4. FORWARD-LOOKING STRATEGIES IN THE CONTEXT OF HEALTH-FOR-ALL

Key obstacles and constraints

91. The national, regional and global forward-looking strategies for the advancement of women in health and development presented here - reflecting regional discussions and resolutions on the subject - are an elaboration of health-for-all strategies. The WHO goals for health-for-all through the primary health care approach are so closely aligned with the interests of women that their achievement would by definition meet the particular health needs of women and enable them to contribute fully to the health of the family, community and nation. However, before turning to opportunities and strategies for the future it is necessary to highlight a few of the obstacles and constraints that must be overcome if full equity in health and development is to be achieved.

92. Although much progress has been made during the United Nations Decade for Women with regard to the collection of information, large gaps remain. The problem is compounded by frequent failure to use or disseminate the data that are available. A major constraint to progress has in fact been a lack of awareness of the extent and seriousness of the problems.

93. The enactment of legislation and policies is perhaps the second greatest area of change during the Decade. Yet in many countries even the most basic steps have not yet been taken. Large numbers of women remain children in the eyes of the law, prohibited from exercising the most basic rights - such as signing contracts or practising family planning without their husbands' permission.

94. Furthermore, strong evidence is emerging that, even in countries where political commitment to change for the advancement of women has been demonstrated through policy and legislative revisions, major gaps between the spirit of the law and its implementation exist throughout the world, in developed as well as developing countries.

95. This is reflected in a number of ways. For example, the amount of resources devoted to the implementation and enforcement of policy changes bears little relation to the political commitment expressed. Many governments, while professing to support the objectives of the United Nations Decade for Women, have done little to provide resources to that end. This is exacerbated by current funding approaches which seem to make it easier to obtain support for large-scale and expensive programmes than to obtain seed money for small community projects in which women are so active.

96. The discrepancy between policy and action is often justified on the grounds that women are not motivated, do not apply for higher level positions in the health field, do not demand access to family planning - and so on. To debate the truth or falsity of these claims is beyond the

scope of this report. Suffice it to say that in many countries women have been excluded from public life and its institutions for so long and so extensively that they are unlikely to be invited, or to attempt, to participate in spheres heretofore barred to them and, indeed, are often unfitted to do so. What are required, and are most often lacking, are the mechanisms for increasing the participation of women in health endeavours at all levels. The lack of such mechanisms will contribute to the failure of many actions, whether these are at the grass-roots level (e.g. to improve mothers' knowledge about oral rehydration treatment) or at the highest level, where the goal may be to recruit highly qualified women health professionals.

97. As a result governments and institutions, perhaps with the best of intentions, continue to define women's needs for them, without women having a say, thereby often leaving the real needs of women unanswered. A telling example is a report describing problems with women's programmes: "Women lack motivation. They are little interested in our housekeeping courses and our educational talks. They prefer to carry out their small trade in the street, which brings them some money, rather than attend classes." It is highly likely that the bit of money from street trading would be spent on food, schooling, clothing or other basic needs of their children. Perhaps a programme to help women increase their income-earning power would be more appropriate than housekeeping courses.

98. Simple measures designed to bring women into the needs assessment and decision-making processes at all levels might have prevented this type of situation and resulted in the identification of more relevant priorities and use of resources. Another example of failure to meet women's real needs is the maternal and child health clinic that is open only in the mornings - the busiest time of day for women.

99. Still more fundamental than the absence of mechanisms for drawing women into decision-making is the apparent lack of desire on the part of many to bring women into the mainstream at all. Social attitudes are the key obstacle to progress. Women themselves are often unaware of their basic rights, potential and needs, or are unwilling to pay the enormous social costs of asserting themselves.

100. There is also the male's reluctance to share familial responsibilities. For example, in a developed country with some of the most advanced laws on shared family responsibilities a law allows men extensive paternity leave that can be taken over a prolonged period; research, however, showed that in practice 78% of fathers did not take a single day of such leave.

101. Women could learn much from men in terms of defining needs, planning, and obtaining resources to better fulfil their responsibilities, particularly in the context of public and formal institutions. Men, on the other hand, have a great deal to learn from women about the practical dimensions of implementing theoretical schemes. Until there is a full exchange and men and women can bring their respective experiences to the solution of the problems facing all people, health-for-all cannot be achieved.

