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INSTITUTE FOR CONTEMPORARY STUDIES

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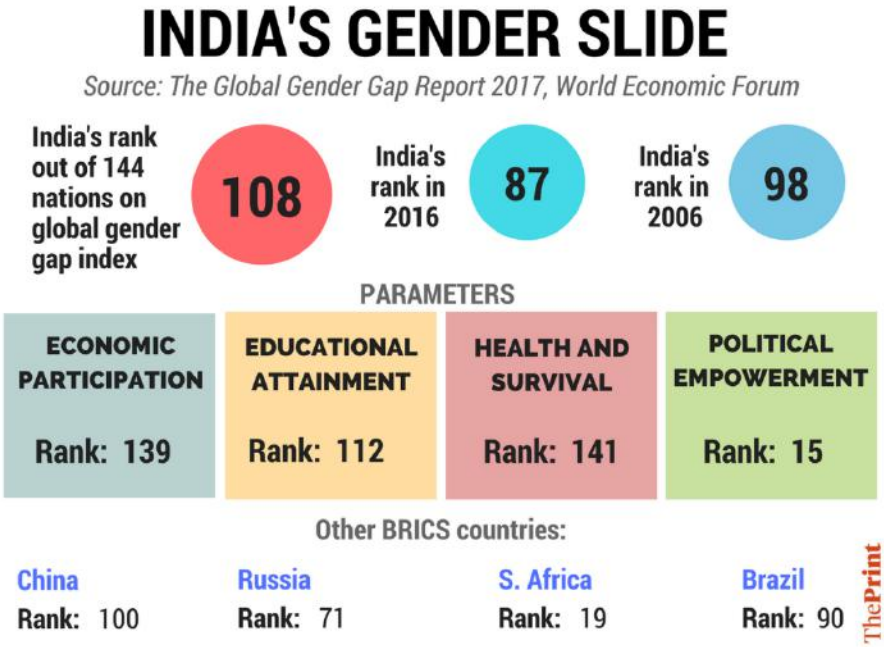
COVER STORY

Women's Healthcare: Policy Options

Introduction:

India ranks 141 on the health and survival index as per the recently released Global Gender Gap Report 2017, which benchmarks gender gaps in 144 countries on economic, political, education and health-based criteria. The Ministry of Health and Family Welfare, in its National Health Policy, states that women in India have to face numerous health issues, which ultimately affect the aggregate economy's output. Addressing the gender, class or ethnic disparities that exist in healthcare and improving the health outcomes can contribute to economic gain through the creation of quality human capital and increased levels of savings and investment. With this objective, the parliamentary committee on empowerment of women headed by Smt Bijoya Chakravarty was constituted on 1st September 2017 to look into the malaise of women's healthcare in India. It studied the various policy options for women introduced by the government and their shortcomings, and suggested measures to plug gaps between policy strategy and implementation. The committee strived to identify and address gaps in policy making, barriers in accessibility of health care by women and other issues that plague the health care institutions in this country. It was presented to both the houses of Parliament on 3rd January 2018.



Although the ministry has clarified measures taken under the National Health Mission (NHM) such as free drugs and free diagnostic services, focus on grievance redressal services, focus on non-communicable diseases, provision for recruitment of contractual manpower etc, the committee has highlighted the need for greater focus on women's healthcare. The terms of reference include healthcare management, growing burden of lifestyle diseases, huge paucity of human resources in health sector as well as continuing high pocket expenditure and low government spending on healthcare options that hinders access to healthcare services for women. By reviewing the status of women's healthcare in the country, the committee aims to find ways and means to empower them in terms of access, availability and affordability of healthcare facilities.

Areas of concern

The committee, in its report, focuses on the following major areas relating to women's health-

1. Infant and maternal mortality rates

Despite significant improvement in maternal health care, India still records a national average of 167 maternal deaths per 10,000 as per NITI Aayog report. The Committee report analyses the policy options available to pregnant women and mothers, and highlights the lacunae that still exists in availability and accessibility of these options.

