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CRITICAL REVIEW ON GENDER DISCRIMINATION IDENTIFICATION PRACTICE THROUGH HEALTH CARE ACCESS FACILITIES

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Abstract:

The most crucial components of the right to health is undoubtedly the availability of health care services. To manage morbidity, medical care is essential for minimizing the severity of the illness as well as its associated suffering. Health care services can be broadly classified into three categories based on the stage of treatment: preventative, promotive, and curative. The components of health services that deal with preventing illness are referred to as preventive health care. It comprises immunization services, particularly for children and pregnant women, and health supervision or periodic health check-ups. Promotional programs that raise people's health awareness to encourage good hygiene and awareness of what they eat are included in the category of promotional care. In this article, critical review on gender discrimination identification practice through health care access facilities has been discussed.

Keywords: Gender, Discrimination, Health, Care

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INTRODUCTION:

A nation's ability to expand its human resource base and experience economic progress depends heavily on its citizens' state of health. As a result, diseases and poor health are becoming more widely acknowledged as important markers of human well-being and factors contributing to poverty. According to Haq (2005), having a healthy life is the most fundamental human right, and investing more in one's health raises productivity levels at work. Better health generally translates into fewer illnesses, lower rates of morbidity, and a lower burden of disease within a community. Thus, being healthy is a goal in and of itself. A population free from illness and disease would have more leisure, make better use of their physical and mental resources, receive better education, pick up new skills, and participate more actively in their community's political, social, and economic life (World Bank, 1993). We are all aware of the fact that health is a sign of wellbeing that has an impact on both the direct and indirect quality of life and the output of products and services in the economy. The World Health Organization (WHO) is one of the bureaus and commissions that were established to enhance global health conditions.

RELATED REVIEW OF LITERATURE:

Bhowmick et al. (2022) There are few research from India that evaluate patient safety awareness. The purpose of this study was to learn more about Indian patients' understanding of patient safety & their desire to promote it. For this cross-sectional study, clinical pharmacologists developed online interactive sessions on patient safety and patient safety culture for 800 urban patients after discharge from a tertiary care hospital in India. The responses were statistically examined and the questionnaire was validated. There were 635 patients who replied, with a mean age of 43.2 percent and 10.3 years and 385 (60.6 percent) men. 93.4 percent of patients knew what the word "patient safety" meant, and 35.3 percent had witnessed situations in which they thought patient safety had been jeopardised. When faced with such situations, 64.3 percent of the patients reported it to higher authorities, while the rest either ignored it or didn't know what to do. Given the fact that 99.2% of the patients had never engaged in a patient safety programme, 94.5 percent were willing to. Patients evaluated access to patient care information as vital by 58.3 percent. Whereas urban Indian patients

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have a high degree of overall patient safety knowledge, there is a lack of understanding on how to deal with patient safety issues. Given the high level of interest in participating in patient safety initiatives, those programmes also included patients on a regular basis in order to improve the chances of safer healthcare provision.

Devika Mehra et al. (2022) Most mental problems begin during early adolescence, and this time contributes significantly to the worldwide mental health burden, especially in India. Early detection of mental health disorders, a treatment gap, a lack of specialists, & interventions to address these issues are all big obstacles in India. The goal of our study was to see how helpful mental health therapies are for teenagers in India. We conducted a thorough search of the PubMed, PsycINFO, & Cochrane databases, as well as cross-referencing, to examine interventions published between 2010 and 2020. This study included eleven interventions, 9 of which were school-based, one community-based, and one digital. A life skills curriculum was employed in the majority of the school-based programmes. Depressive symptoms, cognitive capacities, academic stress, problem-solving, & overall mental well-being all improved as a result of coping skills and resilience courses. The multi-component whole-school intervention showed promise in improving the general school climate as well as a variety of other mental health outcomes. As a result, school-based programmes should be adopted as a first step in the screening process for mental health issues. Adolescents, on the other hand, require a more comprehensive mental health programme in the country. There is also a need to close the gap by implementing more interventions for pre-adolescents and out-of-school youth.

