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A SOCIO-LEGAL ANALYSIS OF GENDER INEQUALITY IN ACCESS TO HEALTHCARE IN INDIA

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ABSTRACT

Health is a basic right of every citizen gained by virtue of their birth. International Law recognises it as a fundamental human right. It is the duty of any welfare country to protect the basic rights of its citizens without any discrimination and provide for the well-being them. Nurturing healthy population cannot be overlooked by the nations as healthy population is an asset of every country. Health is an inevitable part of life thus for the fullest enjoyment of life health and health care cannot be disregarded. Health being considered as a basic human right, it is the duty of the nation to ensure accessibility to quality healthcare to its citizens without any discrimination. The situation in India is such that ever since the known history of India, we have been living in a 'Patriarchal' society which assigns women a subordinate position in the social hierarchy. Women health in India is reliant on multiple indicators like geography, socio economic standing and culture. Though the position of women in India has transformed over the decades still there exists certain contradictions and gaps pertaining to some basic rights of women. With this doctrinal research study, the researchersaim to access the gravity of discrimination based on gender in the healthcare sector of India.The researchersaim to find answers to some questions like whether there exists any discrimination based on gender in access to healthcare in India? What are the different causes for such gender inequalities in access to healthcare? What are the steps taken by the government and judiciary to curb such inequalities?

Key words: Gender; Equality; Life expectancy; Maternal Mortality Rate; Gender discrimination; Healthcare; welfare state; social justice; Right to health.

Introduction, Concept of Right to health and Significance of study

The concept of Healthcare is of utmost social importance as it is one of the basic rights of the people in any country. The roots of right based approach to health can be traced in International Law. The watershed event in the history of health and healthcare was the establishment of World Health Organisation (WHO) in the year of 1946. Ever since the adoption of Constitution of WHO[3] 'highest attainable standard of health to everyone' is considered as one of the fundamental human right by the International Community. World Health Organisation defines health as "*a state of complete physical, mental and social wellbeing and not merely the absence of disease*[4]. Years later this definition has been enlarged to include the ability to lead a 'socially and economically productive life'. World Health Organisation in its day to day activities is striving to achieve this goal by paying special attention to the poorest and most vulnerable sections of the society. Thereafter a number of international documents treated health and healthcare as fundamental human

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[3]The World Health Organization is a specialized agency of the United Nations that is concerned with international public health. It was established on 07 April 1948 headquartered in Geneva, Switzerland.
[4]The Constitution of World Health Organization, Preamble

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rights[5]. Gender specific documents are also enacted with an intension to make quality health accessible and affordable to all without any discrimination[6]. UNFPA an international organisation works around the world with governments, health experts and civil society to train health workers, improve the availability of essential medicines and reproductive health services, strengthen health systems, and promote international maternal health standards[7].

When we examine the countries signatory to the above mentioned agreements, we can see that there is a recently developed right based approach to health. In words of scholars and eminent jurists by employing the right based approach in health sector, the countries have attempted to put in place international legal obligations to create social justice framework and ensure human rights and development. One of the reasons for the development of right based approach to health can be expressed by borrowing the thoughts of Ronald Dwarkin, i.e., "*anything which is categorized as a right would attract more importance*"[8]. The basis of human right law is that when anything is considered as a right, the same should be excluded from any kind of discrimination and inequality. Hence we can say, to qualify health as a human right, the same should be kept away from any kind of discriminations. One of the advantage of right based approach to health is that it establishes that every citizen of that state is having a right to equal access to healthcare and compels the government to lay down effective measures to ensure quality, availability, accessibility and affordability of health and healthcare.

In India though the constitution doesn't expressly provide for fundamental right to Health and healthcare, but judicial activism has created a space for health and healthcare in Article. 21, i.e. 'Right to life and personal liberty'[9]. The apex court through many of its judgements has expressly declared health and healthcare as part of fundamental right and held that it is the duty of the state to make it accessible and affordable to all without any discrimination[10]. The Preamble to the Constitution gives a wide-ranging direction to the Indian Republic to take measures to attain social, economic and political justice and also equality in status and opportunity. Under A.14 our constitution guarantees everyone 'equality before law and equal protection of law'[11]. Without achieving equality in all sector including access to healthcare, attainment of social justice is impossible and it will remain myth[12]. Though there is no direct

[5] Universal Declaration on Human Rights 1948, Art. 25(1), International Covenant on Economic, Social and Cultural Rights, 1966, Art.12 (1), Convention on the Rights of the Child1989, Art. 24(1), Convention on Elimination of All forms of Discrimination against Women, 1979, Art. 11(l) (f).(Along with all the above mentioned agreements the United Nations Fund for Population activities is a UN organisation established in 1969 to work towards the betterment of the population by giving financial assistance and training. UNFPA works around the world with governments, health experts and civil society to train health workers, improve the availability of essential medicines and reproductive health services, strengthen health systems, and promote international maternal health standards.United Nations Children's Fund is a UN programme that provides humanitarian and development assistance to children and mothers in developing countries).