Janani Suraksha Yojana was launched in 2005 with the objective to reduce maternal and infant mortality by providing cash assistance to pregnant women, especially poor women and women from weaker sections of the society. Janani Suraksha Yojana (JSY) is especially focused on Empowered Action Group (EAG) States as the committee recorded that these States together account for 69% of infant deaths and 87% of maternal mortality. The Ministry has been asked to clarify regarding the facilities available under the scheme and the Ministry provided the following details-

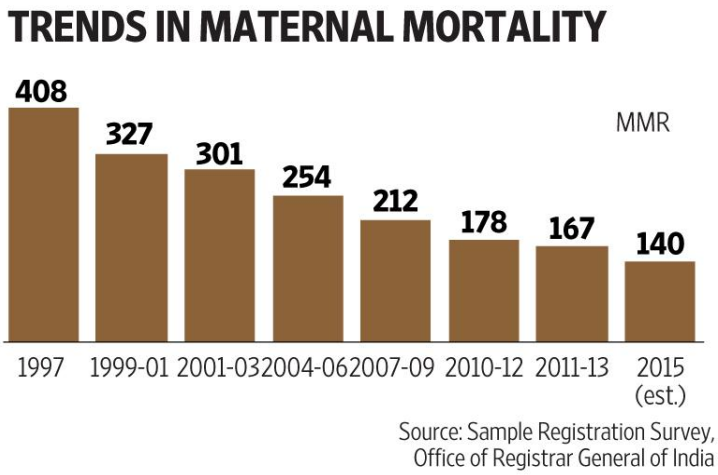
- The Ministry of Health and Family Welfare have emphasised on the criticality of First Referral Units (FRUs), under JSY, to improve access to emergency obstetrics care, reduce maternal mortality and address the plethora of healthcare issues that plague women. Under **NHM**, the Committee have been informed, flexibility has been provided to the States for operationalisation of FRUs (First Referral Units).

- Maternal Death Review (MDR) is being implemented across the country, both at facilities and in the community. Its purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.

- A new initiative, "Prevention of Postpartum haemorrhage (PPH) through community based advance distribution of Misoprostol" by ASHAs/ANMs has been launched for high home delivery districts to prevent maternal deaths.

- The Ministry clarified that operationalization of Safe Abortion Services at health facilities with a focus on “Delivery Points” is a priority. For operationalization of these services, the ministry is providing necessary funds to the states for procurement of drugs, equipments and for capacity building of service providers, including training of health functionaries in SBA (skilled birth attendants) birth companion, use of Partograph, guidance note on induction and augmentation of labor and Dakshata for provision of ante partum, intra partum and post-partum care to pregnant women.

- Funds were given to states for the strengthening of labor rooms, Obstetric ICU and HDU. The Committee enquired as to why drivers are not employed for ambulances that are lying idle in rural and remote areas and pregnant women are deprived of the services when they need them the most. The Ministry informed the Committee that the responsibility of recruiting the ambulance drivers rests with the state governments.



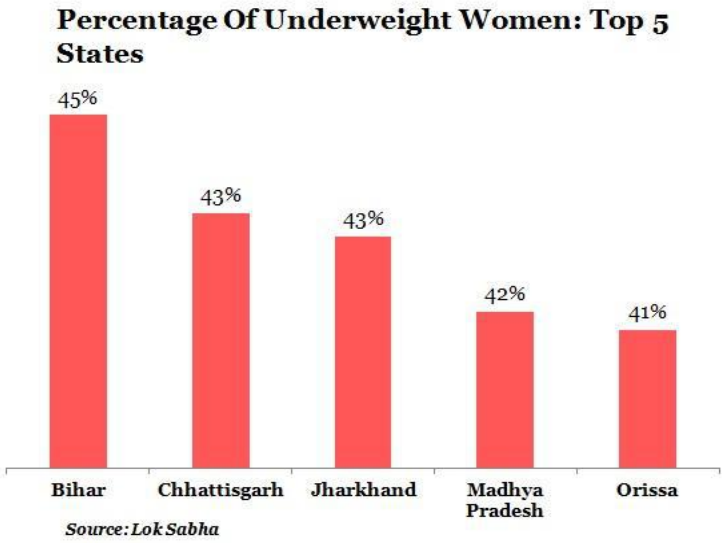
Another scheme that was highlighted by the government is the provision for insurance coverage available to pregnant women. **Rashtriya Swasthya Bima Yojana** provides cover for hospitalization expenses upto Rs. 30,000/- for a family of five on a floater basis per year. Transportation charges are also covered upto a maximum of Rs. 1,000/- with Rs. 100/- per visit, per year. The maternity benefits are covered under RSBY which includes both normal and caesarean deliveries. All expenses related to the delivery of the baby in the hospital are covered and hospital cost will be reimbursed by the insurer.

