Original Article
ISSN (Online): 2582-7472

ShodhKosh: Journal of Visual and Performing Arts
February 2024 5(2), 580–587

THE ROLE OF HIGHER EDUCATION IN IMPROVING WOMEN'S HEALTH

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DOI
10.29121/shodhkosh.v5.i2.2024.2688

Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

ABSTRACT

As the primary United Nations (UN) framework for achieving "integrated and indivisible" goals across the three distinctive components of sustainable development—the social, environmental, and economic—the 2030 Agenda for Sustainable Development entered into force in January 2016. Health and well-being are a social dimension and the third goal of SDG. Although men and women have different healthcare needs, both have a right to lead healthy lives. However, due to issues like scarce financial resources and travel constraints, gender prejudice continually prevents many women and girls from accessing health care. By 2030, the SDG aims to globally reduce maternal mortality to fewer than 70 per 100,000 live births. By 2030, make sure that everyone has access to family planning, information, education, and the inclusion of reproductive health into national plans and activities. Education is typically considered a resource at the individual level by health researchers. However, within social connections, education is probably both an intra-individual and an inter-individual health resource. The inclusion of personal hygiene teachings in the school curricula, as well as free and universal compulsory education, which has resulted in widespread literacy, has greatly increased women's knowledge of health issues. In this paper, the main topic is the effect of education on women's health. The amount of newborn and child mortality, maternal mortality, communicable and non-communicable diseases, and awareness of all types of health issues are significantly influenced by women's education. Almost all of the other goals are influenced by health and education, which are the subjects of SDG 3 and SDG 4, which are both focused on health and well-being. For instance, universal health coverage (UHC) can help reduce poverty (SDG 1) by protecting individuals from a significant source of financial hardship, and good health can promote increased employment and economic growth (SDG 8). Strong healthcare systems can shield citizens from the negative social and financial effects of epidemics and other medical emergencies. Therefore, this essay aims to explain how higher education contributes to the long-term health and well-being of women in Haryana.

Keywords: Higher Education, Women's Health, well-being, Sustainability, Haryana

1. INTRODUCTION

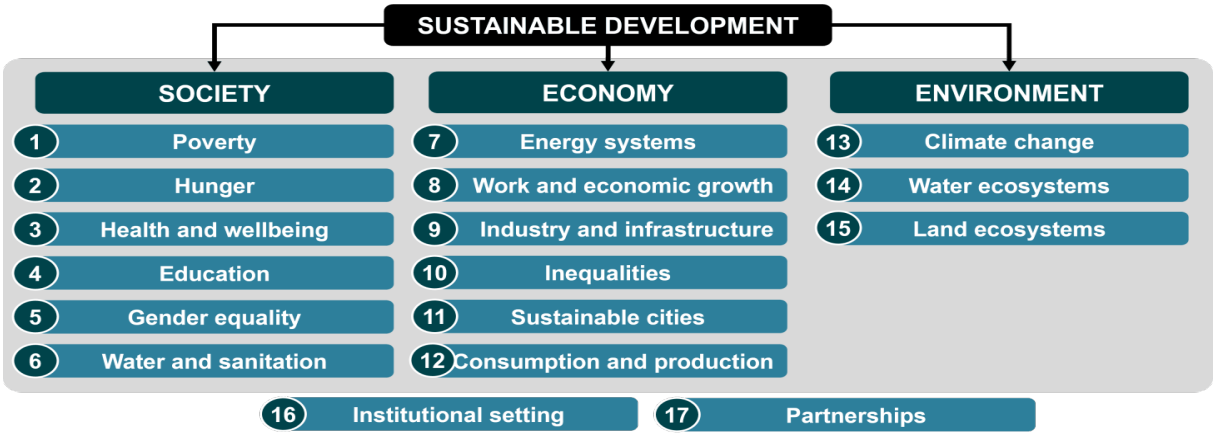
"When a man educates, his family develops, when a woman educates, a nation develops."