Chatterjee et al. (2021) Spatial health disparities are explored public health concerns in India. Quantifying the imbalance & balance among health threats &health-care availability is the key to identifying the areas under stress. In order to identify places with higher risk factors but less access to health-care, this research will look at regional (urban, semi-urban, & rural) disparities in health-care access & risk exposure in the Durgapur industrial area. The analysis the rural– urban differences in health-care accessibility (AHCF), rural–urban disparities in health-risk exposures (HRE) & socioeconomic level, identifying areas under stress by associating AHCF & HRE. The

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explore the number of multidisciplinary methodologies to interpret a variety of characteristics, including the spatial coverage & suitability of health care facilities, people's living standards, medical expenditures, and exposure to health risk factors, among others. Inequalities were measured using the quintile ratio, Sopher's Index, test of significance correlation coefficient, or independent sample t-test. The survey discovered significant links between AHCFs & urban populace proportions, illustrating the urban populaces benefit from better AHCFs due to dense HCF dispersion across space. As the share of urban populace drops, so does the density & serviceability of HCFs. Despite the fact that urban areas are closer to pollution sources, local geographical variables including lower AHCF, social status, & increased exposure to health risk factors put some rural areas under more stress. Environmental restoration or a halt to auxiliary economic growth in the Ranigunj, Jamuria, &Mejhia blocks, as well as infrastructure decentralisation to the state's north-eastern region (North Kanksa), are also suggested.

Kumar et al. (2021) In Kolkata, India, this study proposes a thorough analytical framework for evaluating the economic-socio-cultural (ESC) sustainability of neighborhood-level urban communities (NLUCs). The goal of this study is to offer a set of metrics for analysing ESC sustainability in specific circumstances using a top-down method that fits certain criteria. To quantify sustainability in the beginning, the framework relied on a set of existing indicators and techniques. Following that, the study categorised the indicators to gauge ESC sustainability using the Delphi technique, which was used to assess an expert opinion. To validate the significance of the selected sustainability indicators & discover the linkages among them, grey relational analysis and the RIDIT test were used. The VIF test is performed at the critical stage, followed by the use of Random Forest Classifer, a supervised machine-learning method, to identify duplicate signs. In the final list of indicators, variables that will contribute positively to the model's prediction performance were added. This research laid the groundwork for developing a model that can be used to analyse the ESC sustainability of both planned and unforeseen NLUCs.

Nasrin Banu et al. (2021) Healthcare is the most significant criterion for evaluating people's health in every place. This research examines the role of the Indo-Bangladesh international border in

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gaining access to healthcare services in West Bengal districts that share their whole eastern border with Bangladesh. The study used Penchansky& Thomas' concept of access,that consists of five dimensions: affordability, availability, convenience, leisure facilities, and adequacy. The study's findings indicate that there is inequity in each dimension of access to healthcare services among Border Adjacent Districts & Border Distant Districts, and it is unfortunate that districts located far from the border are in a better position to access each dimension of healthcare than districts that share their border with Bangladesh. Ultimately, the study finds that the Indo-Bangladesh international border near area is more vulnerable to susceptibility, and that distance from the border allows the place to have greater access to healthcare facilities.

MousumiDholey et al. (2021) Adolescence is a critical transition period for girls, during which they go through biological & psychological changes as well as changes in their social view. This stage allows them to establish the groundwork for their future health & however, in rural regions, teenage girls are frequently denied access to adequate nutrition & health care, leading to major health problems such as malnutrition, stunting, wasting, & anaemia. Furthermore, institutional & sociological impediments like regressive norms, social stigma, gendered family structure, and others limit their access to health care services. As a result, the current research aims to investigate the perceived barriers that impede rural teenage females from receiving health care at the micro-level. In the Raina-I block of PurbaBardhaman district, 120 teenage girls in the age cohort of 10-19 years were randomly selected for a community-based cross-sectional study. According to the findings, sociocultural barriers have a considerable impact on health-related decision-making. Other key difficulties seen here are a lack of high-quality health-care services and a financial burden.

