HUMAN SECURITY AND MATERNAL HEALTH AS A HUMAN RIGHT : INDIAN SCENARIO

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Abstract

This study tries to analyse maternal health as a human security issue. Maternal health has been an issue of serious concern since decades. Human security ,health security ,maternal health and human rights are closely interlinked. Human security refers to the security of the people and communities as opposed to the security of the states. Health security, as identified by UNDP's Human Development Report 1994 , is one of the component of human security. Health is the determinant of human well being and economic growth. Without good health , progress of a nation is not possible. Maternal health is a component of health so security relating to maternal health is a human right . To safeguard maternal health as a human right, state and non state actors at global and national level have taken initiatives in the form of policies ,laws and strategies. This study makes an attempt to study those policies and schemes with special reference to India.

Key Words

Maternal health, human security, health security, human rights

Introduction

Abraham Maslow, the American Psychologist in his ' Hierarchy of Needs Theory' says after the fulfillment of psychological/biological needs comes the safety and security needs. Security is one of the basic needs of human being. The word security is derived from the Latin term sine cura which means without worries, without fear. Security , thus ,in its simplest form means the sense of safety ,of being protected.

Traditionally , the issue of security was analysed in the context of national or state security only i.e., protecting the sovereignty and territorial integrity of states from external military threats and attacks. Since the mid 1990's there has been a paradigm shift in the conceptions of security when Mahbub Ul Haq ,an economist of Pakistan ,introduces a landmark theory known as ' Human Security' in the United Nations Development Programme's (UNDP) Human Development Report of 1994.

The concept of human security by focusing on human beings as individuals and groups acts 'bottom up' instead of focusing on nation states, the primary referent of national security ,which acts 'top down'. There exists a close relationship between human security and national security though both are not identical. In order to achieve national security , nation states must have to give due respect to human security .Human security is based on the premise that no secure and peaceful state exists without insecure people living in it (Rozborova,2013).Human security by relocating its focus from state to individuals has expanded its scope from military security to broader areas such as unemployment, poverty, food, health, environment , political and social rights and many other topics.

Health is one of the area where threat to security can be felt so UNDP's Human Development Report 1994 considered health as a dimension of human security . Maternal health is a component of health so to provide security relating to maternal health is a human right. The responsibility to protect maternal health as a human right are carried out in large measures through policies and programmes promulgated, implemented and enforced by ,or with support from, the state.

Human security : the concept

The 1994 Human Development Report defined human security as both 'safety from such chronic threats as hunger ,disease and repression'and 'protection from sudden and hurtful disruptions in the patterns of daily life- whether in homes ,in jobs or in communities .Such threats can exist at all levels of national income and development.'

Amartya Sen has brought this definition down to saying that human security is concerned with ' survival, daily life and dignity of human beings.'

The UN Commission on Human Security defines human security as 'to protect the vital core of all human lives in ways that enhance human freedoms and human fulfillment. Human security means protecting fundamental freedoms –freedoms that are the essence of life. It means protecting people from critical (severe) and pervasive (widespread) threats and situations .It means using political,social ,environmental ,economic ,military and cultural systems that together give people the building blocs of survival ,livelihood and dignity.'

According to the African Union Non Aggression and Common Defence Pact 3,' human security means the security of the individual with respect to the satisfaction of the basic needs of life; it also encompasses the creation of the social, political ,economic, military ,environmental and cultural conditions necessary for survival, livelihood and dignity of the individual.' Therefore ,the focus is not merely on threats emanating from violent conflicts. As the Commission on Human Security explains, ' human security is also concerned with deprivation :from extreme impoverishment, pollution, ill health ,illiteracy and other maladies.'

'Human Security Now'2003 , the first report of The Commission On Human Security (CHS) says the concept of human security seeks to "protect the vital core of human lives in ways that enhance human freedoms and human fulfilment''. The Freedom to Live in Dignity was added by this report as the vital objective of human security.

The Human Development Report 1994 of UNDP identified four essential characteristics of human security:

1. Human security is a universal concern: "there are many threats that are common to all people - such as unemployment, drugs, crime, pollution and human rights violations."

2.Components of human security are interdependent: no state can isolate itself from insecurity in another part of the world;

3.Human security is easier to ensure through early prevention than later intervention;

4. Human security is people-centred: "it is concerned with how people live and breathe in a society, how freely they exercise their many choices, how much access they have to market and social opportunities -- and whether they live in conflict or peace"

The UNDP Report outlined a concept of human security that included seven components:

1.Economic Security : unemployment, job insecurity ,income inequality, inflation, underdeveloped social security and homelessness.

2.Food Security: the problems of physical and economic access to food.

3.Health Security: threats to life and health and adequate access to health services.

4.Environmental Security: the degradation of ecosystems, pollution of water, air and soil.

5.Personal(Physical) Security: physical violence, war, discrimination, domestic violence, child abuse.

6.Community Security: ethnic tensions and violent conflicts.

7.Political Security: state repression and violation of human rights.

