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THE HEALTH OF WOMEN: HOW IT AFFECTS THEIR NEEDS AND STATUS

Prepared by the World Health Organization

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CONTENTS

INTRODUCTION

1. The inter-dependence of the health of individuals, communities and social and economic development is acknowledged. This is true of men, women and children. Realistically none of these factors can be discussed in isolation. The health of women is part of the total situation that determines their status in society, and which in turn has an impact not only on their own health in the widest sense, but also on that of the whole family.

2. Improvement in the health situation of people in general have made possible the survival of women to a more advanced age; this fact, combined with the possibility of regulating their reproductive life, and opportunities for education and employment has in certain countries, in turn, considerably increased the potential for their contribution to socio-economic development.

3. Although it is impossible and undesirable to separate health considerations for each of the sexes and from social development in general, as background to the general objectives of International Women's Year this paper describes how the health of women influences some of their needs and affects their status in society; how improvements in the status of women may be limited by their health status; and how attitudes towards the roles of men and women may influence their health status.

4. In providing health care, particularly at primary level, the importance of active participation of people themselves, both the individual and the community, is recognized.

5. In conclusion, this paper which is directed to a wide audience of readers, of varying disciplinary and socio-cultural backgrounds, attempts to focus attention on the urgent need for development of health services, in particular for rural and underserved population and vulnerable groups. The contributions that the health sector and improved health in general can make to the achievement of the objectives of International Women's Year is discussed.

I. THE DUAL ROLE OF WOMEN AND THEIR HEALTH NEEDS

6. The health of women must be viewed within the framework of socioeconomic development which presupposes the attainment of fundamental human rights by all men and women. Primary health care should be available to everyone as a basic human right, irrespective of sex and age, so that in body and mind both sexes are able to give of their best and make a contribution to society that is appreciated and in turn provides them, as individuals, with dignity and satisfaction. Women, however, are unique because to a large extent they play two roles in society: they share with men the task of providing food and shelter for themselves and others of the family and carry the burden of bearing children and of nurturing them in infancy. This dual role makes special and additional demands on the social, physical and emotional capacities of women and exposes them to extra health hazards in comparison with men.

7. Appreciation of the particular needs of women varies from country to country. In the industrialized countries, labour laws have, over the years, been designed to protect women during periods when they are especially vulnerable while they are bearing children and rearing them during the early years. In practice, however, such laws give employers an excuse to prefer to employ men rather than women of childbearing age, thus restricting the opportunities for women to contribute fully and equally with men to the society in which they live.

8. In contrast, in mainly rural countries such laws either do not exist, or apply only to the minority of women employed in the towns. The majority of rural women work long arduous hours on the land, without acknowledgement of the demands made on them by the necessity of bringing up and caring for a family. These women are afforded little or no protection of their physical and mental health during childbearing years. At the same time their non-reproductive abilities are underrated or ignored altogether. Under these conditions, they find it difficult to fulfil their dual role, and, in the worst cases, their strength is undermined by the attempt to do so. Without a healthy mother, children of both sexes will be deprived in one way or another during their most vital formative years. If the health of all peoples throughout the world is to be protected and improved it is essential to create and maintain awareness of the dual role of women and of the special need to safeguard their health as individuals. Minimum requirements are local community and family support as well as those applicable measures such as maternity leave, protection of employment, arrangements for the day care of children and the elimination of discrimination in the employment of young, fertile women. Last but not least, specific health services directed to women and children are essential.

II. INDEPENDENT AND UNSUPPORTED WOMEN

9. Although the majority of women in the world go through childbearing and the childrearing process during their life-span, it should not be forgotten that there is an important minority who, either by choice or by force of circumstances, never bear children. Such women and those who remain unmarried experience special problems in societies where discrimination between the sexes persists. Even where they are able to earn a living they are generally unable to achieve the same degree of independence as men, and certainly, with few exceptions, they have no possibility of attaining the status that a man of comparable talents can enjoy. This situation, and knowledge that it exists, must inevitably impair the emotional health of women, if not their physical health as well. For such women sickness will bring great hardships.

10. Independent and unsupported women should have access to special assistance by health and other social services as required. Young unmarried women, divorced or widowed, or women who have been deserted, face a greater risk when bearing children and subsequently the dangers to their health and that of their children are greater. It is to women such as these that more, rather than less, attention should be addressed. This is particularly the case in those societies where changing social conditions are depriving the individuals of traditional family and community support.

