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EDITORIAL ANALYSIS

Income and Health: A Two-Way Street for Women

THE HINDU

8 July 2026 · SOCIAL ISSUES · GS1 · GS2

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Income and Health: A Two-Way Street for Women

 **The Hindu**

8 July 2026

GS1

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THE LIFT LINE

Income and health are not two separate women's issues; they are the same street running in both directions, and policy that treats them apart wastes both.

WHY THIS EDITORIAL MATTERS FOR YOUR EXAM

The link between women's earnings and women's health is a textbook example of a virtuous, or vicious, cycle. Independent income lets women invest in nutrition, healthcare and their children; chronic ill-health, in turn, keeps women out of the workforce. For the exam this connects the society syllabus of GS1 to the health and governance syllabus of GS2 in a single, high-yield frame.

GS Paper 1: the role of women and women's organisations; population and associated issues; social empowerment.

GS Paper 2: issues relating to the development and management of the health sector; welfare schemes for vulnerable sections and their performance; mechanisms and institutions for the protection of women.

For **Prelims**, carry the data: female labour-force participation of 41.7 per cent (PLFS 2023-24), the maternal mortality ratio of 93 per 1,00,000 live births (SRS 2019-21), and anaemia in 57 per cent of women aged 15 to 49 (NFHS-5). For **Mains**, argue that gender-responsive public-health investment is not welfare charity but an economic multiplier.

BACKGROUND AND CONTEXT

India's female labour-force participation rate (FLFPR) has been historically low but is rising, reaching 41.7 per cent in the Periodic Labour Force Survey (PLFS) 2023-24, up sharply from 23.3 per cent in 2017-18, driven largely by rural women. Yet the health foundation beneath that participation remains fragile. Anaemia affects

57 per cent of women aged 15 to 49 (NFHS-5), and the disproportionate burden of unpaid care work, women perform roughly 7.5 hours a day of unpaid care against about 2.8 hours for men, both drains their health and blocks paid employment.

On the positive side, the maternal mortality ratio has fallen to 93 per 1,00,000 live births (SRS 2019-21) from 130 in 2014-16, and out-of-pocket health expenditure has dropped to 39.4 per cent of total health spending (NHA 2021-22), with government spending now overtaking household spending. But public health spending, near 1.9 per cent of GDP, still falls short of the National Health Policy 2017 target of 2.5 per cent, which was to be met by 2025 and was not.

THE CORE ARGUMENT / ISSUE

Income improves health

When a woman earns her own income, she gains decision-making power over how it is spent, and the evidence is consistent: more goes to family **nutrition, healthcare** and children's **wellbeing** than an equivalent rupee controlled elsewhere. Financial inclusion, through Jan Dhan accounts and self-help groups, is therefore also a health intervention.

Health enables income

The reverse channel is just as strong. A woman weakened by anaemia, an untreated non-communicable disease, or the toll of repeated pregnancies without adequate reproductive care cannot sustain steady paid work. **Underfunded women's primary care** silently suppresses workforce participation. Health is not the reward for employment; it is a **precondition** for it.

THE TWO-WAY STREET	MECHANISM	POLICY LEVER
Income to health	Own income to nutrition, care, children	Jan Dhan, SHGs, DBT, Lakhpati Didi
Health to income	Fit, unanaemic women can work	Anaemia Mukht Bharat, NHM, PM-JAY
Care burden	7.5 hrs/day unpaid care blocks paid work	Creches, Palna, care infrastructure
Reproductive health	Safe motherhood raises participation	PMMVY, Janani Suraksha Yojana (https://ujivari.com/schemes/janani-suraksha-yojana/)

The gender-responsive prescription

The answer is **gender-responsive public-health investment**: budgeting and designing health services around women's specific burdens, maternal and reproductive health, anaemia, and the rising toll of non-communicable diseases. India's frontline is already gendered, ASHA and Anganwadi (<https://ujjiyari.com/terms/anganwadi/>) workers, and schemes such as PM-JAY (Ayushman Bharat, Rs 5 lakh family cover), the National Health Mission, PMMVY and Janani Suraksha Yojana exist; the task is to fund and integrate them around the income-health link. This maps directly onto SDG 3 (health) and SDG 5 (gender equality).

HOW TO THINK ABOUT THIS (ANALYTICAL FRAME)

Use the **virtuous-versus-vicious cycle** lens. Two variables that each cause the other create a loop: push both up together and gains compound; neglect either and both spiral down. Income and women's health form exactly such a loop. The policy implication is that single-lever interventions underperform: a cash transfer without health access, or a health scheme without economic agency, each leaks its gains. Gender-responsive design deliberately closes the loop by funding income and health as one package.

THE DIAGRAM IN WORDS

Independent income for women -> greater say over spending -> more on nutrition, healthcare, children -> healthier women -> sustained workforce participation -> more income -> [virtuous loop]. Break either link (poor primary care OR no economic agency) and the loop reverses into a vicious cycle.

WAY FORWARD

- 1 **Budget for women's health explicitly.** Expand **gender budgeting** (<https://ujjiyari.com/terms/gender-budgeting/>) so maternal, reproductive, anaemia and NCD care are funded to match women's real burden, and move public health spending toward the 2.5 per cent of GDP target.
- 2 **Pair inclusion with health.** Bundle self-help-group and financial-inclusion programmes with health check-ups, anaemia screening and insurance awareness.
- 3 **Redistribute the care burden.** Invest in creches, elder care and Anganwadi-cum-creches so the 7.5 hours of daily unpaid work does not remain a tax on women's employment.
- 4 **Strengthen the frontline.** Adequately train, pay and equip ASHA and Anganwadi workers, the human interface of women's primary care.

PYO LINKAGE AND PRACTICE

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UPSC has asked about women's empowerment and workforce participation, about the feminisation of the workforce, and about the performance of health schemes such as Ayushman Bharat. This editorial ties those themes to the concrete income-health mechanism.

Practice question: "Women's economic empowerment and their health outcomes are mutually reinforcing." Discuss, and examine how gender-responsive public-health investment can convert this relationship into an economic dividend for India. (250 words, 15 marks)

Sources: The Hindu (<https://www.thehindu.com/opinion>)

Source: Income and Health: A Two-Way Street for Women — Ujjyari.com | Free UPSC & State PCS Editorial Analysis

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