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GENDER BUDGETING IN THE FIELD OF GEORGIAN HEALTH AND SOCIAL PROTECTION: ANALYSIS AND ASSESSMENT

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ABSTRACT. Based on the latest literary sources and rich factual material, the scientific article consistently discusses topical issues of financial theory and practice, gender budgeting in the healthcare and social protection of Georgia.

It has been established that health care and social orientation have a high gender significance. At the same time, the study shows that the state budget programs of Georgia do not contain gender sensitivity. Most programs and sub-programmes do not include gender sensitivity; several programs are distinguished by gender sensitivity, there are also some goals set in terms of gender aspects, however they are mostly in the form of statistics and do not adequately reflect gender needs.

It is substantiated that the goals set in the health and social protection programs of the state budget of Georgia and the indicators of intermediate and final results require more specification in accordance with the principles of the program budgeting methodology in general, as well as considering additional gender aspects.

KEYWORDS: GENDER BUDGETING, PROGRAM BUDGETING, GENDER SENSITIVITY, INFRASTRUCTURE PROJECT, GENDER GAP, GENDER IMPACT, GENDER ANALYSIS.

INTRODUCTION

Gender plays an important role in the origin and spread of certain diseases/pathologies and their treatment and well-being. This is due to biological differences between the sexes and socio-economic and cultural factors that influence the behaviour of women and men and their use of health services.

According to the European population, women generally live longer than men in all parts of Europe, and more men die than women of working age (15-64 years). However, because women live longer, they live longer with age-related disability than men. Consequently, across Europe, women spend less time in good health than men, as measured in years of healthy living (Shanava & Vanishvili, 2021a).

As the population ages, the incidence of chronic diseases (diabetes mellitus, mental disorders, depression) increases, especially among women. Some conditions (breast, osteoporosis, eating disorders) are more common in women, while others (endometriosis, uterine disorders) are exclusive to women. Similarly, some diseases (coronary heart disease, lung problems), as well as diseases caused by traffic accidents,

are more common in men, and some (related to the prostate) are exclusively in men (Vanishvili, Lemonjava, et al., 2021).

In addition to biological, social norms also affect the health status of women and men in different ways. Women are less involved in activities hazardous to health, and comorbidities are also less common in women. On the other hand, compared to men, they are more susceptible to diseases often not recognized and evaluated by health systems. These illnesses include, for example, depression, eating disorders, trauma from domestic accidents and sexual abuse, and diseases associated with old age (Shanava & Vanishvili, 2021b).

In general, it can be said that women are better than men, aware of the state of their health and are more active in using health services. There are several reasons for this: (a) a reproductive role; (b) their "caring" role (care for children, the elderly and/or caring for dependent people with disabilities); (C) their large proportion in the entire older population; D) Gender stereotypes.

It is also important that men, due to their lifestyle and customs, tend to take more risky behaviour, they receive higher doses of emissions of physically or chemically hazardous substances. Men, at the same time, see doctors less when they are sick, and when they do, they report symptoms less. At the same time, health issues are given less attention than women, and they have less knowledge in this area (Gechbaia et al., 2017).

Research shows that sometimes women and men receive different diagnoses and, therefore, different treatments for similar problems. For example, women diagnosed with such complaints by a doctor are more likely to be diagnosed with depression, and men with stress (Vanishvili Merab et al., 2021).

The issue of health is also important in terms of reproductive and sexual health. Women and men should be informed and have access to safe, effective, convenient and acceptable family planning methods of their choice. They must have access to appropriate health care services to ensure women have safe pregnancies and childbirth.

In Europe, the health sector is predominantly male. Women occupy lower positions in the sector (e.g. nurses and midwives) and are a minority among senior professionals (doctors, dentists). Women are also underrepresented in leadership positions in the sector. In addition, due to the high involvement of women in the health sector, special attention should be paid to gender-sensitive training and education.

The state must take into account that the needs, resources, limitations and opportunities of citizens are largely determined by socio-cultural factors (including gender) and, therefore, these factors must be taken into account when planning policies. Without this, the policy is ineffective and unproductive.

