AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National

ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

# AN ANALYSIS ON IDENTIFICATION OF THE PRACTICE OF GENDER DISCRIMINATION THROUGH THE ACCESS TO HEALTH CARE FACILITIES WITH SPECIAL REFERENCE TO THE KOLKATA

**MOUMITA KUNDU**
Research Scholar
AR19BPHDGE003
**Enrollment No**
**GEOGRAPHY**
**Dr. DIVYA PARASHAR**
**Supervisor**
SARDAR PATEL UNIVERSITY, BALAGHAT



**Abstract:**

Gender-based approaches to health, in general, go beyond characterizing women and women's health in isolation. Instead, they analyze how women's and men's differing social positions, decision-making authority, and resource availability impact women's health and ability to receive healthcare. It looks at how these variations affect things like risk exposure, access to technology, knowledge, and services, and one's capacity to fend off illness and disease. In this article, an analysis on identification of the practice of gender discrimination through the access to health care facilities with special reference to the Kolkata

**Keywords:** Gender, Discrimination, Health, Care, Kolkata.

AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National

ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

## INTRODUCTION:

West Bengal's health status is therefore primarily characterized by intolerable shortcomings with abnormally high risks of morbidity and little knowledge about other psychological and cultural dimensions of health, including serious social disparities in access to health care services, etc., despite impressive achievements in demographic and health indicators. As a matter of fact, gender disparities in health have not only survived but may have even intensified. Furthermore, because most people are so ingrained in a culture of poverty and silence, health dangers are a major problem. In addition to being illiterate, the general populace—especially women, the impoverished, and the socially marginalized masses—has docilely accepted their miserable circumstances under the pretext of divine providence, karmphal, and socially and culturally accepted taboos, rules, and customs. As a result of the extreme exploitation and oppression that socioeconomic inequality causes towards the weaker segments of society, it has become a cultural trait that allows them to accept the portrayal of health risks with ease. [1-5]

## RESEARCH METHODOLOGY:

For the purpose of this research work, various towns lying inside the administrative boundaries of the most urbanized part of West Bengal, i.e., KMA, or the Kolkata Metropolitan Area, have been selected. Since it is not possible for any individual researcher to conduct an exhaustive primary-level study throughout the entire of West Bengal, three well-known towns in the Kolkata Metropolitan Area have been chosen as a representation of urban West Bengal. These selected towns are Baruipur, Kamarhati, and Uttarpara-Kotrung, which come under the administrative authority of their respective municipalities.

The Hugli River is located in the middle of the region where Baruipur and Kamarhati municipalities are located, while Uttarpara-Kotrung municipality is located on the western bank. However, two of these three towns, namely Kamarhati and Uttarpara-Kotrung, lie next to the Hugli River, but Baruipur lies quite a distance away from the main river, situated on the low-lying eastern slope of the Kolkata district. The towns' location along the Hugli River in West Bengal's lower Gangetic Plain is the primary factor in the study area selection

AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National

ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

**Methodology:**

The entire research work is based on the empirical study. At the beginning intensive literature review from the relevant books, journals, administrative reports, government publications etc. has been done to specify the research problem and for the selection of the topic of this research work and the study area. After the selection of study area, an intensive secondary data work has been done by obtaining information from disparate sources, so as to have a clear view of the geographical set up of the study area. It deals with the physical, social, economic, demographic and cultural settings as well as the environmental conditions of the study area, in great details. Thereafter, in order to analyze the basic objectives of the study, an empirical study is essential

**Data collection:**

Primary data collection from the sample households of the selected wards of the study area through extensive field survey by using appropriate sampling technique with the help of structured questionnaire. For the purpose of the collecting information a household schedule has been designed to meet the objectives of the required study area and Visual aids like photographic records of study area have been collected.

**Sampling:**

This research work, some towns situated within the administrative boundary of the most urbanized part of West Bengal i.e. Kolkata Metropolitan Area (KMA), have been chosen. Since it is not possible for any individual researcher to conduct an intensive primary level study throughout the whole of West Bengal, three well-known towns of Kolkata Metropolitan Area have been chosen as a representation of urban West Bengal. These selected towns are Baruipur, Kamarhati and Uttarpara-Kotrung, which come under the administrative jurisdictions of their respective municipalities.

