



## Gender Disparity in Dialysis Utilization under Pradhan Mantri National Dialysis Program in India

Dear Editor,

The Pradhan Mantri National Dialysis Programme (PMNDP) was launched by the Ministry of Health and Family Welfare, Government of India, under the National Health Mission,<sup>1</sup> and has substantially improved the accessibility of dialysis services across the country. As of January 2026, it has reached 759 districts with 1,889 dialysis centers. Overall, 262,444 patients have benefited, and more than 14.4 million dialysis sessions have been delivered.<sup>2</sup> Political will, effective administrative coordination, and public-private partnerships have been key to the programme's success. A closer look at the beneficiary data reveals a gender disparity in dialysis service utilization. Of the 262,444 patients currently benefiting under PMNDP, around 69% (181,089) are males.<sup>2</sup> This gender disparity persists despite the program's broad eligibility criteria. Socio-cultural, structural, economic, and health-system factors contribute to this disparity.<sup>3</sup>

Delayed diagnosis and referral are the key contributors. Chronic kidney disease (CKD) is often diagnosed later in women because of reduced healthcare-seeking behavior, under-recognition of symptoms, and limited access to routine screening.<sup>4,5</sup> Secondly, the prevailing cultural norms deprioritize women's health needs compared to those of male earning members.<sup>6</sup> The economic dependence and high indirect costs limit access to chronic care for women.<sup>6</sup> In rural and suburban regions, women often bear caregiving responsibilities. This limits their ability to attend thrice-weekly dialysis sessions.<sup>6</sup> Finally, women have lower access to vascular access creation and follow-up care.<sup>4</sup>

Targeted gender-responsive interventions are required to improve equity in dialysis access. Table 1 presents potential policy solutions to eliminate gender disparities in dialysis care. It's time to translate India's universal dialysis access policy into equitable benefits for both men and women.

**Table 1: Gender disparity in dialysis under PMNDP- challenges and potential solutions**

Domain	Observed Challenge	Gender-specific impact	Potential policy solutions
CKD detection	Late diagnosis of CKD in women	Women present at advanced stages, limiting dialysis preparedness	Community-level CKD screening for women via NHM, NCD clinics, and antenatal/postnatal health platforms
Health-seeking behavior	Lower prioritization of women's health	Delayed dialysis initiation	Targeted IEC campaigns emphasizing kidney health in women; involvement of ASHA and ANM workers
Economic factors	Indirect costs (travel, nutrition, caregiver time)	Disproportionate burden on women	Travel allowances, nutritional supplementation, and social welfare convergence targeted to women.
Mobility & caregiving roles	Difficulty attending regular dialysis sessions	Higher dropout or non-initiation	Flexible dialysis scheduling, satellite centers, and community-based transport support. Promotion of home-based dialysis, such as peritoneal dialysis.
Health-system access	Delayed AV fistula creation	Increased use of catheters and complications	Early referral pathways and fast-track access creation for female patients
Data & monitoring	Limited sex-disaggregated outcome reporting	Under-recognition of disparity	Routine gender-disaggregated PMNDP dashboards and outcome audits

PMNDP: Pradhan Mantri National Dialysis Programme, CKD: Chronic kidney disease, NCD: Non-communicable disease, NHM: National Health Mission, IEC: Information, education, and communication, ASHA: Accredited social health activist, ANM: Auxiliary nurse midwife, AV fistula-Arteriovenous fistula, ESKD: End-stage kidney disease.

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