



# Gender, Women's Health, Human Rights

Eszter Kismodi  
RHR/FCH/WHO  
X137

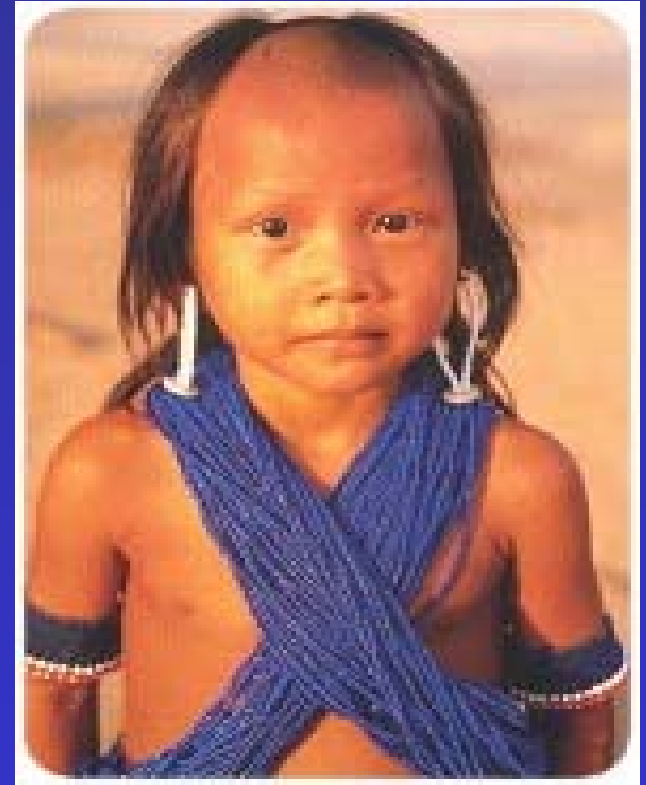
Tel: \* 41 22 791 1470

E mail: [kismodie@who.int](mailto:kismodie@who.int)