In general, gender analysis is of particular importance in the social sphere. It is believed that the integration of gender issues in social areas such as health and social care is associated with the availability of relevant skills and therefore, gender is more pronounced than, for example, in the private sector and agriculture, which are more related to opportunities. An analysis of government subsidies or other social spending shows that when, for example, spending on health and social welfare is cut, it makes a gender difference – the increased burden falls on households and mainly on women. Such a burden can be, for example, the time they spend on care and household chores. This issue is closely related to gender budgeting (Vanishvili & Sreseli, 2022).

Gender budgeting involves incorporating gender equality considerations into a country's budget process and reallocating budgetary resources to facilitate gender mainstreaming in all areas or sectors. Due to the complexity of gender budgeting, there is no universal approach. The approach used and the institutional structure are usually based on the characteristics of a particular country.

Due to the urgency of the problem, the purpose of our study is to analyze and evaluate gender budgeting in the field of healthcare and social security in Georgia.

MATERIALS AND METHODS

Well-known methods have been developed to assess the value of gender equality in health and social care, such as: (1) One Health tool developed under the International Health Partnership; it also includes analysis, evaluation and financing of the health nutrition system with the use of different scenarios; (2) "Cost of social protection" ("Calculation of the minimum cost of social protection"), which evaluates the closure of different social programs, and checks their similarity and validity in case of increasing the social program; (3) Reproductive Contraceptive Instrument (UNFPA).

There are two important outcomes of gender budgeting in health care:

► *Social equity and equity in the health sector:* integrating gender into patient-centred policies improves patient outcomes, resulting in the more targeted use of resources where they are most needed, and services received are better suited to the different needs of women and men;

► *A better understanding of gender and health care workers:* A better understanding of the complexity of women and men's health needs helps identify key implications for women and men. This is important to combat the inequalities relevant social groups face, such as socially excluded, lonely older people, single parents and women living in poverty.

The Beijing Platform for Action emphasized the importance of gender budgeting in the social sector. In particular, interested developing and developed countries have agreed that, on average, 20% of the official development assistance budget and 20% of the state budget's social programs should consider a gender vision.

When evaluating capital projects, the following five main stages of gender budgeting are distinguished:

- Analysis of the situation of women, men, girls and boys in the relevant infrastructure sector;
- Assessing the gender sensitivity of policies, programs, legislation and past projects
- Evaluation of the implementation of gender-sensitive activities and project proposals at the expense of budget allocations;
- Monitoring the distribution of allocated funds, as well as services provided to the relevant target groups;
- Assess the impact of the respective infrastructure project and the changed situation compared to the first phase.
- The following two methods for analyzing gender budgeting of infrastructure projects are known:

Gender-Disaggregated Beneficiary Assessment: data for this estimator can be obtained through relevant surveys, household interviews, focus group discussions, direct observation, case studies and other methods. The main questions to be explored should be divided into gender, geographic region, level of education, the status of opportunity, and other relevant categories.

Gender Expenditure Analysis: This method involves evaluating relevant budgets and policies in a gender-responsive manner to assess the allocation of resources to boys/men and girls/women. The main point of this method is to understand what gender influences the funded project has.

RESEARCH RESULTS

According to the National Statistical Office of Georgia, as of January 1, 2022, the population of Georgia is 3688.6 thousand people (48% men, 52% women) and has been increasing by an average of 0.04% annually over the past five years (http://gender.geostat.ge/gender/index.php?action= Demography). Over the past decade, on average, more boys are born each year than girls, and therefore the sex ratio at birth (male/female) is 1.08, while at the same time, the average annual sex ratio at death (male/female) is 1.05. This means that the number of men, both in terms of fertility and mortality during this period, is higher than that of women.

The coefficient of natural increase (per 1000 population) is – 3.8 as of January 1, 2022, this indicator has been decreasing by an average of 20% annually since 2014, more precisely, the difference between births and deaths is decreasing and the ratio of this difference to the total population decreases with the number (natural increase rate). If we consider this indicator by regions of the country, then during 2021, in all regions, except for the municipality of Tbilisi, the Autonomous Republic of Adjara, Samtskhe-Javakheti and Kvemo Kartli, there was a negative difference between births and deaths.

