

# India's Health Dynamics around SDG 3: Challenges, Expanding Health Dimensions, Preventative Healthcare Opportunities and Feminine Health Promotion

<sup>1</sup>Tamanna, <sup>2</sup>Dr. Aarti

<sup>1</sup>Research Scholar, <sup>2</sup>Assistant Professor  
IMSAR, M.D.U. Rohtak

**Abstract-** A pivotal goal within the framework of SDG is SDG 3, which aims at promoting well-being and ensuring healthy lives for everyone at all ages. India, with its diverse population and healthcare challenges, plays a significant role in the global pursuit of this goal. This paper delves into the evolving health dynamics of India in the context of SDG 3, examining both the challenges and opportunities that lie ahead. India lags behind in achieving the targets of the Sustainable Development Goals. A closer examination reveals an intricate interplay between modern health paradigms and India's ancient holistic health philosophies. As non-communicable diseases (NCDs) rapidly expand, India's ancient lifestyle-based therapies offer sustainable solutions, balancing effective health outcomes without exacerbating environmental concerns. Furthermore, with India emerging as a medical tourism hub of, there's an unprecedented opportunity to globally showcase its preventative and cost-effective healthcare solutions. The digital health revolution, while providing avenues like telemedicine also brings challenges of infodemics, highlighting the importance of e-health literacy and the need for robust regulatory frameworks. Central to navigating these complexities is the novel perspective on realizing SDG 3 by emphasizing health promotion, message dissemination, and communication through women, underscoring the importance of their empowerment. Women, as the primary caregivers, have a profound influence on health and well-being outcomes. By leveraging the influence and capabilities of women, India not only stands to address its own challenges but also offers invaluable insights for global health strategies.

**Keywords:** Healthcare Dynamics, Women, Holistic Health, Preventative healthcare, Digital Health, NCDs.

## 1. INTRODUCTION

- SDG Target 3.4 is to reduce early deaths from non-communicable diseases by one-third through treatment, prevention, and promotion of well-being and mental health.
- At present, more than 1 billion individuals worldwide are living with a disability. The prevalence of people with disabilities is more frequent than ever because of demographic changes and chronic health disorders (WHO, 2021).
- Incidence of physical inactivity in 2016 was more than twice as high in high-income economies (36.8%) as in low-income economies (16.2%), and physical inactivity has increased in high-income countries over time (31.6%, in 2001) (Lancet Glob Health 2018).
- India grapples with 20% of the world's disease burden, underscoring its healthcare challenges (WHO).
- A significant 62% of India's health expenses are out-of-pocket, leading to financial burdens for many families (WHO).

Examples such as those above represent the health dynamics of individuals and society. Health dynamics are the decisive aspects in shaping policy decisions related to health concepts, setting targets, resource allocation, research policy, and crafting healthcare roadmap at individual and community levels. Health dynamics are intertemporal variations in the health status of an individual or a group of individuals (Hauck & Tsuchiya 2011). It involves studying how health evolves over time, encompassing patterns of incidence and prevalence (Buckley et al., 2004). It investigates the causes of present health changes based on historical and current evidence of various health dimensions including income, lifestyle, education, health literacy, and medical advancements over time (Contoyannis

et al., 2004). It also forecasts future health trends, revealing transitions from illness to wellness and vice versa. Health dynamics are complex and continuous processes.

Collecting observational panel data of a population over a very long period and across the whole globe, the whole country, and different sub-groups is a tiresome task that demands ongoing, continuous research. However, information technology has made it accessible through data sharing, analyzing software, and enhanced data storage capacity. There is growing collaboration across government organizations and researchers to keep an eye on identifying issues and solutions emerging in any corner of the world. The United Nations and the World Health Organization, in particular, are leading and directing world states in resolving their health dynamics in the pursuit of a sustainable and prosperous future.