[6] Convention on Elimination of All forms of Discrimination against Women, 1979, Art. 11(l) (f). (The said legislation imposes a duty on the member states to take all appropriate measures to eliminate discrimination against women in the enjoyment of the right to protection of health and safety in working conditions, including the safeguarding of the function of reproduction).

[7]United Nations Fund for Population activities is a UN organisation established in 1969 to work towards the betterment of the population by giving financial assistance and training.

[8]Norman E. Bowie, "Taking Rights Seriouslyby Ronald Dwarkin"26 Catholic University Law Review 908, (1977).

[9] [Constitution] Jan. 26, 1950, art 21 (India).

[10]PaschimBangaKhetMazdoorSamity V. State of West Bengal, 1996 SCC (4) 37 (India), CERC v. UOI, A.I.R. 1995 S.C 922 (India).

[11] [Constitution] Jan. 26, 1950, art 14 (India).

[12]DURGA DAS BASU, SHORTER CONSTITUTION OF INDIA, 377, (14thed, 2009).

provision in Constitution of India providing for fundamental right to health, yet it directs the state to take necessary measures to improve the condition of health and health care of the people without any discrimination and the apex court has backed this by acknowledgingit as part of 'right to life' under A.21. However, the sad reality is that even after 70 years of independence our country is struggling to remove the inequalities based on irrational grounds of gender, caste, economy etc.

Context, state of the art, concepts and methods

Previous studies on the subject of access to healthcare are agreeing to the aforementioned point that our country is still facing the threat of discrimination based on gender in case of access to healthcare. The women in India from various socio-economic backgrounds are sometimes marginalized or neglected(Mehrotra, 2012)[13]. The consequences of poor health of women will have impact also on her family. Women with poor health are more likely to give birth to children with low weight(Larson, 2007)[14]. It is a well-known fact that the women with low weight will not be able to provide adequate care to the children (World Health Organisation 2018) and the same will impact the economic well-being of the family as well. The poor health of women is one factor contributing to increased mother mortality rate (MMR) in India (Vora et al., 2009)[15]. The high rate of MMR makes it very clear that the typical female advantage in life expectancy is not seen in India as there are systematic problems with women health (Bhalotra, Karlsson and Nilsson, 2014)[16].

One of the study in to the field of gender inequality based on access to healthcare is revealing that male are more likely to get treatment than female in many of the regions in India (Aparnapandey et al. 2003)[17].Daughters in many parts of India are prone to being fed less or less nutritional food than son (Khera, Jain, Lodha and Ramakrishnan, 2013)[18]. Women's lower status in South Asia is reported to be contributing to child malnutrition in that region (UshaRamakrishnan,AidaNdiaye, Lawrence Haddad, and Reynaldo Martorell, 2003)[19]. Astudy conducted to gender bias in child care and child health recorded that biases against young girls have been documented even in immunisation percentage, home food allocation, seeking medical care for childhood ailments and percentage of household healthcare expenditures allocated to them. These kind of discrimination in access to medical care is likely to have an influence on the overall health of female children. Over the last few decades, the under-5 sex ratios are worsening in India with declining number of girls. Along with abortions deliberate parental neglect on girls relating to food distribution and medical care are leading to declining number of girls in India(Khera, Jain, Lodha and Ramakrishnan,

[13]Mehrotra, D., 2012. An Evaluation of Major Determinants of Health Care Facilities for Women in India. IOSR Journal of Humanities and Social Science, 2(5), pp.1-9.
[14]Larson, C., 2007. Poverty during pregnancy: Its effects on child health outcomes. Paediatrics & Child Health, 12(8), pp.673-677.
[15]Vora, K., Mavalankar, D., Ramani, K., Upadhyaya, M., Sharma, B., Iyengar, S., Gupta, V. and Iyengar, K., 2009. Maternal Health Situation in India: A Case Study. Journal of Health, Population and Nutrition, 27(2).
[16]Bhalotra, S., Karlsson, M. and Nilsson, T., 2014. Life Expectancy and Mother-Baby Interventions. SSRN Electronic Journal.
[17]Pandey, Amrita.,Sengupta, Priya., Mondal, Sabuz., Gupta, DhirendraNath, 2003. Gender Differences in Healthcare-seeking during Common Illnesses in a Rural Community of West Bengal, India. Journal of Health Population and Nutrition 20(4):306-11 ·
[18]Khera, R., Jain, S., Lodha, R. and Ramakrishnan, S., 2013. Gender bias in child care and child health: global patterns. Archives of Disease in Childhood, 99(4), pp.369-374.
[19]Lisa C. Smith, UshaRamakrishnan,AidaNdiaye, Lawrence Haddad, and Reynaldo Martorell, 2003. The Importance ofWomen'S Status for Child Nutrition in Developing Countries. [online] Washington, Dc: International Food Policy Research Institute, p.178. Available at: <https://core.ac.uk/download/pdf/6289649.pdf> [Accessed 1 January 2020].

