ALU - WOMEN'S STUDIES BULLETIN

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Editorial desk

Women's health agenda was first articulated at the Fourth World Conference on Women held in Beijing in 1995. In the resulting Beijing Declaration and Platform for Action, a roadmap for gender equality and women's empowerment was outlined, with a major focus on Sexual and Reproductive Health (SRH) issues, which were the main killers of women then. As a result of this focus, major gains have been made in this area, with the maternal mortality in India coming down from 5.7% in 1990 to 2.8 % in 2015. At the same time, the issues affecting women's health have undergone a drastic change, and currently such as cardiovascular disease, stroke, kidney disease, respiratory diseases and trauma are the leading causes of death for women worldwide – in high as well as low-income countries. Despite a longer life expectancy, women have a higher burden of disability due to Non Communicable Diseases, like back and neck pain, depressive disorders and respiratory diseases. Social constructs and biases also leave girls and women more disadvantaged, as evidenced by high rates of sexual violence. International Covenant on Economics, Social and Cultural Rights (ICESCR) emphasized the responsibilities of the state to protect the right of all groups and individuals to the enjoyment of the highest attainable standard of physical and mental health. Right to health is a basic human right. Unfortunately, women in India do not access such basic right. There is a need for necessary steps for more community participation in various development programmes of government as it may be helpful to remove the poverty and improve the literacy rate among the females, which may be positively, affect the health outcomes of them. Government of India has been making several efforts in developing health and population policies. However, there are several obstacles in its implementation due to

poverty, illiteracy and gender discrimination in India. Media, social activists, NGOs, different government agencies, can bring a massive awareness towards gender equality and empowered them socially and economically. Thus, there is a need to promote gender – equality by the international development organizations as gender equity positively associated with better health outcomes of women as well as economic development.

QUOTABLE QUOTES

"I measure the progress of a community by the degree of progress which women have achieved." *— B. R. Ambedkar*

"Because you are women, people will force their thinking on you, their boundaries on you. They will tell you how to dress, how to behave, who you can meet and where you can go. Don't live in the shadows of people's judgement. Make your own choices in the light of your own wisdom". *– Amitabh Bachchan*

"To all the little girls who are watching, never doubt that you are valuable and powerful and deserving of every chance and opportunity in the world to pursue and achieve your own dreams." *—Hillary Clinton in her 2016 concession speech*

"Women are always saying,' We can do anything that men can do' but men should be saying, We can do anything that women can do". *—Gloria Steinem*

"We need women at all levels, including the top, to change the dynamic, reshape the conversation, to make sure women's voices are heard and heeded, not overlooked and ignored." *—Sheryl Sandberg*

