JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

GENDER EQUALITY IN HEALTHCARE

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Abstract:

Gender equality is a fundamental human right. It is also extremely important for a peaceful and prosperous world and a major determinant of health. Being so, gender equality in healthcare becomes paramount. Even in today's time, we cannot understate the importance of gender equality in all parts of our life. Discrimination on the basis of gender is a practice that should be eliminated. In this paper, we will try to understand this issue and find out the different challenges that exist in it. We will also try to work out possible solutions for gender equality in healthcare.

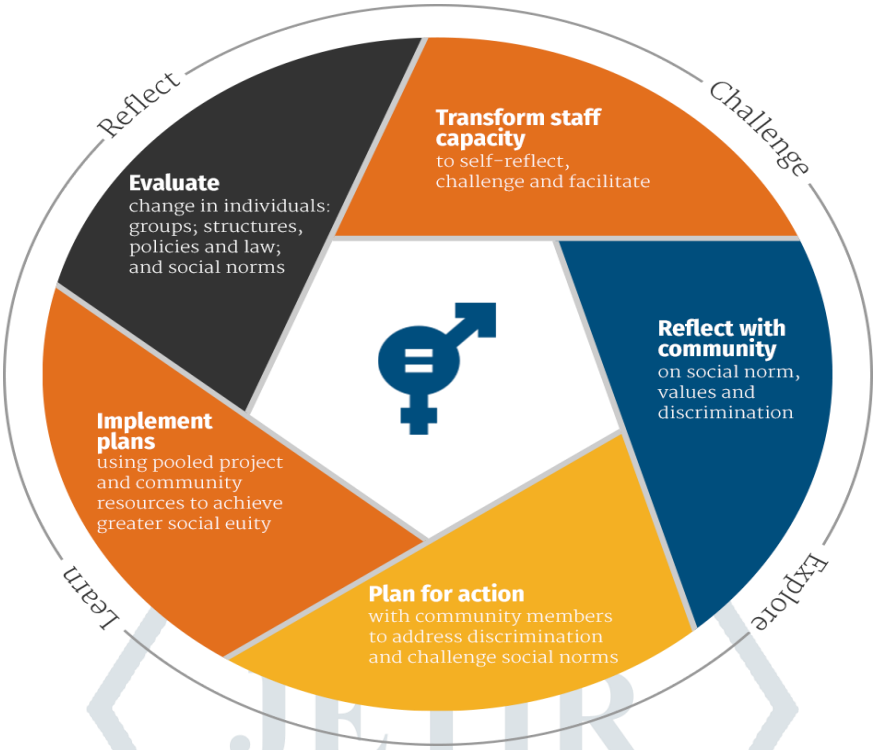
Key words: Gender equality, challenges, healthcare, and policies.

1. Introduction:

One of the most important currencies that we can have in our life is health. Good health and well being affects all aspects of our life and we always strive to be healthy. When we talk about gender, it is a major determinant of health. We define gender, as "the social relationships that exists between males and females in every society." Gender determines the roles and responsibilities of each individual in our society. So, gender equality in a healthcare setting becomes much more important. In this same vein, gender neutrality, which is the idea that policies, language, and other social institutions should avoid distinguishing roles according to people's sex or gender should also be promoted. Another idea that should be encouraged is gender sensitivity related factors, which includes refraining from discrimination of clients on the basis of sex or gender and treating all clients with respect.

However, in our fast-paced world, one other factor suffers and that is – mental health especially in the ever-growing healthcare industry. During the past few years, discussion on mental health has been encouraged. Awareness about problems related to mental health has also been promoted. All of these are positive signs. But, there has been less discussion about the relationship between gender equality and mental health. Research has proven that gender inequality has a profound effect on mental health of people around the world. These include higher level of stress in individuals as well as anxiety and depression especially in women and people who belong to marginalized communities.

Healthcare workers are also the one who can suffer from various mental health conditions that could be exacerbated by their work. So, in this paper, we try to do understand the concept of gender equality, their challenges, and work out possible solutions.



Source: careindia.org

The above chart is about a framework that can be developed to build plans that address gender inequality.

