INFORMING POLICY: GENDER DIFFERENCES IN HEALTH OUTCOMES

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Background

According to the World Health Organization[1], the distinct roles and responsibilities of men and women in a given society, dictated by culture's gender norms and values, give rise to gender differences and inequality- that is differences between men and women, which systematically empower one group to the detriment of the other. While there are many channels[2] that foster gender differentials, inequalities between men and women in health status and access to health care is one of the most significant pathways that have a detrimental effect on the health outcomes of women. The most strikingexample in this regard is that of excess female mortality in countries like India and China. As per Census 2011 figures, the total female sex ratio in India is 940 per 1000 males and the female child sex ratio is 944 per 1000 boy children[3].

Mortality Rates by Gender	Male	Female
Infant Mortality Rate (per thousand)**	56	61
Child Mortality Rate (per thousand)**	14	23
Under 5 child mortality rate (per thousand)**	70	79

Source:http://www.iegindia.org/workpap/wp292.pdf

** As on 2005-06

This implies that the excess female mortality is not just confined to newborns and infants but is also prevalent at older ages.

There are numerous pathwaysthrough which these gender differentials could come about. For example, a woman might not be able to receive required health care because norms in her community prevent her from travelling alone to a clinic; or a married woman might contract HIV because societal standards encourage her husband's promiscuity while simultaneously preventing her from insisting on condom use; or a woman might not be able to get timely treatment for a fever or common cold if the household doesn't consider it important enough to treat the female member of the family. In each of these cases gender norms and values, and resulting behaviour, negatively affect health. In fact, these gender differences sometimes are the single most important obstacle standing between the long term goal of wellbeing ofmen and women.

Causes of Death by Gender	Male	Female
Deaths from diarrheal diseases*	7%	10%
Death from cancer*	8%	12%
Deaths due to communicable, maternal, perinatal and nutritional conditions*	35.20%	41.90%
Deaths due to symptoms, signs and ill-defined conditions*	8.60%	11.50%

Source: http://pib.nic.in/newsite/printrelease.aspx?relid=89785

http://www.iegindia.org/workpap/wp292.pdf
http://www.cghr.org/wordpress/wp-content/uploads/Causes_of_death_2001-03.pdf

* As on 2002-03

[1] http://www.who.int/gender/genderandhealth/en/

[2] Gender inequalities can also persist through other channels like education, employment, etc.

[3] http://www.mapsofindia.com/census2011/female-sex-ratio.html
Child sex ratio is defined as the number of females per thousand males in the age group 0-6 years in human population.

Introduction to the study

This policy memo is based on the study titled *'Gender Differentials in Eye Care: Access and Treatment'* (Jayaraman, Ray & Wang, 2013)[4]that attempts to examine whether there existgender differentials in the seeking and treatment of eye care. While there could be numerous pathways for discrepancies in health outcomes, a fundamental one is the possibility that females seek treatment at a later stage, reflecting the social norms and attitudes towards women's health, or the economic value of women's health.The study hypothesizes that females seek treatment later than males. This is contrasted by the hypothesis that females receive differential care at the medical facility The primary rationale for testing this hypothesis is the fact that gender-based health inequalities can be resolved only by knowing whether and where any such inequality exists. This is studied by observing diagnostic and surgical outcomes using a unique dataset comprising a sample of 60,000 patients who sought treatment over a three month period in 2012 at the Aravind Eye Hospital in India[5].The authors suggest three main factors to choose 'eye care' for their study. The first factor is the intrinsic importance of vision since it directly affects productivity and well-being. Secondly, different aspects of eye such as visual acuity, myopia, cataract, glaucoma are measurable with relatively high precision. Thismakes it possible to evaluate the extent to which eye health has deteriorated at the time of seeking care. Thirdly, some eye diseases are perceived as they evolve while others are not, which allows to test the gender-based neglect in seeking of care across these two categories of eye disease – symptomatic and asymptomatic[6].

Key findings from the study

- The study results suggest that there are significant gender differentials in the seeking of eye care across different dimensions- females have a lower incidence of perfect vision and are more likely to be sight-impaired. They are more likely to be advised surgery and diagnosed for cataract.
- Women in the paid hospitals are less likely to be admitted at least one night before cataract surgery. This probably reflects the reluctance of the individual or family to admit women into hospitals early. However, there is no gender differential in going for follow-up after surgery.
- There are no significant gender differences between males and females in the case of an asymptomatic disease such as glaucoma. However, when a disease is linked to the direct perception of it, there are significant differences between the health outcomes of male and female, suggesting that males appear more responsive to their perceptions of ill-health.
- Lastly, the study does not find any evidence for females receiving differential care at the medical facility, thus concluding that inequality exists at the level of access rather than the level of treatment.

[4]http://www.econ.nyu.edu/user/debraj/Papers/JayaramanRayWang.pdf

[5]http://www.aravind.org/

[6]Symptomatic eye diseases are perceived as they evolve. Example-Deterioration of vision is linked to the perception of that deterioration. Asymptomatic eye diseases are those that show no symptoms till the disease reaches an advanced stage such as glaucoma.

Possible Implications of the study

- The results from the study clearly indicate that gender-based health inequalities exist, adversely impacting the health outcomes of females. There might be several possible reasons for this occurrence, ranging from societal norms or economic considerations that prioritize male health over female health, roles and responsibilities of women that prevent them from taking care of their own health, or lack of awareness (in terms of education/information) among women that affect their perception of illness. While these reasons have not yet been explored in the current study, they could form possible explanations for the gender bias in the seeking of health care.
- Based on these possible explanations, there seems to be a need for reforms in the Indian health sector. Firstly, setting up health infrastructure in remote and rural areas forms an essential step in ensuring access to health care to all groups of society. This is also backed by the findings of the study which suggest that low-income individuals/households have the lowest average rate of access and the largest differential in access between males and females. Secondly, education becomes an important tool to change the social mindset that promotes gender differences access, adversely affecting the wellbeing of women. It can also be argued that one of the reasons for females seeking treatment later than males is perhaps because a girl child is not sent to school as frequently as a boy child, therefore affecting her perception of the disease.In this regard, there is a need for education to be provided to all groups of society that would help in reviewing the century old perceptions of mankind. While several campaigns have been initiated by the Central and State Government[7], there is still a long way to go before India achieves the objective of 'education for all'.
- Gender differentials in employment opportunities might also have an implication on gender differentials in health outcomes. Eye health is of intrinsic importance since it is crucial for employment among other factors. Since women seek treatment later than men, the probability of women being affected with a severe eye problem is higher than that of men. This can also be generalized to other types of illnesses. For example, households could delay seeking treatment for women in favor of men because women do not require good eyesight for their work or because women have less lucrative employment opportunities than men. Therefore, gender inequality at the level of access could lead to a decrease in the employability of women.

***"Gender norms and values can often lead to negative externalities on health outcomes. The good news is that gender norms and values are not fixed. They evolve over time, vary substantially from place to place, and are subject to change. Thus the poor health consequences resulting from gender differences and gender inequalities are not static either. They can be changed."*-WHO**

[7] http://www.unicef.org/india/education_1551.htm
http://ssa.nic.in/