

Women's Health & Human Rights

Abstract

Human rights provide a framework within which to respond to gender-based discrimination and other social determinants that have a significant impact on women's health. In many cases, women's ill-health is the direct result of violation of the principle of non-discrimination based on sex and of many other fundamental human rights, such as the right to education and information, the right to participate in decision-making, equality in employment and the right to the highest attainable standard of health. The constitution of India has given equal status to women at par with men but it fails when it comes to implementation because of our patriarchal society. Women's right to health has been reiterated many times. India currently has one of the highest rates of malnourished women among developing countries. The need of the hour is to look into the root cause of the problem and nip the evil immediately, so that women can be given their due status and respect.

Keywords: Human Right, Women, Discrimination, Health, CEDAW.

Introduction

Gender-based health inequities exist globally and necessitate research, practice, and policy efforts to ensure that women's health as a human right is a reality (Calvo et al., 2013). On the basis of sex differences, a superordinate-subordinate hierarchy is established; through which males have access to land holdings, inheritance, skills, productive employment and the associated high status. Women, on the other hand, receive poor nutrition and medical care, and inferior education; they suffer violence and are even denied life (female infanticide). Women are prevented from playing a full and equal role in many faiths. Women have suffered immensely since the times in memorial and are subject to self-sacrifice and self-denial in our society. Nor, tragically, does its influence stop at the walls of the church, mosque, synagogue or temple. This discrimination, unjustifiably attributed to a Higher Authority, has provided a reason or excuse for the deprivation of women's equal rights across the world for centuries. At its most repugnant, the belief that women must be subjugated to the wishes of men excuses slavery, violence, forced prostitution, genital mutilation and national laws that omit rape as a crime. But it also costs many millions of girls and women control over their own bodies and lives, and continues to deny them fair access to education, health, employment and influence within their own communities. There are various economic, social, political and human rights factors, and the challenges women face in maintaining health and managing their lives in the face of societal pressures and obstacles. A woman who may look empowered from the outside could be silently suffering in pain at different levels because of her husband, in laws or even male co workers.

Objective

To find out the cause of gender-biased health issues and their rights and nip the evil immediately, so that women can be given their due status and respect.

Right to Health

To enjoy the highest attainable standard of health as a fundamental human right, has been enshrined in a series of international and regional human rights treaties in over 100 constitutions worldwide. As with all human rights, the right to health therefore, is interlinked and related to both civil and political rights and other economic, social and cultural rights. As equal human beings, the right to health belongs to every individual. The chances of enjoying good health therefore must not be unfairly diminished because of disadvantaging factors such as disability, gender, race, ethnicity, sexual orientation, age, marital status, or other civil, political, social, economic or cultural attributes such as refugee status. The international human rights to improve women's health includes the right to be free from all forms of discrimination and then addresses rights to survival, liberty and security of the person, the right to family and private life, rights regarding information and education, the right to health and health care, the right to the benefits of scientific progress and the

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rights regarding women's empowerment. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) which specifically addresses the rights of women and girls was adopted in 1979 by the United Nations General Assembly and entered into force in 1981. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and establishes an agenda for national action to end such discrimination. As of 2 November 2006, 185 countries – over ninety percent of the members of the United Nations- are party to the convention. The countries meet periodically for the meetings with their respective country report to discuss and find solutions to various problems. CEDAW defines discrimination against women in Article 1 as "... any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field." The CEDAW gives the basis for realizing equality between women and men by ensuring equal access to and equal opportunities for women in political and public life, education, employment and health. (Women's health and human Rights: Monitoring the implementation of CEDAW)

Article 12 of the Women's Convention prohibits all forms of discrimination against women in the delivery of health care. It provides:

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.
2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Declarations and reservations made upon signature and confirmed upon ratification by India

Declarations

1. With regard to articles 5 (a) and 16 (1) of the Convention on the Elimination of All Forms of Discrimination Against Women, the Government of the Republic of India declares that it shall abide by and ensure these provisions in conformity with its policy of non-interference in the personal affairs of any Community without its initiative and consent.
2. With regard to article 16 (2) of the Convention on the Elimination of All Forms of Discrimination Against Women, the Government of the Republic of India declares that though in principle it fully supports the principle of compulsory registration of marriages, it is not practical in a vast country like India with its variety of customs, religions and level of literacy."

