



# Gender, Women's Health, Human Rights

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# Sex, Gender (exercise)

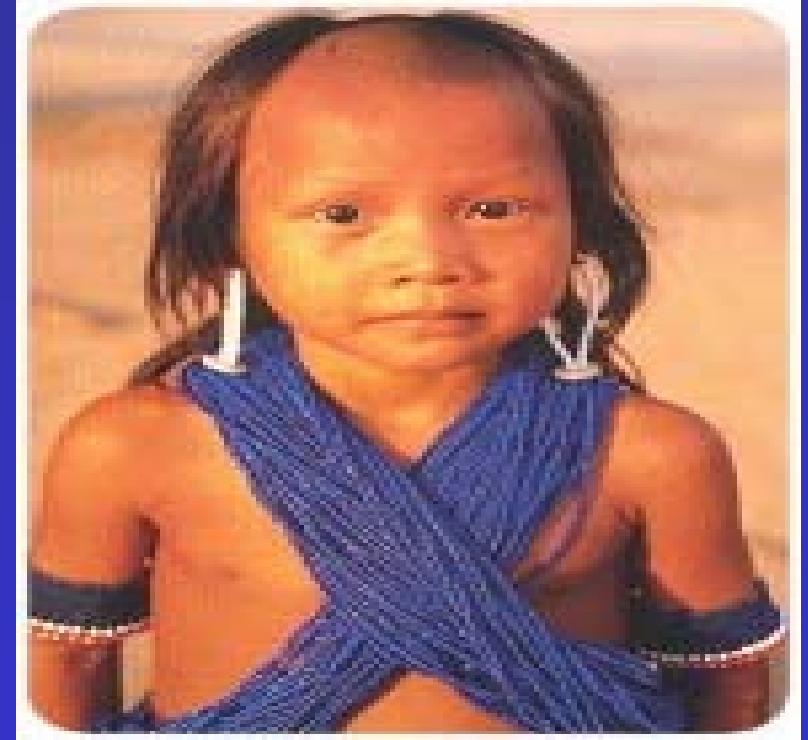
- Women give birth to babies, men do not.
- Women suffer from pre-menstrual tension, men do not.
- Sex is not as important for women as it is for men.
- In ancient Egypt, men stayed at home and did weaving. Women inherited property and men did not.
- Men's voices break at puberty, women's don't.





# Sex, Gender

- **Sex** is the biological difference between males and females.
- **Gender** refers to the economic, social and cultural attributes and opportunities associated with being male or female in a particular social setting at a particular point in time.





# A gender perspective involves:



- Looking at sex/gender disaggregated data
- Trying to interpret the meaning of differences (gender analysis)
- Taking the differences into account in planning research or programme interventions (gender sensitive)



# Determinants of women's health

- Biological characteristics
- Age/place in the life cycle
- Health related behaviour
- Economic status
- Educational attainment
- Political participation
- Public Policy
- Social-cultural-religious traditions of a women's community
- Recognition of human rights of women





# International recognition of human rights to health



- Universal Declaration of Human Rights (1946)
- ICCPR - International Covenant on Civil and Political Rights (1966)
- Equality of Rights Between Men and Women (Article 3), General Comment 28, ICCPR (2000)
- ICESCR - International Covenant on Economic, Social and Cultural Rights (1966)
- The Right to Health (Art.12), General Comment 14 (2000)
- Declaration of Alma Ata (1978)
- Special Rapporteur on the right to health (2002)



# Human Rights:



- Are guaranteed by international standards
- Are legally protected
- Protect individuals and groups
- Obligate states and state actors
- Cannot be waived or taken away
- Are interdependent and interrelated
- Are universal



# The right to health

- Availability
- Accessibility
- non discrimination
- physical accessibility
- affordability
- information accessibility
- Acceptability
- Quality







# Women's Health and Human Rights



- CEDAW - Covenant on the Elimination of All forms of Discrimination against Women (1981)
- Women and Health, General Recommendation 24 (1999)
- International Conference on Population and Development, Cairo, 1994
- Fourth World Conference on Women, Beijing, 1995
- International Conference on Population and Development + 5, New York 1999
- Beijing+5, Women: 2000: Gender Equality, Development and Peace for the Twenty-First Century - New York 2000



