
UNIT 13 GENDER AND HEALTH

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13.1 INTRODUCTION

Health is significant component for human dignity, specifically women and children's dignity. It is an irrefutable fact. It is the responsibility of all stakeholders for ensuring accessible and affordable health for all. International Organisations like The World Bank, United Nations played a significant role in highlighting the significance of basic amenities at households, social infrastructure to address the adequate standard of living, right to health and other human rights. Article 25 of The Universal declaration of human rights states "Everyone has the right to a standard of living adequate for the health and well-being of himself and for his family, including food, clothing, housing and medical care and necessary social services (UN 1949)".

In this unit you will learn about concepts related to health, gender and women health, relationship of women health with sanitation and portable water and Sustainable Development Goals (SDGs).

13.2 LEARNING OBJECTIVES

After Studying this Unit, you should be able to

- explain the concepts and determinants of health;
- describe the concept of gender;
- list the sustainable development goals;
- review the relationship between women's health and portable water and sanitation; and
- analyse the relationship between women's health, gender and sustainable development goals.

13.3 CONCEPTS RELATED TO HEALTH AND GENDER

Let us first review the meaning and definition of the various term related to health and gender.

A. Health

Health is a part of culture of every community and every community interprets health in different ways. And health is a fundamental human right and a social goal to improve the quality of life and to be attained by all people. Health is a part of socio-economic development of any country and it is also an important indicator of human development. "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". Indian Constitution, Article 21 guarantees a fundamental right to life and personal liberty. In this 'life' means a life with human dignity and not mere survival or existence. It has a wider meaning which includes right to livelihood, better standard of life, hygienic condition in workplace and leisure. You can read Article 21 and Articles 38, 42, 43, and 47 of the Indian Constitution. Let us first learn the definition of health by World Health Organization (WHO).

Definition of Health (WHO)

Health is a state of complete physical, social, mental and spiritual well being and not merely an absence of disease and infirmity.

Concept of Health

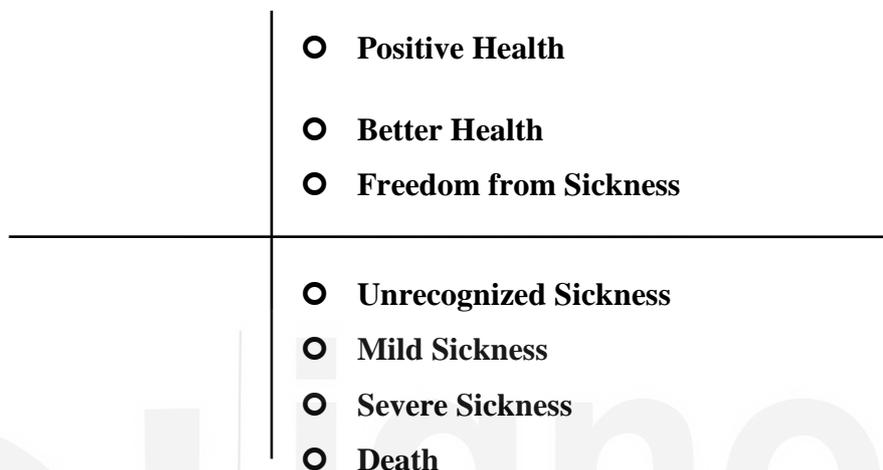
There are various concepts of health evolved over time. They are given below:

- **Biomedical Concept** – Health was viewed as absence of disease i.e. in biomedical model, if person is free from disease, s/he was considered as healthy. Biomedical model had given rise to "germ theory of disease". This model considered that there is a germ for disease and there is no influence of environment, socio-cultural factors on health.
- **Ecological Concept** – Health was viewed as an equilibrium between man and its environment and disease. It is important that there is adjustment and adaptation to environment for optimal functioning. There is maladjustment between human being and its environment.
- **Psychosocial Concept** – Over time it was considered that there is influence of social, psychological, cultural, economic and political factors on health.

- **Holistic Concept** – All the above factors are considered to influence the health but dominated by social, political, economic and environmental factors.

Spectrum of Health

Health of an individual is not static. It is dynamic and a process of continuous change. Health and disease lie on a continuum. Let us see the continuum i.e. Health-Illness spectrum:



Social Determinants of Health

The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

As per WHO the SDH have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.