102. The close of the United Nations Decade for Women must therefore be viewed as only a beginning. The following outline of forward-looking strategies indicates the measures necessary to overcome obstacles and constraints and build upon the important activities already under way.

National strategies

103. Each Member State must analyse the situation of women at the local and national levels to determine the relevant major issues. No country can succeed in tackling all the problems at once. Each community, country and region must select its own priorities, and try to achieve what is feasible in a socioculturally relevant manner within the context of its particular possibilities, resources and constraints. The forward-looking strategies are thus meant to be guiding principles rather than detailed plans of action. They highlight approaches which would make a substantial contribution to progress not only for women, but for all people. They not only give examples of measures that can be taken, but indicate a way of thinking concerning the integration of women's issues within health programmes.

104. The national strategies encompass steps that can be taken within the context of primary health care, including measures to strengthen the health system infrastructures. The regional strategies are based on priorities identified within the regions that would support country needs and actions. The global strategies, in turn, are designed to provide maximum and appropriate support to the regions and Member States in their efforts to improve the situation.

(1) Health science and technology:

105. The following strategies are proposed with regard to the essential elements of primary health care:

Education concerning prevailing health problems and methods of preventing and controlling them

- ensure that messages meant to be received by women are relevant to their health priorities and are suitably presented;
- ensure that education is geared towards changing social attitudes and values that are discriminatory against women and detrimental to their health (e.g. attitudes against child spacing);
- ensure that women have access to appropriate health education that will enable them to better play their role as health providers, particularly at the family level.

106. Promotion of an adequate food supply and proper nutrition:

- facilitate women's access to and control over income to provide adequate nutrition for themselves and their children;
- foster activities that will increase awareness of the special nutritional needs of women, especially during pregnancy and while breast-feeding;

- promote the provision of social support to ensure sufficient rest in the last trimester of pregnancy and while breast-feeding;

- promote interventions to reduce the prevalence of nutritional anaemia in women, especially during pregnancy;

- encourage the changing of any discriminatory attitudes in the family with regard to food distribution for girls or women;

- provide appropriate information for women regarding family diet.

107. Adequate supply of safe water and basic sanitation:

- ensure that women are consulted in the planning and implementation of water and sanitation activities;

- ensure that women are trained in the maintenance of water supply systems;

- ensure that women are consulted with regard to technologies used in water and sanitation projects (e.g. in selecting pumps that are not too heavy for them to operate and durable enough to withstand continual use);

- conduct surveys of women's issues regarding community involvement and utilization of water supply systems or latrines;

- provide support to local women's groups to include water and sanitation activities in integrated programmes by furnishing supplies and equipment and cooperating in training and evaluation;

- ensure that women's local customs, preferences and traditions are taken into account through needs assessments (e.g. with regard to the design of new facilities such as latrines).

108. Maternal and child health care, including family planning:

- provide technical and methodological support to strengthen the maternal and child health and family planning component of primary health care; increase emphasis on the assessment, adaptation, development and field-testing of acceptable family planning methods and appropriate technologies addressing problems specific to pregnancy and delivery;

- support traditional practices that enhance the health of women and children (e.g. breast-feeding) and discourage harmful practices;

- promote fertility patterns that are not detrimental to women's health and that of their children, and the provision of appropriate information and services for family planning, including infertility;

- provide family planning advice and services, appropriate to the cultural setting, to adolescent girls to avoid precocious childbearing, which is harmful to women's health;

- promote behavioural and nutritional patterns that foster healthy pregnancies and appropriate infant and young child feeding;

- prevent and treat complications of pregnancy and childbirth;

- promote social support measures that will facilitate women's economic and family roles, such as day care for children, maternity leave and breast-feeding breaks, as well as care of the elderly;

- follow up recent recommendations of the World Population Plan, which reaffirmed the need to take measures to control mortality and morbidity, and to this end enhance the status of women in health and development through maternal and child health and family planning;

- give special attention to technologies for priority areas of women's health, in particular with a view to overcoming abuses and over-use of technologies in pregnancy and childbirth and ill effects of contraceptives;

- promote intersectoral activities that especially affect the health of women and children (see paragraph 123).