To achieve this global aim, United Nations devised a road map after decades of research, in the shape of 17 Sustainable Development Goals, which the UN adopted in 2015 under the ambitious launch of the 2030 Agenda for Sustainable Development. These SDGs serve as a guide and solutions for nations to create a world for every living being on the planet and call for governments to work together continuously to achieve them. SDGs are visible through changes to people's lives, communities, the environment, and the economy (UN General Assembly 2015). Many of these SDGs are essential to living life to the fullest, including gender equality, nutrition, economic growth, health, and education. Other SDGs, like those related to climate change, underwater life, and clean energy, aim to protect our world for future generations as well as for the future of today's young generation. Survival and living are essential for both the present and the future, and health is the cornerstone of both.

Among the 17 interlinked global goals, SDG 3 specifically targets ensuring healthy lives and promoting well-being for all at all ages. The ambitions of SDG 3 are vast, encompassing a range of health targets from maternal and child health to combating non-communicable diseases and strengthening health systems. Health also serves as a fundamental indicator of the Human Development Index (HDI), a crucial measure for comparing countries in terms of their development (Ul-Haq 1995). Religious scriptures, accomplished figures across various domains, leaders, and the general populace all recognize health as their most robust asset and bestowed gift (including Gautam Buddha, Rig Veda, Joyce Meyer, Richard Branson, and M.K. Gandhi). A person in good health, possessing a robust physique and abundant energy, is better equipped to confront challenges, adapt, create, excel under pressure, and ward off illnesses. The potential of human resources is singularly influential, as its productivity shapes future quality of life. Human capital, comprised of knowledge, skills, innovation, and work ethics, contributes to as much as two-thirds of global income disparities (World Bank).

India, with its vast and diverse population, plays a significant role in the global achievement of these goals. Representing one-sixth of the world's population, the healthcare challenges and opportunities that India faces have broad implications for the success of SDG 3 on a global scale. With the best demographics in the world at present, India's workforce can contribute to reaching health for all in two ways: one through cost-effective treatment and drug development, and the other through holistic and wellness concepts and programs like yoga, meditation. India must plan its aged care strategy with the understanding that its young population today will grow old in the coming decades. India's health dynamics are characterized by numerous challenges; however, they also hold potential opportunities.

This paper explores the complexities of India's health landscape, highlighting both prevailing challenges, emerging opportunities and solutions. Central to this examination is the emphasis on the pivotal role of women in fostering positive family health outcomes and advancing the achievement of SDG 3. For a thorough and comprehensive analysis, this study has drawn upon secondary sources of information. The analysis approach encompassed both inductive and deductive methods, drawing on available data to construct reasoned explanations (Ritchie et al., 2003). These include established journal publications, datasets from renowned global and national organizations such as the National Family Health Survey of India, the World Health Organization, and the World Bank. Additionally, corroborated stories from reputable newspapers and reliable websites have been integrated. The insights and conclusions derived from these sources have been meticulously structured into defined sections and subsections for clarity and ease of reference. The sections are as follows:

- India's Position and Challenges in Relation to SDG3 Targets
- Evolving Focus on Mental and Emotional Health: Contemporary Emphasis
- The Digital World Dilemma: Digital Health
- The Digital World Dilemma: Confronting Infodemics

- Leveraging the Digital World: Telemedicine, Patient Records, and Extensive Research
- Pioneering Preventative Healthcare: India's Potential Leadership in an Emerging Healthcare Dimension
- Women's Central Role in Shaping Health and Well-being Outcomes

## 2. Discussion and Findings

**2.1 India's Position and Challenges in Relation to SDG 3 Targets:** India, with a population of 1.4 billion, ranks as the world's second-most populous country, trailing only behind China, which has 1.5 billion inhabitants (United Nations). This accounts for approximately 17% of the global population. The diverse and vast population of India includes a rich tapestry of cultures, languages, religions, and ethnicities. The country's population growth presents both opportunities in terms of a vast labor force and challenges in terms of ensuring equitable access to resources and services. Upon gaining independence in 1947, India confronted substantial challenges across various sectors. The country's health infrastructure was rudimentary, marked by prevalent infectious diseases, malnutrition, and a diminished life expectancy. A nation's health is pivotal; healthy citizens transform into human capital, serving as the most invaluable asset in advancing national objectives. With literacy rates hovering around 12%, the quest for education was arduous, emphasizing the indispensable role of education in nation-building. Despite these constraints, India was poised with the ambitious vision of ensuring health for all its citizens, viewing the SDG3 targets as guiding beacons. Economically, India was still grappling with the ramifications of colonial subjugation, characterized by an agrarian landscape and an incipient industrial sector. Over the subsequent 77 years, India has made notable strides, yet certain areas, especially education and health, demand augmented attention. As the nation evolved through industrialization, it encountered contemporary challenges: environmental degradation, air and water pollution (Ahmed et al., 2022), sedentary lifestyles, excessive consumption of sugar, junk food, and alcohol, all culminating in deteriorating health standards. These factors, prevalent not just in India but globally, underscore the multifaceted challenges nations face in ensuring the well-being of their populations. The subsequent table delineates India's position and the challenges it faces in relation to the SDG 3 targets.

