# Calendar 2017





### **About this calendar**

Current medical education does not take into account gender as a social determinant of health. One result is the variation seen in relation to access of health systems and services by men, women and intersex persons/transgenders. Therefore, there has been a call for re-orientation of medical education in India to include gender in the instruction and training of medical students.

This year's calendar is based on CEHAT's effort to integrate gender in medical education. The key messages are centered on the themes of sex and gender, gender based violence, gender as a social determinant of health, access to safe abortions and medical ethics. Case studies are used to highlight gaps in response of the health system and ways to address them through a gender inclusive healthcare practice are presented.

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### **About CEHAT**

CEHAT was established 22 years ago when a group of researchers and healthcare professionals decided to create an alternative health research institution which is at the interface of activism and academics. CEHAT comprises of a multi-disciplinary team such as doctors, lawyers, social workers, public health experts and counselors.

CEHAT, through its research, intervention, education and advocacy, has been addressing issues of right to health care as well as preventing violence and caring for survivors. All projects are periodically reviewed for scientific rigor and ethical compliance by external review committees. A democratic mode of decision making is the cornerstone of CEHAT's functioning.

### **About GME**

Systematic critiques of medicine and public health curricula in India have highlighted many lapses like poor orientation of medical students to social determinants of health, especially gender.

Gender in Medical Education (GME) was conceptualized and implemented in 2013 with an aim to achieve gender sensitization and awareness on public health issues. GME is a collaborative effort of CEHAT, Directorate of Medical Education and Research (DMER), Maharashtra University of Health Sciences (MUHS) and supported by United Nations Population Fund (UNFPA). Some of the specific objectives of GME are:

- 1. Build capacity of medical faculty on gender perspectives and women's health issues through the Training of Trainers' (TOT) programme.
- 2. Facilitate teaching of gender perspectives to MBBS students by trained medical faculty.
- 3. Advocate for policy inclusion of modules integrating gender perspectives in MBBS curriculum after assessing impact of this programme.

# Is 'sex' only male and female?



A day-old baby, born with ambiguous genitals.

Parents confused and worried.

Hospital staff insists that parents
decide the sex of the baby immediately.

Babies may be born with ambiguous genital organs which may develop differently later.

A Gender inclusive approach means,

**Enabling parents to understand the situation.** 

Acknowledging and being sensitive towards the needs of intersex individuals and their families.

### **JANUARY 2017**

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#### **FEBRUARY 2017**

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# Does gender determine access to healthcare?



Meera, a 25-year-old married woman.

Suffering from cough and high fever for 4 months.

Husband prevents her from seeking treatment.

Faces abuse at home for inability to work.

Reaches the health facility with great difficulty.

Diagnosed with TB.

Women's healthcare needs are often neglected and they face restrictions from family which aggravates their illness.

A Gender inclusive approach means,

Being sensitive and finding out why there is a

delay in seeking care.

Developing a treatment plan suited to women's realities.

### **MARCH 2017**

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### **APRIL 2017**

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# Do health services respond to contraceptive needs of all?



Sheena, a 26-year-old single working woman.

Sexually active.

Wants information on birth control.

Approaches the health facility.

Unable to get relevant information.

Current health services ignore the reproductive health needs of unmarried women and adolescents.

A Gender inclusive approach means,

Being sensitive to the contraceptive needs of unmarried women and adolescents.

Providing information on safe contraceptive methods to help them make an informed choice.

### **MAY 2017**

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#### **JUNE 2017**

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# Is the health system sensitive to sexual minorities?



Karan, 34-year-old man.

Living with his male partner.

Has persistent anal fissures.

Negative experiences with health facilities discourage him from seeking treatment.

Stigma related to sexual orientation creates barriers for sexual minorities to seek healthcare services.

A Gender inclusive approach means,

Understanding that homosexuality is not a disease.

Being sensitive to the unique health care needs of persons with different sexual orientation.

### **JULY 2017**

Мо	Tu	We	Th	Fr	Sa	Su
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### **AUGUST 2017**

## Are sex-verification tests ethical?



Leena, a young woman athlete.

Suspected of being male.

Made to undergo sex-verification test.

Test results 'show' her as male.

Disqualified from future participation as female in sports.

Sex verification tests target only women and violate their rights to privacy, bodily integrity and human dignity.

A Gender inclusive approach means,

Understanding that sex-verification tests are based on conventional notions of femininity.

Questioning the scientific nature, veracity and ethical concerns related to these tests.

### **SEPTEMBER 2017**

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### **OCTOBER 2017**

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### Do women have access to safe abortion?



Ahilya, pregnant for the fourth time.

Doesn't want another child.

But afraid of her husband.

Musters courage and finally seeks abortion services.

Denied abortion on the grounds of suspected sex-selection.

Current health systems carry biases about women seeking abortion which most often lead to denial of safe abortion services to women.

A Gender inclusive approach means,

Enabling access to safe abortion for all women without discrimination.

### **NOVEMBER 2017**

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#### **DECEMBER 2017**

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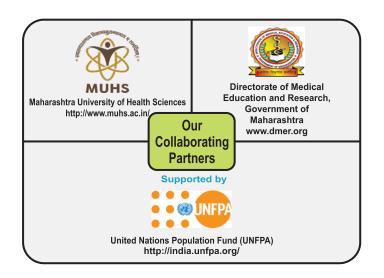
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