

From the inception of planned development in independent India, women have never occupied a central place in health policies. Policy attention to health issues has either been utero-centric or gender blind. For women, it has mainly addressed reproductive or maternal health.

The state's preoccupation has been always with reduction of fertility since the early years of planning. Gender blind health programmes ignored social reality by overlooking important linkages between women's health issues and other aspects of their lives. One of the first programmes that focused specifically on women was included in the Family Planning Programme. But this programme was mainly for population control, targeted at women in the reproductive age group. The Family Planning Programme was later renamed the Family Welfare Program with the inclusion of the Maternal and Child Health (MCH) as its main objective. However, the emphasis remains the same. It mainly focuses on reducing birth rate, curbing total fertility rate and enhancing contraceptive use rate among couples.

The birth rate did not decline as much as expected. The Family Planning Programme was reviewed again, especially when the MCH component under the Child Survival and Safe Motherhood (CSSM) programme was launched in the 1980s. Prenatal, natal and postnatal care, immunizations and vaccinations came to acquire prominence since then. In the mid 1990's, due to criticism of the Family Welfare Programme and the international focus on reproductive health and reproductive rights, the Government launched a new programme from April 1996 called the Reproductive and Child Health (RCH) programme. This programme retains major components of the earlier CSSM programme and adds a component for the management of Sexually Transmitted Diseases

The 'Womb and Tube' Approach Need for a Comprehensive Health Care Policy for Women

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(STD's) and Reproductive Tract Infections (RTI's) to its list of objectives. In most of the programmes the underlying motivation has always been "population control." Except for the sterilization of women whatever the policy, implementation has rarely been impressive. Even the latest RCH programme narrows its concern to the reproductive role of women. The 'womb and tube' approach to women



tends to eclipse all other aspects of women's health.

Consequently, even after 55 years of supposedly planned development, no comprehensive health policy has implemented a programme that addresses the issue of women's health in an integrated manner. Control over the reproductive function of women is and was central to the Family Planning Programme (FPP). This is not surprising since reduction of fertility was the state's main concern and there was an appreciable decline in birth rates. However, instead of focusing on the overall health of women as a disadvantaged group as a strategy for

accomplishing improvement in their well being, and therefore, in the well being of the whole family, government policies continue to stress control over women's fertility in the narrowest sense.

Women of all ages not only have poor access to the health care system but are also less likely to use it. Gender bias in accessing and using health care starts early in life and continues in later life. Girls, over the years, slowly become more accepting of the neglect and injustice they bear. Women from their early childhood are trained to accept pain and suffering as a part of their lives. This has developed a 'culture of silence', which has led to women neglecting their health and not taking any treatment if they have health problems.

Women play a variety of roles both outside the household and within. Women's ability to perform these roles as also quality of their lives is in large part determined by the health status they enjoy. There needs to be an examination of women's health needs in the broader perspective of their diverse social roles, the productive work that they perform both within the house and outside. Their mental health, the illnesses they suffer due to old age or due to sexual abuse and violence, and the impact of new technologies, development processes and environmental factors on their health also need to be given due importance.

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