**Table 1: Challenges and Status of India in Achieving SDG 3 - Good Health and Well-being**

SDG 3 Sub Targets	India's Position	What is the Big Challenge	India's plan of Action
3.1. Maternal mortality rate (MMR)	MMR drops from 130 (NFHS-4, 2015-16) to 113 (NFHS-5, 2019-21). Statewise, MMR varies, with Kerala at 30 and Assam at 215., Institutional deliveries rise from 78.9% (NFHS-4) to 83.3% (NFHS-5),	Low literacy rate and employment among women, Socio cultural factors in accessing healthcare.	Accessibility to quality maternal healthcare in rural areas. Diverse health schemes like Pradhan Mantri Matru Vandana Yojana (PMMVY)
3.2. Neonatal and child mortality	NMR dropped from 28 (NFHS-4) to 23 (NFHS-5)., Infant mortality rate (IMR) reduced from 41 to 36., Under-five mortality rate (U5MR) declined from 50 to 43.. Notable regional and socio-economic disparities persist in these indicators.	NFHS-5 indicates increased and high malnutrition rates in children under five across most surveyed states.	India Newborn Action Plan (INAP), Poshan Abhiyaan
3.3. Infectious diseases	Decreased rates of malaria and TB, but some states still have high incidences. Very high prevalence of neglected tropical disease, such as leprosy, lymphatic fluorecence, Kala-Azar.	The disparities among states in terms of social, economic, and environmental determinants Challenges such as urbanization, climate change, recurrent floods, and drought. Low preventative practices like mask use among masses.	The National Framework for Malaria Elimination (2016-2030), The National Polio Surveillance Project, The National AIDS Control Program, The National Guidelines for Infection Prevention and Control in Healthcare Facilities (2018), The Communicable Disease

			Control Programme
3.4. Non - communicable diseases	India's prevalence of non-communicable diseases (NCDs) stands at 116 per 1,000 population., Dominant NCDs: cardiovascular diseases, diabetes, chronic respiratory diseases, and cancers. India ranks third globally in NCD-related deaths, behind China and USA., India's premature deaths due to NCDs (before age 70) is 59.2%, exceeding global (41.2%) and South-East Asia averages (57.9%).	Causes and risk factors of NCDs are the hard to change as they demand behavioral and environmental change i.e. ageing, hasty urbanization, globalization, lifestyle shifts( high inactivity, and poor eating habits, tobacco and alcohol use), air pollution.	National Multisectoral Action Plan for Prevention and Control of common NCDs (2017-2022), Fit India Movement, Population Baesd Screening(some districts)
3.5. Substance abuse	drug and alcohol abuse, especially in border states and metropolitan cities 14.6% of individuals (age 10-75) consume alcohol.	Drug trafficking, lack of rehabilitation centers, low income, ,laborers	Narcotics Drugs and Psychotropic Substances Act (1985), NMBA in most vulnerable districts
3.6. Road traffic	Increased initiatives but still high rates of accidents, especially on highways	Two-wheeler vehicles, inadequate traffic law enforcement	National Road Safety Policy, Motor Vehicles (Amendment) Act, 2019
3.7. Sexual and reproductive health	Increased awareness but still too many challenges persist especially in rural, tribal areas and among the marginalized section. Low awareness among adolescents.	Lack of awareness, Too many socio-cultural barriers with regard to sexual health, women sub ordinate position and low empowerment.	Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) strategy, National Health Policy 2017, Transgender Persons (Protection of Rights) Act 2019
3.8. Universal health coverage	32 crore e-card issued of PMJAY, 24000 empanelled hospitals, 60% are private., Share of Out-of-Pocket Expenditure (OOPE) in Total Health Expenditure declines from 62.6% in 2014-15 to 47.1% in 2019-20	Inequitable distribution of healthcare facilities, out-of-pocket health expenses, low spending of GDP on health, high state variation in use of Ayushman bharat, low awareness of PMJAY among masses. India spend 1.3% of GDP on health expenditure	Ayushman Bharat or Pradhan Mantri Jan Arogya Yojana (PMJAY), National health Policy 2017