11. Single women in general, but specially unsupported women with children, face particular hardships at the end of their working lives. In many cases they are confronted with legal and practical difficulties, in such matters as owning property and borrowing money. The resulting anxiety not only affects their health but also limits their choice of a way of life. Provisions for health and retirement benefits, if they exist at all for such women, are generally less than those for men, despite the greater responsibilities that they may carry.

12. In most industrialized countries the situation is aggravated because women are generally forced to retire earlier in life than men. Withdrawal from the labour force with inadequate pensions and health insurance, makes a reduction in their standard of living inevitable, and their situation is worsened if they are also still responsible for sons and daughters.

13. They have no alternative but to endure a longer period of inactivity than men, with significantly less to live on for the remainder of their lives. The degree to which these problems are faced by single women varies considerably. For example, in certain traditional societies, the extended family offers a type of support that helps to prevent some of the above mentioned problems.

III. THE BARRIER OF SEXUAL PREFERENCES FOR CHILDREN

14. In most societies, for widely varying reasons, women have become a marginal, deprived group. In some societies the distribution of land, the type of agriculture practised, the level of economic development and the pattern and tradition of family structure that dominate contribute to a situation in which the woman must be more actively involved in non-domestic work than in others. In other societies, the woman has been more traditionally limited to a domestic role and has been precluded from working outside the home. Such variations are in part reflected in the perceived value of women and in the attitudes of parents to sexual preference for children, although it should also be borne in mind that a host of other factors, such as marriage customs, kinship lines and inheritance traditions, are also intimately involved in such phenomena.

15. Prejudice and inequality need to be justified, explained and eliminated. Otherwise, might not the care given to the unfavoured sex be less than that given to the favourite; might not medical care be less readily sought in times of need for her than for him; when times are hard and food is short might not the main share, including the more nourishing foods, be given to the boys rather than to the girls; might it not be the boy who is able by his parents' sacrifice to go to school rather than the girl; given equal talents, is it not the man who gets the job rather than the woman? And so the catalogue of prejudice continues throughout life. Doctors, nurses, and other health workers throughout the world can observe the effects of discrimination against women every day in their own work, and they sometimes perpetuate it by their own attitudes. Almost everywhere, nurses are regarded as assistants to physicians, although in many places they do in fact take primary and even sole responsibility for the health care of whole communities. In most countries the majority of nurses are women, whereas male physicians outnumber females and occupy a majority of the positions of leadership.

IV. DIFFERENCES BETWEEN THE SEXES

Physical strength and qualities

16. Almost everywhere women are regarded as the "weaker" sex. However, such a concept is seldom defined. Growth and development curves do show that infant boys are generally larger and heavier than girls and maintain this during the early years although early childhood mortality is higher for boys than girls. In privileged socio-economic conditions life expectancy for women exceeds that of men. There are some differences in aptitude and performance between the sexes that can be measured, but such differences could be more attributed to socio-cultural educational and training backgrounds.

17. There is scarcely any field of work from which women should be barred, the only exceptions being activities that might injure their health - particularly during their vulnerable periods, such as pregnancy and lactation. It is a fact that in many countries women perform heavy manual and physically demanding work. As individuals there is probably no occupation in which suitably trained men and women cannot attain the same performance, even though in some occupations men in general may perform better than women, or women better than men. Attitudes and opinions in this respect are heavily conditioned by tradition.

Mental qualities

18. Differences in intellectual performance and personality of men and women have been observed, but such differences are likely to be dependent on socio-cultural factors. In some societies men tend to be more aggressive and competitive than women but the "normal" aggressive, competitive male of such societies would be regarded as abnormal in other settings. There are also differences in performance and behaviour during childhood: girls have less emotional problems and behaviour disorders than boys and in some settings the early academic performance of girls exceeds that of boys, while the reverse may be true in adolescence. There is, however, no convincing evidence that there are significant innate differences in intellect or personality between the sexes. On the other hand, there is much evidence that underlines the effect of differing parental attitudes, education and the expectations of society on the psychological development of boys and girls.