Dr. B. R. Ambedkar

The fundamental United Nations (UN) framework for achieving "integrated and indivisible" goals across the three distinctive elements of sustainable development—the social, environmental, and economic—the 2030 Agenda for Sustainable Development—went into effect in January 2016. Health and well-being and education are the social dimensions and third goal of SDG. Goal 3 aims to certify health and well-being for all at all ages by improving reproductive, maternal, and child health; ending the epidemics of main communicable diseases; reducing non-communicable and environmental diseases; achieving universal health coverage; and ensuring access to safe, affordable, and effective medicines and vaccines for all (The SDG Report 2015. Males and females have varied healthcare needs, yet both have a right to lead healthy lives. However, due to issues like scarce financial resources and travel constraints,

gender prejudice continually prevents many women and girls from accessing health care. Additional stresses brought on by gender inequality that limit their capacity to maintain health make this situation worse. Particular hazards arise during pregnancy and childbirth (Vlassoff, 2007). The target of SDG reduces maternal mortality to less than 70 per 100,000 live births globally by 2030 (The SDGs Report, 2016). By 2030, make sure that everyone has access to family planning, information, education, and the inclusion of reproductive health into national plans and activities. Lower levels of maternal education were associated with higher maternal mortality even amongst women able to access facilities providing intrapartum care (Karlsen at el. 2011). Every day, 830 women die from illnesses connected to pregnancy and delivery that may be avoided. In 2015, that amounted to more than 303,000 women worldwide. maternal health, in 2017, problems during pregnancy and delivery claimed the lives of approximately 3,00,000 women. More than 90% of them lived in countries with low and moderate levels of income. To achieve the global goal of fewer than 70 maternal deaths per 100,000 live births by 2030, which might save more than one million lives over the course of a decade, continued investment and attention are required (The SDGs Report, 2019). While SDG 3 is focused on health and wellbeing, and SDG 4 is quality education, practically all of the other goals are influenced by health. For instance, by shielding people from a significant source of financial difficulty, universal health coverage (UHC) can aid in reducing poverty (SDG 1), and excellent health can stimulate higher employment and economic growth (SDG 8). Strong health systems can also help protect people from the effects of epidemics and other medical emergencies on society and the economy. A better state of health advances the other goals. In comparison to many other direct measures, higher education in particular has been viewed as a superior and more effective vehicle for guaranteeing equitable and social justice (Tilak 1995). In the aftermath of globalization, the role of the state and public support has been seen as crucial for higher education to fulfill its social, pedagogical, and institutional purposes (Rani, 2002). Expenditure on higher education as a percentage of GDP in 1990–1991 was 0.43 per cent which in the year 2009–2010 changed to 0.41 per cent (Mitra, 2016). Given the significance Higher education is frequently referred to as a public good, or at the very least a quasi-public good, due to the externalities it creates in the areas of economic, social, cultural, demographic, and politics as well as the fact that it is also a merit good. Higher education is regarded as being crucial to maintaining competitiveness in a world that is becoming increasingly globalized and plays a significant role in the realm of knowledge production (Mitra, 2016). Each state has been assigned 17 targets to reach the required goals as part of the SDG Index development priorities. All guidelines established to accomplish the SDG Goals by 2030 are being gradually applied in the state. In the case of Haryana is consistently working to achieve the social, economic, and environmental goals under the Sustainable Development Goals (SDG) Index, according to the Economic Survey 2021–22 that was presented in Parliament by Union Finance Minister Nirmala Sitharaman As a result, Haryana is listed among the top states in the country in the NITI Aayog SDG India Index 2020–21. With a 10-point rise from 2019, Haryana is in first place in terms of score improvement in 2020–21 (The Tribune Newspaper).

GOALS AND TARGETS ACROSS THE THREE CHARACTERISTIC DIMENSIONS OF SUSTAINABLE DEVELOPMENT: THE SOCIAL, ENVIRONMENTAL AND ECONOMIC:-



Significance of the study

Health and education is main indicator of human development. Healthy and educated human capital is a backbone of any economy because if the citizen of a country is healthy and educated than the per capita income will be high because

healthy and educated human capital is based on all developing activities. Health and education is an important factor for the human resources development. It is not only concern of state expend sizeable amount but quality expended amount in main aspect.

- Importance of the study examine the various health policies,
- Improvement of the health indicator like infant mortality ratio, maternal mortality ratio. Birth and death rate.
- study will analyse the trends and pattern of government spending on health sector and education
- Study the status and quality of health service and education in Haryana.
- Important to know the health and education expenditure.
- Study the higher education of women in Haryana state.

2. THE MAIN OBJECTIVE OF THE STUDY

The proposed study is an attempt to The Role of Higher Education in Improving Women's Health in Haryana state, the objectives of the study are-

1. To examine the trends composition of public health and higher education in Haryana.
2. To examine the impact of public health expenditure on economic growth in Haryana.
3. To assess the relationship higher education and health indicators.
4. To provide conclusions and suggestions for further policy.