Analyzing India's stance concerning the Sustainable Development Goal (SDG) 3 targets reveals a convoluted path ahead. Few paramount challenges are achieving UHC, non-communicable diseases reduction, substance abuse, and women's health. Public expenditure on health in India hovers around 1.3% of its GDP, a figure significantly lower than the global average of 6%. This underinvestment culminates in resource-constrained public facilities and compromised care quality. Additionally, a discernible inequality persists in health service access across states, urban-rural divides, and different socio-economic cohorts, particularly affecting marginalized groups. The environment-health nexus, though intrinsic to SDG 3, often gets overlooked, with pressing concerns like climate change and pollution not receiving adequate attention. This oversight partly emanates from India's ongoing developmental trajectory, which, like many countries historically, is accompanied by environmental repercussions. The global discourse on climate change is further stymied as nations grapple with the dilemma of economic growth versus environmental stewardship.

Yet, amidst these myriad challenges, India's reservoir of ancient knowledge, affordable innovation solutions, and a youthful demographic present as silver linings. Harnessing these can be pivotal in maneuvering the nation closer to



the SDG 3 targets and realizing a healthier, more sustainable future for its vast populace. Below is the detailed exploration how India could offer few solutions to its challenges and to the world in healthcare.

**2.2 Evolving Focus on Mental and Emotional Health: A Contemporary Emphasis:** The concept of health has undergone multiple reinterpretations. The notion of good health, however, is somehow misinterpreted by the general population in a negative sense only and is based on an “absence” of pathology, i.e., a lack of disease and infirmities. To clear up this misconception, WHO defined health in 1948 as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Health definitions are broadly classified into three main categories (Svalastog, A. L. et al., 2017). The one commonly embraced by the public denotes the absence of disease or disability. The second emphasizes health as state enabling individuals to competently manage the demands of daily life, which also implies an absence of illness or impairment. It facilitates the fulfillment of societal roles. The third delineation portrays health as a state of equilibrium and concord, achieved by an individual both internally and through interactions with their social and physical milieu. This comprehensive notion of health finds its roots in Indian, Greek, and Chinese medicinal traditions. The academic realm is progressively embracing this approach, acknowledging spiritual health (WHO 2000, Donev D. 2014). However, the most prevalent definition among scholarly and policymaking circles is the second category's perspective on health, grounded in pragmatism, individualism, and wholeness (Rene Dubos 1959, PI Ahmed 1977, WHO, Ottawa Charter 1986, J Bircher, Huber et al, 2011, Rene Dubos). Here, individuals with a robust physical and mental equilibrium effectively fulfill their daily tasks, duties, and responsibilities.

Physical health and diseases are often more conspicuous, extensively researched, and serve as a focal point for drug development due to their overt nature. Conversely, mental health concerns tend to be less visible, receiving comparatively less attention and consideration among the general population and from patient (Shidhaye & Giri, 2014; Schnyder et al., 2017). Individuals dealing with mental illnesses often face a lack of understanding and empathy within society. Consequently, this has sparked global conversations and open discussions about mental well-being and emotions management in terms of impact of stress, anxiety, bullying, good relationship on quality of life. The emotional aspect of mental health, often referred to as emotional well-being has been received positively by masses. It involves managing emotions such as anxiety, engaging in effective communication and discussions, honing interpersonal skills, and adeptly handling various situations (Feeney & Collins, 2015). On the other hand, the term “mental health” is commonly accepted as somewhat associated with mental disease and perceived negatively (Ali et al., 2017). The recent trend in human resource management is of employee engagement, emotional intelligence and wellness, emphasizing the mental health.

