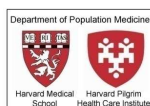


## Health Care and Medicines Need and Access: Are there Gender Inequities?

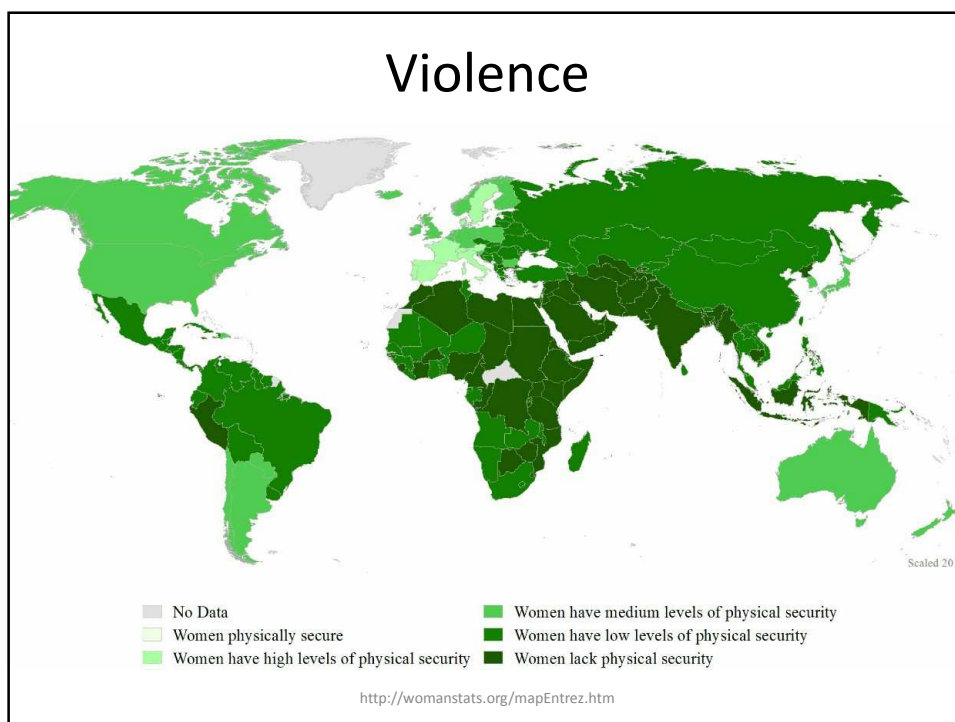
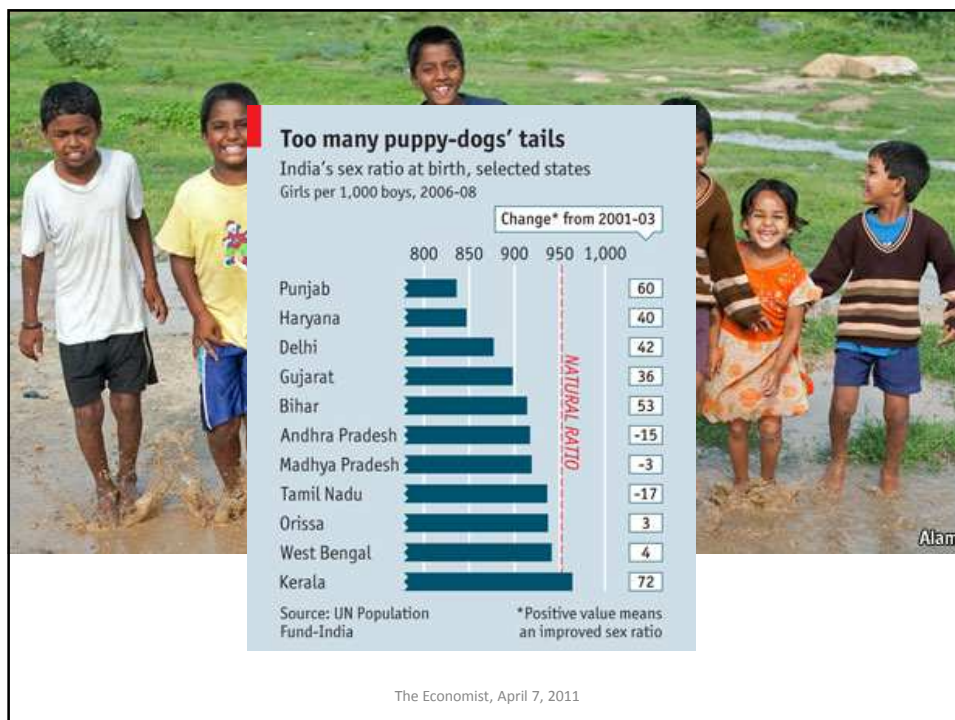
Anita Wagner

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Yong Loo Lin School of Medicine  
National University of Singapore



“Well, if you're not fully utilizing half the talent in the country, you're not going to get too close to the top.”