2013)[20]. The data on abortions makes it clear that gender discrimination begins before birth in India as females are the most commonly aborted sex (Raj, 2011)[21]. Often time women are treated as less valuable than men due to the patriarchal thoughts and certain other cultural and traditional barriers. Along with all the above the increasing ratio of violence's against women within and outside home are also adding to the burden of women and affecting the mental wellness of them. Reportedly the women of low income countries are more inclined to suffer from depression. In India the high rates of poverty and gender discrimination leads to increased rate of depression in women ((Pereira et al., 2007)[22]. An increased rate of suicide tendency is also reported about Indian women and the same has direct relation with their status in the family and society (Shahmanesh et al., 2009)[23].

Being a welfare state, achieving equality of status and opportunity is one of the goal to be achieved by the nation as per the Indian constitution. Thus eliminating inequalities in healthcare based on gender is of great national importance and the same cannot be overlooked by the state. Government of India has taken many measures to curb the inequalities prevailing in healthcare system of India based on Gender. But those measures were proved to be ineffective as they have completely failed to remove inequalities from the healthcare sector. The government should take necessary steps for the advancement of the public healthcare sector as well as to remove the discriminations based on gender and other factors.

Objectives of Research

The main objective of this research is to examine the gender inequalities in healthcare sector in India. Further the researchers' aims to understand the different causes for such gender inequalities in healthcare sector of India andalso the steps taken by the government and Judiciary to curb the inequalities in health sector.

Research Methodology

To find out answers to the above mentioned questions an extensive literature review is carried out. The primary authoritative sources like Constitution of India, International agreements, Legislations by Government of India and certain judgements of Supreme Court were referred to understand the position of concept of health in India. Certain secondary sources like reports of WHO, NITI Aayog, National Family Health Survey, Human Development Index and reports and publications of other governmental organisations, published research articles, commentaries on different laws and judgements, publications of NGO's, articles in newspaper etc. are also considered.

Judicial and Governmental Initiatives to Curb Inequalities in Healthcare Based on Gender

The Constitution of India makes healthcare the responsibility of the state governments[24]. The constitution is very clear about the role the state has to play in developing the health sector

[20]Khera, R., Jain, S., Lodha, R. and Ramakrishnan, S., 2013. Gender bias in child care and child health: global patterns. Archives of Disease in Childhood, 99(4), pp.369-374.
[21] Raj, A., 2011. Sex-selected abortion in India. The Lancet, 378(9798), pp.1217-1218.
[22] Pereira, B., Andrew, G., Pednekar, S., Pai, R., Pelto, P. and Patel, V., 2007. The explanatory models of depression in low income countries: Listening to women in India. Journal of Affective Disorders, 102(1-3), pp.209-218.
[23]Shahmanesh, M., Wayal, S., Cowan, F., Mabey, D., Copas, A. and Patel, V., 2009. Suicidal Behavior Among Female Sex Workers in Goa, India: The Silent Epidemic. American Journal of Public Health, 99(7), pp.1239-1246.
[24]Constitution of India, Entry 6, List II, Schedule 7

and making it accessible to all people without any discrimination. The architects of our constitution through part IV imposed this duty on the state to ensure social and economic justice to the people of India[25]. Entry 6 of List II empowers the state governments to make all necessary legislations to regulate the health sector. By keeping few health related subjects in concurrent list[26] the framers of constitution have kept the doors open even for the centre to govern the health sector by making appropriate legislations. The Preamble to the Constitution also gives a wide-ranging direction to the Indian Republic to take measures to attain social, economic and political justice and also equality in status and opportunity. Without achieving adequate and accessible health care and wellbeing of the people without any discrimination, attainment of social justice would remain a myth[27].

