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A Study of Identification of The Practice of Gender Discrimination Regarding the Access to Health Care Facilities in The Kolkata On the Basis of The Levels of Development

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Abstract

This study explores the practice of gender discrimination in access to healthcare facilities within the Kolkata Metropolitan Area, focusing on the towns of Baruipur, Kamarhati, and Uttarpara-Kotrung. While health is traditionally analyzed from a biological perspective, this research adopts a sociological approach, emphasizing the influence of social, economic, cultural, and gender-based factors on health outcomes. Data collected through field surveys reveal a higher incidence of illness among women, particularly in areas with lower levels of development, despite the availability of healthcare services. Women often face barriers such as financial constraints, restricted mobility, and limited autonomy, leading to delayed or no treatment. In contrast, men have relatively easier access to healthcare services, irrespective of age or illness type. The study finds that healthcare expenditures are generally lower for women, not due to better health but due to systemic neglect and limited utilization of formal health services. The findings underscore the persistent influence of patriarchal norms and economic disparities in shaping healthcare access. The study concludes that achieving health equity requires targeted policy interventions, increased public awareness, and a collective societal effort to eliminate gender-based discrimination in healthcare.

Keywords: Gender Discrimination, Healthcare Access, Urban Health, Socioeconomic Inequality.

1. INTRODUCTION

In key metrics used to assess a country's degree of progress is its health. Every nation growth and transformation, and one crucial aspect is health. It has the power to both hasten and impede national development, as well as to positively or negatively impact the population's state of health. Person's health status not only affects their life expectancy at birth but also their productive age, employment status, and earning potential, all of which have a general population's well-being. The number of economic factors, including poverty, employment, purchasing power, and income, also affect people's health. It is true that developing economies are caught in a vicious cycle (Rani Gopal, 1987). Therefore, health research is essential to advancing the development of a nation's human resources and economic expansion.[1]

Many people have profited from the World Health Organization's (WHO) efforts to promote "one world health" and usher in a new era of international cooperation in healthcare.[2] In common parlance, "health" means being physically well, mentally stable, and environmentally secure. Global health refers to "a state of complete physical, mental, and social well-being and not merely the absence of diseases," according to the World Health Organisation (Sharma, 2000).[3] And according to the World Health Organisation, "governments have a responsibility for the health of their people, which can be fulfilled only by the provision of adequate health and social measures" in the constitution.[4] Achieving this goal is essential for everyone's basic needs and quality of life; it is a basic human right and a universal societal objective.[5] The following ideas are encompassed by the idea of "Health for All" (Asnani, 1988):

- Everyone is entitled to health care, no matter what.
- Everyone, without exception, has the right to access the many tiers system's complexity.
- Every person, without exception, has the right to live in an environment that is naturally healthy in terms of culture, society, economy, and physical surroundings.
- Everyone, without exception, has the responsibility and right to actively participate in promoting both their own and the community's health.[6]
- Major decrease in the stark and shameful disparities various population groups, both within and between nations.

- The massive and shameful disparities in how national societies distribute resources for their citizens' health care must be greatly reduced. [7]

1.1. Aim of the study

Gender demonstrates social and biological predictor of health. It's observed or investigated from three different perspectives: economic, social, and political. When controlling for financial position, a study found that males are more likely than females. Gender gap represented by women's lower likelihood of being proficient, continuing their education, and participating in the labour force, according to additional literature. In the study, the author looked into gender bias in accessing health-care facilities and explained that as women mature into adulthood, achieving an equitable health status. These barriers stem from women's low status in Indian society, particularly in rural areas where poverty is prevalent.

As a result, health-care should be equally available in such urban regions, especially since our country has pledged to attain "Health for All by the Year 2000." Thus, a recent exploration, particularly in West Bengal's metropolitan areas, is required to gain a thorough understanding of our state's current health position, nation's overall health status.

1.2. Objectives

- To evaluate the physical, demographic, social, economic, & infrastructural factors of the study area that are likely to influence the general public's health needs and access to health care services.
- To assess the amount of gender discrimination in access to health care services, analyze the types of health care services used by both male & female patients.
- To study the correlation between demographic & socioeconomic inequalities of the sample population within the study area & unequal pattern of access to health care practices available to both male & female patients, as well as the practice of gender discrimination.
- To determine whether or not gender discrimination exists in the research area when it comes to access to health care facilities based on socioeconomic status.

