**Health inequalities**

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ACCESS to healthcare is part of our basic right to a life of dignity. Despite its universality, healthcare and its denial are felt along lines of class, gender, sexuality, religion, race/ethnicity, (dis)ability and of ten an intersection of all these. The healthcare system itself reproduces inequalities and systems of oppression that undergird society through inaccessibility and skewed priorities.

Throughout history, the centre of medical research and the reference point for medicine was men`s bodies. In clinical research, women are overwhelmingly underrepresented in trials for medicines and treatments. For instance, while women make up over half of the 35 million people living with HIV worldwide, most trials for treatments focus on men despite the fact that women respond differently to the infection as well as the drugs administered for treatment.

This fundamental exclusion on the basis of sex at the starting point of healthcare, according to medical research, shows the rampant gender bias permeating the entire system. The specific needs of women are invisibilised not simply due to a lack of awareness but more as part of the dehumanisation and neglect that erases women from systems and institutions.

Despite society`s obsession with regulating women`s bodies, not enough attention is paid to the pain those bodies feel. Dianne Hoffman and Anita Tarzian point out in The Girl Who Cried Pain: A Bias against Wornen in the Treatrnent of Pain, women are more likely to be undertreated or inappropriately diagnosed for pain. Termed as the `gender pain gap`, women`s discomfort is being systematically undervalued by the medical profession. In countries like ours where patriarchal controls severely hamper women`s mobility, women are much less likely to visit a medical facility than men. This is underscored by the high cost of quality healthcare, with families prioritising limited resources for men`s treatment as opposed to women`s.

Women`s health is impacted deeply by their place within the patriarchal family system which translates into the lack of decision-making regarding their health. Women have little say in the question of having children and are often reduced to a child-bearing role within the family, exposing an inability to imagine their role beyond that of a mother. The maternal mortality rate, though improved from 276 deaths per 100,000 live births (Pakistan Demographic and Health Survey, 2006-7) to 186 (Pakistan Maternal Mortality Survey), is still too high. Women get insufficient nutrition because of the discrimination inside Pakistani households and are of ten the last to eat.

That is why healthcare must be imaginedas a feminist issue, one that the feminist movement in Pakistan must address as it is the site where patriarchal oppression, violence and exclusions play out in the most visceral sense denial or provision of inadequate healthcare on the basis of gender means the difference between life and death.

Gender-based violence, a central concern of the feminist movement, is also a healthcare issue as survivors of violence and abuse need access to gender-sensitive physical and mental health services. We carry the trauma of violence and patriarchy in our bodies, the manifestations of which are complex and debilitating. The pay gap of Lady Health Workers is an issue of gender discrimination as it is a direct result of the undervaluing of their work because of their gender and the gender of the communities they serve.

A feminist approach to healthcare will force us to centre the needs of marginalised bodies within the healthcare system, ranging from basic things like designing medicalcentres to be accessible to dif ferently abled persons. It would also mean the government fulfilling its promi se to `review medical curriculum and improve research for doctors and nursing staff to address specific healthissues of transgender persons` under Section 12 of the Transgender Persons (Protection of Rights) Act, 2018. A feminist approach would ensure that these measures are not adopted as add-ons to the healthcare system, but are central to its very design.

Covid-19 has laid bare the stark structural inequalities of society and exposed the fragility of health systems worldwide.

Pakistan`s health budget has been hovering around the one per cent mark, an indictment of the state`s priorities. A feminist vision of healthcare posits it as a matter of social justice and reframes it from an individual concern to a collective one. It is the responsibility of the state to provide universal healthcare, moving away from the privatisation model adopted by the incumbent government.

As women march on International Working Women`s Day today, the theme for this year is the crisis of healthcare and care.

They will demand universal healthcare, freedom from the `pandemic of patriarchy` and a chance to live in a society that values our lives and bodies.  The writer a researcher in gender and digital rights.

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