

Women's Health: A Historical Perspective

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Abstract

“Women's Health” or “The health of women” refers to the health of a particular defined group (women) or population, which is different from the health of men due to various visible and invisible factors. The nature of this study is descriptive. This descriptive study tries to describe the milestones happened in the phenomenon of women's health. This study is based on secondary sources. The present study tries tracing some of the most significant struggles that have serious implications in the field of women's health, globally and nationally. With this, we have also attempted to define the term women's health. The study first tries to find out the historical roots of the women's health movement and then looks at some of those initiatives that are related to health in the broader context. Finally, we have summed up with the conclusion and suggestions.

Key Words: *Women's Health, History of Women's Health, Remedies for Women's Health.*

I. Introduction:

Health, an area which has been ignored and neglected in the past and the present is also witness of ignorance of “health”. Health which has importance in itself but because of emergence of modern medicine and its engagement with the study of disease resulted in making the study of health a mere footnote. Because of this continues process of negligence, our acquaintance with the term health is nothing in general and with the term women's health is zero in particular. “Women's Health” or “The health of women” refers to the health of a particular defined group (women) or population, which is different from the health of men due to various visible and invisible factors. Nearly half of the world's population is comprised of women and girls but women is most neglected one in every aspects of life i.e. education, their participation in economic activity, healthcare sector both in terms of healthcare receiver and healthcare giver personnel. There is a


widespread inequality exist in every aspect of life between women and men that's why women has always to play secondary or subordinate role in society.

This study talks about the health issue of women in terms of its historical perspective. This study uses the secondary data and literature to identify the steps and roots which paved the path to recognize the importance of the health of girls and women around the world. The study tries to trace from western world to India in terms of women's health history, definitions of women's health, the remedies developed for the health of women.

II. Objective of the Study:

Women always have been marginalized in every field, including health. The scenario has been changing as more and more both women and men are coming forward, showing interest in being healthy. The national and international governments are also helping women by providing different kind of assistance but still women needs a lot of attention for making their life healthier physically mentally and socially.

The main objectives of the study are:

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- To trace the beginning when the issue of particularly women's health got the attention.
 - To find out main focus of women's health activism in the early era.
 - To find out the impact of women's health movements on federal policy level nationally and internationally.



IV. Methodology

The Descriptive method has been adopted to piece together all the milestones for understanding the issue of women's health from the lens of history. Secondary information has been employed. Secondary available literature, data and information have been thoroughly studied for writing this piece of research work. The matter and facts for this piece of writing has been collected from the published works of different scholars' academicians and researchers.

V. Early Women's Health Struggles:

The sign of movements and struggles for the health of women is found back to the 1900s with the work and struggle of an American birth control activist, sex educator, writer, and Nurse Margaret Sanger for the women's right to birth control (Mlitt, 1980). After that in a noticeable manner 1960s and 1970s saw the active movements for the health of women that's why it is usually observed through the literature that movements and struggles for the women's health started in the 1960s (Marieskind, 1975). Abortion was illegal in every condition, and was allowed only to save the life of woman in a critical lifesaving condition. Despite this abortion was performed in illegal manner. Because of illegal abortion many women died who requires hospitalization (S. Geary, 1995). That's way the main goal of activist during the 1960s-1970s was to control on birth and reproduction of women. Although birth control rights and reproduction rights were the main concern of activists who raised the voice for the health of women but the activism also moved towards the other areas that affected the women's health. A complete and holistic roadmap was developed for women's health and all the radical and liberal followers united under the common head: "to demand improved health care for all women and to end discrimination on the basis of sex in the healthcare system (Marieskind, 1975). Change in the practice of birth control was the big achievement of the women's health movements in the beginning.

Achievements of Early Women's Health Struggles:

- Health Problem of a particular group of population which almost constitute the half of the world's population i.e. women's health gain the attention of media, governments and various think tanks of the western world as well as the global world.
- Change in the practice of birth control and the legalization of abortion with some restriction was the big achievement of the women's health movements in the beginning.
- Issue of women's health gain the importance at the policy of governments.

VI. Definition of Women's Health:

All the definitions, meanings, indicators, determinants, dimensions and perspectives of "Health" given by WHO, the various experts and scholars apply to the definition of the health of women. Literature on issues of women's health is available and existing in large amounts and numbers. But, the term women's health is hardly defined in a comprehensive way. There are some definitions specific to women's health which is also the result of early struggles for the health of women.

