Gender Sensitization with Special focus on Medico Legal Issues

GENDER ISSUES IN HEALTH SECTOR

K. Manimala
Managing Trustee
Sankar Foundation
Visakhapatnam
70% of the world’s 1.3 billion people living in poverty are women.

Women represent two thirds of the world’s 960 million non-literate people.

In most developing countries, boys enrolment in school exceeds that of girls.

Approximately two thirds of the 130 million children of school age who do not or can not go to school are girls.

Globally, violence against women causes more deaths and disability among women aged 15 to 44 than do cancer, malaria, traffic accidents or war.

2 million girls are at risk each year of female genital mutilation.
MMR-Countries

Canada-6
India-570
Nigeria-1000
South Africa-230

(Data from World Health Report, 1999)

Women suffer a heavier burden of ill-health than men and greater attention must be paid to their health needs.
INDIA

927/1000 MEN (World Bank-1996)

12 MILLION GIRL BORN (1.5m die before first birth day, 1.5m die before fifth birthday)

70% of Indian women suffer from anaemia

70-90% suffer from gynecological problems

Mental illness:3:1-4:1 (Women’s health project 1994)

96% of female workforce in informal sector
Data from NFHS -3 revealed that, while neo-natal mortality rates were high in boys, post-neonatal mortality rates are higher for girls.

Gender discrimination leading to inadequate care nullified the girl child’s biological advantage over boys during the first few years of life.
Gender Issues in health Sector

- Poor condition of women can be seen in availing nutritious food, prevalence of anemia, nutritional status of women.
- Women’s autonomy has been determined by three areas:
  - Control over finance
  - Decision making power
  - Freedom of movement.

According to NFHS 3 almost one out of five women in India did not receive any antenatal care for their last birth. There is a wide variation in the use of antenatal care services among the states.

- Universal in Kerala, Tamilnadu and Goa
- 90% in Andhra, Maharashtra, West Bengal, Karnataka, Delhi and Punjab.
- Lowest in Bihar.

- A correlation can be observed with the literacy rates.
Gender Issues in health Sector

- According to NFHS 3, there are 36% women in India have chronic energy deficiency and 13% women are over weight.
- Bias in the Intra- Household distribution of food and nutritional elements

Again states where High level of Chronic energy deficiency is found:
Chhattisgarh, Orissa, Madhya Pradesh, Bihar, Jharkhand, Uttar Pradesh.

Prevalence is more in:
- Rural women
- Illiterate women
- Women living in households with a poor standard of living
Gender Issues in health Sector

- Anemia among Men and Women in India:
  - Anemia is a major problem in India, especially among women and children.
  - It can result in maternal mortality, weakness and diminished physical and mental capacity, increased morbidity from infectious diseases, prenatal mortality, premature delivery and low birth weight.

NFHS show gender differential in anemia levels for men and women whose hemoglobin levels was tested and found to be anemic.

- 55.3% of women and 24.2% of men are anemic.
- 39% of women are mildly anemic.
- 16% are moderately anemic.
- 2% are severely anemic.
Gender Issues in health Sector

- Family planning knowledge and use
- Knowledge of contraception is nearly universal.

Reasons for low levels of prenatal care:
- In general we can say that most women did not receive health care during pregnancy said that they did not because they thought it was unnecessary.
- Lack of adequate healthcare centres.
- Place of birth and type of assistance during birth have an impact on maternal health and mortality.
Gender Issues in health Sector

- Empowerment Indicators:
  - Education & Employment
  - Women’s participation in decision making
  - Women’s access to money and credit
  - Freedom of movement
Gender Issues in health Sector

Empowerment Indicators:
- Education & Employment
- Women’s participation in decision making
- Women’s access to money and credit
- Freedom of movement

Employment:
- As per NFHS, the percentage of women and men employed at any time is 42.8% and 98.8%.
- Percentage of women is about half of men’s employment.
Gender Issues in health Sector

- Empowerment Indicators:
  - Education & Employment
  - Women’s participation in decision making
  - Women’s access to money and credit
  - Freedom of movement

Mother’s Education-Impact
A study of 45 developing countries found that the average mortality rate for children under 5 was 144 per 1000 live births when their mothers had no education, 106 per 1000 when they had primary education only, and 68 per 1000 when they had some secondary education. (World Development Report 1998)
Gender Issues in health Sector

- Empowerment Indicators:
  - Education & Employment
  - Women’s participation in decision making
  - Women’s access to money and credit
  - Freedom of movement

Women’s participation in decision making:
%age distribution of married men and women by person who usually makes decision about four kinds of issues, India 2005-06

