India's Healthcare Initiatives need a Dose of Gender Mainstreaming by Akanksha Sharma and Akanksha Narain

By Akanksha Sharma and Akanksha Narain

Synopsis

India's lofty dreams of inclusive development can only be fulfilled if it takes stock of the barriers that impede half the population from fulfilling its healthcare needs. Consistent action must be taken to make health policies gender-sensitive and inclusive.

Commentary

Public health initiatives in India have not attained the success they have the potential to reach. Recent data from the World Health Organisation (WHO) states that out of the 800 maternal deaths around the world every day, 190 of those occur in South Asia .India accounts for 66.6 percent of the mortality. Moreover, a study by Princeton University found that 42 percent of Indian women are underweight in the preliminary stages of pregnancy. These statistics are significant and demand a re-examination of what public healthcare means for women in India.

Women in India, especially in rural areas, face the problem of unequal educational and financial prospects and opportunities. Education and financial security are inextricably linked to health, and are essential for leading a life of dignity and achievement of full potential. Gender mainstreaming is an important component of health policy initiatives through which stakeholders involved in public health security, including medical professionals and policy makers can be educated about how gender impacts health.

Gender mainstreaming helps health initiatives reach the vulnerable

There exists an acute lack of awareness among many women on how to protect themselves from Sexually Transmitted Diseases (STDs) such as HIV AIDS. They do not have ready access to medical facilities for sexual and reproductive health. Globally, girls and women between the ages of 15 and 24, suffer from a 50 percent higher risk of possible HIV infection than males in the same age group. They are also more vulnerable to Sexually Transmitted Infections (STIs) due to their physiology.

Even within women as a group, some are more vulnerable than others i.e. women from lower socioeconomic backgrounds and marginalized communities. Caste politics prevents oppressed communities from receiving adequate funding and infrastructural support from local authorities. Thus members of these communities, both men and women face obstacles while trying to obtain health services. However, men are more proactive in their health seeking behavior. They have greater social agency and enjoy freedom of movement without the threat of sexual violence. Medical care (and especially emergency medical care) is much more difficult for women to access.

Gender blind policies are inadequate

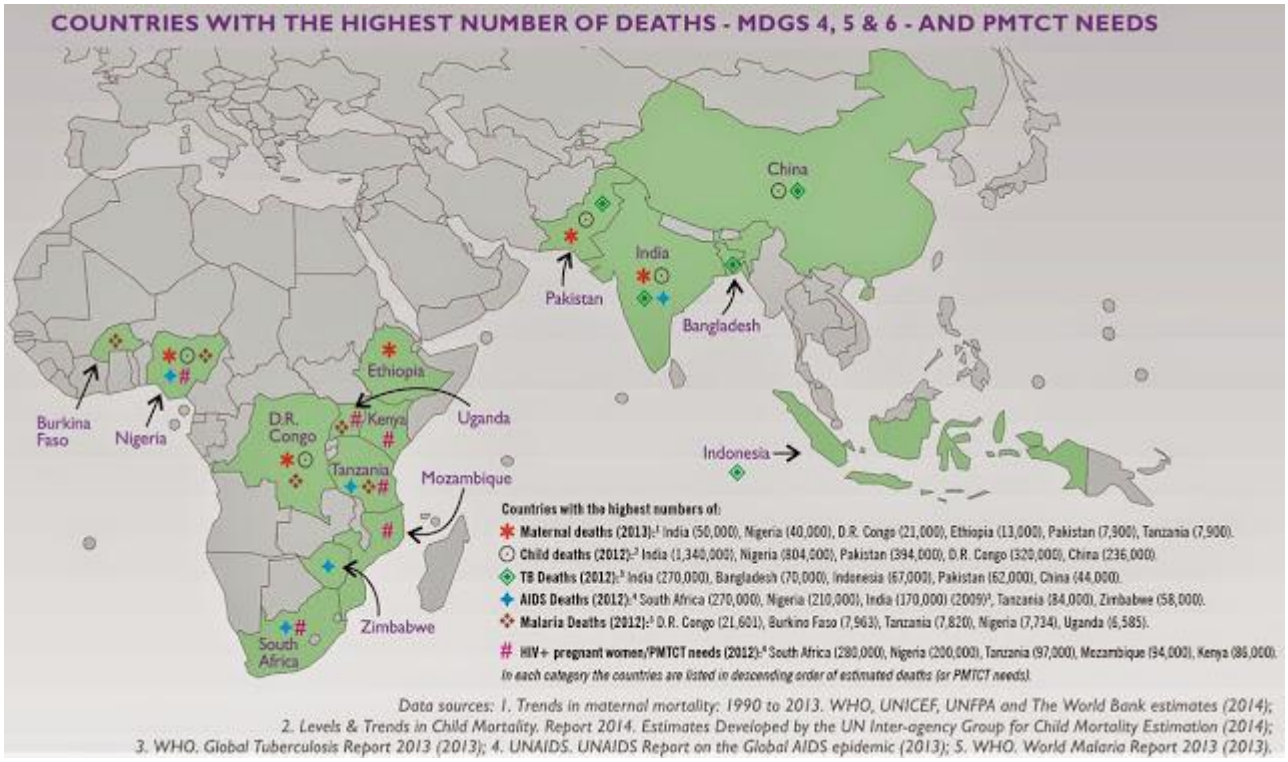
Thus, gender blind health policies cannot adequately address the barriers affecting the health seeking behaviour of women. This is where working gender mainstreaming within the existing social structure comes in. A gender mainstreaming solution to problems of access will be holistic. It can address transport facilities for women travelling from remote areas to medical centres, increase the deployment of female doctors and healthcare workers in rural areas and institutionalize alternative arrangements for care of family members so that they are free to leave home. At the national level public-private partnerships are an option worth exploring to professionalize healthcare delivery in rural and remote areas. The use of localized communication techniques such as radio jingles, puppet shows and theatre performances which are popular among rural communities can be more effective than urban-centric approaches. These can help to raise awareness about the importance of regular check-ups for disease prevention (such as cancer and cataract) among women.