3. TARGETS FOR IMPROVE WOMEN'S HEALTH

A comprehensive goal for the SDG on health is to "Ensure healthy lives and promote well-being for all at all ages." To accomplish the SDG for overall health, universal health coverage (UHC) and access to high-quality healthcare must be attained, according to the SDG declaration.

1) By 2030, lower the worldwide maternal death rate to fewer than 70 per 100,000 live births.
2) Assure that by 2030 everyone has access to family planning, information, education, and the inclusion of reproductive health into national plans and initiatives.
3) By 2030, all countries must have eradicated preventable infant and child mortality, to bring down under-5 mortality to at least 25 per 1,000 live births and neonatal death to at least 12 per 1,000 live births.
4) By 2030, cut the early death rate from non-communicable diseases in half while improving mental health and general well-being.
5) Achieve universal health coverage for all people, including financial risk protection, access to high-quality, essential medical care, and availability of affordable, dependable, efficient, high-quality medicines and immunizations.
6) As necessary, strengthen all countries' adherence to the World Health Organization's Framework Convention on Tobacco Control.

7) Support the development of vaccines and medications against infectious and non-communicable diseases that primarily affect developing nations. This should be done by the Doha Declaration on the TRIPS Agreement and Public Health, which affirms that developing nations have the right to fully utilize the TRIPS Agreement's provisions on trade-related issues. flexibility in the commercialization of intellectual property rights to safeguard public health, particularly to guarantee universal access to medications.

8) Dramatically increase health spending as well as the recruitment, support, training, and retention of medical professionals in developing countries, especially in the least developed countries and tiny island developing States.

2019–20 All India Survey on Higher Education (AISHE)

- The All India Survey on Higher Education (AISHE) was introduced in 2011 by the Ministry of Human Resource Development (MHRD), Department of Higher Education, Government of India, to identify and collect data about higher education institutions across the country. These AISHE reports offer an in-depth examination of the information gathered in the pertinent year and present key estimates for higher education indicators like enrollment, gender parity, pupil-teacher ratio, infrastructure, etc., which help paint a clear picture of the higher education landscape in India. 1019 Universities, 39955 Colleges, and 9599 Stand-Alone Institutions out of the 1043 Universities, 42343 Colleges, and 11779 Stand-Alone Institutions listed on the AISHE web platform had replied during the survey. Rajasthan has three universities, two each in Karnataka and Tamil Nadu, Bellow the All India Survey on Higher Education report 2019:-
- Several women principal investigators in R&D: 232 in 2000-01 to 941 in 2016-17.
- The proportion of women in research increased from 13.9 in 2005 to 18.7 in 2018.

- While there is an upward trend in overall data, there are fewer women researchers in engineering and technology than in natural science, health, and agriculture. The proportion of women conducting research in the humanities and social sciences is substantially higher, at 36.4%.
- At the postdoctoral level, where the majority of research is conducted, there are fewer women researchers than the global norm. Although this number has increased, it is still far lower than 30% of the global average. Women are strongly represented up to the graduate level.
- Women make up 53% of students majoring in science at the bachelor's level and 55% of students majoring in it at the master's level, but when it comes to doctoral degrees, women graduates trail males at 44% to 56%.

