

## HEALTH

The Constitution of India pledges to promote gender equity not just as an outcome of development but also an instrument in this process. It grants equality to men and women, and also empowers the State to adopt measures of affirmative action in favour of women. Although there have been substantial efforts to improve the status of women in India, their ill health and unequal opportunities in education have perpetuated gender-based disparities across health, education, economy and politics.

Gender equity in relation to health is not intended to produce equal outcomes for men and women. Instead it addresses inequalities between women and men in terms of their access to resources, services and their decision making abilities, including differences in how well health systems meet their specific needs.

- **Reproductive and sexual health rights of women /Infertility and Surrogacy**

Given the enormous distance yet to be covered in securing reproductive rights to all girls and women in India, the constant reality of sexually expressed violence against women and the subsequent realities of trauma and unwanted / ill-timed pregnancies, there is the need to address the need for securing the full reproductive and sexual rights of girls and women.

Separately, there is also the specter of the use / abuse of Indian women as surrogates for pregnancies for those unable / unwilling to carry a pregnancy. Assisted reproductive technologies, while a boon for many, should not be used to exploit the vulnerability of less informed, less empowered women.

- **Demographic Trends - Sex Ratio, Aging**

Both of the above trends, the safety of women in her reproductive life and her lack of agency and choices, further get aggravated within the context of strong male child preference in Indian families. While Kerala stands out as an exception, the sad reality is that male preference and sex selective abortion is increasingly skewing the balance against the girl child, and also impacting the status of elderly women in their families.

- **Mental health**

The definition for health according to the WHO is a ‘state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ The ‘mental’ in the definition has been neglected in public health in India. Mental and physical health are inextricably linked.

According to the available data 20% of the population in India is affected by mental illness and the prevalence is a wide range, from 9.5 to 102 per 1000 population, median being 65.<sup>1</sup> It is 20 to 25% higher in females. According to WHO 1 in 3 women worldwide will be affected by common mental disorder by 2020. Women in India face gender discrimination at every stage in life (foetal stage to old age). The psychological well-being of women is vital to the health of the family as she is the main caregiver of the family.

Better health and education go hand in hand, with progress in one area reinforcing progress in the other. The mutually beneficial effects of health, education and other capacity-building approaches for development outcomes should be explicitly considered in the actual design and implementation of development strategies, for women in particular.

The greater the social and gender inequalities, the more educationally backward a region is. Prioritizing girls' education provides perhaps the single highest return on investment in the developing world. An educated girl is more likely to postpone marriage, raise a smaller family, have healthier children, and send her own children to school. She has more opportunities to earn an income and to participate in political processes.

While the Constitution of India guarantees the Fundamental Right to Life, as stated in Article 21, the provisions regarding the Right to Health are outlined as Directive Principles of State Policy- Articles 42 and 47.

Through the introduction of the 83rd Constitutional Amendment, the government has committed itself to make elementary education a Fundamental Right of every single child in the 6–14 years age group.

Creating a gender-sensitive educational system would entail addressing sexual stereotyping in employment, changing the attitudes and perceptions of school teachers, providing a safe and secure environment for the girl child, provision of schools within easy reach, transport and separate girl's toilets. These measures would go a long way in enhancing girls' enrollment at

secondary levels. Gender mainstreaming in education would require going beyond vocational skills to include “thinking” and “behaviour” skills that take into account the needs of young women to make them capable of making informed life and health choices.