

## Gender & Health

### **Definition of Health**

Health is a state of complete physical, mental, social and spiritual well being and not merely the absence of disease; declares the World Health Organization (WHO). This implies that one of the most consequential determinants of Health is Gender, which happens to be socially shaped rather than biologically built.

- The health of both sexes is influenced by biological factors including, but not confined to, their reproductive characteristics."
- "Socially constructed gender characteristics are also important in shaping the capacity of both women and men to realize their potential for health."
- "Gender inequalities in access to health-promoting resources have damaging effects on women's well-being."
- "Men face particular problems because of the relation between masculine identities and risk taking."(Doyal, BMJ 2001; 323; 1061-3)

Addressing issues of women, gender, and health requires the study of the health of women and girls - and men and boys throughout the life-course. This study is incomplete without understanding of gender, gender equality and biology because these are important and interacting determinants of well-being and disease. The study of gender and gender inequality should also include individuals' treatment by and participation in health and medical care systems, the physical, economic, and social conditions in which they live and their ability to promote the health of their families, their communities and themselves.

### **Significance of Women Health**

Although health is important for both genders but it is more important for women because they have to bear the responsibility of childbirth, lactation and care of all family. Moreover, women health should be given more attention because the women have to face unique problems such as; menstruation, menopause, post partum depression, birth control, surgeries, abortion etc.

### **Gender Differences in Health**

- Research indicates that men's average life expectancy is shorter and their greater mortality is from heart disease. They get more injuries from accidents; they have higher rates of alcohol abuse and higher suicide risks. Men more likely report 'very good' general health in all age groups whereas Women mostly report 'good' health except in older age groups (Annandale, 1998). Women mostly admit illness and seek medical help. They are more health conscious; estrogen the female hormone protects them well till menopause.
- Gender & Mental Health: Women more likely to suffer from eating disorders (Gucciardi et al., 2004); Women are also more likely to receive a diagnosis of panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, somatization disorder & post-traumatic stress disorder (WHC, 2005) Women are more susceptible to depression (Kornstein and Wojcik, 2002; WHO, 2004).
- Men are twice as likely to be affected by alcohol or drug abuse. Three times more likely to be diagnosed with "antisocial personality disorder", More likely to commit suicide (Prior, 1999;

The Lady Health Workers Program of the Government of Pakistan is a major positive step in this regard. Under this program, health care facilities are provided at people's door-step. The expansion of this program will be extremely beneficial in helping to provide health care facilities to sick, both male and female.

#### Current Health Scenario at International Level

Improved living conditions, better public health and sanitation, better nutrition, and improved medical care and services have benefited both men and women. Mortality rates have fallen and life expectancy has consistently increased for both men and women but health gains have been greater for women. The present patterns of longer life expectancy for women emerged at the end of the nineteenth century and only in developed countries. Before that, women suffered from excess mortality, attributable to a comparatively harsher life for women and factors such as frequent pregnancies and poor maternal care. But this is not consistent for all women because social diversity and social stratification among women produce different life chances and variations in health status across individuals and subgroups.

TABLE 9.1 *Life Expectancy at Birth, Selected OECD Countries, 1996*

Country	Males	Females
Denmark	72.8	78.0
United States	72.7	79.4
Germany	73.6	79.9
United Kingdom	74.4	79.3
New Zealand	74.3	79.8
Netherlands	74.7	80.4
Spain	74.4	81.6
France	74.1	82.0
Australia	75.2	81.1
Canada	75.7	81.4
Switzerland	75.7	81.9
Japan	77.0	83.6

Sources: Organisation for Economic Co-operation and Development (1998); Statistics Canada (1998); Compiled from Federal, Provincial and Territorial Advisory Committee on Population Health (1999), Figure 8-1b, p. 324.

