Galore International Journal of Health Sciences and Research
Vol.5; Issue: 2; April-June 2020
Website: www.gijhsr.com
Review Article *P-ISSN: 2456-9321*

Gender Equity and Equality in Indian Healthcare

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ABSTRACT

The theme of International Women's Day 2020: 'I am Generation Equality: Realizing Women's Rights' is aligned with the Global commitment of achieving the SDG related to Gender Equality by 2030. Men and women share the same right to the enjoyment of the highest attainable standard of physical and mental health. Women are disadvantaged due to social, cultural, political and economic factors that directly influence their health and impede their access to health-related information and care. This review attempts to create a better understanding of gender equity issues among the scientific society. We have utilized the information available online at portals of various international organizations working in this field, journal papers and other resources. We need to work together to find out the best methods for addressing these inequalities so that the Global development is on the right track.

Keywords: Gender Equality, Gender Equity, Healthcare, SDG 5

INTRODUCTION

Gender inequality has left deep impacts on our health, and it's time to take action for correction and further prevention. Let us understand what is this equity and equality when we talk about gender and health. Equity and equality are two strategies which we can use in an effort to produce fairness. Equity is giving everyone what they need to be healthy. Equality is treating everyone the same. Equality aims to promote fairness, but it can only work if everyone starts from the same health status and needs the same amount of care.

Gender equality is achieved when women and men enjoy the same rights and opportunities across all sectors of society, including economic participation and decision-making, and when the different behaviours, aspirations and needs of women and men are equally valued and favoured. Gender equality is the goal, while gender neutrality and gender equity are practices and ways of thinking that help in achieving the goal. Gender equality is more than equal representation; it is strongly tied to women's rights, and essentially requires policy changes. The Figure 1, taken from Google images, clearly shows the relation of these three confusing terms.

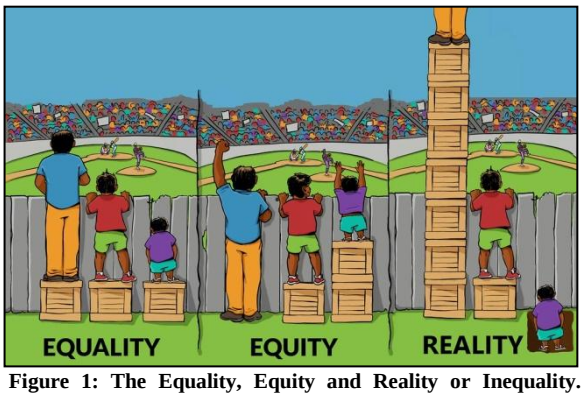

Figure 1: The Equality, Equity and Reality or Inequality. Source: Google images.

The Global Voice:-

UNICEF (The United Nations Children's Fund) says gender equality "means that women and men, girls and boys, enjoy the same rights, resources,

opportunities and protections. It does not require that girls and boys, or women and men, be the same, or that they be treated exactly alike." Achieving gender equality also requires eliminating harmful practices against women and girls, including sex trafficking, femicide, wartime sexual violence, and other oppression tactics.

UNFPA (United Nations Population Fund) stated that, "despite many international agreements affirming their human rights, women are still much more likely than men to be poor and illiterate. They have less access to property ownership, credit, training and employment. They are far less likely than men to be politically active and far more likely to be victims of domestic violence."

Gender equality is the 5th of 17 sustainable development goals of the United Nations. The Goal 5: Gender equality: Achieve gender equality and empower all women and girls. Empowering women and promoting gender equality is crucial to accelerating sustainable development. Ending all forms of discrimination against women and girls is not only a basic human right, but it also has a multiplier effect across all other development areas.

UNDP (United Nations Development Programme) has made gender equality central to its work and we've seen remarkable progress in the past 20 years. There are more girls in school now compared to 15 years ago, and most regions have reached gender parity in primary education. But although there are more women than ever in the labour market, there are still large inequalities in some regions, with women systematically denied the same work rights as men. Sexual violence and exploitation, the unequal division of unpaid care and domestic work, and discrimination in public office all remain huge barriers. Climate change and disasters continue to have a disproportionate effect on women and children, as do conflict and migration. It is vital to give women equal rights land and property, sexual and reproductive health, and to technology and the internet.