Social Determinants of Health

- Socio-Economic conditions – Economic status, education, occupation, political system
- Health Services – Availability, affordability, accessibility, functional, utilization, decision making power
- Gender – Women health issues and agenda priority; nutrition, reproductive and sexual health, violence, aging, socio-economic factors
- Other factors – other sectors like food and agriculture, education, industry, social welfare, rural development; social and economic policies etc.

Health and Well-Being

‘Wellbeing’ refers to a positive rather than neutral state, framing health as a positive aspiration. This definition was adapted by the 1986 Ottawa charter, which describes health as ‘a resource for everyday life, not the object of living’. From this perspective health is a means to living well, which highlights the link between health and participation in society.

WHO definition of health, gives a concept of well being and it has subjective and objective aspect.

Concept of Well-Being

Objective component – Standard of living	Subjective component – Quality of life
<p>Standard of living – scale of expenditure, goods consumed, services enjoy</p> <p>Income, occupation, housing, sanitation, nutrition, provision of health, education services etc.</p>	<p>QofL is measure of physical, mental, social well-being as perceived by each/group of individuals</p> <p>Happiness, satisfaction, life concerns marriage, family, work etc.</p>

Objective wellbeing measure is based on assumptions about basic human needs and rights, including adequate food, physical health, education, and safety. It can be measured through self-report (e.g. asking people whether they have a specific health condition), or through more objective measures (e.g. mortality rates and life expectancy).

Subjective wellbeing (or personal wellbeing) is measured by asking people directly how they think and feel about their own wellbeing, and includes aspects such as life satisfaction, positive emotions, and whether their life is meaningful.

Quality of Life

Quality of life (QOL) is a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life.

Although health is one of the important domains of overall quality of life, there are other domains as well e.g., jobs, housing, schools, the neighborhood. Aspects of culture, values, and spirituality are also key domains of overall quality of life that add to the complexity of its measurement.

The concept of health-related quality of life (HRQOL) and its determinants have evolved since the 1980s. Health-related quality of life (HRQoL) is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning. On the individual level, HRQOL includes physical and mental health perceptions (e.g., energy level, mood) and their correlates—including health risks and conditions, functional status, social support, and socioeconomic status. On the community level, HRQOL includes community-level resources, conditions, policies, and practices that influence a population's health perceptions and functional status.

Life-Course Perspective

Life course perspective explicitly recognizes the importance of time and timing in understanding causal links between exposures and outcomes within an individual life course, across generations, and in population-level diseases trends. Adopting a life course perspective directs attention to how social determinants of health operate at every level of development—early childhood, childhood, adolescence and adulthood—both to immediately influence health and to provide the basis for health or illness later in life.

As per World Health organization (WHO), a life course approach emphasises a temporal and social perspective, looking back across an individual's or a cohort's life experiences or across generations for clues to current patterns of health and disease, recognising that both past and present experiences are shaped by the wider social, economic and cultural context.

B. Gender

You must have learn about meaning of gender in various units. Let us first review the meaning of gender.

Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can

change over time. Gender is hierarchical and produces inequalities that intersect with other social and economic inequalities. Gender influences people's experience of and access to healthcare. The way that health services are organized and provided can either limit or enable a person's access to healthcare information, support and services, and the outcomes.

As per UNESCO gender mainstreaming implementation framework, gender refers to the roles and responsibilities of men and women that are defined in the families, societies and cultures. The concept of gender also includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity). Gender roles and expectations are learned. They can change over time and they vary within and between cultures.

Sex describes the biological differences between men and women, which are universal and determined at birth.

Gender Analysis is the collection and analysis of sex-disaggregated information. Men and women both perform different roles. This leads to women and men having different experience, knowledge, talents and needs. Gender analysis explores these differences so policies, programmes and projects can identify and meet the different needs of men and women.

Gender Equality means that women and men have equal conditions for realizing their full human rights and for contributing to, and benefiting from, economic, social, cultural and political development. Gender equity is the process of being fair to men and women. Equity is a means. Equality is the result.

Empowerment is about people both women and men taking control over their lives: setting their own agendas, gaining skills, building self-confidence, solving problems and developing self-reliance.