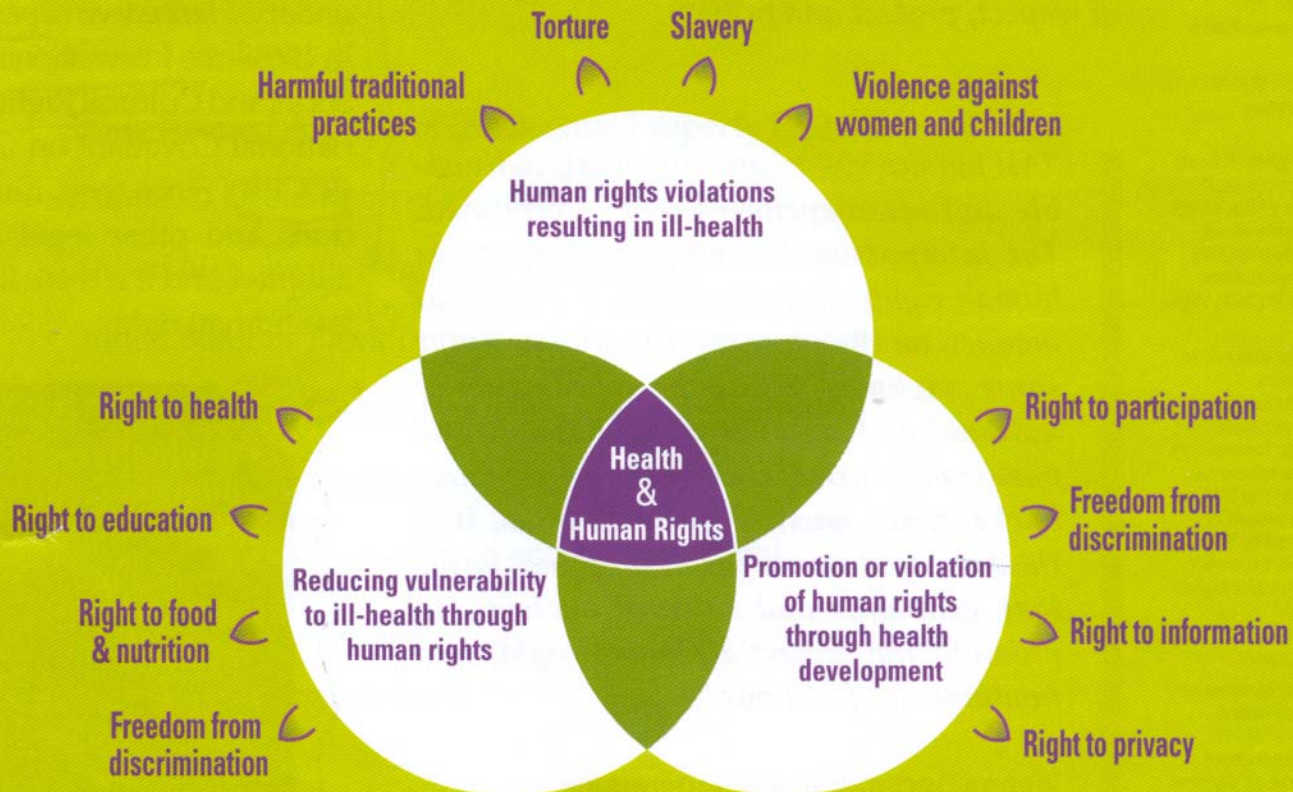
# Definition of women's health

- Building on the definition of health in WHO's Constitution, the Platform for Action adopted by the Fourth World Conference for Women, Beijing, 1995, recognised that:
- "health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology."