# 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.



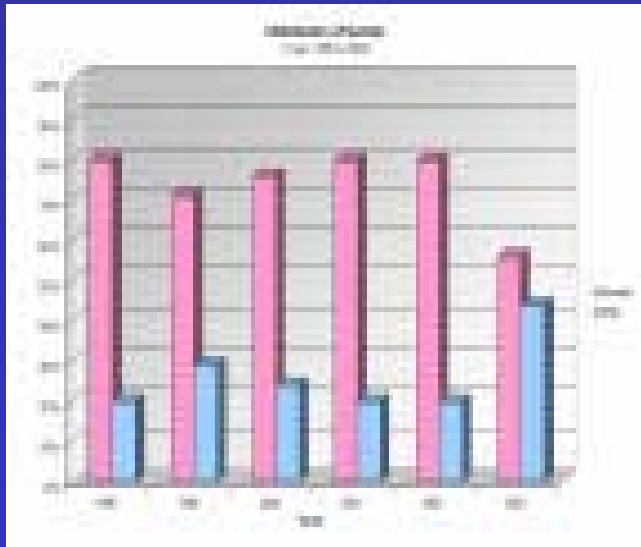


# Sex, Gender (exercise)





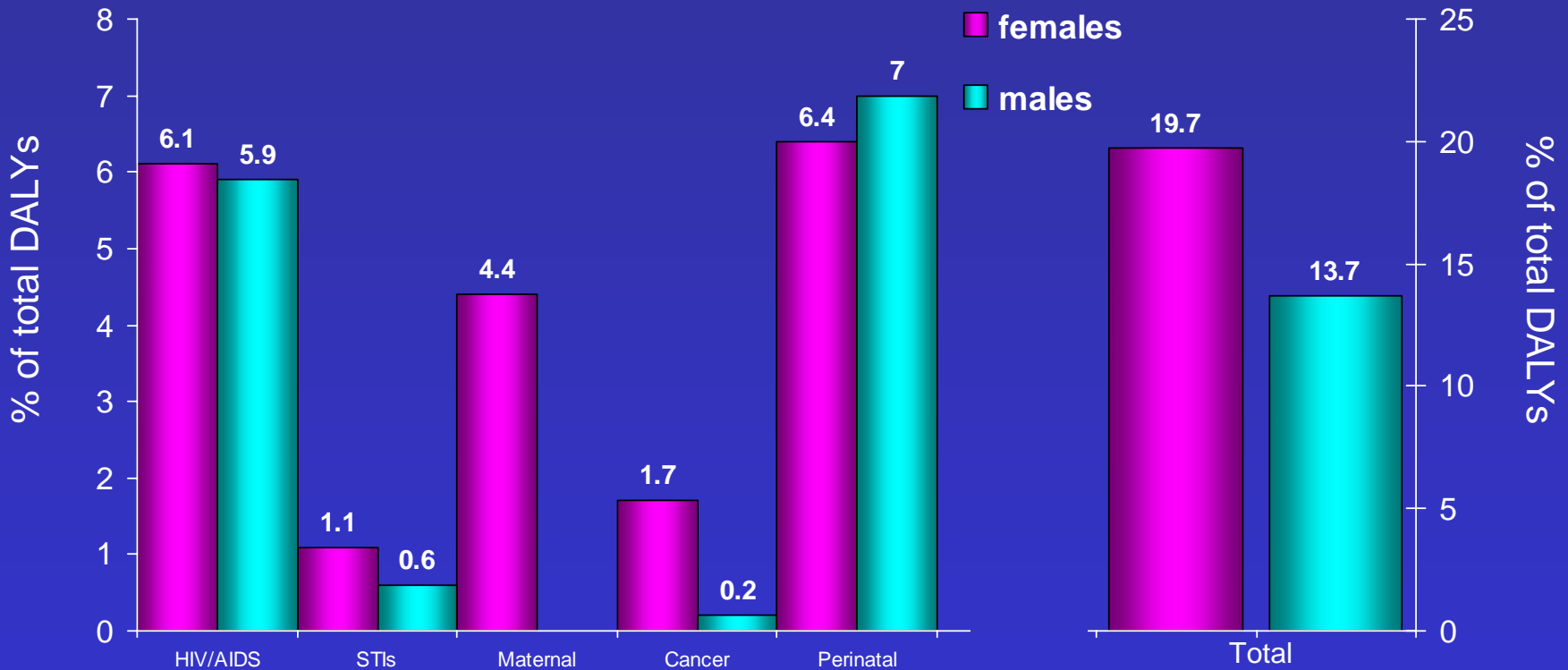