Human security integrates three freedoms: freedom from fear, freedom from want and the freedom from indignity.

• Freedom from fear refers to protecting individuals from threats directed at their security and physical integrity and includes various forms of violence that may arise from external States, the acts of a State against its citizens, the acts of one group against others and the acts of individuals against other individuals.

• Freedom from want refers to the protection of individuals so that they might satisfy their basic needs and the economic, social and environmental aspects of life and livelihoods.

• Freedom from indignity refers to the promotion of an improved quality of life and enhancement of human welfare that permits people to make choices and seek opportunites for that empower them.

Human Security and Human Rights

Human security is a human right ; it refers to the security of the people and communities ,as opposed to the security of states. Human Rights documents such as the Universal Declaration of Human Rights, the UN Covenant on Economic, Social and Cultural Rights and the UN Covenant on Civil and Political Rights refer to security as a human right(Benedek, Nikolova and Oberleitner ,2002).Article 3 of UDHR affirms that 'everyone has the right to life, liberty and security of persons'.The 1994 Human Development Report by referring to human rights stated that ' One of the most important aspects of human security is that people should be able to live in a society that honours their basic human rights.' Human rights violations are threats to human security and are the root causes for insecurity,violence and conflict. (Benedek, Nikolova and Oberleitner ,2002) .In turn ,respect for human rights prevents insecurity (Benedek, Nikolova and Oberleitner ,2002).

Human rights belong to every human being regardless of gender,colour,race,ethnicity,religion,or regional and geographical background (Rozborova,2013).Human rights have become considerably more powerful and uniformly acknowledged since world war two(Alkire,2003).The UDHR was adopted by the UN General Assembly in 1948 and began to sketch international human rights norms(Alkire,2003).Human rights norms have been further specified in many conventions(Alkire,2003).

Human security and human rights are closely interlinked. First and foremost, the ultimate focus and bearer of both human security and human rights is the individual. Human security and human rights have the same focus in placing the individual human being in the centre of their concern.

Without respecting individual security in the form of respect for human rights and fundamental freedoms , it is impossible to achieve national security and international security. Human rights are indivisible, inter related and inter dependent as said by Rozborova. On the other hand, human security is open to prioritization in certain situations(Rozborova,2013). Certainly, the ideal situation would be to achieve freedom from want ,fear and to live in dignity at once, but in various contexts human security can prioritize one of them in order to achieve another one in near future or as a reaction in a case of emergency.

Health Security and Human Rights

Health security is an important dimension of human security ,as good health is 'both essential and instrumental to human survival, livelihood and dignity'. The World Health Organisation defines health as a 'state of complete physical, mental and social well being and not merely the absence of disease or infirmity'. Health is the determinant of human well being and economic growth. By ignoring health issues ,it is not possible to achieve progress in society . Health becomes a security issue ,not merely a medical one.Health protection and security is the fundamental human right that each and every individual must enjoy. Human beings as human must have access to all medical services, sanitation, adequate food ,decent housing ,healthy working conditions and a clean environment. The UN Charter 1945, Article 25 of the UDHR 1948, Article 6 of the International Covenant for Civil and Political Rights 1966, Article 12 of the International Covenant on Economic, Social and Cultural Rights 1966, Article 5 of the Convention on the Elimination of All Forms of Racial Discrimination 1969, Article 12 and 14 of the CEDAW 1980, Article 24(1) of the Convention on the Rights of the Child 1989,Article XI of the American Declaration on Rights and Duties of Man, Article 16 of the African Charter and Article 11 of the European Social Charter provides protection to health as a human right.

The Constitution of India provides safeguards to health as a fundamental right in Article 21 of Part III. Under Articles 38,39(e),42 and 47 of Part IV, the Indian constitution imposes an obligation on the part of the State to provide a framework for welfare pattern of development by incorporating social and economic rights like health ,livelihoods etc.

The movement 'Health for All by the year 2000 AD', launched by the Health Assembly of the UNO was further reaffirmed by the Alma Ata Declaration in 1978. As India is a signatory of that declaration, so in response to that declaration India formulated the first health policy in 1983.The Government of India in 1983 has defined Health for All as attainment of a 'level of health that will enable every individual to lead a socially and economically productive life'. The policy lays stress on preventive, promotive, public health and rehabilitation aspect of healthcare. In 2002 , a revised Health Policy has been brought out according to

which government and health professionals are obliged to render good health care to the society. The aim of the recent Health Policy which came into force in 2017 is to achieve universal health coverage and to deliver health care services to all at an affordable cost.