19. To generalize, and especially to extrapolate to individuals some of the differences mentioned above is therefore inaccurate, unrealistic and unhelpful. Fortunately, in fact, neither sex possesses any quality which is exclusive to it. Competition on this basis squanders energy and inhibits the achievement of equality of rights and opportunities that individuals of both sexes should possess.

Sexual behaviour

20. Distinctions are not even appropriate in matters of sexual behaviour, the main exception being the fact that only women can complete the reproductive process. Males play their part in initiating the new life, but with that their physiological role ceases, while expectant mothers must rapidly adapt their bodies and minds to the growing child within them. A woman must provide the developing baby with the protection and nourishment of her own body until it is mature enough to live outside. She must continue to feed and care for her child for several years, if the majority of infants born in the world are to survive and be in good health.

21. Also, the timing of the approach of sexual maturity, the capacity to reproduce and the loss of this ability are different in men and women. But, apart from the above facts, any other distinctions between the sexual behaviour of the two sexes are probably conditioned by education.

22. All societies have developed written or unwritten codes governing sexual behaviour in the two sexes which are a means of rationalizing taboos some of them originally intended to prevent uncontrolled reproduction. These codes have in turn given rise to prejudices regarding female sexuality often mistaken for scientific fact. In communities where women are able to regulate for themselves their reproductive capacity, it has become apparent that sexual drives and behaviour differ very little, if at all, between the sexes. Both males and females have the ability to enjoy sex. In some sociocultural settings this has been denied to women and usually left to men.

Growth and development

23. More boys are conceived and more boys are born than girls. However, in socio-economically developed societies, the ratio of males to females gradually approaches unity as life proceeds, because from conception to old age, in any age group, death rates for males are higher and life expectancy is shorter than for females.

24. This is due, to some extent, to the fact that boys and men are more exposed to accidents of every kind. Nevertheless we still have no explanation for the higher death rates observed in the majority of countries for males during infancy and early childhood.

25. In general terms, in those societies where the death rates for females up to five years of age and during the childbearing years exceed those for males, and in a few other places where female death rates are proportionately higher than those for males, although the absolute numbers are less, the explanation may be found in the preferential care for boys and also in the lack of readily accessible and appropriately organized health care, particularly during pregnancy and childbirth.

26. There are still too many countries in which an accurate record of the number of births and deaths cannot be kept. Estimates or reasonably accurate vital statistics may be available, but differential rates for the sexes usually are not.

27. On the average, after pregnancies of equivalent length, girls weigh some two to four hundred grams less than boys. In infancy and early childhood boys and girls grow roughly at the same rate; later on the girls make a spurt in growth about one to two years earlier than boys. The growth process associated with sexual maturation is completed sooner in females than in males, having begun earlier.

28. In both sexes growth of the body demands adequate nourishment, if it is to proceed normally. The diet must contain sufficient calories to provide the energy requirements and should be correctly balanced in its protein, fat and carbohydrate content. Protein is particularly important during growth to provide the building materials for the child's rapidly enlarging bones, muscles and internal organs. Proper utilization of the primary foodstuffs can only occur if other essential items, including minerals and vitamins, are available in adequate quantities in the diet. Generally speaking, in people whose calorie intake is adequate for growth with a mixed diet the balance will otherwise be correct and it will also provide the essential vitamins and minerals.

29. During infancy, childhood, pubescence and adolescence, and throughout their menstrual life, females do not differ greatly from males in their physiological needs; they require on a weight for weight basis equal intakes of calories, protein, fat, carbohydrates and vitamins and minerals. Females, however, have some special demands during their growth which, if not satisfied, will lead to problems in childbearing. With the onset of menstruation and until it stops at the menopause women are regularly losing iron. Iron is a mineral essential for the formation of blood. Without adequate supplies, blood formation will be deficient and anaemia will result. Anaemic women are not in full health and are more susceptible to other diseases and less able to withstand complications during pregnancy, labour and while nursing their children. Women must therefore take a diet containing enough iron to replace their regular loss through menstruation, to allow for their daily needs and for the increased requirement during pregnancy and lactation. Other factors essential for blood formation include folic acid and vitamin B 12, which in general are provided in a mixed diet.