Washington Post, January 27, 2007



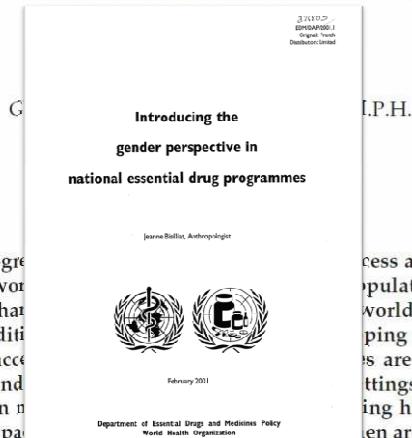
## Reproductive Morbidity/Mortality

- One woman dies every 90 seconds
- 30 more suffer permanent disability



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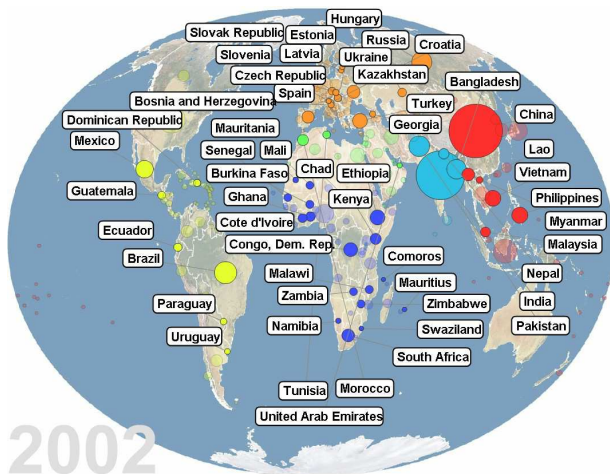
### Gender and Medicines: An International Public



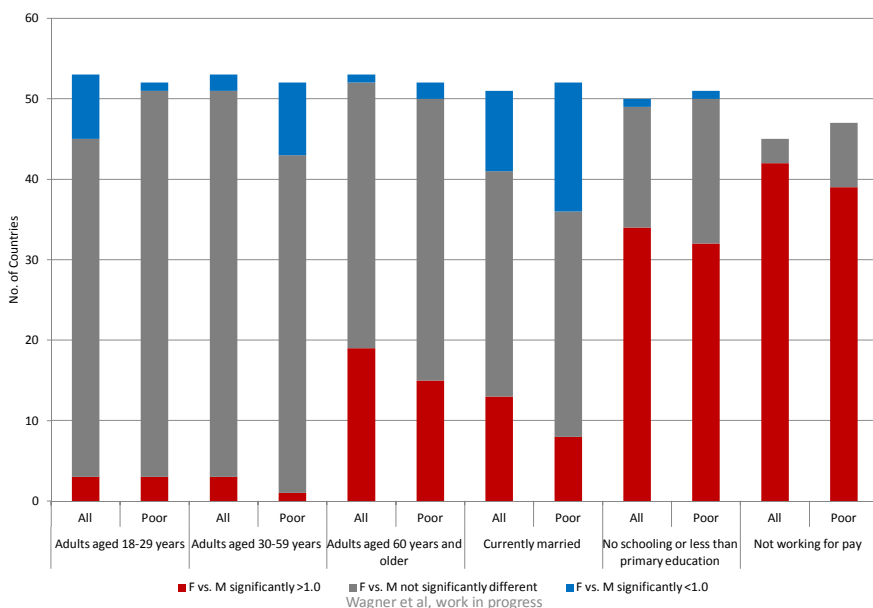
Despite outstanding progress, equitable throughout the world's production of pharmaceuticals. Additional gender-related barriers in access to medicines for men because of social and cultural norms. Women use more medicines than men. The HIV epidemic impact on women is greater than on men. Biological differences, in both developing and developed countries, are needed to fully understand the impact of gender on access to and use of medicines. Improving access to essential medicines will be possible only if countries introduce a gender perspective in their medicine policies.

