

WHY WOMEN HEALTH IS CONSIDERED TO BE THE PILLAR FOR SOCIAL SECURITY AND WELFARE SCHEMES

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Introduction

Health and Education are considered to be significant factors in determining any country's economic success rather than being a byproduct of it. Providing the populace with a basic degree of healthcare and ample opportunities of education has emerged as a crucial component of growth. It becomes a more sensitive as well as prominent issue to consider about where health and education facilities are to be texted in regard to females of that country. Over the globe, studies reveal the socio-cultural barriers that keep women and girls deprived from achieving optimal health & education opportunities, and receiving high-quality healthcare & educational orientation encompass unequal power dynamics between men and women; a focus solely on women's reproductive roles; social norms that limit opportunities for education and paid work and the possibility or experience of physical, sexual, or emotional abuse.

A robust macro-economy and sustained development require a healthy & educated populace. In turn, in order to produce enough revenue for health & educational systems, an economically sound economy is required. Only a sound economy can afford such sustainable development expenditures. However, many governments and financial policy-makers have a less favorable opinion of health & education systems spending, even in spite of this mutually beneficial relationship. Although they may be in favor of universal health care, they worry that the cost of healthcare will put a strain on the national budget. WHO is of the opinion that as women and girls face prejudice based on socio-cultural factors in many nations, their health is especially important. It has long been believed that public health expenditure on women's health improves their physical and mental capabilities through illness prevention and proper treatment. Therefore, it is important for women's families, communities, and society at large to improve their health status.

Health is a multidimensional phenomenon

There are three sorts of definitions of health that are in use today. First, being healthy is defined as not having any illness or disability. The second is that a person is considered to be in good health if

they are able to manage all of the responsibilities of everyday living (implying also the absence of disease and impairment). According to the third definition, 'being in good health' means that a person has achieved harmony both inside and between himself and his social and physical surroundings.

Choosing to use one of these meanings or the other has important implications. If the absence of disease is the definition of health, then the medical community is the only one qualified to declare a person healthy. As medical science advances, people who are deemed healthy today can be discovered to be ill tomorrow because increasingly sophisticated investigative techniques may detect symptoms of an illness that was previously incurable. This health paradigm completely ignores about how a person feels about their health. People's perceptions of an individual's conduct and appearance are only important if they align with the abnormality standards established by the medical community. A population's health can also be measured simply by counting the number of people who, upon inspection, exhibit specific symptoms of sickness and contrasting their numbers with those of the non-ill.

The first and second of the aforementioned definitions, as well as their implications, have evident flaws. Some people do not feel sick despite having anomalies that could be considered illness symptoms. Others feel sick and have impaired function even if their bodily tissues do not show any alterations. Some people live well in their communities and may not seek out or receive medical care, yet they may be candidates for mental testing and therapy because they report hearing voices. Many people with peptic ulcers and other illnesses don't aware they have them, don't have any symptoms, and don't seek medical attention for them. Because they perform as predicted for their age and gender in the overall population, some of these people will also elude the second definition of health.

According to the third description given above, a person's level of health is determined by how well-balanced they are both internally and outside. Accordingly, those who have an illness or disability will be deemed healthy to the extent that they are able to achieve an internal balance that allows them to maximize their quality of life even in the face of their disability. In this sense, health would be a quality of human being that endures despite the occurrence of diseases, much like the sky endures despite cloud cover. This definition has the advantage of not replacing a person's health; diseases may impact a person's balance to a greater or lesser extent, but patients with diseases (as well as their doctors) always understand that they must work simultaneously on two tasks: one is to eliminate or lessen the disease, and the other is to establish a state of balance as best they can within themselves

and in relation to their environment.

Women Health defined

In common parlance, the term woman means “*a female of at least fifteen years of age*”. To the surprise, there exists no universally-accepted explanation of women’s health. “Women health can be defined as the field of practice, education and research that focuses on the physical, social, emotional, political and economic well-being of women, and encompasses the women to internal and external world of reality.”(Rupinder Kaur, 2021).

The term "women's health" refers to issues related to women's physical and mental well-being, such as safety, diseases that impact the female reproductive system, and reproductive health. It also covers more general topics like heart disease, social and economic inequality, and the influence of cultural customs on women's health.