Reservation

"With regard to article 29 of the Convention

on the Elimination of All Forms of Discrimination against Women, the Government of the Republic of India declares that it does not consider itself bound by paragraph 1 of this article."

History of Women's Rights in India

Many scholars believe that women enjoyed equal status with men in all aspects of life in ancient India i.e. early Vedic Period; however the status of women began to decline in the medieval period with many unfair and inhuman practices. It is not been long that we got rid of the social evils like Sati Pratha and Child marriages for girls, denial of education, property etc. After ages of suffering, suppression and enslavement the new hope dawned in the lives of women with the introduction of British period in India (Shamsi Tehrani, MZ 2001). The introduction of the new system awakened many social workers to work in the wake of eliminating the social evils from the country. Mahatma Jyoti Bapule and Periyar E.V. Ramaswamy Naykar were the social activists who worked hard to abolish Sati system and provide education to women.

Though the constitution of India has given equal status to women at par with men but it fails when it comes to implementation because of our patriarchal society. There are many laws for the protection of these rights for women for instance according to 15(3) state can make special provision for women. The constitution also secures equal pay for equal work for both men and women under article 39. Article 42, states that; the state shall make provisions for securing just and human conditions of work and for maternity relief (Singh and Gupta, 2013). One of the most important contribution of Dr. Ambedkar in relation to the elevation of the status of women in India was the initiative to draft and introduce the Hindu Code Bill in the constituent Assembly. As the chairman of the drafting Committee of the Constituent Assembly and the first Law Minister of India, Dr. Ambedkar worked diligently to put an end to the age old enslavement of women by reforming the Hindu Social Laws (Batia, 1994). The Hindu Code Bill contains new rules which put women on an equal level with men in all legal matters and moreover they also have the right to property. Though there has been lot of work in recent times by social activists and laws by government, women still suffer from domestic violence, Dowry, female infanticide and sex-selective abortion, molestation, acid throwing and heinous crimes like rape.

The CEDAW contains a number of articles that are directly related to WHO's objective of assisting governments in protecting and improving women's health. Article 12 specifically calls on States to take all appropriate measures to eliminate discrimination against women in the field of health care, while others have a direct or indirect bearing on the enjoyment of the highest attainable standard of health. The duty of State is to ensure, on a basis of equality of men and women, access to health care services. States have the responsibility to ensure that legislation, executive action and policy comply with these three obligations. They must also put in place a system that ensures judicial action wherever required. (Women's health and human Rights: Monitoring the implementation of CEDAW).

Women's Health in India

Health is definitely an important factor that contributes to economic growth. Presently women in India face a multitude of mental and physical health problems which affect the wellbeing of the society and consequently the economic growth of the nation.

India has not only a large number of malnourished women; it also has one of the highest proportions of malnourished women in the developing countries (Jose and Navaneetham, 2008). For instance, a recent estimate suggests that in 2000 about 70 per cent of nonpregnant and 75 per cent of pregnant women aged 15-49 years in India were anaemic in terms of iron-deficiency (Mason et al., 2005). Maternal short stature and iron deficiency anaemia, which increase the risk of death of the mother at delivery, account for at least 20 per cent of maternal mortality (Black et al., 2008). This problem should be addressed for the benefit of women and children. India is facing a growing cancer epidemic, with a large increase in the number of women having breast cancer (Shetty 2012.). The Indian Council of Medical Research, showed that 10 out of every 100,000 women living in Delhi, Mumbai, Chennai, and Bangalore were diagnosed with breast cancer about 10 years ago, compared with 23 women per every 100,000 today. It is estimated that by 2030, the incidence of new cases of breast cancer in India will increase from today's figure of 115,000 to around 200,000 per year (Jonsson and Wilking, 2013). Major obstacles include the lack of adequate health-care infrastructure, getting women to attend for screening, and overcoming the social stigma associated with breast cancer. There is also a crippling lack of appropriate resources and expertise that are needed for diagnosis and treatment of breast cancer in developing countries, such as diagnostic mammography, the ability to carry out surgery safely and effectively, and chemotherapy drugs and radiation therapy.