30. Another special requirement of women during their growth concerns the structure of their bones. Females have no greater requirements than males, but the consequences of deficiency are greater. Adequate supplies of protein, calcium and vitamin D are needed for normal bone growth. Without them, individuals will not be as tall as they might be; the bones will not grow so long, so strong and so hard as they should; the pelvic bones will be smaller, and they may be deformed in shape, causing difficulties during birth. The demands during pregnancy for the growing bones of the baby will still further deplete maternal resources and aggravate any abnormalities.

31. Adequate and correct nourishment of girls is of profound importance for future generations, who will not only be better off themselves, but will also convey an advantage to their children, and so on. The return from a proper investment in the nourishment of our children and especially of girls is inestimable.

V. THE MENSTRUAL CYCLE AND RELATED TABOOS

32. The menstrual cycle provides women with tangible and regular evidence of their reproductive capacity. So far as physical demands are concerned, menstruation increases the need for the dietary components essential to blood formation. Also the anatomy of the female genital tract which allows the function of menstruation, and that permits its adaptation to accommodate pregnancy and to give birth, makes it vulnerable to certain diseases and to disorders of its special function.

33. Many taboos exist in connection with the menstrual cycle that affect the behaviour of women. Most of them are restrictive and at the least hinder women from assuming a full and equivalent role in society. The commonest are related to beliefs that women are in some way vulnerable, unclean and weaker during the time of menstruation and result especially in the restriction of physical activity and social contact at these times. There is no physiological reason for altering the behaviour of girls and women in any way during menstruation. It is true that immediately before menstruation, and sometimes for the first day or two, some women are more emotionally labile than usual. This is a personal problem for some individuals, most of whom compensate instinctively or by training, so that fellow human beings are unaware of the problem.

34. The vulnerability of the female genital tract results in frequent infections. Although these can be acquired at any time, the majority are acquired through sexual intercourse or inappropriate care during pregnancy, labour, and the post-partum period. Genital tract infection is, of course, not peculiar to women, but the consequences are more serious in their case, since the diagnosis is difficult to make and is often not made, and also because inadequate treatment may lead to long-lasting complications or to infertility.

35. Perhaps this is one reason why it is common in many societies to place the blame for childlessness solely on women. At the least this causes the woman personal anxiety and, at the worst, rejection from her community. The truth is that in a similar number of cases infertility is attributable to either the male or the female alone, and in a third group of almost equal size, childlessness is the result of a combination of factors in both partners.

36. The physical and mental suffering associated with gynaecological disease can be alleviated, to the benefit of both individuals and their families, by simple programmes of public information and education associated with modest provision for primary health care.

VI. THE DEMANDS OF CHILDBEARING

37. Bearing children places four major demands on women. First, they have to supply, in addition to their own needs, all the essential foodstuffs for the baby to grow within them during pregnancy, and afterwards for as long as their milk is the only source of food available to the infant. Secondly, they must be in the best possible state of physical health to bear their child, both for their own safety and for the future development of the child. Thirdly, the orderly emotional

and mental development of children depends a great deal on the environment and, for most, this means the love that their mothers and other members of the family can give. Such a demand when met is rewarding in itself, but nevertheless is only possible if the mother is able and enabled to meet it. Lastly, women have to give time from their lives to bear children. The amount of time given depends not only on the woman herself, but also on how many children she has, how close they are born to each other, the value that her family and society place on her reproductive role and on her health, and in particular how much care community and society takes in allowing her to fulfil her reproductive role in an ideal manner, and at the same time conceding her right to work and to contribute to the growth and development of the community in which she lives.

38. The food requirements of women during pregnancy and lactation to maintain their health and to give the best start in life to babies are well known: they require more calories and a well balanced diet of high quality. It is of the utmost importance to realize that, if they are deprived, not only do they suffer as individuals, but also their offspring will start life weighing less than they should, or also be born before term, will have less resistance to disease, and will not be able fully to develop their physical and mental potential. Unfortunately, at present the resources of the world are unfairly distributed, which means that the majority of women cannot eat what is required, most because of poverty and some because of ignorance.

39. If a properly balanced adequate diet can be taken, ordinary activity can be maintained during pregnancy until the last three months. At that time, however, the mother should be able to take more rest and restrict her physical activity in the interest of the growing fetus. To establish an adequate supply of milk and to care for her baby, she also needs more rest for at least six weeks after giving birth. The time during which physical activity on the part of the mother should be reduced is inversely proportional to her state of health; but in the time allotted for most women in the world today the reverse is true: it is the poorest women, bearing the most children and whose children are the least well nourished, who can take least rest, if any at all, from the physical demands otherwise made on them.

