

# Women Beyond Uterus

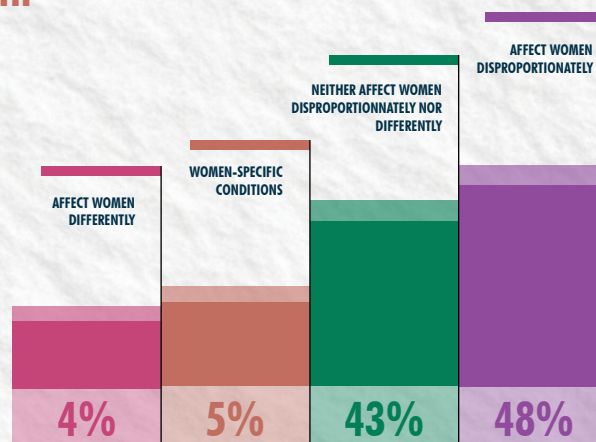
## Addressing Women's Health Holistically across the Life Cycle

WH-02-ISSUE BRIEF  
November, 2025

### 1. Introduction: Defining Women's Health

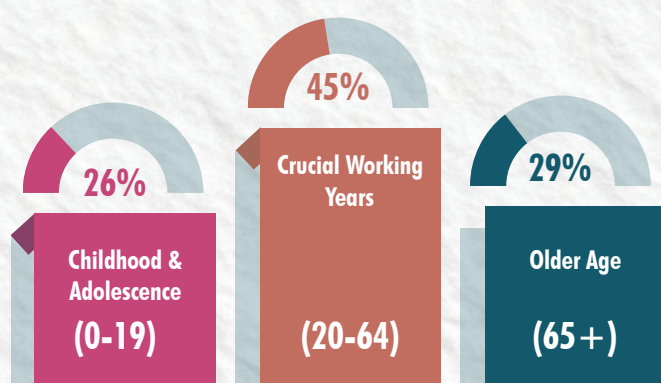
Women's health is often narrowly defined as sexual and reproductive health (SRH), which significantly under-represents the overall health burden experienced by women. A more comprehensive approach to women's health must encompass both women-specific conditions (maternal and gynaecological) and other conditions, common to women and men, that **(i) affect women differently** (e.g. atrial fibrillation, colon cancer); **(ii) disproportionately** (e.g. headache disorders, autoimmune disease, depression); and **(iii) conditions that neither affect women disproportionately nor differently** (e.g. ischaemic heart disease, tuberculosis)<sup>1</sup>.

#### Distribution of Women's Health Burden



Source: Global Burden of Disease (2019)

#### Age-Wise Distribution of the Health Burden in Women



Source: Global Burden of Disease (2019)

*Health burdens impact women throughout the life course, with nearly half the burden occurring during the most productive years of life (20-64 years), when women juggle multiple responsibilities of family, care work, and paid work.*

A quarter of the health burden emerges during childhood and old age. These patterns underscore the urgent need for comprehensive, gender-responsive health strategies focused on prevention, appropriate, effective treatment, acute and chronic disease management, and supportive policies that promote women's health and participation across all stages of life<sup>2,3</sup>.



**Women's health is affected by a range of conditions that impact both lifespan and health span,**

shaping their overall quality of life and longevity. Lifespan refers to the total number of years a woman lives. Globally, life-threatening diseases such as ischaemic heart disease, cervical cancers and related deaths (85% of which occur in low- and middle-income countries)<sup>4</sup>, and breast cancer (projected to grow by over 40%, by 2040 globally)<sup>5</sup> affect women's lifespan. Additionally, maternal hypertensive disorders, and post-partum haemorrhage (responsible for about 20% of all maternal deaths globally)<sup>6</sup>, are some of the other major causes of mortality worldwide.

