PROVISIONS FOR WOMEN'S HEALTH IN INDIA

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ABSTRACT

Women's health in India encompasses a complex array of factors that necessitate legal, social, and healthcare strategies to promote their overall welfare. This article examines important legislative measures that bolster women's health, such as the Maternity Benefit Act of 1961, which protects employment rights during pregnancy, and reproductive health initiatives that enhance access to contraception, maternal healthcare, and safe abortion services. Furthermore, the Protection of Women from Domestic Violence Act of 2005 is vital in safeguarding women's safety and addressing the psychological and emotional impacts of abuse. Mental health, frequently neglected, is a crucial component of women's overall health, particularly for those experiencing domestic violence and societal pressures. Although these legislative measures signify notable advancements, challenges remain, including a lack of awareness, insufficient implementation, and inequities in healthcare access. To ensure comprehensive health and security for women in India, it is imperative to strengthen legal enforcement, raise awareness, and enhance healthcare infrastructure. A comprehensive approach that combines legal safeguards with accessible healthcare and mental health resources will foster a more equitable and healthier environment for women.

Keywords: Women's Health, Reproductive Health, Legal Safeguards.

INTRODUCTION

India is home to a large and diverse population, with women accounting for nearly half of the country's 1.4 billion people. After recently celebrating International Women's Day on March 8, one might wonder what the situation of women in the modern world is. While numerous developments have been made for the upliftment of women, women's health in India, however, remains a critical concern due to a multitude of factors, including social, economic, and cultural

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challenges. Despite improvements in health infrastructure, a large number of women face significant health disparities compared to men, especially in rural areas and marginalized communities. There are several key health indicators as to women's condition in India. E.g. in 2020, the maternal mortality rate (MMR) in India was 103 deaths per 100,000 live births. Though it is less than that of 556 deaths for every 100,000 live births in 1990, it's still higher than the global average, and the rural areas report significantly higher rates. Also, studies show that over 50% of women of the reproductive age suffer from anemia, mostly due to poor nutrition, repeated pregnancies, and inadequate healthcare, mostly prevalent in rural and low-income settings. Women frequently encounter significant barriers to accessing sexual and reproductive healthcare services, particularly in rural areas. Factors such as inadequate education, poverty, and cultural stigmas hinder their ability to obtain contraception, safe abortion services, and routine gynecological care. This issue is particularly pronounced in Indian society, where patriarchal norms contribute to considerable gender disparities in health. In many Indian families, girls and women often receive less food and medical attention compared to their male counterparts, resulting in malnutrition and health issues. Additionally, a notable number of girls are married before the legal age of 18, which often leads to pregnancies before the age of 20. Early pregnancies are linked to increased risks of complications and maternal mortality. Furthermore, many women, especially in rural regions, lack education regarding fundamental health, nutrition, and hygiene practices. This knowledge gap extends to sexual and reproductive health, resulting in poor maternal health outcomes. This gives rise to the need for a stringent legal framework in ensuring the healthcare rights of women, specifically for those who are socio-economically vulnerable.

MATERNITY BENEFIT (AMENDMENT) ACT, 2017 AND OTHER WELFARE SCHEMES

The Maternity Benefit (Amendment) Act of 2017 was passed by the central government and signed by the president in 2017 extending its provisions to the entirety of India and applicable to all employment sectors whether organised or unorganised, including, mines, plantations, establishments, factories and shops, given that the organisation consists of 10 or more employee. Every pregnant woman who has been an employee at her current employment for a period of a minimum of 80 days is entitled to maternity benefits. In the case of first pregnancy, she can avail maternity leave for 26 weeks, including 8 weeks before the date of delivery. In case of the existence of two or more living children, a pregnant woman is entitled to 12 weeks