The Expert Panel on Women's Health of the American Academy of Nursing (AAN Expert Panel, 1997) defined women's health as "health promotion, maintenance and restoration throughout the entire life span and further emphasized that "Understanding women's health requires more than a biomedical view; it requires awareness of the context of women's lives" (AAN Expert Panel on Women's Health, 1997)."

The most appropriate and complete definition of women's health is one that was developed for the Women's Health Medical Education Program (Donoghue, 1996). NAWHME Defines Women's Health as "Women's Health is devoted to facilitating the Preservation of wellness, prevention of illness in women, and includes screening, diagnosis and management of conditions which are unique to women are more common in women are more serious in women have manifestations, risk factors or interventions which are different in women. It also recognizes the importance of the study of gender differences, recognizes multidisciplinary team approaches ,includes the values and knowledge of women and their own experience of health and illness recognizes the diversity of women's health needs over the life cycle, and how these needs reflect differences in race, class, ethnicity, culture, sexual preference and levels of education and access to medical care includes the empowerment of women, as for all patients, to be informed participants in their own health care".

VII. Global Initiatives for the health of Women

The Universal Declaration of Human Rights (UDHR) 1948

Women's health issues were not specifically mentioned but it has direct impact on the health of women. Article 25 (1) of UDHR affirms that “everyone has a right to a standard of living adequate for the health of himself and his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control” (https://www.ohchr.org/en/udhr/documents/udhr_translations/eng.pdf).

First International Conference on Women

The first solely international conference on women's issues was held between 19 June and 2 July 1975 in Mexico City, Mexico. This was also the stepping stone in term of women's issues in general and in women's health particular. Two documents were adopted in this conference the “World Plan of Action” and the “Declaration of Mexico on the Equality of Women and Their Contribution to Development and Peace”. There is no specific description on the issue of health of women but after this conference women were recognized as participant of the implementation and development of policies and programs instead of only the recipients of assistance (United Nations, 1975).

Declaration of Alma-Ata on Primary Health Care, 1978

Governments at Alma-Ata reiterated “Health for All” by 2000 and committed to ensuring comprehensive, primary health care. This Declaration is not binding on governments but it reiterated the commitment of the governments and states towards achieving the right to health (World Health Organization, 1978).

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

It is an international treaty adopted in 1979 by the United Nations General Assembly also known as an international bill of rights for women; it came into effect on 3rd September 1981. Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) describes the

obligation of the States in terms of health of women and this convention further mentions the right of rural women in terms of health in section (b) of Article 14 (UN Women, 1979).

Beijing Declaration and Platform for Action

The Beijing Platform for Action reiterates the agreements reached at the 1994 International Conference on Population and Development (ICPD), in particular with regard to women's reproductive health and rights, and added new commitments addressing the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Taking a holistic and life-cycle approach to women's health (United Nations, 1995).

Millennium Development Goals

The Millennium Development Goals (MDGs) adopted in 2000 address women's health in two of the eight goals. MDG5 focuses on improving maternal health by reducing by three quarters, between 1990 and 2015, the maternal mortality ratio. MDG6 focuses on combating HIV/AIDS, malaria and other diseases (World Health Organization, 2005).

Transforming Our World: The 2030 Agenda for Sustainable Development

United Nations set new global sustainable development goals in a meeting at Headquarters in New York from 25 to 27 September 2015. SDGs address the health issue for all at all ages in one of 17 Sustainable Development Goals and issue of maternal mortality, sexual and reproductive health-care services in two of 169 targets (United Nations, 2017).

VIII. National Commitments in India

In India the sign of movement for women's health issue are found and trace in Social Reform Movements of 1800s and 1900s. These movements initiated by women or have got active participation and support from the women had serious possible effect and result on the lives of women directly and indirectly. Reformers such as Raja Ram Mohan Roy, Jyotiba Phule and Savitri Bai Phule played a great and important role in

addressing the issues of sati, child marriage, widow remarriage, and women's education in particular and paved the way for the concern of women's health in general as the country proceed towards the Independence and social change and development after Independence (Sarojini & Others, 2006).

The several campaigns against the introduction of hazardous contraceptives like EP drugs, Net En, Norplant, Depo-Provera, sex selective abortions and coercive population control policies of the State played the pivotal role in bringing the issue of women's general health and reproductive health rights in forefront. Questions on the safety of hormonal contraceptive technologies were raised by the Women's groups. Criticism was on the way in which clinical trials were carried out, notions of informed consent and general issues of women's health in the context of India's Family Welfare Programme. Moreover, criticism was on the fact that women were only treated and responded by the health care system as reproductive machine, and their other health needs were largely neglected (Sarojini & Others, 2006).