The Committee also looked into the functioning of the Centrally Sponsored Conditional cash transfer scheme, **Indira Gandhi Matritva Sahajog Yojana (IGMSY)**, for pregnant women and lactating mothers in October, 2010. The scheme has now been rechristened as **Maternity Benefit Programme (MBP).** The scheme creates better enabling environment by providing cash incentives for improved health and nutrition to pregnant and lactating mothers. The scheme is being implemented using the platform of ICDS and the focal point of implementation of the scheme is Anganwadi Centre (AWC) at the village. The scheme

covers pregnant women of 19 years of age and above for first two live births and all the government employees are excluded from the scheme

2. Malnutrition

National Family Health Survey – 3 indicates that 35.6 per cent of Indian women are chronically undernourished, with Body Mass Index (BMI) lesser than the cut-off point of 18.5. Data from Bihar and Madhya Pradesh shows that girls represent up to 68 per cent of the children admitted to programmes for the severely malnourished. Similarly, 55 % women in India are anemic as compared to 24% of men.



While looking into the issue of tackling malnutrition, the Ministry stated that **Integrated Child Development Services (ICDS) Scheme** was introduced to arrest the rising number of malnutrition cases. ICDS is a centrally sponsored flagship scheme of the Government of India implemented by the State Governments/UT Administrations with the objectives: i) to improve the nutritional and health status of pre-school children in the age-group of 0-6 years; ii) to lay the foundation of proper psychological development of the child iii) to reduce the incidence of mortality, morbidity, malnutrition and school drop-out iv) to achieve effective coordination of policy and implementation amongst the various departments to promote child development and (v) to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education. The Ministry also specified that supplementary nutrition to pregnant women & lactating mothers and children below six years is now a legal entitlement under the National Food Security Act.

The other scheme that was mentioned is the '**Sabla' scheme** and its effect on reduction on malnutrition among adolescent girls. It was put forth that the nutrition component of the scheme aims at improving the nutritional and health status of young adolescent girls. The government contends that 'Sabla' will make AGs (action groups) self reliant by facilitating access to learning, health and nutrition through various interventions under the scheme. This will contribute to bring down the high levels of anaemia, improve maternal mortality rate, reduce child marriages, break the inter-generational cycle of malnutrition, mainstreaming out

of school girls to school system, skill up gradation and enhance the self esteem of the action groups

3. Role played by ASHA

ASHAs are trained community health activists and are a key component of the National Rural Health Mission under National Health Mission. ASHAs are selected from the village itself and work as a link between community and public health system. As far as major problems faced by ASHAs (Accredited Social Health Activists**)** are concerned, the Ministry cited the following:-

i. Training of ASHAs across most states is rendered ineffectual owing to inconsistent training mechanisms such as availability of trainers, infrastructure and equipment. The recently launched initiative of certification of ASHAs would accredit all components of ASHA training – trainers, curriculum, sites and ASHAs. This would enable the states to standardize the training process.