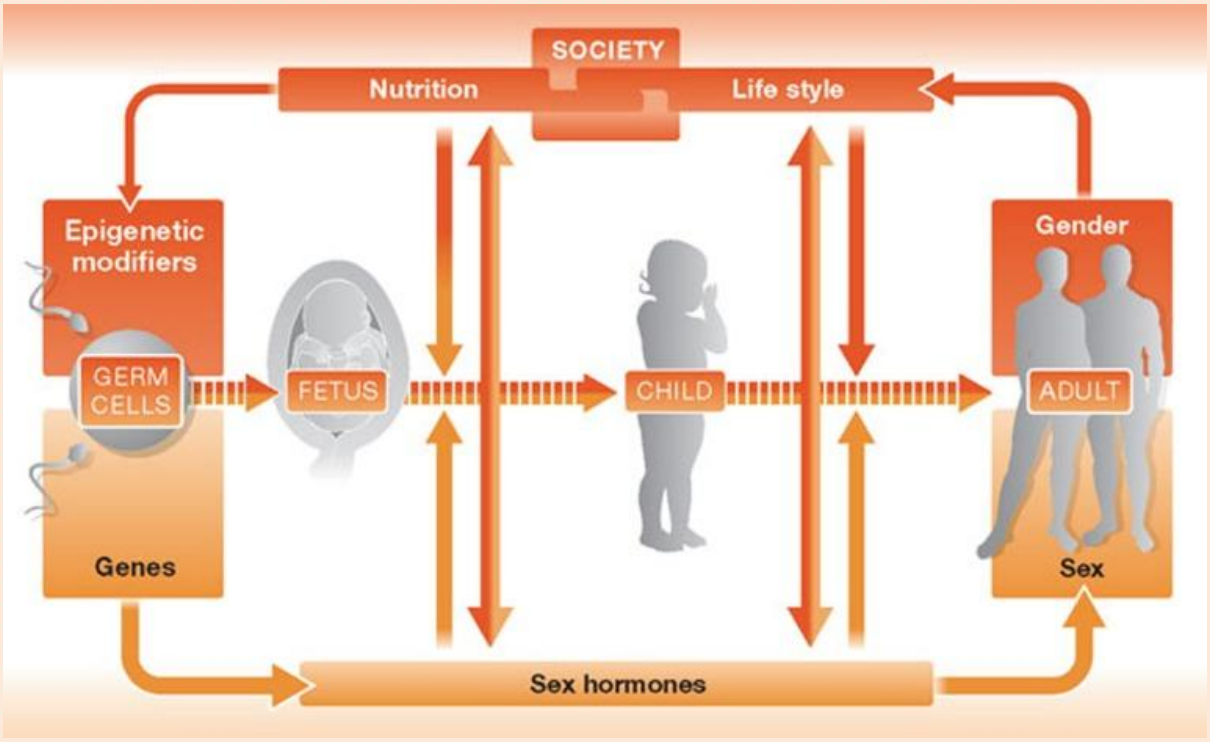
SEX AND GENDER DIFFERENCES IN HEALTH

Men and women are alike in many ways. However, there are important biological and behavioural differences between the two genders. They affect manifestation, epidemiology and pathophysiology of many widespread diseases and the approach to health care. Despite our knowledge of these crucial differences, there is little gender-specific health care; the prevention, management and therapeutic treatment of many common diseases does not reflect the most obvious and most important risk factors for the patient: sex and gender. This omission is holding back more efficient health care, as gender-based prevention measures or therapies are probably more effective than the usual 'one-size-fits all' approach and would benefit patients of both genders. Addressing gender in health and health care therefore requires new approaches at many levels, from training medical personal to clinical medicine, epidemiology and drug development. To discuss and address properly the differences in health and health care between men and women, it is necessary to distinguish between sex

and gender and their respective effects on health. Sex differences are based on biological factors. These include reproductive function, concentrations of sexual hormones, the expression of genes on X and Y-chromosomes, their effects, and the higher percentage of body fat in women. By contrast, gender is associated with behaviour, lifestyle and life experience. It determines access to health care, use of the health care system and the behavioural attitudes of medical personnel. Typical gender differences in health care include differences in the use of preventive measures, the prescription of drugs, health insurance reimbursement and referral for or acceptance of particular surgical therapies such as pacemaker implantation or heart transplantation.

In practice, however, it is often not easy to separate the influence of sex and gender. On the one hand, sex influences health by modifying behaviour: testosterone, for instance, causes aggressive behaviour associated with risk-seeking and neglecting personal health. On the other hand, gender-behaviour can modify biological factors and thereby health: exposure to stress, environmental toxins, poor nutrition or lifestyle choices can induce genomic and epigenetic modifications in adults, children and even the developing fetus. These modifications and their physiological effects are different in women and men, as DNA repair and epigenetic mechanisms are modified by sex hormones (Fig 1). Thus, medical hypotheses need to take into account the effects of both sex and gender. Gender medicine therefore aims to include biological and socio-cultural dimensions, and their effects on women and men, to improve health and health care.

Figure 1



As such, gender-sensitive medicine is not the same as considering the specific needs of women in health care—such as during pregnancy or during menopause–and might even be contradictory. Gender medicine must consider the needs of both sexes. This might require giving greater attention to women where specific data on women are lacking, and greater attention to men where specific data on men are lacking. For example, more data on men are needed with regard to osteoporosis and depression, whilst more data on women are urgently needed in the cardiovascular area.

Indeed, because sex and gender affect a wide range of physiological functions, they have an impact on a wide range of diseases including those of the cardiovascular, pulmonary and autoimmune systems, as well as diseases involving gastroenterology, hepatology, nephrology, endocrinology, haematology and neurology; they also influence pharmacokinetics and pharmacodynamics.

