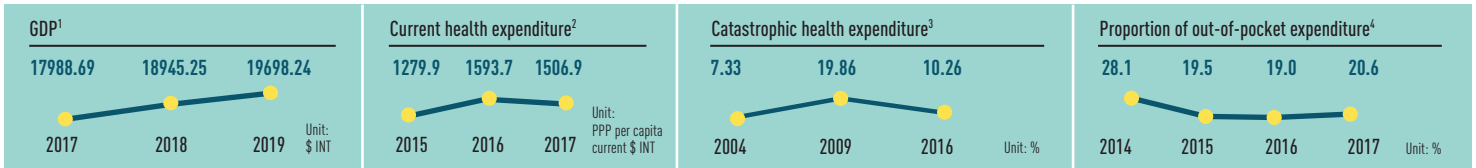


# Maldives: gender and health



## Why does gender matter for health in the Maldives?

Gender is a major determinant of health for women and men in the Maldives. Gender norms, roles and relations interact with biological factors, in turn influencing people's exposure to disease and risks for ill health. Therefore, it is important for health policy-makers to consider the different gender needs of all men and women. Tailoring health policies and programmes to take account of these differences and trends can improve their impact, reduce health inequities and advance the right to health for all.

### Poverty level<sup>5</sup>



### GINI<sup>6</sup>

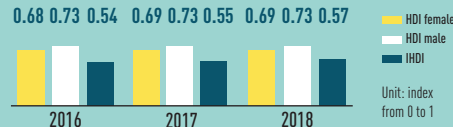


### Sex ratio at birth<sup>7</sup>

107 males per 100 females



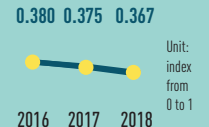
### HDI-IHDI<sup>8</sup>



### GDI<sup>9</sup>



### GI<sup>10</sup>



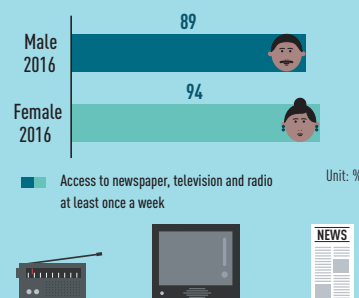
## Do men and women in the Maldives have equal access to determinants of health?

Health is significantly determined by social, economic, and environmental factors that lie beyond the health sector, such as poverty, education, employment and physical security. Gender inequality, an important determinant of health, remains a challenge in the Maldives, as elsewhere. Women lag behind men in many indicators of social well-being, including gender streaming in tertiary education, labour force participation and wages. Women's larger share of unpaid household work also reflects gender inequality.

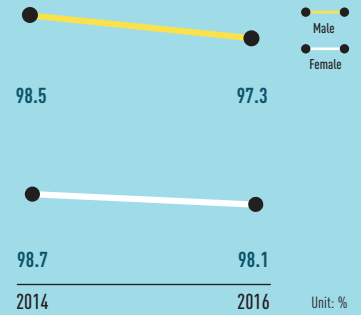
Nearly four in every five married women in the Maldives say that they, alone or jointly, make major household decisions.<sup>11</sup>



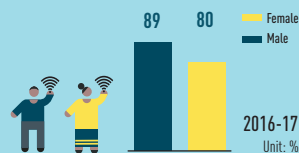
94% of women and 89% of men in the Maldives have regular access to at least one form of mass media.<sup>12</sup>



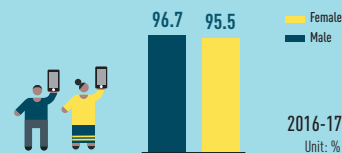
There is high literacy in the Maldives.<sup>15</sup>



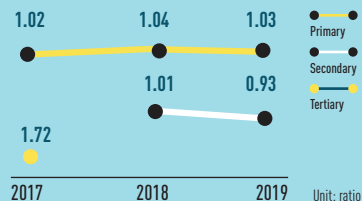
80% of women and 89% of men in the Maldives use the internet.<sup>13</sup>



95.5% of women and 96.7% of men in the Maldives use mobile phones.<sup>14</sup>



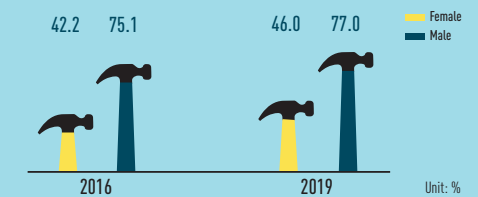
Gender parity has been achieved in school enrolment.<sup>16</sup>



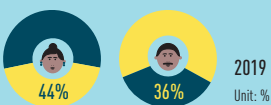
In tertiary education, women's enrolment exceeds that of men. However, only one in every 10 science, technology, engineering and mathematics graduates is a woman.<sup>17</sup>



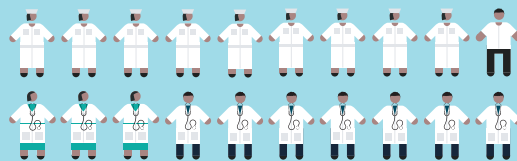
Fewer than half as many women as men participate in the labour force.<sup>18</sup>



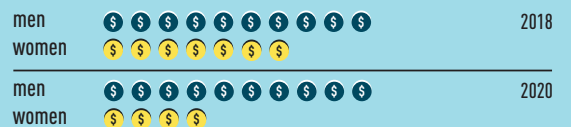
The proportion of women employed in the informal sector exceeds that of men.<sup>19</sup>



Women comprise only three in every 10 doctors but nearly nine in every 10 nurses in the Maldives.<sup>20</sup>



In 2018, women in the Maldives earned an estimated US\$ 7 for every US\$ 10 earned by men. In 2020, women earn only an estimated US\$ 4 for every US\$ 10 earned by men.<sup>21</sup>



Only one in five managers in the Maldives is a woman.<sup>22</sup>



Unpaid household and child care work comprise more than half of women's working hours. For men, this share is less than one fifth.<sup>23</sup>



Only about one in every 1,000 households in the Maldives is now situated more than half hour from a water source.<sup>24</sup>



## Do men and women in the Maldives have similar life expectancies?

Although women in the Maldives have a better life expectancy at birth than men, their healthy life expectancy is the same as that for men.