# A gender perspective involves:



- Looking at sex disaggregated data



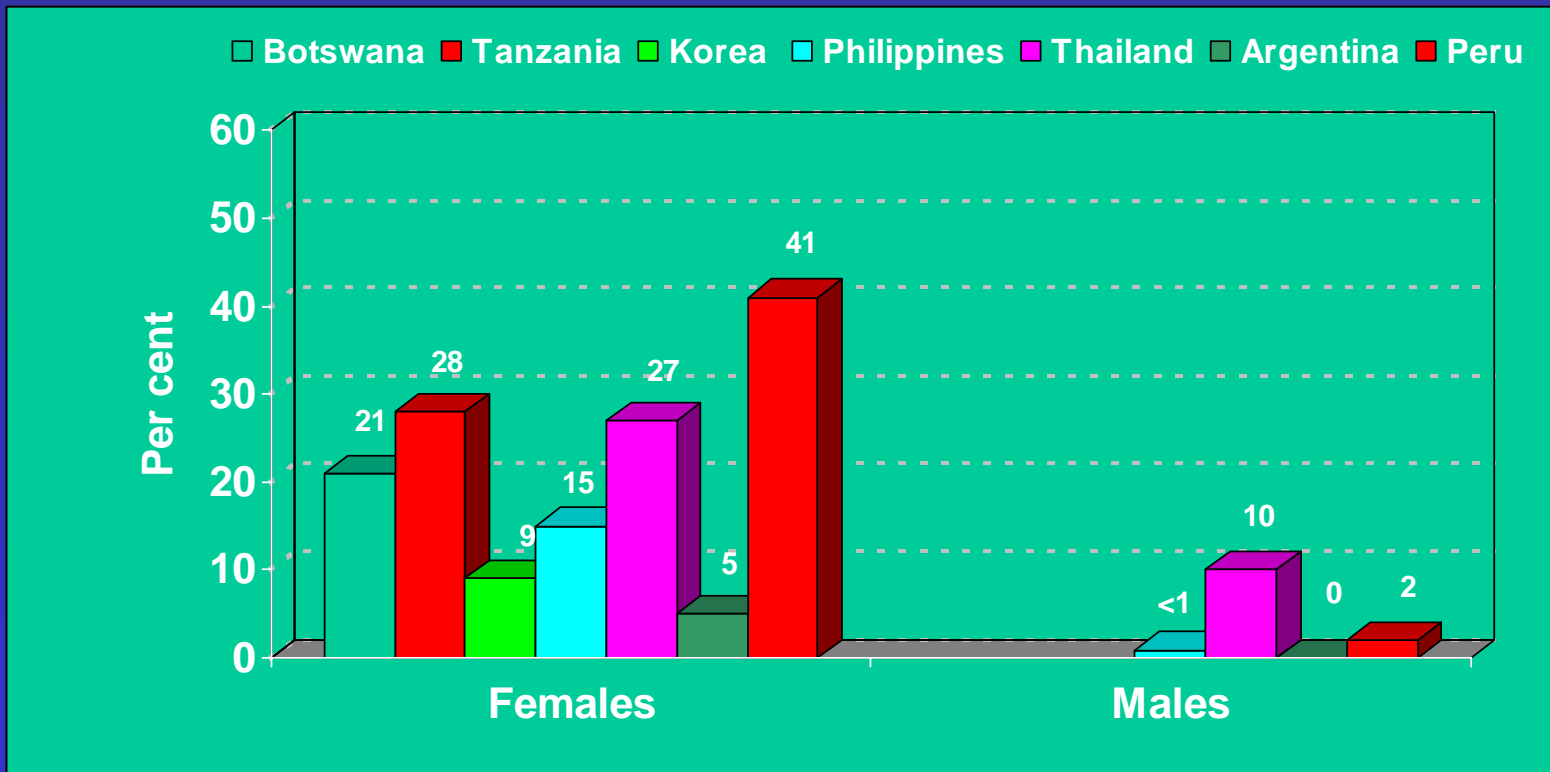
# Reproductive ill-health accounts for substantial proportion of global burden of disease, 2001