STATUS OF WOMEN'S HEALTH IN INDIA

According to the World Health Organization, due to biological differences women live longer than men in all regions of the world. The difference is wider in high-income nations. India, listed as a low-middle income country, records a difference of 3 years between life expectancy at birth for women and men. India ranks 141, above only Armenia, on the health index in World Economic Forum's ***The Global Gender Gap Report 2014,*** which benchmarks gender gaps in 142 countries on economic, political, education and health-based criteria.

COUNTRY	HEALTH AND SURVIVAL RANK
Indonesia	58
Pakistan	119
Bangladesh	122
India	141

COMMON HEALTH AND SURVIVAL ISSUES FACED BY WOMEN IN INDIA

While both men and women contract various conditions, some health issues affect women differently and more commonly. Furthermore, many women's health conditions go undiagnosed and most drug trials do not include female test subjects. Indian women face a host of issues around healthcare, which are intrinsically linked to their status in society. This brief focuses

on key issues of nutritional status, reproductive health and unequal treatment of girls and boys, which affect women most deeply.

1. MALNOURISHMENT

National Family Health Survey – 3 indicates that 35.6 per cent of Indian women are chronically undernourished, with Body Mass Index (BMI) lesser than the cut-off point of 18.5. Data from Bihar and Madhya Pradesh shows that girls represent up to 68 per cent of the children admitted to programmes for the severely malnourished. Similarly, 55 % women in India are anemic as compared to 24% of men.

Widespread nutrition deprivation among women perpetuates an inter-generational cycle of nutrition deprivation in children. Undernourished girls grow up to become undernourished women who give birth to a new generation of undernourished children. Maternal malnutrition has been associated with an increased risk of maternal mortality and also child birth defects.

Age	Mean Body Mass Index (BMI)	Body Mass Index (BMI) in kg/m2			
		18.5-24.9 (normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17.0 (moderately/ severely thin)
15-19	19.0	50.8	46.8	25.9	20.9
25-29	20.0	53.7	38.1	21.7	16.4
30-39	21.1	51.6	31.0	17.0	14.0
40-49	21.9	49.8	26.4	14.1	12.3
TOTAL	20.5	51.8	35.6	19.7	15.8

2. Maternal Health

India's maternal mortality rate reduced from 212 deaths per 100,000 live births in 2007 to 167 deaths in 2013. The advance is largely due to key government interventions such as the Janani Shishu Suraksha Karyakaram (JSSK) scheme, which encompasses free maternity services for women and children, a nationwide scale-up of emergency referral systems and maternal death audits, and improvements in the governance, and management of health services at all levels.

However, adolescent and illiterate mothers and those live in hard to reach areas still have a much greater chance of dying in childbirth. Adolescent girls outside Indian cities are especially vulnerable as teenage marriage and pregnancies are very high in rural and remote areas of the country.

Big Picture

• Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth; 20 per cent of these women are from India.

• Annually, it is estimated that 44,000 women die due to preventable pregnancy-related causes in India.

• Good news: The Maternal Mortality Ratio – the number of maternal deaths per 100,000 live births – reduced from 212 in 2007 to 167 in 2013. UNICEF and its partners contributed to this reduction through schemes such as JSSK.

• Mothers in the lowest economic bracket have about a two and a half times higher mortality rate.

3. Female Child Mortality

In India, female infant mortality is slightly higher than male infant mortality, but the survival disadvantage of girls is particularly acute in the age group of 1-6 years. The Child Sex Ratio, defined as the number of females per 1000 males in the age group of 0-6 years, has been on a declining trend. States/ Union Territories with extremely low child sex ratio are Haryana (830), Punjab (846), Jammu and Kashmir (859) and Delhi (866).

Declining Child Sex Ratio reflects the imbalance between the number of girls and boys and points towards both, pre-birth discrimination manifested through gender biased sex selection, and post birth discrimination against girls. Several reasons are attributed to the decline in the number of girls – neglect of the girl child, high maternal mortality, female infanticide and female foeticide. Sex-selective abortions have been greatly facilitated by the misuse of diagnostic procedures such as amniocentesis that can determine the sex of the foetus. Illiteracy, low socio-economic status, early age of marriage, poor sanitation, hygiene and nutrition, poor access to health facilities are also contributing factors of child and maternal mortality.