Life expectancy and healthy life expectancy at birth<sup>25</sup>



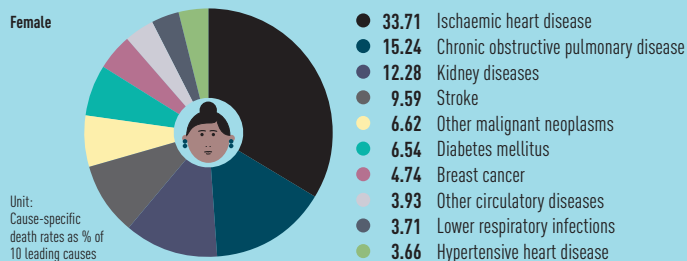
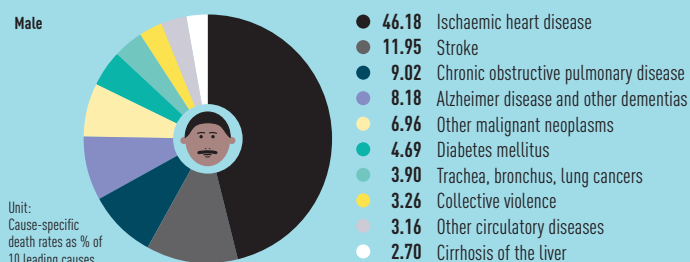
## Do gender, location of residence, education and income affect the health status of people in the Maldives?

The health status of all women and men in the Maldives, as elsewhere, is determined by the interaction between social (gender) and biological (sex) differences. The differences in health status between men and women go beyond sexual and reproductive health. Besides gender, factors such as location of residence (urban/rural), education and income affect health status.

Disease burdens are different between men and women.

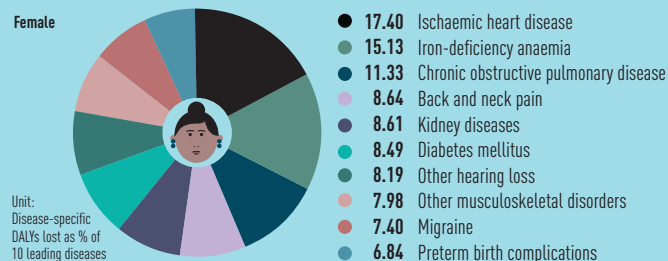
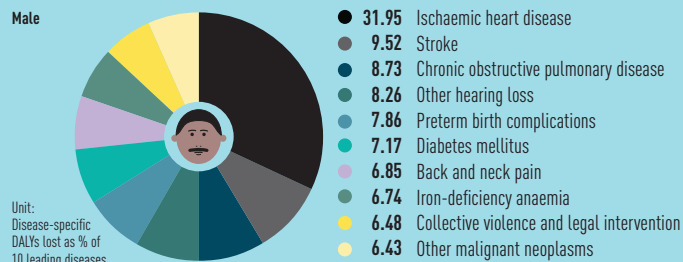
Alzheimer's disease, trachea, bronchus and lung cancers, collective violence and cirrhosis of the liver feature in the 10 leading causes of deaths among men, but not among women. Kidney diseases, breast cancers, lower respiratory infections and hypertensive heart disease feature in the 10 leading causes of deaths among women, but among not men.

10 leading causes of death among men and women<sup>26</sup>

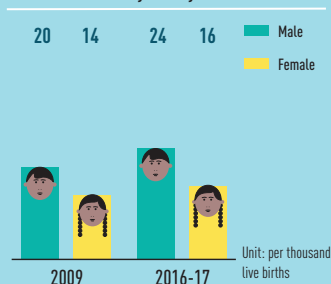


Stroke, collective violence and malignant neoplasms feature in the 10 leading causes of DALYs lost among men, but not among women. Kidney diseases, other musculoskeletal disorders and migraine feature in the 10 leading causes of DALYs lost among women, but not among men.

10 leading causes of DALYs lost among men and women<sup>27</sup>



Under-five mortality rate by sex<sup>28</sup>

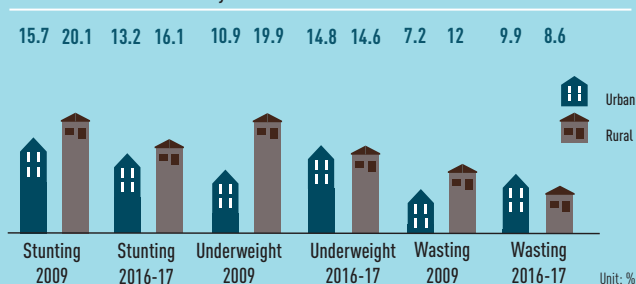


Compared to their urban counterparts, children under five from rural areas have a 26% higher risk of dying and a 21% higher risk of stunting.

