

Report Summary

Women's Healthcare: Policy Options

- The Committee on Empowerment of Women (Chairperson: Ms. Bijoya Chakravarty) submitted its report on 'Women's Healthcare: Policy Options' on January 3, 2018.
- Synergy between the central and state policies: The Committee noted that synergy between the central and state policies will bring changes in women's healthcare. For example, the Committee observed that transportation of expectant mothers to the nearest delivery points still remains a hard task in view of (i) difficult geographical terrains, (ii) lack of transportation facilities, (iii) natural calamities, (iv) security threats, curfews, hartals, among others. In this regard, the Committee recommended that the central government must discuss with states to build 'pre-delivery hubs', preferably close to the delivery points to take care of such transportation issues. Further, it observed that such hubs would help reduce the out-of-pocket expenses of poor and marginalised families and also reduce maternal deaths.
- Functioning of Rastriya Swasthya Bima Yojana: Rastriya Swasthya Bima Yojana (RSBY) is an insurance scheme for the below poverty line families as well as certain categories of unorganised workers. It aims to reduce their out-of-pocket expenditures on health and increase their access to healthcare facilities. The Committee noted the following issues with RSBY's implementation: (i) exploitation of poor beneficiaries at the hands of private hospitals empanelled under RSBY (in the form of avoidable surgeries, wrong diagnosis, etc.), (ii) low enrolment percentage of households under RSBY indicating lack of awareness among the targeted population, and (iii) varied feedback with regard to quality and accessibility of hospitals. The Committee recommended a mechanism for oversight across all the districts in the country where RSBY is implemented. Further, the Committee also recommended that data pertaining to RSBY be made freely available on public platforms.
- Demand for Accredited Social Health Activists (ASHA): ASHA workers provide support in tracking the health of pregnant women, help them avail benefits (such as Janani Suraksha Yojana entitlements), and aid the grassroot implementation of health programmes. The Committee noted that ASHA workers across the country do not have fixed

- wages and that they have demanded a fixed wage component within their remuneration in many states. In this context, the Committee recommended a proposal for assured monthly wages not less than Rs 3,000. Further, the Committee also highlighted other issues regarding the training of ASHAs such as dearth of competent trainers, infrastructure, and equipment.
- Need for food fortification: The Committee noted prevalence of anaemia among women in rural areas to be worse than in urban areas. This is despite the implementation of National Food Security Act, 2013, Mid-Day Meal scheme, and the Public Distribution System. In this context, the Committee observed that the government priority has been on the issue of increasing the availability of food alone, rather than ensuring nutritional aspects of it, through approaches like food fortification. The Committee recommended that fortification of cereals with iron must be taken up with priority since (i) it does not alter the quality and nature of foods, (ii) can be introduced quickly, and (iii) can produce nutritional benefits for populations in a short period of time.
- **Unsafe abortions:** The Committee stated that unsafe abortion is a leading reason for the high percentage of abortion related deaths in the country (eight percent of all maternal deaths per year). It observed that the reasons for it could be the following: (i) awareness about abortion being low, and (ii) women must seek legal recourse if the pregnancy has gone over 20 weeks to terminate the pregnancy; however, a slow judicial process ensures that the pregnancy crosses the legal limit and the woman is unable to get the abortion done, thus, pushing her to the quacks in both rural and urban areas. The Committee recommended amending the Medical Termination of Pregnancy Act, 1971 to raise the permissible period of abortions to 24 weeks with this bar not applying to unborn babies having serious abnormalities. Further, it recommended removing the provision where only married women can get an abortion thereby allowing anyone to get an abortion.
- Mental health of women: The Committee noted that due to societal stigma and ignorance, mental illnesses suffered by women fail to get recognised. In this regard, the Committee recommended creating awareness and providing possible remedies to help de-stigmatise mental health issues.

DISCLAIMER: This document is being furnished to you for your information. You may choose to reproduce or redistribute this report for non-commercial purposes in part or in full to any other person with due acknowledgement of PRS Legislative Research ("PRS"). The opinions expressed herein are entirely those of the author(s). PRS makes every effort to use reliable and comprehensive information, but PRS does not represent that the contents of the report are accurate or complete. PRS is an independent, not-for-profit group. This document has been prepared without regard to the objectives or opinions of those who may receive it.

Nivedita Rao
nivedita@prsindia.org

January 29, 2018