

**Women's Health**

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‘States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services...’

United Nation's International Conference  
 on Population and Development  
 Plan of Action, 1994


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Women's health issues have attained higher international visibility and renewed political commitment in recent decades. While targeted policies and programs have enabled women to lead healthier lives, **significant gender-based health disparities remain in many countries.**

With limited access to education or employment in many nations, high illiteracy rates and increasing poverty levels are making health improvements for women exceedingly difficult. Many of the modest gains in women's health realized in recent decades are now threatened or have been reversed due to war, economic instability and the HIV/AIDS pandemic.

Illness or death of a woman has serious and far-reaching consequences for the health of her children, family and community. The slogan, "Healthy Women, Healthy World" embodies the fact that as custodians of family health, women play a unique role in maintaining the health and well-being of their communities.

A woman's access to quality basic health care, family planning and obstetric services can be improved through commitment to safe motherhood as a basic human right. Gender-equitable approaches to health help ensure her full participation in health service planning and delivery.

## Global Disparity

Improving the health status of women remains an unmet challenge, with great disparities existing between low- and high-income countries.

The leading causes of death for women, HIV/AIDS, pregnancy and childbirth, malaria and tuberculosis, primarily affect poor women.

The victims of gender-based violence are primarily women and the risk of violence that women face is aggravated by poverty and political instability. Inadequate access to reproductive health services contributes to unwanted pregnancy, unsafe abortion, inadequate antenatal care, and lack of skilled attendance at birth.

Leading Causes of Death in Women	2001
HIV/AIDS	1.3 million
Malaria	592,000
Maternal Conditions	509,000
Tuberculosis	500,000

Source: World Health Report 2002, World Health Organization

## HIV/AIDS and Women

For the first time since the beginning of the HIV/AIDS pandemic, more than 50% of those living with the virus are women (see chart 1). In sub-Saharan Africa, nearly twice as many young women as men are living with HIV.



A woman's vulnerability to the virus is attributable not only to biological differences, but also to deeply entrenched socio-economic inequalities that further compound susceptibility. This includes economic vulnerability leading to transactional sex, forced or coerced sex

and the inability to negotiate condom use.

As young women and girls are even more biologically and socially vulnerable to HIV/AIDS than older women, a marked increase in their infection rates has occurred — far surpassing those of young men in some countries.

HIV-positive women are also at high risk of transmitting HIV to their children during pregnancy or childbirth or through breastfeeding. Today, mother-to-child transmission (MTCT) is the primary mode of HIV acquisition in children, and 25-35% of children born to HIV positive women will contract the disease in utero, during delivery or through breastfeeding.

While an inexpensive single dose of antiretroviral therapy (ART) costing only about \$1 can reduce the risk of MTCT of HIV by half, more than 3 million children under the age of 15 today are living with HIV, most having acquired it through their mothers. ART is presently available to only about 1% of women who need it. In addition, many thousands of pregnant women do not know their HIV status, do not have access to voluntary counseling and testing (VCT) to learn of their status, or forgo testing or taking the drug for fear of violence from their partners or stigmatization from their communities. Women must be able to access VCT and ART with full protection of their rights to privacy and confidentiality.

As AIDS ravages families and communities, the burden of caring for ill family members rests mainly with women and girls — many of whom may be seriously ill themselves. Women comprise 70% of the world's poor. A woman affected by HIV/AIDS is plunged further into poverty, losing the ability to provide for herself and her children. Through pervasive social stigma and the collapse of traditional family and support structures, HIV/AIDS is eroding the already precarious social and economic status of women in many countries.

For more information on HIV/AIDS, please [click here](#).

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## **Maternal Health**

The numbers of deaths each year from maternal causes are estimated to range from 507,000 to 585,000 – equating to the death of one woman every minute, every day. Of these deaths, 99% occur in low-income countries. Women in sub-Saharan Africa have a one in 16 lifetime risk of dying from pregnancy or during childbirth as compared to a one in 1,800 lifetime risk for women in developed countries. Death and disability from maternal causes account for nearly 20% of the total burden of disease for women of reproductive age in developing countries.

As the largest proportion of maternal deaths occur among women who are considered at low risk of developing complications, emergency obstetrical care is critical to saving lives. Although it is often not possible to predict and/or prevent obstetric emergencies, most of these life-threatening events are treatable with appropriate care and support. However, many women in developing countries do not have access to the relatively low-technology, inexpensive interventions, and care that are available to women in industrialized nations.

