

# THE TRANSFORMATIVE POWER OF HEALTH



## Every girl's aid to empowerment in India

### Divya!

21 years ago as a young doctor trained in child health, I walked into my **FIRST** independent clinic organized for rural children. The nurse ushered in the first child - Divya, all of 3 - who came in smiling. She had a runny nose and mild temperature. An upper respiratory infection was what I diagnosed, a familiar condition doctors see in great numbers in Paediatric outpatient clinics. Even as I gave her some mild medications to relieve her cold and fever, I made a note of her height and weight on a growth chart and realized she was undernourished, with both the parameters far below the reference.

Divya came back to me almost every month for the next quarter and each time I noticed she had not gained weight. I discussed this with her Bala Shanti teacher, the teacher in-charge of the early childhood programme run by Shanti Ashram, explaining the condition and requesting to meet her parents to discuss her health and nutritional status. This marked the beginning of a two-year partnership between Divya, her mother, her Bala Shanti teacher and me. We worked on her case, diagnosed and treated her for Tuberculosis, enriched her diet and got her growth and developmental trajectory on course, all the while ensuring that not a single vaccine was missed and her de-worming tablets & multi-vitamins were administered diligently. Fast forward to 2021, Divya is now 24 years old, healthy, the first graduate in her family, having completed a BSc in Computer Applications, and the first in the family to join the formal work force. She is also married and has a young 18-month-old daughter, Subiksha. Divya has ensured that she and her husband are vaccinated with the COVID-19 Vaccine.

Divya's early childhood experience is not very different from the experience of millions of girls living in India.

### Then you must wonder why I present Divya to you?

I do so not to reiterate the burden of ill-health and poor nutrition that children, particularly a girl child like Divya faces, but to speak of the disruptor, the positive disruptor that child health interventions can be in the lives of children who are born in extreme poverty and into an unequal world. The early childhood experience of Divya demonstrates the transformative impact of health and why it is so critical to prioritize child health interventions which include preventive, curative, promotive and rehabilitative health interventions.

### Allow me in this presentation to deconstruct this argument on the transformative power of health!

- India's story which includes the story of her children's health (in numbers)
- Positive disruptors & persistent barriers when it comes to many girl children's health
- The cumulative cost of ill-health: compromised health, education, agency & autonomy to live fulfilled and fuller lives
- The COVID-19 Pandemic and whether in the midst of the pandemic there a window of opportunity we can seize to advance child health?
- Health: How health can be every girl child's aid to empowerment?

### India's story is the story of her children (in numbers)

India's story is the story of her children, her girls and her boys, her present and her future. Of the 1.21 billion (121crore) Indians today, children make up 472 million (47.2crore)<sup>i</sup>.

If we slice this up further, 537 million (53.7 crore) children are between the age of 0-14, which is 44.4% of the total population, and 48% of the child population in the age group 0-14 years is female<sup>ii</sup>.

Let's take four indicators that will help us better understand the majority experience of a girl at birth and through her lifecycle: **Total live births:** Nearly 25 million (2.5 crore) children are born in India every year<sup>iii</sup>.

**Current Sex Ratio:** 0-6 is 918, worsening to 908 when we extend this to the 0-18 years category and 943 for all ages<sup>iv</sup>. **Prevalence of Low birth weight:** 18% amongst infants (NFHS 2015-16)<sup>v</sup>. **Malnutrition:** 36% of all children under the age of 5 are underweight, 38% are stunted meaning they are too short for their age, and 21% are wasted meaning they are too thin for their height<sup>vi</sup>. **Vaccination coverage:** increased from 44% - 62% (2005-06 to 2015-16)<sup>vii</sup>. **Incidence of Child Marriage:** The percentage of women between the age of 20-24 who were married before turning 18 has reduced from 26.8% to 23.3% over the last 5 years, but that still means that nearly 1 in 4 girls between 20-24 today were married as children<sup>viii</sup>.

I hope you see the big picture, we have come a long way, but we have some unfinished business as the girl child is still not fully covered by existing health interventions. If we set for ourselves the same historic goals as we set for education, then girl's empowerment and consequentially women's empowerment will surely become a reality, a lived experience.

### **Positive disruptors & persistent barriers when it comes to a girl's health**

The 21<sup>st</sup> century has seen extensive documentation of the disruptors in every aspect of healthcare. We have seen transformations from the way healthcare was dispensed in institutional frameworks to the entry of hospitals into the community space; from healthcare workers adopting technology across the treatment cycle to patients & healthcare practitioners exploring different schools of medicine to choose the most effective health interventions. Important contributions within and beyond the realm of medicine are shifting the healthcare space and making big changes that significantly redefine the way people live and experience agency and industry.