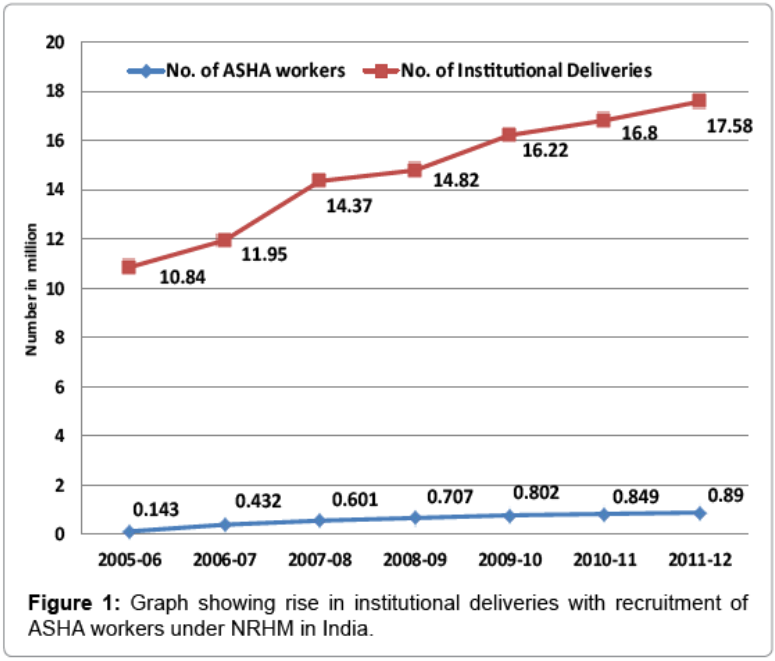


Figure 1: Graph showing rise in institutional deliveries with recruitment of ASHA workers under NRHM in India.

ii. Out of stock drugs and NBHC equipment is an unresolved issue across all states. In 2013, MoHFW suggested that the replenishment of ASHA drug kits should be done at the SHC/ PHC level. Replenishment of Home Based Newborn Care (NBHC) kits is supported by the NHM.

iii. Delay in payments of incentives, especially for activities related to Revised National T.B. Control Programme (RNTCP) and National Vector Borne Disease Control Programme (NVBDCP). To rectify it, MoHFW has taken a policy decision to include ASHA payments under PFMS . It is an ongoing process in most states as of now.

4. Mental Health

Most Government hospitals in the country have general hospital psychiatry units. Some centres have dedicated services for women in pregnancy and the postpartum period. Some government hospitals have trained staff to hand psychological problems related to sexual and physical abuse. As part of Occupational and Industrial health programs, the departments of psychiatry, clinical psychology and psychiatric social work run training for HR departments of various organizations to enhance the mental health of employees and improve referrals to psychiatrists. Special de-addiction facilities for women are available at NIMHANS and AIIMS de-addiction facilities. The Indian Psychiatric Society has constituted a

task force on women's mental health and maternal mental health which has members from Government hospitals and medical colleges to enhance these services.

The Committee, during the examination of the subject, expressed their concern for the rescue, treatment and rehabilitation of seriously mentally unsound women who are abandoned or driven out of homes and also about their safety and security from sexual harassments and other exploitations. The Ministry told the Committee in response that the police as well as women and child welfare department in most states work closely with each other to help women with mental illness who have been abandoned or sexually assaulted.

Challenges to women's healthcare:

The committee has identified the major challenges that need to be addressed to plug critical gaps that plague the various policy options, for efficient healthcare policy formation and implementation. These are as follows.

a) **Centralisation of policy planning** : India is a geographically vast country with massive social and economic disparities. The policies are framed at the National level, keeping in mind the various national and global goals and commitments that need to be adhered to. However, governance and implementation capacities to manage large health care programmes vary across states.
b) **Growing burden of lifestyle diseases** : In addition to the communicable diseases, there has been an increasing burden of non-communicable diseases (NCDs) on the country. The study on state burden of diseases, as part of the global burden of diseases (GBD) suggests that the share of non communicable diseases in India is higher than that of communicable diseases and injuries. Women are more vulnerable to falling ill and this gender disparity exists all over the country.
c) **Huge paucity of human resource** : There is a huge shortage of trained professionals for providing healthcare services, compounded further by large inter-state and rural–urban variations is a continuous and complex challenge. The situation is especially worse in rural areas, where there is a severe lack of primary healthcare providers, which impacts maternal health.
d) **High Out of Pocket Expenditure** : India has the highest OPE among the BRICS nations. The 71st round of NSSO data reveals that in the event of illness, around 70 percent of people get treated at private healthcare institutions, which is more expensive as compared to public hospitals. Low government spending on healthcare aggravates the situation and continues to hinder access to healthcare services by women.

