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Effects of Gender Inequalıty on Women's Reproductive Health

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Abstract

Gender refers to the socially determined roles and responsibilities of women and men. Gender-based discrimination is called discrimination or social exclusion of any kind, which arises from socially established gender roles and norms and which violates one's human rights.

Today women are still unable to make decisions to receive reproductive health services, and to access and receive healthcare due to barriers. This is thought to stem from gender inequality-based reasons such as the inadequacy of women's living conditions, lack of financial independence, or lack of the right to speak in making decisions. Taking into account the principle of providing services to everyone in the presentation of reproductive health services, it is very important to identify in which areas and to what extent gender discrimination affects the receiving of health services negatively.

In this paper it was aimed to investigate the effects of gender inequality on reproductive health.

Keywords: *Gender; Inequality; Reproductive Health*

Introduction

As is known, the genetic, physiological and biological characteristics that define women and men are called "sex". Gender refers to the socially constructed roles and responsibilities of women and men. Gender is the concept not related to biological differences but to how society views and perceives us as men and women, and expects us to behave [1-3]. There are two important issues regarding women's health. The first one is the biological nature of the female sex, and phenomena related to reproduction regarded as the physiological "task" and the morbidity and mortality burden these lead to. The second one is the situations and processes women are exposed to due to their sex [4].

Especially women's reproduction-related characteristics and functions make "Women's Health" very special. Inequalities between men and women regarding reproductive health problems start from birth and continue until death unfavorably of women. Reproductive healthcare needs of men and women vary by age. From the onset of adolescence, women's reproductive healthcare needs are more than men's. Women are exposed to more risk factors than do men throughout their life, from the intrauterine life, to their childhood, adolescence, adulthood and old age. However, due to gender-based discrimination, women have trouble accessing healthcare services although biologically they need these services more, which adversely affects women's health in the strict sense, and child health and community health in the broad sense. Taking into account the principle of providing services to everyone in the presentation of reproductive health services, it is very important to identify in which areas and to what extent gender discrimination affects the receiving of health services negatively. This paper was aimed at investigating the effects of gender inequality on reproductive health.

Women need more health care services than men, both due to their biological characteristics and due to the gender-based discrimination they are exposed to. the differences between the female and male reproductive systems are") almost the most important factor affecting the use of health care. Due to their reproductive capacities, women have special needs related to fertility control, pregnancy and

childbirth. In addition to reproductive systems, genetic, hormonal and metabolic changes cause differences in the incidence of heart diseases, infections and autoimmune system problems in men and women. However, from a gender-based discrimination perspective, being a woman appears to be a disadvantage in terms of benefiting from health services [5,6].

The most striking negative consequence of gender discrimination is seen in benefiting from health services. In underdeveloped and developing countries, women access health services less than do men. This low level of access is both due to the family's limited access to the economic resources and due to gender-based obstacles such as the prohibition of women to board the public transport alone or the need for women to get permission from men in the family to have medical examination or treatment. In addition to social and cultural barriers, women's emotional and cognitive capacities also prevent them from accessing health care. In many cultures, women believe that suffering is their destiny. For example, they consider health problems such as headache or vaginal discharge are normal [7].

Social pressure, reinforced by gender inequality, affects women's access to and utilization of health services (prevents women from accessing and utilizing health services. Gender restricts women's ability to demand and if the problem is the one not approved by the society, the problem can become even more complicated. Gender inequality and the disadvantages it brings about not only negatively affect women's self-confidence, but also decrease their self-respect and thus prevent them from accurately identifying their health care needs. In the traditional family structure, gender-based behaviors affecting women's independence (such as family's financial possibilities being under the control of men, women's not being allowed to go out alone etc.) make women dependent on men to meet their needs.

Traditionally women's health services have focused especially on contraception and safe childbirth in reproductive ages of women. This is true for regions where the maternal-child health problems and mortality rates are high, but this is also true that the health needs of millions of young women and postmenopausal women are overlooked.

The level of education and the place of residence (rural/urban area or eastern/western part of the country) are the determinants of the utilization of health services. According to Turkey Demographic and Health Survey 2013 data, the rate of women who live in rural areas and/or who have low education and income levels in terms of receiving at least one pre-natal care from health personnel and delivering their children at health facilities is lower than that of women with high education and income levels [8]. The rate of receiving pre-natal care is 91.5% among women who have never received education or have not completed primary school, 97.5% among women with primary school education, 98.4% among women with secondary school education and 98.8% among women with high school or higher education. This rate is 92.7% among women living in the rural areas and 98.1% among women living in the urban areas.