Constitutional Remedies

As well as the concern of constitutional remedies for women's health there is no specific constitutional remedy but right to health would imply that women's right to all the determinants be fulfilled. In order to ensure right to health that the State and all the institutions of the state must evaluate and realize the causes and hindrance that deny women their rights and try to address and develop the essential environments so that these rights are fulfilled (Sarojini & Others, 2006).

Health is not recognized clearly as a fundamental Right in the Constitution of India. But the constitution recognizes the right to life, right to equality, and right to freedom of speech, expression and opportunity and to seek judicial redress for enforcement of these rights as fundamental rights. The Article 47 of Directive Principles of State Policy of constitution of India talks about the right to health. These constitutional provisions implicitly talks about the right to health in general and in larger context. These articles must be explained interpreted and translated in a way that helps to understand and ensure women's right to health (Sarojini & Others, 2006).

The Articles 14 –17, 19, 21 and 23-24 of Fundamental Rights (Legislative Department, Ministry of Law and Justice, Government of India, 2015) contained in Part III of the Constitution are related to women's right to health and health care.

Healthcare System in India

The Health Survey & Development Committee also known as Bhore Committee was appointed in 1943 with Sir Joseph Bhore as its Chairman. It laid emphasis on integration of curative and preventive medicine at all levels. It made comprehensive recommendations for remodeling of health services in India.

National Health (Sokhey) Sub-Committee (called the Sokhey Committee) and was a part of the National Planning Committee constituted by the National Congress in 1940. Its report was presented in 1948. The Sokhey Committee recommended that manpower and services be developed from the bottom upwards. The Committee represented 'a people centred and pluralistic' model of development. However, in the post-Independence era, i.e., in the 1950s and 60s, advanced research institutes, medical colleges with tertiary hospitals and primary health centres emerged, while the sub-centres at village level lagged behind (Sarojini & Others, 2006).

In India there has been no clear and specific policy for women's health, but a number of policy decisions and measures have directly influenced women's health. Since independence, several policies programs and interventions have been formulated to fulfill the health needs of people in the country. Besides, the specific policies that were initiated, the five-year plans, are a statement of the sector-wise policies and programmes introduced by the Government of India. The progress of the five year plans, from the first introduced in 1951-56 to the twelfth five year plan (2012–2017), are indicative of the shifts in the government's priorities and commitment in relation to specific health issues (Sarojini & Others, 2006).

In addition, to these health services there are various ministries in Government of India which look after the health and nutritional needs in general and of women in particular such as The Ministry of Health and Family Welfare, Ministry of Women and Child Development, The Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) and Ministry of Human Resources Development.

Findings and Suggestions

Efforts for Women's health have been made at both national and international level. A number of times the concern has been made for the health of women and girl in terms of advocacy of women's health at grass root level, inclusion of women's issues at the law, policy and programme level. These improvements can be easily noticed and it is also appreciable. After such great initiatives of the activists governments, improvement of women's health is not increasing with the ratio as it has been expected by the policy makers or people concerned for the health of women. There are multiple factors that hinder women in making their life healthier as well as next generation, society and country such as lack of education, health education, excess concern towards reproductive health of women, culture and traditions, lack of opportunities in healthcare system on the basis of gender and sex and male dominated society etc.

Suggestions:

- Women's health requires more than a biomedical view; it requires awareness of the context of women's lives. Women's status in the house and society should be the part of study and efforts while studying and making efforts for the women's health.
- Women's health requires more than a reproductive and childbirth mechanical gesture and response; it requires a holistic view from girl child to old age women not only confined to the reproductive age.
- There is a need of women's specific health policies and programmes so governments should concentrate on it.
- There is a need of inclusion of women's health personnel in the healthcare system that's why women's problem can be understood and addressed in a proper way.

Conclusion

For the holistic development of the society, health is presently the most discussed concept all over the world in general and women's health in particular. Nationally and internationally the advocacy, lobbying, promotion and advertisement of information and health education, of women's health has been the part of social activists in the beginning and later it became the talk of the town at the policies of governments. As a

result of early struggles and government's initiatives the concept of women's health evolved from the mere reproductive and child birth machine to the entire life span of women. The status of women's health has been improved through these milestones but this still requires a commitment which more and more should be beyond only the paper work.

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