**Sampling technique:**

The method of simple random sampling technique has been opted taking five to ten per cent of the total number of the census households in the selected wards of the three municipality towns. Coded for electronic data processing and subsequently converted to Statistical Package for Social Sciences (SPSS) system for tabulation and data analysis. Cross tables of the main study variables

AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National
ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

with selected dependent variables have been prepared to find out the results of the study. The tabulated data have been quantified, analysed, discussed and synthesized by using different cartographic techniques, suitable statistical methods e.g. chi-square and visual aids like photographic records, along with the critical appreciation of pertinent literature in order to draw certain conclusions from it.

**ANALYSIS, FINDINGS AND DISCUSSION:**

Health-related studies are typically examined from a biological perspective. However, a number of additional factors pertaining to social, cultural, political, economic, and environmental factors are also crucial for the advancement and preservation of health. The health can be interpreted as "a socially produced natural reality."

As such, the current study endeavors to investigate the sociological aspects of health and health care concerns. This takes on more importance in light of our country's goal of achieving "Health for All by 2000 A.D.," which calls for universal access to medical treatment. Therefore, the primary goals of this research project are to determine the health requirements of the male and female populations in the chosen wards of the three towns that make up the Kolkata Metropolitan Area: Baruipur, Kamarhati, and Uttarpara-Kotrung. Additionally, this study aims to investigate the current state of affairs in urban West Bengal concerning the "access to" and "utilization of" health care facilities from a gender perspective. All of the work has been done in this direction, and the following is a summary of the results.

According to the study, despite the fact that women are physiologically stronger than men, they have greater rates of morbidity incidence when it comes to their health. This suggests that the study area is largely ignoring the health and morbidity issues pertaining to women. Additionally, the study has demonstrated that, although the percentage of people choosing to "take no action for their health" is quite low, it is more common among sick women than males. This is most likely due to the fact that women's movements are far more constrained than men's. Women are more frequently denied access to the services provided by the Indian health system since they are mostly institutional rather than domiciliary. Furthermore, women may refuse to take any kind of health

AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National
ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

action as a result of hereditary information about men's negligent response to women's pain and fear of the costs associated with receiving care. Women are typically overworked when it comes to taking care of the home and the children. They consequently lack time and are frequently too hesitant to take care of their health problems.

Furthermore, it has been noted that, in all of the chosen wards of the three towns, private and public health facilities are the most frequently utilized by the majority of ill individuals, regardless of gender, in contrast to homeopathic remedies, homeopathic remedies, and self-treatment methods. But it's important to note that, compared to their male counterparts, female patients typically receive more affordable health care services, such as homeopathy, home remedies, government hospitals, and self-treatment measures when combined. This is particularly true in the medium- and low-category wards in the three towns that were chosen. It is actually rather fascinating to notice that, compared to their male counterparts, a larger percentage of females seek therapy from home remedies, homeopathy, and self-treatment methods, primarily for conditions like fever, respiratory, bone-related, and other problems. On the other hand, depending on their financial situation and individual preferences or choices, both male and female patients have primarily turned to private or public health institutions for severe illnesses like circulatory and alimentary disorders.

Indeed, the statistical analysis shows that while the types of healthcare facilities available to male patients in all wards depend on the diseases they have, female patients' access to healthcare facilities does not always depend on their diseases, particularly in the wards with lower levels of development. In these situations, a few other exogenous factors, such as socioeconomic or demographic characteristics, may have a far more significant role in influencing the availability of health care services for women in the community.

Additionally, the study shows that most residents, regardless of gender, are content with the quality of healthcare services in the area, with a few outlier instances where local healthcare has failed to yield positive outcomes or during major hospitalizations or surgical events, forcing residents—regardless of gender—to relocate to Kolkata or other towns in search of better medical care. The

AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National
ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

study does, however, guarantee that women experience a more compulsive state than men do, since women prefer to overlook their health and are reluctant to see doctors until their illnesses have gotten worse. This demonstrates that female patients in the research area have worse problems.

