

HEALTH AND POPULATION

a) Health

Gender Division of Labour

Women play a significant role in the health sector, both in their role in reproduction and their role in household and community services. With the exception of sexually transmitted diseases, the health risks associated with reproduction impact solely on women and children. Infant and maternal mortality rates are a major concern in many countries. The reproductive role of women is important in determining their health. However the health needs of women lie beyond their reproductive role, and can include illnesses related to malnutrition, occupational health hazards, overwork, tiredness, family breakdown and violence. At the household and community level women are often the main providers of health care. They provide food to household members, are primary caretakers of children, are responsible for water collection, sanitation and the provision of health care services to other community members, in particular the elderly. As health care providers, women play an active role in addressing the health needs of the family and the community.

Access and Control of Resources and Benefits

Women's use of and capacity to benefit from health care services depends on several factors:

- timing - attendance is limited by their daily and seasonal schedule of activities;
- location - women may not have the time nor money to travel to health care facilities which are far away, and may not feel it is safe to travel long distances;
- privacy - the facility may not be adequately private and confidential;
- communication - medical advice may not be appropriate to women's educational level and women may prefer female staff;
- status - women's and girls' status in the family may mean that their health care takes lower priority.

Factors and Trends

In most countries, women live longer than men, for reasons not well understood, but in Africa the difference is small and in southern Asia women's and men's life expectancies are still about equal. There are different causes of death for women and men, different patterns of mortality and morbidity, and different needs and uses of health services. Women and men differ in the ways they are exposed to disease and how they are treated for it. These differences stem from socio-economic and cultural factors that also determine nutrition, lifestyles and access to health services, and they have led to a gap in preventative and curative services for diseases biologically tied to women's health (UN 1995: 71). Social, cultural and religious practices and economic factors have a direct impact on women's health. Both male and female attitudes and behaviour are crucial in tackling the causes and the symptoms of women's and

girls' health problems. Factors such as women's economic and social status, their standard of living, working conditions and education all play a role in determining women's and girl's health levels. For example, there seems to be a link between women's level of education and rates of fecundity, household health, and maternal mortality.

Inadequate nutrition, anaemia and early pregnancies threaten the health and lives of young girls and adolescents. Greater international attention is now being given to the girl child's needs for health and nutrition from infancy to adulthood. Another important international trend is the increasing tendency to frame women and girl's health needs in a human rights framework. This applies to reproductive health and the right to exercise choice, as well as to aspects of the subordination of women that have a direct impact on health, such as female genital mutilation, early marriage, violence against women and sexual exploitation (UN 1995: 65).

The number of women contracting HIV is growing faster than the number of men. Women are more susceptible to infection than men, particularly in the presence of other STDs (sexually transmitted diseases) which are frequently asymptomatic in women. In 1996 UNAIDS reported that the majority of newly infected HIV adults were under 25 years of age, with females outnumbering males by a ratio of two to one (AusAID 1997). Young women appear to be more vulnerable due to: the fragility of the mucosal lining in the vaginal tract; the higher concentration of HIV in semen than vaginal fluid, and the risk of infection from blood transfusions during pregnancy and childbirth. Specific prevention measures for women are still inadequate, since condom use and monogamy require co-operation and compliance from both partners (UN 1995: 74). Adequate protection for women depends on interpersonal power relations. While the HIV/AIDS epidemic has devastating social, economic and psychological consequences for men and women alike, it has different impacts on women and men because of their different social status. Women's illness and death will also have different effects on their families and communities because of their particular roles and responsibilities (AIDAB 1992: 24).

Key aspects of an aid policy relating to the health sector could be:

Goal: • Promote equal opportunities for women and men as participants and beneficiaries of development.

Objectives • Improve women's access to health care, by supporting basic health care services, particularly maternal and child health, primary health care and disease control.

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- Improve women's access to economic resources.
- Promote women's participation and leadership in decision making at all levels.
- Promote human rights of women & girls. Assist efforts to eliminate discrimination against them.

It is important to have an integrated approach to reproductive health issues by taking into account social, cultural and economic issues and particularly the role and status of women (AusAID 1997).

When addressing HIV/AIDS it is important to improve the status of women in strategies for the prevention, care, management and control of the infection (AusAID 1997).

