



# **GENDER INEQUALITY AND INEQUITY AS BARRIER TO ACCESS MATERNAL HEALTH CARE: A CASE OF A PMTCT SERVICE**

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# OUTLINE

- Definition of Gender concepts
- Defining Access to maternal health
- Barriers to Maternal Health Care
- Gender as barrier to PMTCT care: case study
- How to overcome gender barriers
- Engendering MCH programs to promote access
- Conclusion
- Discussion

# Why Gender perspectives?

To identify and analyse inequalities that arise from belonging to one sex or the other or from the unequal power relations between the sexes and how these impact on women accessing maternal health care

# GENDER CONCEPTS

**SEX:** biological and physiologic difference between males and females

**GENDER:**

- ❑ sets of relationships, attributes, roles, beliefs and attitudes that define what being a woman or a man is within society.
- ❑ what a society believes about the appropriate roles, duties, rights, responsibilities, accepted behaviours, opportunities and status of women and men in relation to one another
- ❑ what is considered “masculine” and “feminine” in a given time and place.
- ❑ In context of Africa, often in most communities, what is defined as “masculine” is more highly valued than what is defined as “feminine”. Men also constrained by masculinity construction

## ...Gender 2

- ❑ Gender is context specific: varies according to ethnicity, race, class, culture
- ❑ Gender relations are personal (self-defining) and political (maintained and promoted by institutions).
- ❑ Gender roles are taught and reinforced by family, religion, peers etc
- ❑ Gender-based inequality often written in laws and policies & makes it difficult to challenge

# GENDER EQUALITY

- ❑ Equal opportunities and treatment of women and men in laws and policies, and equal access to resources and services.
- ❑ This includes but not limited to legal entitlements, education, health-care services, employment opportunities and civic participation.
- ❑ Gender inequality is generated by society's written and unwritten norms, rules, laws and shared understandings. It is pervasive across societies and is the most prevalent form of social inequality. It cuts across other forms of inequality such as class, caste, race and ethnicity.

# GENDER EQUITY

- ❑ fairness and justice in the distribution of benefits and responsibilities between women and men.
- ❑ Gender equality is a prerequisite for equity because, in order to have fairness, all people must have the same chances and opportunities to benefit from the fair policies and programmes
- ❑ In order to promote equity in health, the different and unequal needs of, and barriers affecting, women and men in accessing and benefiting from health-care programmes must be considered when resources are being allocated to programmes, as well as when programmes are being designed, implemented and monitored.

# GENDER: DEFINITIONS

## **GENDER DISCRIMINATION**

any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms which prevents a person from enjoying full human rights

**GENDER-SENSITIVE** programming refers to programmes where gender norms, roles and inequalities have been considered and awareness of these issues has been raised, although appropriate actions may not necessarily have been taken. Eg. acknowledgement that women may not have status and decision-making power to practice safer sex

**GENDER-RESPONSIVE** programming refers to programmes where gender norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programmes go beyond raising sensitivity and awareness and actually do something about gender inequalities. Eg. women's lack of decision-making is addressed by reaching male partners of women (with the women's permission), to promote joint decision-making regarding safer sex.



# Addressing Maternal Health Access : Gender Perspective

To plan programmes and services from a gender perspective an important distinction is made on women's needs:

## 1. PRACTICAL NEEDS:

- ❑ These arise out of women's responsibility for the health and well-being of their families and those that correspond to their immediate, perceived necessities.
- ❑ For example : providing easily accessible health-care services, and ensuring easy access to clean water ; HIV/AIDS services that are easily accessible, clean, and have well trained staff

## 2. STRATEGIC NEEDS:

- ❑ They are related to their position as subordinate to men in society; gender division of labour, power and control, and include issues such as legal rights, violence, equal wages and women's control over their bodies.
- ❑ Should seek to challenge and transform existing harmful gender roles and stereotypes and women's subordination to men.

# Defining Access: The Right to Reproductive Health

## Promoting gender equality in sexual and reproductive health

**RIGHT TO LIFE:** This includes the positive obligation of the state to prevent mortality. The right to life can be invoked on preventable causes of maternal deaths

**RIGHTS TO BODILY INTEGRITY AND SECURITY OF THE PERSON:** the right of women living with HIV to make free, non-coercive choices with respect to their fertility (e.g. without being compelled to be sterilized or to undergo abortion without their consent).

**RIGHT TO PRIVACY:** the right to have HIV status be kept confidential, and to receive family planning services according to his or her choice.

**RIGHT TO THE BENEFITS OF SCIENTIFIC PROGRESS:** This right encompasses, for instance, women's right to protect themselves from HIV through access to female controlled prevention methods, such as female condoms.

**THE RIGHT TO SEEK, RECEIVE AND IMPART INFORMATION:** includes information about maternal complications, and those living with HIV, so to enable them to make fully informed choices about prevention, testing, treatment and care.

# Defining Access: RTH

**THE RIGHT TO EDUCATION:** Includes women and girls' right to free and accessible education. Education to practise safer sex and protect themselves from HIV.

