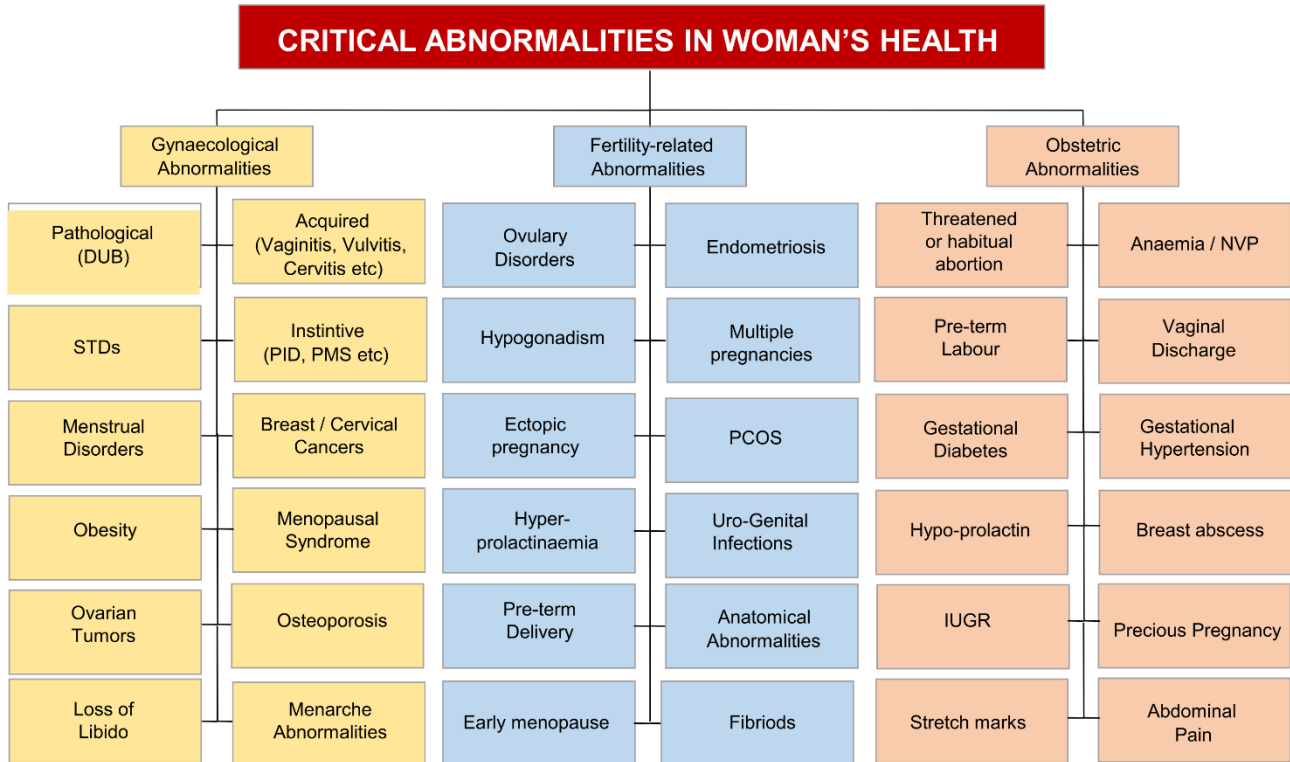
Women with onset of 50’s, besides the onset of natural menopause, would overgrow men of same age or even little elder. This is the age for them to lead the offspring for a better world with far wider wisdom. By this time, most of the women would have well accomplished their familial responsibilities and attained the benchmark of the poise. And this is the time their empowerment can lead the society into a better place to live. But this empowerment should not be hindered with healthcare challenges. Hence best of the healthcare is the real empowerment for women.

Be it at home or in the society, the primary healthcare largely depends on women. But when such women undergo the medical challenges, who should take care of them?

