

# WOMEN'S EMPOWERMENT & HEALTH: THE ROLE OF INSTITUTIONS OF HARYANA

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**Accepted:** 24.03.2023

**Published:** 01.04.2023

**Keywords:** Empowerment, Health, Gender.

## **Abstract**

*Women's right to health has a great significance in this Era. Women are the backbone of society. However, there are social and cultural obstacles in developing countries that hinder their empowerment. Women's low status, lack of proper health education, class or ethnic disparities affects their health status. This paper discusses women's empowerment and health within the framework of the institutions of power in a Community, health care system, society-family and the state with special reference to the situation in Haryana. It draws the inference that to enhance women's health status, collaborative efforts are needed by all these institutions of power to work towards gender equality and the greater empowerment of women. Women's health refers to the branch of medicine that focuses on the treatment and diagnosis of diseases and conditions that affect a woman's physical and emotional well-being. Health is an important factor that contributes to human wellbeing and economic growth. Currently, women in Haryana have to face various health issues, which affect the aggregate economy's output. Addressing the gender, class or ethnic disparities that exist in healthcare and improving the health outcomes can contribute to economic gain through the creation of quality human capital and increased levels of savings and investment.*

## **Paper Identification**



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**Introduction:-** Women's right to health has a great significance in this Era. Women is the backbone of society. However, there are social and cultural obstacles in developing countries that hinder their empowerment. Women's low status, lack of proper health education, class or ethnic disparities affects their health status. This paper discusses women's empowerment and health within the framework of the institutions of power in a Community, health care system, society-family and the state with special reference to the situation in Haryana. It draw the inference that to enhance women's health status, collaborative efforts are needed by all these institutions of power to work towards gender equality and the greater empowerment of women.

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**Objective of the study:-**

To study women's empowerment and health within the framework of the institutions of power , health care system, society-family and the state with special reference to the situation in Haryana.

**Methodology:-** The Study is based on the secondary data. The Data has been collected from Economic Survey report of Haryana and various websites.

**The Strategic Plan 2022-2025 will guide UN Women's work for the next four years:-**

With an eye toward the 2030 deadline to achieve the Sustainable Development Goals, it details how UN Women will catalyse urgent and sustained action to achieve gender equality and the empowerment of all women and girls.

The Strategic Plan is based on key findings from an extensive consultative process, drawing on lessons and recommendations from evaluations, audits, and other assessments, including those from the 25-year review and appraisal of the Beijing Declaration and Platform for Action.

In recognition of the interconnected nature of our work and the change we seek to drive, our strategic plan defines the following seven desired outcomes, which transcend our four thematic areas and provide the pathways to realize our vision:

1. To achieve stronger global norms and standards on gender equality and the empowerment of women, as well as more gender-responsive laws, policies, and institutions, we will provide technical assistance to Member States, produce evidence in support of global commitments, and provide support to public institutions to respond to the needs of women and girls and encourage their participation in policy and agenda setting.
2. To increase public and private financing policies, strategies and instruments to advance gender equality, we will provide tailored policy guidance and capacity building on the mobilization, allocation and spending of high impact financing aligned with gender equality objectives.
3. To support societies and communities to adopt attitudes and practices that advance gender equality and women's empowerment, including by engaging men and boys, we will leverage our diverse partnerships to advance positive social norm change.
4. To create access to better – and more tailored – public goods, services and resources for all women and girls, we will support the removal of barriers to access, increase relevant expertise among service providers, support women's participation in policy design and decision-making, and promote sustainable investments at all levels.
5. To ensure that more women and girls exercise their voice, agency and leadership, we will facilitate the expression of women's voices in decision-making, including by protecting the right to freedom of opinion and expression and women's equal rights to engage in public life.
6. To generate better knowledge and data, including more global statistics disaggregated by sex, to inform gender equality strategies, we will create an enabling environment for the increased production of, and improved access.
7. To champion a more coordinated UN system united in the advancement of gender equality, we will significantly step up our UN coordination work, including supporting gender mainstreaming in all policies and programmes in the UN system and developing frameworks through which to hold the UN accountable to its commitments on gender equality.

