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Understanding Women's Health Issues: A Reader

Lakshmi Lingam

Introduction

Health is a major issue in the women's movement, along with the struggle for justice, dignity and equality. The declining sex ratio, the violence on women, the introduction of invasive contraceptive technologies the selective abortion of female foetuses and the population control policy of the government have generated debates and campaigns in the women's movement in India.

The growing discontentment with the manner in which women are being treated by the Family Planning Program has led to spontaneous campaigns against the introduction of injectable contraceptives in public health services. In the late eighties, there were persistent campaigns by health activists and women's groups against injectable contraceptives like Net-en and Depo-Provera. The mid-1980s also witnessed the use of sex detection tests and the growing incidence of sex selective abortions, which came to be known as female foeticide. This led to a major debate on the need to ban the test and focus on improving the status of women and the girl child. The Maharashtra (Regulation of the Use of Pre-natal Diagnostic Techniques) Act, 1988 and the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Bill, 1991, have been passed at the state and central level respectively, after sustained campaigns. The implementation of these legislation's however leaves room for sustained action. There is also a strong critique of the heralding of new reproductive technologies as technological solutions to contraception, infertility, and so on. The drafting of a population policy by a committee set up by the Indian government as a prelude to the UN Conference on Population and Development, Cairo, 1993, had generated a lot of debate on the need to have a sound people-centered development policy rather than a population policy. The international pressures being mounted on the state to control population as an inevitable component of the structural adjustment program and as a conditionality to receive loans to tide over balance of payments and trade deficits, were seen as the underpinnings in the drafting of the population policy.

Issues such as women's reproductive health, reproductive rights, the status of the girl child, adolescent girls, women's education and sex education, are new themes that have been incorporated in policy documents, as issues to be tackled to address population control. The women's movement has expressed the need to focus on women's status indicators as an end in itself rather than as a means to an end (i.e., population control). The population control program was opposed at several levels (Sadgopal, 1994) (Saheli, 1995). The recently concluded UN Conference on Women, Peace and Development at Beijing led to a lot of preparatory meetings and the consolidation of concern of the women's movement, such as food security and structural adjustment, and their impact on women's status and health. Some of these issues have been presented in this section.

An Overview

The first paper by Lakshmi Lingam details the reproductive technologies that inhibit or assist conception and seeks to answer the question: How do these technologies violate women's bodies?

The major nation-wide debate which commenced in the 1980s (and has gained momentum for a central legislation) is the issue of amniocentesis. The second paper in this section by Lakshmi Lingam outlines the debate on amniocentesis and comments on the shortsightedness of the Maharashtra (Regulation of the Use of Pre-natal Diagnostic Techniques) Act, 1988. Amar Jesani scrutinizes the legislation and identifies the loopholes. At present women's groups, health groups and human rights groups are networking and lobbying for a sound, leakproof central legislation.

Implications

The papers in this section further illustrate the psychosocial and legal issues raised by the development and delivery of new reproductive technologies. The questions that emerge relate to the purpose of the technology, the value premises it assumes, and the patriarchal values that these technologies perpetuate. The locus of control that vests with these technologies and the hidden long-term social risks, need to be carefully studied. These questions take the discussion away from the realm of merely seeking increased access to health care to examining the politics of 'legitimate health problems and justifiable approaches to their resolution' (Juengst, 1993: 203). Invasive infertility treatments completely ignore the incidence of tuberculosis, pelvic inflammatory diseases, undernourishment, psychological stress, toxins at the workplace, among others,' as significant contributors to infertility. These are the issues that need to be addressed, rather than infertility per se.

Research and action are needed to understand the social factors that contribute to infertility, the cultural practices and strategies adopted by women to manage infertility and to identify the psycho-social needs of infertile couples and the role of self-help groups.