of maternity leave, including 6 weeks before the actual date of delivery. During this period, the employer is liable for making maternity benefit payments at the rate of daily wage and is not at liberty to dismiss the employee on account of her pregnancy. Any employer who fails to provide maternity benefit payment or discharges a woman of her duties on account of her pregnancy is punishable with imprisonment of 3 months, which can be extended up to 1 year, and with a fine of a minimum of rupees 2000, which can exceed rupees 6000. Apart from the maternity benefit act, the Janani Suraksha Yojana scheme, launched by the central government in 2005, focuses on empowering women by encouraging childbirth and increasing awareness about maternal and child healthcare. It was launched to create a safe atmosphere for pregnant women and reduce maternal and neonatal mortality by promoting institutional deliveries. It provides financial assistance to women from BPL families and to all women from low-performing states, varying by state and rural/urban areas, who give birth at government healthcare facilities or private hospitals approved under this scheme.[1] Furthermore, the government has taken steps to implement the Pradhan Mantri Matru Vandana Yojanainby section 4 of the National Food Security Act, 2013, providing financial assistance to pregnant and lactating mothers aiming to improve their health and nutrition while also providing compensation for the wage loss sustained during this period. The objective of this scheme is to provide cash incentive for partial compensation for the wage loss so that the woman can take adequate rest before and after delivery of the first child, to improve health amongst pregnant women and lactating mothers and to promote positive behavioural change towards girl child by providing additional cash incentive for the second child, if that is a girl child. [2]The benefit is available to a woman for the first two living children provided the second child is a girl. In the case of the first child the amount of ₹5000 in two instalments and for the second child, the benefit of ₹6000 will be provided subject to a second child as a girl child in one instalment after the birth.[3]

REPRODUCTIVE RIGHTS

There are various social stigmas associated with women's reproductive health. Ranging from accessibility to contraception to safe abortion, there are several social, cultural, and economic hindrances faced by women in India. India's legal framework permits abortion under various

[1] '*Janani Suraksha Yojana: National Health Mission'* <*https://nhm*.gov.in/index1.php?lang=1&level=3&lid=309&sublinkid=841> accessed 8 March 2025.
[2] 'Pradhan Mantri Matru Vandana Yojana (PMMVY) | Department of Women and Child Development' <https://wcd.delhi.gov.in/wcd/pradhan-mantri-matru-vandana-yojana-pmmvy> accessed 19 March 2025.
[3] ibid.

circumstances, aiming to provide safe and accessible reproductive health services. However, challenges persist in ensuring equitable access and addressing societal barriers. As of 2019, approximately 52% of India's 353 million women of reproductive age sought to avoid pregnancy. Among these, 27% (about 49 million women) did not use modern contraceptive methods, indicating a substantial unmet need for contraception. The Modern Contraceptive Prevalence Rate (mCPR) is 58.5% in urban areas compared to 55.5% in rural regions. Women from wealthier households have an mCPR of 61.6%, whereas those from poorer households have a rate of 53.1%. Women with higher education levels exhibit an mCPR of 64.6%, in contrast to 53.1% among women with no formal education.

Since the enactment of the Medical Termination of Pregnancy (MTP) Act of 1971, the act has allowed abortions to be carried out by medical professionals under certain conditions and for certain women: in cases where there are risks to the mother or the developing fetus, in cases of rape, and in cases of contraceptive failure for married couples. The act has been amended twice. In 2021, the maximum gestational age for abortions was raised from 20 weeks to 24 weeks but only for certain categories of women, including sexual assault survivors, divorced and widowed women, women with physical and mental disabilities, and minors. Then came the 2022 decision of the Supreme Court equalizing rights for single women and in cases of marital rape.[4] However, the MTP Act does not give a pregnant person the right to get an abortion on demand. That choice has always been in the hands of doctors and the courts regardless of the medical, social, and personal circumstances surrounding a pregnancy. According to a United Nations Population Fund report, two-thirds of all abortions in India are unsafe, and close to eight women die every day because of causes related to unsafe abortions, making it one of the leading drivers of the country's already high maternal mortality rate. Though the WHO emphasizes that a doctor's unwillingness to provide the service on moral, ethical, or religious grounds, known as conscientious objection, should not prevent a pregnant person from accessing safe and legal abortion, India's legal framework does not factor in these recommendations.[5]