### **Indian Government Major Schemes for Empowerment of Women:-**

### **One Stop Centres (OSCs):-**

OSCs 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, honor related crimes, acid attacks or witch-hunting who have reached out or been referred to the OSC will be provided with specialized services.

The objectives of the Scheme are:

- (i) To provide integrated support and assistance to women affected by violence, both in private and public spaces under one roof. (ii) To facilitate immediate, emergency and non-emergency access to a range of services including medical, legal, psychological and counseling support under one roof to fight against any forms of violence against women.

**TARGET GROUP:-** The OSC will support all women including girls below 18 years of age affected by violence, irrespective of caste, class, religion, region, sexual orientation or marital status. For girls below 18 years of age, institutions and authorities established under Juvenile Justice (Care and Protection of Children) Act, 2000 and the Protection of Children from Sexual Offences Act, 2012 will be linked with the OSC.

**Medical assistance:-** Women affected by violence would be referred to the nearest Hospital for medical aid/examination which would be undertaken as per the guidelines and protocols developed by the Ministry of Health and Family Welfare.

**Psycho-social support/ counseling:-** A skilled counselor providing psycho-social counseling services would be available on call. This counseling process will give women confidence and support to address violence or to seek justice for the violence perpetuated. Counselors shall follow a prescribed code of ethics, guidelines and protocols in providing counseling services.

**Case Study of Haryana:-** Women's empowerment and health within the framework of the institutions of power, health care system, society-family and the state with special reference to the situation in Haryana is as under:-

**Health Infrastructure :-** At present, the health services are being provided through a network of 70 Civil Hospitals, 122 Community Health Centers, 534 Primary Health Centers, 30 Dispensaries, 11 Poly Clinics, 11 Urban Health Centres and 2,674 Sub Health Centers.

**Janani Suraksha Yojana (JSY):-** This is a safe motherhood intervention under the National Health Mission (NHM). It is one of the largest conditional schemes in the world and is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. Launched on 12 April 2005, JSY is being implemented in all States and Union Territories (UTs), with a special focus on Low Performing States (LPS). JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care using Accredited Social Health Activist (ASHA) as an effective link between the government and pregnant women.

**WOMEN & CHILD DEVELOPMENT:-** The Women and Child Development Department, Haryana is implementing various schemes for the overall development and empowerment of children and women. The State Govt. is committed for the empowerment of women. The main aim/objective of the department is to promote social and economic empowerment of women through policies/programmes, spreading awareness about the children's rights and facilitating their access to learning, nutrition, institution support etc. The budget of the department has been enhanced from ₹1,113.49 crore (2014-15) to ₹1,832.02 crore (2021-22). During the current financial year, a sum of ₹841.63 crore has been incurred upto November, 2021 on various department schemes and programmes.

**Beti Bachao Beti Padhao:-** Beti Bachao Beti Padhao (BBBP) was launched by Prime Minister on 22.1.2015 at Panipat with the objective to prevent gender biased sex selective elimination, ensure survival, education & empowerment of the girl child. 12 districts of Haryana which have sex ratio imbalance were selected for the implementation of the programme. The programme was extended in remaining 8 districts in the year 2016 and Mevat in March, 2018. The State Govt. has taken various steps to bring all communities, social organization & NGO on a common platform for successful implementation of the programme. The sex ratio at birth in Haryana which was 830 as per 2011 census has gone upto 910 in November, 2021.

**Pardhan Mantri Matru Vandana Yojana (PMMVY) :-** The Govt. of India has renamed Indira Gandhi Matritav Sehyog Yojana as Pardhan Mantri Matru Vandana Yojana (PMMVY) from 01.01.2017. The scheme is being implemented in all the districts of the State in accordance with the provisions of the National Food Security Act, 2013. The scheme will help in improving health seeking behaviour and nutrition among pregnant women & lactating mothers to reduce the

effects of under-nutrition namely stunting, wasting and other related problems. Under this scheme, every pregnant and lactating mothers are being paid ` 5,000 in 3 installments. 1,85,126 beneficiaries (instalment bases) have been paid with an expenditure of ` 30.83 crore for the year April, 2021 to 30th November, 2021.