Maternal Health Security and Human Rights

Maternal health is a component of health so security relating to maternal health has also been an issue of serious concern since decade. Maternal health has been defined by the UNO as the health of women during pregnancy, childbirth and postpartum period. It encompasses the healthcare dimensions of family planning, preconception, prenatal and postnatal care in order to ensure positive and fulfilling experience in most cases and reduce maternal morbidity and mortality in other cases. Each and every women has the right to have a secured and protected maternal health without any discrimination. During 1950's the Maternal and Child Health (MCH) Programme has been introduced by the WHO in which the focus is on technical supports such as training of midwives, integrating maternal health care with general health service, building of separate administrative divisions etc. The Joint WHO-UNICEF International Conference in 1978 at Alma – Ata for the first time included Maternal Health Care(MCH) including family planning as a basic component of primary healthcare. In 1987 the World Bank ,WHO and UNFPA introduced the Safe Motherhood Initiative which focused on improved referral system, availability of Emergency Obstetric Care, facilities at health institutions, regular antenatal check-ups and delivery with skilled birth attendants etc. The Millenium Development Goal (MDG) seeks to promote gender equality under goal 3 while Goal 5 explicitly targets MMR and its successor Sustainable Development Goal(SDG) stresses reduction on MMR under goal 3.1 while Goal 5 targets equity and empowerment.

As maternal health is a human right so Government of India has the duty for the health of women which can be secured by formulating national policies and strategies. In sixth five year plan (1980-1985) there has been a change in the strategies of women from welfare to development by focusing its stress on health, education and employment. Women's health received attention in the seventh five year plan (1985-1990).During the eight plan (1992-1997) to deal with the inequality issue of women the National Commission was established by the Government of India. The ninth plan (1997-2002)focuses on special health needs of women and the girl child , enhancement of easy access to primary health care and empowerment of women.

The Government of India formulated the National Nutrition Policy 1993,the National Population Policy 2000 and National Plan of Action of Nutrition 1995 where higher priority was given to the nutrition and health of women. Another milestone taken by the Government of India relating to health is The National Health Policy 2002 which promises to ensure increased access to women to basic health care and commits highest priority to the funding of identified programmes relating to women's health.

In 2005, The Government of India launched the National Rural Health Mission(NRHM)to provide health care to rural people especially to women and children.In this project,there is the provision of providing ASHA(Accredited Socail Health Activist)to every village.ASHA is a trained female community health activist who is selected from the village itself and she acts a a link between the community and the public health sector. The NRHM aims at reducing materrnal mortality ratio, creating universal access to public health services, balancing the gender ratio etc. Under NRHM ,for poor pregnant women the Government of India introduced a centrally sponsored maternal health scheme known as Janani Suraksha Yojana(JSY) in 2005 which aims at reducing maternal and neo natal mortality by promoting institutional delivery. The beneficiary under this scheme receives the benefit of cash assistance for delivery and post delivery care.

For all pregnant women who delivers child at public health institutions , the Government of India makes provision for absolutely free and no cost delivery including the Caesarean section under the scheme Janani Shishu Suraksha Karyakram (JSSK) which was launched on 1st June 2011.Under this scheme the beneficiaries get free drugs and consumables, free diagnostics, free blood transfusion ,free diet beside free transportation Similar entitlements have been put in place for all sick newborns accessing public institutions for treatment upto 1 year after birth.

In 2013, by subsuming National Rural Health Mission and National Urban Health Mission ,the Government of India launched another health project known as the National Health Mission.

Another scheme launched by the Government of India in 2016 is The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA). This scheme aims at providing fixed day quality antenatal care services to women in their 2nd and 3rd trimesters of pregnancy on the 9th day of every month. In Asssam , this programme has been launched on 9th June 2016.

The Ministry of Women and Child Development of Government of India introduced the Pradhan Mantri Matri Vandana Yojana (PMMVY) in 2017 under which there is the provision of giving an assistance of Rs 5000 in three installments to Pregnant Women and Lactating Mothers for first living child of the family subject to their fulfilling specific conditions relating to maternal and child health.

Inspite of the availability of provisions of maternal health as a human right in the form of constitutional articles , national policies and schemes, the problem to provide safeguard to women during pregnancy, child birth and post natal care still persist. The above discussed maternal health schemes have been playing a significant role in reducing maternal mortality in India. Maternal Mortality Ratio(MMR) in India has declined over the years to 97 per lakh in 2020 from 103 per lakh in 2017 and 130 per lakh in 2014.Maternal Mortality Ratio (MMR)is the number of deaths per 1,00,000 live births. The efforts on the part of the Government of India for promoting the maternal health status of women by initiating policies and programmes will be successful only when the society at large plays a crucial role. Mere availability of maternal health provisions does not ensure improved maternal health , the responsibility lies with the family and the individual herself also. There is the need of full utilization of maternal health schemes. In India there are many social determinants of maternal health such as poverty or economic status , caste ,education ,gender, religion ,culture etc. and these factors deter women from accessing maternal health services. In order to improve the access of maternal health services , there is the need of spreading education among women ,when a woman is educated that would improve her employment opportunities which results in improving her status, contributing to family income and savings and reducing poverty .The Non Governmental Organisations(NGOs) can play a very active role in this area. The NGOs by arranging awareness campaign regarding the maternal health schemes of Government of India can contribute for the betterment of maternal health status of India.

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