(Source: World Health Report, 2002)

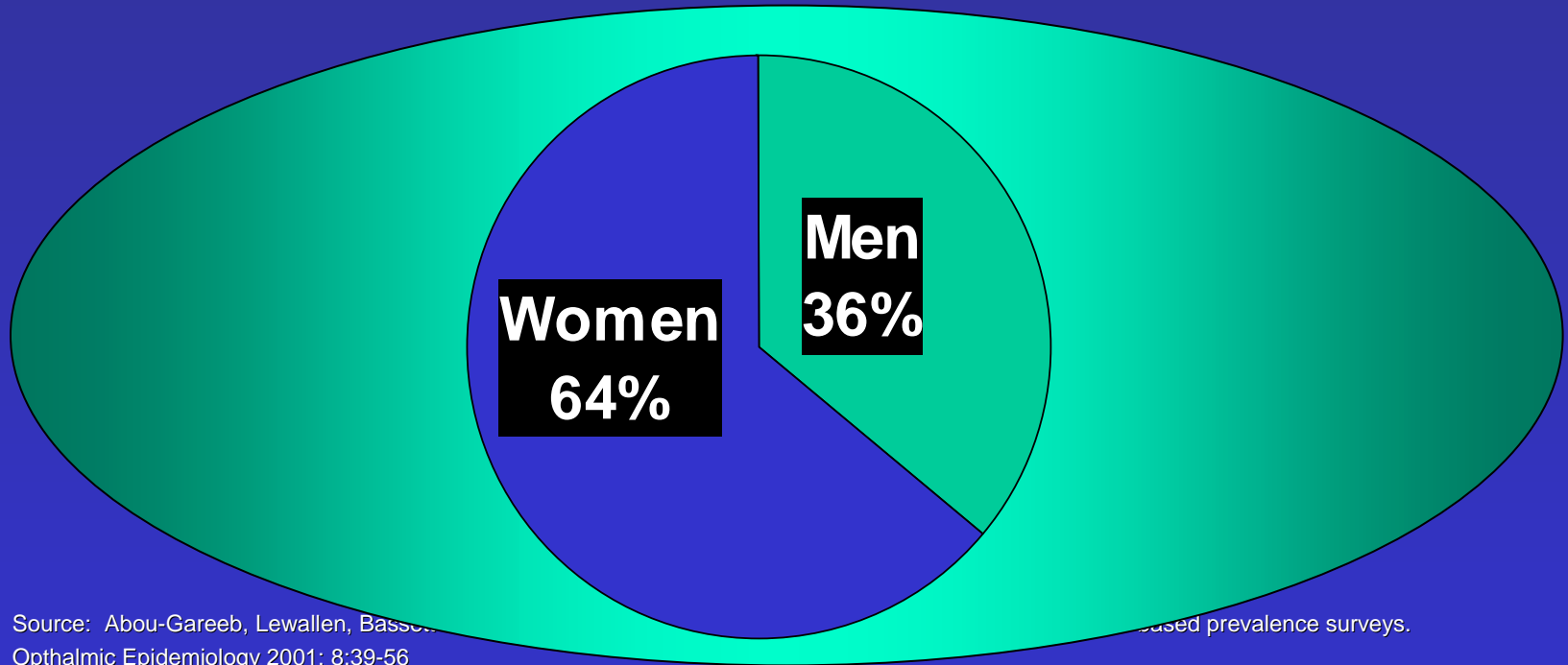


# % of young people reporting a coercive sexual experience





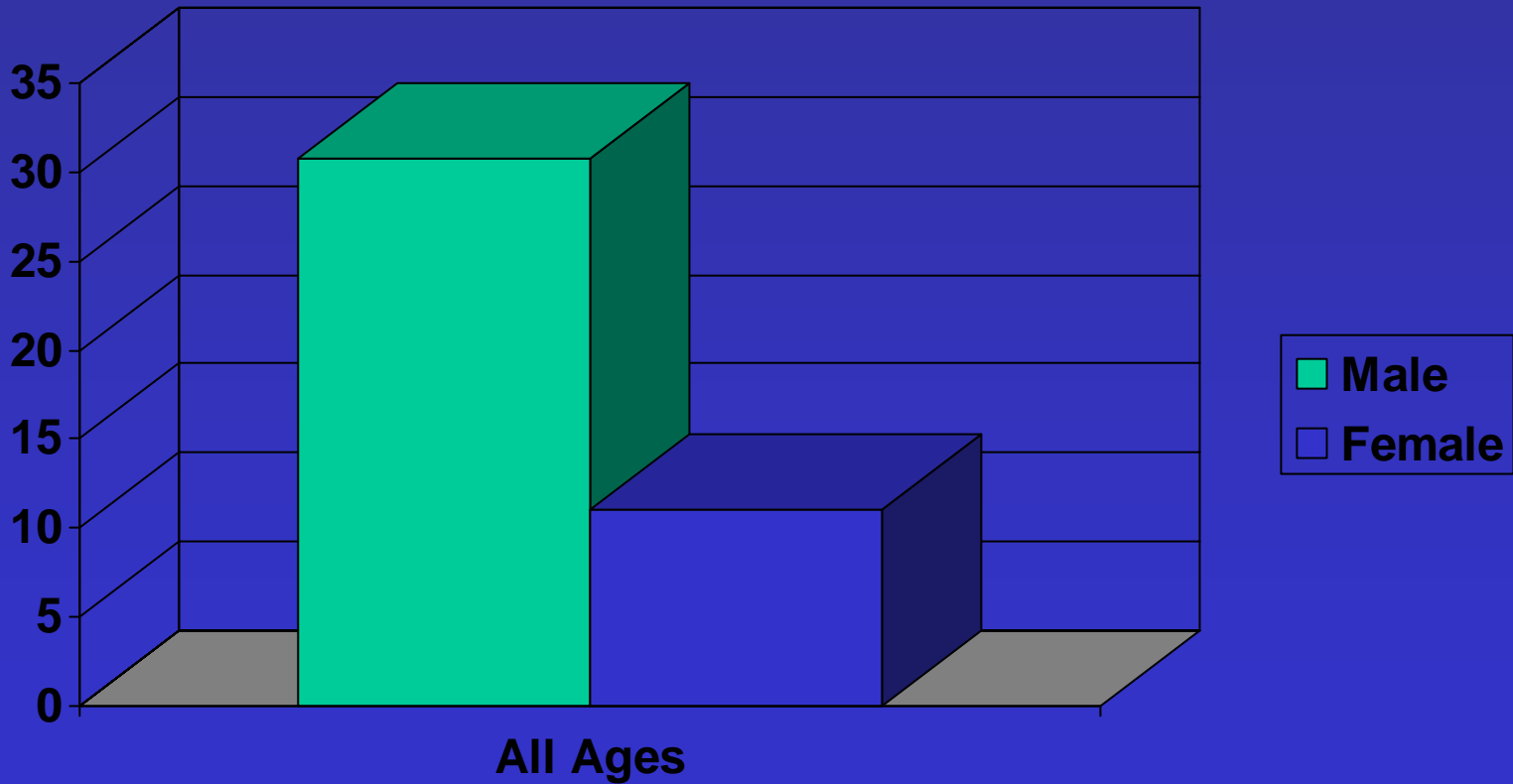
# Burden of Blindness in Men and Women



Source: Abou-Gareeb, Lewallen, Basson, et al. (2001). Prevalence of blindness in the world: results from population-based prevalence surveys. *Ophthalmic Epidemiology* 2001; 8:39-56



