

Gender Inequality in Health Care

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Abstract

Making decisions on the basis of someone's gender, or sex, is illegal under state and federal law. Both men and women are protected from discrimination. In employment, this includes decisions related to hiring, wages, terminations, promotions, leaves, and benefits. In education, this includes decisions related to admissions and grading. This gender inequality is the main theme of this research paper. In the life of these mentioned frame work of following objective has been undertaken- (1) objective is to assess the socio-economic profile of the women. (2) To identify the preference for a child. (3) To find out the gender discrimination in daily food intake. (4) To know the gender discrimination in health care practice. Fifth objective is to explore the causes of gender discrimination. This research is based on rural area Daurala ,a Nagar Panchayat in Meerut District in the state of Uttar Pradesh India The data for the present study has been collected from 100 respondents for the require fulfilment of the information .The data has been collected through interview schedule and observation method .Data has been selected by using the purposive sampling. This research concludes many facts about the causes of gender inequality.

Keywords

Gender .Inequality,Child preference, and Health Care Practice.

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Introduction

Making decisions on the basis of someone's gender, or sex, is illegal under state and federal law. Both men and women are protected from discrimination. In employment, this includes decisions related to hiring, wages, terminations, promotions, leaves, and benefits. In education, this includes decisions related to admissions and grading.

Employment decisions and selection criteria must be job-related. Making assumptions that men or women are better suited for a particular kind of job is prohibited. A specific concern for women is preventing "glass ceilings" which may discourage promotions or other career advancement.

Gender discrimination is any unequal treatment based on gender and may also be referred to as sexism. Characteristics of gender discrimination are any situation where a person shows a prejudice towards another that would not occur had they been the opposite sex.

Most frequently, it involves being denied an opportunity such as a promotion, position, scholarship, credit, or a loan. It can also be used to describe receiving or failing to receive a punishment on the basis of gender.

The United States government enacted the Civil Rights Act of 1964 and the Equal Pay Act of 1963 to combat gender discrimination. A section of the Civil Rights Act was amended in 1978 with the Pregnancy Discrimination Act to protect the interests of pregnant females in the workforce.

Gender discrimination occurs when sexes are treated unequally. Gender discrimination is not based solely on gender differences but on how people are treated differently because of their sex. Employers who provide different working conditions and promotional opportunities for men and women violate anti-discrimination laws. Lenders who offer better terms to one gender over another are in violation of anti-discrimination laws.

The rationale of the Study

Medical sociology was established as a specialized field initially in the United States during the 1940s. The first use of the term Medical Sociology had appeared as early as 1984 in an article by Charles McIntire on the importance of social factors in health. Other early work included essays on the relationship between medicine and society in 1902 by Elizabeth Blackwell, the first woman to graduate from medical school in America, and James War base in 1909. (WEISS)

World Health Organization takes an inclusive approach by defining health as a state of complete physical mental and social well-being and not merely the

absence of diseases or infirmity. The work of taking preventative or necessary medical procedures to make well a person's well-being. This may be done with surgery, the administering of medicine, or other changes in a person's life pattern. These jobs are typically offered through a health care system made up of hospitals and physicians. Services provided to people or communities by agents of the health services or professions for the purpose of promoting, maintaining, monitoring, or restoring Health. (Farlex partner medical dictionary © flex 2012) Gender discrimination is the unfair treatment of a person because of gender. Gender discrimination affects both men and women. It is apparent in work situations where one gender is given preferential treatment or one gender receives less pay or job responsibilities because of gender bias and unfair stereotypes. Gender discrimination also exists in sports, educational institutions, and political organizations. Genders also experience sex discrimination when applying for housing or applying for credit.

The sociologists like H.R Channakki and C.J.HussainKhan (2011) provided an overview of the decision-making pattern of family planning. Gushamindar Singh Bajwa (1958) discussed health care for the aged. R.S.Balgir, J.Panda, and M.Ray (2011) discussed the pregnant women's main problem Anemia. Jayanta . K.Behera (2014) discussed health problems and ameliorative challenges in tribal communities. SthitaPrayaganRay (2014) discussed on gram panchayat and health care delivery. Vijaylakshmi and K.Ambu discussed health status and elderly in old age home. AnnIssac(1972) discussed on the health of workers. Saju l.t(2012) discussed on Health Hazards among Industrial Workers. Sanat Singh, K.K.Dhruv et al.(2011) discussed complaints of tribal and non-tribal patients attending the orthopedic department in a medical college hospital.