Md. Safikul Islam et al. (2020) The Muslim minority in India is a socioeconomically underdeveloped community, with gender disparities in literacy a major issue. This research is a modest endeavor to investigate the geographic distribution of the Muslim gender literacy disparity in West Bengal districts. The goals of this paper to determine the degree of gender inequality in Muslim female literacy rates in comparison to the general population to use a regional pattern

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analysis from 2001 to 2011; to display a comparative study of Muslim & non- Muslim female literacy in West Bengal; To analysis the determinant factors liable for the low Muslim female literacy rate in West Bengal. The sample for this research came from Indiastat& Census of India's religion & sex database (2001 & 2011). The coefficient of equality is used to represent the degree of gender disparity, whereas ArcMap is used to represent the geographical organisation. The outcomes revealed that gender inequality in Muslim literacy rates has decreased knowingly in most of this state's districts, with the percentage of decrease in Muslim majority districts being higher than other districts; Muslim female literacy rate dominates non-Muslim female literacy rate in most districts in 2011. Given the trend in West Bengal to minimise gender disparities, governments should prioritise literacy equality for the long-term development of future generations.

Bhattacharya et al. (2020) In India's LGTBIQ+ community, people of various sexual orientations & gender identities have archeologically endured the most stigma, perception, &marginalisation. Individuals who are transgender, intersex, or queer are deprived of basic rights like self-dignity, physical autonomy, or healthcare, resulting in grave health consequences. Recent legislative changes, such as the legalisation of criminal same-sex behaviour under Section 377 of the Indian Penal Code and changes to the Transgender Persons (Protection of Rights) Bill, may be beneficial to their health. In this light, the study's objectives are as follows: to assess the physical & mental health of hijra, kothi, & transgender (HKT) people using the Short Form 12 (SF-12) questionnaire, to apprehend the variation in their health status due to social determinants), to recognise spatial patterns of HKTs' general, physical, & mental health. The data was gathered utilizing a Bengali version of the SF-12 (N = 98). We intended composite health ratings for physical (PCS) & mental (MCS) and ran statistical and geographical analyses. The age and income of HKTs had a statistically significant impact on PCS & MCS, according to ANOVA tests. In the study region, there was no significant spatial clustering, and people with both poor and good health were evenly distributed. This was the first study to employ the SF-12 to assess health-related quality of life among HKT people, and it was the first time it had been used in India's gender-diverse cultures. The findings show that removing social and structural barriers to health programmes, increasing targeted medical interventions, grass - root level uprisings, &federal advocacy, as well as

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increasing awareness of their healthcare rights, are all critical in addressing both physical & mental health between gender-diverse communities.

RatnaPatel and colleagues (2020) A multitude of factors affecting both individuals and healthcare influence healthcare use decisions. Physical, socioeconomic, cultural, and political issues all influence health-care utilisation. Gender disparities are one of the most important factors influencing health-care utilisation. The goal is to determine the gender disparities in health-care utilisation and health-seeking behaviour for a variety of chronic diseases among cigarette and alcohol users in India. The study uses the WAVE I data source from the Study of Global AGEing and Adult Health (SAGE). Bivariate analysis and multivariate regression are used in this strategy. The diseases have been classified according to whether or not they were exposed to alcohol or tobacco. Males and females alike prefer private hospitals to public hospitals for inpatient and outpatient care, according to the survey. Males are happier with the quality of care they received in the hospital than females. One of the study's key findings is that men travel a greater distance to reach the hospital than women, implying that women are not permitted to travel far for treatment. It is critical to include more women-friendly policies in order to address gender-based discrimination in health-care utilisation and achieve equity. Women's empowerment and participation in decision-making power are critical components of health-care parity.

Hemanta Kumar Mishra and colleagues (2020) Human happiness and well-being are linked to good health. A state of total physical, mental, and social achievement, as well as the absence of disease or infection, is referred to as health. The government's approach to delivering health services is not uniform across the board, and it varies per country, particularly in urban regions. An individual's sex plays an important part in the country's development. However, it has been underappreciated. The hurdles to accessing public health facilities and services have been thoroughly documented in previous research and literature. However, diverse aspects of these barriers with regard to female access to health services are quite restricted and have not been examined in the literature. With a population of over 1.4 billion people, India is still failing to provide adequate health care for women. "Gender" and "women empowerment" are concepts that