Though women in the developed countries have fared well, those in developing countries have not. Men lived longer than women in the Asia and Africa. In 1996, the male mortality rate (per 100,000 population) was 836, compared with 517 for women. Overall, the mortality rate in 1996 was 653 per 100,000 which is among the lowest rates in industrialized countries. Research indicates that in Nepal and Bangladesh women live longer than men (Cockerham, 1997).

#### Remedies

- **Gender & Health Promoting Behaviors:** By indulging in health promoting behaviors such as balanced diet, fresh food, regular exercise and fitness, adopting healthy life styles, proper utilization of available health services, proper sleep, avoiding substance dependence, avoiding stress and tensions etc can lead us towards a healthy life.

- It is inevitable to understand the significance of disease pattern in men and women. This understanding could only be achieved if the core issues of health are assessed and analyzed through a gender lens.
- The need of the hour is to formulate and implement a gender sensitive health policy. Needless to emphasize that the Politicians, representatives of the government and CSOs and Media are the key actors in this connection. Improved living conditions, better public health and sanitation, better nutrition, and improved medical care and services have benefited both men and women.
- The goals of the Gender and Women's Health Department should be to increase health professionals' awareness of the role of gender norms, values, and inequality in perpetuating disease, disability and death. and to promote societal change with a view to eliminating gender as a barrier to good health.
- Education had a significant association with the health seeking behavior ( $p < 0.05$ ). Research indicates that more graduates in Pakistan consulted the psychiatrists as compare to non-graduates (Journal of Pakistan Medical Association, 2006). So we should promote education.
- (WHO, 2000) To assist women to increase control over their lives and especially to reduce any type of devaluation or discrimination of women's status in society; To decrease women's exposure to risk factors through education and legislation that will improve women's material well being, status and available life choices; To involve women in decision-making, not just in health treatments but also in other aspects of their lives more-broadly; To ensure that any treatment towards women's mental health is obtained on the basis of informed consent and guarantees dignity and confidentiality; To strengthen social networks and communities to enable them to provide practical and emotional support; To preserve and strengthen social capital, as a public good, and reduce income inequalities
- Community mobilization and participation is necessary.
- Good health provision should be ensured.

### Health Promoting Behaviors

Health promotion has been defined by the World Health Organization's (WHO) 2005 as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health".

- Health behavior refers to the actions of individuals, groups, and organizations, as well as the determinants and consequences, of these actions which include social change, policy development and implementation, improved coping skills, and enhanced quality of life.

Health promoting behaviors include following:

1. Self-Care Behavior. Self-care behavior involves taking actions to improve or preserve one's health. Self-care is often thought of in terms as prevention or self-treatment of definable health problems or conditions, but it can also include primary prevention in the absence of any symptoms.
2. Health Care Utilization Behavior. Health care utilization is the use of health services, whether it be clinical public health services or the services of medical care professionals.
3. Dietary Behavior. Dietary behavior refers to eating patterns that people engage in, as well as behaviors related to consuming foods, such as shopping, eating out, or portion size. Dietary behavior differs from some other types of health behavior in that it is, in its basic forms, essential for life. Of course, some dietary behaviors, such as drinking alcoholic beverages or smoking cigarettes, are not necessary to sustain life.

4. Substance-Use Behavior. Substance-use behavior focuses on the use of both licit and illicit mood-altering substances. This category of substances, typically referred to collectively as "drugs," includes tobacco, alcohol, caffeine, marijuana, cocaine, heroin, "designer drugs," and prescription medications taken improperly.
5. Reckless Behavior. Reckless behavior involves individuals putting themselves in situations not normally required in daily living that substantially increase their chances of illness, injury, or death. It is often used synonymously with the terms "risk taking behavior" and "risky behavior."
6. Self esteem & Self efficacy  
Self Esteem refers to subjective belief about personal worth (Hendricks et al., 2001). Whereas Self Efficacy refers to belief "in one's capabilities to organize and execute the course of action required to manage prospective situations" (Bandura, 1999, p. 2). Both these are important for motivation to adopt health promoting behaviors.