Today there are more women in public office than ever before, but encouraging more women leaders will help achieve greater gender equality. The leaders who are confident and trained enough can only bring the policy changes and not the workers.

Global figures:-

- Women earn only 77 cents for every dollar that men get for the same work.
- 35% of women have experienced physical and/or sexual violence.
- Women represent just 13 percent of agricultural landholders.
- 750 million, women and girls alive today were married before their 18th birthday.
- 2 out of 3, developing countries have achieved gender parity in primary education.
- Only 24% of national parliamentarians were women as of November 2018(a small increase from 11.3 percent in 1995).

The case of Iceland:-

Iceland, despite being an island, is not isolated from progress towards gender equality. The World Economic Forum's Global Gender Gap Index has ranked Iceland first for gender equality, that too for the ninth year in a row. It is an inspiration for the world to continue to work towards complete equality of status, influence and power of men and women. Gender equality does not come about of its own accord. It requires the collective action and solidarity of women human rights defenders, political will, and tools such as legislation, gender budgeting and quotas. You need to be a very much part of the system to change it.

Gender equity and health:-

Gender inequality damages the physical and mental health of millions of girls and women across the globe, and also of boys and men despite the many tangible benefits it gives men through resources, power, authority and control. Because of the numbers of people involved and the

magnitude of the problems, taking action to improve gender equity in health and to address women's rights to health is one of the most direct and potent ways to reduce health inequities and ensure effective use of health resources which are already scarce in developing countries like ours. Our aim of Universal Health coverage cannot be achieved without addressing this social determinant of Health.

WHO has defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Identified by the *2012 World Development Report* as one of two key human capital endowments, health can influence an individual's ability to reach his or her full potential in society. Yet health inequality between men and women continues to affect many societies today. Still the girls and women experience a majority of health disparities.

The existing Gender Bias:

This comes from the fact that many cultural ideologies and practices have structured society in a way whereby women are more vulnerable to abuse and mistreatment, making them more prone to illnesses and early death. These cultural norms and practices often influence the roles and behaviours that men and women adopt in society. Women are also restricted from receiving many opportunities. For example, women living in areas with a patriarchal system are often less likely to receive tertiary education or to be employed in the paid labour market due to gender discrimination. They have less access and control over healthcare resources. This unequal social order is responsible for the inequality in women's health. As a result, female life expectancy at birth and nutritional well-being, and immunity against communicable and non-communicable diseases, are often lower than those of men.

Disparities against males:

While the majority of the global health gender disparities are weighted against women, there are situations in which men tend to fare poorer like in armed conflicts and areas with high incidence of violence where men are often the immediate victims. This also stems from social beliefs that associate ideals of masculinity with aggressive and confrontational behaviour. In such situations it is harder for men to provide for their family, a task that has been long regarded as the "essence of masculinity." So we need to strike a trade-off between the responsibilities. Recently we had females taking charge as senior officers in our army, an evidence of change which will have long effects. Women live longer than men in all countries, and across all age groups, for which reliable records exist. But men are less healthy than women across all social classes. Men are over-represented in dangerous occupations and represent a majority of on the job deaths.

Male-Female Sex Ratio:

At birth, boys outnumber girls with the ratio of 105 or 106 male to 100 female children. However, after conception, biology favours women. Research has shown that if men and women received similar nutrition, medical attention, and general health care, women would live longer than men. This is because women, on a whole, are more resistant to diseases and less prone to debilitating genetic conditions. However, the ratio of women to men in developing regions such as South Asia, West Asia, and China can be as low as 0.94, or even lower. This deviation from the natural male to female sex ratio has been described by Indian philosopher and economist Amartya Sen as the "missing women" phenomenon. According to the 2012 World Development Report, the number of missing women is estimated to be about 1.5 million women per year, with a majority of the women missing in India and China.

