Introduction

The Pfizer Global Health Fellows Program is an international corporate volunteer program. Through the GHF program, Pfizer colleagues are paired with leading international development organizations in short-term assignments in key emerging markets designed to transfer their professional expertise in ways that promote access, quality and efficiency of health services for people in greatest need.

This annual essay collection illustrates how Pfizer's Global Health Fellows are working together with partner organizations in underserved communities to solve global health challenges.

To learn more about the Pfizer Global Health Fellows Program please visit www.pfizer.com/ghf.

Background

While women's rights and professional careers have come a long way, there are still segments of Indian society where women are very much discriminated against. The government and CARE India are trying to address gender inequity through health, education and livelihood programs. Women are generally more scrutinized in rural areas where 73 percent of the poor live [1]. Poverty is also common in urban areas and is increasing as migrants move in from rural areas. Twenty-five percent of the 328 million people that live in India's urban centers reside in slums. While the overall annual population growth is 2 percent in urban slums the rate is 5 percent per year [2]. These conditions can lead to nutritional, social and educational discrimination. All of these factors affect the health of women.

Women need more high-quality nutrients when they are pregnant or nursing; however in some areas of India women typically eat last and least. More than half of all Indian women develop anemia due to lack of essential nutrients [3,4]. In fact, nearly 22,000 people, mainly pregnant women, die every year from severe anemia [5]. This lack of nutrition is transferred to their children who have impaired physical and mental development. Women who are breastfeeding girls typically nurse the female child two months less than male children. The National Family Health Survey III states that optimal breastfeeding prevents many dangers of malnutrition. The rate of breastfeeding within one hour of birth is only 25 percent in India. New mothers also lack access to adequate care during their pregnancies, during delivery and postnatal care [6]. CARE India focuses on these vulnerable marginalized women and girls to reduce poverty, improve lives and create empowered women. During my six-month assignment with CARE India, I worked with colleagues to revise the Advocacy Program Strategy in regards to the Right to Education, Food Security, Disaster Management and Sexual, Reproductive & Maternal Health. Marginalized women are defined as those from scheduled tribes, scheduled castes, minorities, urban poor, single women and internally displaced women.

Social discrimination not only has its roots in rural areas, but also in the Indian caste system. Although the caste system is now officially illegal, it is alive and well throughout India. The caste system segments the population based on their jobs and family lineage to a place on the social ladder. The lowest level is the scheduled castes. The jobs for the lowest-position members include street cleaning and sanitation work which are viewed as unclean. The highest levels are priests and teachers. Women who are from a low caste have an even harder path to gain equality. In low castes, the members are often secluded from higher castes. They may not be allowed to use the same water pumps, are refused entry to temples, hotels, restaurants and face higher levels of violence based solely on their low-caste status.

Another area of concern is the decreasing child sex ratio figures. India is a patriarchal society where males are more valued than females. A number of factors, when combined, create the Indian preference for male children. Females often have to be married off with a substantial dowry. Sons are considered breadwinners who will look after their parents and continue the family name, whereas daughters are often considered a financial burden. The boy-to-girl ratio in India didn't widen precipitously until the advent of the ultrasound in the 1970s, which allowed women to determine the sex of their child by the fourth month of pregnancy. This is a traditional practice exacerbated by modern technology [7].

The Census of India 2011 has shown the lowest child sex ratio since India's independence in 1947. The rate has dropped to 914 females for every 1,000 male children between 0 to 6 years old [8]. This shows a preference in society for male children, even though there are laws against female feticide, infanticide and medical technologies that determine the sex of the fetus. The rate in the Census of India 2001 was 927 females for every 1,000 males [9]. In some parts of India the child sex ratio is as low as 618/1,000 female-to-male births in Daman and Diu and 774/1,000 female-to-male births in Dadra and Nagar Haveli, both union territories in western India [10]. The Health and Family Welfare Ministry reported 80 percent of districts in India reported a decline in the child sex ratio between 1991 and 2001 [11]. Indian women have approximately 6.7 million abortions per year. There are 500,000 more girls aborted than boys each year which equals 10 million more girls aborted than boys over the past 10 years; 2 million of these fetuses are aborted just because they are female [12].

The Health and Family Welfare Ministry also reports that as the level of maternal education increases, the child sex ratio actually declines [11]. This means that women with higher levels of education are more likely to have a sex selective abortion. One reason is these women typically have more financial security and can afford sex determination tests as well as abortions. The 2011 Census has reported that the literacy rate for women is 65.46 percent compared to 82.14 percent for men [13].

There are many challenges to women in India, but improvements are being made. CARE India focuses on women because they are the key to achieving long-term progress. Women nurture their children and strive to provide adequate food and shelter. Women try to improve their livelihoods and communities, and attempt to see that their children are educated and are successful.

Key Learnings

There are many opportunities to succeed in India. There is a diverse population and a growing middle class. But first, one must understand the social issues and root causes of poverty. A thorough understanding of the caste system and Hindu religion is imperative, since 80 percent of Indians are Hindu. In addition, there are deeply held beliefs in regards to gender. The urban areas tend to be more progressive and present the most likely entry points. However, health care delivery to rural areas will improve with better technology and greater governance. Entry points will present a challenge as the growing population is outpacing the development of needed infrastructure throughout the country. This will be a challenge to pharmaceutical industries in regards to providing health care to those most in need.

Many women are marginalized in society but really desire to improve their lives and the lives of their family members. They need health education about the female anatomy, female reproduction and sexual education, not only for women but also for men. They need prenatal care, birthing information and parenting classes. They need vitamins, more nutritious foods, hygienic materials and medications for a variety of illnesses. Much of rural India is in need of basic services such as clean water and better sanitation. Lasting impact can be realized by working with the local and state governments on sanitation, health education and delivery systems. There is an opportunity to work with stakeholders to design a health care system that reaches the most vulnerable.

The stigma surrounding certain diseases, child sex ratio and castes have to be relegated to the past. Many of these issues have to be addressed by the government of India. However, pharmaceutical companies could help by providing medications and education to the people. In India, 50 percent of the population is under 25 and more than 65 percent is under the age of 35. This young population will provide the leadership for the transformation in India for many years to come. The people of India are ambitious and optimistic with the hope of a brighter future. A long life for all Indians can not be realized until some of the basic health issues are resolved.

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