



PAVE THE WAY FOR GENDER EQUALITY: MASS MEDIA APPROACH TOWARDS WOMEN DESIGNATED HEALTH AWARENESS DAYS

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ABSTRACT

In India, women face several challenges when accessing healthcare facilities. The nation must prioritise women's health, as everyone's ability to live a complete life depends on their health. Improving women's access to healthcare in India is crucial for attaining gender equality. Media is progressively bringing a change in awareness for female health and emphasising gender equality. Understanding the significance of keeping the women population healthy, the Government has earmarked specific health awareness days during the year. Stressing the importance of these days can significantly improve women's overall health as they will be better informed and able to make necessary health decision

1. Introduction

Women's body experiences many transitions from menarche to menstruation, from puberty to reproduction and conceivably Breast-feeding, and from pre- to post-menopause. These milestones in a girl's life bring transformation in phases and affect physical appearance too. Knowledge about all this cannot restrict to early learning or through a school chapter, as instructions can't be imparted in one go; somewhat consistent awareness is needed to withstand challenges related to each phase. Since determinants of menarcheal age differ, and changes in hormonal patterns are continuous, women's healthcare becomes a dominant issue. A constant and focused approach is required to educate the women on the perennial subject through her life journey. Hitherto, female health has not been a straightforward matter of discussion; menstruation has always been a taboo topic. Though quite recently, society is changing, various campaigns have been initiated like #SpotlightRed #KeepGirlsInSchool, etc. Media is progressively changing awareness of female health and emphasising gender equality. Understanding the significance of keeping the women population healthy, the Government has earmarked specific health awareness days during the year.

This paper thoroughly reviews women health, a significant determinant of the lack of awareness in maintaining good health, the role of mass media in health awareness and how stressing the importance of health awareness days can bring significant improvement in the overall health of women as they will be better informed and able to take necessary health decisions.

2. Women and Health

Historically, women's health was defined mainly as "reproductive health." Academics and clinicians have recently adopted a broader perspective, recognising that sex is a significant factor in the development and progression of numerous diseases. The National Academy on Women's Health Medical Education defines women's health as "devoted to facilitating the preservation and wellness of and prevention of illness in women and includes screening, diagnosis and management of conditions that are unique in women, are more common in women, are more serious in women, and have manifestations, risk factors or interventions that are different in women (*Closing the Gender Data Gap in Healthcare | McKinsey, n.d.*)."

A healthy lifestyle and nutrient-rich diet can provide humans with lifelong good health. Poor nutrition and a lack of knowledge regarding using health facilities during infancy and reproductive age are the primary causes of high maternal mortality. Although the Indian Government has made numerous efforts to improve the health status of women, poverty, gender discrimination, and illiteracy are the most significant obstacles to implementing appropriate interventions (Manoharan, 2017).

In India, women face several challenges when accessing healthcare facilities. Some of them are-

Lack of accessibility: Healthcare facilities can be challenging for women in rural places. They might have to travel a long way to get to the nearby medical centre, which can be difficult and expensive.

Lack of affordability: Indian healthcare is expensive, and many women may not be able to afford it, especially women from low-income groups.

Lack of awareness: Many women in India may be unaware of their rights and the available healthcare services. This can prevent them from seeking aid when they require it and cause treatment delays.

Gender bias: Discrimination and bias against women in healthcare settings may prevent them from receiving appropriate care. This can include negative attitudes and providers' lack of comprehension of women's health issues (*"There Are Still Many Challenges in Women's Health Segement in India," 2023*).

The nation must prioritise women's health, as every one's ability to live a complete life, depends on their health. Improving women's access to healthcare in India is crucial for attaining gender equality. According to the World Economic Forum's 2021 Global Gender Gap Report, India currently ranks 140th out of 156 countries in terms of gender disparity. This signifies the nation's health and survival, economic opportunity and participation, academic achievement, and political empowerment.

In order to pave the way for gender equality, it is crucial to increase support for girls and women across all development indicators. One of the strategies is to improve women's healthcare. For example, women can be encouraged to take charge of their health and cleanliness through programs that give everyone the same access to high-quality care.