The Indian Judiciary also has played a very significant role in making the right to health accessible to all without any discrimination. The apex court through many of its judgements has widened the scope of A.21 to fetch right to health and healthcare also in its ambit. The court made it possible by ruling that right to life is defined to include life with human dignity[28]. So we can say that health is an inevitable part of dignified life. Depriving someone of his health is deprivation of his/her right to life guaranteed by Article 21[29] of the constitution. Thus the same should be made free from discriminations. The Supreme court in Vincent[30]judgement has emphasised that "*a healthy body is the very foundation of all human activities……maintenance and improvement of public health have to rank high as these are indispensable to the very physical existence of the community and on the betterment of these depends the building of the society of which the constitution makers envisaged. Attending to public health is therefore, is of high priority, perhaps the one at the top*". In a subsequent case[31] the SC held that the "*Constitution envisages the establishment of a welfare State at the federal level as well as at the State level. In a welfare State the primary duty of the Government is to secure the welfare of the people. Providing adequate medical facilities for the people is an essential part of the obligations under taken by the Government in the welfare State……. Article 21 imposes an obligation on the State to safeguard the right to life of every person. Preservation of human life is thus of paramount importance. The government hospitals run by the State and the medical officers employed therein are duty bound to extend medical assistance for preserving human life. Failure on the part of a government hospital to provide timely medical treatment to a person in need of such treatment results in violation of his right to life guaranteed under Article 21*". The court opined in PaschimBenga judgement "*it is the constitutional obligation of the State to provide adequate medical services to the people. Whatever is necessary for this purpose has to be done. In the context of the constitutional obligation to provide free legal aid to a poor accused this Court has held that the State cannot avoid its constitutional obligation that regard on account of financial constraints. The said observations would apply with equal, if not greater, force in the matter of discharge of constitutional obligation of the State has to be kept in view……..The failure of hospitals to provide timely medical care to needy person violates his right to life guaranteed by A.21*"[32]. The court in its historic judgement in Consumer Education and Research Centre, explicitly held that right to health is a meaningful part of right to life, also said the obligation of the state is not only to promote emergency

[25]Constitution of India. Art. 39, 42 & 47.
26Constitution of India, Entry 6, List III, Schedule 7
27DurgaDasBasu, *Shorter Constitution Of India*, 377, (Lexis Nexis, 14thedn, 2009).
[28]Maneka Gandhi v UOI, A.I.R 1978 SC. 597., Munn v. Illinois, 94 U.S. 113, (1877)., Francis Coralie v. Delhi A.I.R 1981 SC. 746., Confederation of Ex-servicemen Association v UOI A.I.R 2006 SC 2945.
[29]INDIA CONST. A. 21.
[30]Vincent v. Union of India, A.I.R. 1987 S.C 990 (India).
[31]Krloskar Brothers Ltd. v. Employees State Insurance Corporation. 1996 (2) SCC 682; Para 9 (India).
[32]PaschimBangaKhetMazdoorSamityv. State of West Bengal, 1996 SCC (4) 37 (India).

medical services but also to ensure the creation of conditions necessary for good health, including provisions for basic, curative and preventive health services and assurance of healthy living and working conditions.[33] In 1996 in another judgement the apex court following the CERC decision reiterated health as a fundamental right and also held that this right is not only available against the state and its instrumentalities but even the private sector is equally responsible to provide health facilities to its workmen.

The role played by Government of India in improving the public health care system is noteworthy. The government through its programmes and policies has been trying to curb the inequalities in health sector. As a result, there have been major improvements in public health since 1950s. In 1940's, the national Health sub-committee of National Planning committee has made recommendations to set up Community health worker for every 1000 of village population. Laterin 1952 acting on the Bhore committee recommendations[34] Primary Health Centres were set up to provide integrated, promotive, and preventive and curative services to entire population. PHC's can be called as the corner stone of the rural health care. But the studies are showing that though PHC's are established with huge funding assistance and definite goals, they have failed to achieve the objectives due to many reasons. Many Expert Committees reviewed the health infrastructure and the conditions prevailed in the country and made recommendations needed to prevent and control diseases including communicable, non-communicable and emerging diseases. During 1960's the government set up many institutions to provide support to education, training and research in the field of budding health care system of the country. The Expert Committees on Public Health system[35] and the National Commission on Macroeconomics and Health[36] had examined theissues faced by the health care system and made required recommendations to progress the same. National Five Year Plans were one of the main initiatives for planning and developing the country which included many programmes for improving health sector. Similarly National Health Policies[37] and many international initiatives such as Health for All by 2000, Calcutta Declaration on Public Health in southeast Asia 1999, UN Millennium Development Goals 2000[38], Global Commission on