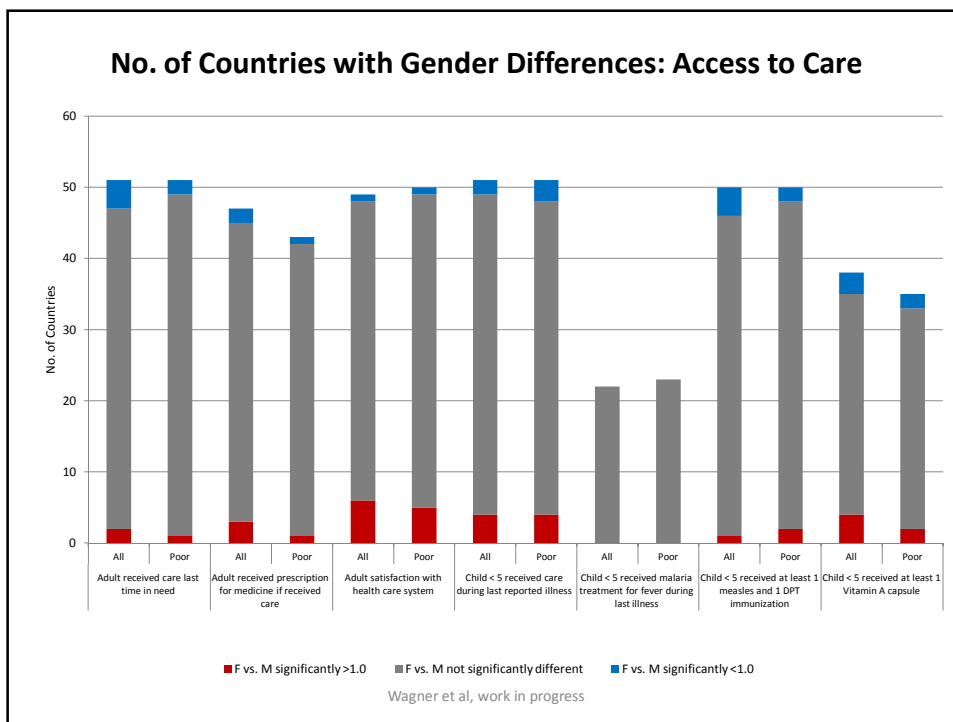
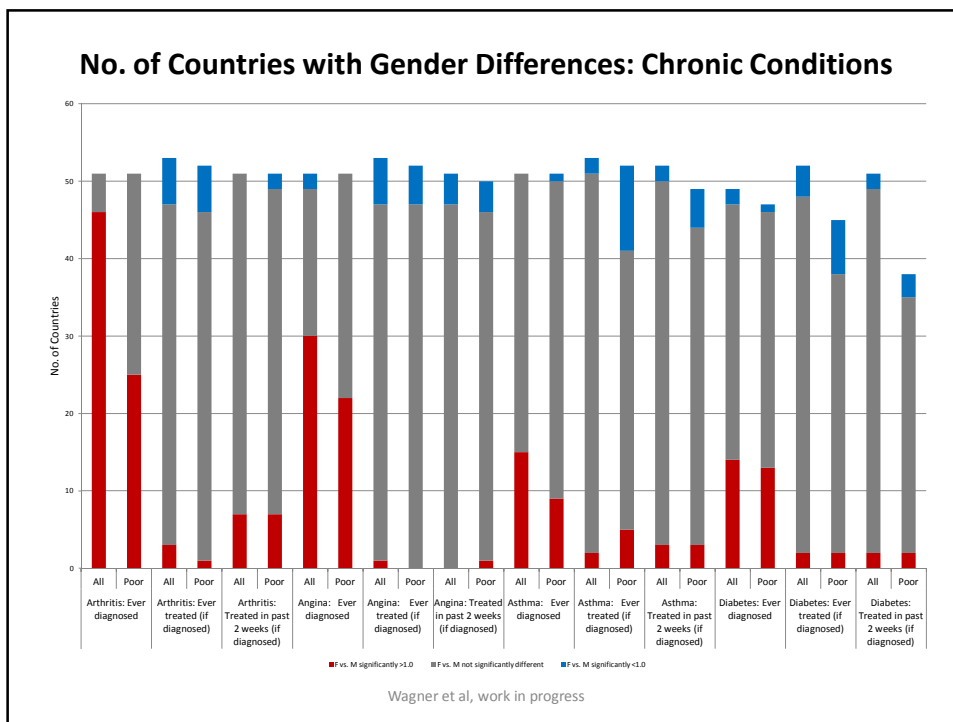
Access and use have not been equitable. The world population consumes 91% of the world population has access to essential medicines. In developing countries reveal that gender inequalities are greater for women than for men. In developing countries, women are reported to have lower access to essential medicines. More social and statistical data, in both developing and developed countries, are needed to fully understand the impact of gender on access to and use of medicines. Improving access to essential medicines will be possible only if countries introduce a gender perspective in their medicine policies.

