

GENDER EQUITY IN HEALTH

Defining Gender Equity in Health

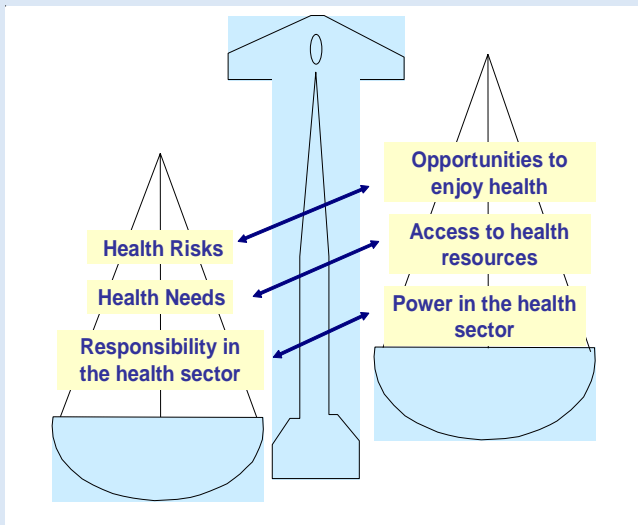
Unjust disparities exist in the levels of physical, psychological, social and emotional well-being enjoyed by different social groups. These disparities, defined as inequities, result from differences in gender, socio-economic class, ethnicity, age, region and sexual orientation. The interplay of two or more of these characteristics can also exacerbate health disparities between groups.

Achieving **gender equity in health** implies eliminating unnecessary, avoidable and unjust health inequities between women and men. It means that women & men have the same opportunity to enjoy living conditions and services that enable them to be in good health, without becoming ill, disabled or dying by causes that are unjust and avoidable.

The gender perspective in health involves linking the division of power and labour between women and men to their epidemiological profiles (1). By so doing, we can help to explain how and why men and women's health profiles differ

Identifying Gender Inequities in Health

Gender inequities in health are concentrated in three types of imbalance:



1. **Between health risks and opportunities to enjoy health** (health status and determinants) - In part because of their reproductive role, women face a distinct set of health risks from men. Factors such as less access to nutrition, education, employment and income mean that women also possess less opportunity to enjoy good health.
2. **Between health needs and access to resources** - Again largely because of their reproductive role, women have more and different health needs than men, yet they have less opportunity to access material resources that enable them to obtain needed services.
3. **Between responsibilities and power in health work** - women make up the majority of both paid and unpaid health workers. Yet because they are concentrated at the lower end of the health labour force, they have less ability to influence health policy and decision-making.

Why the Gender Perspective?

Why is a gender perspective necessary for achieving equity in health? This perspective helps us to recognize the impact of gender on:

- Women and men's health status and determinants
- Gender-based hurdles in access to health services and resources
- Impact of health policies and programs
- Distribution and remuneration of health labour
- Participation in health policy and decision-making

GENDER

The social construction given to the biological difference between men and women. Gender involves deconstructing the expectations about women and men's behaviour and characteristics, described as "femininity" and "masculinity". Contrary to popular opinion, gender does not mean women or feminism, but refers instead to the power relations between men and women which result from social definitions of femininity and masculinity.

EQUITY

The resolution of inequalities which are unnecessary, avoidable and unjust. Equity is distinct from the concept of equality. It does not mean an equal distribution of resources, but a differential distribution that ensures each person's needs are met.

HEALTH

At its most simplistic, health refers to the highest attainable level of physical and emotional well-being. Health is not one universal condition but must be considered at both a socio-economic and an individual level.

Gender Equity in Health Means...

Gender Equity is not about achieving equal rate of mortality or morbidity, but about ensuring that women and men have an equal opportunity to enjoy good health.

It is often pointed out that women have a longer life expectancy than men. While this is true among more privileged socio-economic groups, the difference is not just in length of life, but also in chances of survival. All other factors being equal, girls are more likely to survive in utero, during childhood, during adolescence and during adulthood. Among less privileged groups, however, the gap in male and female life-expectancy narrows and even disappears, highlighting the importance of other variables such as income level.

Health is about much more than life expectancy, and so we must look beyond it to male and female quality of life and their patterns of behaviour. Although women may live longer, they tend to be more affected by long-term and chronic illness, which significantly affects the quality of their lives.

It is important to note that men's health status and behaviour is as much a result of the social construction of gender as women's. The expectations that come with being male have a significant effect on men's health, which the gender equity perspective must also take into account. Increasing evidence also suggests that men's propensity towards risk behaviours widens the life-expectancy gap. Violence, unsafe sexual contact, smoking, alcohol and drug consumption, poor eating habits, lack of exercise, and a higher suicide rate can all go a long way toward explaining premature death among men.

So Gender Equity in Health means:

- **Elimination of unnecessary, unjust and avoidable differences in health status & survival.**
- **Differential distribution and access to resources (technological/financial/ human) according to distinct needs.**
- **Women and men contribute to health financing according to their economic capacity, not their need for services.**
- **A just social distribution of responsibilities, power & rewards for women and men's contribution to health production. This includes placing value on non-remunerated health work**

Addressing the Issue

A number of solutions have been proposed to help researchers, policy-makers, and health workers address gender inequities in health. Among the most important are:

- **Gendered analyses of health situations** – including data disaggregated by sex, and development, monitoring and evaluation of “gender indicators”, such as: Causes of female and male mortality/morbidity; Infant mortality rate by sex and cause; Maternal mortality rates; Women's access to pre and post-natal care, and safe delivery; The proportion of women and men employed in different levels/areas of the health sector; Differences in wages earned by female/male health workers; Women's and men's access to food, clean water, sanitation, immunization against diseases; Proportion of women's and men's, or household, incomes spent on health services; Distribution of household expenditure on health services; Fertility rates; Women's access to different methods of family planning.
- **Training of health workers to employ a gender perspective** – in order to respond appropriately to women and men's distinct health needs, thus improving their overall health status
- **Dissemination of information for advocacy on gender and health** - At the national level in order to advocate for more gender-sensitive policies and programmes. At the community and family levels, information, education and communication initiatives should be targeted appropriately and strategically, in order to reach the key audiences
- **Increase women's participation in:** defining health priorities; planning solutions, policies and programs; and demanding accountability

Gender equity in health is a fundamental component of PAHO's mandate “Health for All”. A commitment to integrate the gender perspective into health policies, programs and analysis must be made at all levels of the health sector to ensure that equity remains a central goal.

- ◆ Gomez, Elsa. “Equidad, género y salud: Mitos y realidades.” Revista Mujer Salud 3 (2000). Chile: RSMLAC <http://www.reddesalud.web.cl/public.html#uno>
- ◆ Visit the Latin American and Caribbean Women's Health Network (RSMLAC in English) at: <http://www.reddesalud.web.cl/ingles.html>
- ◆ Read the Harvard Series on Gender and Health Equity <http://www.hsph.harvard.edu/Organizations/healthnet/frame1/frame1.html>
- ◆ Visit the Centre for Health and Gender Equity (CHANGE) <http://www.genderhealth.org>
- ◆ Visit the World Health Organization's Women's Health Page at <http://www.who.int/frh-whd>