109. Immunization against the major communicable diseases

- collect and analyse information on immunization, according to sex, and promote health education to increase coverage in general and to reduce any differences in coverage between boys and girls;

- ensure that pregnant women are, or have been, immunized against tetanus.

110. Prevention and control of locally endemic diseases

- ensure women's full participation in prevention and control programmes for communicable and noncommunicable diseases (e.g. in the family and through women's groups and organizations);

- develop and/or adapt socially relevant techologies, where necessary, for prevention and control.

111. Appropriate treatment of common diseases and injuries

- ensure that services are conveniently located;

- ensure that services are available at times and on days of the week that are suitable for women, bearing in mind their work patterns;

- ensure that services can be afforded by women, especially the many women who are heads of households;

- ensure that the training of health workers includes education on the true nature and value of women's contribution to health care, and that this is reflected in the health workers' attitudes and behaviour, particularly in providing health information to women.

112. Provision of essential drugs

- ensure that, at the community level, women are consulted in the implementation phase of drug action programmes;
- ensure that essential drugs are relevant to women's health needs and priorities;
- ensure that essential drugs specific to the health needs of women are available in the health facilities;
- ensure that essential drugs are accessible to women at appropriate times and distances;
- ensure that, in the case of local revolving fund schemes, women are members of the group which manages the fund;
- ensure that women are provided with appropriate information on drugs;
- prevent misuse of drugs that could be harmful to women's health or to the health of their offspring.

113. Prevention of mental disorders and promotion of mental health in women

- give special attention to the psychological factors that are important for women in relation to the utilization of health services (e.g. attitude of health workers, health care settings);
- give special attention to the social and psychological effects on women, as individuals and mothers, of development and technology which lead to changes in lifestyles and increased stress;
- devise ways of assessing the needs of special groups of vulnerable women (e.g. migrants, women whose husbands have migrated, and the urban poor), and promote measures for dealing with those needs (e.g. self-help and other community groups);
- ensure that primary health care workers are properly trained to recognize and treat mental health problems in women, and that women are treated in the same way as men with regard to mental health problems;
- promote research on the relationship between the mental health and psychosocial problems of women and developmental, behavioural and mental disorders in their children, including studies on the incidence and nature of such problems, with a view to devising early intervention strategies;
- promote research on the prevalence and patterns of use by women of psychotropic drugs, with particular emphasis on reasons for abuse.

(2) Health system infrastructures

114. Information gathered for evaluating health situations and trends and health systems should be suitable for assessing women's health needs. Data on morbidity and mortality should therefore be collected and analysed according to sex, and sex-specific socioeconomic indicators should be included in monitoring progress towards health for all. National and local capacities for the gathering and utilization of information should be strengthened, and women's organizations involved in these efforts.

115. Managerial processes for national health development should take women's issues into account, and women should be involved in all stages. Strategies are to:

- establish mechanisms for collaboration between various health services, health institutions, and nongovernmental and voluntary organizations, with special emphasis on women's organizations;

- take measures to eliminate discrimination against women in filling middle and upper level managerial positions;

- ensure that women are equitably represented at decision-making levels.

116. Health systems research should be integrated within the managerial process, to generate appropriate knowledge to improve the planning, organization and operation of the health system, taking women's issues into account. Strategies are to promote research on:

- problems faced by women regarding the utilization of health services;

- women's roles as health care providers in the home and community;

- the relationships between health and women's work and time patterns;

- the integration of health activities within women's development programmes;

- the influence on health of social, economic and behavioural factors specific to women, to ensure that assumptions basic to health strategy development are realistic in relation to women's lives;

- the development of appropriate technology (involving women in developing criteria for the selection of technology, and in research to adapt technologies, develop new ones, and evaluate their effectiveness, safety and acceptability).

117. Health legislation facilitating the attainment of health objectives specific to women should be promoted. Strategies are to promote legislation to:

- protect maternity (e.g. paid maternity leave);

- prevent the abuse of women's bodies (violence, sexual exploitation, sexual mutilation);

- ensure working conditions for women which promote good infant and young child health and nutrition (e.g. regarding breast-feeding and care of children);

- prevent occupational hazards specific to women, especially in industries that employ mainly women;

- prevent abuses of technologies regarding women's health;

- control the marketing of substances harmful to women's health;

- prevent misuse of pharmaceuticals;

- provide back-up community support measures for women;

- fix a minimum age for marriage that is safe for childbearing.

