Women and Health

1. Global commitments

The Beijing *Platform for Action* reiterates the agreements reached at the 1994 International Conference on Population and Development (ICPD)[1], in particular with regard to women's reproductive health and rights, and added new commit

- Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services.
- Strengthen preventive programmes that promote women's health.
- Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS and sexual and reproductive health issues.
- Promote research and disseminating information on women's health.
- Increase resources and monitor follow-up for women's health.

The outcome of the twenty-third special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century" called for, inter alia, policies and measures to address, on a prioritized basis, the gender aspects of emerging and continued health challenges, such as malaria, tuberculosis, HIV/AIDS and other diseases having a disproportionate impact on women's health, including those resulting in the highest mortality and morbidity rates.[2] It also called for the allocation of the necessary budgetary resources to ensure the highest attainable standard of physical and mental health, so that all women have full and equal access to comprehensive, high-quality and affordable health care, information, education and services throughout their life cycle[3] as well as full attention to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality.[4]

Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) commits States parties to take "all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning"

/ V I H men and equality in family relations, the Committee provided additional guidance to States parties on the interpretation and reporting required on article 12. They noted special attention should be given to the health needs and rights of women belonging to vulnerable and disadvantaged groups, such as migrant women,

refugee and internally displaced women, the girl-child and older women, women in prostitution, indigenous women and women with physical or mental disabilities. The Committee raised various issues, using a broad definition of health, including the importance of nutritional well-being by means of a food supply that is safe, nutritious and adapted to local conditions.[6]

In 1999, during its forty-third session, the Commission on the Status of Women further enhanced commitments of the *Platform for Action* on women and health in its agreed conclusions by drawing attention to women's health issues such as infectious diseases, mental health and occupational diseases.

The Millennium Development Goals (MDGs) adopted in 2000 address women's health in two of the eight goals. MDG5 focuses on improving maternal health by reducing by three quarters, between 1990 and 2015, the maternal mortality ratio. MDG6 focuses on combating HIV/AIDS, malaria and other diseases.

In 2003, the African Union adopted a landmark treaty known as the *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*. As of March 2007, 20 States had ratified the agreement.[7] The Protocol provides broad protection for women's human rights and affirms reproductive choice and autonomy as a key human right. It is the first time that a legally binding international human rights instrument has explicitly articulated a woman's right to abortion when pregnancy results from sexual assault, rape or incest; or when continuation of the pregnancy endangers the life or health of the pregnant woman.

In 2004, the World Health Assembly adopted its first strategy on reproductive health, intended to help countries stem the serious repercussions of reproductive and sexual ill-health. The strategy targets five priority aspects of reproductive and sexual health: improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynaecological illness and disease; and promoting sexual health.

During the 2005 World Summit, Heads of State and Government committed themselves to "[a]chieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty."[8] They also resolved to promote gender equality and eliminate pervasive gender discrimination by, inter alia, ensuring equal access to reproductive health.[9]

In 2005 at its fiftieth session, the Commission on the Status of Women issued agreed conclusions on "[e]nhanced participation of women in development: an enabling environment for achieving gender equality and the advancement of women, taking into account, inter alia, the fields of education, health and work." The Commission underlined the importance of incorporating a gender, human rights and socio-economic perspective in all policies relevant to education, health and work and of creating an enabling environment for achieving gender equality and the advancement of women. It called upon Governments to incorporate gender perspectives and human rights in health-sector policies and programmes, pay attention to women's specific needs and priorities, ensure women's right to the highest attainable standards of physical and mental health and their access to affordable and adequate health-care services,

including sexual, reproductive and maternal health care and life-saving obstetric care, in accordance with the Programme of Action of the International Conference on Population and Development, and recognize that the lack of economic empowerment and independence increased women's vulnerability to a range of negative consequences, involving the risk of contracting HIV/AIDS, malaria, tuberculosis and other poverty-related diseases.[10]

2. Progress at the national level

Since 1995, there have been important improvements in the health status of women at the global level, including an increase in life expectancy by more than a decade.[11] This section highlights progress in national health policies and structures, in reproductive health, and in other health issues.