Health span, on the other hand, refers to the years of life lived in good health. Women's health span is affected by conditions such as menopause, premenstrual syndrome (or PMS, with nearly 20–40% of women of reproductive age affected by this)<sup>7</sup>, migraine (experienced by one in five women globally), and endometriosis (affecting at least one in ten women between 15–45 years globally)<sup>8</sup>. Though not fatal, these conditions which cause discomfort or disability limit women's productivity, social participation, and overall well-being. Addressing these requires comprehensive healthcare approaches that include gender-sensitive health (but also employment-related) policies, improved diagnosis, and effective long-term management.

**Women's health has for long been undermined due to gender biases within healthcare systems. Medical research has historically centred the male body. Limited availability for sex-disaggregated analysis have shaped care systems within which women's conditions are often dismissed or misdiagnosed.<sup>9</sup> Health systems approaches remain undifferentiated, and lack gender responsive approaches to address these barriers women face in health seeking.**

**Dual Burden on Women: Life-Threatening vs. Life-Limiting Conditions**

Conditions that affect life span	Conditions that affect health span
Ischaemic heart disease	Menopause
Cervical cancer	Premenstrual syndrome (PMS)
Breast cancer	Migraine
Maternal hypertensive disorder	Endometriosis
Post-partum haemorrhage	Others

## 2. Planning for a Holistic Public Health Response in the Indian Context

**Currently, India is undergoing a demographic and epidemiological transition, with non-communicable diseases (NCDs), including cardiovascular diseases (CVDs), cancers, diabetes, and mental health, emerging as leading causes of morbidity and mortality among women.<sup>10</sup> Infectious diseases such as tuberculosis continue to exert a disproportionate toll, particularly on socially marginalized women in the reproductive-age group. Addressing these emerging challenges will require the public healthcare system to be gender responsive and reprioritize its care delivery services.**

Potential opportunities and strategies to redesign the public healthcare system to better address women's needs were identified during an expert panel on **Women Beyond Uterus, held at the World Health Summit Regional Meeting 2025 in New Delhi, in April 2025**. The multi-disciplinary panel offered the following strategies for developing a holistic response for women's health, addressing women's intersectional identities.





### **(i) Reframe Women's Health Beyond Reproduction**

While multi-morbidity affects women from early on from the 30s, experts noted that there is low awareness among women regarding chronic conditions that affect their lifespan and health span. Further, stigma prevents women from care-seeking behaviours, and leads to underdiagnosis, especially in rural areas. The panel underscored the importance of adopting a life course approach within the public health system with extension of services for Non-Communicable Diseases (NCDs), mental health and palliative care, via Ayushman Arogya Mandirs (AAMs) as well as Reproductive, Maternal, Newborn, Child Health, Adolescents and Nutrition (RMNCHA+N) programmes. This will enable improved social and behavioural change communication that can be targeted towards various groups of women, and enable early screening and interventions. While AAMs offer a comprehensive range of services covering multi-morbidities across the life span, there is a need for more gender-sensitive and friendly treatment protocols, with a greater understanding of other social barriers that prevent women from health-seeking.

### **(ii) Promote Integrated and Inclusive Models of Care**

While several national programmes, such as National Programme for Prevention & Control of Non-Communicable Diseases (NP-NCD), National Programme for Health Care of the Elderly (NPHCE), and Ayushman Bharat. For example, the panel recommended embedding health screenings for conditions such as NCDs and TB within various community settings, such as Self Help Groups (SHGs), that are easy to reach and more accessible and comfortable. It recommended integrating mental health screening into primary healthcare facilities and workplace wellness programmes. It further called for innovative solutions such as decentralized, community-led health management approaches by training SHG members and other members of the community for early detection and management, ownership and accountability and delivery of culturally sensitive care services.

### **(iii) Strengthen Gender-Sensitive Data and Evidence Systems**

The panel strongly advocated for the collection and analysis of sex- and age-disaggregated data across all public health programmes through monitoring and evaluation frameworks. Equally, it advocated for investments in research enquiry into the intersectional aspects of caste, ethnicity, class, location and age, and lived experiences that intersect with women's health outcomes. It called for greater participation of women in design and implementation of, and as participants in clinical trials around a variety of conditions from NCDs and mental health, to pain and neurodevelopmental disorders. The experts emphasized the importance of women's participation to plug the current gaps in recognizing atypical symptoms in women, and developing gender-specific diagnostic and treatment protocols. Applied health research funding must also play a proactive role in encouraging research design, and monitoring and evaluation systems that are gender transformative.

