

Save rural women from climate change hazards with better health infra: Study

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Transform Rural India (TRI) on Friday released a study paper calling for action to develop better healthcare infrastructure in rural India as climate change is affecting rural women because of their daily roles including collecting water, working in fields, and caring for children and the elderly.

The study paper, titled “Intersecting risks: Climate change and women’s health

and wellbeing in rural India”, highlighted that villages didn’t have enough health centres, doctors, or trained nurses. Sub-centres and PHCs (Primary Health Centres) often don’t have basic equipment or medicines. Frontline workers like ASHAs and Auxiliary Nurse Midwives are overworked, underpaid, and often lack training to deal with climate-linked health problems.

While India has many rural development and health programmes, most of

them do not take climate risks into account. There is little coordination between the health department, climate bodies, and women’s welfare schemes. This makes it harder to build lasting solutions, the study says.

According to the findings, rural women are more exposed to climate impacts because of their daily roles—collecting water, working in fields, and caring for children and the elderly. These put their bodies under stress, especially during

heatwaves, floods, and droughts. Health risks include complications during pregnancy and childbirth, poor nutrition due to reduced food availability, higher chances of infections and diseases (like malaria or diarrhoea), mental stress and domestic violence, especially during times of water scarcity or crop failure.

The report, in 10 chapters, recommended the government to take efforts to set up climate-resilient health centres, training frontline work-

ers on climate-related health risks, and raising community awareness.

Investment is required in sub-centres and PHCs with better buildings, power backup (like solar panels), medical supplies, and trained staff who understand climate-linked health issues.

ASHAs and ANMs should be trained in climate adaptation, emergency care, and counselling for stress-related health issues. Their pay and working conditions also need to be improved.

Climate-resilient village planning should include health and sanitation.

Funds from CSR (Corporate Social Responsibility), DMFT (District Mineral Foundation Trust), and state budgets can be used to improve health services in climate-vulnerable areas, especially for women. “Neighbourhoods of Care” need to be established so that

women, youth, and health workers could lead awareness, early warning systems, and local health planning.

This will help build ownership and long-term change, the report says.

The study concluded with a call for action, saying that climate change was already harming rural women’s health and without urgent action, the situation would worsen. By making health systems stronger, empowering frontline workers, and supporting local solutions, India can protect its most vulnerable citizens and build a healthier, more climate-resilient future. Rising

temperatures, worsening floods and droughts, and persistent food and water insecurity are already eroding the health and wellbeing of women across the life cycle, from adolescence to old age.

The study called upon national and state governments, civil society, private sector actors, and international partners to jointly commit to strengthen rural health infrastructure to remain operational during climate challenges.