**THE RIGHT TO HEALTH:** General Comment 14. The right of individuals to attain the highest attainable standard of physical and mental health implies the responsibility of governments to their citizens to create conditions for all to enjoy the highest attainable standard of health.

**THE RIGHT TO EQUALITY IN MARRIAGE:** This right is vital for enabling women to control and make decisions about their lives. In relation to HIV, it is applicable to young girls' right to not be coerced into early marriage, which makes them vulnerable not only to HIV, but also to many other maternal health problems (“Too soon, too early, too late, too many”).

# Other...Defining Access: RTH

UDHR (25)2: “Motherhood and childhood are entitled to special care and assistance...

ICSECR (10)2 “Special protection should be accorded to mothers during reasonable period before and after childbirth...

CPD 7(2) “...the right of access to appropriate health-care services that will enable women to go to safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant...

CEDAW 12) “...States shall act to eliminate discrimination against women in health care to ensure equal access to health services...”

ACHPR (16): “...should take the necessary measures to protect the health of their people and to ensure that they receive medical attention...” “

National constitution eg.SA Bill of Rights (27)

“Everyone has the right to have access to health care services, including reproductive health care...”

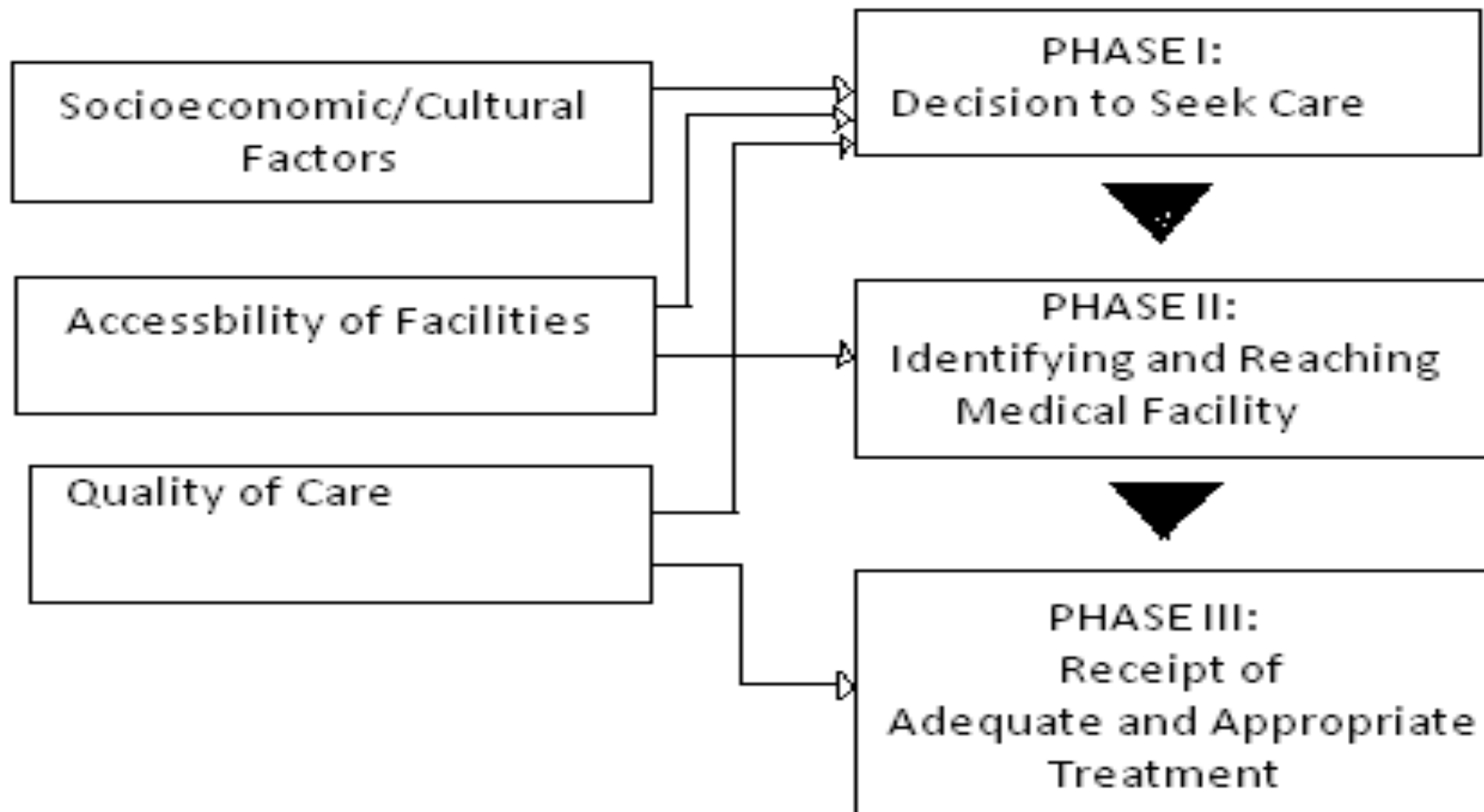
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# BARRIERS TO ACCESS: THE THREE DELAYS