The average age of the population increased in 2022 compared to 2002 for both men (from 33.9 to 36.1 years) and women (from 37.9 to 40.4 years), which led to an increase in the average age of the population during this period for both sexes (from 36 to 38.3 years). In terms of life expectancy (life expectancy at birth (year) disaggregated by sex), at the end of 2021, this figure is 71.4 years for both sexes, of which 75.4 years for women and 67.5 years for men. However, this indicator for both sexes has slightly decreased over the past five years (for comparison: 72.7 years in 2016 and 71.4 years in 2021).

One of the most important gender indicators in health and social protection is the level of infant mortality. According to the State Statistics Service, compared with 2016, infant mortality will decrease by 94 units in 2021 (from 507 to 413). And the mortality rate for children under five years old (per 1000 live births) for both sexes is slightly reduced (from 10.7 to 10.0).

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rate (per 1,000 live births) for both sexes did not change and remained at 9.0, while the infant mortality rate (per 1,000 live births) for both sexes decreased slightly (from 10.7 to 10.0).

In 2015-2020, among the causes of death for both men and women (on average 45% of women and 38% of men) were diseases of the circulatory system, as well as a large proportion of tumours and diseases of the respiratory system. The top five causes of death for women also include "diseases of the digestive system", and for men – "injury, poisoning and some other effects of external causes." Suicides increased by 34% in 2020 compared to 2015 and reached 248 cases of both sexes. In recent years, on average, more than 80% of suicides are committed by men. It is noteworthy that in 2020, compared to 2015, the number of deaths (26%) and injuries (2%) as a result of road traffic accidents decreased. However, in the case of single women, the number of victims increased by 6% during this period.

In 2020, compared to 2015, the number of AIDS cases with “initial diagnosis (one)” decreased by 33% (33.8% in women and 32.7% in men), reaching a total of 181 for both sexes. About 75% of AIDS cases each year occur in men. As for TB cases, over the same period, the incidence rate for both sexes decreased by 28% (26% for women and 29% for men) and reached 1467. About 70% of TB cases occur annually in men.

Gender-relevant are age coefficients that measure the population aged 0-14 years and 65 years and older for every 15-64 years or show the number of children and elderly dependents of the working-age population, which reached 54.1 as of January 1, 2022. Among them, 31.2 is the load factor by the age of young people, 22.9 is the load factor by the age of the older people. This number has been growing over the years. In general, in the case of the older people and children, the load rate in women is higher than in men. With individual children, the load factor is higher for men, and older children, for women.

It is also important to observe a country's household statistics for gender analysis of its social background. According to the 2014 census, there are about 1,109,130 households in the country, the average household size (number of people living in it) is 3.3, and this figure is approximately equal for urban (3.3) and rural (3.4) settlements. At the same time, the number of single-member households in the country is quite large (193,874 for both sexes), of which 63% are single women and 37% are single men.

It is also important to classify the head of household by sex according to the type of household. According to the 2015 survey, if in all types of households, women were called heads on average 33% of the time, and men – 67% of the time, then according to the same 2019 survey, these figures became 35% and 65%, respectively. In almost all types of households, the head is mainly a man, the proportion of women is mainly high, among widows, in other types of households, men and women are equally fixed. This figure is somewhat different in the case of urban and rural areas. If in 2015, the distribution of heads of women and men on average for all types of households in the city was fixed at 36% and 64%, then in 2018, this figure changed by 40% and 60%, respectively. The same indicators in the case of rural areas in 2015 amounted to 29% and 71%, respectively, and have remained at the same level for many years.

In terms of employment and economic activity in general, the economically active population (activity rate) for women is significantly lower than for men (for example, 56% and 74%, respectively, in 2021). This is why women have lower unemployment and employment rates than men.

In this regard, it is also interesting to consider the average monthly nominal wages of employees by type of activity and gender. The average salary of both sexes in 2015 was 900.4 lari, and in 2020 – 1191.0 lari. Men's salary is, on average, 1.5 times higher than women's (in 2020, 1,407.7 lari and 952.2 lari, respectively.