The concerns regarding female healthcare are consistently disregarded and never raised. The situation is worse in rural India than in cities. Numerous women have high-risk pregnancies due to ignoring their nutritional requirements and warning signs of complications. This location has a high prevalence of menstruation-related issues, anaemia, and urinary tract infections (UTIs) among women. However, they frequently refuse treatment, thereby aggravating their problems. Women hesitate to travel long distances for medical examinations, even for severe conditions (*"Women's health in India: Need of the hour?" 2023*)

The market for women's health in India is anticipated to increase at a CAGR of 7.80% between 2022 and 2030, from \$0.726 billion in 2022 to \$1,325.00 million in 2030. The Indian women's health market is a rapidly expanding industry, propelled by factors such as rising awareness of the significance of women's health, rising disposable income, and government initiatives to improve healthcare accessibility and quality for women. This market includes gynaecological and obstetric care, maternal and infant health, contraception, and menopause management products and services. However, the Indian women's health market still faces significant obstacles, such as a lack of qualified healthcare professionals, inadequate healthcare infrastructure, and inadequate insurance coverage for specific treatments. Additionally, cultural barriers, a lack of education and information about women's health, and a shortage of female healthcare professionals in rural areas impede the market's growth. In the future years, the Indian women's health market is anticipated to expand due to rising demand and government support.

Several healthcare policies and regulations in India affect the market for women's health. Among the most critical policies and regulations are:

This policy intends to provide universal health coverage and enhance the overall quality of healthcare in India, with a particular emphasis on maternal and child health and reproductive and sexual health.

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is a government initiative providing complimentary prenatal care for pregnant women at government health facilities.

The Pradhan Mantri Jan Arogya Yojana (PMJAY) is a government-funded health insurance programme covering various medical interventions, including those pertaining to women's health.

National Health Mission (NHM): This is a government initiative focusing on maternal and child health that seeks to improve the overall health and well-being of the population.

The Medical Termination of Pregnancy Act of 1971 regulates the termination of pregnancy in India and ensures that the procedure is safe and legal.

The Pre-Conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act of 1994 prohibits sex-selective abortion and regulates prenatal diagnostic techniques to prevent their use for sex-selective purposes (Insights10, n.d.).

3. Literature Review

The study titled "Factors associated with awareness of breast cancer among women of reproductive age in Lesotho: a national population-based cross-sectional survey" discussed that breast cancer is the primary cause of cancer-related deaths and a significant public health concern. The rising number of breast cancer-related deaths is primarily attributable to women's ignorance of the disease. Despite the numerous campaigns promoting breast cancer awareness, there is evidence that women still lack knowledge. Therefore, this research examined the prevalence and factors associated with breast cancer awareness among Lesotho's women of reproductive age. We utilised cross-sectional population-based data from the 2014 Lesotho Demographic and Health Survey. The analysis included 6,620 women of reproductive age in total. The outcome variable was breast cancer awareness. Women who heard about breast cancer were regarded as knowledgeable about the disease. Using multilevel binary logistic regression models, the factors associated with breast cancer awareness among women were determined. In Lesotho, breast cancer awareness among women of reproductive age was extremely low. We recommend that policymakers, clinicians, and public health practitioners consider the factors identified in this study when devising and developing breast cancer awareness intervention programmes for Lesotho women (Afaya et al., 2023).

Another study, titled "Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Healthcare" discussed awareness of the broader contexts that influence health supports respectful, patient-centered care that incorporates lived experiences, optimises health outcomes, improves communication, and can help reduce health and health care inequities. Although there is little doubt that genetics and lifestyle play an important role in shaping the overall health of individuals, interdisciplinary researchers have demonstrated how the conditions in the environment in which people are born, live, work, and age play equally as important a role in shaping health outcomes. These factors, referred to as social determinants of health, are shaped by historical, social, political, and economic forces and help explain the relationship between environmental conditions and individual health. Recognising the importance of social determinants of health can help obstetricians–gynecologists, and other healthcare providers better understand patients, effectively communicate about health-related conditions and behaviour, and improve health outcomes.

