Gender Mainstreaming–Empowerment–Urban health

Hearty Welcome to All the Healthy Participants

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Mainstreaming – An Eye Opener

- Definition
- Case study
  - UN Police
- Perspective of WHO
- Mainstreaming gender in health - Challenges
- Measures to be taken
Gender Mainstreaming

The concept is fraught with many meanings, among which are:

a) an integration of men’s and women’s concern into development programming and planning and development models.

b) Making it obligatory that whatever department or division in an organisation or institution makes use of the gender analysis tool,

c) Development or inculcation of gender awareness in all sections and staff of an agency,

d) Ensuring that all programmes serve to promote equality,

e) Ensuring that issues of women are incorporated into policy making machinery, and

f) Making it impossible for people or agencies to ignore, forget, overlook or fail to take into account women’s and men’s issues
Gender Mainstreaming

• **Ultimately Creating Equality ….How??**

• **Guide to Gender Mainstreaming**

• **A case study of UN Police**

• **World Health Organization**
  • Identified the need for Gender mainstreaming in health
  • Why Gender Analysis is important?
  • Need for Gender Disaggregated data
Gender analysis in health

Enables to highlight

1) How inequalities disadvantage women’s health
2) The constraints women face to improve their health
3) Ways to address and overcome these constraints
4) Health risks and problems men face as a result of the social construction of masculinity
5) Other contextual factors that impact health problems in men and women.

Courtesy: TRAINING MANUAL FOR GENDER MAINSTREAMING IN HEALTH, MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION – Revised in 2013
Gender biases in health

- The health system, like society at large, tends to typecast women and men based on longstanding traditional roles and attitudes.
- This has affected women, both as users of health care and as caregivers, in the following ways:
  - narrowsness of focus, concentrating on reproductive health
  - ignoring or circumventing women, an exclusion that translates into
    a) reduced access to resources
    b) under-representation in, or absence from, governance, research and education materials
  - treating women the same way as men, when it is inappropriate to do so, or
  - treating women differently when it is not appropriate
- It has affected men by:
  1) ignoring the effects of the social meaning of masculinity on men’s health
  2) avoiding research and practice in men’s emotional health

Courtesy: TRAINING MANUAL FOR GENDER MAINSTREAMING IN HEALTH, MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION – Revised in 2013
THE RIGHT TO HEALTH

UNDERLYING DETERMINANTS OF HEALTH
Access to minimum essential food, which is nutritionally adequate and safe.
Access to basic shelter, housing, safe and potable drinking water and adequate sanitation.
Education and access to information concerning the main health problems in the community, including methods of preventing and controlling them.
Promotion of gender equality.

HEALTH CARE
Right of access to health facilities, goods and services on a non-discriminatory basis, with attention to vulnerable and marginalized groups.
Equitable distribution of all health facilities, goods and services.
Provision of essential drugs, as defined under the WHO Action Programme on Essential Drugs.
Participation of affected populations in health-related decisions at the national and community levels.

Availability
Accessibility
Acceptability
Quality

Courtesy: Human rights and gender equality in health sector strategies: how to assess policy coherence, WHO Library Cataloguing-in-Publication Data
THE RIGHT TO HEALTH

AVAILABILITY, ACCESSIBILITY, ACCEPTABILITY AND QUALITY

**Availability**: functioning public health and health-care facilities, goods, services and programmes in sufficient quantity

**Accessibility**: non-discrimination, physical accessibility, economic accessibility (affordability), information accessibility

**Acceptability**: respectful of medical ethics, culturally appropriate, sensitive to age and gender

**Quality**: scientifically and medically appropriate

Courtesy: Human rights and gender equality in health sector strategies: how to assess policy coherence, WHO Library Cataloguing-in-Publication Data
Mainstreaming gender

• Is there inequality still?

• What are the reasons for inequality?

• Can we do anything?

• Especially related to urban health?

• What are the Challenges?
Mainstreaming gender in health - Challenges

• tendency to attribute all male-female differences to biology
  – Maternal health programmes are seen as an adequate response
  – Need for delivery of health care services remains unrecognised for all health problems

• male mortality exceeds female mortality
  – unconvinced of any gender-based inequalities in health, and of the need for gender mainstreaming
  – gender inequality in health -such as in morbidity, access to health care and in social and economic consequences of ill health are not considered

• bio-medical approach to health & disease – technical –Gender free
  – health professionals who may not see the relevance of understanding the social dimensions and determinants of health
  – Gender mainstreaming, in their view, may represent a diversion of valuable time and resources away from the far more important task of ‘saving lives’.