### **(iv) Address Structural and Social Determinants of Health**

Women's health cannot be separated from the environments in which they live and work. The panel opined that public health strategies must go beyond the health sector to tackle the broader structural barriers women face, in securing livelihoods, accessing decent housing, clean air and water, and the burden of unpaid care work. Further, such strategies must also focus on confronting the stigma, limited autonomy and socio-cultural constraints that inhibit women's access to information and timely care in the case of illnesses such as TB. It argued for a multi-sectoral social protection policy framework to build an ecosystem that can promote good health for women. Targeted social and behaviour change communication campaigns, gender-sensitive counselling, and stronger support systems must accompany clinical interventions to reduce fear, shame, and delays in care-seeking.

### **(v) Guarantee Financial Protection as a Cornerstone of Access**

Women bear the highest out-of-pocket expenditures for acute and chronic health conditions such as NCDs.<sup>11</sup> To address this, the panel called for a redesign of existing insurance policies such as the Pradhan Mantri Jan Arogya Yojna (PMJAY). To address the compounded barriers that poorer, older, and rural women face in accessing such schemes, the panel recommended explicit inclusion of outpatient and diagnostic services (with benefits to be had for all populations since this remains uncovered within policy currently), as well as coverage for women with NCDs, cancers, mental health conditions, and palliative care with the PMJAY.

## **3. Conclusion**

Women often face the greatest health challenges during their most productive years; however, health systems remain poorly equipped to respond to women's health needs and the social determinants that affect women's health.

***Bridging these gaps requires systemic change: improved quality of research and data that is sensitive to gender, redesigned healthcare systems that address women's health needs; policy design that is attentive to the social determinants of identity, wealth, geography, education, livelihoods, and other inequities that also affect women's health.***

Closing these gaps can critically empower women to live longer, healthier, and more empowered lives in India and globally.



## Key Takeaways

1

Women's health has been narrowly defined, without adequate attention to the wide range of conditions that affect women across the life course.

2

Multi-morbidity in women starts early in the thirties, but is often detected late, and affects women's lifespan and health span.

3

Systematic biases in research, data, diagnosis and care provision must be overcome in order to provide holistic, gender responsive care for women.

4

Bridging these gaps requires a comprehensive response and healthcare approaches that include gender-sensitive policies, improved diagnosis, and effective long-term management.

5

Integrated models of care that address the structural, institutional and social determinants of health are required to ensure equitable access to health for women.

6

Investments in research and development of community-based models adopting a life course approach are required to holistically address women's health.

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**Suggested Citation:** Nawal, Dipty, Muralidharan, Neha and Maithreyi, R. (2025). Women Beyond Uterus: Addressing Women's Health Holistically across the Life Cycle. Issue Brief WH-02. Bengaluru, KHPT.

## We acknowledge the contributions of

Mr. Anant Bhagwati, Dr. Anuradha Jain, Mr. Pawan Kumar, Prof. M. Sivakami, Dr. Praveen P Sadarmin, Ms. Blessina Kumar, Dr. Ana Ossa-Giraldo, and Prof. Maxine Whittaker, the expert speakers on the panel 'Women Beyond Uterus', held on 26 April, 2025 at the World Health Summit Regional Meeting, New Delhi. The experts' comments have significantly contributed to shaping this policy brief.

We also thank our colleagues at KHPT: Mohan H.L., Dr. Mallika Tharakan, Dr. Prarthana B.S., Dr. Sanghamitra Savadatti, Dr. Manoj Kumar Pati, Dr. Swaroop N., and Dr. Satyanarayana Ramanaik, for their comments and inputs.

We are grateful to HCL Foundation and Wipro Foundation for their support in organizing this panel, and to NIMS University, Rajasthan for the opportunity to curate this panel.

Design and layout: Anilkumar Rampur

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