

GENDER AND UNIVERSAL HEALTH CARE IN INDIA

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Conceptual Framework

- Not just *Gender = Women*
- Gender as an inclusive concept – beyond the binaries of women and men to include other genders
- Life cycle approach
- Intersectionality: class, caste, marital status, and disability, SES
- Right to the highest attainable standards of health
- Principles of equity, nondiscrimination, transparency
- Gender Equality, Gender Equity, Gender Mainstreaming, Empowerment

Gender and Health Analysis

- Recognition of - biology and gender interactions produce different vulnerabilities or susceptibilities, treatment seeking behaviours, responses from the health system, as well as different consequences for women, men and other vulnerable groups.

The Context....

- Constitutional, legal frameworks fairly progressive
- Several relevant programmes and schemes for women's health – with some flaws
- Political and socio-cultural environment not so progressive – especially towards sexuality related issues

Key Demographic, Health and Gender Equity Indices for Indian Men and Women

	Males	Females
Life expectancy at birth (years, 2009)	63	66
Infant Mortality Rate (probability of dying by age 1 per 1000 live births)	50	51
Maternal Mortality Rate (maternal deaths per 100,000 live births)	N/A	212
Adult Mortality Rate (probability of dying between 15 and 60 years per 1000 population)	250	169
Nutritional Status of Ever-Married Adults (age 15-49) [Body Mass Index is below normal (%), 2005]	28.1	33
Literacy rate	82.14	65.4
Work participation rate (%) in 2001	51.7	25.6
Men age 25-29 married by age 21 (%)	32.3	
Women age 20-24 married by age 18 (%)	47.4	
Gender rankings for India		
Gender Inequality Index	122nd out of 138 countries	
Gender Equity Index	155th out of 157 countries	
Women's Economic opportunity index	84th out of 113 countries	
Global Gender Index	112th out of 134 countries	

Burden of Disease Across the Life Cycle

- Childhood
- Adolescence
- Adulthood
- Old age
- Burden of mental illness and domestic violence
- Health status of diverse sexualities and other vulnerable populations

Barriers in the provision and access of an engendered UHC package

- Political and legal barriers
[population control policies, political will]
- Economic barriers
[user fees, loans repayment, unaffordable primary care]
- Social barriers [stigma]
- Health system barriers
[inadequate, unskilled health human resources, lack of gender sensitization, inadequate access]

Important steps required towards UHC

- Acknowledging gender diversity through the life-cycle during the conceptualisation and delivery of services
- improving access for women and other vulnerable genders;
- recognizing 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 and evaluation systems in order to make them more gender sensitive; and
- supporting and promoting the rights of girls and women to health in families and communities as well as through programmes and policies.

Recommendations



- Package of Essential Services
- Service Delivery
- Provision of Essential Medicines
- Human Resources for Health and Management Reform
- Governance and Accountability

Package of Essential Services - Recommendation 1

- Utilizing the life-cycle approach that allocates greater financial and human resources based on the varying burden of disease across health areas, the basic package of services should be conceptualized keeping in mind gender differences between men and women.

Service Delivery - Recommendation 2

- The delivery of the basic package of preventive, promotive and curative services, should be gender-sensitive and gender-responsive, such that it is provided closer to women and girls at the community level; the timing of delivery is responsive to women's multiple work burdens and lack of mobility; and there should be continuity of care across the various levels and facilities of care.

Recommendation 3

- Patient-provider interaction related aspects of service delivery need to be made gender-sensitive, such that healthcare providers are trained to be responsive to the specific needs and concerns of girls and women, as well as poor and marginalized patients.

Provision of Essential Medicines - Recommendation 4

- All product literature related to medicines should specify adverse drug reactions on pregnancy and lactation and their general impact on reproductive health of women. At the same time the market should not be allowed to dictate what is available; essential medicines for women should be available irrespective of their low profit margins.

Human Resources for Health and Management Reform - Recommendation 5

- Recognise and strengthen the role of women in health care provision, within both the formal health system and in the home by improving the working conditions for women; expanding career trajectories for women; and increasing the number of women in higher positions in health management, especially nursing professionals.

Governance and Accountability

Recommendation 6

- Build up the capacity of the health system to recognize, measure, monitor and address gender concerns through improvements in data gathering, analysis, monitoring and evaluation, and enhanced accountability measures.

Recommendation 7

- Support and empower girls, women and other vulnerable genders to realize their health rights through:
 - ▣ sensitization programmes for all young people that include key elements of health, gender power relations and their health consequences;
 - ▣ removing conditionalities (specifically two-child norms for maternity or other benefits) from all health programmes so as not to punish women and girls for behavior over which they have little or no control.