SECTION I

Introduction

This section explores the various challenges women and girls in developing countries face that effect their health and well-being. It is the goal of this section to make the readers aware of the irrevocable link between women's global health and human rights.

Women's empowerment is intertwined with respect for human rights.

–Mahnaz Afkhami

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CHAPTER 1

Global Women's Health and Human Rights

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A Portrait of Women's Health in Developing Countries

Women in developing countries face a number of challenges to their health and well-being. Some 200 million women in developing countries, or about one in seven women of reproductive age, have an unmet need for effective contraceptives.[1] Over half a million women die each year from complications during pregnancy and childbirth, the vast majority of them in Africa and Asia.[2] This includes nearly 70,000 deaths from unsafe abortion.

More women than ever before are being affected by AIDS. Globally, nearly 16 million women are living with HIV and constitute almost half (48%) of all HIV-positive adults.[3] In sub-Saharan Africa, the impact of HIV on women is especially severe—an estimated 61% of adults living with HIV in sub-Saharan Africa are women. In areas of Asia, Eastern Europe, and Latin America, the number of women infected with HIV is increasing rapidly. With regard to curable sexually transmitted infections (STIs), there are approximately 340 million new cases each year, and the burden of STIs for women is more than five times that of men.[4]

Violence against women and girls is pervasive and is experienced in a wide range of settings, including the home, community, and situations of armed conflict. At least one in three women will be the victim of abuse—physical, sexual, or psychological—at some point in her life. Intimate partner violence is the most common form of violence reported by women, with the lifetime prevalence of physical or sexual partner violence ranging from 15% to 71% across locations. In certain settings, as many as 30% of women report that their first sexual experience was forced, and the younger they were at initiation, the greater the likelihood that it was forced.[5] Women and girls are often subjected to sexual harassment in the workplace and at school. Today, estimates indicate that over a hundred million girls and women live with the scars of female genital mutilation and cutting, mostly in Africa, but also in parts of Asia, the Middle East, and in immigrant communities in Europe, North America, and Australia.[6] In conflict settings, violence against women and girls, particularly sexual violence including rape, is a frequently used weapon of war. The consequences of violence on women's lives are far reaching and

include the psychological impact of violence, loss of personal freedom, diminished capacity to participate in public life, and a dramatically increased risk of acquiring HIV and other STIs.[7]

Adolescent girls and young women are especially at risk of dying during pregnancy and acquiring HIV or STIs. In many parts of the world, girls are married at a young age, often to older men, and begin childbearing early. This is most common in sub-Saharan Africa and South Asia where more than 30% of girls aged 15 to 19 are married.[8] Girls aged 15 to 19 are twice as likely to die in childbirth as those in their twenties.[9] In sub-Saharan Africa, young women aged 15–24 are between two and six times more likely be HIV-positive than young men.[4]

Fundamentally, these health problems are a reflection of the inequalities of power that exist between women and men in many societies around the world. Women are often marginalized and denied equal opportunities compared to men. They typically do not enjoy the same access to education and economic resources such as income and employment. They may confront legal and customary restrictions on land and property ownership. They are also limited in their ability to participate in government and civil society and are unable to influence national and local decisions that affect their own lives. Within their own households, women often have little power to make decisions with regard to marriage, childbearing, or even their own health care. In short, women are often left with few ways to reduce their vulnerability and protect their own health.

Sexual and reproductive health conditions account for a significant portion of women's disease burden, but women also confront other health challenges, many of which are outlined in this book, including infectious and chronic diseases and mental health conditions. Taken together, statistics on women's health reveal hardship experienced on an immense scale.

Putting Women's Health and Human Rights on the Global Development Agenda

Ensuring women's health and human rights are important priorities for the global health and development communities, but it has taken decades of work on the part of advocates to make these issues a foremost concern. In the early stages of global public health assistance, mothers and children were identified as vulnerable groups. Indeed, the Universal Declaration of Human Rights, adopted by the United Nations (UN) in 1948, states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family," and "Motherhood and childhood are entitled to special care and assistance."[10] One of the functions of the World Health Organization (WHO), established in 1948, is "to promote maternal and child health and welfare."[11] Maternal and child health, or MCH, became the dominant approach to service delivery in many developing countries.

In reality, conventional MCH programs did little to improve the health of mothers. In the early 1980s, the United Nations Children's Fund (UNICEF), under the leadership of James Grant, launched the most effective worldwide campaign for child survival calling for mass coverage of relatively cheap and easy-to-deliver interventions, such as immunization and oral rehydration therapy. The child survival revolution significantly decreased child mortality rates, although progress began to stall in the mid-1990s prompting renewed calls for action. Unfortunately, as in many areas of maternal and child health, UNICEF's program focused almost entirely on child health, and women's issues were not a key component.

In contrast, the poor state of maternal health in developing countries has gone virtually unnoticed. In part, the lack of data on maternal deaths for a time obscured the scale of the problem. There was also a perception among public health professionals that providing adequate maternity care to women would require high technology at large hospitals, an impossibility in resource-poor settings. Underlying these hesitations was the fact that women simply were not valued as productive members of their communities and as individuals entitled to basic human rights. As Halfdan Mahler, former director-general of WHO, once put it, maternal mortality was "neglected because those who suffer from it are neglected people, with the least power and influence over how national resources shall be spent; they are poor, the rural peasants, and, above all, women."[12]