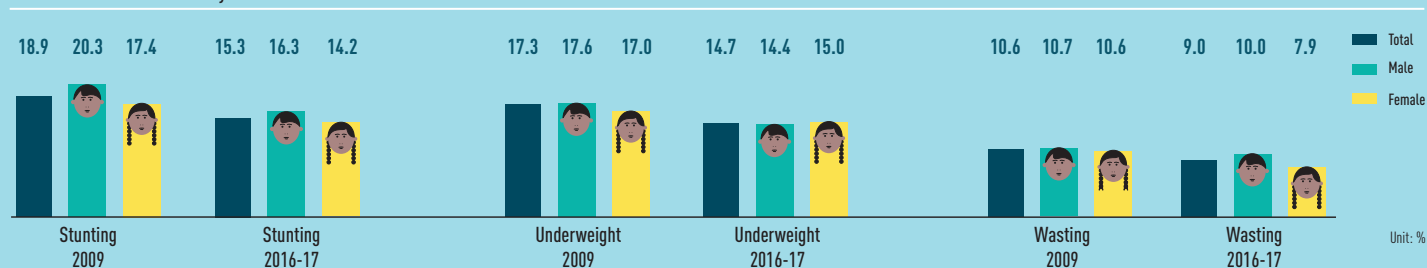
Under-five mortality rate by location of residence<sup>29</sup>



Nutritional status of children by location of residence<sup>30</sup>

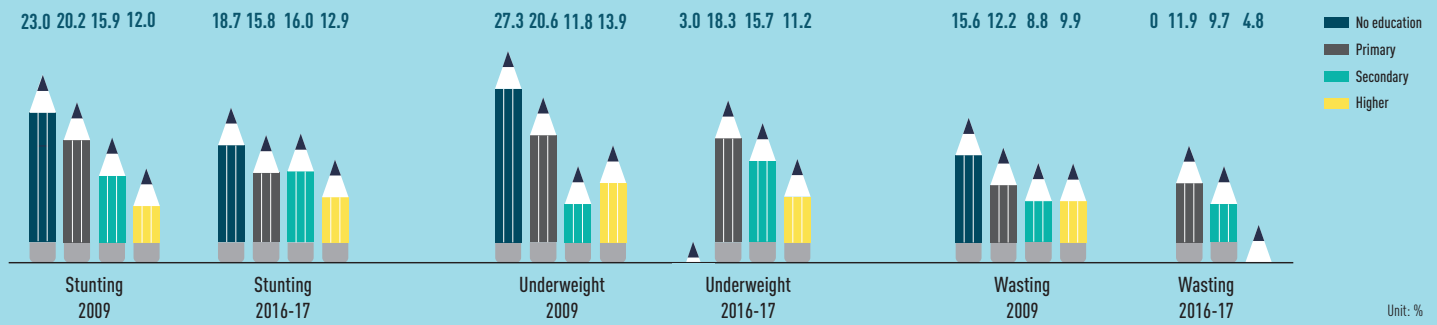


Nutritional status of children by sex<sup>31</sup>



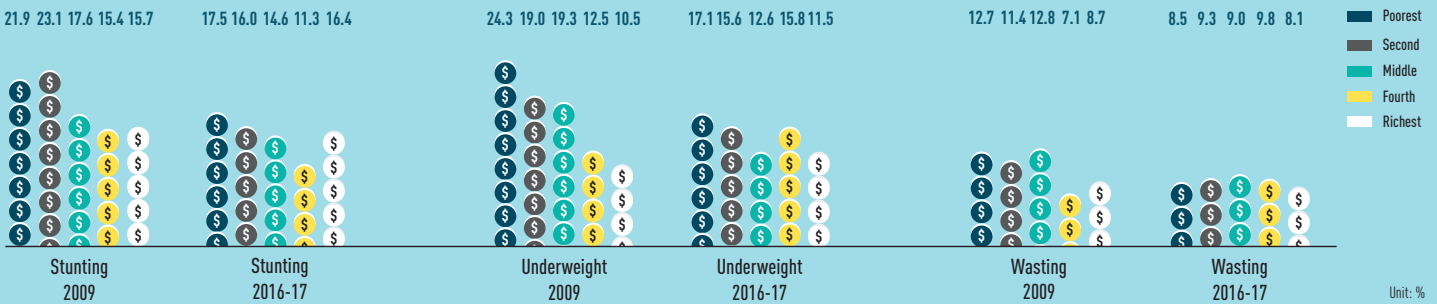
Compared to children of highly educated mothers, children of uneducated mothers have a 44% higher risk of stunting.

Nutritional status of children by mother's education<sup>32</sup>

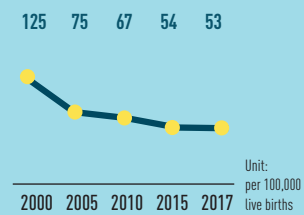


Compared to children under five from the richest households, those from the poorest households have a 6% higher risk of stunting, a 48% higher risk of being underweight and a 4% higher risk of wasting.