118. Appropriate health care facilities should be planned, constructed and equipped so as to be readily accessible and acceptable to women - in harmony with their work and time patterns as well as their needs and perspectives.

119. Women are key human resources in the formal health care system. Strategies to redress existing imbalances and to raise the status of women as health professionals are to:

- ensure that women and men have equal training for all levels of health care and are equally remunerated;

- redress imbalances in the proportions of women in certain health professions where discrimination exists, and in the higher categories of the health professions;

- promote the training of women for managerial positions;

- ensure the utilization of all potential human resources (both men and women) for improved health.

* * *

120. Among the principles and approaches of primary health care and health-for-all that are particularly relevant to women, two stand out as being especially important: community involvement and intersectoral approaches.

(3) Community involvement

121. Communities in general, and women in particular, are already very actively involved in making decisions about their own health care and disease prevention. Activities at the community level should be based on what is already being done at that level in terms of health promotion,

disease prevention and traditional forms of treatment. Health personnel should identify human and material resources in the community which could be used more effectively in the planning and delivery of formal health services, as well as to provide health information in such a way as to promote appropriate attitudes, beliefs and practices on the part of the community.

122. Education should be provided to women and women's organizations to make them aware of their rights and responsibilities for their own personal health care and that of their families, and to encourage them to demand health services that will meet their particular needs and concerns. Strategies to support women's organizations in health care activities are to:

- devise ways of involving women and women's organizations in decisions concerning the health system, at all levels;

- ensure that women's organizations are represented in national and local health councils or committees;

- encourage women's organizations to promote and participate in activities for (a) improving health care and social support measures for women; (b) improving employment and work conditions of women health care workers; (c) monitoring the health system to ensure equity;

- encourage local women's organizations to participate in primary health care in their communities, in collaboration with the health system;

- devise ways of supporting women in taking responsibility for self-care as well as community care;

- take steps to change men's attitudes and increase their health knowledge, so that health care responsibilities, especially in the family, are shared by women and men;

- encourage young girls to be involved in health activities (e.g. through schools, clubs, and informal networks).

(4) Intersectoral approaches

123. The attainment of health targets is dependent on progress on the economic front, social policy measures aimed at greater equity, education as a promoter of self-care, improvement in the environment, the availability of adequate food supply, the implementation of appropriate population policies, and political and institutional changes enlisting the active cooperation of the public. Primary health care, with its emphasis on preventive and promotive action, requires the cooperation of sectors other than health. The intersectoral strategies regarding women, health and development are to:

- enact social policies that ensure equity in all aspects of development, particularly with regard to education and agricultural development;

- enact policies that will give women the social and economic freedom to space their children and limit the size of their families;

- establish mechanisms for intersectoral action, such as the representation of government departments responsible for women's affairs in multisectoral health councils and interministerial committees;

- provide resources, including small amounts of "seed money", to women and women's organizations at the grass-roots level to enable them to organize intersectoral activities and to continue carrying out and improving the effectiveness of the many such activities in which they are already engaged (e.g. organization and running of day care centres; preparing food for children whose mothers are away working; running shared vegetable gardens; organizing and carrying out village clean-up campaigns; monitoring community water sources; receiving and being responsible for commercial credit or loan schemes that contribute to health);

- support intermediary-level community groups in carrying out activities such as: fund-raising for local projects; training and education programmes; providing facilities for local groups' actions; organizing programmes for day care, care of the elderly, legal and career counselling, consumer education; managing voluntary health and nutrition centres.

Regional strategies

Africa

124. The strategies in the African Region are very much oriented toward rural women, and cover all aspects of women's lives which impinge on their health. For women to maximize their contribution and benefit more from development efforts in all sectors of national life, serious efforts must be made to enable them to:

- carry out their daily activities in a less arduous way;

- participate actively in the decision-making process in their communities;

- share in the assessment of the needs of their village;

- decide on action to be taken (by themselves and others in their community).

