



Women and Health Rights: Concepts and Concerns*

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Abstract

This paper tries to integrate and examine human rights in relation to gender and health, as they affect millions of women, at home and off home. Because women – wives, mothers and others – sustain the basic needs of the family and are the main providers of healthcare, special attention to their health needs is essential. They have the right to live healthily with dignity and security at all times. This aspect requires careful study and practice by the individuals, governments and the civil society. Health rights of women are being emphasized globally specifically under the Millennium Development Goals. But when we look at countrywide/interstate as well as inter-household and intra-household data, the picture is grim indeed.

The growth of feminist movement, philosophy of gender equity, women study centers and laws to prevent exploitation and discrimination of women are there for all to see. But majority of the women are still in the periphery. Therefore, we argue that we need to relook at concept of human rights itself in the context of gender development, not merely equality. This is all the more true in case of socio-cultural issues such as health and education. Women are seeking their 'rightful' place in public and private areas of work as well as leisure. They have moved from their traditional roles of care-taking to participatory roles in the society. The time has come to acknowledge their decision-making potential and performance. This will auger well not only for the health of women but also of the society. And this will actualise health as everyone's birthright and also put an end to injustice to women who comprise nearly half the humanity.

INTRODUCTION

"They (women) are the victims of our neglect. Let them not be victims of our indifference".

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- John Kennedy

To live healthily is a common desire as well a rightful need of every individual in society. As society progresses it finds new ways of describing and discussing health issues. In a democratic set-up everything becomes codified and institutionalised. Even the basic needs of human beings such as food, clothing, shelter, health, education, security etc find written and rightful place in codes and laws. Seeking needs of a healthy life becomes a human right. It is yet another example of how 'human development' and 'human rights' converge in a civilised society. While this is true in a holistic sense it also true of the parts like women health, child health etc. The study of human rights in relation to gender development should be viewed in this context. Awareness about human rights is picking up. This should benefit women too, healthily.

The most valuable resource of a country is the human resource and the most vulnerable of it are the women. Dualistic societies plagued by distortions and discrimination have always been unfriendly to women in general and mothers in particular. One of the most explicit areas of gender discrimination is that of health care. Girls and elderly women, at homes and in workplaces are in a disadvantaged position vis-a-vis men. This is a serious matter for reasons more than one. One sad fact is that neglect of women's health care reflects the unbalanced and unfinished agenda of human development. Another simple yet unacceptable situation is that while the pressures on and demands from women are increasing they get thwarted in their very growth. Even when they happen to be the source and strength of a family they may not be at its centre. They may not seek attention but their problems - in terms of accessibility of health services in an equitable manner - need to be addressed. This argument is also in line with the Sustainable Development Goals (Hans, 2015).

Health of women – wives, mothers and others – who sustain the basic needs of the family and are the main providers of healthcare, special attention to their health needs is essential. Women have the right to live healthily with dignity and security at all times. This aspect requires careful study and practice by the individuals, governments and the civil society. The status of women and the scope of their development are to a large extent dependent on their 'health'. In many of the developing countries health of women is one area of development that is major cause of concern and a reason for low human development. This is not simply because of income-poverty but an attitude by many that is

negative and pessimistic. That is why when women continue to be have an images as ‘*Shakti*’ and ‘Love Personified’ (*PremaMayee*) there are also instances and incidents that are damaging to her personality. Women are seen as a nurturer for her husband and children, and to overemphasize this we have the mother image – the one who undergoes every hardship for the well-being of others. Yet she is not given true independence. She is thoroughly neglected when it comes to the question of ‘giving’ her the due. People who receive much form her give her little or nothing at all. She may be hailed as “leading light” but nobody feels like giving light to her life. In the family she is supposed to care of all even when she is sick and weak. We need to examine the social malady of ruining women’s health and find remedies.

Women’s movement has no beginning or origin’ and, that apart, one cannot compartmentalise the movement into isolated divisions and phases. But feminist movement has grown. From liberation to equity and to empowerment, much water has flown in River Ganga. The world is changing. The role of woman has changed a lot. Modern woman has realised her values. She is gaining in confidence. But still...