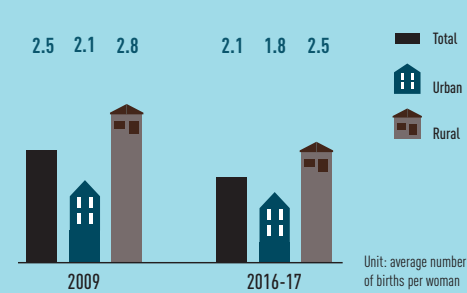
Nutritional status of children by household income quintile<sup>33</sup>



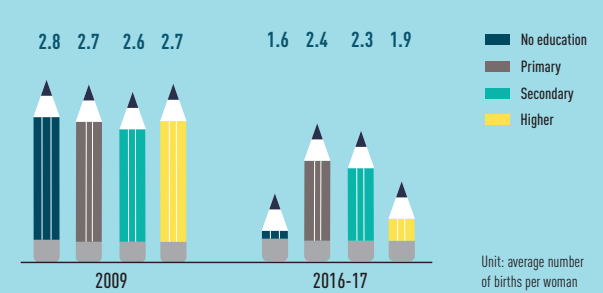
Mothers' chances of dying during and after childbirth in the Maldives have reduced to nearly half of the level in 2000.<sup>34</sup>



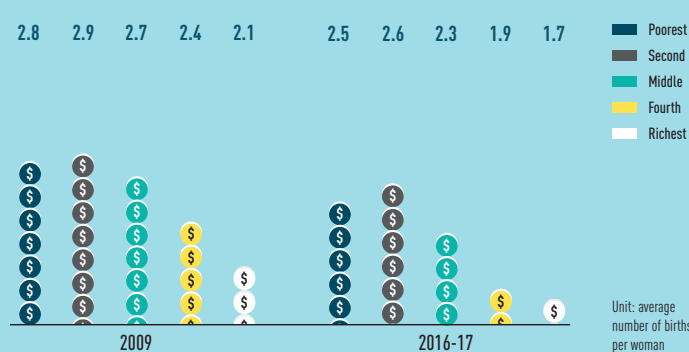
Total fertility rate by location of residence<sup>35</sup>



Total fertility rate by level of education<sup>36</sup>

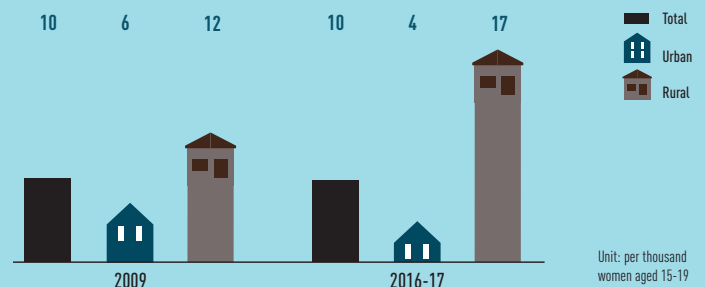


Total fertility rate by household income quintile<sup>37</sup>

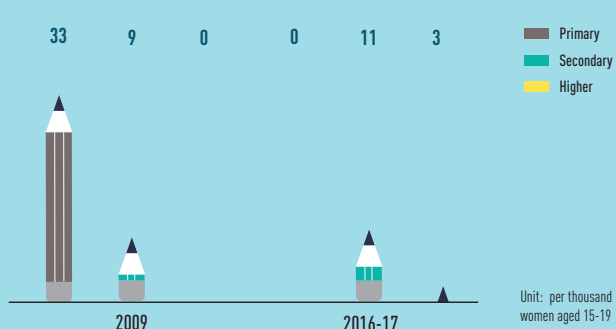


Inequities in fertility rates by rural versus urban residence, education level and household income are larger for adolescent women than for other women.

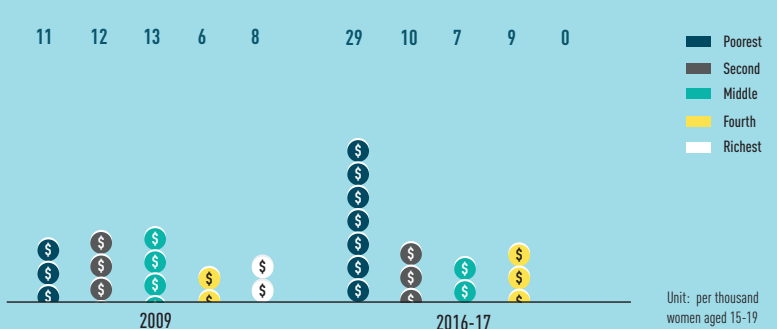
Adolescent fertility rate by location of residence<sup>38</sup>



Adolescent fertility rate by level of education<sup>39</sup>



Adolescent fertility rate by household income quintile<sup>40</sup>

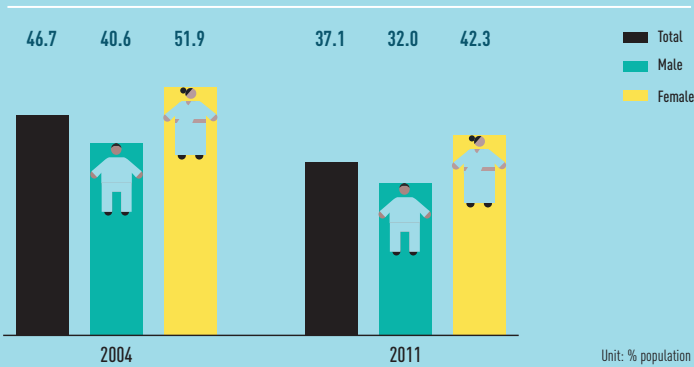


## Do gender, location of residence, education and income affect exposure to health risks and vulnerabilities in the Maldives?