Mental health is more vulnerable than physical health, influenced by societal pressures, personal needs, expectations, family dynamics, work demands, and self-management challenges (Clement et al., 2015). Unlike physical health, mental well-being encompasses emotional, social, spiritual, and much wider environmental dimensions. This resonates with ancient Indian wisdom emphasizing practices like meditation, yoga, and harmonious living with the environment. The scientific community's journey has converged with Indian historical insights, reinforcing the contemporary imperative of prioritizing mental and emotional health.

**2.3 The Digital World Dilemma: Digital Health:** The proliferation of smart phones, tablets, and streaming services has ushered in the inclusion of a digital health dimension within the broader concept of well-being. However, this digital revolution has given rise to a myriad of concerns regarding both physical and mental wellness. Behaviors such as binge-watching shows and incessantly checking mobile devices have emerged as significant factors impacting health. The consequences of excessive screen time encompass physical issues like eye strain, disrupted sleep patterns, and sedentary lifestyles, which in turn contribute to a spectrum of health complications. At the psychological level, the compulsion to repeatedly check devices and immerse oneself in digital content can perpetuate feelings of anxiety, inadequacy, and isolation – amplified by the selective realities often depicted on social media platforms. This new facet of health underscores the imperative to strike a balance between digital consumption and deliberate breaks, while mindfully engaging with the physical natural world. This approach aligns with traditional Indian principles, which highlight the harmonious integration of oneself with the natural world.

**2.4 The Digital World Dilemma: Confronting Infodemics:** False information and half-truths have a long history of dissemination within society, but the advent of social media technology has accelerated their spread. Instant connectivity via platforms like social media allows information to reach far and wide with a single click, often leading individuals to share and retweet content without fact-checking (Zarocostas, 2020). Research by Vosoughi et al. (2018) highlighted that false online information is shared more frequently than the truth. The COVID-19 pandemic vividly showcased the impact of this trend, leading to the coining of the term “infodemic” before the World Health

Organization (WHO) formally defined it. During the pandemic, the proliferation of misleading messages prompted the WHO Director General to assert that society was combating a dual challenge—the COVID-19 pandemic and the infodemic. WHO characterized the infodemic as an overflow of information, both accurate and erroneous, making it difficult for people to discern reliable sources. Infodemics have fostered vaccine hesitancy, panic-driven behaviors, and the promotion of pseudo treatments, revealing humanity's inclination towards emotions over rationality (Simon & Camargo, 2021). This phenomenon, now named due to its prominence during COVID-19, brings attention to the need for addressing it comprehensively. Governments are increasingly recognizing the importance of managing infodemics, urging enhanced e-health literacy among citizens. Proper communication, strengthening of cyber crime systems and education are key to effectively managing this ongoing process and mitigating potential harm to patients and healthcare systems (Calleja et al., 2021).

The Indian tradition of knowledge creation, exemplified by the Vedas and various Shastra and Darshan Philosophy has consistently advocated for the exercise of rational judgment rather than blind adherence. Gautam Buddha, Vivekananda and other prominent figures of Indian thought emphasize the importance of subjecting everything to critical analysis, argument, and evaluation before acceptance. This fundamental principle of applying discernment can serve as a potent tool in combating infodemics effectively, as it encourages individuals to critically assess information and treatments before embracing them.

**2.5 Leveraging the Digital World: Telemedicine, Patients Record and Extensive Research:** The intersection of the digital world and healthcare has unveiled promising avenues for transformative advancements. Telemedicine, has revolutionized patient care by enabling remote medical consultations and diagnoses, breaking geographical barriers. This has gained momentum in Covid-19. Beyond this, digital technology has catalyzed the meticulous tracking of patients' health records, facilitating thorough research and comprehensive observations (AMS, 2006). The seamless integration of digital tools into healthcare operations not only enhances efficiency but also empowers patients to actively participate in their well-being. This amalgamation showcases the potential of the digital era to revolutionize healthcare delivery, propelling the industry towards a more patient-centric and technologically driven landscape.

