# UNIVERSAL HEALTH COVERAGE: WHAT IS IN IT FOR WOMEN?

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Universal Health Coverage is built on the notion of equity (UN 2015) – one is that everyone should be covered and the other is that of health services should be allocated according to people's needs. For instance, people with higher needs like pregnant women, young children and chronically sick should be able to receive more services than others. This article examines two aspects of women's health – namely maternal care and cancer.

Maternal health is affected adversely by the existing levels of early marriage and early pregnancy (NFHS 4) and would contribute

significantly to mortality and morbidities among young women. Anemia and women's nutrition is far too low to expect healthy mothers and newborns. As we are grappling with undernutrition, overweight and obesity among women has already reached high levels. This calls for life cycle & wellness approach to be taken-up in UHC.

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Addressing the financing side of healthcare is identified as the most important to enhance demands and access. Out of pocket expenses in general are about 70 percent in the Indian context. WHO (2016) by disaggregating health coverage data has shown that women stand disadvantaged due to economic inequalities, are discharged from the labour wards too soon after delivery; practices during delivery include routine episiotomies, application of excessive fundal pressure, unnecessary oxytocin injections and other practices meant to speed-up the delivery; unnecessary caesarean sections become the norm; and poorly trained personnel are unable to recognize or manage obstetric emergencies before it becomes too late to save the life of the woman. Therefore, increasing demands are a necessary condition to improve maternal health, but not a sufficient one. Family planning at around 53 percent is not good enough and naturally increases the number of abortions women under go to limit the family size.

| NFHS 4 - India | | | |
|---|---|---|---|
| | **Urban** | **Rural** | **Total** |
| Women age 20-24 years married before age 18 years (percent) | 17.5 | 31.5 | 26.8 |
| Women aged 15-19 years who were already pregnant mothers at the time of survey (percent) | 5.0 | 9.2 | 7.9 |
| **Current Use of Planning Methods (Currently Married Women (15-19 years))** | | | |
| Any method | 57.2 | 51.7 | 53.5 |
| **Women Nutrition** | | | |
| Women whose BMI is below normal (<18.5 kg/m$^2$) | 15.1 | 26.7 | 22.9 |
| Women who are overweight or obese | 31.1 | 15 | 20.7 |
| All women aged 15-49 years who are anemic | 50.8 | 54.2 | 53 |
| **Women Age 15-49 Years Who Have Ever Undergone Examinations of** | | | |
| Cervix | 25.3 | 20.7 | 22.3 |
| Breast | 11.7 | 8.8 | 9.8 |

but they have higher healthcare needs than men through their life cycle. Recent reforms of direct cash benefits to pregnant women have been quite successful in increasing institutional deliveries. However, Janani Suraksha Yojana limited it to two deliveries. Further, poor quality of care given the availability of beds & personnel is an issue. Studies have shown that women

Morbidity & mortality from cancers imply that UHC should go beyond maternal and reproductive health of women. Cancers of oral cavity and lungs in males and cervix and breast in females account for over 50 percent of all cancer deaths in India. One woman dies of cervical cancer every eight minutes in India. For every two women newly diagnosed with breast cancer, one woman dies of it in India. According to a report by NICPR 'Call for Action: Expanding cancer care for women in India, 2017', cancer among women in India is estimated at 0.7 million. NFHS 4 data clearly shows that those who have undergone examinations of cervix & breast are very low to reduce mortality/morbidities by early detection, early diagnosis and early treatment.

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As UHC is getting mobilized in the country, gender sensitive approach to meet the women's life-cycle based health is critical to achieve better overall health. While addressing health financing, regulation of quality of healthcare services in both private and public healthcare becomes an imperative to UHC. Non-communicable diseases, including cancer will challenge the nation's ability to provide coverage considering the high cost of tertiary care and further complicate the gender equity issues in access & affordability. Though this article did not address the issues of mental health and gender differences in disease prevalence, society's acceptance and care access/availability, that's a big chunk of unmet need areas for UHC to address adequately. si