4. HEALTH AND HIGHER EDUCATION

The constitution of the World Health Organisation, 1948, defines health in the following way: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The general determinants of health encompass not just the physical well-being of people, but also the environment, lifestyle, and access to health care. Both health and education are regarded as essential for the development of an individual as well as a nation. A healthy person is better able to complete a task than an unwell person. There is less productivity because sick workers who lack access to healthcare are compelled to take time off. Therefore, healthcare spending is a substantial source of the creation of human capital. As a result, healthcare spending is a significant source of human capital formation. A woman's health is her whole well-being, which is not only influenced by biological variables and reproduction but also by the consequences of work demands, diet, stress, conflict, and migration, among other things, according to a UNESCO report. Girls' and women's health, as well as their experiences as carers, are distinct, and important gender equality, human rights, social justice, human development, and culture are examples of social factors all have a significant impact on these issues. Additionally, the overlap between women's health and women's caregiving in the conceptual framework for women and health illustrates how frequently women play both consumers and providers of health care (Langer et al. 2015). Over a long period, the importance of higher education in fostering a person's whole growth has been generally recognized and accepted. Education and training help to develop a skilled workforce that leads to faster economic growth while also improving a person's abilities, efficiency, and productivity (Gadbade and Kokate, 2021). According to the most recent study from According to United Nations Educational, Scientific, and Cultural Organization (UNESCO), "The under-five death rate would be 61% lower in India if all women had completed secondary education. On the eve of debates about the post-2015 development agenda at the UN general assembly, the all-global monitoring report was released. "One of the most effective ways to progress women's health is through education. Mothers who have received education are more knowledgeable about particular diseases and can take precautions to avoid them. The 28-page research titled "Education Transforms Lives" claims that they can identify early symptoms of sickness, seek guidance, and take appropriate action. The 2011 census of India's population showed that there were 940 females for every 1000 males at that time. Even though there are fewer women in the population, they are still the most undervalued group in society. Women make up 48.37% of the population of India. Particularly in India, a woman serves as the foundation of the family. The fact that women make up 50% of the population but provide 75% of the growth of our society, compared to men's contribution of 25%, is consistently underlined. Before the emergence of the COVID-19 threat, several health metrics were trending correctly. Although not quickly enough to fulfill those 2030 targets, Vaccination rates had increased, communicable diseases had declined, and mother and child health had all improved. Stopping preventable child deaths has advanced significantly. The global under-5 mortality rate reduced from 76 to 38 deaths for every 1,000 live births between 2000 and 2019, a reduction of half. The global new-born mortality rate (death in the first 28 days of life) decreased from 30 to 17 deaths per 1,000 live births within the same period. But in 2019, 5.2 million children died before they turned five, with over half (2.4 million) of them dying in the first month of birth (SDGs Report,2020). State Government's top priority is to give kids access to high-quality higher education and to prepare them for the workforce. The State's higher education system has grown significantly in recent years. During the upcoming fiscal year, it is anticipated that this tendency would persist. The Department of Higher Education has implemented several initiatives to increase the capacity and standard of higher education. The guiding principle of access, quality, equity, and sustainability in higher education serves as the foundation for the state government's vision. The goal of higher education in Haryana is to fully and inclusively use the State's human resource potential. The Department of Higher Education wants to make colleges and universities more gender inclusive. The Haryana government has spent a significant amount of money building a vast infrastructure of government-owned and -operated universities and degree programs. The department of higher education handles all online admissions for all

state-run colleges, including those that are self-funded, government-aided, and public. In the academic year 2020–21, 1,53,117 fresh admissions were made. 69 of the 172 government colleges overall only accept female students. The department is committed to opening new government colleges that are solely for female students to give more girls access to higher education. There are 35 female-only colleges among the 97 privately run, government-funded colleges (Economic Survey of Haryana, 2020-21).

FACTOR USED

TOTAL PUBLIC EDUCATION SPENDING AS A SHARE OF GDP AND SGDP - The GDP is divided by the total government spending on education at all levels, and the resulting number is multiplied by 100 to determine the total amount of government spending on education. The basis for aggregate data is a set of projections from the World Bank. Through official responses to its yearly education survey, the UNESCO Institute for Statistics collects data on education.

TOTAL PUBLIC HEALTH SPENDING AS A SHARE OF GDP AND SGDP - Total health spending is stated as a percentage of GDP, which is the total value of all final goods and services produced in a nation in a given year. This metric calculates the proportion of GDP that is spent overall on healthcare. It provides information on the number of resources devoted to health about a country's wealth.

INFANT MORTALITY RATIO (INDIA AND HARYANA) - The infant mortality rate is the number of neonatal deaths per 1,000 live births. Infant mortality rates serve as an important barometer of a society's general health and give us important details about maternal and infant health.

MATERNAL MORTALITY RATIO (INDIA AND HARYANA) - It is simple to estimate the maternal mortality ratio using data from vital registration systems, household surveys, or other sources. The maternal mortality ratio is equal to 100,000 times the ratio of live births to maternal deaths.

LIFE EXPECTANCY OF FEMALE (INDIA AND HARYANA) -"life expectancy" refers to the number of years one can expect to live. Life expectancy is by definition based on an estimate of the typical death age for members of a particular population group.