Guiding Questions for Identification & Preparation of Activities and Policies

- *These questions are to be used as a guide only. It is not expected that every question will be relevant to all activities.*
- *The questions are designed to assist activity managers with their assessment and appraisal of health and population activities.*
- *The questions are also designed to assist contractors to incorporate gender perspectives into activity preparation and design.*

Key Areas of Concern	Guiding Questions
<i>Project Objectives and the Target Group</i>	<ul style="list-style-type: none"> • Do project objectives explicitly refer to women's and/or men's health? • Does the project explicitly refer to the different health needs of males and females? (<i>whose health needs will be addressed</i>) • Does the project acknowledge and build upon women's traditional knowledge and existing health skills? • Have target groups identified their own health needs? • Will women's health needs be targeted beyond those directly related to motherhood?
<i>The Gender Division of Labour in Health Care</i>	<ul style="list-style-type: none"> • Has sex disaggregated data been collected on the health standards of males and females? • Has sex disaggregated data been collected on the numbers and training levels of male and female health workers? • Has sex disaggregated data been collected on preferences for male or female health workers? • Has consideration been given to how women might be supported in their role of providing health care to the household and the community? • Is the project compatible with women's traditional approaches to curative and preventative health care?
<i>Access and Control of Resources and Decision Making</i>	<ul style="list-style-type: none"> • Has sex disaggregated data been collected on the use of existing formal and informal/traditional health services, and access to medicines? • Has sex disaggregated data been collected on decision making patterns for family health needs, particularly for reproductive health? • Who is responsible for expenditure on health care within the family? • Do women decide on matters regarding their own health, both traditionally and legally? • Has consideration been given to who will have access to health education and treatment services provided by the project? • Are health workers able to undertake effective health education and prevention work? (<i>e.g., by providing easily understood instructions on health care and treatment</i>) • Will the project involve training to increase women's knowledge and self-awareness about health care? • Will health education and training be suited to women's educational levels? • Will female health workers be trained, resourced and supported to carry out health education and training?

<i>Access and Control of the Benefits and Project Impacts</i>	<ul style="list-style-type: none"> • Will the project have any adverse impacts on traditional female health providers? • Will the project benefit women and men equally? • If not, are the reasons for this clear and acceptable?
<i>Social, Cultural, Religious, Economic and Political Factors and Trends</i>	<ul style="list-style-type: none"> • Is it socially acceptable for women to attend a health facility? • Has attention been given to any cultural and religious practices which adversely affect women's, girls', boys' or men's health? • For projects which attempt to eliminate such practices, are there strategies to address any resistant attitudes of women and men? • Are there female health workers who women can consult? • Is the health care service adequately private and confidential?
<i>Participation and Consultation Strategies</i>	<ul style="list-style-type: none"> • Have constraints to women's and men's participation in project activities been identified? (<i>both as health consumers and providers</i>) • Have strategies been identified to overcome these constraints? • Have women, women's groups and female health workers been involved in project planning and design? • Are separate training, health education, health facilities or services needed to ensure that women and girls have their health needs met?
<i>Women's Social Status and Role as Decision Makers</i>	<ul style="list-style-type: none"> • Will there be adverse consequences for women who make decisions about their own health and family planning needs as a result of the project? • Will men be included in health education activities for women (in particular reproductive health), either through integrated classes or separate classes for men? • Will the project encourage health care institutions to include more female primary health care workers? • How will women's practical needs and strategic interests be addressed through the project?
<i>Counterpart Agency Capacity</i>	<ul style="list-style-type: none"> • Does the Recipient Government or counterpart agency have a national policy or other statements promoting the importance of girls' and women's health? • Has a sex disaggregated employment profile of the counterpart agency been undertaken? • Has an affirmative action plan been developed to support and resource female staff? • How does the project plan to increase counterpart capacity for gender- sensitive health information, services and training?
<i>Project Monitoring</i>	<ul style="list-style-type: none"> • Have targets been set for men's and women's participation and benefits? • Have gender-sensitive indicators been identified? • Will all data collected be disaggregated by sex? • Will there be on-going consultation with community groups, including women's groups, targeted or affected by the project?
<i>Project Resources</i>	<ul style="list-style-type: none"> • Are project resources adequate to ensure that both men and women participate in and benefit from the project? • Is gender expertise available throughout the project?