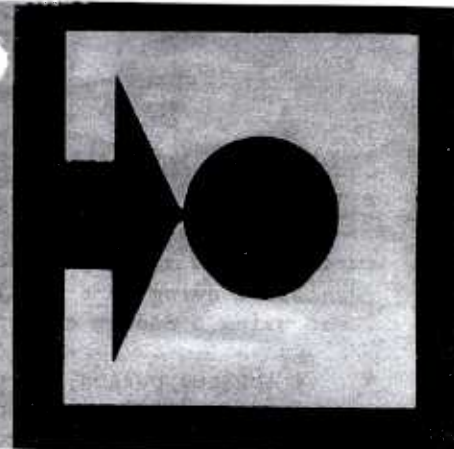


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No. 27/July 1985

Women and Health

- * In most parts of the world women have a higher life expectancy than men because they are biologically more resistant to health hazards. On average they live seven years longer than men, but in many countries their biological advantage is cancelled out by discrimination in child care and lack of needed care during the reproductive years.
- * In some parts of Asia and Africa, girls have a lower chance of survival to age five than boys. In poorer countries their life expectancy is lower than it was 35 years ago in the richer countries.
- * An appalling number of women in developing countries live in a chronic state of malnutrition, infection and poor health linked to their low economic and social status. Little or no health care is available for conditions related to their reproductive health, especially pregnancy and childbirth. At critical points in a woman's life, the lack of care can literally be fatal.
- * Complications of pregnancy and childbirth account for many deaths among women of reproductive age in the developing world. In certain developing countries, each time a woman becomes pregnant she runs a 200 times greater risk of dying than if she lived in a developed country. Failure to time and space pregnancies augments the risks of complications and death.
- * Most maternal deaths need not happen. Complications of pregnancy and childbirth - including hypertensive diseases (toxaemia), obstructed labour, haemorrhage and sepsis - are among the main causes of maternal mortality. Most of these deaths can be avoided by adequate maternity care.
- * Access to family planning services is key to women's health and to their well-being in all other aspects of their lives. Deprived of the means to plan their childbearing, women risk their lives to end undesired pregnancies; for example, in Latin America, half of all deaths among pregnant women are due to illegal abortion. Effective family planning can avoid such deaths.

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* Although most modern family planning methods have side-effects, real or perceived, the risks of these side-effects have to be weighed against the dangers of not using contraception - illegal abortions and maternal mortality. In developing countries, a woman's chances of dying as a result of pregnancy are some hundred-fold higher than the chances of a woman using a modern contraceptive method dying from method-related causes.

* A trained person is present, in developed countries, at 98% of all births, whereas in some developing countries, this is only the case at 20% of births or less - even though it is crucial for women to have proper care during pregnancy and childbirth. Of the 128 million births taking place in the world each year, 58 million are still not attended by a trained person. One of the aims of Primary Health Care is to ensure that every pregnant woman has access to skilled help.

* While the majority of women in developing countries are deprived of life-saving health technologies for pregnancy and childbirth, in developed countries women are now voicing serious concern about the abuse of technology and the over-medicalization of health care, in particular of pregnancy and childbirth, which imposes heavy human and financial costs on women and on society.

Permanent illness

* Because they are not properly looked after in pregnancy and childbirth, millions of women are in a state of constant and debilitating ill-health which lasts for life. They can develop uterine prolapse (protrusion of the womb outside the vagina), genital tract infections, fistula (a hole between the vagina and the rectum) and urinary incontinence (inability to control the passing of urine). These conditions cause great physical and mental discomfort for the woman herself, and may lead the husband or the family to reject her, so that she becomes a social outcast.

* Nearly two-thirds of pregnant women in developing countries - especially those who have pregnancies too close together - and half of all other women, suffer from nutritional anaemia. Malnutrition and anaemia affect their psychological and physical health; lower their resistance to fatigue and disease and limit their working capacity; greatly increase the risk of illness and death in childbirth and affect the health and birthweight of their offspring.

* Women who do heavy work during late pregnancy gain less weight than others for the same food intake and give birth to children of lower birth weight, whose chances of survival or healthy growth are consequently reduced.

* Women often work a 12-16 hour day around the year, with seasonal peaks which add further stress. The resulting state of fatigue has major health effects on women and their children, especially in the case of women with sole responsibility for the family. The number of these women, left to cope alone with few resources or skills, is increasing rapidly among the urban poor in both developing and developed countries.

* In many countries, girls complete only 2-3 years of schooling, although it is well known that educated women have the healthier children. Education gives women a greater say in the family decision-making. Better education is also expected to be the means by which traditional practices harmful to women, such as nutritional taboos, female circumcision and inadequate care for girls, will eventually be wiped out.

Cancer increases

- * Cancer of the cervix is the main female cancer in the developing world, where nearly 500,000 new cases occur every year (one in every 1000 women aged 30-55 each year in Latin America). With early detection by cervical smear, followed by treatment, the cure rate can be 100%; but these services are not yet widely available in the Third World. In developed countries the death rate from cancer of the cervix is the only death rate from cancer to have declined in the last 20 years.
- * Deaths from breast cancer - the most common female cancer world-wide - have increased in industrialized countries reporting to WHO over the same period.
- * Also in industrialized countries, lung cancer deaths among women increased between 1960 and 1980 by a staggering 200% due to the increased number of women who smoke, a world-wide phenomenon. Changing lifestyles are also putting women at greater risk from alcohol dependence and cardiovascular diseases.
- * More and more women - like men - are working in industries where they are exposed to new chemicals and may ultimately suffer carcinogenic, mutagenic or other toxic effects.

A woman's field

- * Some 75% of all health workers are women, although they are rarely in a position to take decisions on health policy. Almost all traditional birth attendants and a large proportion of primary health care workers are women, and women predominate among hospital volunteers, at self-help clinics and in other community organizations.
- * The proportion of female doctors ranges from 3-30% in developing countries and from 8-70% in developed countries. Very few female doctors hold positions of authority.
- * Women are also expected to look after the family's health, provide water and nutritious food, get children immunized, take them to health services, and look after the sick and the elderly.
- * Health care is therefore primarily a women's field, but the quality of their participation has been limited by unequal access to training, information, education and opportunities.
- * In traditional societies, women relied on each other and on the extended family for informal social support, but today - with changing family structures, more women working outside the home, and the loss of traditional means of support - much of the support women need to enable them to fulfill their many roles is not forthcoming.
- * Governments can help improve women's and children's lives by legislative measures, such as maternity leave and breastfeeding breaks, and by adopting policies of social support to women. Increasingly, they are recognizing the potential of nongovernmental organizations and women's informal networks, and are turning to them both for their advice, and active contribution to health and health-related programmes