TABLE 1: INDIA AND HARYANA HEALTH INDICATOR PERFORMANCE

year	India MMR	Haryana MMR	India IMR	Haryana IMR	Life Exp. Of Female India	Life Exp. Of Female Haryana
2011	178	146	43	44	68	69.8
2012	178	127	43	42	69	70.1
2013	167	127	39	41	69	70.9
2014	166	101	37	36	69	71.3
2015	130	101	35	33	70	71.9
2016	130	98	33	33	70	72
2017	130	98	31	30	70	72.3
2018	130	91	30	30	71	72.3
2019	122	91	28	27	71	72.3
2020	103	91	27	28	71	72.3

Source: Economic Survey of Haryana, SRS bulletin,

Table 2: Public health and education expenditure as a percentage of GDP in India and Haryana

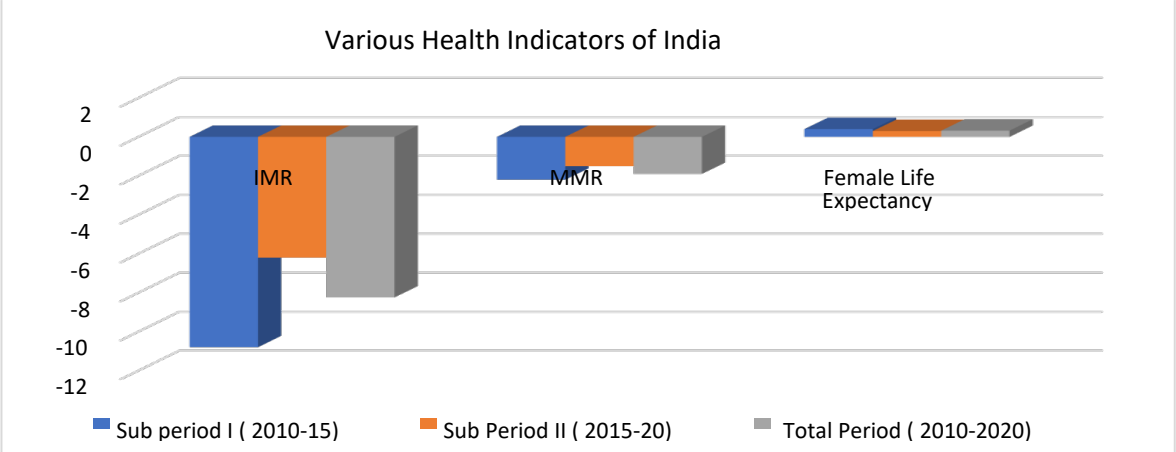
year	PEE % of GDP India	PEE % of SGDP Haryana	PHE % of GDP India	PHE % of SGDP Haryana	GDP India at Constant price	GSDP HR at a constant price
2011	3.8	2.98	1.1	0.53	8736329	297539
2012	3.9	2.74	1.4	0.46	9213017	320912
2013	3.8	2.76	1.15	0.47	9801370	347507
2014	4	3.11	1.15	0.55	10527674	370535
2015	4.1	3.34	1.18	0.66	11369493	413405
2016	4.3	3.14	1.4	0.62	12308193	456709
2017	4.3	3.66	1.35	0.67	13144582	482036
2018	4.4	3.37	1.28	0.7	14003316	524171

2019	4.4	3.64	1.5	0.81	1,45,69,268	566034
2020	4.5	4.07	1.8	0.97	13512740	536034

Source: World Bank Report, Budget of Haryana, Economic survey of Haryana

Table 3: Compound Growth rate of Various Health indicators at the National Level (India)

Period	IMR	MMR	Female Life Expectancy
Sub-period I (2010-15)	-10.8	-2.2	0.4
Sub Period II (2015-20)	-6.2	-1.5	0.3
Total Period (2010-2020)	-8.24	-1.9	0.32