Dsouza Aiwyn Prakash and D.S.Leelavathi (2011) discussed on knowledge about the prevention of Anemia in adolescent girls. Nandanibhattacharya and SubhaRay(2003)discussed the induced reasons for abortion among women of slums. K.V.Narayana (1998) discussed on the role of status in the privatization and corporation of medical care .M.N.Sivakumar (1999) discussed on the timing of marriage and fertility.

Thus there is larger number of studies on various dimensions of health, but despite all that, there are few studies on gender discrimination in health care. There is the need to conduct such types of studies that explore the various aspects of gender discrimination in health care.

Statement of the Problem

In the life of these mentioned framework of the following objective has been undertaken-

- (1) To assess the socio-economic profile of the women.
- (2) To identify the preference for a child.
- (3) To find out the gender discrimination in daily food intake.
- (4) To know the gender discrimination in health care practice.
- (5) To explore the causes of gender discrimination.

Area of the Study

This research is based on rural area Daurala , a Nagar Panchayat in Meerut District in the state of Uttar Pradesh India . Daurala is located at 29.113*N ,77.703*E it has an average elevation of 223 meters (731feet) . Daurala has situated 84km in North of the national capital Delhi . Daurala town falls on National Highway58 and has a dual right-angled metallic road to make a square route. Daurala is divided into 12 wards for which elections are held every five years . Daurala Nagar Panchayat has a population of 19766 of which 10565 are males while 9211 are females as per a report released by census India 2011. The population of children of 0-6 age is 2468 which is 12.48%of the total population of Daurala . The female sex ratio in Daurala is around 794 compared to the Uttar Pradesh state average of 902. The literacy rate of Daurala is around 79.23% higher than the state average of 67.68% In Daurala Male literacy is around 87.64%while female literacy rate is 69.71%

(Data from census Commission of India 2011 registered in Daurala Nagar Panchayat)

Methodology

The data for the present study has been collected from 100 respondents for the required fulfillment of the information . The data has been collected through interview schedule and observation method . Data has been selected by using the purposive sampling . I have collected information from the rural household women belonging to the age group of 25-45. In this way I have collected information from 100 household women , using a purposive sample representing the participant of different categories of age , religion , caste , education , occupation , income condition of residence ,no-of rooms , light and ventilation, and separate kitchen will be selected.

Data has been collected with help of some specific research techniques like observation , interview schedule will be used at the second phase of data collection initially some case studies will classify by simple statistical technique , by using the simple classification and tabulation to arrive at the finding. One-third (35%) belong to the age group of 35-40 followed by the age group of 40-45. One-fifth number of the respondents(20%) belong to the age group of 25-30, and lastly, a small number belong to the age group of 30-35. Half of the respondents (53%) are Hindu, small

number of the respondents (17%) belong to the Muslim religion, one-fourth (25%) are Sikh and a few numbers (5%) are Christian. the largest number of the respondents belong to 100000-150000 while the small number (10%) belong to the 150000-200000 income group. a larger segment of women lives in old pattern houses and more than one-third (43%) live in new pattern houses.

Findings

This study concludes following results

The first objective of this research is to check the Socio-Economic Profile of the women. The result of this objective is that the socio-economic profile of the respondent plays an important role because it affects every aspect of respondents day to day life , The socio-economic profile of the following variables have been include as age , religion , caste , size of family , occupation, and income of the respondents . The respondents who belong to different socio-economic profiles, the aspect about that are as below-

Age-20%respondents belong to the age group of 25-30,15%belong to the age group of 30-35,35%respondents belong to the age group of 35-40,30 respondents belong to the age group of 40-45. Thus the above facts reveal that the largest number (35%) belong to the age group of 35-40 followed by the age group of 40-45. One-fifth number of the respondents(20%) belong to the age group of 25-30, and lastly, a small number(15%) belong to the age group of 30-35

Religion-(53%) are Hindu, small number of the respondents (17%) belong to the Muslim religion, one-fourth (25%) are Sikh and a few numbers (5%)are Christian. Thus the facts reveal that there is a majority of the Hindus in Daurala.

Caste- 54%respondents belong to General Caste,26% belong to OBC,15% belong to S.C., and 5%belong to S.T.caste. Thus the above facts reveal that there is a majority(54%)of the general category in Daurala, while S.Ts are very few in this village.

Education-There is a majority(54%)of the general category in Daurala , while S.Ts are very that largest number(30) of respondents are illiterate , one fourt (27%) got an education on primary level , a few numbers (5%)are on high secondary level, a small number (13%) are postgraduate in Daurala Village.