125. The aim is to promote the full participation of African women in health care through involvement in decision-making and socioeconomic development, using primary health care as the basic approach and existing village women's organizations as the entry-points. The main strategies are to:

- increase the capacity and role of women in identifying and managing locally prevalent health problems;

- increase the availability of primary health care to rural women;

- reduce the workload of women by ensuring the utilization of appropriate technology;

- increase women's earning capacity by improving the technology of village and cottage industries;

- identify and implement measures that would enhance the participation of women in the decision-making process at all levels;

- provide training for women to improve their skills in the production, storage and processing of food, so as to alleviate nutrition problems;

- establish informal education opportunities for women, including functional literacy, so as to improve skills in income-generating programmes.

The Americas

126. The strategies being developed and implemented by the countries of the Region of the Americas to reach the goal of health-for-all are based on a very broad recognition of the interdependence between health and other aspects of development. The urgent need to improve the situation of women with regard to health and development and to integrate appropriate activities into the plans of action for health-for-all has been repeatedly recognized in recent years by the Governing Bodies of PAHO.

127. The aim, as stated in resolution XVII adopted in 1980 by the XXVII Meeting of the PAHO Directing Council, is to ensure that projects take women into account from the beginning and promote participation at all levels. The Organization's technical expertise is being used to:

- improve the overall health of women and enhance their role in health and community development;

- enhance the role of women as providers of health care;

- increase the participation of women in planning and administration of health services.

128. Strategies are to:

- strengthen and utilize capabilities within the Organization to support technical cooperation, training and advisory services regarding women in health and development, to increase the focus on and involvement of women in programme areas, and to establish a system of promotion, monitoring and evaluation of relevant activities;

- promote research and collection and analysis of data in order to define and identify relevant problems and issues;

- collect and disseminate information on current relevant programmes and activities in the Region;

- ensure that women are involved and that their needs are taken into account in developing projects and activities in primary health care, acute and chronic disease control and surveillance, including immunization and diarrhoeal disease control, environmental and occupational health, human resources development, and in support services including child care, appropriate technology for the home and legislative changes.

South-East Asia

129. The focus will be on programmes for rural and urban poor and underserved sectors; programmes related to family health, including family planning; health education; community health services; primary health care; health manpower development; mental health; and research to identify and strengthen the health status and role of women vis-à-vis the development of the health sector.

130. Considering the foci of interest, the following strategies are formulated:

- providing support for the infrastructure of the regional committee on women, health and development and country focal points, and utilization of the existing institutional and programme framework in the Region and at country level in order to provide technical support for identifying specific areas for core activities on women, health and development, formulating projects and assisting in their implementation;

- strengthening the emphasis on women's organizations in the existing regional programmes on maternal and child health (including family planning), nutrition, health education, health manpower development, and primary health care;

- special focus of specific women's organizations with respect to adolescent reproduction, abortion, and old age;

- promotion and dissemination of information on health education, focusing on both the male and female population concerning maternal and child health, nutrition, communicable diseases, prevention and control of occupational health hazards, environmental sanitation, and mental health;

- country-level assessment of special needs to identify areas in which activities related to women, health and development should be promoted to determine mechanisms to promote these at country level, and to identify existing programmes in health and non-health sectors having a potential impact on women, health and development;

- research to identify country-specific factors indicating the relationship between women's health status and their role in health and overall national development, particularly the promotion of community participation in primary health care;

- collaboration with non-health sectors in development programmes (e.g. agriculture, rural development, labour, education, and social welfare) to promote activities related to women, health and development;

- collaboration with Member countries regarding the formulation, funding and implemention of projects specifically related to women, health and development.

Europe

131. To support women in their contribution to primary health care, with particular reference to self-care and self-reliance and prevention of abuse of technology, the following targets and strategies have been formulated:

- assess and compare the scope and workload of women's health care activities in the family and community in selected Member States (prevailing conditions, future trends, resources, productivity);

- identify issues of women's health taken up by consumer groups and the women's health movement, and assess the influence of such groups on changes in the health care system;

- initiate by 1985 studies in six Member States on the relationship between parents and child health services;

- formulate regional policies with regard to women's involvement in the planning and execution of health programmes at all levels.