**2.6 Pioneering Preventative Healthcare: India's Potential Leadership in an Emerging Healthcare Dimension:** The health dynamics of disease reveals a silent and pervasive pandemic has been taking root - non-communicable diseases (NCDs). The situation is worse all around the globe, however in India, it is too bad. This category, including ailments like diabetes and cancer, stealthily erodes not only individual health but also national productivity and quality of life. India, alarmingly, stands at the forefront of this crisis, witnessing a significant reduction in disability-adjusted life years. Unlike the sudden jolt of infectious diseases, NCDs manifest insidiously, only to explode onto the radar once daily lives have already been hampered. These ailments, gradually sap individuals' vitality and potential, preventing them from living life to its fullest.

The remedy, lauded as an affordable and potent solution, lies in preventative health care. Anchored by a balanced diet and regular exercise, preventative health care has become the cornerstone for mitigating NCDs. Yet, despite the promise it holds, India lags behind the Western world in its adoption of these practices. While recent years have seen a surge in India's focus on preventative health care, the COVID-19 pandemic further turbocharged the rise of the wellness market, spotlighting the significance of nutritious food and wellness products. In their paper Mathpati et al., (2022) advocate for the incorporation of population self-reliance as the fourth tier in the healthcare system, recognizing and valuing individuals' capacity for self-care. This concept entails a community-owned and managed strategy for self-help in healthcare services, aiming to diminish reliance on institutionalized tiers provided by health care professionals, drugs, and devices, and managed by the government and private sector. Effectively implementing this fourth tier, rooted in Ayurveda, yoga, and local health traditions, holds the potential to empower households, fostering community-based health practices. The fourth tier signifies a non-institutional, community, and household-based approach where knowledgeable homes serve as healthcare providers for their own well-being, thereby reducing dependence on traditional healthcare systems. This fourth tier of population self reliance, health literacy is increasing the scope for India's rich traditional knowledge. Despite the significance of Ayurvedic and yoga knowledge, Indians, as mentioned earlier, often do not actively engage in these wellness activities. To establish Ayurvedic and Yoga practices as globally acknowledged, Indians must assume the role of ambassadors by wholeheartedly incorporating these principles into their own lives. Through personal commitment and active participation, Indians can not only enhance their own well-being but also serve as influential examples, promoting the widespread adoption of Ayurveda and Yoga on a global scale. This cultural endorsement can contribute significantly to the international acceptance and integration of these traditional practices into contemporary lifestyles, fostering a healthier and more balanced way of living.

Another crucial aspect for enhancing the acceptance of India's rich Ayurvedic and local herbal knowledge is the intensification of research efforts. A concerted focus on research will not only deepen our understanding of the therapeutic properties of Ayurvedic herbs but also provide scientific validation, thereby bolstering the credibility and acceptance of these traditional practices on a global scale.

Wellness Centers grounded in yoga, meditation, Panchkarma, and lifestyle therapies offer this distinct dimension. The resurgence of India's ancient herbal knowledge, once a foundation, is gaining renewed recognition. Celebrity endorsements and renowned wellness centers, testify to the power of India's holistic health heritage. By intensifying research on these approaches, the efficacy of ancient remedies can be scientifically established, fostering global acceptance. Notable individuals champion practices like oil pulling for oral health, echoing ancient traditions. India must capitalize on the global popularity of yoga, it holds boundless potential to ascend as a leader in the preventative health care industry. Medical tourism, an avenue where India already shines, can be expanded to encompass wellness centers, drawing on the nation's rich tradition of yoga and meditation. Policymakers hold the key to unlocking India's full potential in this arena, ushering in a paradigm shift in health.

