

Role of Health Education in Empowering Women: From Myth to Fact

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Abstract:

Being healthy means more than just not having a disease or being ill. This means being in good physical, mental, and social health. A healthy civilian is beneficial for society as well as for themselves. Health education focuses on figuring out the unique health needs and problems. Women's health is a massive and complicated field that includes their physical, mental, and social health, as well as their interactions with others. Women deal with a lot of various health problems, such as infertility, cancer, diabetes, depression, heart disease, osteoporosis, postpartum depression, and more. Gender inequality, restricted access to healthcare, denial of reproductive rights, ageing, and poverty have all made these kinds of health problems worse. Things like not being able to get medical care, being poor, and being discriminated against only make health problems worse. Giving women access to both formal and informal health education programs can help them learn more about important health issues. Women with inherited and chronic disorders could have better lives if they get the right therapies. The rise of digital technology has changed the whole scenario. Now women know how to get and keep track of their health care. For example, they can now monitor their own health problems and talk to doctors online. To improve women's health in the twenty-first century, we need to take a broad and multifaceted approach. The paper studies the causes of health problems among women and the impact of health education on them. The paper also aims to emphasize diverse health education initiatives for women to enhance their health outcomes.

Keywords: Health Issues, Education, Healthcare, Women's Empowerment, and Challenges.

Introduction

“When a man educates, his family develops; when a woman educates, a nation develops.”

-Dr. B. R. Ambedkar

It is a well-known fact that education is an important part of developing and growing as humans. Education helps people to overcome the problems of not having knowledge about what is beneficial for them. With the help of education, they get resources that can make their lives better. Health education teaches people how to look for their own health and the health of the people around them. The main purpose of modern health education is to make people's lives easier. So that people could change and improve their ability to do things on their own that are good for their health at all levels of social life.

There is no doubt that women's education benefits their health. Investing in women's education is not a loss. As Jawaharlal Nehru rightly said, “You can tell the condition of the nation by looking at the status of women”. Giving women more authority gives them more control over their health and well-being. Better access to health services and healthier communities can empower women's lives. The connection between women's empowerment and health is parallel. If they are healthy, they would have the power to make decisions, be involved in social activities, be financially independent, and have access to education.

The best ways to help women are to provide them with more education and teach them new skills. Providing women with access to both official and informal health education campaigns can improve their understanding of significant health concerns, such as nutrition, hygiene, HIV prevention, maternal health, osteoporosis, postpartum depression, and others.

When establishing specialised training programs, it is important to think about women's literacy levels and needs. These programs should incorporate community-based, hands-on ways that help women learn and share what they have learned. Community health networks,

mobile learning platforms, and workshops can all help make training accessible to many people, especially in rural areas. Health education programs should also cover topics that directly affect women, such as family planning, preventing violence against women, and reproductive health. These programs not only give women beneficial information, but it also makes them feel good about sharing that information with the people around them.

Health and education both things are interconnected. For example, women who are educated can access health services more easily. People with more education are more likely to use better health services. In rural areas, women are less educated, and this is the reason they are not very aware of their health. There is a substantial link between women's education and good health. Well-educated women can help their families and their country.

Good health is directly connected to pleasure, happiness, and well-being. Healthy people also help the economy grow significantly, as they are more productive, save more money, and live longer. There are significant elements that affect a person's health and a country's ability to give its people good medical care. Health was characterised as the whole of an individual's well-being, rather than only the lack of diseases (Gnanadason 1986).

The WHO constitution says that “health is a state of physical, mental, and social well-being and not merely the absence of disease or infirmity.” Good health is more than simply not being sick; it also means being able to realise our full potential. The WHO's constitution says, “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social condition.”

Being born a woman makes it much harder to access the right to health. The treatment of women and their societal status significantly influence their health, constituting a major concern (Panchani 23). Gender disparity, along with gender norms and expectations, continues

to have a significant influence on the health of women. In Countries like India, patriarchy creates a deep valley of hierarchy between men and women, as Phumjile Mlambo-Ngcuka mentions in his paper:

Women's sexual health is often controlled by patriarchal societies. Without the option to make critical choices about their bodies, women's prosperity, well-being, and potential in society are restricted, and gender inequality is therefore perpetuated. Advancing women's total control over their own sexual health is therefore vital for reaching substantive gender equality. Sexual health – or the absence of some of the most egregious manifestations of sexual ill health is also an indicator of progress in achieving that equality (50).

Early and forced marriage, limited access to knowledge and education, absence of decision-making authority within the couple, and violence against women all heighten the vulnerability of teenage girls and adult women to sexually transmitted infections, including HIV (United Nations 2015). It is very crucial to be aware of women's health education because “adolescent girls and young women disproportionately experience unplanned pregnancy and pregnancy complications that put them at risk for unsafe abortion or childbirth and interfere with their right to education and, ultimately, their economic empowerment” (Mlambo-Ngcuka 50).

A mix of biological and societal factors affects women's health throughout their lifetimes. In India, some traditions still make women feel like they don't belong, even though they are important to the family and community. As Swami Vivekanand well said, “That country and that nation which doesn't respect women will never become great now, nor will it in future”. However, the scenario is different. In many families, the health of women and girls is not as important as the health of men and boys. Poverty, inequality, and discrimination also affect their health in several ways.