A healthy mind can lead to a healthy body. Therefore mental health is imperative for the physical well being of a human being. The women who have always been suppressed in our society and treated as second citizens continue to think and behave so throughout their lives. This affects their state of happiness, spoiling their mental health and subsequently their overall health. A recent study by Nielsen Holdings (an American Global Information and measurement company with headquarters at New York) has revealed that 87 % of Indian Women feel stressed out most of the time as compared to 53% in America. Suicide is a major problem in India; the suicide rate in India is five times higher than the rate for the developed world. Women in India have higher rate of suicide as compared to men. The most common reasons cited for women's suicide are directly related to depression, anxiety, gender disadvantage and anguish related to domestic violence.

Cardiovascular disease is a major contributor to female mortality in India. As per a World Health Organisation (WHO) report, cardiovascular diseases (CVDs) would be the largest cause of death and disability in India by 2020. Women have higher mortality rates relating to cardiovascular disease than

men in India because of differential access to health care between the sexes. One reason for the differing rates of access stems from social and cultural norms that prevent women from accessing appropriate care. According to current estimates, India will soon have the highest number of cases of cardiovascular disease in the world and it is estimated to account for 35.9% deaths by the year 2030. Heart diseases have emerged as the number one killer for Indian women, they account for 15 % of the global burden of heart disease which kills about 15 million people every year. Till recent times, it was believed that heart diseases are mostly confined to males, but statistics have established that cardiac ailments are claiming more women.

Discrimination against women leads to preventable deaths and injuries during pregnancy and childbirth. Maternal mortality is a curse for the Indian society. Poor maternal health also affects the child's health adversely. Nearly 16 million adolescent girls give birth every year and at least 70,000 girls die each year due to pregnancy and childbirth complications, according to UNICEF. Therefore, national health programs such as the National Rural Health Mission (NRHM) and the Family Welfare Program have been created to address the maternal health care needs of women across India. Although India has witnessed dramatic growth over the last two decades, maternal mortality still remains high as in comparison to many developing nations (Nisha Varia, 2009). The problem of female foeticide and infanticide are very prevalent in our society. The act of sex- selective abortion has contributed to a skewed male to female ratio. Such disturbing issues can be solved with education and awareness. An instance of this is that the states with higher literacy and growth rates tend to have greater mental health and also lower infant mortality.¹³ In state of Kerala where the literacy rate is highest among all other states, the sex ratio is also the highest which is 1048 women per 1000 men, Puducherry has the second highest sex ratio i.e 1031 women per 1000 men according to the data given by the Census of India 2011. Whereas the Sex ratio of Haryana in 2011 was 877 indicating a continuing preference for boys in society and our native state Punjab is no better with the sex ratio of only 874. There have been 298 prenatal Period Deaths in 2010 in Punjab according to the data collected by the office of Director, Health & Family Welfare Punjab. Another shameful fact is that the capital of Punjab and Haryana, Chandigarh has even a worse sex ratio of only 818 in 2011; further more to add to the shame of our society the sex ratio in Daman and Diu was merely 618 as of 2011 which have dipped from 709 in 2001.

Conclusion

Protection of human rights has always been a burning topic since the days of civilization and is actually considered a symbol of civilization. The slogan, "Healthy Women, Healthy World" embodies the fact that as caretakers of family health, women play a unique role in maintaining the well being of their families and communities. A woman's access to quality basic health care, family planning and obstetric services can be improved through commitment to basic human rights. Education has been reported to

be associated with health status. Restrictions on education may affect women's ability to make informed choices regarding health practices, access health care services, interact with health care personnel, and participate in treatment regimens. Education of women is of utmost importance to apprise them of their political, economic and social rights. Only then they can be made aware of their status in the society and the indispensable role they can play for building of a healthy nation. This goal can only be achieved provided they are healthy themselves and the responsibility of which falls on the shoulders of their family, society and of course the nation itself. Though there are many organizations and laws protecting the human rights of women, there have been endless violations too. A lot can be achieved and changed to give women their utopian world and their due status if the state can sensitize the citizens about it.

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