Gender and Health

Until recently, 'gender in the context of health' implied a discussion on women's health. However, an inclusive approach to health should meet to the needs and differentials between men, women and other genders. In order to achieve the universal health coverage, it is essential to achieve gender equality (the equal enjoyment of good health by men and women of all ages regardless of sexual orientation or gender identity). This may be ensured through gender equity (the process of being fair to the different health needs of men, women and other genders), gender mainstreaming (making men's and women's health concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of health policies and programmes) and empowerment (enabling individuals and communities to gain more control over their lives and to shape systems around them). A gendered perspective would thus take into account the health needs of all categories of sexual identity; "heterosexual, homosexual, lesbian, gay,

bisexual and transgender (http://uhc-india.org/reports/hleg_report_chapter_9.pdf).

Gender and Access to Health Care

Health services should be affordable, accessible and acceptable to all, and they should be provided with quality, equity and dignity. Gender inequality and discrimination faced by women and girls puts their health and well-being at risk. Women and girls often face greater barriers than men and boys to accessing health information and services. These barriers include restrictions on mobility; lack of access to decision-making power; lower literacy rates; discriminatory attitudes of communities and healthcare providers; and lack of training and awareness amongst healthcare providers and health systems of the specific health needs and challenges of women and girls. Consequently, women and girls face greater risks of unintended pregnancies, sexually transmitted infections including HIV, cervical cancer, malnutrition, lower vision, respiratory infections, malnutrition and elder abuse, etc. Women and girls also face violence rooted in gender inequality and are at risk of harmful practices such as female genital mutilation, and child, early and forced marriage.

You can click the link to read about some of the Case studies in gender and health.

https://www.paho.org/hq/index.php?option=com_content&view=article&id=2314:2010-case-studies-gender-health&Itemid=3582&lang=en

There are several barriers to the provision of and access to healthcare services e.g.:

- a) Political barriers such as the various policies, programmes and schemes mismatch with needs and demands of people; the lack of political will in decision making and resource allocation etc on women sensitive issues.
- b) Economic barriers such as user fees for few health services, out of pocket expenditure or loan for healthcare services and loans repayment for poorer families, and communication, transport issues and expenditure.
- c) Social barriers such as stigma attached to certain illnesses such as HIV/AIDS (especially for men who have sex with men who face greater social and epidemiological risks) and depression (higher among women and access to services lower); and
- d) Health system barriers such as the shortage of human resources for health, lack of gender sensitization among healthcare providers and lack of linkage and integration in current provisioning, which lacks primary care and reaching the unreachable in the tribal, hilly and rural areas, as well as a lack of awareness of the provisions of the various schemes and programmes for women.

Discrimination in health care settings takes many forms and is often manifested when an individual or group is denied access to health care services that are otherwise available to others. Addressing discrimination in health care settings will contribute to achievement of SDGs, ensuring that no one is left behind.

Discrimination against individuals who identify as Lesbian, Gay, Bisexual, or Transgender (LGBT) has been common in many contexts, including healthcare. Despite awareness of sexual and gender diversity, lesbian, gay, bisexual, transgender, (LGBT) people continue to encounter invisibility, overt discrimination and violence, and other barriers to relevant, respectful care. Evidence suggests that transgender people often experience disproportionately high burden of disease, including in the mental, sexual and reproductive health.

Social Context of Health

Social contexts can be understood as the relationships and networks of support that people experience, the interconnections within communities, and the involvement of people and communities in decisions that affect their lives. Research has shown that these relationships and connections all have important influences on health.

Sorensen et al. (2003) explain the role of the social context in health behavior change, defining social context to include life experiences, social relationships, organizational structures, and societal influences.

Gender inequality affects the health of millions of girls and women across the globe. Gender relations of power constitute the root causes of gender inequality and are among the most influential of the social determinants of health. They determine whether people's health needs are acknowledged, whether they have voice to control over their lives and health, whether they can realize their rights.

Taking action to improve gender equity in health and to address women's rights to health is one of the most direct ways to reduce health inequities and ensure effective use of health resources. Implementing human rights instruments can be a powerful mechanism to motivate and mobilize governments, people and especially women themselves.