# Mortality rate from Road Traffic Accidents, Worldwide, 2000-per 100,000 population







# A gender perspective involves:



- Looking at sex disaggregated data
- **Trying to interpret the meaning of differences (gender analysis)**



# Gender Analysis

- exposure, risk and vulnerability
- social-cultural-religious traditions
- social, economic status
- education
- health seeking behaviours
- the response of health systems and services
- the roles of health care providers
- access to health services
- ability to follow advised treatment
- political participation
- public policy



# Higher prevalence of blindness among women: Why?

- Studies show that women have a higher biological predisposition to cataract than men, and a socio-cultural predisposition to trachoma (i.e. through child care activities, household environment etc).
- but, while these pre-dispositions to some diseases might explain a small portion of the sex difference in blindness rates, this difference is too small to account for the overall difference in prevalence.



## Most likely explanation?

- Differential use of eye-care services due to differences in gender roles and behaviours.
- Studies have found distinct differences between men and women in surgical coverage across age groups
- Differences in surgical coverage often due to factors such as gender norms, literacy levels, socio-economic status, marital status and other factors that have strong gender dimensions in many contexts.



# 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)





# Programming and planning

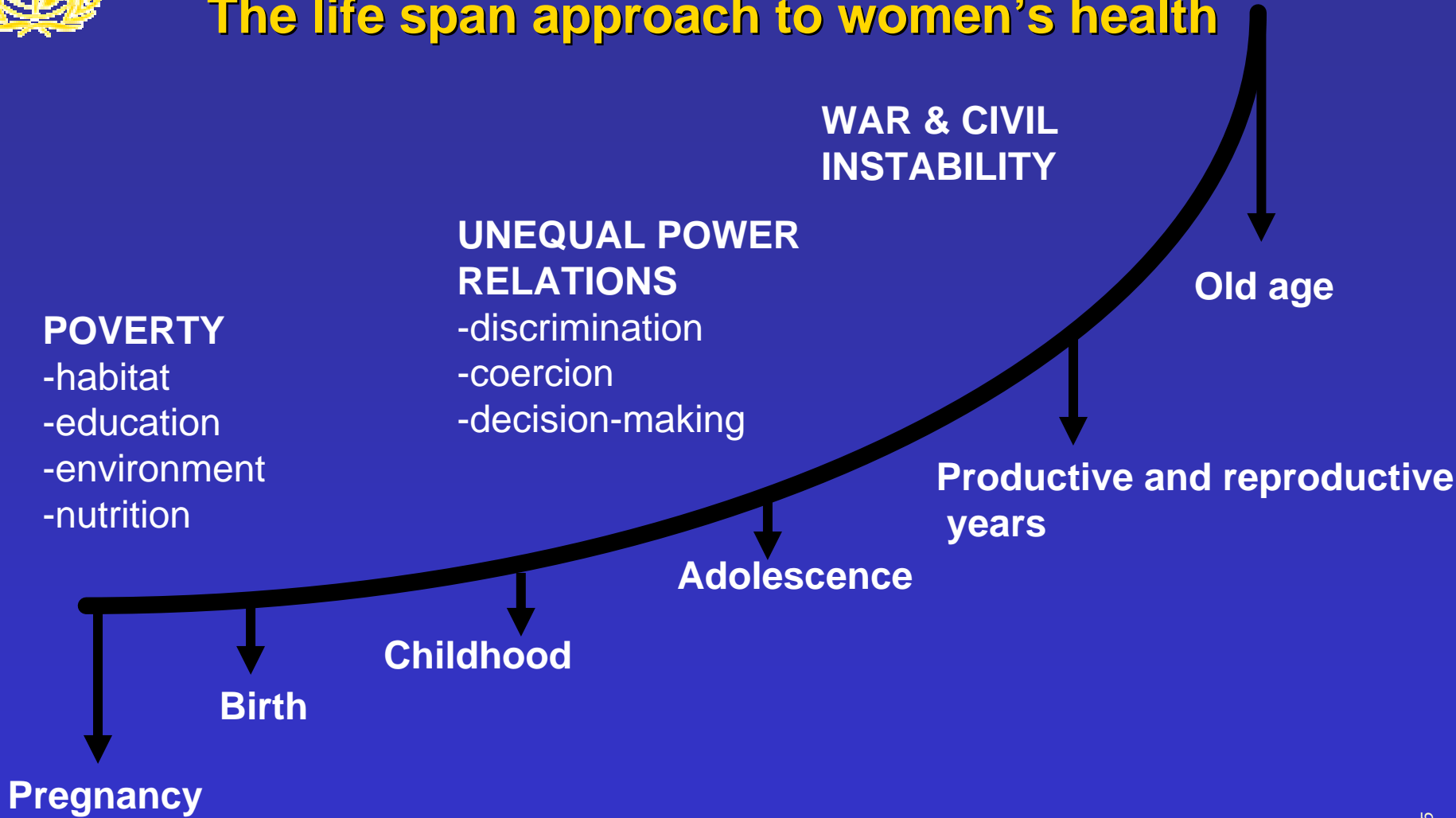
- “The recent five year plans in Bangladesh emphasised empowering women. The Fifth five year Plan aims achieving the goal of equality between men and women. It has major thrust on integration of gender issues in the mainstream of development as supportive of macro objectives of poverty reduction, human resource development, closing the gender gap and establishment of social justice.” (Fifth Periodic Report of Bangladesh to CEDAW 2003)



