Original Research Paper Social Science

Health care and Gender Inequality

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ABSTRACT

Health is not just a matter of personnel choice, nor is it only a 'biological issue'. Patterns of health, wellbeing and illness are routed in the institutions of society. Improving health status of people is a major challenge for social scientists. Health is a resource for everyday life not the objective of living; it is a positive concept emphasizing social and resource as well as physical capabilities. The prevailing social, economic, cultural, political and psychological conditions will have many impacts on the health and health care issues.

In the last decade, a considerable amount of research has been conducted in the area of gender and health, including gender differences in vulnerability to and the impact of specific health conditions. Gender has been shown to influence how health policies are conceived and implemented, how biomedical and contraceptive technologies are developed, and how the health system responds to male and female clients.

Gender analysis in health has been undertaken mainly by social scientists who observed that biological differences alone cannot adequately explain health behaviour. Health outcomes also depend upon social and economic factors that, in turn, are influenced by cultural and political conditions in society. To understand health and illness, both sex and gender must be taken into account.

KEYWORDS *(rural women, health belief, gender, bio cultural concept, consequences)*

1. Introduction:

Health and Health care Practice is a complex phenomenon. The factors that influence and determine the both vary from one time to another and one group to another. Health is not just a matter of personnel choice, nor is it only a 'biological issue'. Patterns of health, wellbeing and illness are routed in the institutions of society. Improving health status of people is a major challenge for social scientists. Health is a resource for everyday life not the objective of living; it is a positive concept emphasizing social and resource as well as physical capabilities. The prevailing social, economic, cultural, political and psychological conditions will have many impacts on the health and health care issues.

WHO defines health as "a state of complete physical, mental and social wellbeing and merely the absence of disease or infirmity". Multy-Sectoral approach defines "Health as a complex web of environment, economic and individual factors which are interrelated with each other". These definitions explain that social sciences have been engaged in empirical examining of the social factors which contribute significantly in promoting good health and controlling disease.

1.2) Biomedical concepts:-

Even today there is confusion about health prevails. Health has been viewed by different people Health has been traditionally defined as "absence of disease as deviation from biomedical norms". This concept known as the '' biomedical concept" was based on the germ theory of disease, which dominated medical thought at the turn of the 20th century. The medical professions looked upon the human body as a machine, disease as a consequence of the breakdown of the machine and one of the doctor's tasks as repair of the machine.

1.3) Ecological concept:-

Later on the biomedical model was found inadequate to solve some of the major health problems of malnutrition, chronic disease, accidents, mental illness, drug abuse, insecticide and bacterial resistance etc. This gave rise to other concepts, one of which is the ecological concept. The ecologist viewed health as a harmonious equilibrium between man and its environment and disease as a maladjustment of the human organism to the environment.

1.4) Bio cultural concept:-

Social sciences revealed that disease is both a biological factors but also social, cultural and psychological and non-medical dimensions which must be taken into consideration in defining health and illness.

2.) Holistic view:

As a synthesis of all the above concepts Holistic view is emerged. According to this, health is a multi-dimensional process involving the well-being of the whole person in the context of his environment. This view correspond to the view hold by the ancients that, health implies a sound mind in a sound body in a sound family in sound environment. The holistic approach implies that all sectors of society have an effect on health.

Healthcare is the right of every individual but lack of quality infrastructure, dearth of qualified medical practitioners, and non-access to basic medicines and medical facilities prevents its reach to the large number of population in India. A majority of people lives in rural areas where the condition of medical facilities is deplorable. Considering the facts there is a need of new practices and procedures to ensure that quality and timely healthcare reaches the deprived communities of the Indian villages. Though a lot of policies and programs are being run by the Government, the success and effectiveness of these programs is not satisfactory due to gaps in the implementation. India also accounts for the largest number of maternity deaths. A majority of these are in rural areas where maternal health care is poor. Even in private sector, health care is often confined to family planning and antenatal care and do not extend to more critical services like labor and delivery, where proper medical care can save life in the case of complications.

Due to non-accessibility to public health care and low quality of health care services, a majority of people in India turn to the local private health sector as their first choice of care. However, private health care is expensive, often unregulated and variable in quality. Besides being unreliable for the illiterate, it is also unaffordable by low income rural folks.

3.) Gender inequalities and health seeking behaviour:

United Nations development report 2011, ranked India 132 out of 187 in terms of gender inequality. The value of this multidimen-

sional indicator, gender inequality index is determined by numerous factors including maternal mortality rate, adolescent fertility rate, educational achievement and labour force participation rate. In India, there are differences in access to health care between men and women due to gender inequalities. The world economic forum indicates that India is one of the worst countries in the world in terms of gender inequality. The role that gender plays in health care access can be determined by examining resource allocation within the household and public sphere. As a girl mature into adulthood, many of the barriers preventing them from achieving equitable level of health stem from the low status of women in particularly in rural areas.

The effect of gender inequalities can be clearly seen when access women to both preventive and therapeutic measures is significantly lower compared to men. In many cases the health providers attend to men and boys better than women and girls. This behaviour is the extreme consequence of sexism among physicians not tends to treat women's problems as less important.