The challenge for women in healthcare and many other priorities is as much as the difference between “default” and “the other”. Dr Sarah Hillman, an Academic Clinical Fellow at Warwick Medical School and a General Practitioner did an in-depth study to fathom how women became “the other”. She says “unconscious bias is rife in society – not just the medical profession – and it occurs when we use our instinct over objective analysis to make a snap decision” (4).

Artists, writers, poets etc had long been admiring the women and objectifying them in their work. But least is done to address the healthcare woos of the women. Medical research itself grossly neglected the very basic physiology of women’s body. For instance, even though the process of menstruation has been known for centuries, the actual connect between menstruation and ovulation was established only in 19<sup>th</sup> century. Before that the menstruation was likened with witchcraft, postulating that the blood could stop hailstorms, kill crop yields, and cure leprosy etc (5).

However, a lot of work has been done on women’s healthcare, to basically understand what are the different health challenges that a woman could face from being a girl child to post-menopausal elderly. The critical medical abnormalities of women have been well classified and trifurcated into gynaecological abnormalities, fertility-related abnormalities and obstetric abnormalities.



Many of the abnormalities mentioned above are either avoidable or easily curable, if a proper medical attention is given on time. If neglected, most of them have the potential to aggravate and lead into a more severe, sometimes irreversible medical problem that have the potential to cause higher degree of morbidity and higher risk of mortality too.

Most of the obstetric conditions are reversable with safe pregnancy and childbirth, but if not properly attended can lead to serious maternal and congenital problems. Easing the obstetric difficulties can make the pregnancy and childbirth safer.

Fertility related abnormalities are often neglected by the family of low or middle income as the cost of the treatment is very high and success rates are also very low. Childlessness is not only a traumatic experience for women, it also has the potential for a familial and societal boycott in conservative Indian families. Government should lay down the stricture laws to infringe the life of such women and protect their right to live peacefully with dignity.

**Women Empowerment through Healthcare:**



It is interesting to present a paper on role of healthcare in women empowerment when women themselves are empowering the country with their healthcare services. It is not just with thousands of female doctors and lakhs of female paramedics, India's pride is with the millions of Accredited Social Health Activist Workers or ASHA workers, who are India's frontline rural healthcare workers. National Rural Health Mission has stipulated the authorities with structured guidelines for appointment, training and engagement of ASHA workers to support the basic healthcare in every village in the country(6). There are 10.4L ASHA workers currently engaged in this mission in India. World Health Organisation has recognised these ASHA workers as "Global Health Leaders". ASHA workers support maternal care and immunization for children against vaccine-preventable diseases; tuberculosis, neglected tropical diseases, communicable disease prevention and control; and core areas of health promotion for nutrition, sanitation, and healthy living(7).

Empowerment is not just in treating the women when they undergo the health challenges, it is in fact in offering the right to make their own decision on the matters related directly or indirectly to their health status, such as when to get married, when to have kids, whether to keep or terminate the unsolicited or untimely pregnancies etc.

On 29<sup>th</sup> September 2022, Supreme Court of India passed a landmark judgement on the right to safe and legal abortion up to 24 weeks to unmarried and single women. This helps the women take the decision on whether to keep or terminate the unsolicited or untimely pregnancies, that eventually lead to answering many healthcare concerns for women. Accordingly, women need to be empowered through proper healthcare at every phase and stage of their lives.

### **Women empowerment through girl-child healthcare:**



Unfortunately, India is the only large country in the world where more girl babies die than boy babies. Health and education are two important things for girl child to bring about a substantial change with respect to the demographic dividend. To this effect, Beti Bachao, Beti Padhao has been a landmark decision of government of India to stop female foeticide and negligence of girl-child healthcare. 10 years ago in India, 80% of the respondents in a survey confirmed that they needed the permission from male head of the family to even visit the healthcare center(8). Neglect is a pervasive form of child maltreatment say Dr Brooks R Keeshin and Dr Howard Dubowitz in their paper titled "Childhood neglect: The role of the paediatrician". If parental problems are the main contributor to neglect, then the state should take appropriate measures ensure that no girl-child is left out from necessary healthcare.

