

## Research Article

# The Woman and Child: A New Frontier of Global Health Care.

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## Introduction

Right to health is, according to the definition given by Special Rapporteurs (Experts appointed by Human Rights Council), “an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health” [2]. Now health is an issue addressed globally by the programs like SDG (Sustainable Development Goals) and a combined effort has yielded newer ways and means to disperse it world-over, homogeneously [3]. At the 1994 International Conference on Population and Development (ICPD), in Cairo, a global consensus was attained to make efforts for empowering girls and women, protecting human rights as well as promoting sexual and reproductive health for men, women and youth [4]. In 1995, in Beijing, at the United Nations Fourth World Conference on Women, world reiterated ICPD Consensus Action Plan and pledge to promote gender mainstreaming in the future [5]. Until then, the women and children were second in line in proposed health policies. “Men are from Mars and women from Venus”, was a long-standing way to deliberate on gender inequality, which remained true for the health sector likewise. However, a beginning was made in 1994 which guided world community towards the goal of gender equity in health planning [4]. Recently, altered sex ratios have highlighted the biases in society like never before, and led to the punitive PNDT Act to be adopted in India. Every year, nearly 3 million babies die within the first month of life and 6.9 million children died before reaching their fifth birthday most from preventable causes. Approximately one third of neonates die on first day of life and at the same day, approximately 287,000 mothers also die due to unsafe child birth practices making first ever birthday riskiest. The first-ever Birth Day Risk Index compares first-day death rates for babies in 186 countries. Similarly, the annual Mothers’ Index, based on latest data on women’s health, children’s health, education, attainment, economic and political empowerment of the woman, provides ranking to 176 countries. These two-index show where mothers and children are safest and where they face the greatest hardships [6].

Infant and child health care has been linked particularly to the physical and mental health of parents and care-givers (besides socio-demographic factors like family income) [7]. Certainly, primary health care stands out as one of the pre-eminent instruments for integrating prevention, early recognition and referral of life threatening events (for both the mother and the baby) into the wider health related policies. However, the role of the ‘woman-child’ as the centre of policies advocating primary health care is yet to be fully appreciated.

## Origin and the Implementation of Global Health Policies

Global Health is defined as “Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes inter-disciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care” [8].

Globally for Health, global mechanism for intervention have been strategized like- Global Strategy for Women’s, Children’s, and Adolescents’ Health, GAVI (Global Alliance for the vaccine initiative), Family Planning 2020, Every Newborn Action plan etc. These efforts have shown results across the world but yet demand-side barriers could not be overcome completely.

One of the significant health indicators of the rich-poor divide amongst the nations is the maternal mortality rate. It is stated in world statistics that a woman has a 1 in 16 chance of dying during childbirth in sub-Saharan Africa, as compared to a 1 in 4000 risk in a few other developing countries [9]. Hence, considering the glaring disparity, in September 2001, more than 140 heads of states came together to pledge to reduce the child mortality by 2/3rd, and maternal mortality by 3/4th (Millennium Development Goal 4 and 5) by 2015 [10]. However, both aforesaid goals were only partially achieved in the stipulated period. Between 1990 and 2015, the global maternal mortality ratio declined by 44 per cent to an estimated 216 deaths per 100,000 live births, the global under-5 mortality rate declined by more than half to 43 per 1,000 live births. Subsequently, 193 countries of UNGA (United Nations General Assembly) adopted the 2030 development agenda titled: “Transforming our world: the 2030 Agenda for sustainable development”. Goal 3 of the SDGs is particularly dedicated to health [3].

Besides, there are other agencies like CDC (Centre for Disease Control in the US) and HHS (Health and Human Services), who have encouraged particularly those health policies which are focusing on mother and child health [11].

India, as well, displayed impressive improvement in many health indicators by adopting the MDGs and introducing schemes like

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Janani Suraksha Yojna and the Universal Immunization Program under the National Health Mission. However, it has fallen short on the MDGs [12].

### Agenda of modern health care –Politics of deliverance

On positive side, the dream of universal dispersion of healthcare made remarkable achievements in many issues like controlling the Ebola virus outbreak or AIDS/HIV control. The sick neonatal unit established in many cities in India with the help of UNICEF has contributed to optimism [13]. Yet the journey of global health is not so smooth. Eternal questions from decades ago still exist:

- A. How to ensure high-quality health care services for all?
- B. How to optimize the costs of hiring human resources to bring down overall medical expenditure?
- C. How to break orthodox mindsets to ensure community acceptance and participation?