Analysis

The Committee after detailed inspection of the working and accessibility of the women health care system in the country and the various schemes available within it, highlighted loopholes that plagues health institutions in the country.

- **Synergy between the central and state policies**: The Committee noted that synergy between the central and state policies will bring changes in women's healthcare. For example, the Committee observed that transportation of expectant mothers to the nearest

delivery points still remains a hard task due to difficult geographical terrains, lack of transportation facilities, security threats etc. The Committee recommended that the central government must collaborate with states to build 'pre-delivery hubs', preferably close to the delivery points to take care of such transportation issues. Such hubs would also help reduce the out-of-pocket expenses of poor and marginalised families and reduce maternal deaths.

- **Functioning of Rastriya Swasthya Bima Yojana**: The Committee noted the following issues with RSBY's implementation: (i) exploitation of poor beneficiaries at the hands of private hospitals empanelled under RSBY (in the form of avoidable surgeries, wrong diagnosis, etc.), (ii) low enrolment percentage of households under RSBY indicating lack of awareness among the targeted population, and (iii) varied feedback with regard to quality and accessibility of hospitals. The Committee recommended a mechanism for oversight across all the districts in the country where RSBY is implemented. The Committee recommended that data pertaining to RSBY be made freely available on public platforms.

- **Demand for Accredited Social Health Activists (ASHA)**: ASHA workers play an essential role in tracking the health of pregnant women at the village level and help them avail provisioned benefits. They aid the grassroot implementation of the government's health programmes. However, the Committee noted that ASHA workers across the country do not have fixed wages and consequently, they have demanded a fixed wage component within their remuneration in many states. In this context, the Committee recommended a proposal for assured monthly wages of not less than Rs 3,000. Further, prevalence of issues regarding the training of ASHAs such as dearth of competent trainers, infrastructure and equipment remains a problem that needs to be addressed.

- **Need for food fortification**: The Committee observed that the government has focused on increasing the availability of food alone, rather than ensuring nutritional aspects of it through approaches like food fortification. The Committee recommended that fortification of cereals with iron must be taken up with priority as it does not alter the quality and nature of foods, can be introduced quickly, and produce nutritional benefits for populations in a short period of time.

- **Mental health of women:** The Committee noted that due to societal stigma and ignorance, mental illnesses suffered by women fail to get recognised. In this regard, the Committee recommended creating awareness and providing possible remedies to help de-stigmatise mental health issues

Conclusion:

Since the passing of the National Policy for Empowerment of Women in 2001, significant strides have been made by India in terms of comprehensive policies for advancement of health care for women. The Committee in its report have provided a detailed summary and analysis of the various available options for women in the field of healthcare and flagged out issues that require in-depth focus to uplift the status of women's health especially in rural areas. Several measures have been taken and policies introduced to advance accessibility

of health care options to women but disproportionate share of budget between centre and state, poor implementation, lack of focus on niche areas of healthcare like mental health have contributed to making the success of these initiatives limited. Thus, for translating policy framework into tangible results, specific strategies have to be developed for implementation of these policies with equal focus at the national, state and local government level. An action plan or a ministerial committee to monitor the developments will also ensure targets in health care are achieved and are not limited to policies on paper.

References:

1. Report on Women's Healthcare: Policy Options presented by Committee on Empowerment of Women to the Lok Sabha available at http://164.100.47.193/lsscommittee/Empowerment%20of%20Women/16_Empowerment_of_Women_11.pdf
2. PRS summary on Report on Women's Healthcare: Policy Options presented by Committee on Empowerment of Women available at http://www.prsindia.org/administrator/uploads/media/Report%20Summaries/Report%20Summary_empowerment%20of%20women.pdf
3. NITI Aayog report of mortality rate available at http://niti.gov.in/content/infant-mortality-rate-imr-1000-live-births
4. State statistics by NITI Aayog