A 2021 study led by the US-based Center for Reproductive Rights reported that doctors in India often ask those seeking an abortion to obtain spousal consent or police permission, neither of

[4]Sohel Sarkar, 'India's Abortion Laws Offer Pregnant Women an Illusion of Choice' (*New Lines Magazine*, 9 September 2024) <https://newlinesmag.com/argument/indias-abortion-laws-offer-pregnant-women-an-illusion-of-choice/> accessed 19 March 2025.
[5]ibid.

which are required under the law. They "counsel" women to continue their pregnancies, shame single women for their sexual behavior, and face no consequences when they refuse to provide legal abortions. Moreover, the MTP Act stipulates that all abortions be conducted by an ob-gyn and mandates that all abortions be carried out in public or government-approved private hospitals with one or two registered practitioners, depending on the gestational age. This, however, doesn't take into account healthcare facilities in rural India where there is a marked shortage of specialized medical care, including gynaecologists and obstetricians, thus limiting the pool of service providers for people living in these regions.

In several areas, gynaecologists are available only at the district or subdivisional hospital level, which are few and far between, forcing women to travel long distances if they want to access legal abortion services. The study by the Center for Reproductive Rights pointed out that in several districts the nearest government facility with one registered practitioner, where women could have an abortion in the first trimester, was 12 miles away, whereas second-trimester abortion services, which requires two registered practitioners, were available only at a distance of 30 miles. For poor women in remote locations with limited road connectivity and public transport, traveling is expensive. In a male-dominated society, they are also not allowed to travel alone. Their access to abortion services without families and communities becoming aware, a daunting prospect given the social stigma surrounding abortion, is severely hampered.[6]

Many women end up obtaining an abortion outside of health facilities. Of the 15.6 million abortions carried out countrywide in 2015, 78% were outside of health facilities and were likely illegal and unsafe, according to a study published in The Lancet. Furthermore, the Protection of Children from Sexual Offences Act, 2012 (POCSO) requires the mandatory reporting of offences, which tends to deter medical professionals in fear of legal repercussions from performing required medical procedures for the termination of a pregnancy of a minor. To enhance access to safe abortion services the availability of trained professionals and facilities, particularly in underserved rural regions, is necessary. Also, simplifying regulations and protecting healthcare providers from legal uncertainties to encourage the provision of abortion services will go a long way. Implementing comprehensive sexual and reproductive health education to reduce stigma and inform women about their rights and available services will also promote women's reproductive health.

[6]ibid.

GENDER-BASED VIOLENCE AND ITS MENTAL IMPACT ON WOMEN

Gender-based violence (GBV) remains a significant issue in India, affecting women across various socio-economic backgrounds. Despite legal reforms and increasing awareness, incidents of domestic violence, sexual assault, honor killings, trafficking, acid attacks, workplace harassment, and cyber violence continue to rise. These forms of violence not only cause physical harm but also leave deep psychological scars, affecting women's mental health and overall well-being. The impact of such abuse extends far beyond the moment of violence, leading to long-term emotional and psychological distress. Despite the serious mental health consequences, many women in India do not receive the psychological support they need. The stigma surrounding mental health, coupled with societal victim-blaming, discourages women from seeking help. Even when survivors attempt to report abuse, legal and law enforcement systems often fail to provide adequate protection. Many women remain trapped in abusive situations due to financial dependence on their abusers, further exacerbating their mental health struggles. The lack of accessible mental health services, particularly in rural areas, makes it even more challenging for survivors to heal.