Occupation-(40%) of the respondents belong to agriculture, one-third (35%) are housewives and onefourth(25%) belong to service. The above facts reveal that the largest number of the respondents belong to agriculture in Daurala Village occupation-

Type of family-72%) of the respondents belong to joint family and rest of

one fourth(28%) belong to nuclear family . Thus the above fact reveals that a larger segment of the respondents lives in joint families in Daurala Village **Size of Family**-72%) of the respondents belong to joint family and the rest of one-fourth (28%) belong to nuclear families. Thus the above fact reveals that a larger segment of the respondents who live in joint families in Daurala Village ts belong to agriculture, one third (35%) are housewives and one fourth(25%) belong to service. The above facts reveal that the largest number of the respondents belong to agriculture in Daurala Village size of families are in Daurala while the small size families are very few.

(a) Type of House-(57%) of the women belongs to old pattern house while rest of 43% belong to new pattern house. Thus the above facts reveal that a larger segment of women lives in old pattern houses and more than one-third (43%) live in new pattern houses.

(b)No-of Rooms-(35%) women live in one-room homes, more than one third (40%) live in two rooms home while one fourth (25%) women live in more than two rooms home. Thus the above facts reveal that majority (40%) of the respondents live in two rooms home. while the small number (25%)live in more than two rooms home

(c) Light and Ventilation- majority (54%) of the respondents have light and ventilation and more than one-third (46%) of respondents do not have light and ventilation in their houses.

(d) Separate Kitchen-One-fourth (28%) respondents have separate kitchens in their houses, while a large number or the majority of the respondents do not have separate kitchens in their houses Thus the facts reveals from the table is that in Indian villages joint family is still existing.

(e) Bathroom- (61%) of the respondents have bathrooms in their houses, while more than one-third (39%) do not have bathroom facilities in houses.

(g) Toilet- majority (73%) of the respondents have bathrooms in their houses, while more than one-fourth (27%) do not have toilet facilities in their houses. Thus the fact reveals that toilet facility is still in poor condition in Indian villages.

The second objective of this research is to check the preference for a child.

The result of this objective is that son preference in India is a well-documented phenomenon. Its implications for skewed sex ratios, female feticide, and higher child mortality rates for girls have drawn research and policy attention. But what is less known are the underlying determinants of son preference and its implications for living girls.

The desire of child preference- (85%) of the respondents wants more sons than daughter, a very few numbers (3%) of the respondents want more daughter than sons and a small number (12%) of the respondents want daughter and son equal.

Thus the above fact reveals that in India the condition of girls is going in a dangerous situation day-by-day, if a large number of the respondents want only sons then how can we say that we are saving the girls , and how can both gender equal

Existing Children- (56%) of the respondents have more sons than daughters, one-third (35%) respondents have more daughters than sons and a very few numbers (9%) have sons and daughters equal. Thus the above facts reveal that the ratio of girls and boys is not equal and this is not a good sign for the progress and development of India.

The third objective of this research is to find out gender discrimination in daily food intake.

The result of this objective is as given below-

First food preference-(74%) of the respondents provide first preference to boys in giving food, while only one-fourth (26%) give first preference to girls in giving them food. Thus the above fact reveals that even the concept of women empowerment is not helping the girls in providing them with an equal place in society.

Second Food Preference-(26%) of the respondents provide a second preference to boys in giving food, while majority (74%) give a second preference to girls in giving them food. Thus the above fact reveals that Boys get a special treatment in providing them food in comparison to the girls.

Norms of Serving Habits.-(64%) of the respondents do not provide similar food to boys and girls while one-third (36%) of the respondents provide similar food to boys and girls. Thus the above fact reveals that the norms of serving habits are unequal for boys and girls.

Items for Healthy Food-(30%) of the respondents milk and milk products are healthy food, a small section (13%) of the respondents agree on Egg and fish, a very small section (15%) of the respondents agree on green vegetables, a very small section (15%) agree on pulses and a very few numbers (10%) of the respondents think that fruits and dry-fruits are healthy food items.

The above fact reveals that villagers still believe that milk and milk products are healthy and more powerful for human beings in comparison to any other food item

Frequency to make healthy Food- The frequency of shared family meals is significantly related to nutritional values of health. This thing decides our body resistivity and makes us a healthy person

One third (35%) women take healthy food daily, One fourth (25%) women take healthy food on an alternate day, a small number (15%) women take in twice a week, a few numbers of the women(10%) take healthy food once in a week and the rest of 15% also take healthy food once in a month. Thus the table shows that only 35% of women take healthy food daily, this thing is not a good indication for a healthy body.