One of the documented cultural norms that augment gender disparities in health is the preference for sons. The increasing number of unborn girls has been attributed to technological advances that

made pre-birth sex determination, affordable and accessible to a wider population. The son preferring parents could practice sex-selective abortion. In spite of various efforts of government this incidences are still reported and are responsible for the inequality.

Additionally, the culture of son preference also extends beyond birth in the form of preferential treatment of boys. Economic benefits of having a son in countries like India also explain the preferential treatment of boys over girls. For example, in Indian culture it is the sons that provide care and economic stability to their parents as they age, so it is assumed having a boy helps to ensure the futures of many Indian families.

This preferential care can be manifested in many ways, such as through differential provision of food resources, attention, and medical care. Data from household surveys over the past 20 years has indicated that the female disadvantage has persisted in India and may have even worsened in some other countries such as Nepal and Pakistan.

Female mortality:

In many developing regions, women experience high levels of mortality. Most of these deaths result from maternal mortality and HIV/AIDS infection. Although only 1,900 maternal deaths were recorded in high-income nations in 2008, India and Sub-Saharan Africa experienced a combined total of 266,000 deaths from pregnancy-related causes. India has achieved a decline of 6.15% from 2014-2016 to reach MMR of 122 in 2015-17. As per the UNICEF, MMR is the key indicator for efforts to improve the health and safety of mothers during and after childbirth. The developed nations have it around 20 to 30 per 100,000 live births.

Health outcome:

Women tend to have poorer health outcomes than men for several reasons ranging from sustaining greater risk to diseases to experiencing higher mortality rates. In the Population Studies Centre Research Report by Rachel Snow that compares the disability-adjusted life years (DALY) of both male and females, the global DALYs lost to females for sexually transmitted diseases such as gonorrhoea and chlamydia are more than 10 times greater than those of the males. Moreover, the female DALYs to male DALYs ratio for malnutrition-related diseases such as Iron-Deficiency Anaemia are often close to 1.5, suggesting that poor nutrition impacts women more than men.

Additionally, in terms of mental illnesses, women are also two to three times more likely than men to be diagnosed with depression. Men die from suicide more frequently, though women more frequently have suicidal thoughts. Men may suffer from undiagnosed depression more frequently, due to gender differences in the expression of emotion. Women outlive men in 176 countries. Data from 38 countries shows women having higher life expediencies than men for all years both at birth and at age 50. Men are more likely to die; women are more likely to suffer from disease. This is called the mortality-morbidity paradox, or Health Survival paradox. The women experience more medical conditions and disability during their lives, but they unexpectedly live longer than men. This is explained by an excess of psychological, rather than physical, distress among women.

Access to healthcare:

Women tend to have poorer access to health care resources than men. These disparities are often compounded by cultural norms and expectations imposed on women. For example, certain societies forbid women from leaving their homes unaccompanied by a male relative, making it harder for women to receive healthcare services and resources when they need it most. The inability to travel alone can prevent them from receiving the necessary health care they need.

Gender factors, such as women's status and empowerment (i.e. in education, employment, intimate partner relationships, and reproductive health), are linked with women's capacity to access and use maternal health services. Family planning was typically viewed as the responsibility of women, with all programs targeting women. The role of men was ignored, even though he is the decision taker. According to the societal standard a woman cannot insist on condom use by her spouse or sex partners, leading to a higher risk of contracting HIV. In order to promote equity in access to reproductive health care, health programs and services have now shifted the focus to the male partners.

Harmful cultural practices and violence:

Practices such as female genital mutilation (FGM) cause girls and women to face health risks. Millions of females are estimated to have undergone FGM, which involves partial or total removal of the external female genitalia for non-medical reasons. It is estimated that 92.5 million females over 10 years of age in Africa are living with the consequences of FGM. Often performed by traditional practitioners using unsterile techniques and devices, FGM can have both immediate and late complications. FGM may also complicate pregnancy and place women at a higher risk for obstetrical problems, such as prolonged labour. Psychological complications are related to cultural context. Women who undergo FGM might be emotionally affected when they move outside their traditional circles and are confronted with the view that mutilation is not the norm.