EQUALITY

Beti bachao working? 79% women, 78% men in India want a daughter

Mirror Now Digital, Mirror Now

According to the National Family Health Survey (NFHS) data, around 79% of women aged 15 to 49 and 78% of men in the 15 to 54 age group in the country wish to have at least one daughter. The proportion of those wanting a daughter has risen from the 2005-06 NFHS survey in which 74% of women and 65% of men had said they wanted one. Despite this trend, there remains a preference for sons. More rural women (81%) than urban (75%) want one daughter; this proportion is higher (85%) in women who have no education compared to women who have passed Class XII (72%)," says Radheshyam Jadhav. In fact, men and women from the scheduled castes, scheduled tribes, people following the Islamic faith and those from the lower rungs of the economy who are keener to have a girl child.

Read More:
http://www.timesnownews.com/mirror-now/society/article/girl-child-india-women-rights-beti-bachao-padhao-0/191664
Date Accessed: 28.01.2018

Menstruation Bill is necessary for gender equality in workplace, striking balance between health and career

Ninong Ering and Abhishek Ranjan, Firstpost

The Menstruation Benefits Bill, was tabled as a private member Bill this Winter Session, that seeks to provide women working in the public and private sectors two days of paid menstrual leave every month. The benefits are also being extended to female students of Class VIII and above in government recognised schools. The Bill also seeks to provide better facilities for rest at the workplace during menstruation. The proposed Bill is a result of the rising demands across India to amend labour laws in order to provide better working facilities to female employees. Besides, there have been demands to provide intermediate breaks during menstruation on working days and facilities for rest at the workplace in India. According to a research University College London published earlier this year, period pain can be as "bad as having a heart attack". Given the biological complexity of women and the intense pain they have to suffer, they should have the right to avail leave during menstruation.

Read More:
http://www.firstpost.com/india/menstruation-bill-is-necessary-for-gender-equality-in-workplace-striking-balance-between-health-and-career-4296599.html
Date Accessed: 28.01.2018

Making India better for women should be as important as ease of doing business, says Economic Survey

Scroll Staff, Scroll.in

The Economic Survey 2017-18, tabled in Parliament today proposes that India should also prioritise gender equality as much as it is committed to moving up on Ease of Doing Business rankings. "Just as India has committed to moving up the ranks in the ease of doing business indicators, it should perhaps do so on gender outcomes, as well," the Economic Survey said. "Here, the aim should be broader. Many of the gender outcomes are manifestations of a deeper societal preference, even meta-preference for boys, leading to many 'missing' women and 'unwanted' girls." The survey's cover is pink this year as a symbol of support for "the growing movement to end violence against women, which spans continents", the preface says.

Read More: https://scroll.in/latest/866799/making-india-better-for-women-should-be-as-important-as-ease-of-doing-business-says-economic-survey
Date Accessed: 28.01.2018