Another study, "Awareness and utilisation of community clinic services among women in rural areas in Bangladesh: A cross-sectional study" highlighted that Bangladesh had completed its objective of 18,000 Community Health Clinics in subdistricts. These government-affiliated community health clinics provide free healthcare and improve health awareness in rural areas' poorest communities. However, many people, including women, need to know about community health clinic services. Identifying community clinic awareness determinants is crucial. Empirical evidence improves community clinic efficacy and service coverage for key populations. The 2014 Bangladesh Demographic and Health Survey included 11,673 rural 15- to 49-year-old women from seven divisions. The study focused on CCS awareness and use. 36.7% of women knew about community clinics. Our findings suggested that education measures could improve health awareness (Yaya et al., 2017).

The study titled "Women's mass media exposure and maternal health awareness in Ota, Nigeria" discussed that for a number of years, maternal health has been a top priority for nations worldwide. This study aimed to determine the sources of maternal health awareness, the methods for obtaining maternal health information, the frequency of exposure to mass media, and the effect of mass media exposure on maternal health awareness among female residents. This study employed the agenda-setting theory, the descriptive (survey) research design, and the questionnaire as the research instrument. This analysis used both systematic and random sampling techniques. The Internet (49%) was the leading source of maternal health awareness; advertisements/campaigns (30.6%) were the

most common means of obtaining maternal health information; the majority of participants were exposed to mass media once a month [27.6%], while the least frequent exposure was once every two weeks [5.1%]. It was discovered that exposure to mass media significantly impacted maternal health consciousness. Given a number of factors identified as impeding people's access to communication interventions in Nigeria, the study suggests that the objective of increasing maternal health awareness must be accompanied by action, thereby influencing the adoption of intervention measures aimed at reducing the rate of maternal mortality to the barest minimum.

The study titled as "Awareness of non-communicable diseases in women: a cross-sectional study" discussed that chronic non-communicable diseases (NCD) are the leading cause of mortality, morbidity, loss of independence, and expenditures on public health. A healthy lifestyle could substantially reduce the prevalence of non-communicable diseases. This cross-sectional cohort study (online survey) assessed women's NCD awareness, knowledge regarding NCD prevention, and willingness to adopt a healthier lifestyle. Overall, NCD awareness was relatively high; however, information was primarily derived from lay media, which may have contributed to erroneous estimates of the age groups most affected by NCD, the impact of NCD on quality of life, NCD mortality rates, and the extent of NCD prevention by lifestyle interventions. In addition, half of women were aware of online NCD risk calculators; the majority of them desired to know their physician had offered their NCD risk, but only a minority of NCD risk calculations. The average threshold for adopting a healthier lifestyle was a 5–10-year risk of developing a specific NCD of approximately 37%. The acceptance of non-pharmacological interventions for NCD prevention was high; however, lack of expert information and time were significant barriers to adopting a healthier lifestyle (Irani, 2022).

4. Mass media and Health Awareness

The mass media has a tremendous capacity to influence health-related attitudes and behaviours. It is widely acknowledged that the media tremendously impacts public responses to health issues. As a means of communication, the mass media - print, television, radio, and the Internet - have unparalleled reach. It has considerable influence over setting agendas, i.e., what we should be concerned with and act upon, and formulating issues, i.e., how we should think about them (Leask et al., 2010).

The power of mass media to reach a large audience has far-reaching effects on the thoughts, sentiments, and behaviours of the general public on multiple levels, including the individual, the family, the community, and society. The mass media can be utilised to enhance the health of its viewers by informing, encouraging, and empowering individuals to make positive lifestyle changes; also, the mass media can provide a venue for promoting better policies and civic action.

Media campaigns can be brief or last for extended periods. The most tremendous potential of mass media campaigns lies in their capacity to disseminate well-defined, behaviorally targeted messages to large audiences repeatedly, over time, incidentally, and at a low cost per head (Wakefield, Loken and Hornik, 2010).

The Government has already earmarked health awareness days discussing disease, prevention, diagnosis, treatment and media needs to be proactive and give due significance to these health awareness days. As the awareness for same still lacks among the masses.

5. Material & Methods

We searched on Google Scholar for papers containing the terms "awareness day" or "awareness days" in the title or abstract and articles on women's health to get a head start on analysing the present state of health awareness day. We could access the complete texts of the articles written in English. We analysed their subject matter, focusing on the settings in which health awareness days were discussed and assessed. Our investigation is not intended to be comprehensive, nor is it meant to replace a genuine systematic review. In its place, we attempted to establish and map the scholarly debate on health awareness days dedicated to women's health and define its significance and relevance to bring attention to a particular issue.