2. Review of Literature:

Alcalde-Rubio, L., Hernández-Aguado, I., Parker, L.A. et al. (2020) studied gender disparities in clinical practice: are there any solutions? They concluded that in contrast to the wide research identifying gender bias in health care, very few studies, have described and evaluated interventions aimed to tackle this bias. However, there is some empirical evidence that shows us how to narrow gender gaps in healthcare, as the reviewed literature reveals that that most of the interventions were successful at achieving at least one of the expected outcomes.

Kennedy, E., Binder, G., Humphries-Waa, K., Tidhar, T., Cini, K., Comrie-Thomson, L, Vaughan, V., Scott, N., & Azzopardi, P. (2020) studied gender inequalities in health and wellbeing across the first two decades of life: this was also an analysis of 40 low-income and middle income countries in the Asia-Pacific region. They concluded that their findings call for a focus on gender policy and programming in later childhood and early adolescence before gender inequalities become embedded.

Stefko, R., Gavurova, B., Ivankova, V., & Rigelsky, M. (2020) studied gender inequalities in health and their effect on the economic prosperity represented by the GDP of selected developed countries – empirical study. They concluded that as the evidence shows, the health of the population is a representative element of the country and at the same time health has a significant effect on the prosperity of economies. Therefore, it is necessary to emphasize the health and economic outcomes of individual countries.

Borrescio-Higa, F., & Valenzuela, P. (2021) studied gender inequality and mental health during the COVID-19 pandemic. Their results offered a general picture of gender differences in the psychological impact of COVID-19. They argued that policies that mitigate economic stress and address the needs of women specifically may ease mental health deterioration due to the pandemic.

Ahmed, F., Oni, F. A., & Hossen, S. S. (2021) studied does gender inequality matter for access to and utilization of maternal healthcare services in Bangladesh. They concluded that gender inequality, expressed by the participation of women in intra household decision making and their attitudes towards IPV, exists in Bangladesh. Women, deprived of expressing their opinions regarding their individual as well as household well-being and having positive attitudes towards IPV, have lower access to and utilization of required maternal healthcare services.

Hernandez, D., & Rossel, C. (2022) studied gender inequality, transport, and wellbeing: the case of child healthcare in Uruguay. They concluded that attention should be paid for the need for an integrated approach to study the relationship between transport and women's wellbeing. The case study illustrated that conventional sectorial perspectives may overlook potential severe threats to women's wellbeing. They also found that even in the presence of high-quality transport systems, these costs could persist if the quality of healthcare provision forces women to endure waiting time uncertainty and forego significant activities in their daily lives.

Lai, T., Cincotti, S., & Pisu, C. (2022) studied gender inequality and well-being of healthcare workers in diabetology: A Pilot Study. They concluded that from the interviews submitted to healthcare workers who work in contact with diabetic patients, we found that there was not a clear position on the presence of gender inequality in the work environment. There were some related aspects that were particularly felt by the interviewees during the study such as the majority of prestigious positions being held by men, or the disagreement with wage disparity. The data showed that people who were interviewed perceived the presence of gender inequality in their company. Often, they felt fatigued by their work during the week and experienced anxiety and concern.

Adedini, S. A., Somefun, O. D., & Odimegwu, C. (2014) studied gender inequality and maternal and child healthcare utilization in sub-Saharan Africa. They concluded that access to adequate maternal healthcare services is partly a function of women's position within the household, efforts to improve access to maternal healthcare services must include policies and programmes that target specific societal values and cultures which subject women to a strict gender-based control of household decision-making. Low utilization of maternal and child healthcare services will remain unchanged until efforts are directed at improving women's status, particularly in sub-Saharan African countries' low socio-economic strata.

Deogaonkar, M. (2004) studied socio-economic inequality and its effect on healthcare delivery in India: inequality and healthcare. He concluded that effects of social and economic inequality on health of a society are profound. In a country like India, which is large in size and overpopulated with complex social architecture and economic extremes, the effect on health system is manifold. Resources are unequally distributed, which is a reflection of inequality and in turn adversely affects the health of under-privileged population. The socially under-privileged section of the society are unable to access healthcare due to various geographical, social, economic or gender related issues. Burgeoning, but unregulated private healthcare sector makes the gap between rich and poor even more wide.