2. LITERATURE REVIEW

Devika Mehra et al. (2022) A large portion of the global mental health burden, and an especially heavy burden in India, is attributable to the onset of mental health issues during the early years of puberty. In India, there are significant challenges in the areas of early mental health condition detection, treatment gaps, specialist shortages, and interventions to address these concerns. Finding out how effective mental health therapies are for Indian youths was the primary motivation for our investigation. Interventions published between 2010 and 2020 were examined by a comprehensive search of PubMed, PsycINFO, and Cochrane databases, in addition to cross-referencing. Nine interventions were implemented in schools, one in the community, and one online as part of this study. Most of the programs that took place in schools included a life skills curriculum. The cognitive powers, problem-solving abilities, academic stress, and general mental health, as well as the signs of depression, were all positively impacted by the resilience and coping skills classes. The overall school atmosphere and other mental health outcomes were positively impacted by the multi-component whole-school intervention. The first step in identifying mental health disorders should therefore be to implement programs in schools. There has to be a more extensive mental health program in the country for teenagers. Additional initiatives targeting pre-teens and teenagers not in school are also necessary to narrow the gap.

Chatterjee et al. (2021) Investigating geographical health inequalities is an important part of India's public health agenda. The key to recognising the areas under stress is quantifying the imbalance and balance of health hazards and healthcare provision. By comparing health-care access and risk exposure across urban, semi-urban, and rural areas in the Durgapur industrial area, this study aims to find areas with higher risk factors but less access to healthcare. This study examines the socioeconomic status of rural and urban areas in relation to health-care accessibility (AHCF), health-risk exposures (HRE), and other factors, in order to pinpoint problem areas. Investigate a variety of interdisciplinary approaches to deciphering features,

such as geographical coverage and appropriateness of facilities, people's living standards, medical spending, and exposure to health risk factors, among many others. Independent sample t-tests, Sopher's Index, test of significance correlation coefficients, and quintile ratios were used to quantify inequalities. The survey found strong correlations between AHCFs and the share of the population living in urban areas, showing that, because of the widespread distribution of HCFs, urban populations enjoy better AHCFs. Density and use of HCFs decrease in tandem with the percentage of the population living in urban areas. Some rural areas are more stressed than metropolitan areas due to local geographical variables such as lower AHCF, social status, and increased exposure to health risk factors, even though urban areas are closer to pollution sources. In addition, the north-eastern area of the state (North Kanksa) should have its infrastructure decentralised and the Ranigunj, Jamuria, and Mejhia blocks should either restore their environment or stop developing their auxiliary economies.

Kumar et al. (2021) A comprehensive analytical methodology for assessing the economic-socio-cultural (ESC) sustainability of neighborhood-level urban communities (NLUCs) is proposed in this study for Kolkata, India. The purpose is to provide a collection of measures that meet particular requirements for analysing the sustainability of ESCs in specific situations using a top-down approach. At first, the framework used a collection of preexisting indicators and approaches to quantify sustainability. After that, the study employed the Delphi method to classify the indicators that measure the sustainability of ESCs, which is a way to evaluate expert opinion. The RIDIT test, grey relational analysis, and selected sustainability indicators were utilised to uncover their interconnections. Prior to applying Random Forest Classifer, a supervised machine-learning technique, to detect duplicate signs, the VIF test is executed at the key stage. Variables that will improve the model's predictive abilities were included in the last set of indicators. In order to build a model that can assess the long-term viability of ESCs in the face of both anticipated and unexpected NLUCs, our study provided the necessary framework.

Nasrin Banu et al. (2021) Healthcare is the most significant criterion for evaluating people's health in every place. This research examines the role of the Indo-Bangladesh international border in gaining access to healthcare services in West Bengal districts that share their whole eastern border with Bangladesh. The study used Penchansky& Thomas' concept of access, that consists of five dimensions: affordability, availability, convenience, leisure facilities, and adequacy.

3. RESEARCH METHODOLOGY

The empirical investigation is entire research project. It was choose the topic for this study, and choose extensive literature review of pertinent books, journals etc. was done from the outset. Information was gathered. It goes into considerable detail about the study area's natural conditions as well as its physical, social, economic, demographic, and cultural surroundings. After that, an empirical study is necessary examine the fundamental investigation.

3.1. Location and choice of study area

For the purpose of this research work, various towns lying inside the administrative boundaries of West Bengal, i.e., KMA, or the Kolkata Metropolitan Area, have been selected. Since it is not possible for any individual researcher to conduct an exhaustive primary-level study throughout the entire of West Bengal, three well-known towns in the Kolkata Metropolitan Area have been chosen as a representation of urban West Bengal. These selected towns are Baruipur, Kamarhati, and Uttarpara-Kotrung, which come under the administrative authority of their respective municipalities.

3.2. Data Collection

Primary data were gathered from the sample families in the chosen research area wards by a comprehensive field survey utilizing the proper sampling technique and a structured questionnaire. A home schedule has been created to match the requirements of the needed study area gather information, and visual aids such as photographs of the study area have been gathered.

3.3. Sampling

The conduct of this research, a few towns located inside the KMA, the most urbanized region of WB have been selected. KMA have been selected as a representative of urban WB because feasible researcher to do an extensive primary-level investigation throughout the entire state of West Bengal. Baruipur, Kamarhati, and Uttarpara-Kotrung are the towns that have been chosen; each of them is governed by a municipality.