Violence against women is a widespread global occurrence with serious public health implications. This is a result of social and gender bias. Many societies in developing nations function on a patriarchal framework, where women are often viewed as a form of property and as socially inferior to men. This unequal standing in the social hierarchy has led women to be physically, emotionally, and sexually abused by men, both as children and adults. These abuses usually constitute some form of violence.

Such violence against women, especially sexual abuse, is increasingly being documented in areas experiencing armed conflicts. Often being placed in emergency and refugee settings, girls and women alike are highly vulnerable to abuse and exploitation by military combatants, security forces, and members of rival communities. The consequences range from debilitating physical injuries, reproductive health issues, substance abuse, depression, and even suicide attempts. During peacetime, most violence against women is perpetrated by either male whom they know.

Other forms of violence against women include sexual harassment and abuse by authority figures (such as teachers, police officers or employers), trafficking for forced labour or sex, and traditional practices such as forced child marriages and dowry-related violence. At its most extreme, violence against women can result in female infanticide and violent death. Despite the size of the problem, many women do not report their experience of abuse and do not seek help. As a result, violence against women remains a hidden problem with great human and health care costs.

Some other factors interacting in between gender inequality and Health:

Poverty is often directly linked with poor health and nurtures the existence of gender disparities in health. Indirectly it affects factors such as lack of education, resources, and transportation. In addition to economic constraints, there are also cultural constraints that affect people's ability or likelihood to enter a medical setting. While gender disparities continue prevalent in health, the extent to which it occurs within poor communities often depends on factors like the socioeconomic state of their location, cultural differences and even age. Children living in poverty have limited access to basic health needs overall, however gender inequalities become more

apparent as children age. Gender inequalities in health for those living in poverty continue into adulthood. Poor women in underdeveloped countries were said to be at greater risk of disability and death.

Healthcare system & gender inequality:

Healthcare systems are known to be influenced by social, cultural and economic frameworks. As a result, health systems are regarded as not only "producers of health and health care", but also as "purveyors of a wider set of societal norms and values," many of which are biased against women. According to a WHO report, health systems in many countries were noted to have been unable to deliver adequately on gender equity in health as they tend to neglect the fact that men and women's health needs can be very different. Healthcare system can promote gender disparities in health through the lack of gender equity in terms of the way women are regarded - as both consumers (users) and producers (carers) of health care services.

In the case of reproductive health services, these services are often provided as a form of fertility control rather than as care for women's well-being. Additionally, although the majority of the workforce in health care systems is female, many of the working conditions remain discriminatory towards women. Women are often expected to conform to male work models that ignore their special needs, such as childcare or protection from violence. This significantly reduces the ability and efficiency of female caregivers providing care to patients, particularly female ones.

Structural gender oppression:

Gender discrimination of women in many other areas has an indirect impact on women's health. For example, because women in many developing nations are less likely to be part of the formal labour market, they often lack access to job security and the benefits of social protection. Studies have shown that this expectation of having to balance the demands of paid work and work at home often give rise to work-related fatigue, infections, mental ill-health and other problems, which results in women faring poorer in health. Women's health is also put at a higher level of risk as a result of being confined to certain traditional responsibilities, such as cooking and water collection. Being confined to unpaid domestic labour not only reduces women's opportunities to education and formal job, but also potentially expose women to higher risk of health issues. For instance, in developing regions where solid fuels are used for cooking, women are exposed to a higher level of indoor air pollution due to extended periods of cooking and preparing meals for the family.