National policies, structures and resources for women's health

There has been considerable progress at the national policy level and a growing awareness of the importance of gender dimensions in health policies, including general health policies and those specific to sexual and reproductive health. Almost one half of countries reporting during the ten-year review and appraisal of implementation of the Beijing *Platform for Action* highlighted progress related to revising, strengthening and amending health-related action plans, policies and agreements to include gender perspectives.[12]

Progress at the level of national health policy

In **Uganda**, the Ministry of Gender, Labour and Social Development collaborated with the Ministry of Health to ensure that gender mainstreaming was included amongst the guiding principles for the National Health Policy. On this basis, the Ministry of Health and development partners agreed at the second Joint Review Mission to incorporate a commitment to the integration of gender issues in policies, planning, service delivery and evaluation in the Health Sector Strategic Plan and in the Memorandum of Understanding between the Government of Uganda and development partners.

India's National Health Policy 2002 focuses throughout on the health of the poor, and dedicates a section to the health of women and related socioeconomic and cultural issues. The document acknowledges the importance of women's health as a major determinant of the health of entire communities. The policy endorses the need to expand the primary health care infrastructure to increase women's access to care. The policy also recognizes a need to review staffing in the public health service, so that it may become more responsive to specific needs of women.

Sources: Uganda: S. Theobald *et al*. (2005). *Engendering the Bureaucracy?*[13]
India: WHO (2005). *Gender in Tuberculosis Research*.[14]

Some countries have established specific government structures to provide policy direction regarding women's health and/or direct health services to women. For example, Canada established the Bureau for Women's Health and Gender Analysis to promote equitable health outcomes for women and men, boys and girls. It provides policy advice and leads initiatives to advance women's health and to increase understanding of how sex and gender affect health over the lifespan. It also aims to build departmental capacity by coordinating the implementation of gender-based analysis and reports on the development of gender-sensitive legislation, policies and programmes at the ministry of health.[15] In Sao Paulo, Brazil, the city government created the Women's Health Care Office (a division of the Municipal Health

Secretariat). A significant accomplishment of the Office was the implementation of a Women's Total Health Programme which brought a gender perspective to local health services and promoted women's participation in decision-making. The programme was later duplicated by other cities in Brazil.[16]

Some countries have allocated specific funds and resources for women's health, including China, Ecuador, El Salvador, Mexico, Oman, Paraguay and the United Kingdom. For example, Mexico introduced gender-sensitive budgeting to guarantee equitable and non-discriminatory access to health services and the Philippines set aside 30 per cent of its health sector investment to improve women's health. The allocation of resources to specific groups of women has also been noted, including indigenous women, minority women and women with

Some countries reported on initiatives to reduce the number of teen pregnancies, provide life skills to prevent unwanted pregnancies and assist pregnant girls. Media campaigns, information sessions, conferences, training of health care providers, publications and programmes to keep pregnant girls in school were provided as examples.[25]

Countries successful in reducing maternal mortality include Bangladesh, Bolivia, China, Cuba, Egypt, Honduras, Indonesia, Jamaica, Malaysia, Sri Lanka, Thailand and Tunisia, among others.[26] Between 1990 and 2004, three regions showed dramatic increases in the proportion of deliveries attended by skilled health care professionals: South-east Asia (38-68 per cent); Northern Africa (40-71 per cent) and East Asia (51-79 per cent).[27]

Other health issues

Although there is a tendency to focus on women's reproductive health, countries have also reported on progress in other areas. For example increased attention to the early detection of breast and cervical cancer; recognition of violence against women as a health problem; efforts made to address women's mental health issues; attention to gender-specific factors in addiction, primarily relating to tobacco use; efforts made related to nutrition and eating disorders; and initiatives to reduce the incidence of tuberculosis and malaria among women.[28]

3. Gaps and challenges

Despite progress, the ten-year review of the Beijing *Platform for Action* identified many obstacles and challenges including insufficient statistical data, lack of expertise and resources for research on women and health, the trend to limit women's health policies to reproductive roles (neglecting other priority issues), insufficient funding, and socio-cultural attitudes.[29] This section explores a few areas where more progress is required.