“It is the area of medicine dedicated to the diagnosis and treatment of illnesses that have an impact on a woman's physical and mental health¹.”(<https://medlineplus.gov/ency/article/007458.htm>, accessed on 11/2/24)

Hence, the term women health is not a unilateral, neither its effects are in singular, rather, this term has a wide spread and so does its impact is. Its truly said in Indian literature that women is the ‘*Jnani*’ i.e. the one who is blessed with the power to give birth to babies but it is the irony of the globe at large and India in specific that the ‘*Jnani*’ is also trapped in her related health issues some of which are gender/sex specific or are the results of patriarchal system of society.

Objective of the Study

The current study is focused on determining the reasons why any economy focuses on health issues pertaining to women exclusively. Hence, it is prerequisite to identify the reasons what makes the policy makers to raise their concern over the issues related to women health especially when the population is vast and access to health facilities are different.

Review of Literature

Barbara L. Wolfe and Jere Richard Behrman (1984) The researchers demonstrated how welfare is directly correlated with production. Determining and managing health status is crucial for ensuring optimal use of medical resources and for establishing the framework for health-related policy in developing nations. Issues including low earnings, inadequate education and literacy, poor hygiene, and a lack of resources for the home, health care, sewage, power, and so forth contribute to the low

level of health in poorer nations. Even so, development is a requirement to improve a state of low health, but research indicates that even while health is enhanced by advancements in plumbing and sanitation, female labor force participation adversely affects their state of health. Because of the stresses of modern life and the unhealthy eating habits associated with living in urban areas, rising female literacy rates may not translate into significant improvements in their health. As a result, the benefits of education and household resources aren't always felt positively. Prices generally have a greater impact on people living in rural areas than on those in urban areas because of the relatively poorer distribution of infrastructure and health-related facilities. Therefore, many significant characteristics associated with development can have both positive and negative effects on female health, depending on geography and the availability of resources at the place of residence.

Ramesh Bhat (2000) looked at the issues that public-private partnership efforts in the health sector, namely in the state of Punjab are facing. It was discovered that the Punjab government offered financial incentives to private healthcare companies to form partnerships with the government in order to establish specialized hospitals. To entice more applicants, the Punjab Urban Development Authority (PUDA) provided land with subsidies as high as 60%. These kinds of bids were made, but very few bidders showed up, and the purchase fell through. The study found that the main reason the government was unable to persuade the private sector was the absence of appropriate policy creation and rules surrounding the joint venture. It was recommended that the Punjab government create a system to check if the private partners are adhering to the fundamental requirements before launching the public-private partnerships. In addition, appropriate policies that specify the roles of the public and private sectors in these initiatives need to be developed.

2.4.2 Niti Aayog challenges the State's claims on uplifting Human Development Index, efforts seems a futile exercise

Kamlesh Goyal & Kamaljit Singh (2020) The researchers presented the interpretation citing the references from Human Development Index of Punjab and data from Niti Aayog. Further, that in comparison to UTs and other Indian states, the state of Punjab has the 21st-highest literacy rate in 2011. Furthermore, there is a growing disparity in the dropout and literacy rates between rural and urban areas. The latest study from NITI Aayog (2019) reveals that Punjab is at 18, even below Bihar, in terms of quality education at the school level. This research intends to provide insight into the state's declining quality of education over the last few years. Punjab is lower than UP, Bihar,

Rajasthan, and many other states, ranking 16th in the gender empowerment ratio and 26th in the sex ratio. As a result, the state has not become a leader in a number of well-being indicators, such as the rate of literacy, enrollment, sex, birth rate, death rate, and life expectancy (2011). The evidence indicates that the state's development model was unable to incorporate inclusive socio-economic development within the region, so the problem of developing human capital needs to be carefully studied. In fact, the state's prosperity has not trickled down to every segment of society because the rise of economic inequality is a significant obstacle to achieving top spot in the HDI ranking. Indeed, the state of Punjab is experiencing an enormous and growing burden of communicable & non-communicable diseases due to increased health issues, particularly cancer, and rising levels of pollution in the air, water, and land. For the majority of people in the state, these illnesses are now their top health concern. Those between the ages of 35 and 65 are particularly vulnerable to these illnesses, which has caused them to lose productive years. Punjab was formerly renowned for its healthy environment and population, but this is rapidly declining. Punjab was placed fifth among the major states, even lower than Gujrat and Himachal Pradesh, according to NITI Aayog's most recent rating of the health index among all states and UTs (NITI Aayog, 2019). Diseases, especially cancer, have tremendous financial and social consequences on society that are measured in crores of rupees. These include the direct costs to the sick person's family as well as the indirect costs to society as a result of lost output.