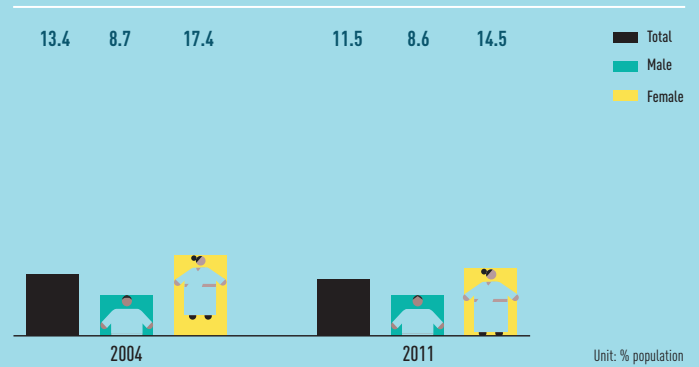
Biological and gender-related factors interact to result in differences between men and women in the Maldives in their exposure to health risks and vulnerabilities. Besides gender, location of residence (urban/rural), education and income also affect exposure to health risks and vulnerabilities.

The higher prevalence of overweight and obesity and the lower prevalence of vigorous physical activity among women than among men represent higher exposure to risk of noncommunicable diseases.

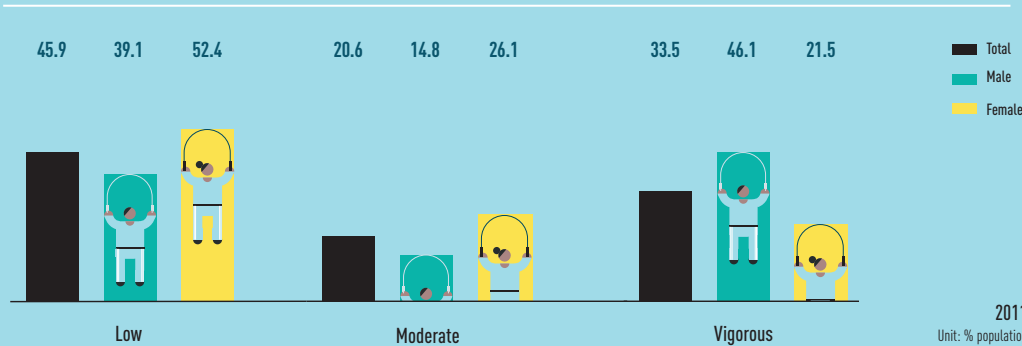
Overweight prevalence among adults by sex<sup>41</sup>



Obesity prevalence among adults by sex<sup>42</sup>



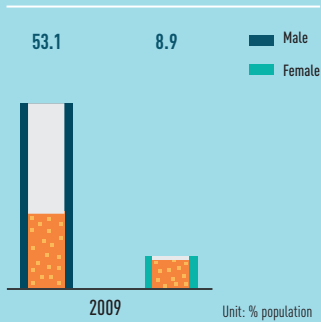
Physical activity among adults by sex<sup>43</sup>



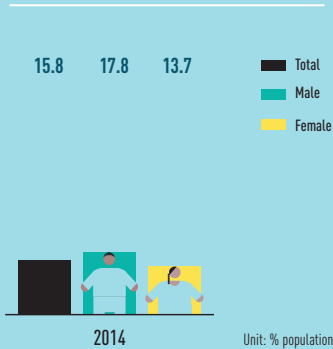
Alcohol consumption among adults by sex<sup>44</sup>



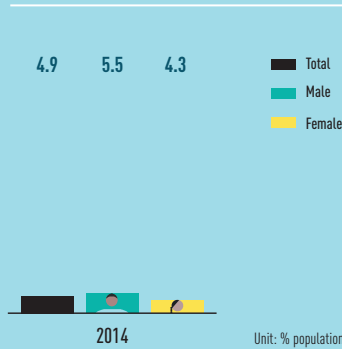
Prevalence rate of current tobacco smoking among adults by sex<sup>45</sup>



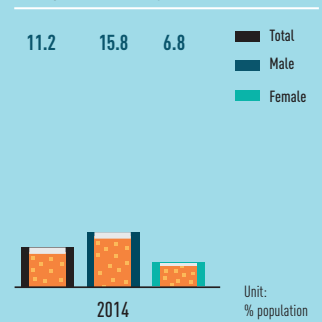
Overweight among adolescents by sex<sup>46</sup>



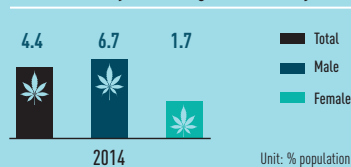
Obesity among adolescents by sex<sup>47</sup>



Prevalence rate of current tobacco use among adolescents by sex<sup>48</sup>



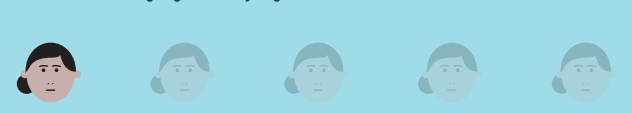
Ever use of marijuana among adolescents by sex<sup>49</sup>



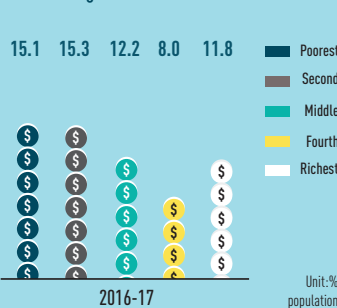
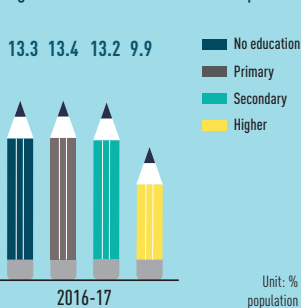
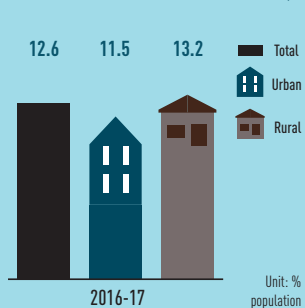
Only about 1 in 4 adolescent girls in the Maldives has comprehensive knowledge about HIV/AIDS.<sup>50</sup>