Sexual and reproductive health

Despite some progress, considerable challenges continue to exist in the area of sexual and reproductive health. Reproductive health problems are the leading cause of women's ill health and death worldwide.[30] Death and disability due to sexual and reproductive health accounted for 18 per cent of the total disease burden globally and 32 per cent of the disease burden among women of reproductive age in 2001.[31]

More than half a million women in the developing world die during pregnancy and childbirth due to preventable causes, with over 90 per cent of those in Africa and Asia.[32] Unsafe abortions continue to imperil women's reproductive health in developing countries. According to WHO estimates, 19 million unsafe abortions were carried out in 2000, with Asia, Africa and Latin America accounting for the highest numbers.[33]

Many developing countries face contraceptive shortages as a result of rising demand for contraception.[34] Around 200 million women who wish to space or limit their childbearing lack access to contraception.[35] In some countries, contraceptive services are only available to married women.[36] Other barriers to women's use of contraception include legal barriers, socio-cultural attitudes and lack of information.[37]

Adolescent girls are particularly vulnerable to early pregnancy, sexual abuse, child marriage and other harmful practices such as genital mutilation/cutting. Every year, some 14 million adolescent girls give birth. Adolescent girls between the ages of 15 and 19 are two to five

- Place a gender perspective at the centre of all policies and programmes affecting women's health and involve women in the planning, implementation and monitoring of such policies and programmes and in the provision of health services to women.
- Ensure the removal of all barriers to women's access to health services, education and information, including in the area of sexual and reproductive health, and, in particular, allocate resources for programmes directed at adolescents for the prevention and treatment of sexually transmitted diseases, including HIV/AIDS.
- Prioritize the prevention of unwanted pregnancy through family planning and sex education and reduce maternal mortality rates through safe motherhood services and prenatal assistance. When possible, legislation criminalizing abortion could be amended to remove punitive provisions imposed on women who undergo abortion.
- Monitor the provision of health services to women by public, non-governmental and private organisations, to ensure equal access and quality of care.
- Require all health services to be consistent with the human rights of women, including the rights to autonomy, privacy, confidentiality, informed consent and choice.
- Ensure that the training curricula for health workers includes comprehensive, mandatory, gender-sensitive courses on women's health and human rights, in particular gender-based violence.

Linking women's health to control over resources and decision-making

To address women's lack of decision-making power in the household and in the community, which can limit their access to health care and negatively affect maternal health outcomes, a number of strategies can be taken, including:

Á Parallel initiatives to increase women's access to and control of resources (credit and savings groups and

- access to appropriate, safe, effective, affordable, acceptable methods of family planning based on informed choice and dignity;
- services for safe pregnancy and childbirth;
- prevention, diagnosis and treatment of reproductive tract infections and sexually transmitted infections, including HIV/AIDS;
- a satisfying, safe sexual life; and
- elimination of violence against women and girls, including female genital mutilation/cutting, domestic violence and trafficking.[53]

In 2006, as part of the Millennium Project[54] a research report on sexual and reproductive health and the MDGs was released. In addition to documenting the links between sexual and reproductive health and all of the MDGs, the report set out a list of priority tasks.[55]

Reproductive health and the achievement of MDG3

The United Nation's Millennium Project has identified guarantees of sexual and reproductive health and rights for women and girls as one of the seven strategic priorities for achieving MDG3. Task Force 3 points out: At a minimum national public health systems must provide quality family planning, emergency obstetric services, safe abortions (where legal), post-abortion care, interventions to reduce malnutrition and anaemia, and programmes to prevent and treat sexually transmitted infections, including HIV/AIDS. Outside the health system, sex/sexuality education programmes are needed to lay the foundation for improved sexual and reproductive health outcomes. Ultimately, these interventions must be supported by an enabling policy and political environment that guarantees women's and girls' sexual and reproductive rights.

UN Millennium Project (2005). *Taking Action: Achieving Gender Equality and Empowering Women* [56]

Increasing the role of men and boys in reproductive health

Increasing the role of men and boys in reproductive health programmes is an important area for future work. Good practice examples that can be expanded include:[57]

- educating fathers about safer childbirth and discouraging unsafe home deliveries (Uganda);
- training physicians to involve men in maternity care, which has resulted in more husbands accompanying their wives to antenatal clinics (India);
- encouraging men to share domestic chores and parenting responsibilities, which made women more likely to receive prenatal care, to reduce their workloads before giving birth and to deliver under more sanitary conditions (China).

Involving men in reproductive health care

"Male Call, a project implemented by Population Services Pilipinas Inc. with support from the Turner Foundation and UNFPA, successfully combined educational strategies with the provision of reproductive health services in Taytay, a rural area in the Philippines. Because the approval and cooperation of their partners was needed to ensure women's access to health services in the area, men were a key target for messages delivered through print media, cultural performances, community events and seminars and workshops. Service components of the project included rural outreach, a referral system that offered discounted rates and a clinic that emphasized the links between overall family health and male reproductive health and sexual concerns. Successes included more family planning acceptors, more prenatal check-ups and pap smears and more treatment of reproductive tract infections. In addition, seminars and workshops gave men the opportunity to discuss sexual behaviours and talk more openly about reproductive and sexual issues with their partners. Evaluations showed that the project improved men's relationships with their wives."

