

THE THREE-DELAY MODEL THROUGH A CULTURAL LENS: UNDERSTANDING AND ADDRESSING WOMEN'S HEALTH DELAYS IN INDIA

The widely used Three-Delay Model helps explain delays that contribute to maternal mortality in many low- and middle-income countries. However, the same framework can be expanded to understand everyday delays that Indian women face in accessing healthcare delays shaped not only by systems but by culture, conditioning, and gendered expectations.

Delay 1: Recognizing the Need for Care

Many Indian women tend to minimize or normalize symptoms, whether headaches, back pain, menstrual pain, urinary issues, fatigue, or irregular periods. This behaviour is deeply cultural: women are raised to prioritise family, elders, children, and household responsibilities above their own well-being. Studies have shown that Indian women often delay seeking healthcare until symptoms become severe due to entrenched gender norms and time poverty (IIPS & NFHS-5, 2021).

Delay 2: Seeking Care

Even when women *do* recognize that something is wrong and genuinely need care, the path to help is rarely straightforward. Many still lack the independent decision-making power within their families to even act on their own health needs. Apart from the financial dependence, for countless women, limited mobility and the discomfort of going alone to a hospital or clinic delay the care even further. And for working women, the burden is doubled, time poverty becomes real when they are balancing jobs, childcare, and household responsibilities, leaving almost no space to prioritize their own wellbeing. In these gaps, a different pattern emerges heavy, habitual reliance on over-the-counter medications as a quick fix.

Delay 3: Receiving Care at Health Facilities

Even when women finally make it to a healthcare facility, the experience itself often becomes another barrier. Many encounter gender-insensitive interactions where their symptoms or pain are minimised or dismissed as “normal.” Long waiting times discourage follow-up visits, and the high out-of-pocket costs push care further out of reach for families already managing tight budgets. In rural areas, the shortage of women healthcare providers adds yet another layer of discomfort and hesitation. These are not isolated incidents, NFHS-5 reveals that nearly 48% of Indian women struggle to access healthcare due to distance, financial limitations, or the need to seek permission before visiting a facility.

Strengthening What We Already Have: Practical, Context-Driven Solutions

India does not need to build entirely new systems to address these delays, strengthening existing resources can go a long way.

1. Telemedicine Strengthening

Telemedicine usage surged during the pandemic, but access remains uneven in rural India. Strengthening telemedicine infrastructure can reduce Delay 1 and Delay 2 significantly. (NITI Aayog Telemedicine Guidelines, 2021)

2. Mobile Outreach Units

Several states already run mobile medical vans; scaling these to underserved districts can help women access preventive and primary care closer to home.

3. ASHA-Led Micro-Planning and Community Outreach

ASHA workers, India's biggest frontline strength can be further incentivized and trained to provide community outreach support with health promotion and preventive measures.

4. Participatory Planning in PHCs

Village-level participatory micro-planning can redesign healthcare centers to make them more friendly, private, and safe for women (NHM Guidelines, 2020).

5. Intergenerational Knowledge Transfer

Cultural interventions matter deeply, mothers should be educated on menstrual health, PCOD, thyroid disorders, UTIs, and adolescent health so they can guide daughters. Young women should be educated on menopause, osteoporosis, NCD risks, and chronic disease symptoms so they can support their mothers and other women in their families.

Way forward...

The Three-Delay Model, when viewed through India's cultural lens, reveals how deeply gender norms shape health behaviour. The solutions do not require reinventing the wheel, only strengthening what India has already built.

With better telemedicine access, empowered ASHA workers, micro-planning at health facilities, and intergenerational conversations within families, delays in women's healthcare can be reduced significantly. And in doing so, India can take meaningful strides toward gender-equitable health systems.

References:

- National Family Health Survey (NFHS-5), 2019–21. International Institute for Population Sciences (IIPS).
- NITI Aayog. Telemedicine Guidelines for India, 2021.
- National Health Mission (NHM). Comprehensive Primary Healthcare Guidelines, 2020.