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have only been envisioned in pen and paper in relation to health care services, as many women continue to encounter significant barriers to accessing health-related services across the country (India) The causes are well-known and documented in literature, yet in health-related services, practise is not followed. To better understand the reasons, 36 articles were thoroughly reviewed, revealing that poverty, illiteracy, cultural opinion, male child preference, distance from the health facility, and many other factors are among the factors that contribute to gender differences in accessing health care facilities. The current review paper has provided an opportunity to comprehend recent developments and causes discovered in relation to women's access to health services. It concludes that existing gender policies should be revisited because discrimination is still regarded through a different lens. Not only that, but both the community and the service provider's mindsets must be modified in order for correct demand to be met by supply of high-quality services.

Mahua Patra et al. (2020) With rising urbanisation, the goal of universal access to health care for the majority of emerging countries appears to be more problematic. In Kolkata, we looked at health seeking behaviour as an indicator of health access, as well as its causes & equity between slum and non-slum populations. Public hospitals were found to be favoured by the less educated and uninsured, and they delivered a lower-cost treatment, despite substantial indirect expenses and access hurdles. People with a higher social background and a larger opportunity cost were shown to be more serious about therapy. However, there was no significant difference in health- seeking behaviour between slum dwellers and non-slum dwellers. It is proposed that the public health system be reinforced and access barriers be minimised.

Priyambada Namrata (2019) The impact of gender on people's prospects, social roles, and relationships is examined in the Gender Perspective. Many Indian women, particularly those from impoverished and marginalised areas, suffer from mental health problems as a result of societal and economic pressures such as early marriage, forced marriage, violence, dowry, son preference, low social standing, and lack of decision-making authority. Protein energy malnutrition, night blindness, iodine deficiency, anaemia, low BMI, and low birth weight are just few of the symptoms

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of nutritional deficiencies. Maternal morbidity and death are serious public health issues that reflect not only the region's poor position of women, but also the region's often awful basic healthcare standards. The poor health of women in India is due to the country's substantial gender disparity. Due to male dominance, gender discrimination in the right to receive health care services is common. The information was gathered entirely from secondary sources. The primary goal of this paper is to investigate the "Women's Right to Health?" From the standpoint of gender. From the ancient period through the current age, a detailed history of women's status is provided. There were some ills in society during the Vedic time, but they were not punishing. However, in today's world, such wrongdoings are now penalised. Vulnerability, women's health, feminism, and empowerment are among the topics addressed in the study.

Madhulika Sahoo et al. (2019) Internally displaced persons (IDPs) are a population that is usually overlooked, falling between the cracks of international and national obligations. Women and children who are displaced confront higher challenges than their male counterparts, as they are more likely to be in danger and lack sufficient access to reproductive healthcare rights; they are in poor health and face eviction threats. The goal of this article is to look at the situation of IDPs' reproductive healthcare in India, as well as the role of the Sustainable Development Goals (SDGs) in addressing IDPs' reproductive healthcare rights. This article is based on current information about IDPs' reproductive rights in India, as well as a review of SDG 3 or other legal protections. IDPs who have recently arrived in the camps have a variety of needs as well as health concerns. As a result of their exposure to physical and environmental threats, as well as violence and stress, they are at risk for a number of health problems. Many of them will lose social networks and assets, as well as knowledge and information, in the new environment, and will be food insecure. They don't have adequate housing, healthcare, sanitation, or safe drinking water. This is a perspective article, hence the majority of the data comes from a variety of sources, all of which are referenced in the reference section. There are little statistics on Internally Displaced Persons (IDPs) in India. The Internal Displacement Monitoring Centre and other sources provide the majority of the IDP figures & data. In order to achieve the SDGs, India must take into account all people's vulnerabilities in order to meet their humanitarian & sustainable development needs by 2030. To

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satisfy the health needs of IDPs, development and humanitarian actors, as well as local populations, must work together. Furthermore, the government's active involvement can give critical support to guarantee that IDPs' rights to health, a fair standard of life, and social security are safeguarded. The focus of this research is on IDPs' reproductive healthcare rights in India, as well as the challenges they face. It has investigated the policy flaws. The article also suggests a few activities that could be taken to address these issues in the context of the SDGs.