State	1991	2001	2011	Difference 2011-1991
India	945	927	914	-31
Uttar Pradesh	928	916	899	-29
Madhya Pradesh	952	932	912	-40
Rajasthan	916	909	883	-33
Maharashtra	946	913	883	-63
Haryana	879	819	830	-49

4.Breast Cancer

The Indian Council of Medical Research finds that India is likely to have more than 17.3 lakh new cases of cancer and over 8.8 lakh deaths due to the disease by 2020. Breast cancer is the most common of the types of cancers occurring in India followed by lung cancer and cervical cancer. The Council estimates that there were 1.5 lakh new cases of breast cancer in 2016 – that is more than 10% all new cancer cases in 2016. Earlier cervical cancer was most common cancer among Indian woman but now the incidence of breast cancer has surpassed cervical cancer and is leading cause of cancer death, although cervical cancer still remains most common in rural India.

India continues to have a low survival rate for breast cancer, with only 66.1% women diagnosed with the disease between 2010 and 2014 surviving, a Lancet study found. The US and Australia had survival rates as high as 90%, according to the study.

Globally, about 10% of breast cancer is genetic or due to an inherited DNA mutation. But a recent study suggests that there may be a greater occurrence of genetically-linked breast cancer among Indian women. Most inherited breast cancer cases are because of defective breast cancer genes called BRCA1 and BRCA2, where BRCA stands for breast cancer.

The major reason are Lifestyle changes such as bearing a child late in life, lack of breastfeeding, medical use of hormones, menarche occurring in younger people, lack of awareness of early signs of breast cancer and screening methods, secondly non- availability of diagnostic centres and knowledgeable oncologists. The domains that need attention include primary prevention, secondary prevention (early detection), diagnostic modalities including pathology, treatment, palliative care, and translational research including biomarkers. There need to be systematic efforts at researching, preserving, and promoting those factors that “protect” Indian women from breast cancer.

4. Heart Disease

Cardiac arrest is more common in women. The symptoms of heart disease for men are more evident than they are in women. In men, a heart attack would mean an extreme and sudden chest pain and breaking out in cold sweats. In women, on the other hand, heart attacks can be much frequent and smaller. Many women don’t even know that they have already suffered one or two heart attacks in the past until eventually, they visit the doctor.

In India, unlike most men, women have some added responsibility, like looking after kids and parents as well. While trying to maintain everything else, they forget their own needs and end up neglecting their health. Our societal brought up demands women to

maintain work and home both. Women have not been taught to take care of themselves in the partriarchal set up. But, things are changing among the younger generations and women are learning to put themselves first.

4. Polycystic Ovarian Disease

Polycystic ovary disease is yet another issue that has come up to be one of the most common female endocrine disorders affecting about 5 to 10 percent of women of reproductive age. It is a condition in which, there are many small cysts in the ovaries, which can affect a woman's ability to conceive. Symptoms include irregular periods, infertility, high levels of insulin, excessive body hair, acne, and weight gain. Women should get regular medical checkups done and have this condition treated.

The advancement of gender equality and equity, empowerment and elimination of discrimination, are critical to women's health and well-being. This can be achieved by including the gender dimension in planning health programs and research.

GLIMPSES OF THE MONTH

WORLD AUTISM DAY- 2nd APRIL

Theme: *"Empowering Women and Girls with Autism"*

In November 2017, the United Nations General Assembly adopted a resolution drawing attention to the particular challenges that women and girls with disabilities face in the context of the implementation of the Convention on the Rights of Persons with Disabilities (CRPD). The resolution expresses concern that women and girls with disabilities, are subject to multiple and intersecting forms of discrimination, which limit their enjoyment of all human rights and fundamental freedoms.

The 2018 World Autism Awareness Day observance at United Nations Headquarters New York will focus on the importance of empowering women and girls with autism and involving them and their representative organizations in policy and decision making to address these challenges.