3.4. Sampling Technique

The simple random sample approach will include five to ten percent of all census households in the selected wards of the three municipality towns.

4. DATA ANALYSIS

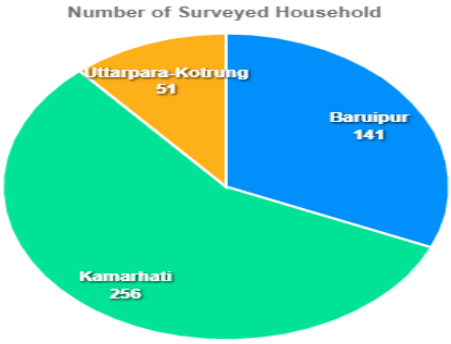

Figure 1: Number of Surveyed Household

In field survey, a few chosen Baruipur, Kamarhati, and Uttarpara-Kotrung municipalities, over respondents had reported being ill in the ninety-day or twelve-week period that preceded the study. The ward-by-ward research also highlighted the fact that, relative to the total number of sick patients in each ward, there is a higher patient than male patients. When compared to ladies in high-category wards, the condition of females in medium- and less-developed wards is worse.

This is noteworthy once more because it relates to the disadvantaged with regard to health issues.

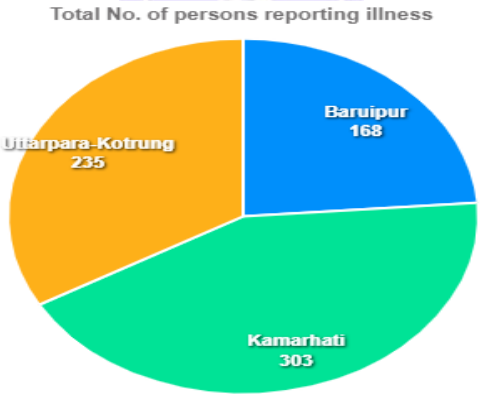

Figure 2: Total no. of persons reporting illness

The pie chart illustrates the number of persons reporting illness in three different areas. Kamarhati has the highest number of reported illness cases at 303, followed by Uttarpara-Kotrung with 235 cases. Baruipur has the lowest number of reported illnesses at 168. This suggests that health concerns are more prevalent in Kamarhati compared to the other two areas. The data highlights the need for targeted healthcare interventions, particularly in Kamarhati, to address the higher incidence of illness.

Table 1: Number of sick persons

Location	Number of Sick Persons
Baruipur	166
Uttarpara-Kotrung	235
Kamarhati	303

The data shows the number of surveyed sick persons in three locations. Kamarhati has the highest number of sick individuals at 303, followed by Uttarpara-Kotrung with 235 cases. Baruipur has the lowest number, with 166 sick persons reported. This suggests that illness is most prevalent in Kamarhati among the three areas, indicating a possible need for greater healthcare attention and resources there.

Table 2: Availability of Health care services

Location	Availability of Health Care Services
Baruipur	16
Uttarpara Kotrung	18
Kamarhati	23

The data shows the availability of healthcare services in three locations. Kamarhati has the highest number of available health care services at 23, followed by Uttarpara-Kotrung with 18. Baruipur has the lowest availability with only 16 services. This suggests that healthcare infrastructure is relatively better in Kamarhati, which may support the higher number of sick persons reported there, while Baruipur may face challenges due to limited health services.

5. CONCLUSION

This study explores health from a sociological perspective, emphasizing that health is not only a biological concern but also deeply shaped by social, economic, cultural, and gender-related factors. Focusing on the Kolkata Metropolitan Area—Baruipur, Kamarhati, and Uttarpara-Kotrung—the study highlights disparities in access to and utilization of healthcare services, particularly among women. Despite being biologically resilient, women report higher morbidity but often delay seeking treatment due to financial constraints, social restrictions, and lack of autonomy. These issues are more pronounced in wards with lower levels of development, where women frequently rely on home remedies or low-cost treatments, while men have better access to healthcare services. The data also reveal that women's healthcare costs are generally lower, reflecting not better health but systemic neglect.

The study further notes that access to healthcare is influenced by factors such as household income, the education level of the head of the family, and gender norms. In less developed areas, women's healthcare access is often determined by their age and social role, while men receive treatment more readily regardless of such factors. Medical expenses are mainly covered by household savings, but women have limited access to medical insurance and financial aid. The findings reveal that patriarchal attitudes continue to restrict women's access to quality healthcare, despite urban settings and the availability of services. The study concludes that meaningful change can only come through increased public awareness, widespread literacy efforts, and a societal movement that challenges ingrained gender discrimination and demands equitable healthcare for all.

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