<table>
<thead>
<tr>
<th>Decision</th>
<th>Mainly Respondent</th>
<th>Respondent &amp; Husband jointly</th>
<th>Mainly husband</th>
<th>Someone else</th>
<th>Other</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own Healthcare</td>
<td>27.1</td>
<td>35.1</td>
<td>30.1</td>
<td>6.3</td>
<td>1.3</td>
<td>0.1</td>
</tr>
<tr>
<td>Major Household purchases</td>
<td>8.5</td>
<td>44.4</td>
<td>32.2</td>
<td>12</td>
<td>2.8</td>
<td>0.1</td>
</tr>
<tr>
<td>Purchases of daily household needs</td>
<td>32.4</td>
<td>27.7</td>
<td>24.7</td>
<td>12.3</td>
<td>2.8</td>
<td>0.1</td>
</tr>
<tr>
<td>Visits to her family or relatives</td>
<td>10.7</td>
<td>49.8</td>
<td>26.8</td>
<td>10.4</td>
<td>2.2</td>
<td>0.1</td>
</tr>
</tbody>
</table>

The proportion is as low as 9% for India as a whole, and it is more in urban areas than in rural.
Gender Issues in health Sector

• Empowerment Indicators:
  • Employment
  • Women’s participation in decision making
  • Women’s access to money and credit
  • Freedom of movement

Women’s access to money and credit:
Percentage of women who have some money of their own that they themselves can decide how to use is about 44.6%.
### Gender Issues in health Sector

#### Results & Decisions

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Delivery at Health Centre</th>
<th>Antenatal Care</th>
<th>Level of Anemia</th>
<th>Family Planning</th>
<th>Knowledge of STD</th>
<th>Prenatal Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence Urban</td>
<td>1.018</td>
<td>0.541</td>
<td>1.018</td>
<td>0.691</td>
<td>0.559</td>
<td>0.146</td>
</tr>
<tr>
<td>Media Awareness</td>
<td>0.324</td>
<td>0.541</td>
<td>0.324</td>
<td>1.063</td>
<td>0.786</td>
<td>0.004</td>
</tr>
<tr>
<td>Fem. Education</td>
<td>1.045</td>
<td>1.696</td>
<td>2.208</td>
<td>0.558</td>
<td>3.327</td>
<td>1.278</td>
</tr>
<tr>
<td>Partner’s Education</td>
<td>0.655</td>
<td>0.757</td>
<td>0.655</td>
<td>0.526</td>
<td>0.662</td>
<td>0.237</td>
</tr>
<tr>
<td>Female’s Empl</td>
<td>0.063</td>
<td>0.576</td>
<td>0.063</td>
<td>0.067</td>
<td>0.404</td>
<td>0.447</td>
</tr>
<tr>
<td>Partner’s emplyeme</td>
<td>0.001</td>
<td>0.002</td>
<td>0.005</td>
<td>0.006</td>
<td>0.003</td>
<td>0.010</td>
</tr>
<tr>
<td>Hindu Religion</td>
<td>0.231</td>
<td>0.323</td>
<td>0.231</td>
<td>0.242</td>
<td>-0.81</td>
<td>-0.135</td>
</tr>
<tr>
<td>Fem eco. Status - Rich</td>
<td>0.244</td>
<td>0.130</td>
<td>0.244</td>
<td>0.030</td>
<td>0.835</td>
<td>0.034</td>
</tr>
</tbody>
</table>
Findings:
Education, Occupation, economic status, media awareness and Urbanisation have positive effect on almost every aspect of women’s status.
A large percentage of women are still neither educated, nor employed. Until and these problems are addressed, the condition of women’s health status will not improve.
Gender in the context of health

Gender Inequality in relation to health

Lower status/social value in the household

Cultural factors such as lack of female health provider

Being excluded from decision making on health actions and expenditure

Lower literacy rates and reduced access to information

High opportunity costs of women’s labor time – distance, waiting time etc.

Social division of labor (women-informal care provider)

Susceptibility and Treatment to infectious diseases-Malaria & Tb. High

Public health issues like violence, alcoholism, smoking and life style related problems
Gender Issues in health Sector

Important steps need to be taken in the following core areas in the move towards Universal Health Coverage:

• Acknowledging gender diversity through the life cycle during the conceptualization and delivery of services.

• Improving access for women

• Recognising the key role that women play as formal and informal providers of health services and empowering them for that role.

• Strengthening data, analysis, and monitoring & evaluation systems in order to make them more gender sensitive.

• Supporting and promoting the rights of girls and women to health in families and communities through programmes and policies.
Gender Issues in health Sector

- Govt of India, Ministry of Women and Child Development has come out with a Draft national Policy in May 2016 –

- National Policy for Women, Articulating a Vision for Empowerment of Women

India is also a signatory to number of UN Conventions, Primarily Convention on Elimination of all Forms of Discrimination against Women (CEDAW), Beijing Platform for Action and Convention on Rights of the Child where the commitment of the nation to protect and empower its women and girls is quite pronounced.

The recent endorsement by India, of the ambitious 2030 Sustainable Development Goals (SDGs) will further change the course of Development by addressing the key challenges such as Poverty, inequality, and violence against women.

Since formulation of National Policy for the empowerment of women (NPEW) 2001 was formulated, significant strides in global technology and information systems have placed Indian economy on a trajectory of higher growth, in unique and different ways.
India is also a signatory to number of UN Conventions, Primarily Convention on Elimination of all Forms of Discrimination against Women (CEDAW), Beijing Platform for Action and Convention on Rights of the Child where the commitment of the nation to protect and empower its women and girls is quite pronounced.