# The life span approach to women's health

Environmental factors

Women's life span

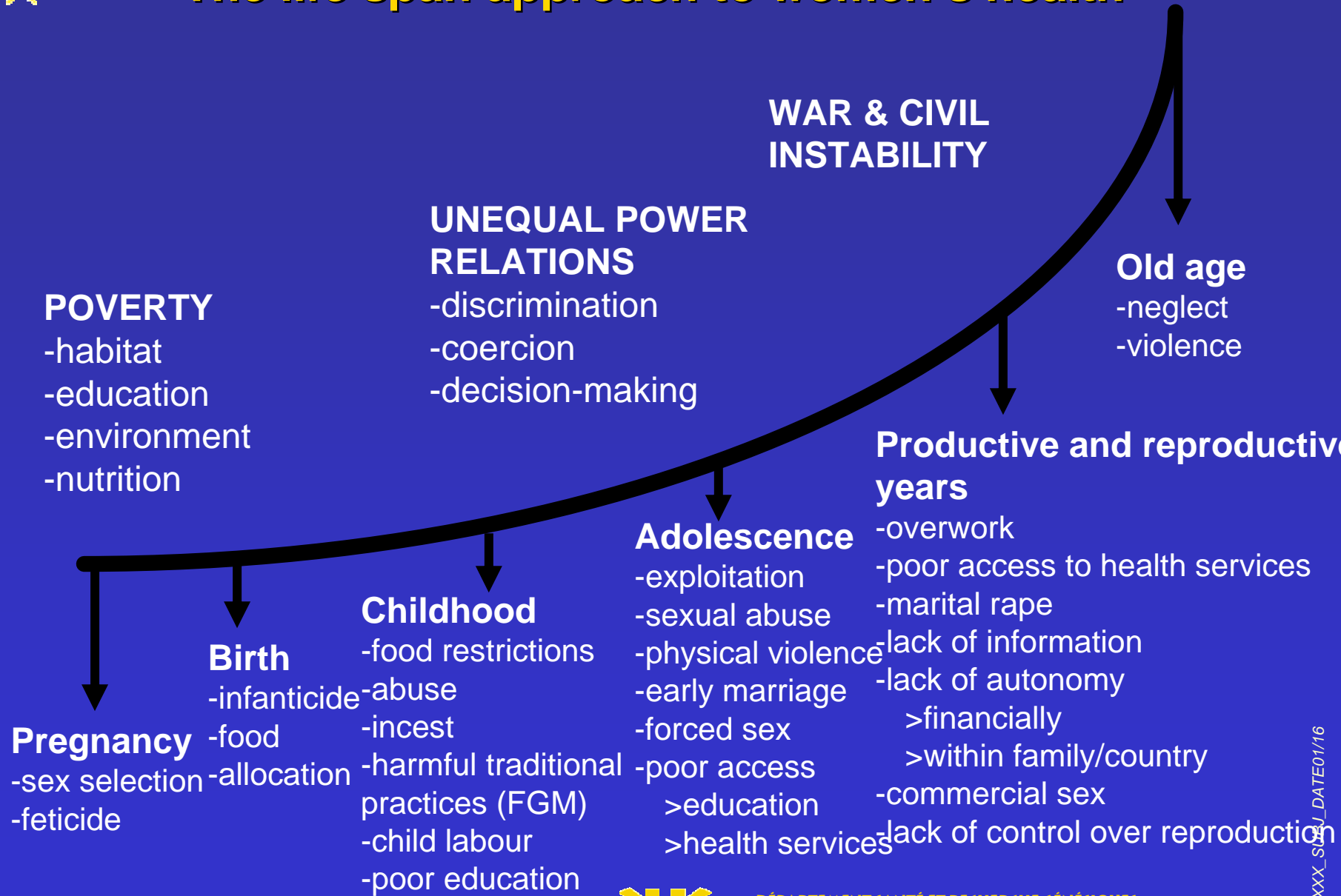




# The life span approach to women's health

Environmental factors

Women's life span







# Definition of women's health

- **"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."**

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:

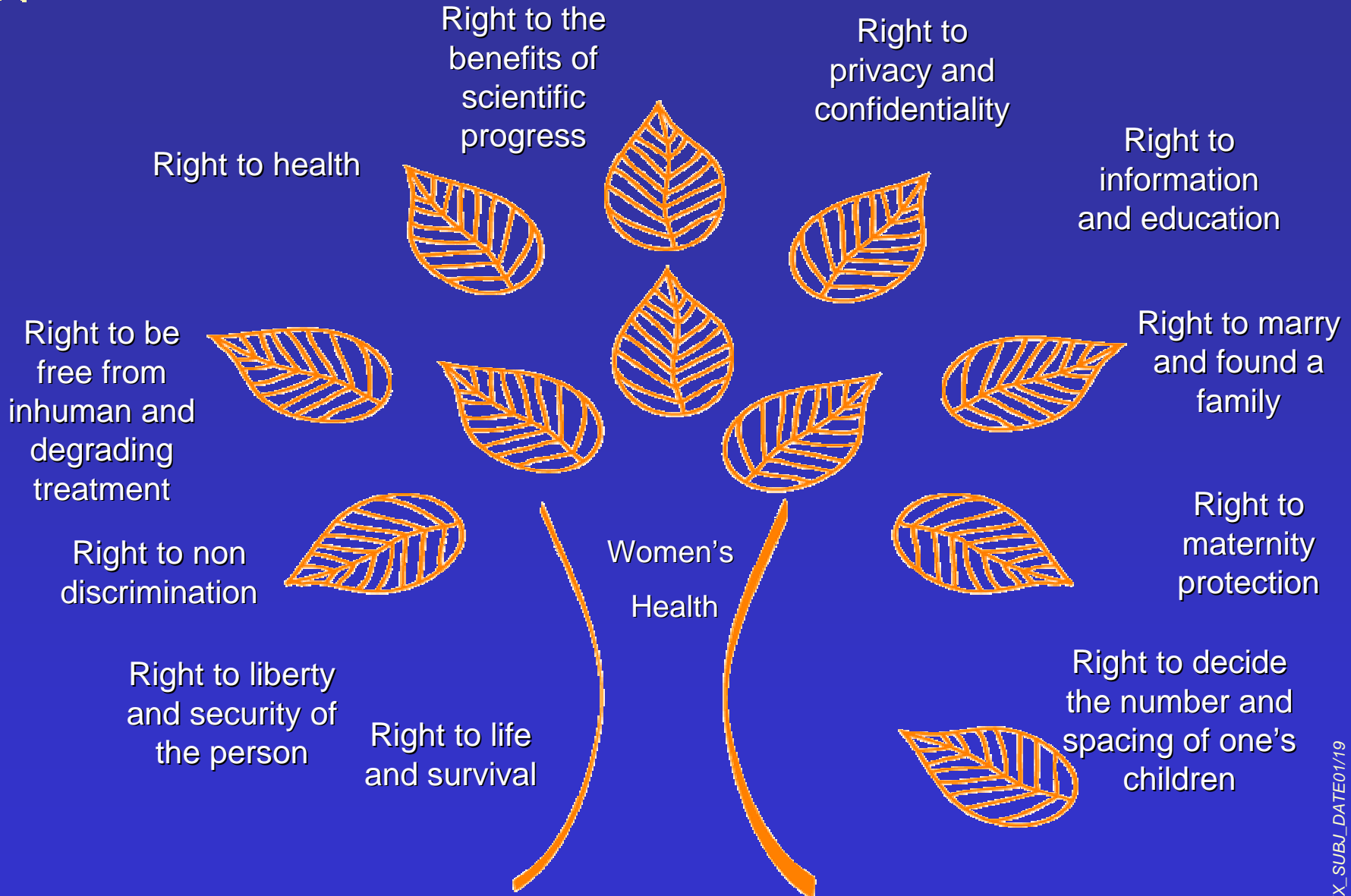


# International recognition of human rights related to women's health

- Universal Declaration of Human Rights (1946)
- ICCPR - International Covenant on Civil and Political Rights (1966)
- ICESCR - International Covenant on Economic, Social and Cultural Rights (1966)
- CEDAW - Covenant on the Elimination of All forms of Discrimination against Women (1981)
- International Conference on Population and Development, Cairo, 1994
- Fourth World Conference on Women, Beijing, 1995



# Rights related to women's health





# What is a “rights-based” approach?

- A **conceptual framework** for the process of human development that is **normatively based** on international human rights standards, and **operationally directed** to promoting and protecting human rights.
- Integrates human rights **norms, standards and principles** into **plans, policies and practices**.