It has been noted that various demographic and socioeconomic factors interact with one another and individually act on the community to create different patterns of health care service utilization. This means that access to health care services is not always dependent on a single factor, such as the type of disease. The study demonstrates that the educational background of the head of the family and the household income in the wards with varying degrees of development influence the sort of health care services that are available to both genders. However, in wards with high and medium levels of development, access to the type of health care services appears to be independent of the patient's age for both genders. However, things are a little bit different in the wards with low levels of growth. In this instance, male patients' age has no bearing on their ability to receive healthcare services; however, female patients' age groups have an impact on their ability to receive such treatments. The study demonstrates how often this patriarchal society responds carelessly to the health issues facing adult females, particularly in less developed areas.

In addition, a gender-based examination of the average medical spending trends in the research region reveals that, on average, less money is allocated to the care of female patients in the wards with varying degrees of development than is the case for male patients. In actuality, the intensity and duration of the treatment process actually widen the gender disparity in the mean medical expense. This is most likely due to the fact that women are more likely to put off getting treatment for chronic illnesses in favor of drawn-out medical procedures that could place a significant financial strain on household resources. Additionally, the data shows that there are very few differences in the mean medical expenses for male and female patients, particularly when the patients have turned to homeopathy, public health facilities, and self-care techniques, regardless of their gender. However, in private healthcare facilities, even if both male and female patients spend the most money, there is a significant difference in the average amount spent on medical care for each gender in the majority of the study area's chosen wards.

AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National
ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

Additionally, the analysis demonstrates that, in all of the chosen wards of the three towns, household savings account for the largest portion of the medical expenses incurred for treatment for both male and female patients, but that, in comparison to their male counterparts, females in these wards receive fewer medical insurance facilities. Other financial sources that come in second or third are free treatment, financial assistance from others, medical insurance, and debt. This demonstrates patriarchal society's blatant disregard for women's health issues, even in the twenty-first century.

In summary, the current research shows that women's health and access to healthcare services are not in the best interests of female members of society, particularly in wards with medium and low levels of development. As the study shows, there is actually less gender discrimination in these areas in wards with high levels of development, whereas there are noticeable gender differences in wards with medium and low levels of development. This actually exposes the darker side of our patriarchal society, where gender discrimination in the distribution of healthcare facilities is still a deeply ingrained cultural norm, especially in urban regions where everyone should have equal access to these services.

The study comes to the conclusion that there is an urgent need for a gender-focused understanding of health and health care issues because modern metropolitan society's patriarchal mindset disregards women's medical needs.

Therefore, it is very necessary to incorporate women and women's health into the development process in order to eliminate these gender disparities. In India, policymakers cannot overstate the significance of good health as a prerequisite for human development. It's crucial to take a more comprehensive approach to health and comprehend the ways in which social, cultural, political, and economic variables combine to limit people's access to medical treatment and worsen deprivation. It is anticipated that a large portion of the gender disparity in health and access to healthcare services can be avoided with the right policies, initiatives, and programs. In addition, in order to fulfill legally binding international human rights commitments and to attain the abstract

AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National
ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

ideal of justice, the state must address the advancement and protection of women's health interests through gender planning.

Since the United Nations Charter was established on October 24, 1945, women's health has, in reality, received special attention on a global scale. Gender equality and women's health have been the subject of several policies, programs, agendas, gatherings, and conferences at various points in time. Achieving complete gender equality and advancing the eradication of gender discrimination were two of the three goals of the First World Conference on Women, which took place in Mexico City from June 19–July 2, 1975.

The United Nations established the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), sometimes referred to as an International Bill of Rights for Women, in 1979. The United Nations treaty body responsible for supervising the Convention on the Elimination of All Forms of Discrimination against Women is the Committee on the Elimination of Discrimination against Women. There have been 53 sessions conducted thus far, with the most recent one taking place from October 1st to October 19th, 2012.

In July 1980, Copenhagen hosted the Second World Conference on Women, which took place five years after the Mexico City Conference. "Equal access to adequate health care services is one of the three spheres in which measures for equality, development, and peace are essential," the conference acknowledged. From the United Nations Third World Conference on Women in Nairobi from June 15–26, 1985, to the Cairo International Conference on Population and Development from September 5–13, 1994, and finally to the most recent women's summit, the Beijing Conference from September 4–15, 1995, women's health and access to healthcare have become increasingly important agenda items.

