Women Health in India: An Untold and Least Concerned Health Scenario

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Citation: Shalini Jaggi. Women Health in India: An Untold and Least Concerned Health Scenario. ERWEJ. 2022;2(2):83-86. 10.54136/ERWEJ-0202-10027

The weight of the world rests on a woman’s shoulders—goes an old saying! Women are not only traditionally the primary caretakers in every part of the world, but their roles have evolved over time to move out of homes to different workplaces leading to a huge socio-cultural shift across the society and community at large. The impact of these different roles on a woman’s health are not only on their physical well-being but also their psychological, emotional, socio-cultural and economic health. There has been a slow but steady shift in our perspectives on women’s health, and as evidence accumulates, there is now a greater recognition of the need for gender specific approaches when it comes to addressing their unique health needs and challenges.

The glaring differences in health awareness, behaviours and management between men and women are attributed not only to their differences in basic biology—anatomy and physiology, but also to the socio-cultural-financial environment. In countries like India, and even globally, women’s health concerns are numerous and influenced by various factors like gender discrepancies, early marriages, domestic violence, malnutrition, poverty, financial dependence, illiteracy and lack of access to quality healthcare facilities, eventually leading to poorer health outcomes around the world. Most often, family responsibilities overshadow the concerns about their own health, proper nutrition, lifestyle, exercise and basic need of a regular health checkup. Costs of medicines and economics of healthcare are also huge barriers to women seeking early attention for their health issues especially in a country like India where most women seek attention for their health needs only when severely ill or symptomatic for a disease, the concept of primary prevention still being quite far from reality as yet. Gender-based discrimination and financial dependence coupled with poor education and awareness often results in mistreatment and exploitation of women, which eventually leaves a negative impact on her physical as well as mental health.

Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth and a phenomenal 20 per cent of these women are from India. India’s anaemia burden among women is widespread, with 53.1 per cent
of non-pregnant women and 50.3 per cent of pregnant women being anaemic as per the NFHS-4 in 2016, despite having various programmes and policies in place for the past 5 decades, since the launch of National Nutritional Anaemia Prophylaxis Programme in 1970.

The burden of non-communicable diseases (NCDs) is monumental among Indian women. It is observed that approximately 62 per 1000 women and 36 per 1000 men suffer from NCDs. Among these, asthma (1.9%), thyroid (2.2%) and cardiovascular diseases (1.35%) are common in women than in men. WHO statistics clearly show 77% of all NCD deaths are from low- and middle-income countries. Seven of the top 10 causes of death in women in India are from NCDs- led by heart attacks, stroke, respiratory diseases, cancers, and diabetes.

Traditionally perception of women’s health has been limited to reproductive and sexual health. Surprisingly, however reproductive rights are the least discussed aspect of women’s health, most decisions on such issues still taken by the male partner. Providing easy access to safe abortion services is still a challenge today, where it accounts for 14 percent of all maternal deaths globally. The mental conditioning by society has led to women having a very high threshold of patience and silence. The health of a woman is not a priority. In India 75 percent of India’s healthcare infrastructure is based in urban areas and only 1.3 percent of its Gross Domestic Product (GDP) is dedicated for healthcare, which is significantly lower than the global average of 6 percent. Women seeking healthcare especially in remote areas often stumble upon the poor quality of services being provided, where facing mistreatment and abuse during pregnancy and childbirth is a major trouble.

Amongst NCDs, diabetes is the most common among Indian women. Obesity and sedentary lifestyles on a background of poor nutrition and increasing stress have led to a global pandemic of diabesity, and India is right on top! As a practicing diabetologist, the gender differences in diabetes in women are of huge interest to me personally, more so in the light of a huge amount of emerging evidence that diabetes in women is not only under-reported and under-treated, but rather different, distressing, deadlier and difficult. Previous studies of the incidence of diabetes in men and women in India have thrown up mixed results with some finding greater evidence of the disease in women, in North India, and others reporting men in South India as more susceptible. However, a skewed gender ratio as well unequal access to medical care has led to the disease being under reported in women. 17 women in 1000 get diagnosed with diabetes every year in all age groups. At least 50 of the 640 districts studied have high prevalence of diabetes in women (greater than one in 10 among women aged 35-50 years). Not only is the lifetime risk of diabetes in women higher than men, but the huge burden of prediabetes in our country puts these women at an increased risk of progressing to diabetes as they age, especially exposing the younger women in reproductive age group to a high risk of pregnancy-associated complications including gestational diabetes, pregnancy losses, premature deliveries or babies born with congenital anomalies. Furthermore, what makes matters worse is their vulnerability to developing the dreaded complications of diabetes. Menopause brings with it another set of problems including bone health issues- osteoporosis, fractures and depression to name a few.
Similarly, cardiovascular diseases (CVDs) are the leading cause of death among adult women in many parts of India and a major cause of morbidity. Over one crore annual deaths are reported in India and cardiovascular diseases cause 20.3% deaths in men and 16.9% deaths in women. Each year more women die of heart disease than men, yet heart disease and related risk factors are often overlooked in women.

