



# Global Approaches to the Promotion of Women's Health

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The promotion of women's health and health care research has become a crucial sector in the provision of health services generally and is now receiving the highest priority on the international health agenda. This development has come about after decades of dedicated work for the betterment of women's health at international and national levels, and by the activities of organizations such as the World Health Organization (WHO).

The WHO goal of Health for All by the year 2000 has been acknowledged to be instrumental in focusing the world's attention on the fundamental issue of women's lack of access to and equity in health care. This issue is one of the 12 critical areas of concern in the draft Platform for Action, which is the basic document that will be negotiated by governments at the Fourth World Conference on Women (FWCW) to be held in Beijing from 4 to 15 September 1995 (1).

## Platform for Action

The Platform for Action analyzes the areas of concern and puts forward over 200 proposals to address such crucial issues as poverty, decision-making, violence against women, economic empowerment, health, education, women's human rights, the media, the environment, and the girl-child.

In preparing for the conference, member states of the United Nations reported on the status of women in their societies since 1985. The national reports indicated that while there has been some progress since the last conference held in Nairobi in 1985, there has been little or no fundamental change. Relatively few countries have taken seriously the idea that improvement in the condition of women is not only a basic and essential component of economic development, but a fundamental human right. This is especially true in regard to the provision of physical and mental health services for women.

The Platform states that, as revealed in reports from member states, data on health are neither systematically collected nor disaggregated and analyzed by age, sex, and socioeconomic status. Recent and reliable data on the mortality and morbidity of women and the conditions and diseases that particularly affect women are not always

available. Relatively little is known about the social and economic factors that affect the health of girls and women of all ages; about the provision of health services to girls and women and their use of such services, or about the value of disease prevention, health prevention, and health promotion programs for women (2).

The Platform further states that subjects of importance to women's health have not been adequately researched, and women's health research often lacks funding. Medical research on cardiovascular diseases and epidemiological studies in many countries are often based solely on studies of male patients (2). Clinical trials to establish basic information about dosage, side effects, and effectiveness of drugs relevant to women (including contraceptives) are noticeably absent and do not always conform to ethical standards for research and testing (2). Many drug therapy protocols and other medical treatments and interventions administered to women are based on research conducted on male patients without any investigation of and adjustment for gender differences (2).

Efforts to promote women's health should be viewed against this background. Health problems should be analyzed from the perspective of women as well as of men, because some diseases and conditions affect men and women differently or may be more prevalent in women (3).

## Women's Health Issues

Both the WHO and the FWCW Platform for Action view women's health from a perspective that accounts for the whole life cycle, recognizing that health conditions in

one phase of a woman's life affect not only subsequent phases, but also future generations. Several health issues have emerged as a result of women's health being viewed in a holistic way within the social, economic, and political context of their life cycle. These issues, which transcend national boundaries, comprise the predominant risk factors that contribute to morbidity and mortality in women of all ages, and reflect the types of health problems that affect women at various stages of life and that are amenable to solutions through low-cost, feasible interventions (4).

Research into women's health problems and analysis thereof have shown that poverty has a disproportionate effect on women. At present more than 1 billion people, the large majority of whom are women, live in conditions of poverty (2, p. 21). The prevalence of poverty and economic dependence among women, their experience of violence, negative attitudes and discrimination because of race and other factors, and their lack of influence in decision-making are all social realities that have an adverse impact on their health.

Mental disorders related to powerlessness and poverty, together with overwork and stress and the increasing incidence of domestic violence and substance abuse, are now among health issues of growing concern to women (2, p. 41). Other areas of concern include unequal access to and use of basic health resources, including primary health services for the prevention and treatment of childhood diseases, malnutrition, anemia, diarrhoeal diseases, communicable diseases, malaria and other tropical diseases, and tuberculosis.

Although underreported, violence against women is now reaching alarming proportions in both developed and developing countries. Domestic violence and rape have only recently been viewed as a public health problem, and yet they are a significant cause of female mortality and morbidity. In some developed nations, assaults cause more injuries to women than motor



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vehicle accidents, rape, and muggings combined (3, p. 12).

