The Fine Line between Gender Equity and Gender Equality

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Abstract

Gender equality "means that women and men, and girls and boys, enjoy the same rights, resources, opportunities and protections. It does not require that girls and boys, or women and men, be the same, or that they be treated exactly alike (United Nations Children's Fund - UNICEF, 2010)." However, it puzzled my attention because it stated that “it does not require them to be treated the same nor be treated exactly alike" because in my own perspective, equality means fair, just and the same or alike, so their definition is quite not acceptable for me because I believe that gender equality is living on your own free will despite of your gender.

Women and men should not only be given equal access to resources and equal opportunities, but they should also be given the means of benefiting from this equality. This is where the concept of 'gender equity' comes into play. Gender equity implies fairness in the way women and men are treated. The different life experiences and needs of men and women are taken into consideration and compensation is made for women's historical and social disadvantages (ABC Of Women Worker's Rights And Gender Equality, 2000). The lower status of women in society often constitutes a handicap and provisions should be made to redress this inequality before they can take advantage of the opportunities provided. Gender equity thus serves to level the playing field and empower women. Therefore, we can say that gender equity is essential to achieve true gender equality.

Key words: gender equity; gender equality; health; women empowerment

Introduction

“I never doubted that equal rights were the right direction. Most reforms, most problems are complicated. But to me there is nothing complicated about ordinary equality.”

Alice Paul

The United Nations Population Fund (UNPF) has declared that men and women have a right to equality (2008). Gender equality is, first and foremost, a human right. Women, just like men are entitled to live according to how they want to live. Gender equality implies a society in which women and men enjoy the same opportunities, outcomes, rights and obligations in all aspects of life. There should be equal distribution of political and financial power along with the equal right to quality education.

However, in our modern times we cannot totally eradicate discrimination, which poses threat to the balance of the society. One of which is the gender bias, which plays a great influence in all sorts of discrimination. Women and girls bear enormous hardship during and after humanitarian emergencies, especially armed conflicts (UNPF, 2008). Thus the birth of Gender Inequality refers to unequal treatment or perceptions of individuals based on their gender. It arises from differences in socially constructed gender roles as well as biologically through chromosomes, brain structure, and hormonal differences (Wood, 2005). Differences between men and women, which systematically empower one group to the detriment of the other. The distinct roles and behaviors of men and women in a given culture, dictated by that culture's gender norms and values, give rise to gender differences (World Health Organization - WHO, n.d.).
Gender norms and values also give rise to gender inequalities. The fact that, throughout the world, women on average have lower cash incomes than men is an example of a gender inequality. One obvious example is that companies would prefer to hire men over women despite of credentials because of the stereotyping that women are unstable and men are firm and in turn, high paying jobs are given to men.

Gender inequalities in health have been a major area of sociological research interest since the early 1970s (Annandale & Hunt, 2000). Both gender differences and gender inequalities can give rise to inequities between men and women in health status and access to health care. For example: a woman cannot receive needed health care because norms in her community prevent her from travelling alone to a clinic and a married woman contracts HIV because societal standards encourage her husband’s promiscuity while simultaneously preventing her from insisting on condom use (Sen & Östlin, 2007). In each of these cases, gender norms and values, and resulting behaviors, are negatively affecting health. In fact, the gender picture in a given time and place can be one of the major obstacles - sometimes the single most important obstacle - standing between men and women and the achievement of well-being (WHO, n.d.).

Women in most places need more health services than men. A large part of this can be attributed to women’s use of preventive services for contraceptives, cervical screening, and other diagnostic tests (Gijsbers van Wijk et al., 1996), but it can also be attributed to excess female health problems that are not caused by reproductive morbidity. Although, in low-income countries reproductive problems and other chronic diseases play a large role in explaining gender differences in health, women may have less access to health care services than men (Vlassoff, 1994) due to a series of barriers at the individual, familial, and community levels that stand between women and their access to health care. Women were considered as means in the process of reproduction, and as targets in the process of fertility control. Services were not provided to women as ends in themselves. Although, women benefited from the process, they were not at its center (Cook et al., 2003).