In many places there is overbearing of male ego, male gaze, male voice, male judgment, male decision etc. Men alone are not to blame. Media displays extremes – either a weeping, weak and meek woman or a superwoman. The other image that the media portrays is the image of a sex object or showpiece. Society and orthodoxies have their share. Progress with passivity makes women vulnerable and victims. Majority of women are still in the periphery, with or without patriarchy. Their physical, mental, economic, social and cultural health needs are not adequately met. This is unjust considering that health is everyone’s right.

Women and Human Rights

Human right challenges the traditional scope of international law, in the post-World War scenario. The first generation rights covered civil and political rights; the second covered economic, social and cultural rights; and now the third encompasses group or peoples’ rights. We need all the three sets to enforce women’s rights universally, although each country-situation is unique and complex.

Freedom, justice and peace in the world can emanate from people who have respect for human rights and human dignity, without discrimination of sex and other traits. The essence of all rights is the “right to equality”. The world has recognised the human rights of women. And these are “an inalienable, integral and indivisible part of universal human

rights” (Vienna Declaration and Programme of Action, World Conference on Human Rights, 1993). Further, women’s human rights are the subject of a specific treaty, viz. the Convention on the Elimination of all Forms of Discrimination against Women, 1979. Far reaching governmental commitments to ensure the human rights of women have been made at each of the world conferences.

The Constitution of India recognises equality rights of women in Articles 14, 15 and 16. Article 15 (3) allows the state to take special measures for women and children to realise the guarantee of equality. Though the Constitutional commitments of the nation to women was translated through the planning process, legislation, policies and programmes over the last six decades yet situational analysis of social and economic status of women reflects less than satisfactory achievements in almost all important human development indicators. Fifty per cent of women in India are malnourished, 80 per cent are anemic, and 41 percent energy-deficient and 70 per cent do not get adequate health care. As many as 58 per cent of women reduce their food intake during pregnancy instead of increasing it. The maternal mortality rate is estimated at 450 per 100,000 live births (2008) in India compared (it was 570 in 1990) to 45 in China. This is not surprising given the fact that child births in India are still, by and large, not attended by qualified medical personnel (India: 47%; China 98% in 2008). Unhealthy aspect of violence against women is also a matter of serious concern. A few more figures support the fact of violation of human rights with respect to women:

- 1 Crime Committed against women every 3 minutes
- 1 Molestation Case every 15 minutes
- 1 Rape Case every 29 minutes
- 1 Sexual Harassment Case every 53 minutes
- 1 Dowry Death Case every 77 minutes
- 1 Cruelty by Husband and Relatives Case every 9 minutes. Cruelty cases registered rose from 63,128 in 2006 to 89, 546 in 2009.

Some consider the unhealthy treatment given to women in many ways as a sort of ‘structural’ violence that manifests itself in poverty and unequal access to health, education etc. One of the ways that is clearly visible is the harassment of women with dual responsibilities i.e. women working at home and off home.

A cross-cultural analysis of 90 societies around the world found that physical violence against women exists in at least 75 of them. In Gujarat six women are battered

everyday, on an average. In India the common forms of domestic violence are female feticide (selective abortion based on the fetus gender or sex selection of child), dowry death or harassment, mental and physical torture, sexual trafficking, and public humiliation. Fifteen thousand young brides are burnt to death every year in India. About 50 million women are missing in India either through sex-selective abortions, female infanticide, or female neglect. Rape, genital mutilation, honor killings are some of the forms of violence even in modern India. This is nothing but flagrant violation of women's rights.

We need to change this situation. Human rights are for human freedom. Human freedom is not dimply freedom 'from' something but freedom 'towards' something as well. Women need more than sentimentalism and naïve romanticism. Affection should move to effectiveness, works of care for others.

Women and Development

Development is a multidimensional phenomenon. Some of its major dimensions include the level of economic growth, level of education, level of health services, degree of modernisation, status of women, level of nutrition, quality of housing, distribution of goods and services, and access to communication. There is a move towards a broad-based or inclusive growth.