[33]CERC v. UOI, A.I.R. 1995 S.C 922 (India).
[34]Bhore Committee. Report of the Health Survey and Development Committee. 1946. http://nihfw.org/NDC/DocumentationServices/ Committe_and_commission.html (accessed on 09/07/2017).
[35]Bajaj Committee report, 1996. Available at https://www.nhp.gov.in/sites/default/files/pdf/Bajaj_Committee_report.pdf (Accessed on 10/01/2018).
[36]National Commission on Macroeconomics and Health, Ministry of Health & Family Welfare Government of India, New Delhi August 2005, Available at http://www.who.int/macrohealth/action/Report%20of%20the%20National%20Commission.pdf (Accessed on 10/01/2018). (This includes the Bhore Committee 1946, Mudaliar Committee 1961, Chadha Committee 1963, Mukherjee Committee 1966, Jain Committee 1967, Kartar Singh Committee 1974, Srivastava Committee 1975, Mehta Committee 1983, Bajaj Committee 1987 and Expert committee on Public Health and Systems 1992-1997.)
[37]National Health Policy 1983, National Population Policy (2000), The National Youth Policy (2003), National Health Policy (2002), National Policy for Persons with Disabilities (2006), National Vaccine Policy (April 2011), National Policy for Containment of Antimicrobial Resistance (2011), NHM Policy Planning (2013), Health Research Policy ICMR 2007, National Health Profile 2005 onwards, Home Based New Born Care Operational Guidelines 2014, Kangaroo Mother Care & Optimal Feeding of Low Birth Weight Infants 2014, India New born Action Plan 2014 (INAP), National Policy For Containment Of Antimicrobial Resistance- 2011, National Policy for Access to Plasma Derived Medicinal Products from Human Plasma for Clinical / Therapeutic Use National Mental Health Policy 2014, National Health Policy, 2017, National AIDS Prevention and Control Policy are some of the health policies initiated by Government of India. Available at: https://www.nhp.gov.in/health-policies_pg (accessed on 11/01/2018).
[38]Available at: http://www.un.org/en/mdg/summit2010/pdf/List%20of%20MDGs%20English.pdf (accessed on 11/01/2018).

Macroeconomics and Health 2001, revised International Health Regulations 2005, an Asia Pacific Strategy for Emerging Diseases 2005, Ending Open Defection Campaign 2014, Health Policy 2015, Clean India Mission, 2015, E-Health programme, Jan Oushadhi medical stores etc. are the initiatives by the government to improve the public health care system. One of the recent step taken by the government to improve the Health care system is the National Health Policy 2017. It aims at developing the health care system through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality[39]. Finally, the Ayushman Bharat health scheme was launched by Central Government on September 2018 with an intention to provide health care facilities to over 10 crore families covering urban and rural poor. As a result of these efforts, a strong health infrastructure has been developed. Many national disease programmes to control, eliminate and eradicate diseases have been set up in the country. Based on the recommendations from the above said committees, huge health care infrastructure has been created in the country. Affordable medicines and tools are now available which are highly effective, when used appropriately. However, the recent COVID-19 situation has proved it beyond doubt that our country is not prepared to handle any health emergencies and pandemics.

The government acting on the constitutional mandate under A. 15 (3)[40] has come up with certain gender specific legislations to prevent the discriminations and offences against women and to uplift the status of women in India. Few of such legislations also aims at improving the access to healthcare for women in India. Some of them are Maternity Benefits Act, 1861 enacted to protect the rights of a women during pregnancy and after delivery. Dowry Prohibition Act, 1961 to put an end to dowry system and there by prevent Domestic violence against women. Medical Termination of Pregnancy Act,1971 as amended in 1975 and 2002 enacted to reduce the occurrence of illegal abortion and consequent maternal mortality and morbidity. Equal Remuneration Act, 1976 enacted to prevent gender discrimination by providing for equal payment to men and women during employment. National Commission for Women Act 1990 and the commission established under it with an aim to deal with the harassments and violations against women rights. Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 enacted to stop female foeticides and arrest the declining sex ratio in India. Another development in this field is the 2005 Amendment to Hindu Succession act which enabled equal rights to women in succession rights. The Prohibition of Child Marriage Act 2006 is another example which intends to prevent child marriages. The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 was enacted with an intention to provide protection against sexual harassment of women at workplace and for the prevention and Redressal of complaints of sexual harassment. Yet the face of reality is dark, the women in our nation is still struggling to get

Findings of the Study

The social determinants of health are the economic and social conditions that influence individual's health status[41]. The distributions of social determinants are often shaped by public policies that reflect prevailing political ideologies of the area. The World Health Organization says the disparities in health and healthcare sector are based on the

[39]Ministry of Health and Family Welfare, Government of India, National Health Policy 2017. Available at http://164.100.158.44/showfile.php?lid=4275 (Last visited on 18/02/2018).
[40][Constitution] Jan. 26, 1950, art 15(3) (India).
[41]Braveman, P, Gottlieb, "The social determinants of health: it's time to consider the causes of the causes"129 Public health reports19 (2014).

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circumstances in which people grow, live, work, and age, and also the systems put in place to deal with ailments[42]. All these conditions are designed and moulded by political, social, and economic forces.

In 2010 the Human Development Index introduced the Gender Inequality Index which mainly reflects the gender centered inequalities with respect to reproductive health, empowerment and economic activity[43]. The below diagram (Figure 1) is based on the data provided by the 2017 Human Development Index. It shows that in 2017 India has scored 0.524 Gender Inequality Index value making it 127th out of 160 countries. The factors considered for calculating the Gender Inequality Index were the percentage of parliamentary seats held by women, education, life expectancy and workforce participation. As per the data only 11.6 percent of parliamentary seats are held by women, 39.0 percent of adult women have reached at least a secondary level of education compared to 63.5 percent of their male counterparts, for every 100,000 live births, 174 women die from pregnancy related causes; and the adolescent birth rate is 23.1 births per 1,000 women of ages 15-19 and finally female participation in the labour market is 27.2 percent compared to 78.8 for men[44].