Akter, S., & Kim, D. (2020) studied the nexus between gender inequality and gender difference in COVID-19 infections and mortality. They also studied that public health literature explains the gender difference in infections and mortality during a pandemic, most recently the COVID-19 pandemic. This refers to the biological, behavioral, and lifestyle differences between the sexes (Karlberg et al. 2003; Jin et al., 2020). They offered an alternative explanation of these gaps by 14 exploiting cross-country variation. Their findings reveal that more men than women die from COVID-19 partly because more men than women are likely to have access to diagnostic tests. These findings are important for managing the health impacts of the COVID-19 pandemic going forward.

G Fellmeth, Kishore.M. (2021) studied improving understanding, detection and management of common mental disorders (CMD) among women – key to improving women's health and promoting gender equality. This study provided evidence of CMD screening tools for perinatal as well as non-perinatal women in two diverse Indian settings. It also produced data on CMD prevalence, incidence and risk factors and enhanced understanding of the specific contribution of the perinatal state (HIMACHAL PRADESH) to CMD.

Chan, S.N. (2017). Studied nine high-ranking businesswomen in India. The interviews gave him a different perspective on the question of gender equality. The argument for women's participation is neither about the democratic principle of equal opportunity – in terms of numbers, nor it is about making use of the full managerial talent that is available in the country. The present-day solutions are based on these two woefully inadequate premises. When women do not participate at the highest levels it means our business world is losing an entire feminine perspective to the imagination, ideation, planning, teamwork, empathy, and strategic decision-making.

George, A. S.,(2019) studied reflecting on the nature of partnerships that need to be built, the voices of feminists from civil society, academia, and policy circles from the Global South must be more visible in leading the agenda for change on gender equality and health. Given the geopolitical context in which the agenda for gender equality is either neglected or facing backlash, it is crucial that gender equality in health is not perceived as a northern agenda. A key part of accountability is reflexivity about one's own positionality in advancing a political agenda.

Sumanjeet, S. (2016). Studied high growth rate and plentiful Government measures to encourage gender equality, the gender gap still exists in India. From the report, it was found that lack of gender equality not only limits women's access to resources and opportunities, but also makes the life prospects of the future generation difficult. In this study, an attempt was made to examine the problem of gender inequality in India. During this process, the study discusses the extent, causes and consequences of the problem. It also suggests policy measures to reduce gender inequality in India.

Tiwari, A, Singh, S. K., & Manar, M. K. (2020) studied gender equity and equality in Indian healthcare and realised that the theme of International Women's Day 2020: 'I am Generation Equality: Realizing Women's Rights' is aligned with the Global commitment of achieving the SDG related to Gender Equality by 2030. Men and women share the same right to the enjoyment of the highest attainable standard of physical and mental health. However, women are often disadvantaged due to various factors (social, cultural, political, and economic). These

factors directly influence their health and impede their access to health-related information and care. This review attempted to create a better understanding of gender equity issues among the scientific society.

Celik, H., Lagro-Janssen, T. A., Widdershoven, G. G., & Abma, T. A. (2011) studied bringing gender sensitivity into healthcare practice: a systematic review. They concluded that conventional approaches, taking into account one barrier and/or opportunity, fail to prevent gender inequality in health care. We will need to change systems and structure for gender-sensitive health care. This will also help to enhance understanding, raise awareness, and develop skills among health.

Grown, C, Gupta, G. R, & Pande, R. (2005) studied taking action to improve women's health through gender equality and women's empowerment. They concluded that long-term and sustained improvements in women's health require rectification of the inequalities and disadvantages that women and girls face in education and economic opportunity. Several positive actions can be taken to reduce these inequalities and empower women. In the field of education, positive actions include making schooling more affordable by reducing costs, offering targeted scholarships, building secondary schools close to where girls live, and making schools girl friendly.