Bikash Barman, Jay Saha & Pradip Chouhan (2019) The study aims to identify additional factors that influence the use of Maternal Health Care (MHC) services in India as well as demonstrate the impact of women's education (15–49 years old) on MHC service consumption.

The National Family Health Survey (NFHS)-4, which was conducted on 190,898 women aged 15 to 49 in India in 2015–16, provided the secondary data used for the entire study. The most recent birthing mothers (190,898) have been taken into account in this study. For the calculation of results, Binary Logistic regression has been carried out for the appropriate representation. Six outcome variables have been chosen, with the highest educational level of the respondents serving as the explanatory variable, to illustrate the degree of MHC service consumption in India.

The results of the unadjusted odds ratio (UOR) demonstrate a positive and statistically significant relationship between women's education and their use of MHC services. Specifically, women with higher levels of education are more likely than illiterate women to have at least four prenatal visits

[UOR 6.450, 95% CI (6.223–6.685) & p-value <0.01], to have their first prenatal visit within the first trimester [UOR 2.563, 95% CI (2.458–2.672) & p-value <0.01], an ANC visit conducted by qualified healthcare providers [UOR 9.139, 95% CI (8.624–9.684) & p-value <0.01], to have two or more TT doses [UOR 2.348, 95% CI (2.239–2.463) & p-value <0.01], to be delivered in a health facility [UOR 14.64, 95% CI (13.63–15.73) & p-value <0.01], and to receive PNC within 42 days of delivery [UOR 1.361, 95% CI (1.024–1.808) & p-value < 0.01].

The adjusted odds ratio (AOR) was lower than the unadjusted odds ratio (UOR), suggesting that other factors—caste, religion, wealth index, place of residence, exposure to mass media, and maternal age—that have been controlled for in the adjusted odds ratio have a significant impact on the use of maternal health care services, aside from education.

Before discussing the governmental initiatives taken for the upkeep and provision of better health facilities to the women, it is necessary to have an idea why is it so important to be concerned about women health. The subsequent paragraphs discuss the types of ailments or health issues that can affect women health.



Fig 1 : Women health is a multi-dimension term and is discussed in various horizons in medical field specifically and also in common

A. Illnesses or ailments specific to women or a subset of women

“Women spend 25% more of their lives in debilitating health than men, according to a report from the World economic Forum and the McKinsey Health Institute. Also, the women health gap includes

a persistent data gap with women being under-diagnosed for certain conditions compared to men.”

(<https://www.weforum.org/agenda/2024/06/womens-health-gap-healthcare/>, accessed on 12.1.24)

Such quotes are really stunning! One of the underlying reasons for determining the true status of women health is that particular illness or ailments are specific to women or a subset of women. For example, the women may suffer from breast cancer or and gynecological issues which men cannot due to the obvious biological differences. Similarly, prostate cancer is not a subject of concern for women health anyway. The dearth to study deep in this regard is the issues related to the origin, reason and cure of such gender specific diseases. In context of breast cancer, “the northern and southern regions of India exhibited the highest burden in the country, with 685.5 and 677.6 DALYs per 100,000 women, respectively. Central India followed closely with a breast cancer burden of 635.5 DALYs per 100,000 women, while other parts of the country depicted a lower burden.” Discussing the “Age” as strata to indicate, in 2023, particularly for a nation as large and diverse as India, the population pattern differs throughout its many areas. Therefore, if one looks at the cancer data on a more age-uniform level, they differ amongst the states. The top cancer states with the greatest age-standardized incidence of the illness are – Meghalaya followed by Mizoram, then, Assam, Arunachal Pradesh, Delhi and Haryana as per the report published by Dr. **Arvind Kumar (2023)**^a. (This component adjusts for age differences in the state population structures and compares the number of cancer cases over time between various states.) *Age standardization provides information for a consistent age structure, but it does not directly indicate the number of cancer cases.* (<https://drarvindkumar.com/blog/top-10-cancer-states-in-india-2023-cancer-statistics-in-india.phpl>, accessed on 24/1/24)