Maternal mortality has been most often attributed to what have been termed the “three delays.” These are delays in recognizing that complications are serious enough to require help; delays in getting to a treatment center equipped for obstetric emergencies due to transportation problems or distance to the treatment center; and delays encountered in starting treatment once having reached a care facility due to lack of available trained health-care personnel, life-saving drugs and/or equipment. Poor women and post abortion care patients are particularly discriminated against in receiving treatment promptly.

For 3 million women per year, complications of pregnancy or delivery lead to short-term as well as lifelong disabilities. As many as 80,000 women per year develop fistula, a hole in the birth canal that permits leakage from the bladder or rectum to enter the vagina. The condition, affecting between 500,000 and 1 million women, leaves women permanently incontinent and subject to social ostracism.

Through improved access to higher quality emergency care and aseptic standards, and improved availability of antibiotics, blood for transfusion, and other life-saving treatments, pregnancy complications do not need to lead to death and disability.

Due to the physiological stresses associated with pregnancy, pregnant women are also at greater risk for malaria, diabetes, anemia and other illnesses. Providing access to family planning services, which allows women and their partners to space and limit their pregnancies as they see fit, improves the health of women and their children.

Access to antenatal care, or the regular monitoring and management of the health of a pregnant woman and her fetus, is a vital component of safe motherhood initiatives. While antenatal and delivery care has improved in some parts of the world, its reach has not been to the same extent in all countries and regions (see chart 2).



According to UNICEF, 98% of women in industrialized nations are seen by skilled health personnel at least once during pregnancy, while only 65% of women in low-income countries receive any antenatal care. Only 53% of women in developing countries are attended by a doctor or midwife during delivery. Even fewer women (30%) receive postnatal care to detect any problems, support breastfeeding, and receive family planning information or services.

Reducing the pervasive regional gaps in care during the prenatal, birth and postnatal care period can reduce needless mortality and morbidity from maternal causes.

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## Reproductive Health

Sexual and reproductive health is defined as a state of physical, mental and social well-being in all matters relating to the reproductive system at all stages of life. Early and unintended childbearing, HIV and other sexually transmitted infections, and pregnancy-related illness and death account for a significant part of the burden of illness experienced by women — especially women in low-income countries.

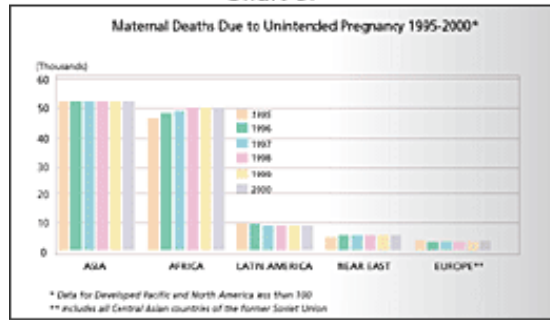
Enabling women to choose the number and timing of their births through access to contraception is a fundamental component of reproductive health services. Despite the nearly universal commitment of the world's countries to this issue, nearly 30% of the 205 million pregnancies that occur each year are unintended.

As the number of women in the reproductive ages (15-49) has reached an all time high, family planning services and contraceptive supplies have not kept pace. While the number of couples in low-income countries using family planning services has increased dramatically in the last decade, more than 120 million women who wish to space or delay their next birth still do not have access to modern methods of contraception.

Each year, some 30 million women experience miscarriage and an additional 43 million terminate their pregnancies through elective abortions. Nearly half of these abortions occur in unsafe and clandestine conditions where abortion is illegal or highly restricted.

The failure to provide women with the means to prevent unintended pregnancies creates an extraordinary and avoidable public health threat that results in the deaths of hundreds of thousands of women. From 1995-2000, nearly 700,000 women died from causes related to unintended pregnancies.

Chart 3.



[Click to view larger image](#)

While more than one-third died from problems associated with pregnancy, labor and delivery, the majority — more than 400,000 — died as a result of complications resulting from unsafe abortions. Many hundreds of thousands more survived by required hospitalization for complications of unsafe abortion.

Such life-threatening and preventable conditions also consume a vast proportion

of health resources in poor countries. Some African hospitals report that one-third of gynecological expenditures are used to treat complications of unsafe abortion. Universal access to safe and effective contraception not only saves lives but also conserves health resources for use in providing improved obstetrical care. See chart 3.