**2.7 Women's Central Role in Shaping Health and Well-being Outcomes:** The three sustainable development goals directly related to women encompass the reduction of maternal mortality, the improvement of neonatal and child health, and the enhancement of sexual and reproductive health. These goals underscore the significant impact women have not only on their own health but on the health of their newborns, children (Baffour, Jones, & Contreras, (2006) and families. The family serves as the fundamental and basic unit of society, and healthy behaviors within the family inherently translate into the well-being of individuals and the broader society. Across the globe, women often serve as the primary caregivers within families. Despite the lack of autonomy in other spheres of decision-making, women hold significant agency in household decision-making, an important contributor in women empowerment. When additional dimensions of women's empowerment are applied to their journey, such as freedom of movement, access to health services, education, and income, women gain the ability to transcend their traditional role as primary caregivers. This transformation empowers them to make informed decisions regarding the health of their families and children (Aston et al., 2006). However, one overlooked aspect in health and empowerment of women is the diminished involvement of women in physical activities which influences decision-making concerning the well-being of their children and other family members. Their limited participation, attributed to socio-cultural barriers, workload and the absence of fitness activities and facilities, hinders their health and empowerment. This constraint, highlighted in Tamanna & Aarti, (2023) research article, underscores the intricate link between women's engagement in physical activity and their overall empowerment.

The profound connection between a mother's health and the well-being of newborns and infants signifies the critical role women play in ensuring a healthy start for the next generation (Essilfie et al., 2020). An empowered mother positively impacts her children by fostering education, health, and guidance, while promoting emotional well-being, gender equality, decision-making, and community engagement, shaping a holistic and successful future (Avasthi, 2010).

Women exhibit greater receptiveness to health advice and participation in health education programs compared to men, thereby providing a valuable platform for the dissemination of crucial health practices within families. Their active facilitation of preventive healthcare encompasses nutritional guidance, engagement in physical activities, and the promotion of essential hygiene practices, collectively serving to mitigate the risks associated with various health issues. Sadly, there is higher prevalence of mental disorders, neurological and hypertension disorders among women than men. The elevated prevalence of non-communicable diseases and their adverse implications have been previously addressed. Exploring further, the question arises of how a woman can effectively promote family well-being if she herself experiences diminished energy and stamina. Dietary interventions coupled with increased physical activity engagement are the most efficacious and economically viable strategies for preventing non-communicable diseases. However, regrettably, prevailing malnutrition and low participation in physical activity remain a pronounced concern, particularly in developing nations like India (NFHS-6) and Bangladesh. Women often encounter numerous restrictions on their freedom of movement especially in developing nations. It can impede timely medical interventions in cases of family emergencies.

The responsibility rests with policymakers to address gender-specific concerns that impact women's overall empowerment and health. This endeavor requires confronting socio-cultural barriers that hinder women's involvement in physical pursuits, while also acknowledging contextual factors such as familial responsibilities. The nutritional well-being of women is often compromised due to the prevailing "family-first" mindset, where their dietary needs take a backseat to family priorities. The intricate interplay between women's health, empowerment, and the achievement of Sustainable Development Goals (SDGs) emphasizes the imperative for targeted initiatives aimed at unleashing their potential as catalysts for healthier societies. Notably, women tend to allocate a larger share of their resources towards their families compared to men (Buller et al., 2016). By empowering women through improved



healthcare access, unrestricted mobility, active engagement in physical activities, and financial independence, their transformative capacity as nurturers of healthy families can be fully realized.

### 3. Conclusion:

As the landscape of healthcare undergoes profound transformations, India stands at the crossroads of too many challenges and few opportunities. Examining India's position in relation to SDG3 targets reveals both the progress made and the roadblocks that persist in achieving comprehensive health for all. The evolving focus on mental and emotional well-being underscores the contemporary emphasis on holistic health, aligning with the Indian philosophy that has long recognized the interconnectedness of mind and body. The digital age ushers in new dimensions of healthcare, with digital health interventions opening doors to enhanced patient care, remote consultations, and data-driven research. However, the dual challenge of infodemics demands judicious use of digital platforms and robust health literacy to navigate a sea of information.

Preventative healthcare emerges as a beacon of hope in the ever-evolving healthcare landscape, with India have all potential and knowledge to be a leader in this transformation. By prioritizing preventive measures and interventions, India can proactively tackle health challenges, reduce disease burdens, and build a healthier society.

Central to this entire discourse is the pivotal role women play in shaping health outcomes. Empowering women, enhancing their access to healthcare services, their participation in physical activity and movement and promoting gender-specific health policies can usher in a new era of comprehensive well-being. In the words of UN Secretary General Guterres:

**WOMEN WIN, WE ALL WIN**

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