In addition, numerous summits, conferences, and their follow-ups on gender dimensions have been held regularly throughout the world to date with the goal of reviewing and evaluating the successes, shortcomings, and difficulties of the gender-related commitments made during the UN's World Conferences on Women cycle.

AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National
ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

The WHO has also established specific norms and standards for creating guidelines and policies in order to address the unique needs of women and eliminate injustices (WHO, 1997). The initiatives and heightened efforts by the WHO to enhance women's health are focused on:

- Promotion of women's health, gender-sensitive methods of providing healthcare, and the creation of useful instruments to achieve this goal.
- Encouraging women's health and preventing illness.
- Improving the health system's ability to adapt to the demands of women.
- Measures to advance gender parity.
- Ensuring that women are included in the development, execution, and oversight of national and WHO health policies and programs.

With 25 other partners, the WHO organized the Global Symposium on Health Systems Research in November 2010 in Switzerland, with the subject "Science to Accelerate Universal Coverage". Furthermore, on July 2, 2010, the United Nations General Assembly established UN Women with the goal of expediting the advancement of gender equality and women's empowerment. UN Women commenced operations on January 1, 2011.

The United Nations has proposed to hold the Fifth Global Conference on Women in 2015, twenty years after the last women's summit in Beijing, in order to evaluate the successes and shortcomings of the Fourth World Conference on Women: Action for Equality, Development, and Peace and to lay out the objectives to achieve gender equality in the near future. The UN believes that the establishment of UN Women in 2011 can be meaningfully substantiated with a global program focusing on women.

As an alternative to international health initiatives that prioritize women's health, the Indian government has periodically revised, reconstructed, and reoriented the National Health Policy. The strategy acknowledged that the more disadvantaged and better-off segments of society have received significantly different advantages and access to the public health system. This is especially true for the underprivileged segments of society, women, and children. It has come to

AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National
ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

light, in reality that social, cultural, and economic barriers still prevent women from having sufficient access, even to the public health facilities that are currently in place. This in turn has a negative effect on the growth, general health, and well-being of the entire family, especially the children, in addition to having a detrimental effect on women as individuals. This policy acknowledges the essential role that empowered women play in elevating the community's general health standards.

Therefore, the NHP-2002 called for the identification of particular programs aimed at enhancing women's health and access to medical care. The NHP-2002 Policy has made a number of recommendations for the infrastructure development of the primary health sector, which will likely enable women to have greater access to primary healthcare. The policy has additionally pledged the Central Government's top priority to financing the designated programs concerning women's health concerns. Furthermore, the policy acknowledges the necessity of reevaluating the public health administration's staffing standards in order to more fully address the unique needs of women.

Over the last few years, discussions on universal healthcare on a global scale have gained resonance in Indian policy and academic circles. A High Level Expert Group (HLEG) on Universal Health Coverage (UHC) by 2020 was established by the Planning Commission in late 2010 in response to this issue. The HLEG study on UHC for India has advocated for firmly placing "gender" on the healthcare agenda. This paper identifies gender as one of several significant characteristics that, whether taken separately or in combination, may create obstacles to fair access to health care. Other significant characteristics are income level, social status, caste, and religion. Gender discrimination and gender insensitivity, if left unchecked, will endanger the basic structure and guiding principles of UHC for India, according to the HLEG Report, which acknowledges gender as a social determinant of health. (HLEG, 2011).

This clearly pervasive concern about the necessity of universal access to health services is not only important in light of the 2009 Draft National Health Bill, but it also presents a chance to address the shortcomings and disparities in the planning, delivering, and financing of healthcare, as well

ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

as the irrationalities in its application. Urgent action with a long-term vision is necessary due to the bad conditions prevalent in the healthcare system, which have substantial repercussions for the majority of the Indian population. But the intricacy of the problems also necessitates well-considered methods and tactics.

**CONCLUSION:**

The HLEG study on UHC addresses gender concerns in an ad hoc and uneven manner, notwithstanding its bright moments. Most of the time, the suggestions don't include precise instructions on how to address gender-based disparities in healthcare access. This is regrettable, and as a result, even in the twenty-first century, gender discrimination in the availability of health care services remains a major problem in the metropolitan societies of emerging nations like India.