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Nash Ojanuga and Gilbert 1992 systematized the obstacles which women face into four categories;

1. Institutional barriers; unequal treatment by health providers
2. Economic barriers; different access to resource
3. Educational barriers; women having less access to education
4. Cultural barriers; social status of women which situates them in socially inferior position, male doctors attend women with sensitive health problems etc.

Studies from developing countries of gender differences in nutrition in adulthood argue that household power relations are closely linked to nutritional outcomes. Similarly, female household heads had significantly better nutritional status, suggesting that decision-making power is strongly associated with access to and control over food resources. Access of women to cash-income was a positive determinant of their nutritional status.

1.1) Gender differences in economic determinants of health and illness

Generally, earning an income brings greater autonomy, decision-making power, and respect in society. Given the greater involvement of men in the paid labour force and their higher earnings even when domestic and other activities of women are costed, they generally enjoy more autonomy and higher social status. The gender differences in economic status and purchasing power affect the health-seeking behaviour and health outcomes of men and women. Men were much more likely to have health insurance from their employers than women, who tended to be treated more as charity cases. Reports from other parts of the world show that women constitute the large majority seeking health services.

1.2) Gender differences in biological determinants of health and illness

The gender differences in the biological determinants of health and illness include differential genetic vulnerability to illness, reproductive and hormonal factors, and differences in physiological characteristics during the life-cycle. Until recently, a male model of health was used almost exclusively for clinical research, and the findings were generalized to women, except for the reproductive period. Clinical trials typically excluded women to protect them and their unborn children from possible negative effects. However, research in the United States in the early 1990s seriously questioned the validity of a male model for female health issues and highlighted significant gender differences in the biological determinants of health and illness.

1.3) Gender differences in consequences of health and illness

Gender affects the social, economic and biological consequences of health and illness, focusing on three non-communicable diseases or conditions: diabetes for social consequences, domestic violence for economic consequences, and occupational health for biological consequences. The gender differences in the social consequences of health and illness include how illness affects men and women, including health-seeking behaviour, the availability of support networks, and the stigma associated with illness and disease. Men and women respond differently when ill, in terms of time before acknowledging that they are ill, recovery time, and how women and men are treated by their families and society.

In developing countries, men seek treatment more frequently at formal health services, whereas women are more likely to self-treat or use alternative therapies. This has been explained by factors, such as multiple roles of women which limit their activities mainly to the domestic sphere and make it difficult for them to go to clinics during opening hours. By contrast, traditional healers or community shops are easier to access and will often accept delayed payment or payment in kind or delayed. Women are often treated in an inferior way at health services and are blamed for coming late or for not bringing their children for regular immunization or check-ups. This only exacerbates women's reluctance to access healthcare, even when other access barriers are removed. Insensitive treatment by health personnel is also a problem.

1.4) Gender differences in the economic consequences of illness

The gender differences in the economic consequences of illness include how work of men and women is affected by illness, such as availability of substitute labour, opportunity costs of health-related actions, available income, and the impact of economic policies. When poor women in developing countries are ill, they tend to delay seeking modern treatment until their symptoms are too severe to ignore, meanwhile perhaps visiting a traditional healer or local pharmacy. Thus, they take longer to recover and often return to work before they have completely recuperated. When men are ill, others encourage them to seek medical help, and hence they are appropriately diagnosed and treated earlier than women. They also receive greater care from wives and others and are not expected to perform other duties until they are better. Women often substitute for their husbands in agricultural work when they are ill but husbands rarely substitute for their wives, and only essential duties are assumed by other family members. When women recover, they are faced with many pending tasks, in addition to their normal work. Those who own small businesses lose necessary income for daily survival, and many have to use their scarce resources for medicines and other health-related costs.

1.5) Gender differences in biological consequences of illness

Generally, men are more vulnerable to major life-threatening chronic diseases, including coronary heart disease, cancer, cerebrovascular disease, emphysema, cirrhosis of the liver, kidney disease, and atherosclerosis. Women suffer more from chronic disorders, such as anaemia, thyroid and gall bladder conditions, migraine headaches, arthritis, colitis, and eczema. The biological advantage of women appears to be related to their ability to bear children and the physiological systems that permit pregnancy and child bearing, whereas men's health advantage seems to be due to lower levels of role stress, role conflict, and lower societal demands.

Conclusion:

Men and women have different responses to drugs for treatment.

These gender differences are not only biological: gender plays an important role in determining healthy or unhealthy life styles. As men and women modify their behaviour to reduce or increase certain risks, such as stress relating to high-pressure jobs, their respective vulnerability can change over time and across societies.

Gender clearly plays a role in the determinants and consequences of poor health, and it can no longer be assumed that a male model for health also applies to women. The way in which gender affects these determinants and consequences may vary according to the conditions selected and according to the characteristics of the population studied. However, gender analysis is a key to understanding the experience of health and how to intervene to prevent illness. Studies on gender depart from the idea that health behaviour not only depends on a person's knowledge, will and capacity but also on the position which they occupy in the society.
Mainstreaming a gender perspective in the implication or health policies, programmes and legislation for women and men for planned actions for the health care in all the levels is necessary. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally to achieve gender equality. The role of state is considerable in this direction. The health development oriented policies and programs and their effective implementation deserve an astute attention by all the concerned. The role of individuals and institutions are also important in the development of both health as well as health care services.

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