Eastern Mediterranean

132. The following strategies have been formulated:

- collect basic information regarding national plans and programmes related to women's issues, including the mechanisms and structures that serve them, whether governmental or voluntary;

- provide opportunities for selected women in leading positions in public life to meet and exchange experiences, ideas and information about women in health, to discuss issues and recommend guidelines for future action;

- support Member States in the recruitment, training and utilization of female community health workers, including traditional birth attendants and voluntary workers, in order to cover the needs of women at the peripheral level;

- support Member States in their attempts to direct special efforts towards specific groups of women identified as being at risk due to biological and/or sociocultural factors;

- encourage Member States to include a sex differential in their statistical data related to health development issues;

- encourage Member States to review legislation related to the welfare of women, mothers and children.

Western Pacific

133. Improving the data base on women, health and development

(1) encourage governments to incorporate sex and age factors in the existing national data collection and reporting system;

(2) provide international support for improving the national data base by:

- preparing global guidelines on the concepts and indicators for measuring the social and health status of women; and

- organizing workshops and seminars to promote awareness, among planners and administrators dealing with the data, of the importance of women's health and role in national and community development.

134. Designing strategies for the more active involvement of women's organizations in health development

(1) strengthen the capacity of women's groups or organizations to ensure their effective participation in primary health care in a manner that is best adapted to the local conditions of each country;

(2) involve women and women's organizations in the planning, management, and implementation of primary health care programmes at all levels;

(3) improve the quality of education and maternal and child health and family planning care;

(4) strengthen health education programmes to improve the health status of women by:

- providing systematic education programmes for women, particularly in the more disadvantaged sectors, in such areas as maternal and child health, nutrition, environmental health;

- promoting awareness of the impact of working conditions upon health, particularly the health of mothers and their families, and of the need for preventive measures against health hazards at work;

- encouraging teaching institutes to include information about women's health roles in their curricula.

135. Formulating a monitoring system on the social and health status of women

(1) develop a mechanism for continuously monitoring the social and health status of women in local communities, including identification of problems related to social and health status, as an integral part of the primary health care monitoring system;

(2) undertake research to help identify problems and needs specific to women of various groups, with particular reference to:

- the relationship between women's changing roles and their health;
- mental health problems and factors associated with mental health;
- the relationship of poverty, work, food and health;
- women's organizations and their involvement in health development;

(3) institutionalize national bodies for coordinating the monitoring activities.

Global strategies

136. At the global level, the following strategies are proposed:

- provide technical support for incorporating a women's dimension in on-going programmes at all levels; coordinate and report on activities concerning women, health and development; prepare and publish documentation on the status of women and health;
- develop women's components of intersectoral programmes related to health, such as the Joint WHO/UNICEF Nutrition Support Programme, water supply and sanitation (as part of the International Drinking Water Supply and Sanitation Decade), and social support for mothers and families;
- promote the involvement of women's organizations in primary health care;
- support country reviews of existing roles of women's organizations in health, including maternal and child health/family planning;
- support and liaise with women's nongovernmental organizations at international, regional and national levels;
- ensure the continued existence of mechanisms (e.g. focal points and working groups) for guaranteeing that issues related to women, health and development are given appropriate consideration in all programmes;
- collect and collate information on specific topics relevant to women's health concerns;

- gather and disseminate information on women's health issues (e.g. by maintaining mailing lists of women's organizations; reviewing and identifying problems; giving greater visibility to women's health priorities; and raising awareness of interrelationships of women, health and development);

- increase knowledge and understanding about how the various socioeconomic factors related to women's status affect and are affected by their health. Areas of concern include:

    - how the working and living patterns of women influence the transmission and control of diseases;

    - how women's roles affect child and family health;

    - how the special stresses experienced by women affect their physical and mental health;

    - how traditional practices and social values or attitudes affect women's health and their access to health care;

- increase resources for women's health, promote expanded primary health care appropriate to women, and support women in community and intersectoral activities;

- facilitate women's health care roles by:

    - defining the extent and value of women's roles at all levels;

    - promoting means of lessening the burden of women's health work;

    - promoting action to increase women's participation in decision-making and policy development at all levels;

    - promoting equal opportunities for women for education and training as health care providers, and equal remunerations;

    - encouraging and supporting the mobilization and organization of women in primary health care;

- promote equality in health development by:

    - identifying the responsibilities of men in primary health care, in the family and the community;

    - improving health educational materials to reflect men's potential roles.