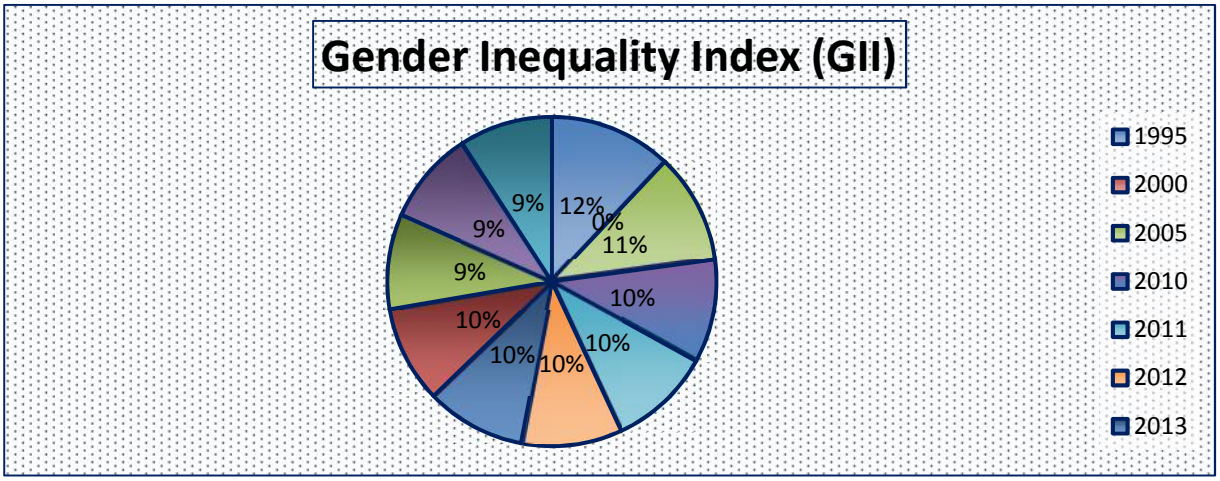

Figure 1: Gender Inequality Index 1995-2013(Source- Human Development Index, UNDP)[45]

In 2014, for the first time the Human Development Report introduced Gender Development Index (GDI), based on the sex-disaggregated Human Development Index (HDI). It is based

[42]World Health Organisation, Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health*, (2008). Available at: http://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=467096482AC2EE8C5C3F694BDCA6E18F?sequence=1 (Retrieved on 21/01/2019).

[43] Reproductive health is measured by maternal mortality and adolescent birth rates; empowerment is measured by the share of parliamentary seats held by women and attainment in secondary and higher education by each gender; and economic activity is measured by the labour market participation rate for women and men. The GII can be interpreted as the loss in human development due to inequality between female and male achievements in the three GII dimensions. Available at: http://hdr.undp.org/sites/default/files/hdr2018_technical_notes.pdf (Last accessed on 07/06/2019).

[44]*Ibid.*

[45] Gender Inequality Index, Human Development Report 2017, United Nations Development Programme, Available at: http://hdr.undp.org/en/indicators/68606# (Last accessed on 07/06/2019).

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on the ratio of the female to the male HDI. The GDI measures gender inequalities in achievement in three basic dimensions of human development: health (measured by female and male life expectancy at birth), education (measured by female and male expected years of schooling for children and mean years for adults aged 25 years and older); and command over economic resources (measured by female and male estimated GNI per capita). The 2017 female HDI value for India is 0.575 in contrast with 0.683 for males, resulting in a GDI value of 0.841[46] as shown in the below diagram (Figure 2).