In 1985, an important article in the *Lancet* voiced the question, "Where is the *M* in *MCH*?"[13]

in order to call attention to the severe neglect of women's health and mortality. The WHO also announced its estimate that half a million women were dying each year from pregnancy-related complications, almost entirely in poor countries, drawing the attention of women's health advocates around the world. Two years later, in part as a result of the *Lancet* article, the World Bank, WHO, and the United Nations Population Fund (UNFPA) convened the Safe Motherhood Conference in Nairobi, Kenya, an event that launched a global campaign to reduce maternal mortality in developing countries. Although the Safe Motherhood Initiative initially pursued strategies that were ineffective at reducing maternal mortality, it has provided much needed advocacy on maternal health, and there is currently greater consensus about what strategies are appropriate.[14]

Maternal health was long a neglected field, but women in poor countries were not left entirely without health services. In the 1950s and 1960s, censuses in developing countries revealed high rates of population growth. Alarm over the possible economic consequences of rapid population growth led many countries to establish national family planning programs, with the support of a number of donor agencies. These programs have played a critical role in the remarkable global decline in fertility that has occurred in the past half century. However, the demographic focus of family planning programs drew some criticism from a number of women's advocate groups, and some countries set inappropriate targets for contraceptive "acceptors" that created potentially coercive situations. Nonetheless, the contraceptive prevalence rate steadily rose worldwide from less than 10% in the 1960s to over 50% in the 1990s, and many women have benefited from the increased availability of contraceptives.

The International Conference on Population and Development (ICPD) held in Cairo in 1994 marked a significant paradigm shift in women's health—a conceptual shift from population to reproductive health. The ICPD was the culmination of efforts on the part of women's advocates to fundamentally alter the rationale of family planning programs from population control to women's health and human rights. Reproductive health was defined broadly to include family planning, prevention of HIV/STIs, maternal health, and sexual health. Also, for the first time, gender equality and women's rights and empowerment were recognized as essential development goals, a theme that was later reiterated at the Fourth World Conference in Beijing in 1995. Unfortunately, donor agencies and developing countries have failed to meet the financial targets they committed to in support of the ICPD Programme of Action.

In 2000, at the United Nations Millennium Summit, 189 nations agreed to a set of eight Millennium Development Goals (MDGs) to be achieved by 2015 that address critical development challenges. Among them are goals to improve maternal health, promote gender equality and empower women, but a goal to ensure reproductive health is noticeably absent from the list. (Several years later, the UN did agree that reproductive health issues should be part of the MDGs). Fortunately, the global health community has acknowledged that greater investments in sexual and reproductive health, as articulated in the ICPD Programme of Action, are essential to achieving the MDGs. While progress varies by region and country, the MDGs hold much promise and have generated an unprecedented level of support from governments and multilateral agencies.

Looking Ahead

Women throughout the world, particularly in Asia and Africa, continue to face enormous obstacles in access to reproductive health services, including contraception, emergency obstetric care, and safe abortion services. The ICPD Programme of Action and Millennium Development Goals are a critical step toward the promise of global improvements in maternal health, though much work remains in order to decrease the worldwide burden of maternal mortality, including a fundamental recognition of the value of maternal health both within the context of MCH and in the broader public health arena. Issues of reproductive health and choice must take center stage within the framework of global health goals as defined in international development programs such as the MDGs, particularly if those objectives are to be achieved.

As demonstrated by over 30 years of research and evidence-based practice, family planning services in poor countries are increasingly delivered by

persons other than doctors and nurses, trained in a variety of essential procedures, including prescription and insertion of birth control methods. As evidenced in the 1970s in Thailand, where the training of auxiliary midwives to prescribe oral contraceptives produced a dramatic increase in the number of women using that birth control method, a focus on outreach is an essential factor in successful national policies dedicated to the reduction of unplanned pregnancies and greater reproductive freedom.[15] In terms of maternal health, access to emergency obstetric care and the training of nonphysicians in rural areas is essential, particularly given the absence of obstetricians and very few physicians working in those regions. In Mozambique, for example, the training of nonphysicians to perform emergency obstetrical surgery, including cesarean deliveries, is a major national accomplishment, allowing for many emergency obstetrical procedures, once unimaginable in rural settings, to be successfully conducted in local hospitals.[16]

Conclusion

Today, proven and cost-effective interventions exist to prevent and battle complications from pregnancy and childbirth and save women's lives. The challenge is to guarantee that every woman that needs care gets it. This means international commitment on the part of governments, nongovernmental organizations (NGOs), and civil society institutions—from the community level and beyond—toward capacity building and the development of innovative strategies that address systematic shortages of medical supplies, services, and personnel so common throughout the developing world, particularly in rural areas. Financial targets must be realized, and donor agencies must be committed to undertaking these ambitious tasks.

The HIV/AIDS epidemic continues to represent a serious and rapidly growing crisis, affecting nearly 18 million women worldwide. The global health community must continue to invest in prevention education and treatment interventions (without abstinence-only initiatives and with heavy focus on condom use) in order to stem this vast global dilemma. Prevention measures should include not only education, outreach, and advocacy, but also coordinated policy efforts to guarantee women's rights as equal members of society. These fundamental rights must include access to education, employment, and property ownership. Policies supporting women's empowerment serve to alleviate inequitable gender roles based on antiquated and discriminatory traditions, many of which frequently lead to physical and psychological violence and repression.

Women's rights are also fundamental in the struggle to end the global affliction of violence against women, a universal crisis affecting one in three women and girls throughout the world, and 20% of women in the United States. A commitment to policy reform is needed to protect the rights of women, ensuring equal treatment in society and open access to life-saving reproductive health services.

Numerous international public health challenges persist in the global struggle toward equitable health and rights for women. These are concerns that must be faced unconditionally in order to achieve genuine progress in the fight to save lives. Recognizing that women are vital and equal members of society will not only establish a healthier global norm, but may finally lead to a long-overdue reduction in worldwide maternal morbidity and mortality, decreased rates of HIV/AIDS transmission, and an end to violence against women on a truly global scale.

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