Pascall, G, & Lewis, J. (2004) studied emerging gender regimes and policies for gender equality in a wider Europe. They found that some implications for gender equality and gender policy exist at European level as well as at the national level. These include transformations in family structure, economy, and polity, all of which challenge gender regimes across Europe. Participation of women in labour market in the west as well as the collapse of communism in the east have undermined the systems. These have also changed the assumptions of western male breadwinner in the family and dual worker models of central and Eastern Europe. Political reworking of the work and welfare relationship into active welfare has individualised responsibility for many people. Individualisation, which is a key trend in the western world – and in some respects eastern world do challenge the structures that supported care in the state as well as in the family. The links that have joined men to women for many years, such as – cash to care, incomes to carers have all been fractured by this. This article's authors argue that both – care work and unpaid care workers are casualties of these developments that are happening. Social, political and economic changes that have occurred are not being matched by the development of new gender models at the national level in Europe.

Shannon, G, Jansen, M, Williams, K, Cáceres, C, Motta, A, Odhiambo, A., ... & Mannell, J. (2019) studied gender equality in science, medicine, and global health: where are we at and why does it matter? The purpose of their review was to provide evidence for why gender equality in science, medicine, and global health matters for health and health-related outcomes. The authors presented a high-level synthesis of global gender data, summarized progress towards gender equality in science, medicine, and global health, and also reviewed evidence for gender equality especially in the fields of health and social outcomes. They also reflected on strategies to promote change. Notwithstanding the ever evolving landscape of global gender data, it was found that the overall pattern of gender equality for women in the fields of science, medicine, and global health is one of mixed gains and persistent challenges.

Walby, S. (2004) studied the European Union and gender equality: emergent varieties of gender regime. She found out that the implications of the development of the European Union for gender equality are analyzed through an assessment. This assessment includes the development of a path dependent form of the gender regimen in the EU. Two major issues are in this analysis – one concerns the theorization of gender relations, and the

second concerns the nature of EU powers. It additionally requires the theorization of the extent and nature of the interconnections between different dimensions of the gender regime.

Potrafke, N, & Ursprung, H. W. (2012) studied globalization and gender equality in the course of development. They empirically assessed the influence of globalization on social institutions that govern female subjugation and gender equality in developing countries. Observing the progress of globalization for almost one hundred developing countries at ten year intervals starting in 1970, it was found that the economic and social globalization of the world exerts a decidedly positive influence on the social institutions that reduce female subjugation and promote gender equality. Highlights of their research include: they empirically assess the influence of globalization on gender equality. Gender equality is now being measured by the new OECD Social Institutions and Gender Index. Globalization is measured by the KOF indices of globalization. Globalization positively influences social institutions that promote gender equality.

Smits, C. C. F., Toelsie, J. R., Eersel, M. G. M., & Krishnadath, I. S. K. (2018) studied equity in health care: an urban and rural, and gender perspective; the Suriname Health Study. They concluded that although, there is equity between living areas for PHC use, for SHC use, it was observed that a disadvantaged position for the rural interior exists, mainly influenced by socioeconomic factors. They measured gender equity for both PHC and SHC use.

Owusu, G. (2014) studied an assessment of regional and gender equity in healthcare coverage under different healthcare policies in Ghana. It was found that the study assesses regional and gender equity in healthcare coverage under two different healthcare policies – the first one was Medium-Term Health Strategy, and the second one was National Health Insurance Scheme. These were measured among the 10 regions in Ghana. Data was used through the Afrobarometer survey round 1, which was conducted in 1999; round 2, which was conducted in 2004; round 4, which was conducted in 2008; and round 5, which was conducted in 2012. Additionally, data from the Ministry of Health were also used in the study. The annual growth rates of the proportion of the respondents who had access to healthcare from various regions in Ghana was used. These were based on 1999, 2004, 2008 and 2012 equities. The healthcare coverage in 2025 was thus estimated. Then significant regional inequities were found – for the National and Gender levels in all the four rounds of the survey. It was then strongly recommended that other African countries, especially those that struggle with universal healthcare coverage, adopt and implement the principle of health insurance for all, as it is was being done in Ghana.

Masoumi, S. J., Nasabi, N. A., Varzandeh, M., & Bordbar, N. (2020) studied gender equality among nurses: promotion strategies for gender equality. They found out that Fars province faces challenges such as gender inequality among nurses and the shortage of male nurses. It is essential to invest in the development and implementation of strategies and executive solutions for raising and maintaining the prestige of nursing profession and training qualified nurses with a focus on creating healthcare job opportunities for men and women equally.