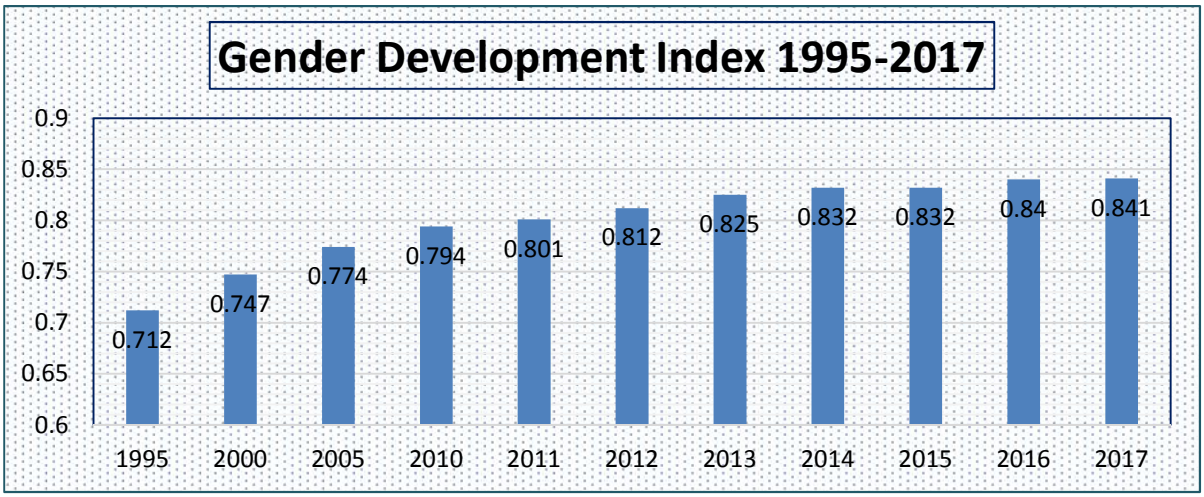

Figure 2: Gender Development Index 1995-2017(Source- Human Development Report 2017)[47]

Another fact which can be considered to understand the occurrence of gender inequality is the difference in the life expectancy of females compared with male. According to the findings of different studies in India both women and men have nearly the same life expectancy at birth, but the typical female advantage in life expectancy is not seen in women India[48]. This change suggests that there are systematic problems with women's health and healthcare in India. Many of the studies are saying that Indian women have high mortality rates, particularly during childhood and in their reproductive years[49].

[46] Gender Development Index, Human Development Report 2017, United Nations Development Programme Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IND.pdf(Accessed on 10/06/2019).
[47] *Ibid.*
[48] Dr. Manisha A.Mehrotra, Ms. Saumya Chand, *An Evaluation of Major Determinants of Health Care Facilities for Women in India*, Journal of Humanities and Social Science, Vol2, Issue 5, 01-09 (2012).
[49] NITI Ayog, Maternal Mortality Ratio (MMR) (per 100000 live births), Available at: https://niti.gov.in/content/maternal-mortality-ratio-mmr-100000-live-births (accessed on 21/01/2019).

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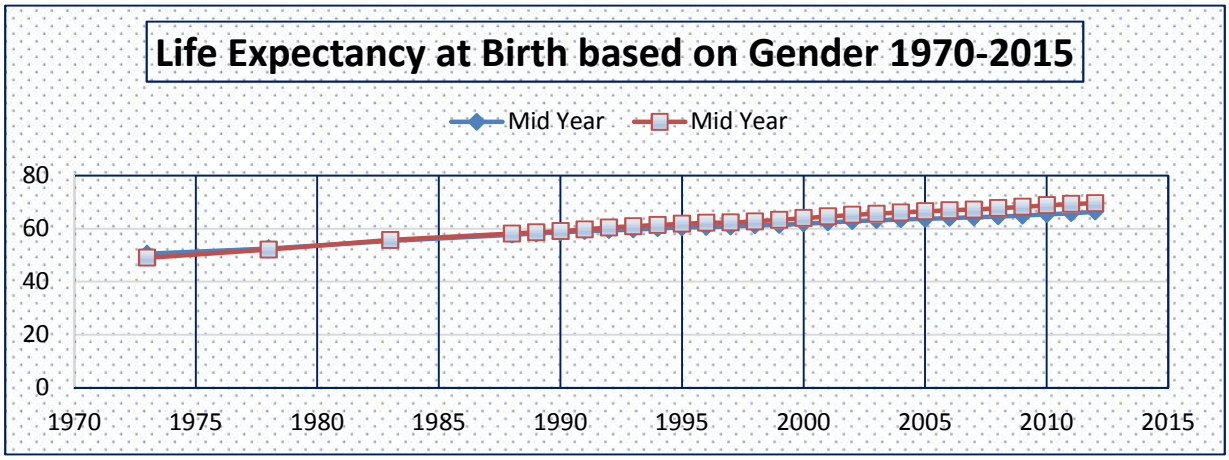

Figure 3: Life Expectancy at Birth based on Gender1970-2015 (Source: Census India 2011)

Though India has achieved ground breaking success in reducing the Maternal Mortality rate by 77%, from 556 per 100 000 live births in 1990 to 130 per 100 000 live births in 2016, the country has not succeeded in eliminating Maternal Mortality from India. As compared to many of the developed and developing nations the MMR rate is very high and should be taken in to a serious note by the authorities. The below figure (Figure 4) shows the declining rate of MMR in India for the previous 20 years. But the data is showing that it is still high in rate and the country has failed to eradicate the same.