The recent endorsement by India, of the ambitious 2030 Sustainable Development Goals (SDGs) will further change the course of Development by addressing the key challenges such as Poverty, inequality, and violence against women.

Since formulation of National Policy for the empowerment of women (NPEW) 2001 was formulated, significant strides in global technology and information systems have placed Indian economy on a trajectory of higher growth, in unique and different ways.
Gender Issues in health Sector

Objectives of National Policy for Women

- Creating a conducive socio-cultural and political environment to enable women enjoy de jure and de facto fundamental rights and realise their full potential.
- Mainstreaming gender in all-round development process actions
- A Holistic and life-cycle approach to women’s health for appropriate, affordable and quality health care.
- Improving and incentivizing work force participation in economy.
- Equal participation in the social, political and economic spheres including the institutions of governance and decision making.
- Transforming discriminatory societal attitudes, mindsets with community involvement and engagement of men and boys.
- Developing a gender sensitive legal-judicial system.
- Elimination of all forms of violence through strengthened policies.
- Development and empowerment of women belonging to vulnerable groups.
Gender Issues in health Sector

- Priority Areas
- Health including Food security and nutrition

- Maternal and pre-natal mortality will remain a priority to bring down the high rates of MMR and IMR.
- A coordinated Referral Transport System for safe deliveries as well as emergency care will be made available.
- Focus on Pregnant & Lactating mothers will be continued by organizing special health camps and launch of special drives to impart health and nutrition education.
- Apart from maternal health, the focus of other health problems of women including communicable and non-communicable diseases like cancer, cardio-vascular disease, HIV/AIDS will be given prioritized attention.
- 8.4% of the population belong to women above 60 years that are more vulnerable. Geriatric services will be provided with appropriate public-private sector participation.
- Health interventions will aim at both physical and psychological well-being of women.
The proportion of underweight children in India has gone down from 53.5 percent in the 1990s to 40 percent in 2015. However, this performance is well below the global goal of 26 percent. Similarly, India has missed by a significant 65 points the Millennium Development Goal for maternal mortality ratio (MMR) of 109 per 100,000 live births by 2015. India's performance in infant mortality rate (IMR) has also been below par, at 38 per 1000 live births. The country's poorer neighbours have achieved more in this area: for Bangladesh and Nepal, IMR is much lower at 33 and 32 per 1000 live births, respectively. India's performance varies across states and regions. For instance, the difference in infant mortality rate between the best-performing state of Goa and the worst performing states (Madhya Pradesh and Assam) is nearly six-fold.
Among the primary reasons for the country's poor showing on health is the continued low levels of public spending, which today represents less than 30 percent of total health spending. This represents only about 1.04 percent of GDP, which is approximately 4 percent of total government expenditure. Numerically, this translates to INR 957 per capita at current market prices. The Central Government share of this is INR 325 (0.34 percent of GDP) while State Government share translates to Some INR 632 per capita at baseline scenario. Global evidence on health spending suggests that unless a country spends at least five to six percent of its GDP on healthcare and the major part of it is from government expenditure basic healthcare needs are rarely fulfilled.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>India</th>
<th>China</th>
<th>Bangladesh</th>
<th>Sri Lanka</th>
<th>Pakistan</th>
<th>Brazil</th>
<th>Nepal</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMR</td>
<td>38</td>
<td>9</td>
<td>31</td>
<td>8</td>
<td>66</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>Under 5 Mortality rate</td>
<td>48</td>
<td>11</td>
<td>38</td>
<td>10</td>
<td>81</td>
<td>16</td>
<td>36</td>
</tr>
<tr>
<td>MMR</td>
<td>174</td>
<td>27</td>
<td>176</td>
<td>30</td>
<td>178</td>
<td>44</td>
<td>258</td>
</tr>
<tr>
<td>Per capital Govt expenditure on Health (PPP, $)</td>
<td>75</td>
<td>420</td>
<td>31</td>
<td>127</td>
<td>36</td>
<td>947</td>
<td>40</td>
</tr>
<tr>
<td>Out of pocket health expenditure</td>
<td>89.2</td>
<td>72.3</td>
<td>92.9</td>
<td>95.8</td>
<td>86.8</td>
<td>47.2</td>
<td>79.9</td>
</tr>
</tbody>
</table>
Gender Issues in health Sector

Free Health care
Gender Issues in health Sector

Free Health care
Gender Issues in health Sector

Paid Block
As on 31st March 2017, the foundation has screened 15,57,133 out patients for various eye diseases and performed 2,61,584 surgeries, of which 2,05,776 (i.e. 79%) surgeries are done for the poor at free of cost to the patient.

The Foundation has also conducted School Eye Screening in 1102 Schools, screened 2,56,752 school children and 1,019 Anganwadi children from 62 centres. Issued 5,870 spectacles at free of cost to the patient.

Have trained and integrated 22 children that are hearing impaired into regular schools and are currently training another 37 children, with the support of TTD. (Sravanam)
THANK YOU...

Healing with Love:
The Temple of Vision.