Hawkins, C. (2012) studied Women's human rights: The global intersection of gender equality, sexual and reproductive justice, and healthcare. It was found that there exists a need to make a concrete connection between human rights and women's rights. It is also ironic considering that one half of humanity is female. Gender inequality is one of the most pressing contemporary human rights issue today especially given the abundant evidence of many inequities, brutalities, and atrocities that are directed towards billions of women and girls each and every day. This study focused specifically on sexual and reproductive health, examining both the extent of the problem and exploring various proposed solutions. Some topics that were addressed includes – an overview of gender-based inequality, the need for female reproductive justice, healthcare, an overview of women's health

rights, the framework of UN human rights, and the current global human rights initiatives, which focuses on women, as well as women human rights defenders.

Kuhlmann, E., Ovseiko, P. V., Kurmeyer, C., Gutiérrez-Lobos, K., Steinböck, S., von Knorring, M., ... & Brommels, M. (2017) studied closing the gender leadership gap: a multi-centre cross-country comparison of women in the fields of management and leadership in academic health centres in the European Union. They found out that setting gender balance objectives exclusively for top-level decision-making bodies may not effectively promote a wider goal of gender equality. Academic health centres should strive to pay greater attention to gender equality at all levels of management, with particular attention given to the academic enterprises and newly created management structures. When comprehensive gender-sensitive health workforce monitoring systems are developed and their progress across academic health centres in Europe could be measured, it would help to identify the gender leadership gap. It will also help to utilise health human resources in a more effective manner.

Kostiuchenko, O. Y., Hots-Yakovlieva, O. V., & Sayenko, J. O. (2020) studied gender inequality in healthcare in terms of employment and remuneration: the legal means of overcoming problem. The authors concluded that to overcome problems associated with gender inequality in healthcare, legal means are necessary to implement the concept of decent work for women who work in the medical profession. This concept should include, the following methods, which are: removing barriers of women's employment in healthcare, support given to women's careers, and gender parity on management positions at healthcare facilities. Other ways include establishing a minimum wage of healthcare employees, which at the level of the average wage in a country; creation of a specific entity such as a commission, which considers cases of gender discrimination against women in the healthcare sector as well as establishing salary bonuses for women-healthcare employees who have children.

Subrahmanian, R. (2005) studied gender equality in education: Definitions and measurements. They found out that achieving gender parity is just one step towards gender equality in and through education. An education system, which has equal numbers of boys and girls participating in school activities will lead to even progress of children through the system. A consideration of gender equality in education therefore needs to be understood as the right *to* education, as well as rights *within* education and rights *through* education.

Smith, S. G., & Sinkford, J. C. (2022) studied gender equality in the 21st century: Overcoming barriers to women's leadership in global health. To ensure comprehensive human rights and that equitable workforce opportunities are available, the concept of gender equality must be expanded within the global health community to consistently include not only women and girls and men and boys, but also persons who identify as non-binary and gender nonconforming. Efforts to eliminate remnants of systemic and structural gender discrimination must also incorporate gender mainstreaming, gender-based analysis, and gender transformative approaches to achieve gender equality throughout global health systems and organizations.

Jonsson, P. M, Schmidt, I, Sparring, V, & Tomson, G. (2006) studied gender equity in health care in Sweden—minor improvements since the 1990s. The authors also studied a report by the Swedish National Committee on Gender Disparities in Patient Care and identified many shortcomings especially in the ability of health care sector to gear patient management and treatment to the specific needs of men and women in the country. The National Board of Sweden found that many gender disparities, which were identified in the report in the 1990s still exist today. Examples of this were – access to advanced evidence-based technologies (coronary interventions). Many

proposals of the National Committee have not been fully implemented by the national authorities or the county councils until now. They concluded that promoting gender equity in health care is an important but difficult task for health authorities in the country. So, to make health services more gender sensitive, a combination of different strategies are needed. Enforcement by guidelines and regulations is also needed.