Gender discrimination affects the "fertility behavior" of women, especially if they have low social status. According to a study conducted in 99 developing countries, there is a direct relationship between women's social status and fertility, and the number of children they have decreases as their social status increases [3]. Especially in traditional societies, the social status of a woman is determined by the number of children, especially by the number of boys she has given birth; the higher the number of children/boys the higher her status, which urges the woman to give birth to a lot of children/boys. According to the Turkey Demographic and Health Survey 2013 data, total fertility rate is inversely proportional to education level. The Total Fertility Rate (TFR) rapidly drops as the education increases; it is 3.76 among women who have never received education or have not completed primary school, while it is 1.66 among women with high school or higher education. The TFR also decreases as the level of welfare increases. The TFR is 3.32 among women whose welfare level is the lowest and 1.72 among women whose welfare level is the highest.

One of the major problems of women's health based on gender inequality is violence against women. Violence against women based on gender inequality is the violation of human rights and one of the forms of discrimination against women and is a social issue which threatens women's right to life and hinders their participation in social life. Social pressure, reinforced by gender inequality, constitutes a major obstacle preventing women from escaping violence. Violence which manifests itself in various forms and affects women throughout their lives not only limits their lifestyles or deprives them of their right to make decisions about their own lives but also affects their

physical and mental health adversely [9,10]. Violence has negative consequences over women: they are killed, debilitated or injured, and their quality of life is ruined.

Given some negative consequences of violence against women on mental health, it is obvious that psychological problems such as post-traumatic stress disorder, depression and anxiety, social phobia, panic disorders, psychosomatic disorders, eating and sleeping disorders, alcohol and substance abuse, smoking addiction, feelings of shame and guilt, decreased self-esteem, unsafe sexual behaviors, suicide and self-violence are more common in female victims of violence.

Negative consequences of violence on sexual health and reproductive health of women are infertility, pregnancy complications/abortions, sexual dysfunctions, sexually transmitted diseases (e.g. AIDS) and unwanted pregnancies. AIDS-related deaths, maternal deaths, committing murders and suicides are also more frequent among women exposed to violence [11].

In addition, violence perpetrated during pregnancy causes many problems not only in mothers such as failure to receive antenatal care, giving premature birth, abortion, premature separation of placenta, prenatal bleeding and premature rupture of membranes but also in fetuses such as low birth weight, fractures, pulmonary or splenic rupture, injury and distress. The most dramatic consequence of domestic violence in pregnant women is maternal and infant mortality [12].

An important consequence of the association of sexual life with marriage in women in traditional societies is the emergence of risks to the reproductive health of unmarried women. A large proportion of unmarried women with the highest number of sexual problems are teenagers. Among the risks related to reproductive health for female adolescents or unmarried women are displaying high-risk sexual behaviors, lack of knowledge and barriers to accessing health services, as a result of which they experience such problems as sexually transmitted diseases (STDs), unwanted pregnancies, teenage pregnancies and unhealthy abortions [13].

Due to gender discrimination, protein/energy malnutrition, anemia and other micronutrient deficiencies resulting from nutrition-related discriminatory attitudes are more common in girls. Inadequate/unbalanced nutrition and low intake of antioxidants lead to cardiovascular problems and cancers in the future. Adolescent girls' low calcium intake paves the way for osteoporosis in the future. In developing countries, girls' not being allowed to go out causes them not to take enough sunlight, which leads to Vitamin D deficiencies, an important cause of bone deformities. Iodine deficiency, which 25% of girls in developing countries suffer, results in mental retardation [14].

Conclusion

In conclusion, today women are still unable to make decisions to receive reproductive health services, and to access and receive healthcare due to barriers. This is thought to result from gender inequality-based reasons such as women's inadequate living conditions, lack of financial independence or lack of the right to speak in making decisions. Taking into account the principle of providing services to everyone in the presentation of reproductive health services, it is very important to identify in which areas and to what extent gender discrimination affects the receiving of health services negatively [15-21].

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