40. To maintain physical health during pregnancy, labour and afterwards, women need protection from the hazards surrounding them. These include communicable diseases, dietary deficiencies, disorders of the pregnancy itself, haemorrhage, mechanical problems during labour, and toxaemia. All can be reduced by providing care early in pregnancy and during and immediately after labour. Such care should include not only trained attendants and appropriate medicaments, but also education of the women themselves so that they can protect and improve their own health and that of their children.

VII. HEALTH BENEFITS OF FERTILITY REGULATION

41. Even given ideal nourishment and the best care than can be provided, health can be better maintained if pregnancy is planned and not left to chance. The dangers of childbearing are greatest in those women who bear more than four children, especially if the space between births is less than two years. In women less than 18 or more than 35 years of age, childbearing becomes less efficient and more distressing as well as dangerous both for the mothers and for the babies. With short spaces between children, not only do the expectant mother and her coming child have less chance of good health in the future, but existing children may also be affected, especially very young ones who may still be dependent on maternal care, in particular breast milk. Quite apart from this fact, limited family resources will have to be stretched further still. Therefore, good care of childbearing women and of their children must offer the family the opportunity to plan and space future pregnancies, so that only wanted children are actually born. Moreover, men and women must be informed of the desirability of planning their parenthood, and of the safe methods available to them for avoiding unwanted pregnancies. Many unwanted births are avoided only by resort to the dangerous procedures of self-induced or of otherwise illegal abortion. In some countries, which usually also have high birth rates, deaths due to abortion account for up to 50 percent of maternal deaths. The use of safe methods for fertility regulation can reduce the risks to health and life.

42. The health of women can also be protected by ensuring that their children can grow up safe and well. Without such assurances, families are often persuaded to have more children than they really want in order to achieve the desired family size after making allowances for the deaths that they anticipate. Thus, protection of the rights of women, which include health throughout the childbearing period, must involve the provision of maternal and child health services including family planning care and advice for fertility regulation and management of infertility.

43. The right of women to have time in order to bear the children that they want is another that society should guard and respect for the sake of women's health and the health of children, as well as of the family. Time is required for rest at the end of pregnancy, for the time of delivery, and afterwards for a variable period depending on circumstances so that the mother can care for her young family, and by doing so assist in stable emotional family relationships that include loving and caring. The family is considered by most societies the social unit in which such a relationship is most easily created. Women, because of their closeness to the children that they bear, inevitably carry an enormous responsibility for this process. Their contribution in this respect is almost impossible to measure and certainly cannot be overestimated. To enable women to fulfil this responsibility, society and communities in general must recognise its importance and take care that women are properly supported. In the first instance the need must be acknowledged, and then the means be devised to suit local conditions to allow for the necessary support of pregnant and lactating women. In giving women time to bear children, if their rights are to be upheld it is essential that assistance should not be conditional or deprive them of their other fundamental rights, including those to education and employment, with opportunities of remuneration and advancement equal to those granted to men. For most women, the problem is that they have no choice:

life offers nothing except acceptance of their childbearing role, and more or less unrecognized and unrewarded hard manual labour in the intervals between one child and the next. Even their reproductive role may be disregarded, or held in contempt - and this will certainly be the case if the number and sex of the children born do not meet the norms of the community in which they live. The first step required to make a choice available to women is that society should acknowledge the value of the childbearing role, and the value of individual children irrespective of their sex and number.

44. The second step involves creating the possibility of choice between accepting or rejecting without prejudice the childbearing role, and also of pursuing a dual role - a choice which would probably be favoured by the majority of women. This step requires the promotion of correct attitudes and the creation of equal opportunities for the education and employment of women. In addition, women should be able to know that their children will not suffer in any way because of the particular choice of role that they make, and especially that the growth and development of their children will not be adversely affected if they resume employment.

45. Assuming that choice can be offered to women, a third step remains to be taken: that they be enabled to regulate their reproductive capacity as they wish. Women should have the fundamental right to choose if and how they exercise their reproductive role, as most men do already. Enabling women to choose the pattern of their role in life is complex, and requires the efforts of every sector of society.