Our approach to the scenario:

Men and women share the same right to the enjoyment of the highest attainable standard of physical and mental health. Women are disadvantaged due to social, cultural, political and economic factors that directly influence their health and impede their access to health-related information and care. In the 2008 World Health Report, the World Health Organization stressed that strategies to improve women's health must take full account of the underlying determinants of health, particularly gender inequality. Additionally, specific socioeconomic and cultural barriers that hamper women in protecting and improving their health must also be addressed.

Gender mainstreaming:

The gender mainstreaming approach is a response to the realisation that gender concerns must be dealt with in every aspect of policy development and programming. In order to address gender health disparities, gender mainstreaming in health employs a dual focus. First, it seeks to identify and address gender-based differences and inequalities in all health initiatives; and second, it works to implement initiatives that address women's specific health needs

that are a result either of biological differences between women and men (e.g. maternal health) or of gender-based discrimination in society (e.g. gender-based violence; poor access to health services). Sweden's new public health policy, which came into force in 2003, has been identified as a key example of mainstreaming gender in health policies. According to the World Health Organization, Sweden's public health policy is designed to address not only the broader social determinants of health, but also the way in which gender is woven into the public health strategy. The policy specifically highlights its commitment to address and reduce gender-based inequalities in health.

Female Empowerment:

The enhancement of women's involvement has been identified as the best way to achieve gender equality in the realm of education, work, and health. This is because women play critical roles as caregivers, formally and informally, in both the household and the larger community. It is important that approaches and frameworks that are being implemented to address gender disparities in health acknowledge the fact that majority of the care work is provided by women. But all these work needs advocacy and evidence which has to be indigenous for its reliability and acceptability. So we need to conduct more and more researches to create evidence in this field.

The way forward:

There are gender-based differences in life expectancy, healthy life years, health behaviours, mortality, and morbidity risks. This is partly due to the socially constructed roles of men and women, and the relationships between them. These norms influence the health conditions individuals are susceptible to, as well as access to and uptake of health services. Women live longer than men but spend fewer years in good health. The Gender pay and pension gaps, put older women in particular at risk of poverty and social exclusion which creates barriers to health services.

Further gender role conflicts, total workload, and unpaid work have potential adverse effects on women's wellbeing and long-term health. We need an integrated holistic approach to health promotion, access to healthcare, and labour market integration based on gender equality; promoting empowerment of all women and girls through full participation in society and decision making; helping parents combine work with parental responsibilities and examining the links between Sustainable Development Goals 3 (Good health and wellbeing) and 5 (Gender equality).

The theme of World Health Day 2019 was Universal health coverage: everyone, everywhere. The slogan is "Health for all". To address UHC we have to address the gender inequities in the health and social workforce that disadvantage women and limit their advance into leadership. Health systems cannot be strong resting on the fragile and inequitable foundation of unpaid work by women and girls. Recognizing and paying women fairly for all the work they do in health and social care will result in stronger health systems for us all.

With demographic changes and rising life expectancy, the health sector is one of the fastest growing economic sectors globally and supply is not keeping pace with demand. We need 18 million new health and social care workers, primarily in low- and middle-income countries to deliver UHC. We must encourage females to enter health occupations and to stay there. Women will fill the majority of health worker jobs and deliver UHC, if we enable them to do so. Finally, Delivered by Women, Led by Men reality must change to achieve UHC. With men holding 75% of senior roles in global health, health systems are not drawing from the total talent pool. Our health outcomes are poorer because we are losing the perspectives of the women who run health systems, from both design and delivery. If UHC is to keep the promise of reaching

everyone, we need diverse perspectives and diverse leadership to reflect the populations we serve. We need women to lead health systems and have an equal voice in shaping them.

WHO has designated 2020 as the Year of the Nurse and the Midwife in order to recognize the vital contribution of the largest single health worker occupation, an occupation comprised of 80% women.

Source of funding: Nil
Conflict of interest: Nil

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How to cite this article: Tiwari A, Singh SK, Manar MK et.al. Gender equity and equality in Indian healthcare. Gal Int J Health Sci Res. 2020; 5(2): 26-34.

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