Nearly one in five women in the Maldives experiences intimate partner violence in their lifetime, with rural and uneducated women and those from the poorest households facing significantly higher risk.<sup>51</sup>



The probability of experiencing such violence is 14% higher for rural women than urban women, 27% higher for women from the poorest households than those from the richest households, and 34% higher for uneducated women compared to women with the highest levels of education.<sup>52</sup>



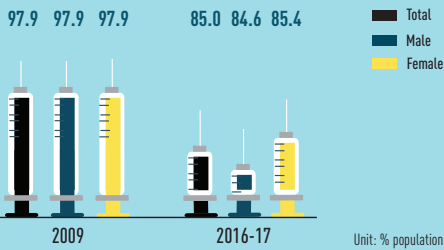
Women and girls are exposed to household smoke from fuels, while performing their assigned gender role of cooking. In the Maldives, only about 2% of households use unclean fuels for cooking.<sup>53</sup>



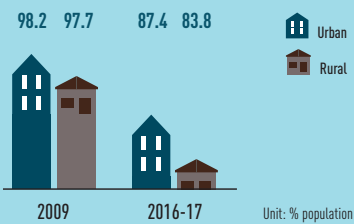
## Do gender, location of residence, education and income affect access to health services in the Maldives?

Geographical, financial, socio-cultural or other barriers may compound gender-related barriers to access to services. Women in the Maldives report facing gender-related barriers such as not having a female health provider, distance to a health facility, not wanting to go alone, having no one to look after the children, lack of access to money for treatment and getting permission to go for treatment.

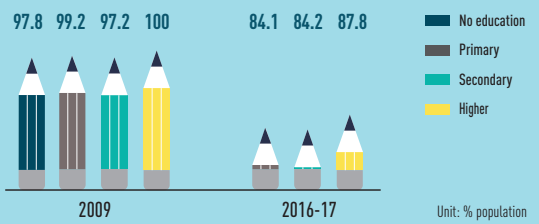
DTP3 vaccination rate by sex<sup>54</sup>



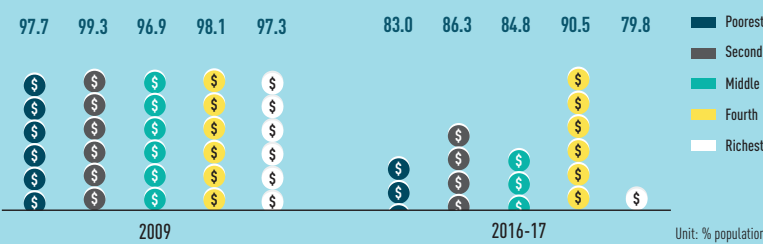
Children from urban areas have a 4% higher DTP vaccination rate than children from rural areas.<sup>55</sup>



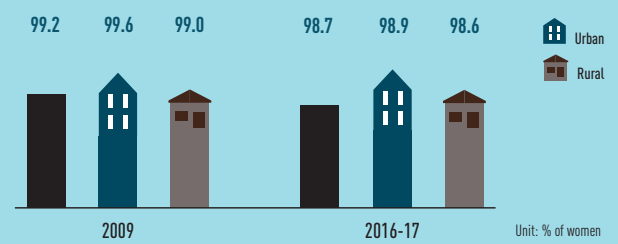
Children of mothers with the highest levels of education have a 4% higher rate of DTP vaccination than children of uneducated mothers.<sup>56</sup>



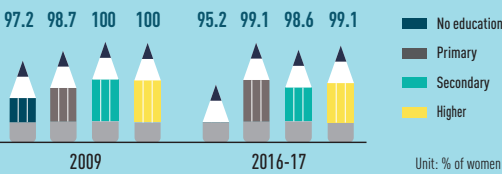
DTP3 vaccination rate by household income quintile<sup>57</sup>



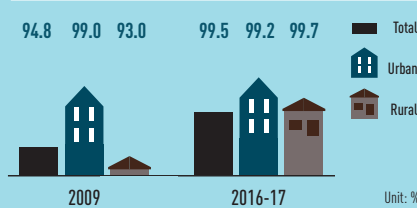
Antenatal care coverage by location of residence<sup>58</sup>



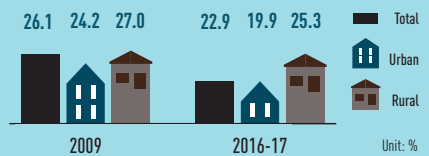
Women with the highest education levels have a 4% higher probability of receiving antenatal care than uneducated women.<sup>59</sup>



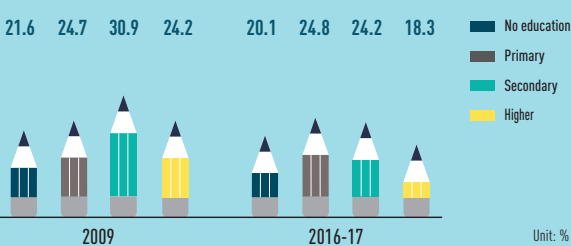
Skilled birth attendance by location of residence<sup>60</sup>