DEMOCRATIC PARTICIPATION

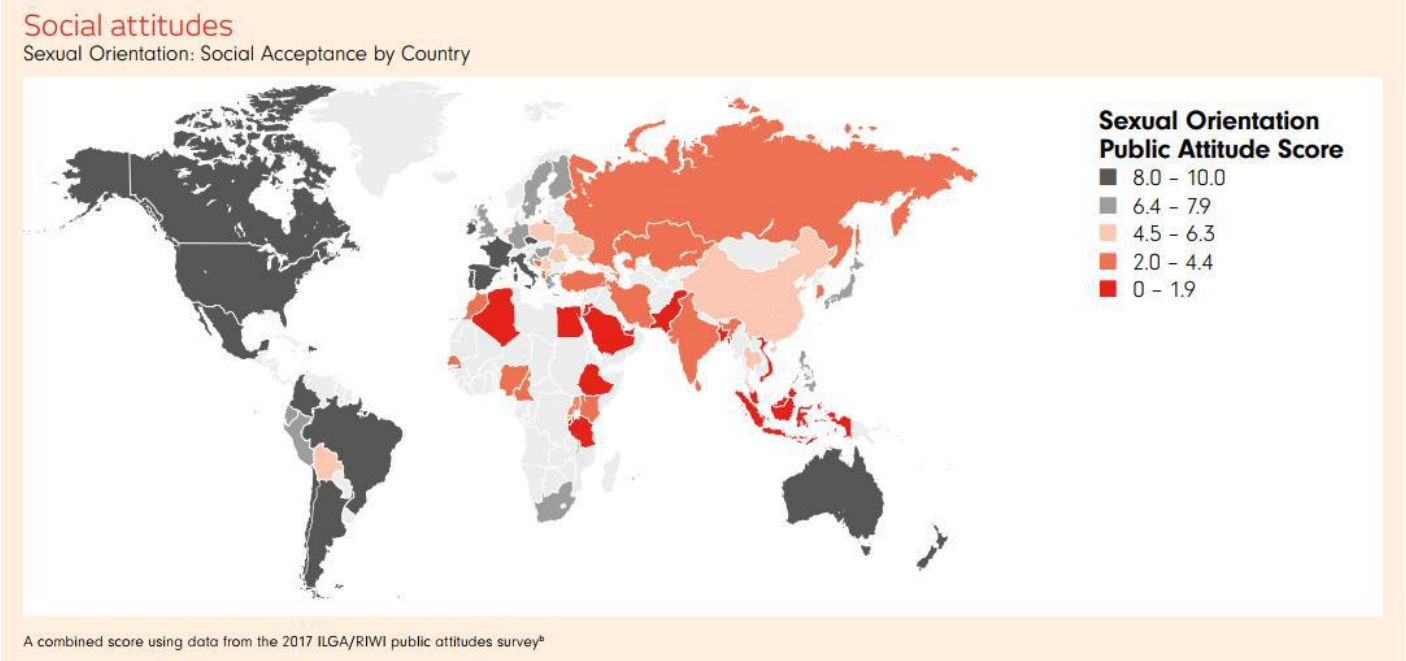
Despite Laws, Companies in India LGBT-Friendly

Sharif Rangnekar, The Wire

The recently released 'Open for Business' report notes that despite India's heteronormative legal system, several businesses in the country are making a difference. The report identifies new leaders that are open to the community in the Asian region – many being from India – who are focusing on how to make workplaces safer and more inclusive for the LGBTQ+ community. The report further highlights that world over, a large section of the LGBTQ+ community – 83% by one estimate – is forced to 'cover' their identity in workplaces, which takes "considerable effort and creates stress" since "individuals divert attention from their core tasks, and waste energy worrying about discovery and its consequences." This, in turn, results in low motivation and productivity. By one estimate, around 40% of the working gay community has claimed that they have been harassed at their workplace, indicating how much more there remains to be done for the community to feel safe when at work.

Read More: https://thewire.in/218412/despite-laws-companies-india-lgbt-friendly-finds-open-business-report/

Date Accessed: 29.01.2018



Source: https://www.open-for-business.org/wp-content/uploads/2018/01/BRU2_0558_OpenForBusiness_180123-1.pdf

VIOLENCE AND SAFETY

How Violence against Women in India can be Stopped by Training Police Officers

Sunita Toor, The Wire

Started in 2016, 'Justice for Her' is a collaborative project headed by Sheffield Hallam University's Helena Kennedy Centre for International Justice, which has been working with the Indian police across states of Delhi, Haryana, Madhya Pradesh and Punjab to improve access to justice for women and girl victims of violence. It has since developed training programmes for police officers and lawyers – these programmes include role plays, group discussions, lectures, etc. that aim to equip state actors to deliver appropriate support and protection to women victims with adequate focus on empathy. According to the author, part of the project also included senior Indian police officers visiting the UK to get exposure to the British police strategy in tackling gender violence. This later resulted in the MP state police force committing to open 51 one-stop victim support centres for women – similar to those seen in the UK.