*Thaddeus & Maine, 1994*

## Factors Affecting Utilisation and Outcome

## Phases of Delay



# OVERCOMING GENDER BARRIERS TO ACCESS: Case study of PMTCT Program

## International influences on “engendering” HIV/AIDS programmes, for example:

- ICPD
- Beijing Declaration (FWCW).
- UN General Assembly Declarations of Commitment on HIV/AIDS
- MDG's
- Twentieth Meeting of the Joint UNAIDS Coordinating Board in 2007
- Sixteenth Global Fund for AIDS, TB and Malaria (GFATM), Berlin, 2007
- World Health Assembly in 2007, Member States mandated WHO to integrate gender into its various programmes, including HIV/AIDS

## Women and HIV: Gender inequalities

- Women may not have the power to negotiate condom use with their partners.
- HIV Testing: Women fearful of violence if they disclose their HIV status to their partners
- Risk reduction counselling versus skills to negotiate safe sex
- Women need permission from partners and families to seek health care, which reduces their access to health services, including those for HIV.
- Low status accorded to women in many societies
- Lack of access to and control over economic resources
- Lack of access to information about HIV.
- Attitudes from health care providers related to how to address gender inequalities adequately in the design and delivery of programmes and services.
- Women's sexuality

## Sexuality, HIV and Gender inequalities/inequities: African context

- ❑ Sexuality is central to human being. It encompasses sex, gender identities and roles, sexual orientation, pleasure, intimacy and reproduction.
- ❑ Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. (eg. Having sex with a virgin to cure Aids; Marriage as one and only option; “ukuthwala”/ forcefully marrying young girls for a large family; polygamy)
- ❑ It is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.
- ❑ Gender influences sexuality: Eg: women have to remain pure and virginal until marriage, preventing them from accessing HIV information, and that men have to engage in heterosexual sex only, or dominate women in sexual interactions, in order to prove their masculinity.
- ❑ Health care providers, also, have been socialised in this environment, subsequently, they can be barriers to care



## GENDER IN PMTCT PROGRAMME: Overcoming barriers

### HIV Testing and Counselling:

- BASNEF model (Beliefs, Attitudes, Subjective norms, enabling factors) and Sexuality

### ARV and treatment for opportunistic opportunities:

- ARV: dosage of ARVs does not suit some women's lifestyle because of household responsibilities eg multiple doses especially those with small children to take care of.

- ART eligibility criteria for one to disclose status to at least one person and may limit access to treatment and care for women who do not want to disclose because of fear of violence from partners, and for single women, migrant women and women who inject drugs.

- Criteria that excludes non-pregnant or women past child bearing age.

## ..GENDER IN PMTCT PROGRAMME: Overcoming barriers

### ...ART

- Women living with HIV experiencing gynaecological symptoms (vaginal fungal infections, genital warts, menstrual irregularities) feeling a shame as societal norms often don't recognise them as abnormal.
- Use of prophylaxis , and health service visit for check ups when one hasn't disclosed.

**Birth Planning:** cultural preferences and tradition to deliver at home.

## ....GENDER IN PMTCT PROGRAMME: Overcoming barriers

**Reproductive choices:** Motherhood being assigned high prestige and status. Men justification of unprotected sex to build an “army”. Value of a boy child. Children to take care of them/ continue family name. Health provider’s own personal reproductive choice.

**Nutritional Support:** women are the last in the household to eat after feeding the men, children and other household members. Lactating mothers eating for two. Long hours spent during harvest/ ploughing with minimal food intake. Anaemia common especially among living with HIV and multiparity. Social norms and cultural practices on certain food intake during pregnancy.

**Infant feeding choices and neonatal care:** social pressures and desire to be a good mother influences breast feeding. Costs of formula feeding

# PREVENTING GENDER EQUALITY BARRIERS IN MATERNAL HEALTH PROGRAMMES

Aim is to promote gender equality

- Requires equitable distribution of resources, opportunities, benefits according to sex
- Requires to include needs, experiences and visions of women and men in defining the programme

## QUESTIONS:

1. Does the programme take into account men & women different roles and responsibilities & their differential access to and control of resources?
2. Does the programme challenge existing gender and social relations?
3. Have you considered the potentially different impacts of the programme both to men and women:
  - not to worsen position of women or favoring advantaged women than disadvantaged women
  - Gender specific indicators for monitoring the programme performance?

# CONCLUSION

1. Crucial to mainstream gender into maternal health specifically HIV/AIDS programme.
2. Programmes must take into account the specific needs of men, women, girls and boys with respect to both biological/sex differences and sociocultural gender differences.
3. Programmes should also promote both gender equality and equity and should be grounded in a rights-based approach.
4. We need to challenge harmful sociocultural norms and stereotypes related to masculinity and femininity, specifically sexuality
5. The design, implementation, monitoring and evaluation of the programmes at all levels benefit both women and men equally and promote inequities. The ultimate goal is to achieve gender equality.
6. Gender mainstreaming is a strategy for making women's as well as men's concerns and experiences an integral dimension of the programme

# REFERENCES

- Attached

THANK YOU