Abram L. Wagner, et al. (2018). In various rural areas of India, community health workers (CHWs) have been deployed to growth villagers' access to basic preventative health care. We explain how pregnant women & mothers of young children react if CHWs warn them that either they or their child is at high risk of pregnancy-related diseases or developmental delays in early childhood, and that additional screening & medical care from a physician is necessary. Pregnant moms and mothers of children aged 12–24 months were assessed for high-risk conditions in this longitudinal study in rural West Bengal, India. They were contacted again and asked how and to what extent the CHW visits had influenced their household's overall health behaviors, and any specialized care they might required if any. These responses are influenced by a variety of demographic & medical factors. The CHW visit prompted all 231 pregnant women to seek additional care, and the CHW's feedback led to an improvement in their health behaviours. Ninety percent of expecting mothers gave birth in a hospital. All 213 parents of young children who were followed up on sought extra care in response to the CHW's visit. The majority (67 percent) indicated the CHW's involvement resulted in a significant shift in their health behaviours, The rest, on either side, said they had noticed some improvement. CHWs can be partners in health initiatives to help the health of vulnerable people not only in rural India, but in other emerging economies, with the right training. CHWs could assist their communities in improving their health.

Bhutia et al. (2018). It is impossible to overestimate the value of basic education for development. Poverty can be defined by a lack of educational opportunities as well as firmly acquired knowledge & skills, that is both a cause and a solution to poverty. Long-term productivity improvements, intergenerational poverty reduction, demographic change, preventive care, women's

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empowerment, & reductions in inequality all necessitate consistent access to worthwhile learning. Gender equality has intrinsic value in terms of men & women's control over resources, accessibility to education and health care, & opportunity to reach their full potential. The equity basis for reducing gender disparities in welfare economics is equitable treatment of the sexes for inherent causes. The paper provides a historical context for the gendered educational environments in West Bengal. It goes on to discuss quantitative statistics on gender differences in educational access. To demonstrate the interconnected nature of educational inclusions and exclusions, gendered access is studied alongside topics such as schooling of children belonging to scheduled castes, scheduled tribes, and Muslims, as well as disabilities. Rural & isolated girls and women, especially from specific social groups & communities, continue to struggle to profit from education. Wide disparities in educational attainment have also been identified, particularly among rural males and females, urban females & rural females, scheduled or non-scheduled groups, and some minority groups. Gender sensitive planning & gender budgeting are required measures to close the gender gap in education. Because of a growth in female literacy, that was much lower in earlier decades, the demand for primary education & schooling has increased significantly, resulting in higher in both boys and girls enrolment. The educational landscape is evolving as a result of this broader social transformation, and a better understanding of these changes will aid in the identification of new venues & language to support greater gender equality.

Giovanna Tavecchi et al. (2018) India is undergoing a transformation, and one of the most pressing issues is the impact of societal factors on health system performance. The Indian government spends a large portion of its budget on health care, with a large disparity between public and private healthcare facilities. The aim of this study is the current epidemiological condition in India, particularly in West Bengal, as well as health-related issues such as maternal and child health, gender issues, access to better toilets and wastewater, and human resources. The analysis emphasises present inadequacy and disparity in sanitary personnel distribution, privatisation of key services and their efficacy, and the current state of illnesses. The current Indian epidemiological scenario is dominated by cardiovascular, cerebrovascular, metabolic, oncologic, and mental diseases, which account for nearly two-thirds of the country's total Burden of Disease

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(BoD), or 66.7 percent, and 53 percent of deaths, with predictions that this figure will rise to 57 percent in 2015.

CONCLUSION:

More precisely, household income, awareness, availability of food, nutrition, access to clean drinking water, housing conditions, sanitary facilities, environment, kind of shelter, medical technology, and, of course, "access to" and "utilization of" health care services are among the many variables that significantly influence the health status of the community. While the connection between the population's health and these socioeconomic determinants of health and gender discrimination is increasingly acknowledged as a component of health policy planning, the delivery of healthcare services is still regarded as the primary preoccupation of health policy formulation in every nation.

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