Keynote Speech
on
Women’s Health and Development

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Distinguished Participants; Honourable Guests; Ladies and Gentlemen;

At the outset, I would like to thank the organizers of the Conference for giving me opportunity to deliver this speech. The subject assigned for my talk is “Women’s Health and Development. The focus is on the role of women in development.

As a prerequisite for women to play such a role effectively, they first have to enjoy a proper social status. And, they have to be healthy and properly educated.

These factors are closely inter-linked. And they are part and parcel of gender equity. If there had been gender equity, women would have enjoyed a higher social status, and be healthier and better educated. With such a situation, women would have been able to participate more effectively in social and economic development.

Within the context of gender equity, WHO has always exerted special efforts to promote the development of good health for all women. Some positive results have been achieved from this endeavour. Women’s health indicators, as available, have been improved. However, a lot more needs to be done to improve the health condition of women.
The development of women’s health cannot be carried out as an independent programme, separate from others. It has to be pursued within the context of gender equity, which encompasses several social and economic dimensions. Gender equity has to be undertaken through a multisectoral and multidisciplinary approach.

There is evidence of improvement. As a part of the overall achievement in our attempts to improve the health of women. The average life expectancy of women in Asia Pacific had risen from 44 years during 1950-1955 to 70 during the period 2000-2005. Female mortality had dropped more than 40 per cent since 1960 in most countries of this Region. This is according to the recent study of UNESCAP.

Some rather simple measures, like mobile clinics and emergency transport in remote areas, had been very helpful in reducing maternal deaths. However, maternal mortality in this part of the world is still unacceptably high. This is an issue of high priority for all concerned with development.

Still, about 60 per cent of women in South-Asia have iron deficiency anaemia. Chronic energy deficiency is higher in females than males. And the nutritional status of women is always low compared to men. It is critical to enhance our efforts in areas of nutrition and maternal health in organizing services for women. School lunch programme for children and nutrition package for pregnant women will help in a big way to improve women’s health.

In many cases, women have difficulty to get access to health services. Women are often denied such access due to cultural beliefs and practices. And, it needs to be kept in mind, that women have, by nature, special health problems.
In many parts of the world, women have a heavier workload than men; yet, they consume fewer calories because of the practices that favour men. Measures to ensure equal rights of women to basic health services is crucial indeed. Healthy and educated women have a better opportunity to contribute effectively in the political arena.

While the literacy rates among women are rising, their political participation is also increasing. According to UNESCAP’s recent study in the Asia Pacific, there had been a 50 per cent increase in the number of women parliamentarians since 1997. Yet, in this Region, female enrolment in primary schools is still 26 per cent lower than that of males.

It should be kept in mind in this connection that educating a woman can contribute to the education of an entire family.

Women are the key agents for change as far as health is concerned. Countries that have high female literacy have low infant mortality and long life expectancy, and vice versa. Women tend to invest in children’s health and education.

In general, women carry a higher family burden than men. About 80 per cent of women in most parts of the world have decision making responsibility for health care in the family.

Women have a very important role to play in contributing to the achievement of the Millennium Development Goals.

It needs to be realized that female education is the best strategy that can lead ultimately to gender equity. A higher number of females in secondary education can lead to a higher proportion of women at the professional level, and vice versa.
It was found in the same UNESCAP study that barriers to employment for women cost the Asia Pacific Region 42 to 47 million US dollars annually.

For effective contribution from women to economic development, a number of measures have to be in place. Among others, an attempt has to be made to reduce discrimination against women in employment.

Harassment of women at the workplace has to be eliminated.

Fairness in wages and promotions is another aspect for ensuring women’s opportunity to effectively contribute in economic terms. The contribution that can benefit both the country and the women themselves. Being economically better off themselves, women’s health status will be improved.

As mentioned earlier, women’s health has always been a priority concern of WHO. Realizing the multisectoral and multidisciplinary nature of this issue, WHO has been working closely with other stakeholders at the political level in advocating gender equity and women’s health.

Gender-sensitive policies and gender-responsive actions have been promoted, especially in the development and implementation of national health programmes.

From time to time, the issue is discussed at the Regional Conference of Parliamentarians. Health Ministers have very often deliberated upon various challenges that can contribute to better health of women.
A number of studies have been launched by WHO to generate evidence on various aspects of gender and women’s health. This evidence has been used for advocacy, and for the development of programmes that can contribute to better health of women. In our information system development, special attention is paid to disaggregation of data by sex.

WHO is also promoting the use of these disaggregated data in planning and management of health programmes in countries.

It is WHO’s priority strategy to mainstream gender equity and women’s health in all its programme areas. This is to ensure direct benefits to women from the services provided by those programmes.

In this strategy, particular emphasis is placed on certain areas, such as nutrition, maternal health, adolescent health, and communicable disease control.

Measures have also been taken to ensure the recruitment of more women to work as WHO staff members. And, we are promoting women to take high posts in WHO.

In the South-East Asia Region, women constitute more than 30 per cent of its workforce. And women occupy 37 per cent of the posts at director level. Yet, more needs to be done to ensure gender equity in WHO’s workforce. And, we will continue our efforts in this direction.

The most recent World Health Assembly passed a resolution on integrating gender analysis and actions into the work of WHO. Among other areas concerned in this resolution, the WHO Director-General was requested to assess and address gender differences and inequality in planning, implementation, monitoring and evaluation of WHO’s work.
We have achieved substantial gains in promoting women’s health and women’s participation in social and economic development. This is to ensure more effective contribution of the work of WHO to gender equity and women’s health.

However, the gains are yet to be satisfactory. A lot more needs to be further pursued to ensure gender equity and good health for all women.

The key element in our strategy for this endeavour is political commitment. We will not be able to succeed as we wish in this mission, if political commitment is not forthcoming.

We have to work hard with parliamentarians, with several sectors and disciplines. And, very important, we have to work hard to overcome socio-cultural barriers, in order to uplift women’s social status, educational level and health condition.

The beliefs and practices that lead to the discrimination against women must be eliminated. In any circumstances, women must not be marginalized or excluded from the mainstream of social and economic development.

To a large extent, men’s attitudes and behaviours that are against women or discriminating, must also be eliminated. All males are yet to respect females as their equal gender to enjoy the same social status and privilege.

As far as WHO is concerned, I can assure the distinguished participants, that we will continue to work closely with other players to ensure gender equity. We will do our best to promote good health and a better future for all women. So that they can be proud of getting involved effectively in the process of their national development.
Finally, I wish the Fourth Central Asia Medical Women Association Conference all success. And, I wish you all an enjoyable stay in Bangkok.

Thank you.