It is found that decades of developmental planning has not benefitted women, indentified in serious negative trends in women's situation – differentials in mortality and expectation of life of women and men, declining sex ratio, as well as inadequate access to health an medical services. Women seem to be largely excluded from the benefits of growth resulting in gender inequality. The World Bank in its report "Gender Equality and the Millennium Development Goals" (2003) states, Gender inequality, which remains pervasive worldwide, tends to lower the productivity of labor and the efficiency of labor allocation in households and the economy, intensifying the unequal distribution of resources. It also contributes to the non-monetary aspects of poverty – lack of security, opportunity and empowerment – that lower the quality of life for both men and women. While women and girls bear the largest and most direct costs of these inequalities, the costs cut broadly across society, ultimately hindering development and poverty reduction". The UNDP Report 1990 stated that "People often value achievements that do not show up at all, or not immediately, in income or growth figures: greater access to knowledge, better nutrition and health services, more secure livelihoods, security against crime and physical

violence, satisfying leisure hours, political and cultural freedoms and sense of participation in community activities. The objective of development is to create an enabling environment for people to enjoy long, healthy and creative lives”.

Development is biased if it does not have the concept and practice of shared growth. Women’s voice and choice for their healthy living and working and political participation need to be recognised and honored. Elimination of gender inequality is incomplete if women’s accessibility, availability and affordability to health care are poor. In India, as the Report of the Working Group on the Empowerment of Women for 11th Five Year Plan states, inequality between girls and boys in access to adequate health care prove a very serious disadvantage to women and girls and limit their capacity to participate in the benefits of development. The country needs healthy development for human development. Today with structural reforms development policies affect socio-economic rights of women very significantly. Development planners should build on analyses of household gender relations and divisions of labor to explore alternative means of income-generation, especially for women of the low-income households. We see microenterprises of women spreading. But that is only a preliminary step towards comprehensive women empowerment. Several economic and non-economic factors including health need to be considered to examine the gender-specific experience and expectations by and for women.

Women and Health

Women face many ills. Despite a strong biological make, she suffers from hunger, malnutrition, and diseases and dangers during periods, pregnancy and motherhood. Health care system is a reflection of the social structure in the country. Prejudice against females is noticed from birth itself. In many communities, women are cursed just by their birth (and sex). Female infanticide is still not considered a big crime. Girl child is not breastfed for long. Frequent pregnancies, neglect of her physical and personal needs, including mobility sap her energy. She is made to overwork. In India women are the ones to eat last and least, and often the left-over. UNICEF reports that the world’s largest percentage of anemic women is in South Asia. India’s Maternal Mortality Rate (MMR) – 570 – is among the highest in the world. Hospital records show that more boys are brought to hospitals for treatment than girls. Money spent in girls’ treatment is less than half that of boys’.

Woman's health includes girl child health, adolescent health, pregnancy health (e.g. safe motherhood, postpartum depression and infections etc), reproductive health (e.g. menstrual disorders, infertility, abortion etc.) and health of aged women. We need to promote coordinated health and human resources development (COHHRD). Health may be 'individual' but not disease. Paul Russell said: "nothing on earth is more international than disease". Can we sit with ease having a serious malady? Countries must encourage better use of private and public resources for efficient and appropriate health-seeking and health-promoting behavior, to enable every individual to lead a physically, mentally socially, emotionally ethically and economically productive life. Every country must keep health as the topmost agenda in human development.

In the eight Millennium Development Goals (MDGs) set by the UNO health finds a prominent place. The eight broad MDGs (as well as the corresponding targets and indicators) span poverty reduction, primary education, gender parity, child and maternal mortality, reversal of diseases, environmental sustainability, and development cooperation. Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate. Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio. Target 5B: Achieve by 2015, Universal Access to reproductive health.

In India too health figures prominently in its agenda for gender equity. The targets are as follows.

