India's Approach to Women's Health

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Background

	Women's Health Indicators			
	2005-2006		2015-2016	
	Rural	Urban	Rural	Urban
Institutional Births	31.1%	69.4%	75.1%	88.7%
Anemia in Pregnant Women	58.2%	51.5%	52.1%	45.7%
Maternal Mortality (per 100,000)	288		216	

National Family Health Survey-3 (2005-2006), National Family Health Survey-4 (2015-2016), The World Bank Group

To understand the reasons behind India's improved health statistics, I spent four weeks rotating through urban and rural clinics in Pune, India. I interviewed healthcare providers and patients on the health obstacles faced by women, and how urban and rural clinicians approach women's health.

Health Obstacles

Population

1.27 billion: 69% rural, 31% urban

2% of the world's landmass
20% of the world's population

- Hygiene & Sanitation
- Nutrition & Food Security
- Rapid Urbanization
- Access to Education
- Access to Healthcare

Cultural Traditions

Cultural traditions related to menstruation, child bearing, breastfeeding, diet, status, and gender roles have a profound impact on women's health. These traditions are commonly practiced in both urban and rural settings, but are less common in educated populations.

- The lingering effects of **the caste system** perpetuate discrimination in Indian society. To escape from poverty, families traditionally prefer having a **male child**.
- Most Indians are **vegetarian**, which limits iron sources in their diet. **Tea**, which inhibits iron absorption, is a staple in the Indian diet.
- Pregnant and **breastfeeding** women are often restricted from eating specific nutritionally-rich foods.
- **Menstruating** women are generally prohibited from eating or preparing certain foods, tending to plants, or entering religious sites.

Rural Approaches

Three-Tiered Government Health System

Catered to rural populations and available to all Indian citizens, each treatment costs 2 rupees (3 cents), regardless of its nature.

Community Health Center (CHC): serves ~120,000 people
Consultation center for PHC referrals
Houses hundreds of beds and specialty medical facilities

Primary Health Center (PHC): serves 20,000-30,000 people
Physicians provide basic lab testing, diagnostics, referrals, immunizations, and common treatments

Subcenter (SC): serves 3,000-5,000 people
Contact point between the community and the PHC
Staffed with at least one male and one female health worker

Accredited Social Health Activist (ASHA) program

An extensive community health worker network and the backbone of primary healthcare in India

ASHA workers:
- Perform home visits
- Distribute oral contraceptives and nutritional supplementation
- Educate community on family planning, nutrition, immunizations, and hygiene
- Receive a commission for every healthy pregnancy in their village
- Increase accountability and utilization of government health services

Monthly Antenatal Camps

PHC checks vitals and provides blood work, abdominal palpations, and referrals for free to each pregnant woman in the district

Each woman receives:
- A 'Mother Child Protection Card' that holds all pregnancy records and summarizes antenatal and post-partum health recommendations
- 100 tablets of iron, folic acid, and B-complex supplements

Urban Approaches

Manyata Initiative

Nonprofit program to standardize the delivery process in every private hospital across India

Problem: Many nurses in India do not have a formal education and learn on the job.

Solution: Program trains medical staff to adhere to WHO-approved clinical standards in caring for mothers before and after childbirth.

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Ministry of Health Programs

Expanded Program on Immunizations (EPI)

India has achieved greater than 90% immunization status, and eradicated smallpox and polio.

Directly Observed Treatment Short-Course (DOTS)

HIV/AIDS and HIV/Tuberculosis patients receive free treatment. Additionally, physicians perform home visits to ensure the patient is taking their medication.

Affordable and Holistic

Government clinics are available for low SE
Private clinics are economical for middle/high SE

A regular visit at a private clinic costs between Rs. 100 ($ 1.50) and Rs. 800 ($ 12). A delivery at a top hospital may cost Rs. 25,000 ($ 420). These prices are feasible for middle income populations.

"Medical intervention should be the last resort. We teach the patient to care for their issue on their own, and if that is ineffective, if the patient does not cooperate, or if the patient demands treatment, then we proceed to treat through medication or surgery."

-**Dr. Milind Dugad**
Director of Dugad Hospital
Secretary of Pune OBGYN Society

Texas's Approach

While the global maternal mortality rate (MMR) is on a steady decline, Texas's MMR, comparable to that of developing countries, has increased over the past decade.

Texas has two programs that provide preventative health services to low-income women: the Department of State Health Services (DSHS) Family Planning Program and the Women's Health Program. Both have suffered to meet the growing demand for women's health resources.

In 2011, the Texas legislature cut funding for the Family Planning Program by two-thirds—a system that 60% of low income women rely on to meet with a healthcare provider.

In 2012, the Women's Health Program, which serves 130,000 low-income women per year, lost its federal funding.

In 2017, Governor Greg Abbott vetoed a bill that would have continued the Women's Health Advisory Committee (WHAC). The same legislative session failed to pass a bill that would have increased the accessibility of oral contraceptives.

The World Bank; Texas Women's Healthcare Coalition

Conclusion

What can we learn from India?

India's approach to women's health, in both urban and rural settings, is rooted in health education. Community health workers and clinicians work hand in hand in the preventative health model, addressing social health determinants and providing healthcare access to the country's highest-risk populations.

India's approach to women's health sets an example for the rest of the world. By investing government spending in community-centric, preventative health programs, Texas can improve its women's health outcomes, too.



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