When do women eat-One fourth (25%) of the women are agree on this view that women should eat after their children? A majority (60%) of the women agree that a woman should eat after her husband . A small section of the women agrees that we should eat together while a few are agree on the view that women should eat after other elderly people. Thus the fact reveals that female is not getting the equal opportunity to take their food with the family members

Who is more biased in food habits-(56%) of the women are biased, one third (32%) of the father is bias while in a small number (8%) of cases both biased and lastly in a few numbers (4%) of cases none of the above biases. Thus the above fact reveals that woman is also playing a crucial role in gender discrimination and she herself is responsible for some factors.

The fourth objective of this research is to find out gender discrimination in health care practice. The result of this objective is as given below -

Health Care Facility-A **Health Care facility** is, in general, any location where **health care** is provided.

One-third (39%) of the respondents provide similar health care facilities to boys and girls while the majority (61%) of respondents, do not provide similar health care to boys and girls. Thus the above fact reveals that boys are getting the special treatment in health care in comparison to girls

Preference of Health Care-(74%) of the respondents give preference to boys in health care, a small number of the respondents (16%) give preference to girls and a few numbers (10%) give equal preference to boys and girls Thus the fact reveals that boys are on first preference in health care in comparison of girls.

Receiving Health Care-(72%) of respondents agree that boys receive more health care than girls, a small number (14%) of the respondents agree that girls receive more health care while the rest of the 14% also agree that both receive the same health care.

Thus the fact reveals that boys receive more health care in Daurala village in comparison to girls

Differences in vaccination of children by sex- Majority (60%) of the respondents got BCG vaccination to boys while, 55% of the respondents got BCG vaccination to girls. 50% of the respondents got first vaccination of DPT to boys, 25% got second vaccination of DPT to boys and also 25% of the respondents got third DPT vaccination to boys, while 40% of the respondents got first vaccination of DPT to girls, 25% of the respondents got second vaccination of DPT to girls and 35% of the respondents got DPT third vaccination to girls. 22% of the respondents got first POLIO vaccination to boys, 38% of the respondents got second POLIO vaccination to boys and 40% of the respondents got third POLIO vaccination to boys whereas 25% of the respondent got the first POLIO vaccination to girls, 50% of the respondents got the second POLIO vaccination to girls while the rest of 25% got the third POLIO vaccination to girls. A majority (85%) of the respondents got KHASRA vaccination to boys while 65% of the respondents got KHASRA vaccination to girls.

88% of the respondents got all basic vaccination to boys while 70% of the respondents got all basic vaccination to girls. 12% of the respondents got no vaccination to boys while 30% of the respondents got no vaccination to girls.

Thus the facts reveal that girls get less vaccination in comparison to boys. This shows that gender discrimination is also playing a crucial role in health care facilities.

Who is more biased in Health Care- One third (34%) of the respondents agree that father is biased in health care, majority (54%) of the respondents agree that mother is more biased, while a small number (10%) of the respondents agree that both are bias and a very few numbers (2%) of the respondents agree that none of the above is biased in health care. Thus the above fact reveals that the mother is more biased in comparison to the father

The last objective of this research paper is the Causes of Gender Discrimination. The result of this objective is as given below-

Gender inequality and discrimination are root causes of violence against women, influenced by the historical and structural power imbalances between women and men which exist in varying degrees across all communities in the world.

Economic Causes-(58%) of the respondents agree that son provides helping hand during the old age that is the main economic cause of gender discrimination. A small number (19%) of the respondents agree son is the source of receiving dowry this thing is the cause of gender discrimination and the rest of

23% agree that the son provides economic security in old age, this is the cause of gender discrimination. The above facts reveal that according to the point of view of Daurala Village son provides a helping hand that is the main economic cause of gender discrimination

Social Causes- one third (31%) of the respondents agree that social security in old age is the cause of gender discrimination, a small number of the respondents (15%) agree that enhancing prestige in community is the cause of gender discrimination, one third (30%) respondents agree that manpower and physical strength is the cause, and one fourth (24%) respondents agree that help in meeting family obligation is the cause of gender discrimination. Thus the above table shows social security in old age is the main cause of gender discrimination.

Psychological Causes- one-third (35%) of the respondents agree that a son is a good friend during old age and a majority (65%) agree that mental satisfaction is the psychological cause of gender discrimination. Thus the result comes that mental satisfaction is the main psychological cause of gender discrimination.

Religious Causes- (85%) of the respondents agree that son is the medium of achieving salutation is the cause of gender discrimination, a small number (15%) agree that maintaining linkage is the cause of gender discrimination. Thus the above fact reveals that Indian society is still on the thinking level that son is the medium of achieving salutation.

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