- Infant mortality rate (IMR) to be reduced to 28 and maternal mortality ratio (MMR) to 1 per 1000 live births by the end of the Eleventh Plan
- Total Fertility Rate to be reduced to 2.1 by the end of the Eleventh Plan
- Clean drinking water to be available for all by 2009, ensuring that there are no slip-backs by the end of the Eleventh Plan
- Malnutrition among children of age group 0–3 to be reduced to half its present level by the end of the Eleventh Plan
- Anemia among women and girls to be reduced to half its present level by the end of the Eleventh Plan

Women and NITI Aayog

The theme for International Women's Day, 8th March 2017, focuses on "Women in the Changing World of Work: Planet 50-50 by 2030". This advances the Government of India's commitment to ensure Gender Parity in India, with special focus on women's economic empowerment. India has taken bold steps towards creating new opportunities of

job creation, entrepreneurship, skill building and access to new industries particularly ICT, through its national initiatives like BetiBachaoBetiPadhao, Skill India, Make In India and Digital India.

NITI Aayog's 15 year Vision Document, which will replace the five-year plans in India, also proposes key reforms to encourage women's workforce participation across sector in India. This is also in line with the achievement of the Sustainable Development Goals being steered by NITI Aayog.

Achieving gender equality and empowerment of all women and girls, rests upon unlocking the full potential of women in the world of work. When economies are geared towards achieving women's rights and gender equality, the benefits, such as fairer societies and greater economic growth, accrue to everyone (<https://niti.gov.in/women-transforming-india>).

The idea of setting up a Women Entrepreneurship Platform (WEP) to promote and support established as well as aspiring women entrepreneurs in India took seed at the 8th Annual Global Entrepreneurship Summit (GES) 2017 held in Hyderabad, jointly by NITI Aayog in partnership with the Government of the United States of America.

It is the first of its kind facilitation platform which is mandated to work in collaboration with public as well as private sector organisations and bring them on a single platform by listing their women focused entrepreneurship schemes, initiatives and programmes on WEP website. It also enables sharing of best practices amongst women entrepreneurs and partner organisations and promote evidence based policy making.

WEP, through its partners, tends to offer services to members under various support areas:

- Incubation and Acceleration
- Entrepreneurship Skilling
- Marketing Assistance,
- Funding and Financial Assistance
- Compliances Support
- Social Entrepreneurship

While India has made rapid strides on Health outcomes over recent decades; these outcomes have not kept pace with economic development over the same period. As a nation, we have shown significant declines in infant mortality, maternal mortality and total fertility rates, however, the inter-state variation in achievements remain a matter of concern. The Health Division has a key role in accelerating action to bring about transformational change in the sector through a multi-pronged approach. It has been our endeavour to bring priority issues centre stage and engage the attention of policy makers and all concerned stakeholders to solve the myriad problems that have retarded progress in these sectors with a sense of urgency.

The Vertical Represents the NITI Aayog in:

- Various committees of Department of Health & Family Welfare, Ministry of AYUSH, Department of Health Research, National Pharmaceutical Pricing Authority and Department of Pharmaceuticals.
- EFC/SFC pertaining to Department of Health & Family Welfare, Ministry of AYUSH, Department of Health Research & Department of Pharmaceuticals.
- Scientific Advisory Groups of Indian Council of Medical Research, National Institute of Health & Family Welfare, Public Health Foundation of India, etc.

In order to bring about transformational change in population Health through a spirit of co-operative and competitive federalism, NITI Aayog has spear headed the Health index initiative, to measure the annual performance of States and UTs, and rank States on the basis of change, while also providing an overall status of States' performance. The index comprises a limited set of indicators in three domains- outcomes, governance & information and key inputs/processes. The index was developed through an iterative process in consultation with the MoHFW, States & UTs, domestic and international sector experts, and development partners, in addition to a pre-test in two States for data availability. States were sensitised on the indicator definitions, data sources and process for data submission through a series of regional workshops. Mentors were provided to States,

particularly the EAG States, North Eastern States and those that requested mentors. Data was submitted by States on the online portal hosted by NITI, and data from sources in the public domain was pre-filled. This data was then validated by an independent third party agency and validated data was used as the input into automated generation of index values and ranks on the portal. The exercise sets the foundation for a systematic output and outcome based performance measurement. It is envisaged that this tool will propel States towards undertaking multi-pronged interventions that will bring about the much desired optimal population health outcomes. The results of the Index will be accessible on social.niti.gov.in

NITI Aayog has launched the Development of Support Services for States (DSSS) rechristened as SATH Programme for transforming the health sector, to foster cooperative federalism through structured support initiatives with States on a continuous basis. The objectives are to identify future role model States through a well-defined process, create best practice models in the chosen states and collate and disseminate implementation models.