Activity 1

1. Critically analyse the one case study from the WHO document on Progressing the Sustainable Development Goals through Health in All Policies: Case Studies from around the World; give brief summary and support with your comments. You can click the link given below to access the document https://www.who.int/social_determinants/publications/progressing-sdg-case-studies-2017.pdf?ua=1

13.4 SUSTAINABLE DEVELOPMENT GOALS (SDGs)

The Sustainable Development Goals (SDGs) in 2015 replaced the Millennium Development Goals (MDGs),

Let us first learn about MDGs. United Nations Millennium Declaration was signed in 2000, with the goals to tackle poverty, disease, illiteracy, hunger, environmental degradation and discrimination against women. The MDGs 8 goals were agreed up on By United Nations to be achieved by 2015. Most of the MDGs were related to health. The 8 MDG Goals were:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Key MDG achievements

- More than 1 billion people have been lifted out of extreme poverty (since 1990)
- Child mortality dropped by more than half (since 1990)
- The number of out of school children has dropped by more than half (since 1990)
- HIV/AIDS infections fell by almost 40 percent (since 2000)

MDGs only applied to developing countries, the SDGs are applied universally to all UN member states, and are considerably more comprehensive and ambitious than the MDGs.

The Member States of the United Nations at UN conference in 2012, in Rio de Janeiro adopted Sustainable Development Goals (SDGs) which had taken forward the momentum generated by the MDGs and global agenda beyond 2015. 17 SDG goals were:

Goal 1: No Poverty

Goal 2: Zero Hunger

Goal 3: Good Health and Well-being

Goal 4: Quality Education

Goal 5: Gender Equality

Goal 6: Clean Water and Sanitation



Source: <https://en.unesco.org/sustainabledevelopmentgoals>

Sustainable development has been defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs.

Goal 7: Affordable and Clean Energy

Goal 8: Decent Work and Economic Growth

Goal 9: Industry, Innovation and Infrastructure

Goal 10: Reduced Inequality

Goal 11: Sustainable Cities and Communities

Goal 12: Responsible Consumption and Production

Goal 13: Climate Action

Goal 14: Life Below Water

Goal 15: Life on Land

Goal 16: Peace and Justice Strong Institutions

Goal 17: Partnerships to achieve the Goal

The aim of this resolution is to achieve the 17 goals by 2030. These goals are integrated i.e. they are interdependent on each other, action in one area of goal will affect outcome of another goal/s.

SDGs are designed to bring the world to several life-changing 'zeros', including zero poverty, hunger, AIDS and discrimination against women and girls. let us reviews targets under SDG 3, 5 and 6 given below.

SDG - 3: relates to " Good Health and Well Being"

Targets

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents.

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

3.A Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

3.B Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

3.C Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

3.D Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

<https://www.un.org/sustainabledevelopment/health/>

Targets

- 5.1** End all forms of discrimination against all women and girls everywhere
- 5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- 5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- 5.4** Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate
- 5.5** Ensure women's full and effective participation and equal opportunities for leadership at all levels of decisionmaking in political, economic and public life
- 5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
- 5.A** Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws
- 5.B** Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women
- 5.C** Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

<https://www.un.org/sustainabledevelopment/gender-equality/>

SDG - 6 relate to "Clean Water and Sanitation"

Targets

- 6.1** By 2030, achieve universal and equitable access to safe and affordable drinking water for all
- 6.2** By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
- 6.3** By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
- 6.4** By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity
- 6.5** By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate
- 6.6** By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
- 6.A** By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
- 6.B** Support and strengthen the participation of local communities in improving water and sanitation management.

<https://www.un.org/sustainabledevelopment/water-and-sanitation/>

India's commitment to achieve SDGs, by improving its socio-economic-environmental indicators. As SDGs are horizontally inter-connected, therefore to attainment the SDGs it is important to have multi-pronged strategy and convergent set of interventions at different levels of government on a sustained basis. It is important to align national development agenda with SDGs, e.g. Ayushman Bharat (Pradhan Mantri Jan Arogya Yojana), is health protection scheme, it covers 500 million persons. It is closely aligns with SDG 3 (health and well-being) and SDG 10 (reduced inequalities). India's climate action agenda and leadership in International Solar Alliance aim to achieve the similar goals which are related to SDG 7 (clean and affordable energy). India's Aspirational Districts Programme, which aims to bring holistic development to 112 relatively backward districts aligns with the SDG 10 (reduced inequalities). "Strategy for New India @75", the strategy document by NITI Aayog also focuses on how the strategies put forward will help the country meet its SDG targets.