Read More:
https://thewire.in/217322/violence-women-india-training-police-officers/
Date Accessed: 29.01.2018

Government Denies Marital Rape Occurs, National Survey Shows 5.4% of Married Women Are Victims

Anoo Bhuyan, The Wire

According to the latest National Health and Family Survey (NFHS-4) for 2015-16, 5.4% women have experienced marital rape, under category of spousal violence which the Indian government records data for. But while the data on marital rape in India exists, the existence of marital rape is being contested in the Delhi High Court , where petitions seeking its criminalisation are being heard. Moreover, on behalf of the Union government, the Women and Child Development Ministry claims that the crime and the very idea of it "cannot be suitably applied in the Indian context". India's parliamentarians did not view marital rape as a crime, according to them, "it does not exist". The highest form of non-sexual violence as reported comes from men slapping women, 25% of women surveyed said they have been slapped. Sexual violence of course gets progressively worse if the husband is an alcoholic, 66% of married women experienced physical or sexual violence when "husband gets drunk often".

Read More: https://thewire.in/212960/indian-law-denies-marital-rape-exists-5-4-married-indians-claim-victims/
Date Accessed: 28.01.2018

Source: https://www.youtube.com/watch?v=V0lW0fZkCFU

EDUCATION AND HEALTH

More Women in India Drop Out of PhD in Sciences than Men, reveals Survey

IANS, The News Minute

The All India Survey on Higher Education (AISHE) 2016-17 report, recently released by the Ministry for Human Resource Development, underlines some problematic trends in higher education in India. As per the survey, while PG courses in science see more or equal number of women as compared to men, the experience with PhD courses is completely opposite. For instance, out of 6,786 students who enrolled themselves for a Ph.D in chemistry, 61.93% were men while only 38% were women. The same course, however, saw an enrolment of 43.7% men and 54.3% women at the PG level. The disparity was the starkest in the "Engineering and Technology" stream, with 91.3% enrolling themselves for a PhD in the mechanical engineering programme. The figures for language streams were different: 57.7% women were enrolled in PhD in English, while 60% were enrolled in PhD in French.

Read more:
https://www.thenewsminute.com/article/more-women-india-drop-out-phd-sciences-men-reveals-survey-74491
Date accessed: 29.01.2018

Why Institutional Delivery in India Is a Nightmare for Women

Surbhi Shrivastava, The Wire

India has a high maternal mortality ratio (MMR) of 167: for every 100,000 births, 167 maternal deaths occur. Even after government policies and programmes in place to facilitate institutional births, these facilities have not done enough to reduce number of maternal deaths. The issue of availability and accessibility of services stands as one of the major reasons behind such disappointing results. Even when the services are made available, they are of poor quality, which deters people from utilising them further. This is what is seen during institutional births, when substandard, sometimes almost inhumane behaviour is meted out by healthcare professionals. Therefore they need to be held responsible for their actions and must treat women in labour as autonomous individuals. At the helm of this discussion must be the understanding that a woman has an absolute right over her body and will always reserve the right to be informed about and refuse any procedure that she does not wish to undergo.

Read More:
https://thewire.in/211014/institutional-delivery-india-nightmare-women/
Date Accessed: 28.01.2018

LAW AND JUSTICE

5 Laws that Women need as Urgently as Ban on Triple Talaq

Alison Saldanha, Indiaspend

The author argues that while the Government is determined to pass the Triple Talaq Bill at all costs, five criminal laws relating to women and marriage need urgent political attention. A high-level government committee was formed in 2013 to assess the status of women in India. In its final report, submitted in 2015 after widespread consultations with different stakeholders, the committee had highlighted several legal lacunae that end up perpetuating gender-based discrimination and violence and thereby require strict action. These include: no legal recourse for victims of marital rape; definition of marital cruelty restricted to physical abuse; narrow definition of dowry that does not include *stridhan* (movable, immovable property, gifts a woman receives in her lifetime); different minimum age for marriage between girls and boys; and no separate legislation for honour killings perpetuated by *khap panchayats*.

Read More: http://www.indiaspend.com/cover-story/5-laws-that-women-need-as-urgently-as-ban-on-triple-talaq-31085

Date Accessed: 29.01.2018

Source: http://www.indiaspend.com/cover-story/5-laws-that-women-need-as-urgently-as-ban-on-triple-talaq-31085

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