

Gender and Women's Health

Research on gender issues

Issue of gender equity and equality is still a novelty in Myanmar. More research works are in need to explore the role of women and men in communities. Research done among rural communities in 2005 indicated that married females in poor families are mainly responsible for household chores while husbands for earning. No marked discrimination of what a wife or a husband should do was observed. Switching roles sometimes, as situation like illness or confinement calls for, were observed indicating family responsibility were shared between wife and husband. In a study in 2006 in peri-urban and urban area, it was found that the views on sharing of resources, utilizing health services between women and men, societal values and belief were found to be different to those observed in rural communities although basic roles of women and men were similar.

A study in 2005 assessing knowledge, attitude and practices of basic health staff on gender issues indicated the need to provide training to basic health staff on concepts and related practices within the health related frame work for gender equity and alleviation of poverty. The study also provided rich back ground information for use in preparing training modules for them.

A study exploring gender based domestic violence in rural and peri-urban communities is to be conducted to identify causes, magnitude, types and consequences of gender based domestic violence among rural and peri-urban poor. It is expected that findings from the study will provide ground work for prevention of gender based domestic violence.

Trainings

Trainings have been provided to basic health staff on concepts and related practices within the health related framework of gender and equity. Gender issues have been sensitized to almost 2000 basic health staff from 27 townships and specific gender and health trainings has been given to over 800 of them in 14 townships.



Training modules were also developed for sensitizing health managers on gender and health emphasizing on specific diseases applying gender analysis tools and gender mainstreaming tools. Training team members from state and divisional health departments have also been trained using these modules to enable them to monitor gender and health activities at township levels.

Trainings have been provided to mainstream gender issues in four health service programmes, namely Tuberculosis, HIV/AIDS, Leprosy and Reproductive Health. All these activities will lead to development of strategies for integrating gender equity into policy, programmes and capacity building in the health sector in the future.

Gender analysis and mainstreaming tools for basic health staff and the community provided the opportunity to make service providers and community accept, understand and consider gender issues and making them gender aware and gender sensitive in their service provision and care seeking respectively.