Monitoring progress

137. Significantly, many of the global indicators for monitoring progress towards health-for-all are of direct relevance to women and can be used to monitor progress in women's health and their participation in health development at the global and national levels - e.g. the proportion of

infants with a birth weight less than 2500 g (an indirect indicator of nutrition and health in pregnancy); access to trained personnel for attending pregnancy and childbirth; and female literacy (a potent indicator of women's status, with a strong influence on their own health and that of their families, their fertility and their participation in health development).

138. Several other global indicators, if collected separately for each sex, would provide useful indications concerning women's and girls' health status - e.g. infant mortality, immunization coverage, weight-for-age, and life expectancy.

139. There are many other powerful indicators that can be used at the country level: of these, none is more telling than maternal mortality, which has been adopted as a regional indicator in five regions. Fertility rates, birth intervals, the proportion of first births taking place to very young women (under 18 years) or to older women (over 35 years), and availability or use of contraceptives are all good indicators of women's control over their own lives. Nutritional status indicators include data on weight-for-height, the prevalence of nutritional deficiency diseases, especially anaemia, and weight gain in pregnancy. Minimum legal age at marriage and/or the proportion of teenage women married, and the proportion of girls enrolled or attending school, are all status indicators directly related to health. The involvement of women and women's organizations at the primary health care level is important, but statistics on the proportion of women at the policy and decision-making level in the health sector are more telling of women's equitable participation.

140. As to infant mortality, it should be noted that biological and pre-natal conditions of the mother particularly affect mortality in the first months of infancy, and continue to affect morbidity and health status of both boys and girls in later life. Post-neonatal mortality and morbidity are more a reflection of environmental factors, particularly the microenvironment of the family, the psychosocial surroundings and caring behaviour that the family, in particular the mother, is able to provide. The proportion of neonatal to post-neonatal components of the infant mortality rates of selected countries is reflected in Table 3.

TABLE 3. NEONATAL AND POST-NEONATAL MORTALITY IN SELECTED DEVELOPING COUNTRIES: RATES, AND AS PROPORTIONS OF INFANT MORTALITY
(per 1000 live births)

Country	Neonatal		Post-neonatal		IMR
	Rate	Percentage	Rate	Percentage	Total
Sierra Leone	79.1	51.4	74.7	48.6	153.8
Afghanistan	40.4	34.6	76.2	65.4	116.6
Pakistan	53.7	61.7	33.3	38.3	87.0
Guatemala	18.1	25.9	51.7	74.1	69.8
Mexico	19.8	38.1	32.2	61.9	52.0
Sudan	11.5	26.6	31.8	73.4	43.2
Sri Lanka	25.9	60.9	16.6	39.1	42.5
Argentina	22.2	54.4	18.6	45.6	40.8
Mauritius	18.4	57.0	13.9	43.0	32.3
Thailand	20.5	70.4	8.6	29.6	29.1

Sources: Special surveys and national data, about 1980.

141. The above-mentioned indicators that are already included in the monitoring of progress towards health-for-all will provide a basis for assessing the situation of women and improvements over time. In addition, however, Member States may wish to use other indicators appropriate to their specific needs. Some of these, mentioned above, would better reflect the special health needs of women, as well as their roles in health and development in a given situation; as an integral part of a country's monitoring, they would add significantly to the baseline of information of particular relevance to the health status of women and, in view of women's key role in health, of the whole population.

GLOBAL HEALTH-FOR-ALL AND OTHER INDICATORS RELATING TO WOMEN, HEALTH AND DEVELOPMENT
(by United Nations geographical region)
(about 1982)