1. Illnesses or ailments more common in women

While many disorders affect both men and women, many health issues are more common and have a greater effect on women. Moreover, the majority of medication trials do not include female test subjects, therefore many women's health issues remain undetected. However, many health issues are exclusive to women, such as menopause, pregnancy, breast and cervical cancer. **Jeffery (2021)** concluded in his study that compared to men, women die from heart attacks at a higher rate. In female patients, anxiety and depression are more common. Sexually transmitted infections can affect women more severely than men, and urinary tract disorders tend to affect them more frequently.

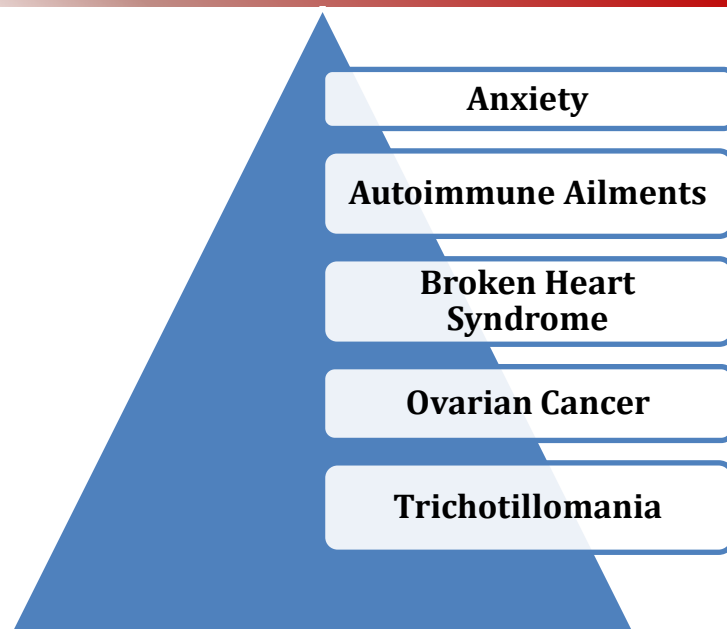


Figure No.2 : A few examples/types of illnesses or ailments more common in women

Anxiety

In their lifetime, anxiety disorders are twice as likely to be diagnosed in women as in males. (<https://www.news18.com/viral/new-study-reveals-indian-women-significantly-more-stressed-than-men-8972554.html>, accessed on 15/08/24). While occasional worry is common among all people, an anxiety disorder is severe, ongoing, and has a detrimental effect on day-to-day functioning. Generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), panic disorder (PD), post-traumatic stress disorder (PTSD), and social anxiety disorder (SAD) are the five most prevalent anxiety disorders.

Autoimmune Ailments

Over 75% of patients with autoimmune diseases—of which there are over 80—are female (**Ellie Dolgin, 2024**). When the body's immune system overreacts and unintentionally targets its own healthy cells, autoimmune disorders result. Numerous autoimmune conditions include multiple sclerosis, lupus, rheumatoid arthritis, celiac disease, and Type 1 diabetes. Maintaining good health in the event of an autoimmune disease requires proper diet.

Broken Heart Syndrome

A transient cardiac ailment known as "broken heart syndrome" resembles a heart attack. Stressful circumstances, strong emotions, surgery, or a major physical injury are frequently the causes of it.

Usually abrupt and intense, the stress can be either physical or emotional, and the excessive amount of adrenaline created in response causes the heart muscle to weaken rapidly. Women are more likely than males to experience broken heart syndrome, according to the American Heart Association.

Trichotillomania

Though the condition is not as well-known by that term, trichotillomania is an impulse control problem characterized by head, lashes, and eyebrows of a person. Dermatillomania, its sibling disorder, is characterized by excessive skin picking that can result in bleeding, uncomfortable sores, and even infections. It also affects women at a significantly higher rate of 75%. The two circumstances recurrent hair pulling. While it affects boys and girls equally, 80–90% of those who experience it as adults are women. (Mary Sweeney, 2023) It can result in bald patches on the frequently coexist. Treatment is an option for some significant illnesses.