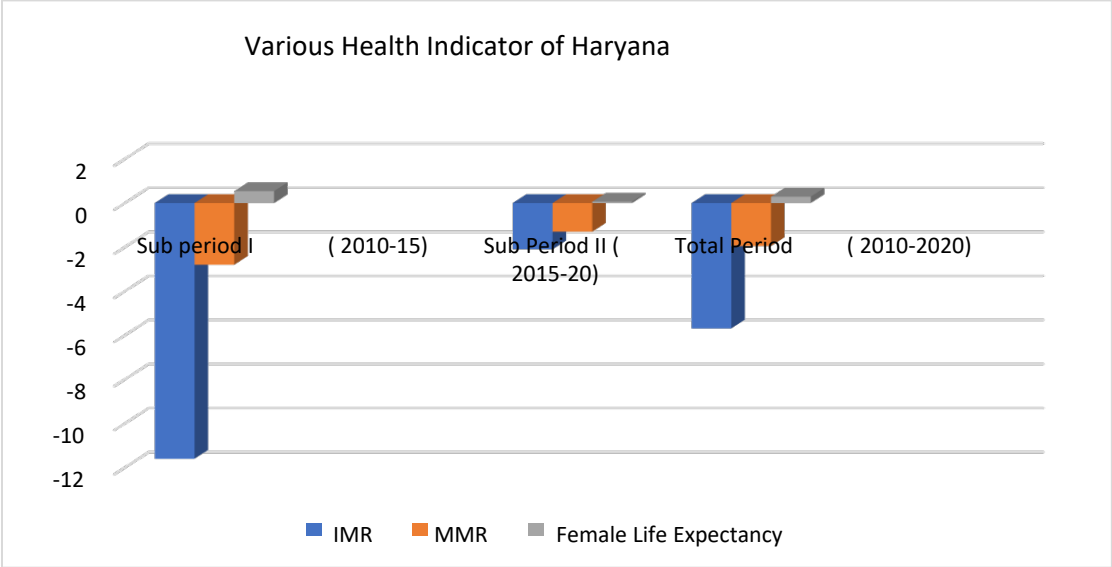
Source: Author Calculation

The compound growth rate of various health indicators at the national level is divided into three periods. There are two sub-periods and one total period. Health indicator IMR growth decreased in all periods from 10.8 in sub-period I and -6.2 in sub-period II, and growth in the total period from 8.24. MMR growth decreased from -2.2 to -1.5 in both sub-periods and -1.9 over the entire period (2011–20). The life expectancy of female growth is increased in the first 0.4 sub-period by 0.3 in the second sub-period 0.32 in the total period.

Table 4: Compound Growth rate of Various Health indicators at the State Level (Haryana)

Period	IMR	MMR	Female Life Expectancy
Sub-period I (2010-15)	-11.6	-2.8	0.54
Sub Period II (2015-20)	-2.1	-1.3	0.06
Total Period (2010-2020)	-5.69	-1.95	0.29

Source: Author Calculation



Three eras are also used to partition the state-level compound growth rate of several health indicators. There is one overall period and two sub-periods. IMR growth for the health indicator fell from 5.69 to 11.6 in the whole period, and from -2.1 in the sub-period I and II. MMR growth fell from -2.8 in the first subperiod to -1.3 in the second subperiod, and -1.95 for the total period (2011–20). The female growth life expectancy is extended in the first subperiod by 0.06, in the second subperiod by 0.09, and overall by 0.29.

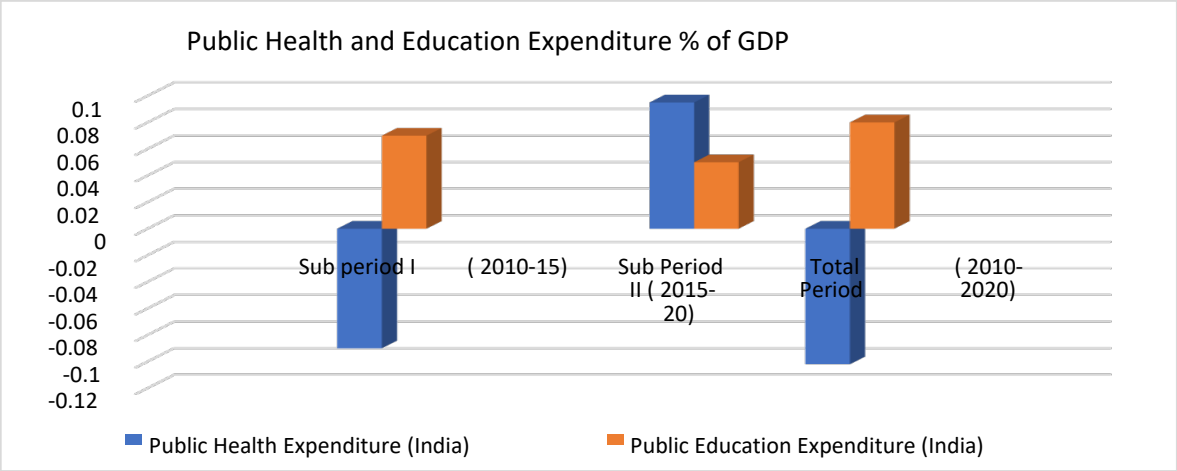


Table 5: Compound Growth Rate of India Public Health Expenditure as Percentage of GDP:-