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### Gender-based Violence

Gender inequities, referring to differing and unequal socio-cultural expectations and treatment of women as compared to men, lead to many of the health disparities experienced by women and their children. A global review of studies in 36 countries found that 10-60% of women who had been married or partnered had been violently abused by an intimate partner at least once in their lifetime.

Gender disparities and gender-based violence extend to rich and poor women and between industrialized and developing countries. However, women in low-resource, refugee or conflict settings, and economically vulnerable circumstances experience higher levels of violence and more routine societal undervaluing of their lives and health.

Beyond the immediate physical consequences of violence, episodes of violence affect women's future health status. Physical violence often occurs in the presence of emotional and sexual violence. Thus women, who experience partner abuse or sexual assault, have a greater likelihood of reproductive and mental health problems, chronic health conditions, and more negative health behaviors including substance abuse. Research is just beginning to document that violence against women also affects their unborn children and is associated with higher mortality of children under five.

Female genital mutilation, (FGM, also called female genital cutting or FGC) —the removal of all or part of the female genitalia — is practiced on 2 million girls and women a year, primarily in sub-Saharan Africa. Although it is thought by the societies that practice it to benefit girls and maintain cultural norms through control of female sexuality, it has pervasive and permanent health consequences for women.

FGM has been condemned as a form of gender-based violence and a violation of women's and girls' rights to bodily integrity by every major international health and rights consensus document in the last decade. In some countries, the practice is slowing dying, while in others, nearly all women still undergo FGM, often early in childhood.

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## Global Need

While financial investments in safe motherhood and other women's health programs have increased dramatically over the past 10 years, resources still remain far below the levels required for significant change. A lack of clear commitment to maternal health from donor governments and United Nations (UN) organizations has contributed to the problem. Furthermore, economic difficulties at the country level often force women's health issues to take a back seat to other pressing financial concerns.

The World Bank estimates that just US\$3 per person per year would provide basic family planning, maternal and neonatal health care to women in developing countries. This package would include prenatal, delivery and post-natal care in addition to postpartum family planning and the promotion of condoms to prevent sexually transmitted infections.

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## Reasons for Hope

In today's world, a young woman in Mali entering her childbearing years has a 98% probability of having experienced FGM. She also has a one in 14 chance of dying from pregnancy or childbirth. But we have good reason to hope that the daughter she brings into the world will have far better odds of surviving — and thriving — when she decides to have children of her own.

More than a decade of research has shown that small and affordable measures can significantly reduce the health risks that women face throughout their lives. National and international governing bodies have embraced these measures. Safe motherhood — along with the overall health and well-being of women — has become a primary goal for countries throughout the world.

The global community is making progress towards that goal, thanks in part to technical guidance that has become available to support efforts to make motherhood safer. Even in regions marked by instability and crisis, the World Health Organization [www.who.org](http://www.who.org) and international NGOs, such as Save the Children [www.savethechildren.org](http://www.savethechildren.org) and Family Care International, ([www.familycareintl.org](http://www.familycareintl.org)), continue to identify and disseminate best practices on quality maternal health care.

Advances in technology have helped to make this information accessible in the world's poorest regions. The Averting Maternal Death and Disability Project is partnering with organizations around the world to increase access to emergency obstetrical care [www.amdd.hs.columbia.edu](http://www.amdd.hs.columbia.edu). The White Ribbon Alliance brings safe motherhood information and advocacy to the grassroots level around the world [www.whiteribbonalliance.org](http://www.whiteribbonalliance.org).

Organizations such as the Program for Appropriate Technology in Health (PATH) [www.path.org](http://www.path.org), have provided technical assistance in Mali and other countries wishing to encourage the abandonment of FGM. The WHO is currently providing technical support and advice to a number of countries as they reform their health systems to better meet the pressing needs of women. This is just one of the many examples of the partnerships that have been put in place to strengthen health services at district, local and community levels, so that maternal mortality is reduced, reproductive health is improved, and women are enabled to adequately plan for and space their pregnancies.

New reproductive health specialists are needed to carry on the work necessary to improve women's health in developing countries. The [Bill & Melinda Gates Foundation](#) recently made an additional \$40 million commitment to the Gates Institute for Population and Reproductive Health at Johns Hopkins University School of Public Health [www.jhsph.org](http://www.jhsph.org).

[edu/GatesInstitute](#). The institute trains leaders of reproductive health programs in developing countries and conducts research to improve reproductive health.

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