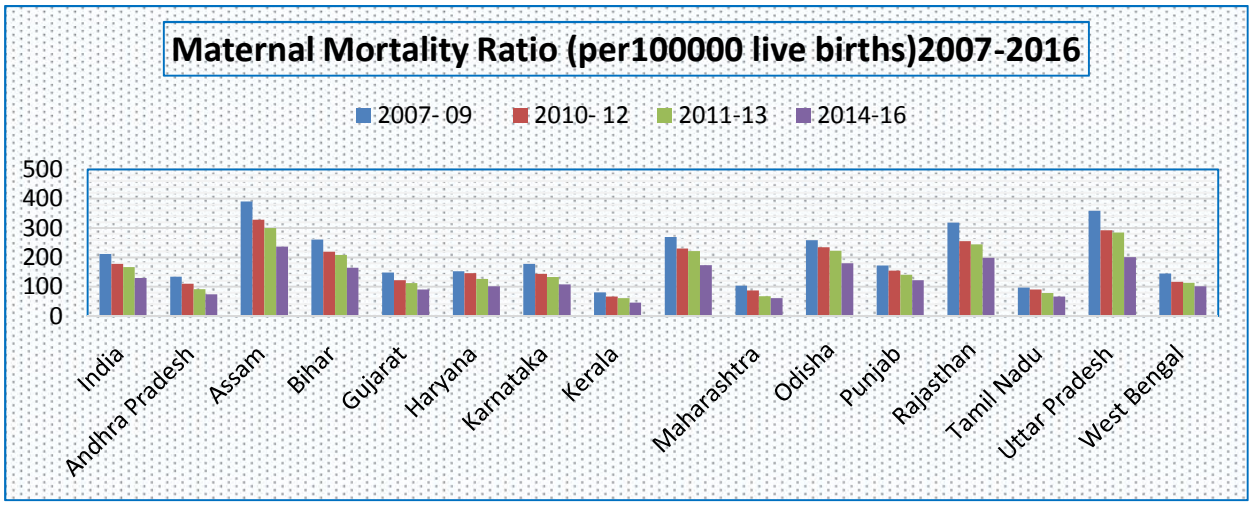

Figure 4: Maternal Mortality Ratio 2007-2016 (Source-NITI Aayog)[50]

It is a well-known fact that in India women are the vulnerable section, even after implementing many laws to support the rights of the women and putting in place many programmes and policies to uplift womenthere exists disparity based on gender. It starts at

[50] Maternal Mortality Ratio (deaths per 100,000 live births), Human Development Report 2017, United Nations Development Programme, Available at: http://hdr.undp.org/en/indicators/89006# (Last Accessed on 10/06/2019).

home itself, the resource allocation within the household gives the evidence to support that statement and so is with the public sphere too.

CONCLUSION

As mentioned above the problems faced by Indian women in healthcare are intrinsically linked to their status in the society. The main factors contributing to health problems of women in India can be categorised as malnutrition and discriminatory feeding patterns, illiteracy, inadequate healthcare during childhood and reproductive years, domestic violence, poor hygiene, early marriage and child bearing, Sexual harassment, other violence's against women etc. Few studies in to the matters of inequalities in healthcare based on gender has suggested that the health and nutritional status of Indian women becoming worse due to the prevailing culture and traditional practices in India.[51] From the above findings it is clear that there is improvement in the system, still India has to go long way to achieve equality in access to healthcare.

Despite the progress in access to healthcare, the Gender inequalities based on varying economic, social and political causes continues to persist in India. The rural India is undergoing more instances of inequalities based on gender. This is high time that the government should approach this issue more seriously and introduce counter measures intending to curb and mitigate the inequalities based on gender. In words of Laurie Garrett, the central government in India has surrendered its responsibility to maintain the health of billions to the states and more concentrating on developing nuclear weapons. States with little resources and inefficient and corrupt bureaucrats are least bothered about the public health. They are concentrating on clinical services than preventing the cause of infectious and other diseases.[52] To bring equality in access to healthcare there should be a central legislation to ensure quality healthcare accessible to all. Along with that the government should strengthen provisions on education of female children in each part of India. The government should employ measures to curb all kind of discriminations based on gender and make such practices punishable. Awareness programmes should be carried out by the local authorities to educate people on the importance of healthcare, immunisations, maternal healthcare, nutritional food etc. Social security programmes and policies should be made and such programmes should address the problems of women and must concentrate on uplifting the status of women in the society. More programmes should be implemented effectively to improve the education, awareness and healthcare access of rural women. Another point the government should concentrate on is improving the health insurance coverage.

[51]UNDP, Human Development Report, Sustainability and equity, 2011. Available at: http://hdr.undp.org/sites/default/files/reports/271/hdr_2011_en_complete.pdf (Accessed on 21/01/2019).
[52]LAURIE GARRETT, BETRAYAL OF TRUST: THE COLLAPSE OF GLOBAL PUBLIC HEALTH, 1-12, 4 (2011).