# Why use a rights-based approach?

## Governments have a legal obligation to:

- **Respect** rights - refrain from interfering with the enjoyment of rights e.g. withdrawing health care from specific populations
- **Protect** rights - prevent violations of human rights by third parties e.g. private companies, individual citizens (e.g. men who beat and abuse women)
- **Fulfil** rights - take appropriate governmental measures toward the full realisation of rights e.g. allocating resources for and setting in place quality health services



# Rights-based approach: Accountability

- claim-holders ↗ **women**
- duty-holders ↗ **government, private sector, service providers**
- adequate laws, policies and practices ↗ **e.g. training of service providers, supplies and equipment for health services**
- benchmarks for measuring progress ↗ **e.g. improvement in percentage of pregnant women having skilled care at delivery**



# Levels of application

- **Laws and policies**

- formal recognition of midwives, policies to ensure that can practice adequately;
- appropriate minimum age of marriage for young women (and young men);
- provision of information on sexuality, contraception, etc.
- resource allocation for essential medical care for entire population.



# Levels of application

- **What services are offered**
  - Essential obstetric care; choice of family planning; STI prevention and treatment;
  - Services for women and men, married and unmarried, young and older people.
- **How services are offered**
  - Provider-client interaction: respect, protection of confidentiality, privacy, informed decision-making;
  - No discrimination on basis of social class, health status, etc.

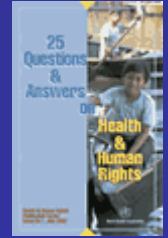




# Exercise



# Bibliography



- Cook, R. J. *Women's Health and Human Rights: The Promotion and Protection of Women's Health through International Human Rights law*. Geneva: World Health Organization, 1994.
- Cook, Dickens, Fathalla, *Reproductive Health and Human Rights*. Oxford University Press, 2003
- 25 Questions & Answers on health & Human Rights. World Health Organization, Geneva, 2002.
- Universal Declaration on Human Rights Adopted and proclaimed by General Assembly resolution 217 A (III) of 10 December 1948 Available at: [www.un.org/Overview/rights.html](http://www.un.org/Overview/rights.html)
- International Covenant on Civil and Political Rights (ICCPR), 16 December 1966, 999 U.N.T.S. 171, entered into force 23 March 1976. Available at: [www1.umn.edu/humanrts/instree/b3ccpr.htm](http://www1.umn.edu/humanrts/instree/b3ccpr.htm)
- International Covenant on Economic, Social and Cultural Rights (ICESCR), 16 December 1966, 993 U.N.T.S. 3, entered into force 3 Jan. 1976. Available at: : [www.unhchr.ch/html/menu3/b/a\\_ceschr.htm](http://www.unhchr.ch/html/menu3/b/a_ceschr.htm)
- ICESCR, General Comment 14, The Right to Health , UN,ESCOR,2000
- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 18 December 1979,G.A. Res.34/180, UN GAOR, 34th Sess., Supp. No. 46 at 193, UN Doc. A/34/46, entered into force 3 September 1981. Available at: [www1.umn.edu/humanrts/instree/e1cedaw.htm](http://www1.umn.edu/humanrts/instree/e1cedaw.htm)
- CEDAW, General Recommendation 24, Women and Health, UN GAOR, 1999
- International Conference on Population and Development (ICPD), Cairo, Egypt, 13-15 September 1994, UN Document A/Conf. 171/13.  
Available at: [www.iisd.ca/linkages/cairo.html](http://www.iisd.ca/linkages/cairo.html)
- General Assembly Special Session on the International Conference on Population and Development (ICPD + 5) General Assembly A/Res/S-21/2, 8 Nov 1999.  
Available at: [www.unfpa.org/ICPD/icpdmain.htm](http://www.unfpa.org/ICPD/icpdmain.htm)
- The Fourth World Conference on Women, Beijing, China, 4-15 September 1995, UN Document A/CONF.177/20.  
Available at: [www.un.org/womenwatch/daw/beijing/platform/](http://www.un.org/womenwatch/daw/beijing/platform/)
- World Conference on Human Rights, Declaration and Programme of Action, Vienna , June, 1993