Ovarian Cancer

The walnut-sized ovaries, which are found on both sides of the uterus, are the first site of ovarian cancer. Since only women have ovaries, this type of cancer can only occur in women. Cancer can damage any of the complex cells within the ovaries. Often, until the cancer has moved outside of the ovaries, signs of ovarian cancer are not evident. Even in that case, the symptoms are often nonspecific and resemble those of other more prevalent illnesses. The first step in diagnosing ovarian cancer is to speak with your healthcare practitioner. Your health history, symptoms, risk factors, reproductive history (including whether you have ever been pregnant), and family history of disease are all things he or she will interview you about. You'll have a physical examination from your healthcare practitioner as well.

2. Serious diseases or conditions that affect women or a subgroup of women

This type of problem in women health is no new to the people but there is a peculiar feature with this phenomena that list of issues falling under this category is incremental. The previous also persist and the new gets added. Such diseases or conditions emerge with something newer in the environment. Such a new float is IPV (Intimate Partner Violence).

IPV is a significant public health issue that affects women both domestically and internationally, and the health system must play a significant role in addressing it (World Health Organization (WHO), 2021). During the Covid-19 pandemic, there was a rise in this kind of domestic violence against

women, and perceptions around domestic violence affected its occurrence and reporting during lockdown periods (**Saravana Ravindran and Manisha Shah, 2020**).

Seetha Menon (2023) demonstrated a cause-and-effect relationship between women's IPV and hypertension, indicating that "the hidden health burden of domestic violence is likely to be higher than previously thought."

Numerous investigations have looked into the variables affecting the likelihood of IPV. For instance, **Gaurav Dhamija & Punarjit Roychowdhury (2018)** discovered a significant inverse relationship between the age of a woman upon marriage and the severity of IPV, both mild and severe. Furthermore, these two researchers again showed in **2022** that IPV is more likely when there is a breach of hypergamy, or when the wife's economic level is either higher or equal to her husband's. A significant portion of IPV research has looked into the connections between male partners' alcohol usage. Using the state of Bihar as an example, where alcohol sales and consumption were completely outlawed in 2016, **Sisir Debnath, Sourabh Paul, and Komal Sareen (2023)** found that married women were less likely to face domestic abuse.

3. Illnesses or ailments for which women or a subset of women have distinct risk factors

Cervical and ovarian cancers can affect anyone with a cervix and ovaries, similarly to how prostate cancer may affect someone having a prostate. Men, women, transgender individuals, and non-binary persons can all identify as having these reproductive organs. Certain illnesses are more common in women than in males, for causes that are both known and unknown, although certain ailments affect both sexes equally. Certain conditions exhibit a sex bias, meaning that one sex is more likely than the other to experience them. However, multiple factors, including genetics, hormones, physiology, and behavior, may be involved. The diseases that provide the highest risk to health among those that manifest more frequently in women are revealed by various studies over the globe.

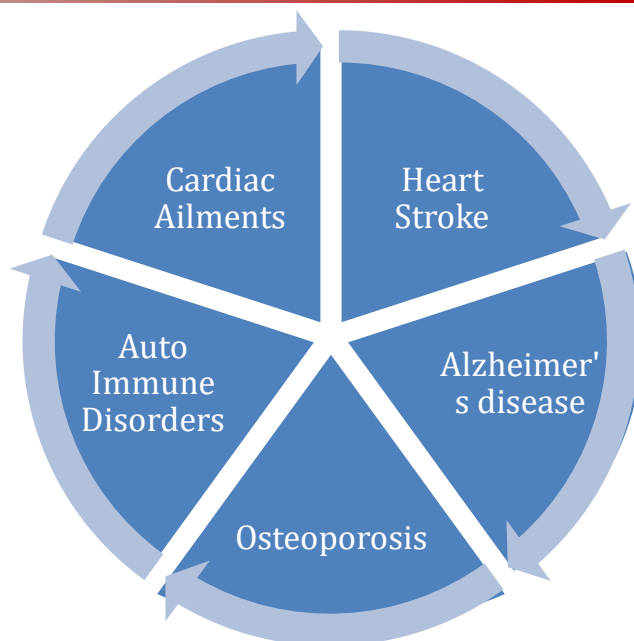


Figure No. 3- depicting the illnesses or ailments for which women or a subset of women have distinct risk factors