**One Stop Centre Sakhi :-** One Stop Centre for women has been setup to provide integrated supported and assistance to women affected by violence, both in private and public space under one roof and to facilitate immediate, emergency and nonemergency access to a range of service including medical, legal, psychological and counselling. One Stop Centres have been set up in 1st phase in the district namely Karnal, Faridabad, Gurugram, Hisar, Rewari, Bhiwani and Narnaul. Additional 15 centres have been operationalized in all remaining districts in the year 2018-19. 4,771 cases have been dealt during the financial year of 2021-22 from 1st April, 2021 to 30th November, 2021 in all One Stop Centre of Haryana.

**Aapki Beti-Hamari Beti :-**The Scheme was launched in the year 2015 by the State Govt. in order to curb the problem of declining sex ratio and to change the mind set of community towards girl child, where in ` 21,000 will be deposited in the account of first born girl child of SC and BPL families and ` 21,000 will be deposited on the birth of 2 nd girl child of all families. At the time of maturity i.e 18 years, this amount shall become ` 1 lakh approximately and will be available for utilization by the matured girl child. Haryana Govt. has extended the benefit to the 3rd girl child. 57,237 girls have been given the benefit under the scheme upto November, 2021.

**Haryana Kanya Kosh :-** Haryana kanya Kosh was constituted for the welfare and development of girls and women of Haryana on March, 2015. The funds are administered by the Women & Child Development Department. A sum of ` 69.88 lakh has been deposited in Bank Account of Haryana Kanya Kosh. The certificate of registration of Haryana Kanya Kosh u/s 12AA of Income Tax Act as a 'Charitable Society' and exemption u/s 80 G has been issued by the Income Tax Department. At present there is balance of ` 22.40 lakh in Hayana Kanya Kosh.

**Sukanya Smariddhi Account :-** The Scheme was launched on 22.01.2015 to address gender imbalance in the society and by creating a positive mindset in favour of the girl child. Under this Scheme, accounts can be opened from the birth of the girl child till she attains the age of 10 years. During April,2021 to october, 2021 in Haryana, 37,774 accounts of girl children have been opened in post offices.

**Integrated Child Protection Scheme:-** Integrated Child Protection Scheme (ICPS) is an umbrella scheme under which various schemes for children in need of care and protection and children in conflict with law are covered. The programme is being implemented through Haryana

State Child Protection Society (HSCPS). At the district level, the District Child Protection Unit (DCPU) under the Chairmanship of Deputy Commissioner has been constituted for care, protection, treatment, development and rehabilitation of the children in need of care and protection. There are 79 child care institutions in Haryana State run by Govt. Semi Govt. and Private Organizations. These homes are spread across the State in all districts and in 47 blocks and covering around 2,000 children. Juvenile Justice Board & Child Welfare Committee are functional in all districts of Haryana.

**Women Helpline 181:-** Became functional on 3rd December 2018. It has been set up under the scheme of Universalization of Women Helpline to provide 24 hours immediate and emergency response to women affected by violence through referral (linking with appropriate authority such as Police, One Stop Centres, Hospital, Legal aid through DLSA) and information about women related Government schemes and programs. Staff of WHL stays with the caller till the problem of survivor reaches to a logical end/ conclusion. Feedback is also taken by the staff of WHL on daily and weekly basis to ensure the safety of women. Staff under WHL are gender sensitive and each and every call is important for them. Women Helpline 181 has been set-up at Mahila Police Station, Sector 5, Panchkula. Women Helpline 181 scheme is 100% sponsored by the Centre Govt., New Delhi (MWCD) under Nirbhaya Fund. Staff of Women Helpline 181 is specialized in crime against women. All the Call Respondent staff of WHL 181 has qualification of M.S.W/ L.L.M with vast experience in dealing with women related issues WHL 181 was operational during COVID-19. Sakhi Dashboard is updated on call to call basis regularly. Daily and weekly feedback is also taken by the staff of Women Helpline – 181.

