Differential value placed on the health of women and men can be explained by:

- Social norms and gendered practices which construct gender inequalities
- Division of roles and responsibilities early marriage, heavy workloads
- Allocation of resources nutrition needs
- Distribution of power/lack of autonomy

#### Discrimination based on gender manifested in:

- Preferential treatment of boys in provision of food and health care
- Violence against women
- Dowry death/murder
- Female infanticide
- Last to eat and less nutritious food e.g lack of iron and basic nutrients
- Ignore their own illnesses "culture of silence"

- Addressing women's health concentrates on reproductive health only
- Less nutrition mostly anaemic
- Unrewarding/unrecognised multiple work burdens
- Multiple pregnancies poor, powerless and pregnant (UNIFEM)
- Exposure to indoor pollution
- Low self-esteem well-being and contribution to the HH economy
- 60% of women aged >60 are widows

#### Determinants of Women's health

- Food security
- Child bearing
- Safe drinking water and also for hygiene
- Sanitation
- Safe working conditions within the household and outside (occupational hazards)
- Organisation of health services

Economy, environment, agricultural employment, fair wages, human rights, education govern these factors

#### **Pressing Problems:**

• Declining Sex ratio (2011)

```
All India (933:1000), urban (900:1000), rural (946:1000)
```

Haryana (861:1000)

Delhi (821:1000)

Chandigarh (773:1000)

Punjab (874:1000)

Kerala (1056:1000)

Puducherry (1001:1000), Odisha (972:1000)

Female foeticide/Infanticide – rampant in some of the above states and in particular districts

- Increasing Violence against women

  Women's mental and physical well being is interlinked
- 'Feminisation of poverty' poor women engaged in multiple activities are the worst affected
- *Lack of education* level of education affects health seeking behaviour in child survival, use of oral rehydration, contraceptive use and maternal care etc.
- Increasing number of HIV/AIDS among women

#### Constraints in access to health care:

- Distance to access the service
- 'Purdah' system or restrictions on mobility
- Predominance of male doctors
- Taboos not to express some problems
- Expenses in resource scarce HHs
- Conducive environment for poor & illiterate women to seek medical attention

#### Problem areas:

- Continued problems in accessibility and affordability of health care
- Son preference
- Suppression of sexual and reproductive rights –
   Female Genital Mutilation (FGM) and decision on the number of children
- "Culture of silence" regarding most of women's health problems
- Growing number of women and children infected with HIV/AIDS

#### Recommendations

- A holistic life-span approach is required to address women's health and not only reproductive health
- This needs to link up with other sectors
- Male responsibility should be emphasised
- Resistance to early marriage
- Eliminating domestic violence
- More space for women's organisations to work along with the state networking at the grassroots

#### **UN - Millenium Development Goals**

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

#### Crime Against Women in Kerala

Source State Crime Records Bureau, Kerala

Crime Heads	1988	1990	1991	1992	1993	1994	1995	1996	1997
Rape	196	174	203	212	168	193	266	389	579
Molestation	599	685	580	553	468	679	810	1166	1512
Kidnapping	114	113	75	72	145	106	159	230	153
Eveteasing	1	3	5	1	19	3	14	40	86
Dowry Death	N.R	11	13	13	10	9	21	25	N.R
Others	976	184	242	290	381	550	787	1079	4976
Total	1886	1170	1118	1141	1191	1540	2057	2929	7306

# Paradox in Kerala – in spite of high social indicators

- 2007 9381, 2008 9706, 2009 till April 3156
- Low female work participation
- Declining juvenile sex ratio
- High rates of suicide among women
- Rising crime against women

#### Why is this happening in Kerala?

- Rising aspirations of people
- Women's reduced access to incomes
- Increasing demands for dowry

#### Cont'd

- Poor mental health of women
- Poor participation of women in politics
- High workload and HH responsibility on women
- Gender difference in professional education
- Unequal property rights
- Differential wage structure
- Lack of autonomy and decision making power
- Poor health compared with men
- Low sex ratio (0-6 age group)
- Increasing female headed HHs

• International Covenant on Economic, Social, and Cultural Rights

guarantees the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health." This includes "the prevention, treatment and control of epidemic, endemic, occupational and other diseases."

• United Nations HIV/AIDS and Human Rights International Guidelines

emphasizes the multi-faceted nature of HIV/AIDS: "States should establish an effective national framework for their response to HIV/AIDS which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV/AIDS policy and programme responsibilities across all branches of government"

• Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW) has stated that gender-based violence is a critical health issue for women: Programmes to combat AIDS should give special attention to the rights and needs of women and children, and to the factors relating to the reproductive role of women and their subordinate position in some societies which make them especially vulnerable to HIV infection."

#### Women's Rights are Human Rights

- Universal Declaration of Human Rights
- CEDAW 1979
- Declaration on the Elimination of violence against Women 1993