Region	WHO global indicators				Others			
	% adults literate male/female	% births attended by trained personnel	% infants low birth weight	Infant mortality rate male/female	% enrolled in school		% women aged 15-19 married	Average number of children per woman
					Aged 6-11 male/female	Aged 12-17 male/female		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
WORLD	67/54	56	16	103/92	76/64	55/46	30	3.8
Developed	98/97	98	7	24/18	94/94	84/85	8	2.0
Developing	52/32	49	18	116/104	70/53	42/28	39	4.4
AFRICA	33/15	33	14	151/129	59/43	39/24	44	6.4
Northern	44/18	30	10	128/114	70/45	42/43	34	6.2
Western	20/6	39	17	171/145	44/30	29/16	70	6.8
Eastern	29/14	26	13	142/121	55/41	33/20	32	6.6
Middle	35/9	24	16	181/153	78/54	52/26	49	6.0
Southern	55/56	66	12	109/92	82/86	74/70	2	5.2
NORTH AMERICA	99/99	100	7	16/12	99/99	95/95	11	1.8
LATIN AMERICA	76/70	65	10	90/80	78/78	58/54	16	4.5
Middle	75/67	49	12	76/67	84/83	58/46	21	5.3
Caribbean	67/66	60	12	78/68	85/87	60/59	19	3.8
Tropical South	74/67	70	9	104/92	70/72	56/54	15	4.6
Temperate South	93/91	88	7	47/41	98/98	70/73	10	2.9
ASIA	56/34	51	20	108/99	73/54	43/28	42	3.9
South-West	58/31	51	7	123/99	78/57	54/32	25	5.8
Middle South	44/17	24	31	138/135	70/44	35/17	54	5.5
South-East	75/53	52	17	105/87	71/65	43/35	24	4.7
East	97/92	94	6	57/45	99/99	85/80	2	2.3
EUROPE	96/93	97	7	25/19	95/96	81/80	7	2.0
Northern	99/99	100	6	15/11	98/98	82/83	9	1.8
Western	98/98	100	5	17/13	95/96	87/89	5	1.6
Eastern	97/92	99	8	30/21	92/91	80/81	9	2.3
Southern	93/85	93	7	31/25	97/97	73/66	7	2.3
USSR	100/100		8	35/27	99/99	72/82	10	2.4
OCEANIA	90/88		12	48/39	88/87	75/71	10	2.8

Sources: columns 1, 5 and 6 - UNESCO; columns 2 and 3 - WHO estimates; columns 4, 7 and 8 - Population Reference Bureau and United Nations Population Division.

ANNEX 2

SELECTED REFERENCES

Baasher, T. et al., ed. Traditional practices affecting the health of women and children. Female circumcision, childhood marriage, nutritional taboos, etc. Background papers to the WHO seminar. Alexandria, World Health Organization, 1982 (WHO/EMRO Technical Publication No. 2, vol. 2).

Freeman, R. Women and health - the lay compdnent (unpublished WHO document EURO ICP/MCH 018), 1982.

Health and the status of women (unpublished WHO document FHE/80.1), 1980.

Health status of women in SEAR countries and activities towards its promotion. Background paper for the thirty-seventh session of the Regional Committee (unpublished WHO document SEA/WHD/1), 1984.

Lopez, A. D. & Ruzicka, L. T., ed. Sex differentials in mortality: Trends, determinants and consequences. Papers presented at the ANU/UN/WHO meeting, Canberra, 1-7 December 1981. Canberra, Australian National University, 1983.

Mandate for change: Women, health and development in the Americas (PAHO information brochure), 1983.

Participation of women in health development (unpublished WHO document AFR/PHA/200/Rev.1), 1981.

Pizurki, B. Annoted bibliography on women in health (unpublished WHO document HMD/82.7), 1982.

Protection of working mothers: An ILO global survey (1964-1984). Women at Work, 2: 1-71 (1984).

Report of the second WHO Consultation on Women as Providers of Health Care, Geneva, 16-20 August 1982 (unpublished WHO document HMD/82.10), 1982.

Report of women, health and development activities in WHO's programmes, 1982-1983 (unpublished WHO document FHE/84.1), 1984.

Social support measures for women, health and development. Report of a meeting (unpublished WHO document) (in preparation).

Thomas, M. Investment appraisal of supportive measures to working women in developing countries. Proceedings of a joint WHO/Commonwealth Secretariat working group. London, Commonwealth Secretariat, 1984.

Traditional practices affecting the health of women and children. Female circumcision, childhood marriage, nutritional taboos, etc. Report of a seminar, Khartoum, 10-15 February 1979. Alexandria, World Health Organization, 1979 (WHO/EMRO Technical Publication No. 2).

Women and breastfeeding (WHO information brochure), 1982.

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