**Improving Infant & Young Child feeding:-** Malnutrition, poor maternal and adolescent nutrition, gender discrimination are major problems which require immediate attention and addressed to as every fourth infant born in India has Low Birth Weight & every second child is malnourished, reflecting inadequate caring practices related to health, hygiene, infant and young child feeding, care of girls and women. According to NFHS-III, in Haryana breastfeeding within one hour was initiated by 22.3% percent of infants and only 17%% infants of 0-3 months are exclusively breastfed. Breastfeeding is a critical entry point for ensuring children's rights to grow and develop to their full potential. In a study conducted by IBFAN, it has been revealed that universal exclusive breast feeding for the first six months is the single most effective child survival intervention – it reduces under –5 mortality by 13%. Further, complementary feeding alongwith breast feeding upto 2 years

prevents deaths by 6%.with breast feeding upto 2 years prevents deaths by 6%.Position of optimal infant and young child feeding practices is crucial for preventing malnutrition, infant mortality and for promoting integrated early child development for which the scheme for Improving Infant and Young Child Feeding has been sanctioned in the year 2005-06 by the State Govt.One Stop Centres (OSCs) 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, honor related crimes, acid attacks or witch-hunting who have reached out or been referred to the OSC will be provided with specialized services. One Stop Centre is 100% centrally sponsored scheme funded by Government of India under Nirbhaya fund. Aggrieved women facing any kind of violence due to attempted sexual harassment, sexual assault, domestic violence, trafficking, honor related crimes, acid attacks or witch-hunting who have reached out or been referred to the One Stop Centre will be provided with specialized services, irrespective of age, class, caste, education status, marital status, race and cultural will be facilitated with support and redressal. The One Stop Centre will be integrated Women Helpline 181 and other existing helpline also. Objectives of this scheme is as under:-1.To give training to grass root level ICDS functionaries on Infant and young child feeding practices.2. To generate awareness on Infant Young Child Feeding Practices.

Target Group are CDPOs, Supervisors, AWWs, SMS,SHGs and ASHA.

#### **Barriers in (Women's empowerment and health):-**

1. Major component of Health & Family Welfare Programme is related to Health problems of women and children, as they are more vulnerable to ill health and diseases.
2. Since women folk constitute about half of population, it is essential to know the health status of women so that the causes of ill health are identified, discussed and misconceptions removed.
3. Ill health of women is mainly due to poor nutrition,
- 4 Gender discrimination
- 5.Low age at marriage
6. Risk factors during pregnancy
7. Unsafe, unplanned and multiple deliveries



8. limited access to family planning methods and unsafe abortion services.

### **Strategies for Women's empowerment and health:-**

In order to overcome these problems,

1. The women need to be educated, motivate/persuaded to accept the Family Welfare Programme to increase demand for services.
2. Accordingly, the Government seeks to provide services in a life cycle approach. Under the RCH Programme the need for improving women health in general and bringing down maternal mortality rate has been strongly stressed in the National Population Policy 2000.
3. This policy recommends a holistic strategy for bringing about total intersectoral coordination at the grassroots levels and involving the NGOs, Civil Societies, Panchayati Raj Institutions and Women's Group in bringing down Maternal Mortality Rate and Infant Mortality Rate.
4. Several new initiatives have been taken to make the maternal health programme broad based and client friendly to reduce maternal mortality.
5. The Major interventions include provisioning of additional ANMs and Public Health/Staff Nurses in certain sub-centres, PHCs/CHCs, Laboratory Technicians, Referral Transport, 24-Hours Delivery Services at PHCs/CHCs, Safe Motherhood Consultants, Safe Abortion Services, Essential Obstetric Care, Emergency Obstetric Care, Skilled Manpower on contractual and hiring basis, Training of Dais, Training of MBBS doctors in Anesthetic Skills for Emergency Obstetric Care at FRUs, operationalisation of FRUs through supply of drugs in the form of emergency obstetric drug kits, Blood Storage Centers (BSC) at FRUs and Prevention and management of RTI/STI.

**Conclusions:-**The position, employment and work performed by women in society are indicators of a nation over all progress. There has been progress in sex - ratio, education, health, finance sector, social security still the condition is not satisfactory. Women have less social and economic values and they are restrained to only household activities. However various schemes and programmes have been started for empowerment of women, but the results are not upto mark due to red-tapism in administration, bribery in organizations, dowry system, harassment at work place , lack of resources etc. So, there are more need of efforts to upgrade the women's empowerment in health sector. The Role of institutions must be specified in collaborative way.

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