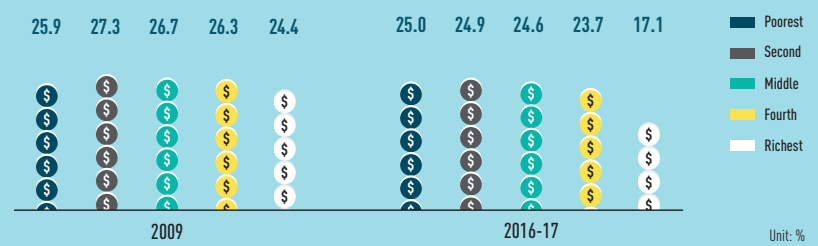
Rural women have a 27% greater probability than their urban counterparts of having an unmet need for family planning.<sup>61</sup>



Uneducated women have a 9% higher probability than women with the highest education levels of having an unmet need for family planning.<sup>62</sup>

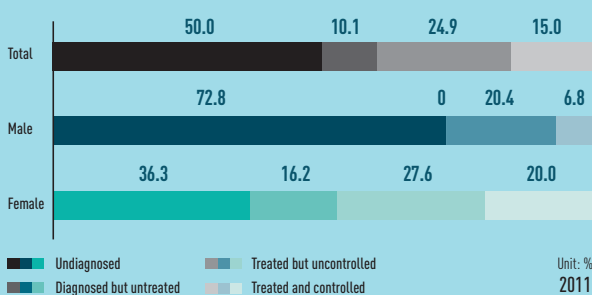


Women from the poorest households have a 9% higher probability of having an unmet need for family planning than women from the richest households.<sup>63</sup>

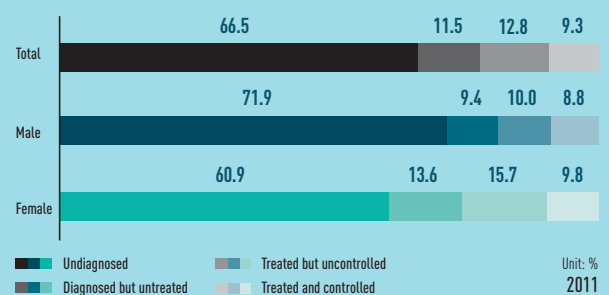


Compared to men, a larger proportion of women with raised blood sugar and blood pressure go untreated even after diagnosis and the blood sugar and blood pressure levels of a larger proportion of women than men remain uncontrolled despite treatment.<sup>64</sup>

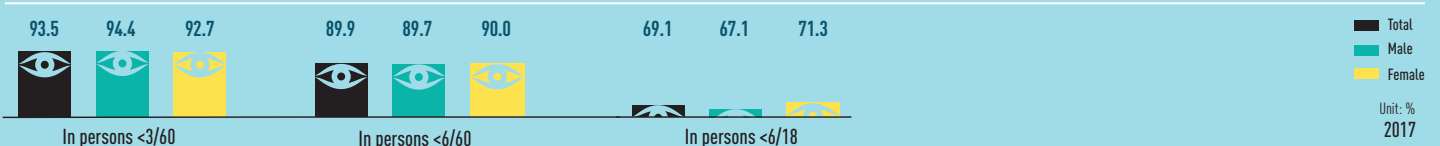
Diagnosis, treatment and control of blood sugar among adults by sex



Diagnosis, treatment and control of blood pressure among adults by sex



Cataract surgical coverage by sex<sup>65</sup>



## Are gender, equity and human rights perspectives reflected in the legal and institutional arrangements and capacity in the Maldives?

### Ratification of treaties that include the right to health<sup>66</sup>

Ratified	International Covenant on Economic, Social, and Cultural Rights
Ratified	International Covenant on Civil and Political Rights
Ratified	International Convention on the Elimination of all forms of Racial Discrimination
Ratified	Convention on the Elimination of All Forms of Discrimination against Women
Ratified	Convention on the Rights of the Child
Nil	International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families
Ratified	Convention on the Rights of Persons with Disabilities



### Constitutional provisions on equality and non-discrimination<sup>67</sup>

- "All citizens are entitled to the rights and freedoms (...) without discrimination of any kind, including race, national origin, colour, sex, age, mental or physical disability, political or other opinion, property, birth or other status, or native island" (Article 17).
- "Every individual is equal before and under the law, and has the right to the equal protection and equal benefit of the law" (Article 20).
- "The enumeration of rights and freedoms in this Chapter are guaranteed equally to female and male persons. ..." (Article 62).

### Legal arrangements related to inheritance, land ownership, divorce, marriage, sexual orientation, gender identity and intimate partner violence<sup>68</sup>

#### Inheritance

- 0** Widows and daughters enjoy the same rights as widowers and sons to inherit land and non-land assets. This applies to all groups of women. Customary, religious and traditional laws or practices do not discriminate against women's inheritance rights.
- 0.25** Widows and daughters enjoy the same rights as widowers and sons to inherit land and non-land assets. This applies to all groups of women. However, there are some customary, religious or traditional laws that discriminate against women's inheritance rights.
- 0.5** Widows and daughters enjoy the same rights as widowers and sons to inherit land and non-land assets. However, this does not apply to all groups of women.
- 0.75** Widows or daughters do not enjoy the same rights as widowers and sons to inherit land and/or non-land assets.
- 1** Widows and daughters do not enjoy the same rights as widowers and sons to inherit land and/or non-land assets.

#### Land ownership

- 0** Women and men have the same legal rights and secure access to land assets, without legal exceptions regarding some groups of women. Customary, religious and traditional laws or practices do not discriminate against women's legal rights.
- 0.25** Women and men have the same legal rights and secure access to land assets, without legal exceptions regarding some groups of women. However, some customary, religious or traditional practices or laws discriminate against women's legal rights.
- 0.5** Women and men have the same legal rights and secure access to land assets. However, this does not apply to all groups of women.
- 0.75** Women and men have the same legal rights to own land assets; but not to use, make decisions and/or use land assets as collateral.
- 1** Women do not have the same legal rights as men to own land assets.