Some of the emerging issues relevant to women and health that are not included in the reader follow. The increasing casualization of labor, and the loss of employment opportunities and a sustenance base have been further aggravated with the process of structural adjustment (Swaminathan and Karat, 1995). The Government of India introduced policies of structural adjustment promoted by the World Bank and the International Monetary Fund. The components of the Structural Adjustment Program (SAP) include cuts in government spending in the social sector. Some of the areas that have been adversely affected are briefly listed here:

1. The price of essential commodities in the open market as well as in the public distribution system (PDS) has risen. The PDS (which ensures a semblance of food security to the poor) is also likely to be dismantled. Studies have shown that the per capita consumption of cereals dropped sharply, and the intake of pulses dropped even more. Starvation deaths from several parts of India, especially in the tribal belts, are coming to light.

2. The decline in employment opportunities and the retrenchment of workers from the organized sector is placing pressure on women to fend for their families in extremely exploitative work situations in the 'putting-out' system of the formal sector or the informal sector.

3. The entry of multinational companies (MNCS) into areas like horticulture, aquaculture, commercial tree plantation and deep-sea fishing is leading to major changes in the utilization of land and water, and control over landholdings. The vulnerability of small holders, the landless, who depends on wage work, petty traders, vendor's etc., is growing multi-fold. Government policies of rolling back welfare measures in the form of withdrawal of subsidies and control prices are affecting traditional industries like coir, cashew, tobacco, khadi, handlooms and fishing, where women work in large numbers. These changes are affecting the poor adversely, especially women and girl children.

4. Central government outlays on programs for poverty alleviation, such as the Jawahar Rozgar Yojana, the Integrated Rural Development Programs and major programs for women and children, namely the Development of Women and Children in Rural Areas

(DWCRA), the Mahila Samriddhi Yojana and the Integrated Child Development Services (ICDS), have been drastically cut in the 1990s.

Reduction in government spending on social sectors includes cuts in health budgets, education, child-care services, poverty alleviation programs, and so on. In the area of health there have been drastic cuts in preventive disease control programs for malaria, tuberculosis and leprosy. The implications can be observed in the increasing incidence of, these diseases in both urban and rural areas of the country. Moreover, there is an increased emphasis on privatization of medical care. Government health services will be' restricted to preventive care and the private sector will be encouraged to take over other health services. This is reflected in the drug policy, which is withdrawing restrictions and controls on the testing, Licensing and pricing of several drugs. These forces are bound to have an effect on the health of people in general, and women and children in particular.

The implications of Acquired Immuno-Deficiency Syndrome (AIDS) on women's health is another major issue. One of the most common modes of transmission of this disease is through unprotected intercourse. The groups that are at high-risk among women are female prostitutes and partners of men who have multiple sex partners. Though a lot of research is being undertaken to develop a vaccine for AIDS, to date there is no cure available. Therefore, there is greater emphasis on prevention. The use of barrier methods (like the condom) is considered to be the only safe way of preventing the transmission of AIDS. In the existing situation where the onus of contraception is only on the woman, none of the existing female contraceptives can prevent AIDS. While there is a strong case for a safe, female barrier contraceptive, at present a, woman's ability to protect herself from HIV/AIDS depends less on the efficacy, access and knowledge of modes of prevention, and more on her male partner's consistent use of protective measures. Campaigns to prevent AIDS and increase people's awareness about the disease has unwittingly placed issues of sex education, safe sex, gender relations within sexual behavior, etc., which, have been a concern of the women's movement, on the national agenda. In a context where women, have the least control over when or how frequently they would like to have sex, whether they would like to have children and when and how many children they would like to have, the issue of AIDS education, prevention and awareness has to empower women, instill male responsibility, negate the power equation within sexual relations and break the 'culture and politics of silence' in this crucial area of life.

While acknowledging that disability is not a health issue but a social issue, the reader's attention is drawn to the rights of the disabled, the gender dimension of disability and

the situation of disabled women in our country as areas that require greater attention in terms of research, action and policy.

The recently conducted large-scale hysterectomies on mentally disabled women inmates of a state-run home in Shirur (Ahmednagar district), Maharashtra, has given rise to a major debate about the right of the state over the bodies of women under its custody (Rao and Pungalia, 1994). A public audit into the status and health of women in state-run institutions (such as short-stay homes, remand homes, shelter homes and prisons) is a demand that has to receive greater support and be built into a campaign.

The emerging issues on the contemporary Indian scenario extended the struggle for women and health beyond access to and the quality of health care services, to seeking a major shift in paradigm.

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