Cardiac Ailments

Heart disease is the leading cause of death for women, often due to missed or delayed diagnoses. Women present differently, after all. Males and females are almost equally affected by the illness, despite the fact that it is thought to be more common in men. In the words of **April Rosalez**, "Gender puts men at a higher risk percentage when looking at the factors most commonly used in the medical field to calculate heart disease risk, which may be part of the reason why our guard is lowered," It's also possible for women to experience symptoms unrelated to a heart attack. Similar to men, chest pain or discomfort are the most typical symptoms in women experiencing a heart attack. In addition, women may have dyspnea, exhaustion, pain in the abdomen, back, and jaw, nausea, perspiration, and trouble falling asleep.

Heart Stroke

Every year, strokes claim the lives of more women than men. Everybody is susceptible to some stroke risk factors, such as smoking, high blood pressure, high cholesterol, and family history. However, there are some particular reasons why women experience stroke at a higher rate than men, such as: being pregnant, using birth control tablets, hormone replacement treatment and recurring migraines are cited of the main.

Auto Immune Disorders

The immune system attacking and damaging one's body's own tissues is the cause of autoimmune illnesses. Normally, the proteins known as antibodies that your immune system produces serve to shield you from dangerous substances including poisons, cancer cells, and viruses. However, your immune system becomes unable to distinguish between invaders and healthy cells if you have an autoimmune condition. There are about a hundred different kinds of autoimmune illnesses, and the treatment for them mainly consists of lowering immune system activity. "A combination of sex hormones, environmental factors, and having two X chromosomes is thought to be the reason women are more affected by autoimmune illnesses than men, but the answer is still being explored". But the science doesn't know that certain autoimmune disorders are directly impacted by estrogen, progesterone, and other pregnancy hormones, both in terms of their development and aggravation. Because testosterone possesses suppressive qualities, it is believed that men are less vulnerable.

The most prevalent autoimmune disorders affecting women include multiple sclerosis, rheumatoid arthritis, thyroid, psoriasis, and lupus.

Osteoporosis

The bones of human body deteriorate as a result of the disease osteoporosis, increasing the risk of fractures or other injuries. A study reveals that out of the estimated 10 million Americans with osteoporosis, about 80% are female. Compared to men, women have smaller, thinner bones and less bone tissue at birth. "Estrogen protects women's bones for most of their lives by blocking a substance that kills bone cells. Yet, menopause causes women to lose bone mass as a result of estrogen loss." Genetics, cancer therapy, and several drugs are additional risk factors. In order to mitigate these risks, it's critical to consume enough calcium, engage in weight-bearing activity, abstain from smoking, and limit alcohol consumption.

Alzheimer's disease

Alzheimer's disease affects women approximately twice as frequently as it does males. Initially, the explanation could seem to be because women often live longer, but some research indicates that distinct biological factors might also play a role in the development of these changes in the brain.

4. Illnesses or ailments for which women receive different treatments

The area of medicine known as women's health is dedicated to the diagnosis and treatment of illnesses that have an impact on a woman's physical and mental health. A vast number of specialties and focus areas are included in women's health, including: birth control, gynecology, STIs, ovarian cancer, breast cancer, and other female cancers; mammography; menopause; and hormone therapy. Osteoporosis, childbirth and pregnancy, sexual well-being, heart disease and benign disorders that impair the reproductive functions of women are some of the areas of particular concern and only a woman can receive the treatment, if required.

Also, a special care and screening is required for prevention of female-specific ailments. It may include routine gynecological examinations, which may comprise of breast and pelvic examination; HPV testing and Pap smears; testing for bone density; screening for breast cancer ; conversations regarding colon cancer detection and vaccinations according to age.

Concluding Remarks

It is apparent from the discussion cited above that it is much necessary for the policy makers to dig deep into the issues related to female health because the types of ailments or diseases they are prone to , differs from woman to woman. Moreover, this variety of diseases make them prone to live an unhealthy life, which can be easily tackled by introducing the social reforms for the females of the society especially those who could not afford the treatment of such diseases.

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