Girls with disabilities are less likely to complete primary school and more likely to be marginalized or denied access to education. Women with disabilities have a lower rate of employment than men with disabilities and women without disabilities. Globally, women are more likely to experience physical, sexual, psychological and economic violence than men, and women and girls with disabilities experience gender-based violence at disproportionately higher rates and in unique forms owing to discrimination and stigma based on both gender and disability. As a result of inaccessibility and stereotyping, women and girls with disabilities are persistently confronted with barriers to sexual and reproductive health services and to information on comprehensive sex education, particularly women and girls with intellectual disabilities including autism.

WORLD HEALTH DAY-4TH APRIL

Theme: *"Universal health coverage: everyone, everywhere".*

People celebrate the World Health Day all across the world every year on 7th of April under the leadership of World Health Organization to draw the mass people attention towards the importance of global health. The WHO held world Health Assembly first time in the year 1948 in Geneva where it was decided to celebrate the World Health Day annually on 7th of April. It was first celebrated worldwide in the year 1950 as the World Health Day. The WHO organizes varieties of events related to the particular theme on the international and national level.

Some of the objectives of celebrating the World Health Day are :

- To provide detailed knowledge of getting prevented from various diseases and their complications.
- To encourage most vulnerable group of people to frequently check their blood pressure and follow medications from the professionals.
- To promote self care among people.
- To motivate the worldwide health authorities, to make their own efforts in creating the healthy environments in their country.

- To protect families living in the disease in vulnerable areas.

GLOSSARY OF WOMEN'S STUDIES

GAY

Refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.

GENDER DYSPHORIA

Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the gender they were assigned at birth.

TRANSGENDER MAN

A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.

PROGRAMMES CARRIED OUT DURING THE MONTH OF APRIL 2018

Board of Studies on M.A. Gender Studies

The Department of Women's Studies had conducted the Board of Studies for M.A. Gender Studies on 20.04.2018. Prof. K. Manimekalai, Dean Faculty of Arts & Head Department of Women's Studies, Alagappa University, Karaikudi, Prof. M. Jamuna, Department of History, Bangalore University, Prof. S. P. Densia, Director, Centre for Women's Studies, Mother Teresa Women's University, Kodaikanal, Prof. Zenetta Rosaline, Director, Department of Women's Studies, Bharathiar University, Coimbatore, Dr. T. Gopinath, Assistant Professor in Gender Studies, Rajiv Gandhi National Institute of Youth

Development, Sriperumpudur and Dr.P. Veeramani, Assistant Professor, Centre for Women's Studies, Alalgappa University reviewed and prepared the syllabus in tune with the UGC-NET exam syllabus and being implemented from 2018- 2019 academic year.

Inauguration of Women Employee Club

The inaugural function of "Women Employee Club", Alagappa University, Karaikudi was held on 25th April, 2018 at the Convocation Seminar Hall, Alagappa University. The main objective of the club is to strengthen women employees of Alagappa University through Collectivism.

Prof.K.Manimekalai, Dean, Faculty of Arts, welcomed the gathering and introduced the Coordinators and the other members of the club. In her welcome address, she highlighted the importance of the club and its functioning for the welfare of all women staff (both teaching and non teaching). Presiding over the function, Prof.S.Subbiah, Vice-Chancellor, Alagappa University, pointed out this is the first University in Tamil Nadu to set up a Women Employee Club for the welfare of the women staff of Alagappa University. He exhorted that the club within the campus would transform what it means to be a woman by creating safe spaces to discuss difficult issues, both at home and workplace.

Mrs. S. Geetha Lakshmi, Inspector of Police, All Women Police Station, Sivagangai, delivered the keynote address in the programme. She appreciated the coordinators for their efforts taken for creating the club specifically for women staff of the University. In her key note address, she insisted that the club is forefront of social change through championing the needs of women, children, and families to take a progressive stance on such issues as child welfare, health, women's rights.

Dr.M.Jayabharathi, Deputy Registrar and one of the Coordinators of Women Employee Club, Alagappa University proposed a vote of thanks. More than 100 women teaching and non-teaching women employee from various Departments and administrative sections of Alagappa University participated in the programme.

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