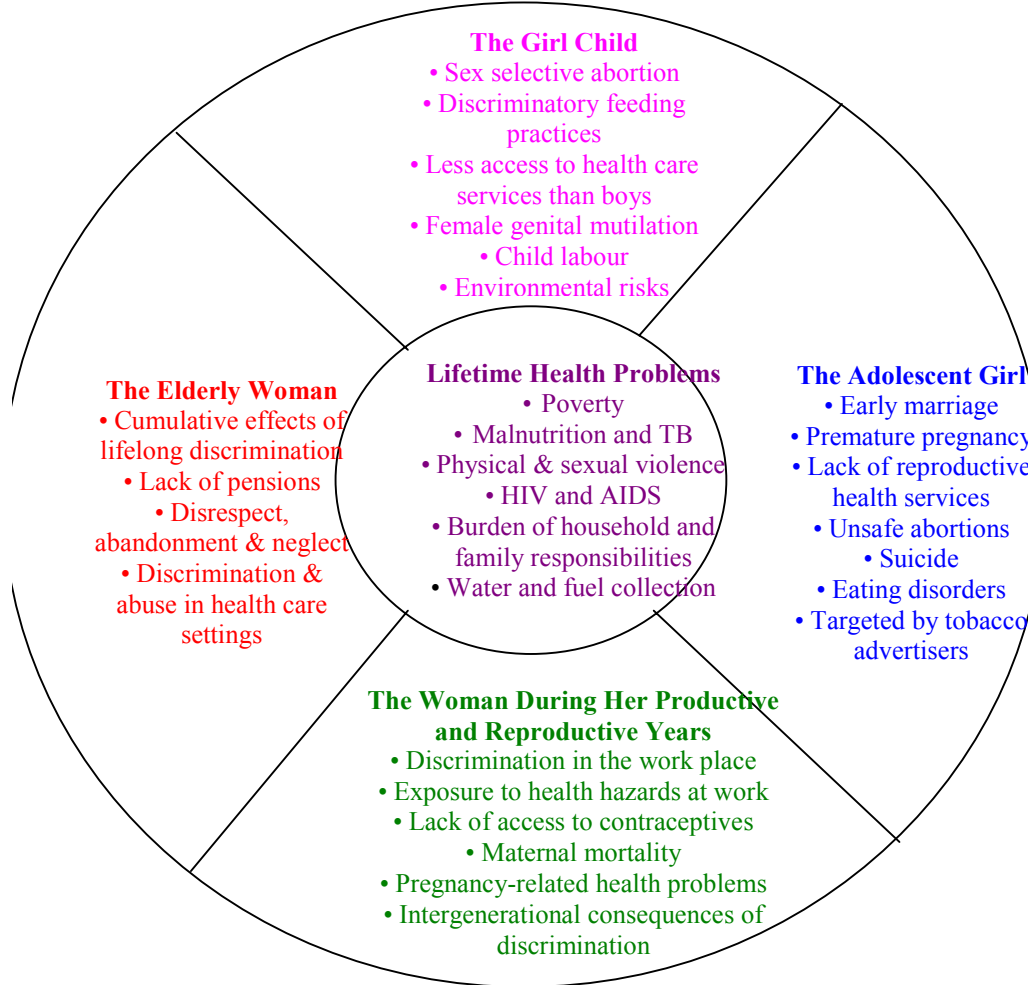
# Links between health and human rights

## Examples of the links between Health and Human Rights





## Health Consequences of Discrimination Against Women Throughout their Life Cycle



**SOURCE:** *Rights and Humanity*, Ipswich, Suffolk, UK  
with acknowledgement that this graphic was inspired by:  
*A Life Cycle Approach to Women's Health*, Family Care International,  
[http://www.familycareintl.org/briefing\\_cards\\_2000/life.htm](http://www.familycareintl.org/briefing_cards_2000/life.htm).



# State Responsibility

- Respect
- Protect
- Fulfil





# Progressive realization

- Progressive realization means that States have a specific and continuing obligation to move as expeditiously and effectively as possible towards the full realization of the right to health.





# Indicators and benchmarks



- Measuring fulfilment of rights
- Provide a target to be achieved
- Help monitor the implementation
- Capturing states' accountability



# Case Study

- DR. AB works in the department of obstetrics and gynaecology of a regional hospital. Mrs. X was admitted to the hospital's emergency room suffering from severe bleeding from the vagina. She was in her last month of pregnancy, and had six living children. Mrs. X was in a state of shock because of blood loss, and Dr. AB was called in to perform abdominal delivery, but Mrs X and the child died during the operation. Dr AB and a hospital colleague reviewed all of the procedures undertaken the hospital and the circumstances of the case. What more should Dr. AB do?



Reproductive Health and Human Rights; Medical, Ethical and Legal Contributions  
by R.J.Cook, B.M.Dickens, M.F.Fathalla (unpublished)





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