#### Divorce

- 0** Women have both the same rights to initiate divorce and the same requirements to finalise divorce or annulment as men, without negative repercussions on their parental authority. This applies to all groups of women. Customary, religious and traditional laws or practices do not discriminate against women's rights regarding divorce or parental authority after divorce.
- 0.25** Women have both the same rights to initiate divorce and the same requirements to finalise divorce or annulment as men, without negative repercussions on their parental authority. This applies to all groups of women. However, there are some customary, religious or traditional laws or practices that discriminate against women's rights regarding divorce and/or parental authority after divorce.
- 0.5** Women have both the same rights to initiate divorce and the same requirements to finalise divorce or annulment as men, without negative repercussions on their parental authority. However, this does not apply to all groups of women.
- 0.75** Women do not have the same rights over divorce as men: either their rights to initiate divorce and/or the requirements to finalise divorce or annulment are unequal, or their parental authority after divorce is restricted.
- 1** Women do not have the same rights over divorce as men: their rights to initiate divorce and/or the requirements to finalise divorce or annulment are unequal, and their parental authority after divorce is restricted.

#### Intimate partner violence<sup>69</sup>

- 0** The legal framework protects women from violence including intimate partner violence, rape and sexual harassment, without any legal exceptions and in a comprehensive approach.
- 0.25** The legal framework protects women from violence including intimate partner violence, rape and sexual harassment, without any legal exceptions. However, the approach is not comprehensive.
- 0.5** The legal framework protects women from violence including intimate partner violence, rape and sexual harassment. However, some legal exceptions occur.
- 0.75** The legal framework protects women from some forms of violence including intimate partner violence, rape or sexual harassment but not all.
- 1** The legal framework does not protect women from violence nor intimate partner violence nor rape and sexual harassment.

Maldives score

Name of law: Domestic Violence Prevention Act (2012)

#### Marriage<sup>70</sup>

Marriage is governed under the Family Law Act (2000) and the Constitution, updated in 2008. Women require the consent of their legal guardian, typically their father, to marry. They are prohibited from contracting a marriage with a non-Muslim foreigner. Coercing a person to marry against their will is an offense. Polygamy is legal. The Family Law sets the legal age of marriage for both men and women at 18, but also grants the Marriage Registrar the discretionary power to approve marriages of minors, taking into consideration their physical well-being, reasons for entering the marriage and competence to maintain a livelihood.

#### Legal protection for all sexual orientations and gender identities.<sup>71</sup>

Same-sex marriage, relationships and conduct are criminalized in the Maldives. Gender identities are, however, recognized.

### Legal arrangements related to sexual and reproductive health and rights<sup>72</sup>

#### Abortion

Permitted only in case of danger to the pregnant woman's health, as determined by a medical professional, and pregnancy resulting from sexual assault.

#### Direct support for family planning

Yes, direct support is provided by the legal framework.

## Institutional arrangements and capacity<sup>73</sup>

National gender machinery	Ministry of Gender, Family and Social Services
Whether national development policy mentions gender mainstreaming and the most recent one?	Gender equality is acknowledged as a sub-sector of good governance, one of the five sub-sectors of the Strategic Action Plan 2019-2023.
Gender policy from national women's machinery and year introduced?	The National Gender Equality Policy, required under the Gender Equality Law 18/2016, was approved in 2019. The draft Gender Equality Action Plan and Monitoring and Evaluation Framework are awaiting finalization.

## Gender-responsive budgeting<sup>74</sup>

Mention of gender-responsive budgeting in plans, year introduced	No
Legislation for gender-responsive budgeting	No
National plan/strategy for gender-responsive budgeting	No

Gender focal points in government <sup>75</sup>	Yes. The National Gender Equality Policy requires all line ministries to appoint two gender focal points each, one at the deputy minister level and the other at the technical staff level, to provide technical advice on gender mainstreaming and ensure its implementation.
Gender policy/strategy in the Ministry of Health <sup>76</sup>	No
Gender training for Ministry of Health staff	No information
Gender analysis by the Ministry of Health	No information

## Conclusion

Forward-looking policies, if effectively implemented through suitable institutional mechanisms and adequate capacity support the mainstreaming of gender, equity and human rights perspectives in health and enable change towards greater equity.

### Recommendations

- Given the influence of gender on health in the Maldives, putting a gender perspective into health interventions is important. When applying a gender lens to health interventions, it is important to remember that gender interacts with other forms of social exclusion, such as ethnicity, age and socioeconomic position.
- Several tools are available for gender analysis, assessment and planning or programming, which can help to identify gender issues and inequalities in health and tailor the design, implementation and monitoring of health policies and programmes to take account of these differences, for improved outcomes. These tools include the WHO gender analysis matrix (GAM) and gender analysis questions (GAQ), the WHO gender responsive assessment scale (GRAS) and gender analysis tool (GAT), the WHO gender and health planning and programming checklist and the WHO gender responsive log-frame.<sup>77</sup>
- The Innov8<sup>78</sup> approach and Human Rights and Gender Equality in Health Sector Strategies: how to assess policy coherence<sup>79</sup> are tools that support the development of equity-enhancing, gender-responsive and human rights-based national health policies, programmes and strategies. Additionally, using a human rights framework in health planning and policy making can help in identifying and adequately addressing the biological and sociocultural factors that differentially influence the health of men and women.

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