VIII. THE CLIMACTERIUM

46. At the climacterium, women experience a physiological withdrawal of sex hormones. As a result, menstruation ceases, marking the end not of sexual but only of reproductive ability. Changes in the circulating concentration of sex hormones lead, among other things, to emotional changes, as they may do to a lesser extent during the various phases of the menstrual cycle. Such emotional changes may cause problems to the individual that can be exaggerated by emotional disturbances, especially from within the family.

47. The severance of emotional attachments, or changes in them associated with physiological disturbances and the loss of the reproductive role, lead in some women to emotional crises. Acknowledgement only of the reproductive role allows women less than their right to participate fully in life when this function ceases. Acknowledgement of the dual role would allow women to participate in both, although one of the two might dominate at different times in life. Especially at the end of reproductive life women need to be able to develop their "other selves" and to play their full part in the life of the community. For some women this may mean that they continue to act as mothers within families by assisting or substituting for the mother role of their own daughters. For others it may mean continuing or resuming work outside the home, while for others still there is an opportunity to learn a new occupation. It goes without saying that all of these are only possible if the woman is in good health and the necessary health care has been provided for her throughout childhood and the reproductive years.

48. Attention to the mental and emotional welfare of a community are required throughout life, but the resulting benefits will be particularly apparent in the case of older women.

VIIX. HEALTH SERVICES

49. Because of the complexity of women's lives and the many demands made on them, particularly at certain periods of their life, special attention should be paid to providing a minimum of health services at primary level, and governments should try to develop integrated health services reaching as many women as possible, particularly those living in remote rural areas. These services should include pre- and post-natal and delivery care, gynaecological services throughout the life-span, with family planning services during the reproductive years; comprehensive and continuous health services to infant, pre-school, and schoolchildren; nutrition advice and services to families; educational activities covering basic aspects on the promotion of personal health and hygience and the family's physical and mental health; aspects of psycho-social and family life, responsible parenthood.

50. Those services directed to women and their families are intended to improve the quality of family life; to diminish the deleterious effect of malnutrition and infectious diseases; and to make possible the reduction of unwanted pregnancies, too many pregnancies, pregnancies at too close intervals, or pregnancy at too early or too late an age, in order to reduce maternal, infant and early childhood mortality and morbidity and enhance full potentiality for the harmonious growth and development of children.

51. Countries should therefore give renewed attention to the development of comprehensive, simple, community health services in which the community identifies its own needs - health and other - takes part in decisions on delivery of health care in different socio-economic contexts, and develops primary health care services within easy access of every member of the community, and especially of women.

52. The role of women in the health sector, both at present and as a potential resource for the future extension and development of health services, is of paramount importance. In fact, in most countries, women constitute the majority of personnel within or connected with national health systems, but it is only fair to recognize that at present there are very few women in responsible or decision-making positions, although they play fundamental roles, particularly in front-line positions. Women could become a significant potential health resource, and their increased participation within the national health care system could be one of the most important contributions to the overall development effort and to an improvement in the quality of life.

IX. CONCLUSIONS

1. Women should have the right to enjoy good health and have access to appropriate health care. Reproductive functions make women vulnerable at certain periods and entitle them to receive specific types of health care. Adequate care of girls and women is of fundamental importance for future generations, who will not only be better off themselves, but will also convey an advantage to their children. The return from a proper investment of effort and resources is inestimable.

2. Women's participation in the labour force and development effort of their countries are strongly influenced by a healthy, successful accomplishment of their dual role in society, as key individuals of the family group and as a new force for development.

3. Changes in attitudes lag behind knowledge. Despite recognition that preference and inequalities among sexes are the result of social mythology rather than of physiological fact, in most parts of the world women are still regarded and treated in a fundamentally different way from men, which is usually to their disadvantage. A change in the attitudes of both men and women is essential if the objectives of International Women's Year are to be achieved.

4. To attain equity for women, rapid measures should be taken everywhere to enable women to prepare themselves through education and training to participate in all levels of responsibility and decision making in various sectors of socio-economic development, including the health sector.

5. The health of women is of fundamental importance in relation to the rights of women in general and in the particular context of the objectives of International Women's Year. Unless the health of the women is given proper consideration and health services are provided and involved, no strategy formulated for achieving the stated objectives of the Year can succeed.