The WCD Division is the Nodal Division in NITI Aayog that oversees policy and programmes of the Ministry of Women & Child Development for ensuring overall survival, development, protection and participation of women and children, broadly guided by twin objectives to empower the women to live with confidence, dignity and economic and educational ability and to nurture children to develop to their full potential, make them safe, healthy and protective environments. During the year of Report major activities undertaken by the Division are summed up below.

- 1. Release of National Nutrition Strategy-**
- 2. Papers on Gender & Nutrition for the Development Agenda, 2022**
- 3. Anchoring the work of NNM**
- 4. Evaluation of PMMVY**
- 5. Conduct of Field Visits**
- 6. Appraisal and examination of MoWCD Schemes**
- 7. Representation of NITI Aayog at various Fora**
- 8. Committee to Deliberate on Data Collection Issues on Nutrition**
- 9. Brief for P.M. Visit in State**
- 10. Parliament Questions and RTI Applications (<https://niti.gov.in/>).**

Conclusion

Health should become women's point of strength, not of weakness. Healthy interventions and responses are required but not too little and too late. We are in the right moment: the transformational moment. Let us seize the opportunity. We conclude with the following suggestions which are broadly in terms of women's freedom and rights and specifically in terms of their health rights.

- i. We need a reclaiming of feminism, disassociating 'sexism' from it. Feminism should translate to humanism. Women's health issues should go beyond reproductive health, motherhood and survival issues to livelihood security and rights.
- ii. Gender-roles need to be not only well-defined but also refined, in the context of engendering development. We need to perform God-given roles. Victor Hugo wrote: "Men have sight, women insight". We need to combine these for "transformational role".
- iii. Gender biases both at the level of public expenditure and domestic sector need to be removed. This is absolutely essential to take out women from the dependency state to self-reliant, decision-making and developed state.
- iv. Women should break free from societal fetters. That needs confidence-building measures, beginning from the home and family itself. Let her participate in initiating a family restructuring of relations within and find her power to do so in solidarity with other women and men in the larger society. The social system and not just the medical system should be well-equipped to deal with health of girls and women. So, government, NGOs, Women's Associations, students and all concerned with social change for the better should contribute for women's development.
- v. Women should assert their rights but should remember that "give and take" helps. They should not reach the point of endangering their rights and development. Individual freedom with social commitment can ensure that there is no marginalisation of women. The commitment is for "development as responsibility".
- vi. Women' citizenship should be realised in spheres other than political too. Movement from liberation to participation and progress in an evolving citizenship should permeate to spheres of health care and promotion. We thus can realise the empowering potential of citizenship.

- vii. We need to reconsider the roles of health providers. What has made the health profession male-dominated? What has pushed the natural health/care-givers (women) to the background? If a woman is a care-giver, why does she not have the power to heal herself? More research to give insight into this phenomenon is needed.
- viii. Specific areas and sectors in relation to women health such as healthy homes, occupational health, work-life balance and stress management, health of migrated and destitute women, health of rural women, and health of sports women should get detailed attention as a response to gender issues in health.
- ix. Human rights education that is comprehensive, analytical and practical and not merely intellectual should become an integral part of our curriculum and culture.
- x. Finally we should not forget 'dharma'. The issue here is not only a woman's issue. It is an issue that concerns all of us as human beings. When one half of humankind is dehumanised the whole cannot be human. Bringing quality of life to women's lives is everyone's moral duty. This is also the ethics of 'health'.

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