

Harvesting Change through Equitable Health Education

This session focused on advancing Sustainable Development Goal 5 (SDG 5) on gender equality, emphasising the integration of gender-sensitive approaches in health education and communication. Its primary objective was to highlight the importance of gender-sensitive health communication and to inspire participants to adopt equitable practices in their educational and outreach efforts. Approximately 30 participants from Gujarat, Rajasthan, and Delhi, representing diverse organisations and backgrounds, attended the workshop. Their active engagement enriched the discussions and fostered a collaborative learning environment.



Speakers:

1. Ms. Pallavi Patel, Director, Centre for Health Education Training and Nutrition Awareness (CHETNA), Ahmedabad, India (Moderator)
2. Dr. Smita Bajpai- Consultant, Maternal and Child Health, CHETNA, Ahmedabad, India
3. Dr. Shyamala Mani, Waste Management Expert, Delhi, India

Session Highlights

1. SDG 5 Progress and Context

The workshop began with an overview of global and Indian data on gender equality, particularly in the context of health education. It highlighted that, as of 2024, significant strides have been made globally and in India towards gender equality; however, notable disparities persist.

Global Progress and Challenges

- **Timeframe to Equality:** It is projected that achieving full gender parity worldwide will require an additional 131 years. (Source: Overview of gender inequality around the world 2024, Focus 2030)
- **Political Representation:** Women occupy approximately 25% of parliamentary seats globally, marking a substantial increase over the past decade. (Source: The Gender Snapshot, United Nations SDGs)

- Labour Force Participation: In 2022, 63.3% of women aged 25 to 54 were engaged in the labour force, compared to 91.9% of men, with minimal change over the past two decades. (Source: The Gender Snapshot Theme 2024 - UN Women)
- Gender Pay Gap: A persistent global gender pay gap results in women earning, on average, 20% less than men. (Source: The Gender Snapshot Theme 2024 - UN Women)

India's Progress and Challenges:

- Global Gender Gap Ranking: In 2024, India ranked 129th out of 146 countries, having closed 64.1% of its overall gender gap. (Source: The Global Gender Gap Report 2024 - World Economic Forum)
- Child Marriage/Union: 23.3% of women aged 20–24 were married or in a union before age 18. (Source: UN Women Data Hub)
- Political Representation: As of February 2024, women held 14.7% of parliamentary seats in India. (Source: UN Women Data Hub)
- Labour Force Participation: In 2023, the labour force participation rate was 32.7% for females and 76.8% for males. (Source: World Bank Gender Data Portal)

These statistics underscore the ongoing efforts required to bridge gender disparities both globally and within India.

- Discussions underscored persistent gender disparities and the need for targeted interventions to address these challenges.

2. CHETNA's Experience

CHETNA's innovative approach to creating gender-sensitive health communication materials was shared, with practical examples demonstrating how language and visuals can perpetuate or challenge gender biases. Participants were encouraged to critically assess and redesign their communication strategies to ensure inclusivity and equity.

3. Solid Waste Disposal and Gender

While discussing the solid waste disposal and gender aspects, the following points came forward:

- Improper disposal of hazardous waste, such as plastics, pesticides, and industrial chemicals, releases endocrine-disrupting chemicals (EDCs) like dioxins, polychlorinated biphenyls (PCBs), and bisphenol A (BPA). These chemicals can aggravate thyroid dysfunction by interfering with hormone production and regulation.
- Biomedical waste, if not disposed of properly, may contain iodine-based medications or radioactive materials used in thyroid treatments. Exposure to these substances can pose additional health risks for women with thyroid disorders.
- Segregation of solid waste and protective measures, such as providing personal protective equipment (PPE) to waste workers, especially women, are crucial to minimise chemical exposure.

4. Interactive Discussions and Learning

The workshop emphasised participatory learning, enabling attendees to share insights and discuss real-world challenges. Tools and techniques for developing gender-sensitive materials were introduced and explored collaboratively.

Outcomes

- **Participant Plans:** At the conclusion of the workshop, participants shared their commitments and action plans to make health communication gender-sensitive within their respective organisations and communities.
- **Positive Feedback:** Attendees expressed appreciation for the practical insights and actionable strategies provided during the session. Many highlighted the relevance of gender-sensitive communication in achieving equitable health outcomes.

Conclusion

The workshop "Harvesting Change through Equitable Health Education" successfully underscored the critical role of gender-sensitive communication in advancing SDG 5. By sharing CHETNA's experiences and facilitating meaningful dialogues, the session empowered participants to drive change in their spheres of influence. This collaborative effort marks a significant step towards fostering equitable health education and sustainable development.