UNFPA (2006). *Population Issues: Promoting Gender Equality: Involving Men: UNFPA in Action – Case Study*.[58]

Improving reproductive health care in emergencies

Women's reproductive health care needs continue during emergencies, including in situations of conflict and natural disasters. The Minimum Initial Services Package (MISP) was developed in response to these needs.[59] The MISP is a set of priority activities to be

implemented during the early stages of an emergency. It has grown out of ten years of work of the Inter-Agency Working Group on Reproductive Health in Refugee Situations and is a standard in the 2004 revision of the Sphere Humanitarian Charter and Minimum Standards in Disaster Response.[60] MISP activities are designed to: pr

- The Royal Tropical Institute (KIT) maintains a *Gender and Health* webpage with links to various resources and websites. www.kit.nl/smartsite.shtml?ch=fab&id=4599&Part=Intro (accessed 24 June 2007).

Reports and tools

- Baume, E *et al*. (2001) *Gender and Health Equity Guide*. Gender and Health Equity Network. Institute for Development Studies at the University of Sussex. This guide provides lists of annotated resources on gender analysis in the health sector, international and national initiatives, and various tools. www.ids.ac.uk/ghen/resources/papers/Geneq.pdf (accessed 24 June 2007).
- Bernstein, Stan with Charlotte Juul Hansen (2006). *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals.* Millennium Project. This comprehensive and well-documented report provides a wealth of information on sexual and reproductive health across all MDG areas. www.unmillenniumproject.org/reports/srh_main.htm

[10] United Nations (2005). *Report on the fiftieth session (22 March 2005, 27 February-10 March and 16 March 2006) Commission on the Status of Women*. Economic and Social Council E/2006/27 E/CNn

[28] United Nations (2005). *Review of the implementation of the Beijing Platform for Action and the outcome documents of the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century." Report of the Secretary-General.* E/CN.6/2005/2, para. 170 – 181.

[29] United Nations (2005). *Review of the Implementation of the Beijing Platform for Action and the outcome documents of the special session of the General Assembly entitled "Women 2000:gender equality, development and peace for the twenty-first century." Report of the Secretary-General.* E/CN.6/2005/2, para. 182- 184.

[30] UNFPA (2005) *State of World Population 2005*. www.unfpa.org/publications/detail.cfm?ID=248&filterListType= (accessed 28 June 2007).

[31] Bernstein, Stan with Charlotte Juul Hansen (2006) *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals.* Millennium Project. www.unmillenniumproject.org/reports/srh_main.htm (accessed 28 June 2007).

[32] UNICEF (2006). *Women and Children: The Double Dividend of Gender Equality. The State of the World's Children 2007*. New York. www.unicef.org/sowc07/docs/sowc07.pdf (accessed 28 June 2007).

[33] WHO (2004). *Unsafe Abortion: Global and Regional Estimates of Unsafe Abortion and Associated Mortality in 2000* , 4th Edition. Geneva. www.who.int/reproductive-health/publications/unsafe_abortion_estimates_04/estimates.pdf (accessed 29 June 2007).

[34] UNFPA (2005). *State of World Population 2005.* www.unfpa.org/publications/detail.cfm?ID=248&filterListType= (accessed 28 June 2007).

[35] United Nations (2006). *The Millennium Development Goals Report*. New York. mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2006/MDGReport2006.pdf (accessed 25 June 2007).

[36] The reference for the last point is WEDO (2005). *Beijing Betrayed: Women Worldwide Report that Governments Have Failed to Turn the Platform into Action*. www.wedo.org/files/gmr2005english.html (accessed 11 July 2007).

[37] United Nations (2005) *Review of the implementation of the Beijing Platform for Action and the outcome documents of the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century." Report of the Secretary-General.* E/CN.6/2005/2, para. 185.

[38] UNFPA (2005). *State of World Population 2005*. www.unfpa.org/publications/detail.cfm?ID=248&filterListType= (accessed 28 June 2007).

[39] United Nations (2005.) *Review of the implementation of the Beijing Platform for Action and the outcome documents of the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century." Report of the Secretary-General.* E/CN.6/2005/2, para. 188.