Apart from these, cancer remains the major NCDs and the most common cause of death all over the world. The five most common types of cancer in Indian women account for 47.2% of all cancers. These life-threatening types of cancers can be prevented if detected and treated at an early stage. To ensure that, it is important to go for annual cancer screenings. This would not only reduce the mortality rate but improve the quality of life after undergoing rigorous cancer treatment.

Breast cancer is the most common cancer affecting women in India. It accounts for 27% of all cancers. With 1.3 million new cases diagnosed annually with breast cancer, the NFHS-4 data 2015-2016 shows that only 9.85 of women in age group 15-49 years had ever been subjected to a breast examination, clearly resulting in missing the diagnosis at early stages when it is largely treatable.

Cervical cancer is the second most common cancer found in Indian women. Cervical cancer accounts for about 22.86% of all cancer cases in Indian women. Rural women are at more risk of suffering from cervical cancer than urban women. This is most common in sexually active women. Cervical cancer is most caused due to the presence of Human papillomavirus or HPV, which is a sexually transmitted infection. Other causes of cervical cancer include tobacco use or smoking, AIDS or HIV, poor nutrition, genital infection, giving birth to multiple children, weak immune system, multiple sexual partners, long term use of contraceptive pills. Oral and lip cancer is one of the most common cancers affecting Indian women. It accounts for about 4.3% of all cancers in women in India. About 80% of oral and lip cancer is caused due to tobacco use. Women over the age of 50 years are more prone to get affected by this cancer. Ovarian cancer mostly affects women when they are 35 years old and reaches a peak when they are between the age of 55 and 64 years. Ovarian cancer affects those women who never had children or those who had children after 30 years of age. Moreover, women with a family history of breast cancer, ovarian cancer, HNPCC or Hereditary Non-Polyposis Colon Cancer are susceptible to this cancer. Women with a family history of colon cancer, suffering from inflammatory bowel disease or having polyps in their rectum or colon are more at risk of developing colon cancer. Other causes of colon cancer may include being overweight, having high-fat content foods especially derived from animals, being inactive and smoking. Women between the age group of 40 and 45 years are mostly affected by colon cancer. All these figures clearly highlight the dismal level of awareness as well as screening and early diagnosis of most of these cancers in women, resulting in increased morbidity as well as mortality, underlining the need for more awareness and education as well as screening strategies to improve outcomes.

Mental health and emotional stability are least on the list of priorities when it comes to women’s health. The patterns of psychological distress and psychiatric disorders show clear gender differences as seen by 2-3 times increased
presence of depression, anxiety and unspecified psychological distress. Amongst disability from neuropsychiatric disorders, 41.9% of women suffer from depressive disorders while in men the figure stands at 29.3%, with unipolar depression, predicted to be the second leading cause of disability globally is twice as common in women. A gender bias always leads to hardly any attention given to screening or even treating women for mental health issues, Psychiatric OPD data shows a ratio of one female for every three males attending psychiatry OPD in urban India, essentially due to the greater stigma as well as denial of mental health as a priority when it comes to women.

Therefore, improving access to healthcare services along with education and awareness can be the most important intervention to make women aware of their health needs, and prevent them from becoming easy prey to severe physical, emotional, and mental disturbances. Providing employment opportunities for women will also create a positive impact on women’s health concerns, bringing them more financial independence and improved expenditure and investment on their health. Sensitising the society to the importance of overall health and well-being with a special focus on importance of women’s health can be a great step in addressing most of the identifiable gender-related challenges. Female healthcare providers can play an important role in educating society to recognize their health and nutrition needs as well as addressing not only their female patients but also sensitizing the males and their female attendants. As a woman, I absolutely agree with Hillary Clinton when she says, “I wish we weren’t fighting all the time to protect women’s rights, but to protect women’s health too.”

Awareness regarding contraception and catering to the unmet needs of family planning also needs attention to improve the quality of health. Setting up accountability for providing high-quality healthcare services to women is another critical dimension of women’s rights. Women in 21st century are still facing health related problems because of unawareness and lack of concern or importance. Routine medical tests including regular weight, blood pressure and cholesterol measurement, regular breast and pelvic examination, eye check-up etc. is required to improve their quality of life. Spreading awareness and sensitizing the society to the importance of women health is the need of the hour. After all, women are the pillars of home, society, and nation. Women’s health needs to be at the forefront of any society, like Michelle Obama said in her address “Communities, countries, and ultimately the world are only as strong as the health of their women.”