6. Health Awareness Days

Mulvihill first defined the health awareness day as a "brief exposure, high visibility program designed to stimulate thinking and discussion of certain health risks and issues by large numbers". It is a well-known intervention method among public health practitioners, policymakers, and the general public (Mulvihill, 1979).

They are designed to raise public awareness of health issues and provide people with information that can help them manage and prevent these issues (Ajbar et al., 2021).

Health awareness initiatives are a pervasive form of intervention. There are nearly 200 health awareness days, weeks, and months on

the US National Health Observances calendar, and since 2005, more than 145 awareness day measures have been introduced in Congress. The central component of health awareness days is health information dissemination (Purtle & Roman, 2015).

In the realm of medicine, awareness and education are extremely important. Both can provide patients with more information, which may aid in the early detection of medical conditions. They enable increased support from friends, family, and the medical community. Strong awareness may also help raise more funds for research, thereby facilitating additional trials of potential treatment options. Organisations also organise awareness campaigns for unusual medical illnesses, blood donations, etc (Fiorillo, 2023).

Many renowned healthcare associations and organisations promote "disease awareness days" to raise awareness of a specific disease and emphasise the need for more effective actions, especially highlighting the unrecognised threat and serious consequences. Among the numerous campaigns, some were explicitly designed to raise awareness of the most prevalent human diseases worldwide, including diabetes (World Diabetes Day, organised by the International Diabetes Federation on November 14), thrombosis (World Thrombosis Day, classified by the International Society on Thrombosis and Haemostasis on October 13), cancer (World Cancer Day, organised by the Union for International Cancer Control on February 4), myocardial infarction (World Heart Day, organised by the World Heart Federation on September 29), and thyroid disorders (World Thyroid Day, organised by the American Thyroid Association on May 25) (Lippi et al., 2020).

6.1 Role of the Ministry of Health in Health Awareness Days

The Ministry of Health & Family Welfare, Government of India's National Health Mission portal lists the Annual Calendar of important health days under the wellness and health promotion. There is a total of 36 days listed. Also, a notification directing the Ayushman Bharat – Health & Wellness Centres (AB-HWC) to expand awareness and highlight activities to foster wellness through health promotion (National Health Mission, 2023). In this paper, four health awareness days explicitly dedicated to women health are discussed-

7. Women-Related Health Awareness Days

7.1 National GDM Awareness Day

Gestational diabetes mellitus, often known as GDM, raises the risk of having issues during pregnancy and of developing diabetes in the future (Agrawal et al., 2021). According to the American Diabetes Association (2013), six million Indian women had hyperglycemia, with 90% having GDM.

On March 10, 2019, India held the world's first national GDM Awareness Day, stressing the link between maternal health and diabetes and inviting pregnant women to free screenings at hospitals and clinics. The idea for this day came about in September 2016, when more than 300 South Asian leaders signed the Colombo Declaration, which called for rapid action to address the link between maternal health and diabetes. One of its recommendations was to establish an annual gestational diabetes mellitus (GDM) awareness day.

The Diabetes in Pregnancy Study Group in India (DIPSI), the Research Society for the Study of Diabetes in India (RSSDI), the Federation of Obstetrics and Gynaecology Societies of India (FOGSI), the Association of Physicians of India (API), and the South Asia Initiative on Diabetes in Pregnancy (SAIDIP) have observed National GDM Awareness Day on March 10. In 2019, the countrywide Health Mission directed state officials to work with these organisations to make GDM Awareness Day a countrywide event. India's National Health Mission is the first government ministry to announce the date. The first GDM Awareness Day in India included healthcare professionals' training, press conferences, awareness events, seminars for women's groups, and widespread screening.

Dr V. Seshiah's contributions to gestational diabetes research, policy, and implementation were recognised by establishing Indian GDM Day on March 10 (*India Marks First National GDM Awareness Day, 2019*).

