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Mini Review

Bridging Gaps in Women's Health: The Need for Community-Based Gynaecological Care

A Ranjithkumar*

Assistant Professor of Political Science, School of Law, Vel Tech Rangarajan Dr. Sagunthala R&D Institute of Science and Technology, Avadi, Tamil Nadu, India

***Corresponding Author:** A Ranjithkumar, Assistant Professor of Political Science, School of Law, Vel Tech Rangarajan Dr. Sagunthala R&D Institute of Science and Technology, Avadi, Tamil Nadu, India.

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Abstract

Gynaecological health remains a critically under-addressed component of women's health, particularly in low- and middle-income countries (LMICs) such as India. Despite medical advancements, systemic barriers-ranging from stigma, geographic inaccessibility, and economic constraints to inadequate awareness-continue to prevent millions of women from receiving timely and equitable care. This article advocates for a paradigm shift toward community-based gynaecological care, which emphasizes local engagement, decentralization, and preventive approaches. Leveraging grassroots health workers, mobile clinics, menstrual health education, and telemedicine, such models can enhance early detection, access, and continuity of care. Evidence from India, Uganda, and other settings demonstrates the effectiveness of community health networks in improving service utilization, especially among marginalized populations. Furthermore, the article underscores the need to integrate mental health support into reproductive health services, addressing the psycho-social dimensions of conditions like infertility and chronic pelvic pain. Policy recommendations include incorporating gynaecological services into the Ayushman Bharat Health and Wellness Centres, expanding financial support for grassroots infrastructure, enabling public-private partnerships, and improving data systems. Ultimately, this model offers a participatory, inclusive, and scalable path to advance reproductive justice and meet global health goals.

Keywords: *Women's Health; Community-Based Care; Gynaecology; Reproductive Justice; India; Public Health; SDG 3; SDG 5*

Introduction

Women's health is foundational to the health and prosperity of families and communities. However, gynaecological health-often stigmatized and neglected-remains a major blind spot in public health policy and practice, particularly in low- and middle-income countries (LMICs). Despite advancements in diagnostics and treatments, access to equitable and timely gynaecological care remains limited. The World Health Organization [1] stresses that disparities in reproductive health services persist due to socioeconomic barriers, gender discrimination, geographic isolation, and lack of culturally sensitive healthcare systems. In this context, community-based gynaecological care emerges as an inclusive, accessible, and empowering strategy to address these enduring gaps.

Current landscape and challenges in gynaecological health

Globally, nearly 190 million women suffer from conditions such as endometriosis, fibroids, reproductive tract infections (RTIs), cervical cancer, and menstrual irregularities [2]. However, a significant portion of these conditions remains undiagnosed or untreated. In India,

gynaecological morbidities are widely prevalent, especially among women in rural and tribal regions, due to a lack of access to diagnostic services and specialist care [3].

Among the major systemic barriers are:

- Stigma and silence: Taboos surrounding menstruation, vaginal discharge, infertility, and reproductive health prevent women from seeking help [4].
- Geographic inaccessibility: Women in remote areas often travel long distances to reach a gynaecologist, leading to delays or abandonment of care.
- Economic constraints: The cost of consultation, diagnostic tests, and treatment is prohibitive for many women, especially those in the informal sector.
- Lack of awareness: Many women are unaware of early symptoms of gynaecological disorders, including cervical cancer, which remains the second most common cancer among Indian women [1].

These challenges are compounded in populations facing intersectional vulnerabilities-such as adolescent girls, Dalit women, tribal communities, and single mothers-who face higher levels of neglect and exclusion from institutional healthcare [2].

Why community-based gynaecological care?

A community-based approach reorients the health system from a hospital-centric model to one that is locally embedded, culturally competent, and preventive in focus. This model leverages existing local health structures, including Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), and Self-Help Groups (SHGs), to offer early detection, referral, education, and follow-up services at the grassroots level [5].

The following components are essential to a successful community-based gynaecological model:

1. Decentralized screening and diagnosis: Community health workers trained to conduct basic screening tests (e.g. visual inspection with acetic acid for cervical cancer, urine tests for UTIs) can identify high-risk cases and facilitate referrals.
2. Mobile health units and health camps: Regular visits by mobile gynaecology units with trained staff and equipment can offer periodic check-ups in hard-to-reach areas.
3. Menstrual health management: Community education programs that address menstrual hygiene, product use, and menstrual disorders help dismantle stigma and improve quality of life.
4. Digital health and telemedicine: Mobile apps and teleconsultation platforms connect women in remote areas with urban-based specialists. In Maharashtra, the eSanjeevani platform has improved maternal and reproductive healthcare access through online follow-ups [6].
5. Community engagement and health literacy: Empowering women through peer education, SHGs, and school-based health clubs fosters sustainable health-seeking behaviors.

Evidence of impact

There is growing evidence of the efficacy of community health systems in improving women's reproductive health:

- A study in Tamil Nadu found that women engaged through SHGs were significantly more likely to participate in cervical cancer screening than non-members [7].

- In Uganda, training community health workers in cervical cancer education and screening increased service utilization by 35% in under a year [8].
- India's ASHA program has shown improved outcomes in antenatal care, contraceptive usage, and institutional deliveries-achievements that can be replicated in gynaecological care [5].

Integrating mental and reproductive health

Gynaecological conditions often intersect with psychological issues such as anxiety, depression, and body image distress. Women with chronic pelvic pain or infertility, for example, report higher rates of mental health concerns. Yet, these conditions are rarely addressed together in clinical or community settings [4]. An integrated model that includes counselling services, psychosocial support, and referrals to mental health professionals within community clinics can provide more holistic care.

Policy and institutional support

For a scalable and sustainable model of community-based gynaecological care, the following policy recommendations are crucial:

- Incorporation into national health missions: The government's Ayushman Bharat Health and Wellness Centres (HWCs) should standardize gynaecological services as part of their primary care mandate.
- Financing grassroots health infrastructure: Increased budget allocation for mobile clinics, equipment, and frontline worker training.
- Public-private partnerships (PPPs): Collaboration with NGOs and academic institutions can strengthen innovation, training, and monitoring.
- Robust monitoring systems: Health Management Information Systems (HMIS) should disaggregate data by gender and condition to track outcomes and inform decisions.

Conclusion

Bridging the gaps in women's gynaecological care is not just a matter of infrastructure or medicine-it is about dignity, justice, and empowerment. Community-based models of care offer an inclusive, cost-effective, and participatory path forward. They shift the paradigm from delayed institutional care to proactive, continuous, and compassionate service delivery. As we strive to meet Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-Being) and SDG 5 (Gender Equality), investing in community-rooted health systems must become a policy imperative. Women's health must no longer be sidelined-it must be centered.

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