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Gender differences are also fixed in terms of income and expenses incurred during the month. In general,

men's incomes are generally higher than women's incomes, the same can be said about the expenses incurred. It is noteworthy that in men and women with different indicators of relative poverty, a similar indicator is observed over the years. However, for both indicators, the poverty rate in both cases will decrease in 2020 compared to 2015.

As of 2021, the total number of pension and social package recipients is 971,648, of whom 65% are women and 35% are men. The share of women and men differs between pensioners and recipients of social packages. 71% of the 745,001 people receiving the pension are women, while 63% of the 226,647 people receiving the social package are men.

It should also be noted that according to the Social Services Agency, for example, in 2019, on average, more than 70,000 people received a monthly state pension supplement due to their permanent residence status in a high-mountainous settlement. There are approximately twice as many women among these persons as men; and in the same mountain village, the number of recipients of additional payments to the social package with permanent residence status exceeds 13 thousand every month, of which about 60% are men and 40% are women.

According to the Social Services Agency, on average, 56% of the recipients of the planned component of outpatient services are women and 44% are men. In total, in 2019, 588,551 patients and 685,182 cases of illness were registered as beneficiaries of the universal health program, and the amount of compensation amounted to about 132 million lari. Thus, the cost of one treatment case will be, on average, 198 GEL for both sexes, and the cost of one patient will be 224 GEL. Although the number of female and male patients eligible for the program is roughly evenly distributed, during this period, the amount reimbursed per unit in the case of men is approximately 8-9% higher than the amount reimbursed for women in the department.

Notably, the number of doctors in 2019 increased by 30% compared to 2015 and reached 31,746 people. In terms of the number of doctors, there are about 1.5-2 times more female doctors annually than male doctors.

An analysis of Georgia's current health and social situation shows that these areas are of gender importance. Therefore, when planning and budgeting government programs, it is necessary to take into account the current situation and current gender needs, as well as analysis of international experience and research for the implementation of effective and adapted policies for relevant population groups (Vanishvili, Katsadze, et al., 2021).

Regarding the gender analysis of medical and social programs provided for by the state budget, it should be noted that the priority “Affordable, high-quality healthcare and social security” includes nine budget programs according to the state budgets for 2019 and 2020 and the attached materials: LEPP – Pension Agency; Management of IDP, labour, health and social protection programs from the occupied territories; Social protection of the population; Public health protection; Rehabilitation and equipment of medical institutions; Labor and Employment Reform Program; Providing medical services to the system of the Ministry of Internal Affairs of Georgia and the State Security Service of Georgia; LEPP – State Service for Veterans Affairs; A(A)IP – Georgian Solidarity Fund (Vanishvili & Lemonjava, 2017).

For this priority, due to the magnitude of the priority, we find a very small entry in terms of gender relevance in the priority description part, also only in the 2019 budget and the attached country key data and directions document for 2019-2022, where we read that “special attention will be paid to the health of mothers and children”;“vaccination of children according to the national vaccination schedule will continue; Provide pregnant women and children with a supply of pharmaceutical products necessary for the healthy development of the next generation” (Vanishvili & Katsadze, 2021). As for the description of the above priority in the state budget for 2020, as well as the medium-term vision for the priority, document provided for 2020-2023, they do not contain an entry on gender significance.

As world experience shows, due to the high gender significance of the healthcare and social protection sphere, the information available on the priority should include a gender vision and make it understandable (Vanishvili & Lemonjava, 2016).

CONCLUSION

In summary, it can be noted that the healthcare and social services sectors are of great gender importance, however, the analysis of the submitted budget laws shows that the state budget programs of Georgia do not disclose gender sensitivity. Most programs and sub-programmes are not gender sensitive, several programs differ in their gender relevance, there are also

some targets set in terms of gender, however these are mostly presented in the form of statistics and do not adequately reflect gender needs. The goals, milestones and outcomes set in the program need to be more specific, in accordance with the principles of the program budgeting methodology in general, and considering additional gender aspects.

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