The Protection of Women from Domestic Violence Act, 2005 (PWDVA) is a crucial piece of legislation in India aimed at protecting women from domestic abuse and providing them with legal remedies. Before this law was enacted, domestic violence was largely considered a private matter, and women had limited legal recourse. The PWDVA expanded the definition of domestic violence beyond physical abuse to include emotional, verbal, sexual, and economic abuse, making it a comprehensive law that recognizes the various ways women can be harmed within their homes. One of the most significant aspects of the act is that it allows women to seek protection orders, residence rights, and monetary relief, ensuring their safety without necessarily filing for divorce or criminal charges against the abuser. The significance of this law lies in its victim-centric approach, as it prioritizes the safety and well-being of women rather than focusing solely on punishing the perpetrator. The act provides immediate relief by enabling courts to issue protection orders that prohibit the abuser from contacting or harming the survivor. Additionally, it grants women the right to continue living in their shared household, preventing them from being forcefully evicted. Another key provision is the recognition of live-in relationships, ensuring that women in such relationships also receive protection under the law. Moreover, the act mandates the appointment of Protection Officers to assist survivors in accessing legal aid, medical help, and shelter homes.

Despite its importance, the implementation of the PWDVA remains a challenge due to a lack of awareness, social stigma, and delays in the legal system. Many women, especially in rural areas, are unaware of their rights under this law, and societal pressure often discourages them from seeking legal help. Additionally, enforcement agencies sometimes fail to take domestic violence complaints seriously, leading to inadequate protection for victims. To maximize the impact of this legislation, there is a need for stronger enforcement, better awareness campaigns, and accessible support systems for survivors. When effectively implemented, the Protection of Women from Domestic Violence Act, 2005, serves as a powerful tool in empowering women, ensuring their safety, and breaking the cycle of abuse in Indian society.

Strengthening the enforcement of existing laws, such as the Protection of Women from Domestic Violence Act, 2005, and the Criminal Law (Amendment) Act, 2013, is crucial in ensuring justice for survivors. One Stop Centres (OSC) are intended to support women affected by violence in private and public spaces, within the family, community, and at the workplace. Women facing physical, sexual, emotional, psychological, and economic abuse, irrespective of age, class, caste, education status, marital status, race, and culture, will be facilitated with support and redressal. Aggrieved women facing any kind of violence due to attempted sexual harassment, sexual assault, domestic violence, trafficking, honour-related crimes, acid attacks, or witch-hunting who have reached out or been referred to the OSC will be provided with specialized services.[7] The objectives of the Scheme are to provide integrated support and assistance to women affected by violence, both in private and public spaces under one roof and to facilitate immediate, emergency and non-emergency access to a range of services including medical, legal, psychological and counselling support under one roof to fight against any forms of violence against women.[8]

CONCLUSION

As the world evolves, so does the legislation. We have come a long way from the pre-modern era characterised by women's subordination and suffering. Promoting women's health and well-being in India necessitates a comprehensive strategy that encompasses maternity benefits, reproductive health, protection against domestic violence, and mental health support. Legislation like the Maternity Benefit Act of 1961 is essential for upholding women's

[7]'One Stop Centre' (*myScheme - One-stop search and discovery platform of the Government schemes*) <https://myscheme.gov.in> accessed 19 March 2025.
[8]ibid.

workplace rights by offering paid maternity leave and vital benefits, thereby ensuring financial stability and job security during and after pregnancy. Likewise, reproductive health initiatives aim to provide access to contraception, maternal healthcare, and safe abortion services, empowering women to make informed decisions regarding their bodies. The Protection of Women from Domestic Violence Act of 2005 goes beyond ensuring physical safety; it also addresses emotional and economic security, acknowledging the broader effects of abuse on women's health. Furthermore, tackling mental health issues, especially those stemming from domestic violence, societal expectations, and gender inequality, is crucial for the overall well-being of women. Although these measures represent significant advancements, effective implementation, increased awareness, and enhanced healthcare access are essential to close existing gaps and guarantee that every woman, irrespective of her socio-economic status, receives the necessary support. An all-encompassing and inclusive approach to women's health will not only enhance individual well-being but also foster a healthier and more equitable society.