Scambor, E., Bergmann, N., Wojnicka, K., Belghiti-Mahut, S., Hearn, J., Holter, Ø. G., ... & White, A. (2014) studied men and gender equality: European insights. This study shows that caring masculinity emerges as a central path forward, and one that is increasingly taken up in practice, together with women's increasing education and professional role, and rising expectations of gender-balanced task divisions. But there is a need for further research on the complex relationship between caring masculinities and gender-equal roles, including marginalized and unemployed groups and men who turn their frustrations against gender equality and women's new roles.

David, M. E. (2015) studied women and gender equality in higher education? From this study, he found out that how it opened up opportunities for women from middle class as well as working class backgrounds to be the first-in-their-family to go to a university. The author also argued that whilst there have been some very welcome changes in education, and especially in higher education (there is a gender balance of undergraduate students in higher education), this does not mean that gender equality has been achieved. Patriarchy in higher education is still strongly felt and experienced by women despite feminist involvements in academia over the last 50 years or so. The question still remains that how universities can transform to achieve genuine gender equality for all students and academics in higher education.

Tesch-Römer, C., Motel-Klingebiel, A., & Tomasik, M. J. (2008) studied gender differences in subjective well-being: Comparing societies with respect to gender equality. The size of gender differences varied with the extent of societal gender inequality and the cultural attitudes regarding gender equality in different countries. This includes – individual resources like education and income, which reduced the size of gender and country differences. Gender differences in subjective well-being could therefore be related to gender specific access to goal relevant resources.

Geske Dijkstra, A. (2006) studied towards a fresh start in measuring gender equality: A contribution to the debate. The author argued that the United Nations Development Programme's Human Development Report Office should take the lead in either constructing a new index for measuring gender equality or elaborating a revised GDI and revised GEM that do measure gender equality. Detailed recommendations were given for both the possibilities on how this can be done, partly on the basis of a brief review of alternatives presented in the literature of this particular paper.

Gupta, G. R., Oomman, N., Grown, C., Conn, K., Hawkes, S., Shawar, Y. R., ... & Darmstadt, G. L. (2019) studied gender equality and gender norms: framing the opportunities for health. In this paper, which was the fifth in a series of papers on gender equality, norms, and health, the authors drew on evidence to disprove three myths on gender as well as health and describe persistent barriers to progress. They proposed an agenda for action, which

will reduce gender inequality and shift gender norms for improved health outcomes for all. This will include calling on leaders in national governments, global health institutions, civil society organisations, and the corporate sector to focus on various health outcomes. This will also include engaging actors across sectors to achieve the health outcomes, reform the workplace, and make the workforce more gender-equitable. Gaps in data will be filled and gender bias in research will be eliminated. It will also lead to strengthening the accountability mechanisms.

Annandale, E., & Kuhlmann, E. (2012) studied conclusion – gender and healthcare: the future. They concluded that after several decades of inactivity, a range of policy as well as institutional drivers for change have regenerated interest in gender issues especially in the healthcare field. Because of this, it is now possible to visualize a future where gender-sensitive healthcare can be a reality and the various benefits that it can bring will help so many people. The purpose of this paper was to draw matters together and suggest different ways that we need to travel in our future research and practice.

3. Research on gender equality:

- Women represent more than half of the workforce in healthcare sector. However, despite women having large numbers, there exists a huge gap in compensation between men and women doing the same job in healthcare industry. This is seen in India and across the globe.

- According to the National Sample Survey's report on employment in India, women make up about half of the qualified health workforce. Skilled nurses and midwives, who account for almost 90 percent of all health workers, are dominated by women. But, gender discrimination and inequality continue to persist in the healthcare industry.

- Many healthcare organizations also expect female employees to fit into systems that lack social safety. They also have poorly implemented sexual harassment rules in the workplace. Women health professionals are thus more prone to be subjected to harassment, which then results in emotional injury and low morale. This in turn limits their capacity to stay in the field and perform to the best of their abilities.

- The gender pay gap is one of most visible indicator of health care sector's long-term inequity. It is so because the gender pay gap is nearly 25 percent greater in health workforce than in any other industry. When we look at global figures, women in health workforce earn approximately 22 percent less than males internationally and 25 percent less in India. Compared to other industries, women are paid roughly 17 percent less than men. This devaluation of female health workers' abilities, which is most notably seen in the case of community health workers, thus be linked to under-compensation and lack of reimbursement for specific jobs.