Courtesy: Background paper prepared for the Women and Gender Equity Knowledge Network of the WHO Commission on Social Determinants of Health by TK Sundari Ravindran, Aarti Kelkar-Khambete
What do you say?
What do you say?

WHY INDIAN WOMEN HAVE
RED DOT ON THEIR FOREHEAD?

BECAUSE THEY RECORD EVERYTHING...
EVERY TIME YOU TALK TO YOUR WIFE, YOUR MIND
SHOULD REMEMBER THAT “THIS CONVERSATION
WILL BE RECORDED FOR INTERNAL TRAINING
AND QUALITY PURPOSE AND WOULD BE USED
AGAINST YOU EVEN AFTER 30 YEARS”...
What do you say?

I’ve never seen a more realistic wedding card 😂

I'm Ready
to take the Plunge

Come, give me a Push!!!

Who?
Harsha

Losing his Freedom to Nandini

When?
23-05-2016, Monday,
12 PM Onwards

Where?
Sri Banashankari Convention Hall,
Hebbale, Kushal Nagar, Coorg
72044 34221
What do you say?

అంధ్రప్రదేశ్ 'విశ్వాసం, విద్యాధరం'
నే విశ్వాసం భావనాస్తువు
అంశాలనుండి ప్రతిష్ఠించిన
అంధ్రప్రదేశ్ 'విశ్వాసం' !!

😊😊😊😊😊
What do you say?
Flipside
Measures to be taken

• Adopting the language of equity, rights and justice; and promoting gender equity in health within the context of inequities by caste, class, ethnicity and other sources of health inequalities

• Recognising the need for a dual focus in content: one of working on women specific health issues, even while ensuring that gender concerns are identified and addressed in all dimensions and areas of health

• Rather than trying to integrate gender within the existing structures, make mainstreaming gender a part of all agendas for change within the health sector

• Within institutions of the health sector,
  – placing responsibility for mainstreaming gender with senior management,
  – including gender equity in health among priority objectives for the sector as a whole
  – allocating adequate financial and human resources for a central unit with gender expertise
  – creating monitoring and accountability mechanisms for progress in mainstreaming gender
  – seriously pursuing capacity-building in mainstreaming gender in policies, programmes, research and health provider-training

Courtesy: Background paper prepared for the Women and Gender Equity Knowledge Network of the WHO Commission on Social Determinants of Health by TK Sundari Ravindran, Aarti Kelkar-Khambete
Health Concerns in Urban areas

• **Lifestyle related**

• **Stress related**

• Sugar, BP, Thyroid, Obesity, Gastric trouble, Infertility, Gynic ….what not?

• Time to think of gender in health

• Pollution, Transportation problems, journey time, junk food, insufficient sleep, untimely food

• Be it a corporate office, college, school, shopping complex, government organization, private sector, unorganized sector …..Anywhere, policies should be reframed to give top priority to health considering men and women related issues
Smart Solution for tough Problems

Gender Mainstreaming – Empowerment – Urban Health
Figure 6: Status of access to water and sanitation, public transport and housing

**Sri Lanka**
- Access to improved sanitation facility in urban areas (% of households): 88% (Target 6.1)
- Access to safe drinking water in urban areas (% of households): 99% (Target 6.2)
- Public transport mode share in the capital cities: Colombo 58% (Target 11.2)
- Percentage of urban population living in slums: 1.4% (Target 11.1)

**India**
- Access to improved sanitation facility in urban areas (% of households): 63% (Target 6.1)
- Access to safe drinking water in urban areas (% of households): 97% (Target 6.2)
- Public transport mode share in the capital cities: Delhi 43% (Target 11.2)
- Percentage of urban population living in slums: 24% (Target 11.1)

**Nepal**
- Access to improved sanitation facility in urban areas (% of households): 56% (Target 6.1)
- Access to safe drinking water in urban areas (% of households): 91% (Target 6.2)
- Public transport mode share in the capital cities: Kathmandu 28% (Target 11.2)
- Percentage of urban population living in slums: 54% (Target 11.1)

**Bangladesh**
- Access to improved sanitation facility in urban areas (% of households): 56% (Target 6.1)
- Access to safe drinking water in urban areas (% of households): 87% (Target 6.2)
- Public transport mode share in the capital cities: Dhaka 30% (Target 11.2)
- Percentage of urban population living in slums: 55% (Target 11.1)

Let us observe – Where it reaches!!!

Courtesy: A Training of Trainers Source Book Based on the Principles of Participatory Methods and Approaches By Dawn Chatty, Stephan Baas, Anja Fleig
Congratulations for all the Mainstreaming
Need of the Hour

“The health of people is the foundation upon which all their happiness and all their powers as a state depend”

Arise, Awake and Stop not until you reach the goal

Thank you