Introduction

Women’s health is widely debated issue in academia. Controversy is on the women in developing countries. From the Colonial period to the present, women health is the major agenda, though; a lot of programmes and policies are working to improve women’s health in all matters. The work has been focused on improvements of women’s health through programmes and policies since British period to nearby. During the period under concern, encounter of the western medical science with oriental system exposed the limitations of the later one on one hand, on the other its impact on women’s health. This encounter also established new principles to define Indian womanhood. This was the period when a new crop of modern educated Indian women was emerged. Geraldine Forbes argued that “New Women” of India reconfigured the ideals of womanhood, not only had developed their belief in western medical sciences but during this course also constituted a new class, many of them were exposed to the other world while entered into the profession of doctor, midwives and hospital assistants. Beside education women health was another important issue taken up by the women’s organizations formed by enlightened group of these women while they were looking for the women’s role in the nation building.

This is important to mention that dearth of literature has been produced on colonial health but issues of women’s health are not discussed at reasonable length. Chittabruta Palit and Achintya Dutta in their work try to fill this gape while exploring the issue of women’s health in relation with the visible diseases and state’s initiatives. It is interesting to mention that their post colonial approach to look into the wider question of colonial health bring gender in its discourse. They extensively dealt with the contrast of the approaches. Particularly on issues of reproductive health and delivery deaths and also bring into the discourse the role of voluntary associations in taking health problems in Indian society.

This was a challenge for the colonial administration in India, while intervened in the area of women’s health to develop an acceptance towards the western medical practice and establishment. Mridula Ramanna discussed this aspect of the health problem in India. She explored the intricate issue of the attitude of society towards the female doctors. While discussing the states initiatives, she informed us that high rate of maternal mortality was the area of concern by the colonial administrators in the early phase. Funding and financing for the obstetric facilities initiated quite early in
this direction. She further explores the vulnerability of Indian women regarding health problem due to social structure. Women's vulnerability during the epidemics is the area of concern and colonial government took particular initiatives in this direction. Initiatives regarding the education for the health care of women and children dealt by Sujata Mukharjee in her work 'Disciplining the Body? Health Care for Women and Children in Early Twentieth-Century Bengal'. Interesting enough, she explored the role of non-government organization in this regard.

Present work is divided in two parts. Whereas first part is discussing issues of women's health during colonial period, later part is dealing with the issues related with women's health in contemporary Indian society. There is no doubt that dearth of material has been produced on various aspects of women's health. These works intensively discussed issues related with women's health as a matter of right, socio-legal and economic dimensions of it and health education and childcare.

The first two chapters dealt with the changes and challenges related to women's health in colonial Indian society. It discuss at length regarding issues of health facilities in colonial period and initiatives of British Government to improve health and sanitary problems, origin of new concepts of medical system and hospitalization in India. It further explores the efforts of English women towards this direction.

The third chapter discusses the State Policies in Post-independence India. The health status of women after 1947 was flowing with strong legalization and policies in the direction of health development. Indian women's movements consider it as an important indicator of women's status in the society. During this phase women's health gets peripheralized by the reproductive health. Policies and programmes initiated by the state during this period concentrated upon the reproductive health of women. A major work by Imran Qadeer, Reproductive Health: A Public Health Perspective and Guang-zhen Wang and Vijayan Pillai, Women's Reproductive Health: A Gender-Sensitive Human Rights Approach, depicted the pathetic position of reproductive health of women in India. Sarah Hodges in her works, Towards a History of Reproduction in Modern India and Indian Eugenics in an Age of Reform, discussed at great length on this aspect. She further argued the intricacies of family planning programmes and role of commission. In this chapter there is an effort to further explore the various aspects of these schemes and programmes and its impact.
The fourth chapter is dealing with the issue of changes in health schemes for rural and urban women. When we talk about the health of women in Indian society, economic, social, educational and regional condition of women has profound impact on their health status. Issues related with women’s health and hygiene also determined by the rural and urban setting. Policies and programmes initiated by the state government particularly framed to meet the challenges accordingly.

In the present day, the largest number of the global poor lives in India, about 40% of 1.3 billion worldwide. It is estimated that 350-400 million people in India live under absolute poverty of 275 dollars per capita per annum and a majority of them are women. Under the aegis of globalization, liberalization, and growing privatization state’s support from the social sector has been squeezing. It has direct impact upon the poorer of the society and there is needless to mention that it intensifying the phenomena of feminization of poverty, which is able to explain the vulnerability of women in health sector, as they constituted poorest of the poor in society.

Theme of the fifth chapter, shift towards globalization and women health focused on the connection between health and development. One of the initiatives to improve health, nutrition and fertility was started by the World Bank emphasizing on Health, Nutrition, and Population. Constructive health policies and effective and equitable health services are essential for the broader development goal of breaking the cycle of poverty, high fertility, poor health, low productivity and slow economic growth. The new technology introduced in the field of health is considered gender-neutral but it is a greater challenge of Indian social condition. We further discuss the role of private sector in detail and people’s initiatives in form of voluntary organizations and efforts of NGOs in this direction.