- ASHAs are a group of female community health workers who most frequently face poor status and insecure working conditions. Although ASHAs are very important for the National Health Mission in India, they are still not recognized as full-time employees. They are underpaid in terms of monetary incentives. For example- an ASHA worker earns between Rs. 4,500 and Rs. 5,500 per month on average for full-time work – which is not enough income even in the rural areas. The incentives, which are provided, are also insufficient.

4. Gender equality in Indian healthcare system:

- The Indian healthcare system's reaction to the COVID-19 outbreak depended on already overworked ASHA employees. They in turn have seen that their work hours grew while their compensation remained the same. Despite a Rs. 1,000 wage rise, which was formally introduced, average earnings for the workers remained at Rs. 4600 during the first wave of coronavirus, which was insufficient.

- Nurses are crucial frontline workers and they had to do more hours of work for continued lower compensation. The United Nurses Association, which is the national union representing 380,000 nurses in the country, petitioned the US Supreme Court in April 2020, with the request that the government frame a policy for their welfare. This welfare policy should include – addressing salary non-payments, and providing proper equipments in hospitals.

5. Impact of gender inequality on women's careers:

- Women's devaluation in the healthcare system is influenced by gender-inequitable standard, remuneration, and promotion prospects.

- According to the Working Group on National Rural Health Mission report, the attrition rate of ASHA workers is between 6 percent and 16 percent.

- Female participation in decision-making positions is also low. This means that men have a greater say in decisions and still control health policymaking.

- Easy access to female practitioners is an important factor for women's health care. Research in around 18 Indian states found that areas with more women physicians in rural settings had high rates of contemporary contraception usage, prenatal care, skilled birth attendance, and maternal postnatal care.

6. Research Gap/Identified gaps:

Based on the extensive literature review, few points have been highlighted. These are:

1. Knowledge about the causes of gender inequities in healthcare should permeate new research on how to increase gender equity and improve quality in clinical practice.

2. Policies that mitigate economic stress and address the needs of women specifically may ease stressful regarding job security and career opportunities for women.

3. Importance of taking gender concerns into account while designing new programmes and implementing them.

7. Advantages of integrating gender equality:

- It is a goal that WHO fully endorses: WHO gender policy declares that, "*The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being.*"

- It is a sign of a good program: An effective health program is one in which the needs of everyone – girls, women, boys, men, and children are addressed and all of them benefit from it.

- According to data from International Labor Organization, the global health industry, employs over 240 million people. It is one of the largest and fastest-growing employers globally, particularly for women. From this, around 70 percent of health and social care professionals are women, and contribute an estimated US$3.2 trillion to global health each year; however, half of it in the form of unpaid care labor. This unpaid care labor should be utilized in a more effective way by integrating gender equality in the process.

- It will lead to increased participation from women in the healthcare sector.

- Promoting gender equality will help reduce gender-based violence towards women and girls.

- It will help promote a safe and healthy society for all.

8. Disadvantages of gender inequality:

- Stereotypes that are formed due to gender bias affect children's sense of self from a young age.

- Women and young girls from any communities experience sexism and discriminate due to gender inequality.

- Gender pay-gay affects a women's sense of financial security.

- Female doctors are also underrepresented and the income disparity continues even in their case. Despite lacking data from India and other low to middle-income countries, results from multiple studies have shown that female physicians earn approximately 20-29 percent less than their male counterparts worldwide. One of the reasons for this pay gap is because males are more likely to hold higher-paying jobs as well as leadership positions.

- However, lack of gender parity in healthcare leadership is not due to factors such as – a lack of interest, a difference in career commitment, or years of education, but because of reasons such as – systemic gender bias, a lack of growth opportunities, and a growth ceiling that exists in healthcare as well as other industries. Health systems are affected adversely as a result.

- Female doctors can play a more significant role in primary healthcare systems especially in places where gender norms are more restrictive and thus limit healthcare-seeking freedom for women.

- According to studies, around 18 million health professionals are needed to combat the next Covid-19 wave or the next pandemic so, tackling gender disparity in health workforce is critical. This will lead to a halt in attrition of health care workers, lead to proper deployment of talented workers, and strengthen healthcare systems worldwide.

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