13.5 WOMEN'S HEALTH: SANITATION AND PORTABLE WATER

For women, the water crisis is an personal issue as they are responsible for storing water for the family needs like cooking food, drinking, washing clothes, maintaining hygiene and sanitation. They are responsible for finding a resource their families need to survive - for drinking, cooking, sanitation and hygiene. They may have to get up early morning, walk long distance and stand in line to bring water or store water early morning at home as supply is for limited time period. As per literature, women around the world spend a collective 200 million hours collecting water, makes up an additional 266 million hours of time each day lost because they have no toilet at home. Without water or toilets at home, women cannot live up to their full potential.

Access to safe water is critical to the health of women and their children during pregnancy and postnatal period. Walking to collect water and carrying heavy vessels of water can be dangerous for a pregnant woman and consumption of unsafe water can be harmful to the health of both mother and baby. From maintaining a healthy pregnancy to nourishing a newborn child, women need safe water at home.

Without safe drinking water, adequate sanitation and hygiene facilities at home and in places of work and education, it is harder for women and girls to lead safe, productive, healthy lives. Therefore addressing the needs of women and girls in relation to water, sanitation and hygiene is a key factor in achieving gender equity.

Some of the Facts and Figures (<https://www.unwater.org/water-facts/gender/>)

- Women and girls are responsible for water collection in 8 out of 10 households with water off premises, so reducing the population with limited drinking water services will have a strong gender impact. (WHO and UNICEF, 2017)
- 1 million deaths each year are associated with unclean births. Infections account for 26% of neonatal deaths and 11% of maternal mortality. (WHO/UNICEF 2019).
- While supplying almost half of all agricultural labour in low and middle-income countries, women's agricultural productivity is on average 20–30 % lower than male farmers'. (FAO, 2017)
- Reducing the time it takes to fetch water from 30 to 15 minutes increased girls' school attendance by 12% according to a study in Tanzania. (UNICEF)
- About 44 million pregnant women have sanitation-related hookworm infections that pose a considerable health burden in developing societies. (UNICEF)

Challenges

In many countries, the presence or absence of a safe and sufficient water supply and improved sanitation facilities has a disproportionate effect on the lives of women and girls for three main reasons. First, women and girls usually bear the responsibility for collecting water, which is often very time-consuming and tiring. Second, women and girls are more vulnerable to abuse and attack while walking to and using a toilet or open defecation site. And third, women have specific hygiene needs during menstruation, pregnancy and child rearing.

The water and sanitation crisis is getting worse and challenges society face are increasing over time. It is important to make policies to improve progress on SDG 6 – 'to ensure availability and sustainable management of water and sanitation for all by 2030'. Many countries had tackled the challenges and proved that effective solutions are available to deal with the water and sanitation challenges.

Case Studies link on Gender Water and Sanitation

https://www.un.org/esa/sustdev/sdissues/water/casestudies_bestpractices.pdf

<https://www.ircwash.org/sites/default/files/202.1-93WO-12256.pdf>

Now let us learn about relation between women's health and SDGs.

13.6 WOMENS HEALTH AND SUSTAINABLE DEVELOPMENT GOALS (SDGs)

You have learnt in section 1.3 that SDG relates to health i.e. SDG 3 - Good Health and Well Being. The Goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines.

India has made progress in reducing the Maternal Mortality Ratio (MMR) i.e. MMR reduced from 556 in 1990 to 122 in 2017 per 1,00,000 live births. The implementation of the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy had an impact on the maternal health due to integrated approach during various stages of life cycle.

SDG 5 relates to equality of gender i.e. SDG 5 - Gender Equality. Studies and data highlighted that women and girls aged 15 to 49 have suffered physical and /or sexual violence. Nearly 75 per cent of victims of trafficking for sexual exploitation and 35 per cent forced labour victims are female and due to this they have physical, social and psychological impact

The principles of gender equality and objectives of gender justice are part of Indian Constitution and the objectives are achieved through various legislation, policies, programmes, and special government initiatives. Initiatives to eliminate poverty try to address issues of women in poverty and those related to their access to economic assets, financial services, social protection, and opportunities for skill development and employment. Efforts to ensure access to essential services, such as food security, primary education and health care, housing, water and sanitation, are underway to address challenges affecting women and girls. Special measures are implemented to address the vulnerabilities of women and girls, facilitate equality of opportunity and provide suitable conditions for socio-economic development.