A snapshot of current efforts to make public policy gender responsive

With the aim of taking into consideration the needs of women in India, the Ministry of Women and Child Development has collaborated with UN Women and UNDP to produce a training guide on Gender Responsive Budgeting or GRB. The aim is to provide training and mentorship to resource points,

according to the requirements of different states. About 400 people across government ministries have been trained on the importance of GRB. In 2008, the SAARC Gender Info Base (SGIB) was launched as a result of a Memorandum of Understanding between SAARC and UNIFEM (now UN Women). It contains information on relevant gender issues in the region, including health concerns such as HIV/AIDS. The SGIB aims to be a focal point for significant social sector initiatives in South Asia.

The Indian government is trying to meet the target of Millennium Development Goal (MDG) number 5, 'Improve Maternal Health', more specifically to reduce the Maternal Mortality Ratio (MMR) down to 109 by 2015. Part of this effort involves increasing the number of institutional deliveries. A number of initiatives have been started under the National Rural Health Mission (NRHM) especially to reduce IMR (Infant Mortality Rate) and MMR. These include *Janani Suraksha Yojana* (JSY) and Accredited Social Health Activist (ASHA).



Need to go beyond selective number chasing

India has not incorporated 'Universal Access to Reproductive Health' under its commitment to MDG number five. The only explanation given for this was a statement in the Mid-Term Report stating "strategic and technical reasons". The government has focused majorly on reduction of the MMR, failing to properly take into account other pressing issues such as the health of female adolescents, medical treatment for reproductive tract infections and STDs at the primary healthcare level.

In order for gender mainstreaming to be effective, there is also a need to bring men on board for the objective of improving women's access to healthcare. This is important because it recognizes and addresses the power imbalance in many male-female relationships in the country. In the JSY and ASHA schemes, there is no space for the role of males (partners or family members) in the process of reproductive and infant health. As the actions of men can have a significant impact on women's health, this is a gap that needs to be taken into account.

The Way Forward

The health seeking behavior of women in the world's largest democracy can be made more proactive by removing hidden barriers and enabling ease of access to existing medical facilities through gender mainstreaming in health policy.

The next 'Five Year Plan' to be implemented from 2018 would be an optimal time to introduce greater resources towards ensuring women's health beyond the MDGs. Health is also linked to food and water security. Thus, in order to secure health for women, arrows cannot be shot in the dark. We need to move forward, taking all forms of security together.

AKANKSHA SHARMA

Akanksha Sharma is a Research Analyst with the Centre for Non Traditional Security (NTS) Studies, S. Rajaratnam School of International Studies (RSIS), Nanyang Technological University, Singapore.

Her research interests include public health security, government and politics in Southeast Asia and the International Relations of South Asia.

AKANKSHA NARAIN

Akanksha Narain is a student research assistant with the Studies in Inter-Religious Relations in Plural Societies (SRP) Programme at S. Rajaratnam School of International Studies (RSIS)

Posted 5th May by IndraStra Global
Labels: Health India South Asia WHO