Women are also subject to particular health risks because of inadequate services to meet health needs related to sexuality and reproduction. Reproductive tract infections are common diseases with profound social and health consequences, especially for women living in the Third World. Yet, in allocating scarce human and financial health care resources to developing countries, policy-makers, program planners, and international donor agencies have generally given low priority to these reproductive diseases (5).

The acquired immunodeficiency syndrome (AIDS) pandemic is a case in point. At present, almost half of the adults newly infected by the human immunodeficiency virus (HIV) are women. Every minute of the day, every day of the year, two women become infected by HIV, and every 2 minutes a woman dies from AIDS. Women are biologically more vulnerable to infection with HIV. Transmission of HIV from male to female is 2 to 10 times more effective than from female to male (6). WHO estimates that by the year 2000, over 13 million women will have been infected with HIV, several million of whom will already have progressed to the disease state. Prevalence rates of other sexually transmitted diseases are higher among females than among males in those aged 20 years and younger (7).

At first, monitors of HIV and AIDS did not consider AIDS a serious health threat to women. More recently, concern over the growing pandemic has recast the image of women as merely vectors of virus transmission (8). Furthermore, much research on pediatric AIDS has focused on perinatal transmission in HIV-infected women. There is a serious lack of research focusing on the consequences of HIV infection in nonpregnant women (9).

Cancers of all types are another major health threat to women. Cervical cancer is the most common form of cancer in women in most developing countries and overall is the second most common form of cancer in women. There are an estimated 450,000 new cases each year (a realistic figure that includes undiagnosed early cases would be high as 900,000), of whom 300,000 will die from the disease (10). The most common form of cancer in North America, Latin America, and Europe is breast cancer. As in cervical cancer, early detection of breast cancer plays a major role in the reduction of mortality among women suffering from the disease (10).

On average, women live longer than men, yet little attention has been paid to gender differences in the quality of life among the elderly or to the illnesses from which they may suffer. One consequence of women's longer life-span is a longer period of

overall morbidity (11). In the years to come, the number of women over the age of 65, in both industrialized and developing countries, will increase from 330 million in 1990 to 600 million in 2015 (6, p. 21). Of these elderly women, many will suffer from the chronic diseases associated with aging, such as osteoporosis and dementia, or from the consequences of neglect, such as malnutrition, alienation, and loneliness (10, p. 13).

### Strategies for Health Promotion

Recognizing the current global state of women's health and health care research, the FWCW's Platform for Action proposes several actions that should be taken by governments, nongovernmental organizations, international organizations, and others in the field of health services delivery. The reaffirmation by the Conference of women's right to the enjoyment of the highest attainable standards of physical and mental health will enable governments to promote the attainment of this right by incorporating it into national legislation and by reviewing existing legislation (including health legislation) and policies to reflect a commitment to women's health (2, p. 38). This would be an important first step toward a more equitable health care system.

The Platform further proposes the design and implementation of gender-sensitive health programs. These might include decentralized health services that take into account women's multiple roles and responsibilities, and the diversity of women's needs across age and socioeconomic and cultural boundaries (2, p. 38).

The promotion of women-centered health research is also recommended

through linking traditional knowledge with modern medicine and making information available to women that would enable them to make responsible decisions regarding their health (2, p. 45). Women will enjoy the right to make these decisions only when progress is made in overcoming age-old barriers to equality and choice. When this goal is achieved, all human beings—women and men—will be able to seek and receive health care that is accessible and reasonable. The Platform for Action provides a blueprint for realizing this goal. Governments, in particular, will be encouraged to make the commitment, not only to carry forward agreements reached in Beijing, but also to provide the resources to implement them.

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## International Perspectives on Women's Reproductive Health

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Women all over the world have long been advocating for health services that view and address their needs in a holistic manner and not in fragments, and that take into account the context of their lives. The International Conference on Population and Development (ICPD), held in Cairo in September 1994, went a long way toward recognizing women's concerns in the area of reproductive health. The Cairo conference

made several important conceptual shifts:

- from a single-minded concern with population growth and the need for population control to a framework for approaching population-related issues that considers the interactions of population, poverty, and patterns of consumption and production;
- from narrowly defined family planning programs that aim to reduce fertility to an emphasis on health, empowerment, and the right of individuals to determine the number, spacing, and timing of children;
- from a technological approach to fertility control to comprehensive reproductive

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