Efforts have been made to increase the number of health care workers who can stretch the many dreams of health programs, like the universal immunization program, to each and every door. Lots of financial investments have been made on propaganda by investing into advertisements, which help in creating awareness in society which may start the process of self-realization, positive engagement in communities, and preventive health. Politics, for the better or worse, plays a critical role in health affairs. MDGs or SDGs describe health as an interlinked agenda rather than one which needs separation from other policies regarding improvement in human development indices like poverty alleviation, girl education, availability of safe drinking water etc. Therefore, to achieve these targets, adequate corrective measures, sustained by reasonable funding and political commitment are warranted. Moreover, the issue of 'states with adjectives' (fragile, failing, weak, failed etc) has become one of the biggest challenges for the development agenda.

Health is not a transient state which can be corrected by the temporary methods. In an oft-quoted assertion, Mr Ban Ki-Moon, the Secretary General of the UN, stated in context to the global health: "there can be no Plan B, because there is no Planet B." Furthermore, the role of childhood practices of society cannot be ignored as the precursor of the adult onset diseases. It is well documented that type two Diabetes mellitus is an outcome of unbalanced childhood rearing practices [14]. Persistent abnormal cognitive behaviour in adolescents has been traced back to long hours of child care for infants in absence of sensitive mother care [15]. Role of breast-feeding in health, growth, immunity and development of the child is the strongest link between maternal wellbeing and the health of a baby, irrespective of baby's gender [16]. Recent analytical studies about the overall outcome of health-related issues have opened up a Pandora box of missed opportunities and misplaced priorities. Sustained income is not the only way to sustaining good health and only changes the type of perspective illness. Therefore, communicable or vaccine preventable diseases are common amongst the poor and deprived, while the rich and affluent suffer from non-communicable diseases due to an unbalanced lifestyle. Both types of diseases add up, finally, to the global burden of diseases [17].

### Institutional vs traditional child-birth- Cost -benefit

Technology driven medical science has brought resolution of specific issues but has only raised the cost for routine care. One example is childbirth. Since long, childbirth was successfully assisted by midwives. But modern maternity care has facilitated Childbirth to be defined as an illness which needs, essentially, specialists and hospital care. This change in outlook has increased the relative cost and inadvertent increase in incidence of caesarean sections. Supervised

home care synergises the mother to bring out a partnership and strengthens women's own capabilities to care for themselves and the family. In the process, cost of care is contained and optimized [18,19].

### Men-centered health care systems- Drawbacks

There remain noteworthy gender differences in many areas: usual sources of care, ambulatory care and physician visits, preventive care such as screenings and immunizations, emergency care, hospitalization and medical procedures, use of medications and pharmaceuticals, and general preventive care. Differences derive also from gender role identity, health beliefs, health insurances etc.

In Asia, the role of the man in a family is that of a provider. He usually remains second or third in order, in giving care to the child. Whereas, the woman in family remains in the front line, as the mother, sister, grandmother or aunt. We will discuss this special opportunity a woman is born with later [20].

In studies, it has been found that men prefer to be less scrupulous in seeking professional consultation and tend to prefer self-prescription. While women if allowed to access health care, is more meticulous in taking right medical advice and following them earnestly [21].

### New frontiers of Global health: Woman and child

#### Women centered health initiatives

"Every Woman, Every Child. This focus is long overdue. With the launch of the Global Strategy for Women's and Children's Health, we have an opportunity to improve the health of hundreds of millions of women and children around the world, and in so doing, to improve the lives of all people." -- United Nations Secretary-General Ban Ki-moon [22].

Arguably, the 'woman-child' duo are being placed in center of health policies as the beneficiaries, though, they have the potential of becoming the resource person for economical facilitation of health care. The world health report 2008 called for a return to primary health care as the most efficient, fair and cost-effective way to organize a health system. Recent studies have looked at ways to harness the power of women-to-women relationships to improve health outcomes for mothers and children. The extrapolation of this thought process fathered the 'Global Strategy for Women's and Children's Health' a 'woman-centric' policy (GHI) document by the UN, with support and facilitation by The Partnership for Maternal, Newborn & Child Health.

"A woman-centered approach does not ignore or diminish the health needs of men and boys, but rather recognizes and addresses the disparate needs and conditions of women. With women at its center, it provides a plan for ensuring that every member of society has equal access to basic health services" [1].

The key elements of GHI 2009 were [1]: 1. Support of a right to health for all women, men, children, and youth; 2. Meaningful participation of women in planning, decision-making, monitoring, and evaluation; 3. Comprehensive, integrated care 4. Meaningful and robust referral systems; 5. Continuum of care through the life cycle; 6. Multisectoral approach to health and rights; 7. Access for all women.

UNICEF module 14 introduces mothers2mothers (m2m) care which offers an effective, sustainable model of care that provides education and support for pregnant women and new mothers living with HIV/AIDS.