The Indian Economic Survey 2019 showed that there had been a considerable improvement in areas of decision-making by women. Government's schemes such as Beti Bachao, Beti Padhao and Sukanya Samridhi Yojana schemes, among others and mandatory maternity leave rules are all steps in the right direction.

Women and men have different health-care needs, but an equal right to live healthily. For many women and girls, however, gender discrimination undermines access to health care, due to many socio-cultural, financial reasons. These are further aggravated by the gender disparities and factors like long hours spent on domestic work, unsafe work environments and gender-based violence etc. Pregnancy and childbirth leads to high risks and many health problems.

As per Indian Constitution everyone has right to attain standard of health but gender discrimination, however, make women more susceptible to health issues and to reach out for basic primary health care services and referral services.

Among women of reproductive age worldwide, AIDS is now the leading cause of death. Not only are women biologically more susceptible to HIV transmission, but their unequal social and economic status undercuts abilities to protect themselves and make empowered choices.

Countries have committed to universal access to sexual and reproductive health care services. Fulfilling the right to health requires health systems to become fully responsive to women and girls, providing quality healthcare services, affordable and accessible to every woman and girl.

Review Report on the Implementation of SDGs - India
<https://sustainabledevelopment.un.org/content/documents/15836India.pdf>

Check Your Progress Exercise I

Note: i. Use the space given below to answer the questions

ii. Compare your answer with the one given at the end of this Unit

1. Write short notes on women's health and sustainable development goals.

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Activity 2

Critically analyse the progress of SDG – 3: Good health and Well being and SDG 5; Gender Equality and SDG 6: Clean Water and Sanitation from the Niti Ayog document on SDG India Index and Dashboard 2019-2020; give brief summary and support with your comments. You can click the link given below to access the document

https://niti.gov.in/sites/default/files/SDG-India-Index-2.0_27-Dec.pdf

13.7 LET US SUM UP

In this you have learn the following:

Gender and Health		
Health Definition and concepts related to health; spectrum and social determinants of health; concept of well-being and quality of life; life course perspective. Concepts related to gender, gender and health; gender and access to health care and social context of health.	Millennium Development Goals and leading to Sustainable Development Goals (SDGs); various SDGs and especially SDG 3, 5 and 6.	Women health: Sanitation and portable water facts and challenges. Women health and SDGs and impact on health of women and girls.

13.8 UNIT END QUESTIONS

1. Explain the concepts and determinants of health;
2. List Sustainable Development Goals (SDGs).
3. Examine the relationship between women's health and portable water and sanitation.
4. Write short essays on the relationship between women's health, gender and sustainable development goals.

13.9 ANSWER TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. SDG 3 - Good Health and Well Being. The Goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines.

India has made progress in reducing the Maternal Mortality Ratio (MMR) i.e. MMR reduced from 556 in 1990 to 122 in 2017 per 1,00,000 live births. The implementation of the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy had an impact on the maternal health due to integrated approach during various stages of life cycle.

SDG 5 relates to equality of gender i.e. SDG 5 - Gender Equality. Studies and data highlighted that women and girls aged 15 to 49 have suffered physical and /or sexual violence. Nearly 75 per cent of victims of trafficking for sexual exploitation and 35 per cent forced labour victims are female and due to this they have physical, social and psychological impact

13.10 REFERENCES AND SUGGESTED READINGS

Park K. (2011). Text Book Of Preventive & Social Medicine, 21ST Edition, M/S Bnarasidas Bhanot Publishers, Jabalpur.

<https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section2/activity3>

<https://www.cdc.gov/hrqol/wellbeing.htm>

<https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section2/activity3>

<https://www.who.int/tools/whoqol>

<https://www.hopkinsarthritis.org/arthritis-research/patient-centered-outcomes-research/what-is-health-related-quality-of-life/>

https://www.who.int/ageing/publications/lifecourse/alc_lifecourse_training_en.pdf

<https://www.who.int/life-course/publications/life-course-approach-to-health.pdf>

https://www.who.int/health-topics/gender#tab=tab_1

<https://www.who.int/gender-equity-rights/news/factsheet-403/en/>

https://www.who.int/healthinfo/universal_health_coverage/report/gender_gender_2019.pdf

https://www.who.int/social_determinants/resources/gender_biases_and_discrimination_wgkn_2007.pdf