

## STILL IN THE SHADOWS: DO INDIAN WOMEN HAVE BASIC HEALTH RIGHTS?

Relevant for: Government Policies & Welfare Schemes | Topic: Rights & Welfare of Women – Schemes & their Performance, Mechanisms, Laws Institutions and Bodies

India is still a land of missing women. A study, in 2011, reported that as a result of selective abortions between 1980 and 2010, foeticide claimed the lives of 12 million Indian girls.

India rates poorly in global human development rankings. In 2018, it ranked 130 out of 189 countries, and stands 127 in the Gender Inequality Index.

Now, how empowered is India's surviving female population (about 59 crore) in terms of access to basic health rights?

The National Family Health Survey (NFHS-4) 2015-16 shows that less than two-thirds (63%) of married women have any say in their own health care or other household decisions. And 30% of women experienced physical violence since the age of 15. Further, 33% of married women experienced physical violence, 14% sexual violence and 7% spousal sexual violence. One-fourth of married women sustained physical injuries, but only 14% of them sought any help to stop the violence. This was a decline from the 24% in the previous NFHS survey (NFHS-3), which, perhaps, raises questions on law enforcement.

The NFHS-4 survey also highlighted a few gains made in the area of reproductive health. The total fertility rate showed a decline — from 2.7 in 2005-6 to 2.1 in 2015-16. The under-five mortality rate showed a decreasing trend from 109 deaths per 1,000 live births in 1992-93, to 50 deaths per 1,000 live births in 2015-16. The infant mortality rate also came down during the same period, from 79 deaths to 41 deaths per 1,000 live births. Further, from NFHS-3 to NFHS-4, the sex ratio at birth also showed an upward turn from 914 to 919. The percentage of institutional births almost doubled from 38.7% to 78.9% during the same period.

But the flip side is that 'more than one in seven women did not receive any antenatal care during their last pregnancy. Half of these were because their husbands or families did not think it necessary or did not allow it. Only 16.7% of women in rural India received full antenatal care (ANC)', which is about the half the women in urban areas (31.1%). The World Health Organisation (WHO) recommends at least four ANC visits for every pregnant woman. 'Only 30.3% of Indian women consumed iron and folic acid tablets for the recommended course of 100 days or more. As a result, 50.3% of pregnant women and 58.4% of children aged 6-59 months had iron-deficiency anaemia (a major cause of maternal deaths, pre-term births and infant mortality)'. The NFHS-4 survey also revealed that more than half (53%) of women (ages 15-49) were anaemic, which is almost twice that of men (23%).

WHO, in its report on women and health in 2009, said that though women tend to live longer, they do not stand to gain from the greater longevity, particularly in parts of Asia, due to gender discrimination. Violence is an additional risk to women's health in these countries.

The George Institute for Global Health, India, in its women's health policy dialogue in 2016, highlighted the rise in non-communicable diseases (NCDs) among women and a consequent rise in female fatalities — from 38% in 1990 to 63% in 2013. The dialogue was concerned that India's health interventions so far focussed on sexual and reproductive health (SRH) care and wanted more awareness about the far-reaching consequences of NCDs among women and

their impact on the next generation. A sex-segregated analysis in South Asia showed a rise in cardiovascular diseases, especially among the young. India is yet to undertake any such study notwithstanding the fact that NCDs — which can lead to heart attacks, stroke and respiratory diseases — remain among the top seven causes of deaths among women in India. Unfortunately, there is a prevalent notion in India that heart disease and stroke are diseases of men.

Thus, most Indian women continue to bear the burden of NCDs and communicable diseases and also suffer from reproductive health-related complications. A shift in policy is a must.

*Archana Datta is a former Indian Information Service Officer and a media educationist*

Kamaldeep Peter on her journey from being a person with breast cancer, to survivor, and member of a support group

It is a pilot study involving just 15 people with TB

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