Neonatal mortality is one of the major contributors (2/3) to the Infant Mortality(9). To address this, National Health Commission in India has set up Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Baby Corners (NBCCs) at different levels.

### **Women empowerment through peri-natal care:**



Nearly 3.5 million babies in India are born too early, 1.7 million babies are born with birth defects, and one million new-borns are discharged each year from Special New-born Care Units (SNCUs). These new-borns remain at high risk of death, stunting, and developmental delay(10). These mortality and morbidity in new born put the equal risk on mothers too. As a result, more than one-third of maternal deaths happen during labour or within the first 24 hours after birth.

However, India has made progress in the reduction of newborn and maternal in last 30 years. India's share used to be one-third of newborn and maternal deaths in 1990, now it is reduced to almost one-quarter. Even then it is a significant mortality rate as India shares or one-fifth of new born babies. When compared to what they were in the year 2000, there were nearly one million fewer newborn deaths and ten thousand fewer maternal deaths each month in India in 2017. Pradhan Mantri Matritva Vandana Yojana (PMMVY), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and Janani Suraksha Yojana (JSY) are few among many government initiatives, 100% funded by the Government of India through the National Health Mission to facilitate the entire population of BPL, SC, and ST pregnant women to give birth in government health facilities and to decrease infant and maternal deaths(11).

### **Women empowerment through healthcare in mid-age crisis:**



Even though they age gracefully, their journey from mid-age to menopause is not that serene. This phase takes the women through bio-natural physiological changes causing the multimorbidity such as obesity,

loss of libido, loss of enthusiasm, osteoporosis, hormonal imbalance, depression and urinary problems. This is further aggravated with poor hygiene and compromised quality of life.

To help them face the medical challenges with ease, government of India has introduced a number of schemes to the benefit of women to deal with their mid-age crisis. One such program is Rashtriya Kishor Swasthya Karyakram (RKSK) that enables all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well-being and by accessing the services and support they need to do so, in the areas such as improve nutrition, improve sexual and reproductive health, enhance mental health, prevent injuries and violence, prevent substance misuse etc.(12)

To promote the menstrual hygiene, there are many other schemes such as Pradhan Mantri Bhartiya Janaushdhi Pariyojna (PMBJP) through which government offers the sanitary napkins at a very low cost to the women through Jan Aushadhi stores; and Ministry of Health & Family Welfare distributes free condoms to high risk groups for prevention of sexually transmitted diseases.

### **Women empowerment through healthcare in old age:**



For most of us, the best and first classroom in the universe is the feet of our grandmothers. Empowering the already empowered grandmothers through proper healthcare is the actual need of the hour. Women outlive the men by almost 2 years as per the life expectancy (LE) in India, but the healthy life expectancy (HALE) for them is far lower than that of men. At an average, women go through unhealthy phase for 12 years, mostly towards the last phase of their life. Worst is when they do not consider their health to be an important issue to be attended to or even the negligence from the family members.

### **Conclusion:**

Yes, a woman's health is her capital that has to be expatiated, not exploited. India may not have any gender-specific healthcare schemes for old-age citizens, but many health policies have been designed to provide the equal rights and benefits to women along the men. Besides the government schemes, there are many NGOs providing the healthcare and general support to elderly women in India. Few of such NGOs are MANAVLOK, HelpAge India, ABHOY MISSION, Shradhanand Mahilashram and Asha Kiran. Digital healthcare platforms like Rxpert Super Speciality e-Clinics provide the super speciality medical consultations at a very highly discounted prices for the elderly women of small towns, so that they don't have to travel from their small towns to cities for super speciality services. So much is done, yet much more is to be done. The American social reformer and women's rights activist Susan B. Anthony once said "men, their rights, and nothing more; women, their rights, and nothing less".



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