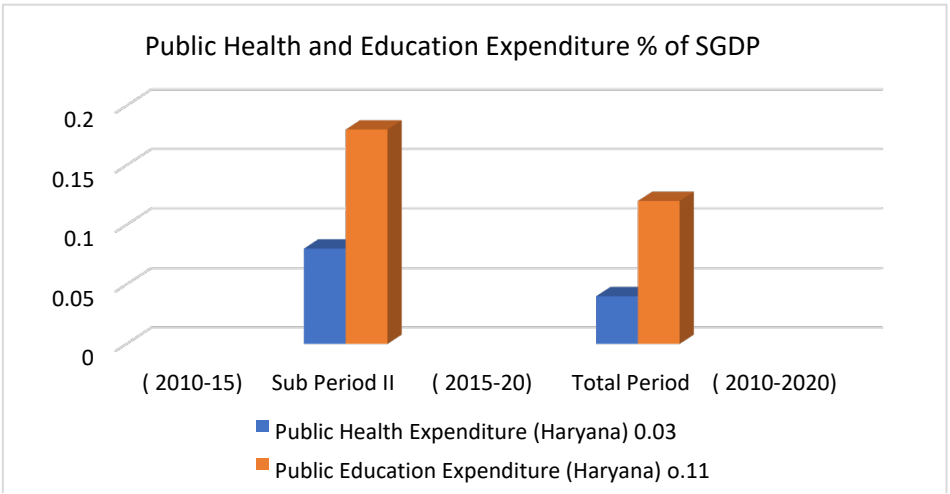
Period	Public Health Expenditure (India)	Public Education Expenditure (India)
Sub-period I (2010-15)	-0.09	0.07
Sub Period II (201520)	0.095	0.05
Total Period (2010-2020)	-0.102	0.08

Source: Author Calculation

The compound growth rate of India's public health expenditure (PHE) and public education expenditure(PEE) as a percentage of GDP is divided into three time periods; two sub-periods, 2011–15 to 2015–20, and one is the total period 2011–20. In the first sub-period, PHE as a percentage of GDP growth is -0.09; in the second sub-period, it is 0.095. The total period growth is -0.102. PEE as a percentage of GDP growth is in the first sub-period of 0.07, the second sub-period of 0.05, and the total period of 0.08.

Table 6: Compound Growth Rate of Haryana Public Health Expenditure as Percentage of SGDP:-

Period	Public Health Expenditure (Haryana)	Public Education Expenditure (Haryana)
Sub-period I (2010-15)	0.03	o.11
Sub Period II (2015-20)	0.08	0.18



Total Period (2010-2020)	0.04	0.12

Source: Author Calculation

The compound growth rate of Haryana's public health expenditure (PHE) and public education expenditure(PEE) as a percentage of SGDP is divided into three time periods; two sub-periods, 2011–15 to 2015–20, and one is the total period 2011–20. In the first sub-period, PHE as a percentage of SGDP growth is 0.03; in the second sub-period, it is 0.08. Growth during the entire period is -0.04. PEE has a growth rate of 0.11 in the first sub-period, 0.18 in the second sub-period, and 0.12 in the overall period.

5. CONCLUSION

This study looked into how higher education can help women's health in Haryana State. utilizing a variety of health metrics, such as the infant mortality ratio (IMR), maternal mortality ratio (MMR), female life expectancy (LE), and public health and education spending (PHE and PEE) as a proportion of GDP and SGDP. Our analysis indicates that higher education expenditure improves women's health in Haryana State. Our analysis indicates that higher education expenditure improves women's health because PHE is less than the PEE. PHE as a percentage of SGDP in 2020 is 0.97 per cent, while PEE is 4.07 per cent. PHE (1.8%) is also less than PEE (4.5%) at the national level. This paper finds that higher education improves women's health because PHE is not much increased, but PEE is increasing at both state and national levels, and various health indicators are also improving like IMR and MMR are decreasing, and life expectancy is increasing. So, higher education has a positive impact on women's health.

CONFLICT OF INTERESTS

None.

ACKNOWLEDGMENTS

None.

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