The study titled "Awareness and Knowledge About Gestational Diabetes Mellitus Among Antenatal Women" analysed the awareness and knowledge of GDM among pregnant women and identified its influential factors in three phases (Thomas et al., 2020). The study emphasised the significance of implementing strategies that raise antenatal women's awareness and expertise around GDM. The media is one of the most essential sources; one can use them to accomplish an objective. It is possible to help a targeted community become better informed about efficient disease prevention and management by distributing health education programmes through the media. This can lessen the impact of GDM on the mother and the foetus. Healthcare professionals can advocate for and conceptualise educational courses that are straightforward and clear on GDM to improve health-seeking habits through psychoeducational programmes, counselling, and teaching.

7.2 National Safe Motherhood Day in India

National Safe Motherhood Day is celebrated every year on April 11. Its purpose is to raise awareness about the need for high-quality healthcare and safety for all mothers and expecting moms. The goal of this day is to bring attention to the significance of delivering maternal care that is both safe and respectful, as well as to highlight the significant advancements that have been made in the field of maternal health over the years. This day celebrates the birth of Kasturba Gandhi, Mahatma Gandhi's wife. She devoted her life to helping others and influenced India's fight for independence from British colonial rule. This day, which strives to call attention to maternal health and highlight the need for safe and healthy pregnancies, celebrates her legacy and attempts to attract attention to maternal health.

The National Health Mission (NHM) in India has worked to improve mother and newborn health and reduce preventable maternal deaths. Government measures have reduced India's maternal mortality rate. The Government's tireless efforts reduced India's MMR to 97/lakh live births in 2018–20 from 130/lakh in 2014–16.

The Indian Government has implemented several maternity healthcare programmes.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides pregnant women with free, high-quality antenatal care on the ninth day of each month. Pregnant women receive medications, lab testing, ultrasounds, and prenatal checkups under the PMSMA. PMSMA has assessed over 3.94 billion pregnant women.

Pradhan Mantri Matru Vandana Yojana: Pregnant women receive financial payments immediately in their bank accounts through a direct benefit transfer (DBT) system that began in 2017. Enrollment exceeds 3,11,000,000. Over 2.77 million PMMVY participants received maternity benefits of Rs. 12,150 crores.

POSHAN Abhiyaan, launched in 2017 to improve the nutritional status of children, adolescent girls, pregnant women, and lactating mothers. All 36 states and territories have Mission POSHAN 2.0. It has about 730 Districts and 112 Aspirational Districts.

Labour Room Quality Improvement Initiative (LaQshya) was launched in 2017 to improve care in labour rooms and maternity operation theatres so pregnant women receive respectful and high-quality care throughout delivery and postpartum.

Surakshit Matritva Aashwasan (SUMAN), which took effect in 2019, aims to provide assured, dignified, respectful, and high-quality healthcare at no cost to every woman and newborn visiting a public health facility.

Janani Shishu Suraksha Karyakram (JSSK) provides pregnant mothers and unwell newborns free transport, diagnostics, medicines, consumables, nutrition, and blood in public health institutions.

Janani Suraksha Yojana (JSY), a demand promotion and conditional cash transfer scheme, was launched in April 2005 to reduce maternal and infant mortality by increasing institutional delivery among pregnant women (PIB, 2023)

7.3 Menstrual Hygiene Day

A child undergoes many changes when growth and overall development take place. Adolescence marks the beginning of many changes in the lives of young women, including physiological, psychological, and social development. The onset of menstruation is a universal sign that a girl has reached sexual and marital maturity. During puberty, a person's body and mind develop alarmingly. The onset of menstruation (Menarche) marks the beginning of puberty for females. When girls start having periods, they tend to know little about it. Adolescent females, especially in rural, urban, and tribal communities, face barriers to accessing accurate information due to social taboos and the reluctance of elders to discuss the topics openly. May 28 is Menstrual Hygiene Day, an annual event that seeks to "break taboos and raise awareness about the importance of good menstrual hygiene management for women and adolescent girls worldwide". Schoolgirls are encouraged to practice excellent menstrual hygiene to boost reproductive health, increasing their confidence and positive outlook. Good menstrual hygiene boosts self-esteem, promotes regular school attendance, and reduces pollution (Chakor et al., 2022).

