



HEALTH LITERACY AS A TOOL FOR WOMEN'S EMPOWERMENT: AN INDIAN PERSPECTIVE

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DOI: <https://doi.org/10.5281/zenodo.17277051>

Article Received on 20/08/2025

Article Revised on 10/09/2025

Article Accepted on 30/09/2025

ABSTRACT

Women's empowerment in India is deeply influenced by their ability to make informed health decisions. Health literacy—the capacity to access, understand, and apply health information—serves as a critical driver in enhancing women's autonomy, improving maternal and child health, and reducing preventable diseases. This paper explores the intersection of health literacy and empowerment, focusing on how access to accurate medical knowledge, preventive care awareness, and understanding of health rights enables women to participate actively in decision-making. Drawing from case studies in rural and urban India, the paper highlights the role of government schemes, non-governmental organizations, and community health workers in promoting health literacy. Findings indicate that improved health literacy not only enhances women's health outcomes but also strengthens their economic participation and social status. The study concludes that promoting health literacy is not merely a health intervention but a sustainable pathway to gender equality and inclusive development in India.

KEYWORDS: Health Literacy; Women's Empowerment; Maternal Health; Public Health; India; Gender Equality; Community Health.

INTRODUCTION

Women's empowerment is recognized as a cornerstone of sustainable development, directly linked to improvements in health, education, and economic growth. In India, where gender disparities persist across social, economic, and political spheres, the role of health literacy in fostering empowerment is both urgent and transformative. Health literacy enables women to make informed choices about nutrition, hygiene, reproductive health, and disease prevention, which in turn positively impacts family and community well-being.

The Government of India has implemented numerous initiatives such as the Janani Suraksha Yojana (JSY), POSHAN Abhiyaan, and Ayushman Bharat to improve access to healthcare and health information. However, low literacy levels, socio-cultural barriers, and limited access to reliable information often restrict women's ability to utilize these services fully. This research seeks to examine how improving health literacy can serve as a catalyst for women's empowerment in the Indian context.

Literature Review

Health literacy has been defined by the World Health Organization (WHO) as the ability to access, understand, and apply health information for making informed

decisions. Globally, research has shown that women with higher health literacy are more likely to access prenatal care, use contraceptives effectively, and seek timely medical attention.

In India, studies such as Chinn & McCarthy (2013) and Rao et al. (2020) indicate that health literacy levels are particularly low among rural women, leading to poor maternal health outcomes and higher child mortality rates. Initiatives like Accredited Social Health Activists (ASHA) under the National Rural Health Mission have shown success in bridging the information gap, especially in rural areas.

Existing literature also reveals that health literacy impacts economic empowerment—women with better health knowledge are more productive, face fewer health-related absences, and are more likely to participate in income-generating activities. However, there is still limited research focusing specifically on how health literacy empowers women socially and economically in India, which this study aims to address.

METHODOLOGY

This paper uses a qualitative descriptive research approach supported by secondary data from government reports, peer-reviewed journals, and case studies. The

focus is on examining initiatives that promote health literacy among Indian women and assessing their impact on empowerment.

Data Sources

Government health program reports (JSY, Ayushman Bharat)

WHO and UNICEF publications

Case studies from NGOs such as SEWA (Self-Employed Women's Association) and SNEHA (Society for Nutrition, Education and Health Action)

Research articles from Indian public health journals

Data Analysis

Thematic analysis was used to identify recurring themes linking health literacy to empowerment, with attention to differences between rural and urban contexts.

RESULTS / CASE STUDIES

Case Study 1: ASHA Workers in Rural Uttar Pradesh

In rural Uttar Pradesh, Accredited Social Health Activists (ASHA) have been instrumental in educating women about maternal health, vaccination schedules, and hygiene practices. Surveys indicate that villages with active ASHA engagement have seen increased institutional deliveries and reduced maternal mortality rates.

Case Study 2: SNEHA in Mumbai

In urban slums of Mumbai, the NGO SNEHA conducts workshops on nutrition, reproductive health, and domestic violence prevention. Post-intervention evaluations revealed that participants not only improved their health practices but also began participating in local governance meetings, reflecting increased social confidence.

Case Study 3: Digital Health Literacy via Mobile Apps

Programs like mMitra, a voice-call service for pregnant women, have successfully delivered weekly health tips in local languages. This has been particularly effective among women with limited formal education but access to mobile phones, showing that technology can overcome literacy barriers.

Key Findings

Health literacy significantly improves maternal and child health outcomes in India.

Empowered women with health knowledge are more likely to challenge harmful traditional practices.

Community-based interventions are more effective when they are culturally sensitive and delivered in local languages.

Digital health tools can bridge information gaps for women with limited reading skills.

DISCUSSION

The findings suggest that health literacy is a powerful enabler of women's empowerment in India. Beyond improving health outcomes, it fosters confidence, self-reliance, and participation in decision-making at the household and community level. However, challenges remain—patriarchal norms, restricted mobility, and lack of infrastructure continue to limit women's access to health information.

For sustained impact, health literacy programs must integrate gender sensitization, community involvement, and economic empowerment opportunities. Partnerships between government agencies, NGOs, and private technology firms can amplify outreach and ensure that interventions are both accessible and sustainable.

CONCLUSION

Health literacy is not merely a health sector concern—it is a social empowerment strategy. In India, promoting health literacy among women can break cycles of poverty, improve family well-being, and advance gender equality. Policies and programs must prioritize culturally relevant education, digital inclusion, and community-based engagement to ensure that women are not just recipients of health information, but active agents of change.

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