In highly patriarchal societies, socio-cultural and/or religious norms and practices restrict social and physical contact between women patients and male care providers (Govender and Penn-Kekana, 2007). In many cultures, women are reluctant to consult male doctors. For example, women seeking antenatal care in Saudi Arabia and Thailand highly preferred female doctors (Nigenda et al., 2000). The lack of female medical personnel – itself a reflection of gender bias in educational opportunity - is an important barrier to utilization of health services for many women (Zaidi, 1996). For this and other reasons, women may prefer to use traditional care providers even where other health care services are available. For example, a study in Columbia, demonstrated that men were more likely than women to comply with treatment provided through the health services (Allotey and Gyapong, 2005).

However, in the Philippines, where women and men enjoy almost the same access to education and health, remained in the top 10 countries with the least gender gap, according to the 2011 Global Gender Gap rankings by the Geneva-based World Economic Forum. Women are empowered in our country at present and the gaps between sexes with the different aspects of life are gradually revolving until full equality is achieved. Perhaps one of the national characteristics that Filipinos have is the respect to women and elderly, which I believe is also the key to equality in our country.

The Commission on Social Determinants of Health (CSDH) was established by WHO in March 2005 to support countries and global health partners in addressing the social factors leading to ill health and health inequities. The Commission aimed to draw the attention of governments and society to the social determinants of health and in creating better social conditions for health, particularly among the most vulnerable people. One of the factors is Women and Gender Equity. Taking action to improve gender equity in health and to address women’s rights to health is one of the
most direct and potent ways to reduce health inequities overall and ensure effective use of health resources. Deepening and consistently implementing human rights instruments can be a powerful mechanism to motivate and mobilize governments, people and especially women themselves (Sen & Östlin, 2007).

Gender Equity, is the process of being fair to women and men (UNFPA, 2006). It is a set of actions, attitudes, and assumptions that provide opportunities and create expectations about individuals. To ensure fairness, strategies and measures must often be available to compensate for women's historical and social disadvantages that prevent women and men from otherwise operating on a level playing field (ABC Of Women Worker's Rights And Gender Equality, 2000). Hence, equity leads to equality.

The CSDH sees health systems as a site for action to promote greater equity in health (WHO, n.d.). However, health systems in many countries have been unable to deliver adequately on basic health or on health equity in general and gender equity in health in particular. One reason is that many health care systems pay insufficient attention to the differential needs of women and men in planning and providing health services. Another reason is that equitable utilization of health care is strongly affected by gender inequalities in society that determine whether women’s health needs and problems are properly acknowledged, and whether families are ready to invest equally in the health of girls and women. It is also affected by unequal restrictions on physical mobility, unequal control over financial resources, and unequal decision making (Sen & Östlin, 2007).

A critical aspect of promoting gender equality is the empowerment of women, with a focus on correcting power imbalances and giving women more autonomy to manage their own lives. Women's empowerment is vital to sustainable development and the realization of human rights for all (UNPF, 2008). If a woman is empowered, she becomes helpful to the health and productivity of her family and the community she is in, which will therefore lead to improved health for the next generations. The importance of gender equality is underscored by its inclusion as one of the eight Millennium Development Goals. Gender equality is acknowledged as being a key to achieving the other seven goals. To end world poverty by 2015; the project claims, "Every single Goal is directly related to women's rights, and societies where women are not afforded equal rights as men can never achieve development in a sustainable manner" (United Nations Millennium Project, 2008). It is also viewed that education influences the role of a mother as a primary care giver, because knowing how to read helps them to detect and prevent diverse health problems. Therefore it is very crucial to include women and gender equality in developing health programs and policies because they play a vital role in family health and the community health which contributes a to highly sustainable world.

Women and men should not only be given equal access to resources and equal opportunities, but they should also be given the means of benefiting from this equality. This is where the concept of 'gender equity' comes into play. Gender equity implies fairness in the way women and men are treated. The different life experiences and needs of men and women are taken into consideration and compensation is made for women's historical and social disadvantages (ABC Of Women Worker's Rights And Gender Equality, 2000). The lower status of women in society often constitutes a handicap and provisions should be made to redress this inequality before they can take advantage of the opportunities provided. Gender equity thus serves to level the playing field and empower women. Therefore, we can say that gender equity is essential to achieve true gender equality.

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