A woman's overall health is affected by many things. For example, her job, food, stress, domestic abuse, moving, and other things, as well as biological aspects and reproduction. Women who are not healthy may affect their families. Women in poor health are more likely to have babies with low birth weight. They are also less likely to be able to feed and care for their kids. Lastly, a woman's health affects the family's finances because she will be less productive at work if she is sick. There are many health education programs India has initiated, for example, the National Population Policy in 2000, the National Health Policy in 2002 and the National Rural Health Mission (NRHM) in 2005. Several maternal programs were initiated by the government, for example, Janani Suraksha Yojana in 2005, Indira Gandhi Matrutva Sahyog Yojana and others.

Women in India deal with a lot of serious health problems, for example, reproductive health, violence against women, poor nutrition, postpartum depression, osteoporosis, and more. Gender-based violence is violence against women that is rooted in their gender. Violence against women affects a woman's freedom, productivity, and ability to care for herself and her children. This affects her health and well-being as a whole. The most common kind of violence against women happens at the hands of a husband (Krantz 242).

The violence could be physical, mental, sexual, or something else. Violence against women is prevalent globally, although there are rare cases of societies devoid of gender-based violence. Gender-based violence includes a vast area of dangerous behaviours that happen to women and girls because of their sex. Some examples are wife abuse, sexual assault, murder related to dowries, marital rape, forced prostitution, selective malnourishment of female children, and sexual abuse of female children (Heise et al. 1994). Women in rural areas are more likely to experience domestic violence than women in urban areas. Assault against women is common, even when they are pregnant, in both urban and rural areas.

Violence against women also has a significant impact on development. It makes women poorer by making it harder for them to work outside the home, move around, get knowledge, and send their kids to school (Krantz 243). Even though all women should have the same access to health care, some are more likely to get bad or not enough care and have their dignity violated. Violence against women is a major social and health problem that impacts practically every community. However, it is often not recorded or acknowledged, and in many countries, it is still considered acceptable behaviour.

The prevalent cultural and traditional norms that are common in India are responsible for the poor health and nutrition of Indian women. Indian women are often at risk of not getting enough nutrients, especially while they are pregnant or lactating (Gupta et al. 2012). There is evidence that the highest possibility of anaemia occurred among nursing mothers, followed by pregnant women and adolescent girls. In addition to poor nutrition, a severe workload, and maternal and perinatal illness, infectious diseases such as malaria, TB, encephalitis, kala-azar, dengue, leprosy, and others significantly exacerbate the health burden experienced by women.

Anaemia is a known primary risk factor for maternal mortality. The increased rate of anaemia in these women is the consequence of poor antenatal care services (Gupta et al. 2012). In addition to biological factors, it is important to recognise that women's poor health is directly connected to social and economic inequalities that restrict their access to and control over resources.

Adolescent girls who are pregnant, especially those who are underweight, are at a higher risk of experiencing obstructed labour and other maternal complications. However, the mothers who have a good education can minimise their maternal complications and health problems in general.

To make sure that women have safe and healthy pregnancies and deliveries, they should be informed about the importance of healthcare. People who have less education are more likely to die during childbirth than people who have more education. Women's education has a direct impact on their health (Gupta et al. 2012). Early marriage, persistent and many births, and discrimination that a woman faces throughout her life all lead to poor health outcomes, in addition to maternal mortality.

Women have a lot less access to health care than men do. For women's empowerment equality of health education plays a very crucial role because "Health equity is not only indicative of health achievements in society, it is an overall reflection of social justice and is, therefore, more than a useful lens for shaping India's public health research agenda—it is an appropriate objective of national development (Mohindra et al. 840). Women's ability to start and run successful businesses, as well as to make more money, is affected by how much society invests in their education (World Bank 2012). Health education for women can solve the problem of unbalanced sex ratios at birth, making childbirth safer and improving health outcomes. Health-conscious women prefer smaller families and are more likely to use contraception. Also, educated women are less likely to accept the unpredictability of unplanned pregnancy and have a fatalistic view of life (Martin 1995).

Women need proper education to use health information and make a positive difference in their societies. Also, women may not be able to get into specialised health training programs that are needed to learn how to teach others about complicated health issues, including HIV prevention, maternity health, and sanitation practices.

In general, women with less education, women living in low-income households, and women living in rural areas had greater fertility rates than women living in urban areas (Bongaarts 2011). In rural areas, women have more children than in towns and cities. As a

woman's academic achievements improve, her chances of marrying a child decrease. To stop child marriage, it is very important to make it easier for both girls and boys to have an education and to get rid of differences in education between the sexes. (UNICEF 2005). Education for women directly affects health outcomes. An educated woman could be better for her family, society, and the country's growth. An educated woman contributes to the development of society and family more effectively than others.

Conclusion

The current study provided substantial evidence that health education for women is not merely an alternative to medical care but a crucial component of empowerment that transforms their lives. In areas including health care, education, and nutrition, more women face discrimination at home.

Teaching women about health is very important for their health. It helps women learn how to take care of their bodies and brains and feel good about themselves. Women can avoid a lot of difficulties by learning simple things about nutrition, hygiene, and reproductive health. Health education helps eliminate myths and fears about subjects that are sensitive. When women understand health issues, they make informed decisions, seek timely medical care, and support each other. Health education improves their lives, families, and communities. It empowers women, reduces health gaps, and creates a fairer society. Educating women can boost their social standing. Education is key to improving lives, especially for women. When women understand health issues, they make informed decisions, seek timely medical care, and support each other. Health education improves their lives, families, and communities. It empowers women, reduces health gaps, and creates a fairer society. Educating women can boost their social standing. Empowering women, teaching them, and doing other things could

help their place in society. Education is very important for improving the lives of everyone, including women.

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