FUTURE POLICIES AND PRACTICES TO PROMOTE WOMEN'S HEALTH

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First of all I should like to thank the organizers of the Christopher Tietze International Symposium for the privilege of delivering this closing keynote address. It seems quite appropriate that all of us who had a great regard for the late Dr. Christopher Tietze should be gathered here at this Symposium to honor his memory. Dr. Tietze will always be remembered for his internationally recognized work in the field of family planning, in promoting women's health and well-being through their right to and access to family planning. Further, we all recall his great friendliness and willingness to help those working towards this goal.

A very appropriate subject for me to present to you today is concerned with women's health especially with reference to reproduction, and about what we need to do in the future in order to improve the health of women in the world. I shall highlight some of the issues involved from a global point of view.

At the national level most countries (both developing and developed), and at the international level the United Nations and its specialized agencies like the World Health Organization (WHO), as well as non-governmental organizations and voluntary agencies are showing great concern, within the context of national and international cooperation, about the special health needs of women and about the key roles that women play in promoting health and development.

Countries have started to analyze the situation regarding women, health, and development; and action has been initiated at various levels, with an emphasis on the country level, to improve women's health and enhance their participation in health and development. The major obstacles and constraints to achieving full equity for women in the field of health and development are being considered and forward-looking strategies for the future activities proposed.

The year 1985 sees the close of the United Nations Decade for Women. For the past 10 years, the advocacy of women's roles and their needs has captured the public's attention all over the world and progress has been made. So why this focus on the future? Why are we not consolidating the general gains instead of redirecting our attention on women, health, and development?

One reason is that much of the progress has been patchy. Even the women in the industrialized countries, who led the drive for women's rights, have made gains that are at best limited. Regardless of whether women's lot is improving in one country or another, concrete strategies and plans to achieve greater gains are badly needed. Awareness of the need for further action is no more a by-product of
the general women's movement; it is the result of a growing realization that women's health and their involvement in health care are essential keys to health for all. For women not only have their own special health problems relating to pregnancy and childbirth, but customarily they do most of the caring for their families. So if they are ignorant, malnourished, overworked, and have to bear large numbers of children beginning at an early age, the health of their families as well as their own health will suffer. This is especially true for the many millions of women who are confronted by illiteracy, poverty, poor sanitation, and medical and health care facilities that are inadequate or are physically or economically inaccessible.

While addressing the International Conference of Population in Mexico in August 1984, Dr. Halfdan Mahler, Director-General of the World Health Organization (WHO), said:

When we talk of population, people appear as mere statistics. But it is people who matter; people who can make or break their own development. Some 1,000 million people are still trapped in poverty and underdevelopment. Is there any wonder that people in the developing countries should wish to act now? In 1977 WHO's Member States declared as the main social goal for the coming decades the attainment by the Year 2000 of a level of health permitting all to lead socially and economically productive lives. They decided that primary health care is the key to attain that goal, adopted a strategy, and are currently active in carrying it out. An essential feature of the strategy is the care of families, with particular emphasis on maternal and child health including family planning, and the status of women. Family planning can lead to striking improvements in the health of mothers and children and indeed the whole family.

Attainment of health for all requires that governments, bilateral agencies, the United Nations system, and non-governmental organizations join forces in cooperative efforts in line with defined national policies which place health and well-being of people at the highest development ladder.

Almost a year later, in July 1985 in Nairobi, Dr. Mahler in his address at the World Conference to review and appraise the achievements of the United Nations Decade for Women, further emphasized:

Health for all by the year 2000, adopted by the World Health Assembly, means a different approach by which health is considered in the broader context of its contribution to, and promotion by, social and economic development, so that all people including women will be able to lead socially and economically satisfying lives.

What then, you might ask, has this to do with women's health and its development? In our health policies, isn't the health of mothers and children always at the top of our priority list? Doesn't the figure for maternal and infant mortality measure our progress in health development? Yes, I would reply—but what about women?

Women need to be considered for their own worth, as equal members of society, rather than as mothers, potential mothers or carers. They need to be seen beyond the limits of their contribution to family life, and they want to start sharing the responsibility for others, with the men in their lives and the men in the societies as a whole.

Clearly, if the goal of health for all is to be attained, more attention must be given to women's health and their roles in health and development. Forward-looking strategies are to be based on the recognition that women's health and their roles depend on broad considerations—including employment, education, and social status. Ultimately, they may even depend on equitable access to economic