Positive disruptors require innovation, scientific innovation in the lab and in human trials, but they fundamentally begin by simply refusing to do things the way they've always been done and believing that a positive disruption will change course for the better. Among the many, let me present two positive disruptors in modern India that have affected child health, **especially a girl child's health**, directly:

- Vaccines
- Education

**Vaccines:** The science of vaccination and its contribution to children's well-being and adult health in the 21<sup>st</sup> century is a resounding success story. While it is beyond the scope of this presentation to cover the extensive impact of vaccines and vaccinations on global health, please allow me to quote a few milestones the world has celebrated such as the eradication of some deadly diseases like smallpox in the 1980s. The measles vaccine alone saved an estimated 17.1 million (1.7 crore) lives between 2000 and 2015<sup>ix</sup>. The WHO estimates that immunization currently prevents 4-5 million (0.4-0.5 crore) deaths every year<sup>x</sup>. And we are all aware of the proven impact of vaccines in the very fresh and still unfolding COVID-19 pandemic.

I want to thank the Government of India for adopting the **extended universal immunisation programme** and in doing so giving all of India's children a chance to beat the curse of our historically terrible child mortality statistics. Life, not death, therefore, is a majority experience for all children, not just the male child now.

**Education:** Positive disruptions can also include social determinants of health. A healthy child is primed to participate better in the learning process and attain higher levels of cognitive development. Education thus becomes both an enabler of greater human capacities as well as of agency. Compulsory girls' education is a massive social disruptor and has aided better health in two ways: **first**, it made public health interventions

more accessible by dispensing it through the school architecture, thus improving uptake of health interventions; and **second**, by improving the agency of children, particularly a girl child, it challenged societal norms around child marriage and teenage pregnancy. **The latest NFHS survey released this November 2021 says India as a whole has a net fertility rate of 2** and this could not have been achieved without this powerful disruptor<sup>xi</sup>.

In 1947, when India won independence, the life expectancy for a baby girl was around 32 years. Today, a baby girl has a life expectancy of 64 years, thanks predominantly to positive health disruptors like vaccines and health interventions to aid girls' empowerment and agency<sup>xii</sup>. The time is ripe to integrate health literacy as a core component within formal education systems as well as to scale the healthcare offering by adding other vaccines in the EPI such as the Cervical Cancer preventing vaccine. India's children can get closer to global health parameters by integrating these positive disruptors that health as a sector provides to aid every girl's empowerment in India.

**The cumulative cost of ill-health: compromised health, education, agency & autonomy to live fulfilled and fuller lives:** "Each time a woman stands up for herself, without knowing it possibly, without claiming it, she stands up for all women." Maya Angelou, the much loved American poet and civil rights activist. Health and Education can directly impact the agency gap that many girls and women face in India and the world. What is Agency you may ask? Agency is when a woman (women) takes strategic actions toward goals that matter. It reflects a person's "ability to make powerful and purposeful choices" in pursuit of the goals or values they regard as important. Simply put, agency is a purposeful drive to wholeheartedly pursue what you deem to be meaningful and important. It is the fuel that drives a girl to realise her dreams!

Public health professionals have always recognised the importance of health in the empowerment of children and young people. WHO, the World Health Organisation, defines public health as "the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society" (Acheson, 1988; WHO). It further expands on the overall vision of public health and states that through public health outreach we will be able to promote greater well-being and reducing inequalities in society.

### **Re-imagining Public Health, the future of our girls together!**

COMMIT, COMMUNICATE and TAKE ACTION

Indeed, today in the midst of the COVID-19 Pandemic that has affected over 200 countries in every continent of the world, there still remains the risk of aftershocks chipping away at the happiness and well-being of children, adolescents, families and caregivers for years to come. That they will pose a risk to the foundations of health - mental, physical, social and spiritual - is more certain than ever. And while these risks have existed in the pre-pandemic world as well, it is only now we are seeing them play out at scale and their interconnectedness is evident in the multiple crises they have triggered - the learning crisis, the nutritional crisis, the mental health crisis and exponential increase of children falling into poverty. The gender gap has increased significantly and if we don't intervene and use the positive disruptors, including health, expeditiously, we might even be at the danger of reversing some hard-won gains in girls' empowerment. So, TAKING ACTION seems not only logical but also ethically right! Educational institutions can provide this critical pull as this is where the greatest access to girls and young women are, and the educational space is also a key influencer of parental awareness and shapes the health seeking behaviour of girls and young women.

If the pandemic has taught us anything, it is that our health, physical health and especially mental health, is profoundly affected by the world around us. This unequal world, even in the 21<sup>st</sup> century, places the burden of disease, deprivation, of powerlessness a lot more on our girls – girls outnumber boys in dropping out of school, child marriage is up and teenage pregnancy is recorded in high numbers as are incidents of child sexual

abuse. Young girls joining the invisible informal work force is at an all-time high. This additional burden and the fragile ecosystems that girls find themselves in must be acknowledged before we augment our positive efforts! By studying the causes and the compounded impact of discriminatory societal norms, economic disparities, gaps in health and educational interventions, we will not only be able to reimagine public health but also impact the future of our girls together!

**In the midst of the pandemic there is a window of opportunity we can seize to advance child health, especially the health of our girls,** this I see clearly, and the socio-epidemiological model of advancing health can be of great use to us. With the child - **the girl child at the centre** - it finds a dynamic synergy between the circles of influence that envelope a child: the **innermost layer** comprising the family; the **middle layer** expanding to include societal institutions like educational institutions, health care institutions, development organizations that enhance community support and play a complementary role; and the **outermost layer** led by the Government which enacts policies and affirmative action to advance health and ensure empowerment of all children. Instead of presenting health as a specialized service operating in a silo, we should, with the experience of the pandemic informing us, make health (education, interventions & health services) available at every layer of the socio-epidemiological model thus maximizing exposure to a positive disruptor, Health.