[40] United Nations (2005) *Review of the implementation of the Beijing Platform for Action and the outcome documents of the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century." Report of the Secretary-General.* E/CN.6/2005/2, para. 188.

[41] Messing, Karen and Piroska Östlin (2006). *Gender equality, work and health: a review of the evidence.* World Health Organisation. www.who.int/gender/documents/Genderworkhealth.pdf (accessed 28 June 2007).

[42] WHO (2005). *Gender in Tuberculosis Research* www.who.int/gender/documents/TBlast2.pdf (accessed 25 June 2007).

[43] United Nations (2005). *Review of the implementation of the Beijing Platform for Action and the outcome documents of the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century." Report of the Secretary-General*, E/CN.6/2005/2, para. 184.

[44] Hughes, Jessica (2004). *Gender, Equity and Indigenous Women's Health in the Americas.* The Gender and Health Unit, Pan-American Health Organisation. Washington, DC www.paho.org/English/AD/GE/IndigenousWomen-Hughes0904.pdf (accessed 28 June 2007).

[45] PanAmerican Health Organisation (PAHO) (nd). *Gender, Equity and Indigenous Women's Health in the Americas.* Fact Sheet produced by the Women, Health and Development Program. www.paho.org/English/AD/GE/IndigenousWomen.pdf (accessed 29 June 2007).

[46] Khattab, Hind, Nabil Yunis, and Huda Zurayk (1999). *Women, Reproduction, and Health in Rural Egypt, The Giza Stud.* Cairo: American University Press. Quoted in Farzaneh Roudi-Fahimi (nd) *Gender and Equity in Access to Health Care Services in the Middle East and North Africa*. Population Reference Bureau.

www.prb.org/Template.cfm?Section=PRB&template=/ContentManagement/ContentDisplay.cfm&ContentID=13832 (accessed 28 June 2007).

[47] WHO and IGWG (2005). *A Summary of the 'So What' Report: A look at whether integrating a gender focus into programmes makes a difference in outcomes*. www.who.int/gender/documents/SoWhatReportSept.05.pdf (accessed 28 June 2007).

[48] UNICEF (2006). *Women and Children: The Double Dividend of Gender Equality. The State of the World's Children 2007*. New York. www.unicef.org/sowc07/docs/sowc07.pdf (accessed 28 June 2007).

[49] WEDO (2005). *Beijing Betrayed: Women Worldwide Report that Governments Have Failed to Turn the Platform into Action*. www.wedo.org/files/gmr2005english.html (accessed 11 July 2007).

[50] Information for this section on health statistics is from United Nations, Department for Economic and Social Affairs, Statistics Division (2006). *The World's Women 2005: Progress in Statistics.*. unstats.un.org/unsd/demographic/products/indwm/wwpub.htm (accessed 28 June 2007).

[51] See the United Nation's Division for the Advancement of Women website: www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom24 (accessed 28 June 2007).

[52] WHO and IGWG (2005). *A Summary of the 'So What' Report: A look at whether integrating a gender focus into programmes makes a difference in outcomes*. www.who.int/gender/documents/SoWhatReportSept.05.pdf (accessed 29 June 2007).

[53] This comparison is from Evers, Barbara and Mercedes Juarez (nd) *Understanding the Links: Globalsation, Health Sector Reform, Gender and Reproductive Health.* This document also has a useful set of questions to help analyse the state of sexual and reproductive health in health sector reform programming. www.fordfound.org/publications/recent_articles/docs/globalization/evers_juarez.pdf (accessed 28 June 2007).

[54] See the Millennium Project's website: www.unmillenniumproject.org/index.htm (accessed 28 June 2007).

[55] Bernstein, Stan with Charlotte Juul Hansen (2006) *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals.* Millennium Project. www.unmillenniumproject.org/reports/srh_main.htm (accessed 28 June 2007).

[56] UN *Millennium* Project (2005). *Taking Action: achieving gender equality and empowering women.* Task Force on Education and Gender Equality. www.unmillenniumproject.org/reports/tf_gender.htm (accessed 26 June 2007).

[57] All these examples are from UNFPA (2005) *State of World Population 2005*. www.unfpa.org/publications/detaT.e5(o)5(n)6(2e3)]/9?oID=2JEM48JEM&filterListTypJEMC83.34 396.66 212.4 Td0 02574 BT/