# World Health Survey 2002



## No. of Countries with Gender Differences: Adult Demographics





## Gender Effects in Multivariate Models - Adults

	Odds ratio, all households (95% confidence interval)
Self-rated health moderate, bad, very bad	1.36 (1.33, 1.38)
At least one chronic condition	1.41 (1.38, 1.44)
Arthritis diagnosis or symptoms	1.46 (1.43, 1.50)
Needed care within past year	1.51 (1.45, 1.57)
Treatment for all reported chronic conditions	1.00 (0.96, 1.04)
Arthritis treatment	1.22 (1.16, 1.28)
Acute care when needed in past year	0.95 (0.85, 1.06)
All or most medicines needed during last visit	0.98 (0.93, 1.03)
High satisfaction with health care in country	1.15 (1.13, 1.17)
Perceived discrimination in outpatient care due to gender	1.00 (0.88, 1.14)

Females coded as 1. Models control for household size; having a member age 60 years and older or a child under 5 years (adult models only); highest education of any household member; household poverty; urban location; insurance coverage; respondent age, marital status, education, and health status.

## Gender Effects in Multivariate Models - Children

	Odds ratio, all households (95% confidence interval)
At least one Vitamin A capsule in past 12 months	1.03 (1.00, 1.07)
At least one measles and one DPT vaccine received	1.01 (0.98, 1.04)
Fever, severe diarrhoea, or other illness	0.93 (0.90, 0.97)
Care received for last illness	0.98 (0.94, 1.03)
Treatment for malaria during last episode of fever	1.01 (0.96, 1.06)

Females coded as 1. Models control for household size; having a member age 60 years and older or a child under 5 years (adult models only); highest education of any household member; household poverty; urban location; insurance coverage; respondent age, marital status, education, and health status.

## Equally Poor Access for Men & Women

	All households		Poor households	
	Adults			
	F	M	F	M
Diabetes treatment, last 2 weeks	53.9 (37.8, 64.0)	54.6 (42.8, 69.3)	48.2 (25.8, 62.2)	47.8 (23.4, 72.9)
Depression treatment, last 2 weeks	30.5 (23.4, 38.0)	27.9 (17.2, 43.7)	29.6 (15.1, 42.0)	28.1 (13.5, 44.9)
	Children < 5 years			
	F	M	F	M
Vitamin A capsule, past 12 months	57.1 (30.6, 76.3)	55.3 (30.7, 73.3)	52.9 (26.0, 75.0)	55.1 (27.9, 69.2)
Measles and one DPT vaccine	39.2 (27.0, 58.4)	39.6 (26.8, 58.7)	36.8 (21.9, 58.5)	40.4 (26.1, 58.5)

Median (25<sup>th</sup>, 75<sup>th</sup> percentiles) across households in 53 countries

## Summary

- Women frequently report more need for care
- Among those with health care need, there do not seem to be consistent differences in selected indicators of access to care and medicines
- Access to care seems equally poor among men and women with chronic conditions and to prevention among boys and girls

## Possible Explanations (1)

- Study limitations
  - Heterogeneity
  - Small samples
- Study focus - not on specific women's health issues
  - Smoking
  - Gender-based vulnerabilities – HIV/AIDS
  - Physical and sexual violence
  - Teenage marriage
  - Pregnancy & child birth
  - Malaria

## Possible Explanations (2)

- Findings represent true summary across countries
  - Masculinity concept
    - “Real men don't get sick (or seek care or take medicines).”
  - Women have contact with system
    - Care givers
    - Reproductive health
  - Equally poor access for men & women

