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Review Article

Women, Health Policy and development

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The United Nations came into existence at the end of World War II. The understanding of the inherent dignity of each individual gave rise of the Universal Declaration of Human Rights (UDHR). U. N. charter defines human rights as about respecting, protecting and fulfilling the inherent dignity of the individual as well as promoting the ability of each individual to reach his or her full potential, in the context of equality, self determination, peace and security.[1]

Health is a basic human right of people. Physical, emotional and mental well being lead to sufficient energy, physical strength and harmony in life allowing people to be productive and deal creatively with the development of society, the family and themselves. Having control over one's health means possessing the knowledge of what needs to be done in order to be healthy, the money with which to purchase health care, and the capacity to make the necessary decisions. Good health is a primary resource for development. Without it, life is more painful, slower and happiness more elusive. [2]

Women in Development

After the World War II the economic development started in many countries. During the period women were thought to be marginalized and deprived from development benefits. Hence women as a category had entered into the United Nations' agenda, which gave rise to the formation of "Commission on Status of Women" in 1946 as a subsidiary body of the Economic and Social council. The concern for women was more of protective in nature rather than the status oriented.

In 1970, publication of Ester Boserup's book "Women's role in economic development" brought upon the revolutionary insight on a whole new perspective on concerns for women, creating a new development approach which accounted women as the development agents. The approach became familiar as 'Women in Development"(WID). With this new perspective U. N. shifted its focus on women from protection oriented to status oriented. As a result, the year 1975 was declared as the International Women's year followed by the Decade for Women (1976-1985). During the WID period, the advocacy centered on women's access to services such as education, health, training and technology. Women specific programmes were launched on literacy, training and technology and health services. The WID policies emphasized on " improving the condition of women" without questioning the distributive aspect of the resources within the patriarchal institutions. [3]

During the WID era, the health policies mainly focus women as the welfare group. The view of women as the means of human reproduction gave rise to the health policies and programmes centered towards achieving the better reproductive health of women. The health policies began to focus on achieving the target of safe motherhood, family planning, child survival and nutrition programmes.[4] No such programmes are designed to go beyond the area of reproductive health of women.

WID policies do not look beyond the reproductive function of women. There are very few health services that address the concerns of the non-child bearing women. [4]

The approach bypasses the power dynamics prevailing among women and women, among men and men and between women and men in different situations. It is yet to be considered that the poverty, illiteracy and above and all patriarchy are the chief cause for women's increasing health problem rather than women's biology alone.

Gender and Development

After long dialogue and debate, during third world conference on women at Nairobi, 1985, the concept formed that 'Women are not homogeneous'. The convergence point is based on "diversity" rather than "homogeneity"(Basu 1995; Friedan 1976; Kabeer 1994; Women's feature service 1992).[3]

The global scenario and the decade & world conferences on women brought upon the new thinking of "gender". Then the perspective emerged that to bring women into the center of development the existing gender relations need to be re-examined and reconstructed. During the course of time, the tabling of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) at U. N. in 1981 and subsequent ratification by various countries, and the Nairobi forward looking Strategy designed at third world conference on Women in 1985 added the platform for the advocacy of 'gender" by revealing the remarkable fact that the development strategies could not compartmentalize the women's diverse issues as "women specific problems". To achieve the development goals, mainstreaming of the gender equality into the development frame is essential.

As a result, the gender concern entered into the development and human rights conventions. Then the new terminology entered the arena of the development as " Gender and Development"(GAD). During this period, the policies are designed to meet gender equality and empowerment of women. The underlying concept is the problem of 'structural inequality resulting into discrimination against women'. The solutions suggested are ' equality of opportunity for women', women as active participants in the development process'. The strategies used are conscientisation, mobilization for collective action, affirmative action to promote equal opportunities. [3]

The Veinna conference in 1993 recognized women's right to be human rights. In International Conference on population and Development at Cairo in 1994 women's empowerment, reproductive health and their reproductive rights were placed at the center of population and development policies.[3]

Health of the women

The realization occurred among the development advocates that women's health problems have not been addressed adequately. The Cairo conference in 1994 and Beijing conference in 1995 have stressed on the need of women's health problem. In recent

years, several international initiatives have begun to focus attention on the long neglected area of women's health.