The results of this study show that the gender gap in this domain changes according to the sample study area's development levels. This is readily apparent given the close relationships between the population's literacy, educational attainment, employment rate, income, and standard of living, all of which contribute to the formation and framing of the general public's social outlook and cultural perception of gender norms within society.

Gender discrimination is a long-standing practice that is firmly ingrained in our patriarchal culture. Until and unless the desire to stop it arises naturally within society, certain outside forces alone will never be able to eradicate it. Therefore, only a powerful people's movement can produce the political will and commitment necessary to achieve gender equality. A vast and vigorous literacy effort is the first step in enlightening the public about health issues by increasing public awareness and disseminating information as widely as possible. Only a strong debate on gender and health concerns in the legislatures of the states, the media, and other public forums can make it practically possible. Eventually, this debate will spread and become part of the larger people's movement.

In closing, it is important to note that while we have actively questioned gender norms at different points in our lives, we hardly ever question the underlying assumptions that underpin these norms. Therefore, in order to treat men and women equally in all spheres of life and free our society from

ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

the peril of culturally entrenched discrimination against women of any kind, we must awaken our inner conscience and broaden our minds.

**REFERENCES:**

1. Patra, M., & Bandyopadhyay, S. (2020). Health seeking behaviour and its determinants in urban areas of developing countries: A primary survey in Kolkata city, India. The International Journal of Health Planning and Management, 35(6), 1438-1452.
2. Iyengar, K. P., Jain, V. K., & Vaishya, R. (2022). Current situation with doctors and healthcare workers during COVID-19 pandemic in India. Postgraduate medical journal, 98(e2), e121-e122.
3. Priyambada, N. (2019). Health rights in India: A gender prospective. International Journal of Applied Home Science, Volume 6 (6-8), June - August (2019): 269-274, DOI: 10.36537/IJAHS/6.6-8/269-274
4. Islam, M., & Siddiqui, L. (2020). A geographical analysis of gender inequality in literacy among Muslims of West Bengal, India (2001–2011). GeoJournal, 85(5), 1325-1354.
5. Dholey, M., & Sarkar, S. (2021). Barriers to Access Health Care Services among Rural Adolescent Girls in Raina I Block, Purba Bardhaman, West Bengal. Space and Culture, India, 9(3), 61-72.

**Author's Declaration**

I as an author of the above research paper/article, hereby, declare that the content of this paper is prepared by me and if any person having copyright issue or patentor anything otherwise related to the content, I shall always be legally responsible for any issue. For the reason of invisibility of my research paper on the website/amendments/updates, I have resubmitted my paper for publication on the same date. If any data or information given by me is not correct,I shall always be legally responsible. With my whole responsibility legally and formally I have intimated the publisher (Publisher) that my paper has been checked by my guide (ifany) or expert to make it sure that paper is technically right and there is no unaccepted plagiarism and hentriacontane is genuinely mine. If any issue arises related to Plagiarism /Guide Name /Educational

AIRO JOURNALS
Free / Unpaid
Peer Reviewed
Multidisciplinary
National

ISSN: 2321-3914
Volume 3 Issue 1
July 2023
Impact Factor: 10.1
Subject: Geography

Qualification /Designation /Address of my university/college/institution/Structure or Formatting/ Resubmission / Submission /Copyright / Patent/Submission for any higher degree or Job/Primary Data/Secondary Data Issues. I will be solely/entirely responsible for any legal issues. I have been informed that the most of the data from the website is invisible or shuffled or vanished from the data base due to some technical fault or hacking and therefore the process of resubmission is there for the scholars/students who finds trouble in getting their paperon the website. At the time of resubmission of my paper I take all the legal and formal responsibilities, If I hide or do not submit the copy of my original documents (Aadhar/Driving License/Any Identity Proof and Photo) in spite of demand from the publisher then my paper may be rejected or removed from the website anytime and may not be consider for verification. I accept the fact that as the content of this paper and the resubmission legal responsibilities and reasons are only mine then the Publisher (Airo International Journal/Airo National Research Journal) is never responsible. I also declare that if publisher finds any complication or error or anything hidden or implemented otherwise, my paper maybe removed from the website or the watermark of remark/actuality maybe mentioned on my paper. Even if anything is found illegal publishermay also take legal action against me

**MOUMITA KUNDU**
**Dr. DIVYA PARASHAR**

******