### **Health: How health can be every girl child's aid to empowerment?**

#### **Divya and every girl's quest for empowerment**

Far from being simply a question of what is going on in a person's mind, a child's body, a girl child's life, the state of each child or adolescent's health is profoundly affected by the circumstances of their lives, their experiences with parents and caregivers, the connections they form with friends, and their chances to play, learn and grow. This we recognise again in the midst of the pandemic. This seems a daunting task **when we look at all the indicators that represent the state of girls' empowerment from the skewed sex ratio,** (Prof. Amartaya Sen referred to it as the *missing girls* of India) to the prevalence of low birth weight as a life experience, to the great numbers of girls who are forced into child marriage to their forced participation in the work force.

**And yet history beckons us to dare, to increasingly integrate that powerful disruptor health to aide every girl's quest for empowerment;** where prevention of disease is possible thanks to cost effective preventive health interventions, and health systems can respond with effective primary healthcare so that diseases can be diagnosed and cured (after all 80 % of all health problems can be dealt at the primary care level); where education can lead to positive health seeking behaviour, and the modern epidemic of non-communicable diseases falls impacted by this realm and science gives us a world of knowledge on the socio-economic determinants of health, we can see that the health of all can surely be modified by rich global resources, the collective will and decisive action of the global community.

**The transformative power of health is yet to be fully unleashed.** It is for us to seize for the two billion (200 crore) children of the world who form part of the 7 billion (700 crore) strong global family. But let's begin that now in our own beautiful land India where the largest community of children resides. 472 million (47.2 crore) children of the 1.2 billion (120 crore) people that make up India. Yes, let's hear it one more time: 472 million (47.2 crore) children of the 1.2 billion (120 crore) people that make up India. And 48% of them are girls still under 14, rearing to go, to live their dreams and make this country richer by their participation and their unique gifts.

Divya's nurture in early childhood, education, health and nutrition can be every girl's possibility, and a happy and healthy life defined by meaningful livelihood, enhanced human capacities, agency and autonomy. As India turns 75 this year and as we all strive together to build back better after an unprecedented pandemic, may we be able to place THE TRANSFORMATIVE POWER OF HEALTH in the hands of every girl.

## Health indeed can be every girl's aid to empowerment in India!



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<sup>i</sup> 'Realizing Children's Rights in India', Humanium < <https://www.humanium.org/en/india/>>

<sup>ii</sup> 'Children in India 2018 – A Statistical Appraisal', Ministry of Statistics and Programme Implementation, Government of India <[http://mospi.nic.in/sites/default/files/publication\\_reports/Children%20in%20India%202018%20%E2%80%93%20A%20Statistical%20Appraisal\\_26oct18.pdf](http://mospi.nic.in/sites/default/files/publication_reports/Children%20in%20India%202018%20%E2%80%93%20A%20Statistical%20Appraisal_26oct18.pdf)>

<sup>iii</sup> UNICEF < <https://www.unicef.org/india/key-data>>

<sup>iv</sup> 2011 Census < <https://censusindia.gov.in/2011-common/censusdata2011.html>>

<sup>v</sup> National Family Health Survey (NFHS-4), International Institute for Population Sciences, Government of India <<http://rchiips.org/nfhs/nfhs-4Reports/India.pdf>>

<sup>vi</sup> 'Children in India 2018 – A Statistical Appraisal' Ministry of Statistics and Programme Implementation, Government of India <[http://mospi.nic.in/sites/default/files/publication\\_reports/Children%20in%20India%202018%20%E2%80%93%20A%20Statistical%20Appraisal\\_26oct18.pdf](http://mospi.nic.in/sites/default/files/publication_reports/Children%20in%20India%202018%20%E2%80%93%20A%20Statistical%20Appraisal_26oct18.pdf)>

<sup>vii</sup> National Family Health Survey (NFHS-4), International Institute for Population Sciences, Government of India <<http://rchiips.org/nfhs/nfhs-4Reports/India.pdf>>

<sup>viii</sup> National Family Health Survey (NFHS-5), International Institute for Population Sciences, Government of India <[http://rchiips.org/nfhs/NFHS-5\\_FCTS/India.pdf](http://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf)>

<sup>ix</sup> WHO <<https://www.who.int/news/item/12-11-2015-measles-vaccination-has-saved-an-estimated-17-1-million-lives-since-2000>>

<sup>x</sup> WHO <<https://www.who.int/news-room/facts-in-pictures/detail/immunization>>

<sup>xi</sup> National Family Health Survey (NFHS-5), International Institute for Population Sciences, Government of India <[http://rchiips.org/nfhs/NFHS-5\\_FCTS/India.pdf](http://rchiips.org/nfhs/NFHS-5_FCTS/India.pdf)>

<sup>xii</sup> UN Projections < <https://population.un.org/wpp/>>