The Ministry of Health and Family Welfare has implemented a program to promote menstrual hygiene among rural adolescent females aged 10 to 19 with the objectives as follows-

- To raise adolescent females' awareness of Menstrual Hygiene.
- To increase rural adolescent females' access to and use of high-quality sanitary napkins.
- To ensure that Sanitary Napkins are discarded in an environmentally responsible manner.

In 2011, a pack of six sanitary napkins known as "Freedays" was sold for Rs. 6 to rural adolescent girls in 107 selected districts across 17 states. Decentralised procurement of sanitary napkin packs for distribution to rural adolescent females at a subsidised rate of Rs 6 for a pack of six napkins began in 2014 under the National Health Mission. Funds are now provided to states and UTs. The ASHA continues to be responsible for the distribution, receiving a monetary incentive of Rs 1 per pack sold and a complimentary pack of napkins for her personal use every month. She also organises monthly meetings at Aanganwadi Centres or other venues for adolescent females to discuss menstrual hygiene and other pertinent sexual reproductive health (SRH) matters. To create awareness among adolescent girls about safe and hygienic menstrual health practices, a variety of MHS-related IEC materials have been developed using a 360-degree approach. These materials include audio, video, reading materials for adolescent girls, job aids for ASHAs, and other field-level functionaries for communicating with adolescent girls (Menstrual Hygiene Scheme(MHS) :: National Health Mission, n.d.).

7.4 World Breast Feeding Day Week

In remembrance of the 1990 Innocenti Declaration, World Breastfeeding Week (WBW) is observed every year from the first to the seventh of August. The first WBW was held in 1992, with annual themes including healthcare systems, women and work, the International Code on Marketing of Breastmilk Substitutes, community support, ecology, economy, science, education, and human rights. WBW has been in alignment with the Sustainable Development Goals (SDGs) since the year 2016. In 2018, a resolution was passed by the World Health Assembly endorsing WBW as an essential tool for the promotion of Breastfeeding (World Breastfeeding Week (WBW), n.d.).

WHO and its Member States in South-East Asia celebrate WBW for a week to protect, promote, and support Breastfeeding and institutionalise it in health care systems. Exclusive nursing for the first six months, followed by breastfeeding with suitable supplemental foods for two years and beyond, gives infants the best start. Breastmilk is safe, hygienic, and offers energy and nutrition for the first few months. It meets half or more of a child's nutritional demands in the second half of the first year. Breastfeeding within one hour of birth protects newborns from infectious and chronic illnesses and lowers neonatal mortality. It helps mother-baby bonding and extends exclusive Breastfeeding. Early breastfeeding rates range from 89% to 42% in South-East Asia.

In line with the Region's Flagship Priorities of universal health coverage, preventing and controlling non-communicable diseases, and accelerating maternal, newborn, and child mortality reduction, WHO supports countries to protect, promote, and support Breastfeeding. By 2018, 54% of Region infants were exclusively breastfed for up to 6 months, up from 47% in 2015 and above the global target of 50% by 2025. The WHO and UNICEF-developed Baby-friendly hospital initiative (BFHI) was implemented in 5% of Region deliveries between 2016 and 2017. The Ten Steps to Successful Breastfeeding, uninterrupted skin-to-skin contact, rooming-in, and kangaroo mother care reduce newborn morbidity and improve survival, so the BFHI aims to institutionalise Breastfeeding in health care systems.

Breastfeeding is natural but learned. The Region must support all moms to start breastfeeding within the first hour after birth and help them overcome common breastfeeding challenges. Breastfeeding reduces the risk of ovarian and breast cancer and helps the Region manage the double burden of malnutrition. It gives everyone a fair start and ensures the health and survival of children and mothers. At the beginning of World Breastfeeding Week, WHO pledges to help all South-East Asia countries preserve, promote, and encourage Breastfeeding to ensure every infant and child lives and flourishes (*World Breastfeeding Week: Step up for Breastfeeding*, n.d.).

Conclusion

Although a conclusion may review the main points of the paper, do not replicate the abstract as the conclusion. A conclusion might elaborate on the importance of the work or suggest applications and extensions. Authors are strongly encouraged not to call out multiple figures or tables in the conclusion—these should be referenced in the body of the paper.

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