There are 444 million children in India under the age of 18 years. This constitutes 37% of the total population in the country to understand the health scenario in India, one has to look at the statistics given below [6,16,23]:

1). 54% (almost half the population) of the infants in India are fully immunised; 2). More than half the births in the country continue to remain home-births. 3). out of 5 children under 3 years of age in the country are; 4. out of 5 children are malnourished; 4). Around 8.5 lakh children are estimated to die before their first birthday each year; 29.3% of global neonatal deaths and 16.1% of global child deaths occur in India; 5). less than one-third infants receive adequate diet in all states in the country [6,16,23,24].

Statistics related to the girl child are equally appalling- 1). 1 in every 3 child brides in the world is a girl in India (UNICEF); 2). India has more than 4.5 lakh girls under 15 years of age who are married with children. Out of these, 70% of the girls have 2 children [6,24].

It is obvious from previous discussion that, health, by large, reflects the status of the human development indices of the society. Child mortality estimation is not simply an academic exercise but an essential part of successful policies and programming. Education of mother is paramount to improve all health indicators of child-health. There are ample data to suggest that despite the efforts made to empower women, the women face barrier in seeking health secondary to illiteracy, language, customs, lack of information regarding the availability of health services and providers, and limited control over household resources [4]; Secondly, despite having innate ability of leadership, she is not given chance to play an active role in decision making as the care-giver in the family and society.

Education is an important determinant of health status in both the developed and developing world as it gives ability to find, understand and use health information. As the care-giver she can keep the discipline in health or diseases by choosing the right food, safe water, adequate physical activity and medicine whenever in need. She can be engaged as an educator of child rearing practices, modifier of adolescent behaviour and confidence builder of the society. It is discussed above that how the sustained practice of traditional midwifery support to childbirth contains the cost and introduces confidence in mother as a caretaker of family to imbibe modern values in the traditional thoughts.

Women-literacy has played important role across the world, in improving the effectiveness of interventions done to improve maternal and child care as discussed below:

a. Birth control: Women with secondary education or higher have an average of 3 children while those with no education have an average of 7 children [25].

b. Maternal morbidity and mortality: Increasing girls' access to education improves maternal health. Mothers with secondary education are twice as likely to give birth more safely in health facilities as those with no education [26]. An additional year of schooling for 1,000 women helps prevent two maternal deaths [27].

c. Child Survival: Increasing girls' education has positive effects on infant and child health. In India, a child born to a mother with High school education, 60 percent more likely to survive past the age of 5 than a child born to an illiterate woman [16].

d. Child vaccination rates (CVR) are 19 percent in Indonesia when mothers have no education. CVR increases to 68 percent when mothers have at least secondary school education [28].

e. HIV/AIDS: Education decreases a girl's or woman's risk for contracting HIV or transmitting HIV to her baby. Women in 32 countries who remained in school after primary school were five times more likely to know basic facts about HIV than illiterate women [29]. Vandemoortele and Delamonica (2000) note that existing evidence does not allow one to draw exact conclusions about how the 'education-vaccine' against HIV works. However, general impact of education itself may be the most significant factor. A study in Zambia

finds that HIV spreads twice as fast among uneducated girls [30].

f. Ensuring income of the family: A single year of primary school has been shown to increase women's wages later in life by 10 percent to 20 percent, while the returns to female secondary education are between 15 percent and 25 percent [31].

### Children as the flag bearers of Healthy life- Health education in schools

"Any combination of planned learning experiences based on sound theories that provide individuals, groups and communities the opportunity to acquire information and the skills needed to make quality health decision." (Joint commission on health education and Promotion-Terminology 2001) [31].

If education is the tool of betterment of the society, targeting schools for the health is the only way to achieve a gainful health care system. Health education builds students' knowledge, skills, and positive attitudes about health. It deals with physical, mental, emotional and social aspect of health. It inspires students to improve and maintain their health, prevent disease, and reduce risky behaviours as well as motivates them to take the message forward to their own social milieu [31,32]. Government initiatives are necessary to include health as a separate subject in the school curriculum. In a recent initiative a program called "Donate Organs -Live after Life" was launched in Rewa, a small district of Madhya Pradesh as the student awareness program. It led to notable upsurge in listing of the people willing to donate organs within a short span of 6 months. Similar results have been reported by many non-government organizations in India, working for the preventive strategies for cancer, childhood obesity, AIDS/HIV.

### Conclusion

The eternal dilemma [1] that how can dispersal of universal health be handled at an optimized cost that too successfully, at the gross-root level, probably has only one answer that is, to involve woman and child as the resource persons at the end point of health-hierarchy rather than making them passive recipients! Henceforth, just as the right to health incorporates health beyond the prevention and treatment of diseases, advocacy for health goes beyond the traditional health agencies or hospitals and needs to be part of public teaching and school education. The health is the essential issue and now with the evolution of modern therapy, is exceedingly costly too! It is clear that the solutions neither can be borrowed nor can come through miracles therefore, empowering those who have been lying low for the lack of opportunities and attracting those who have money and means, as well as, involving the political will-power, the inter-linked wholesome agenda of the health can be conquered!

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