4th World women's conference in Beijing in 1995 declared 12 critical areas of concern for women. Women's health as one of the 12 critical areas and is now a prime aspect to every U.N. member nation. One of the strategies defined in the conference is to search for associated factors to women's health and to enhance awareness among the people. [5]

Emerging concept defines women's health in much broader sense, which not just includes the traditional domain of reproduction function of women but also looks with the holistic life cycle approach towards the health sector of women. Womanhood is something that is much broader arena than a motherhood. Therefore, reproductive health is only a part of total women's health. Women's health cannot be improved merely through the control of her fertility[6].

The issue of women's health cannot be understood without a broad definition of health related to women's role and position in the society, particularly in the institution of the family. Women of Asia Pacific working in the field of health have recognized that the roots of diseases and health hazards are in the social and economic structures of the society and until and unless the socio economic situations change, women will continue to suffer. [7]

The true understanding is being developed among the development advocates that women's health starts with her birth, truly speaking from the conception, and continues till death. A woman is more than a means of human reproduction and her body and mind is comprised of not only reproductive system. [8] A woman is a complete individual with her own independent identity. Therefore health of women is her complete physical, mental and social well-being, which is influenced by man and woman relationship in the society in addition to the factors affecting health of men. Understanding and assessing health care systems from a woman's perspective has been an important area of concern in the issue of women and health, for the values, attitudes and practices which structure the systems greatly influence women's experience of health care. [7]

At times an appeal is made that "gender discrimination is not only unjust, it is also inefficient and limits the prospects for development. The World Bank estimates of the costs of gender inequality for growth and poverty reduction add considerable weight to arguments for more investment in women. Without rising women's status there is no possibility of development in any sector. [1] To raise women's status, their health status should be improved first as the proverb says, "Health is Wealth". To achieve this women's health problems and needs and factors affecting these should be clearly specified; their practical as well as strategic needs are to be fulfilled. Proper health facilities are to be provided and awareness has to be created.

The socially constructed differences between women and men lead to the discrimination against women even before the birth. Women are often seen as of lower status. This perspective exerts a profound influence on the way societies, communities, families and women themselves respond to their needs. It influences not only who makes the decision about a woman's health needs but also levels of investment in women's health services and the quality of care they receive. [1]

Every person – every woman and man – simply by virtue of being human is entitled to be treated with dignity. This perspective should be reflected in the choices made about what to do as well as in how choices are made and implemented. Human dignity is not only about material well being (e. g. adequate food, shelter, health); it is also about the ways in which we interact in society. Dignity in health is not only being free of avoidable disease but also concerns the process of obtaining and maintaining a standard of health. Since gender equality is a human right and a public good, bringing benefits to all, governments must not only be committed to equal rights and opportunities but also ensure they are delivered. [1]

The committee for the International Covenant on Economic, Social and Cultural Rights (ICESCR) had issued a general comment, which explains the minimum core obligations of article 12 on the right to the highest attainable standard of health[1]. These include:

i) Healthy public policy
In paragraph 43 following has been included-
e) Equitable distribution of health facilities, goods and services
f) Implementation of a national public health strategy and plan of action for the whole population that is evidence based, devised and reviewed by a participatory and transparent process, uses right to health indicators and benchmarks for close monitoring and gives particular attention to the most vulnerable.

ii) Reproductive and Child Rights
In paragraph 44
a) To ensure reproductive, maternal (pre natal as well as post natal) and child health care
d) To provide education and information on health problems and the methods of prevention and control
e) To provide appropriate training for health personell, including education on health and human rights.

Conclusion
It is obvious that women's health is highly associated with women's position within the patriarchal framework. Hence to achieve better health situation for women the gender justice through the empowerment of women is essential. [9]
Women's empowerment and gender justice require a social transformation, which will change hierarchical relations among women and women, among men and men and between women and men, as well as in the ideologies, and institutions that preserve and reproduce gender inequality. The power dynamics in such relationships will not be based on power of one over another but on a mutual development of creating human energy to form new norms and values that support egalitarian and just relations between women and men. [10] To achieve this social transformation, the development policies should focus women as the active participants of the development process rather than the passive beneficiaries. The stress should be given to secure the position of women rather than just to improve the condition of women. More emphasis should be given to achieve the strategic interests of women along with the fulfillment of the practical needs.

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