Women health issues

States quo

Widespread and persistent inequalities

1. Disparities between women and men

While women and men share many similar health hallenges, the differences are such that the health of women deserves particular attention. Women generally live longer than men because of both biological and behavioural advantages. But in some settings, notably in parts of Asia, these advantages are overridden by gender-based discrimination so that female life expectancy at birth is lower than or equal to that of males.

 Moreover, women's longer lives are not necessarily healthy lives. There are conditions that only women experience and whose potentially negative impact only they suffer. Some of these – such as pregnancy and childbirth – are not diseases, but biological and social processes that carry health risks and require health care. Some health challenges affect both women and men, but have a greater or different impact on women and so require responses that are tailored specifically to women's needs. Other conditions affect women and men more or less equally, but women face greater difficulties in getting the health care they need. Furthermore, gender-based inequalities – for example in education, income and employment – limit the ability of girls and women to protect their health.

1. Differences between high- and low-income countries

 While there are many commonalities in the health challenges facing women around the world, there are also striking differences due to the varied conditions in which they live. At every age, women in high-income countries live longer and are less likely to suffer from ill-health and premature（过早的） mortality than those in low-income countries. In richer countries, death rates for children and young women are very low. In poorer countries, the picture is quite different: the population is on average younger, death rates among children are higher, and most female deaths occur among girls, adolescents and younger adult women. The most striking difference between rich and poor countries is in maternal mortality（死亡）. Not surprisingly, the highest burden of morbidity (发病率） and mortality – particularly in the reproductive（生殖，生育） years – is concentrated in the poorest and often the institutionally（制度上） weakest countries, particularly those facing humanitarian crises（人道危机）.

3） Inequalities within countries

 Within countries, the health of girls and women is critically affected by social and economic factors, such as access to education, household wealth and place of residence. In almost all countries, girls and women living in wealthier households have lower levels of mortality and higher use of health-care services than those living in the poorest households. Such differences are not confined to developing countries but are found in the developed world.

 Sexuality and reproduction are central to women's health

 Women's health during the reproductive or fertile years (between the ages of 15 and 49 years) is relevant not only to women themselves, but also has an impact on the health and development of the next generation. Many of the health challenges during this period are ones that only young girls and women face. For example, complications of pregnancy and childbirth are the leading cause of death in young women aged between 15 and 19 years old in developing countries. Globally, the leading cause of death among women of reproductive age is HIV/ AIDS. Girls and women are particularly vulnerable to HIV infection due to a combination of biological factors and gender-based inequalities, particularly in cultures that limit women's knowledge about HIV and their ability to protect themselves and negotiate safer sex. The most important risk factors for death and disability in this age group in low- and middle-income countries are lack of contraception（避孕） and unsafe sex. These result in unwanted pregnancies, unsafe abortions（分娩）, complications （并发症）of pregnancy and childbirth, and sexually transmitted infections（性传播感染） including HIV. Violence is an additional significant risk to women's sexual and reproductive health and can also result in mental ill-health and other chronic（慢性） health problems.

 The toll of chronic diseases, injuries and mental ill-health

While the sexual and reproductive health needs of women are generally well known, they also face other important health challenges. such as road traffic injuries. In South-East Asia, burns are the third leading cause of death. While many are the result of cooking accidents, some are homicides（杀人） or suicides, often associated with（与有关） violence by an intimate（亲密） partner.

 Suicide is among the leading causes of death for women between the ages of 20 and 59 years globally and the second leading cause of death in the low- and middle-income countries of the WHO Western Pacific Region. Mental health problems, particularly depression, are major causes of disability for women of all ages. While the causes of mental ill-health may vary from one individual to another, women's low status in society, their burden of work and the violence they experience are all contributing factors.

Societies and their health systems are failing women

 Health system shortfalls（不足） deprive（剥夺） women of health care

 The reasons why health systems fail women are often complex and related to the biases they face in society. However, these shortfalls can be understood and they can and should be challenged and changed. For example, women face higher health costs than men due to their greater use of health care yet they are more likely than their male counterparts to be poor, unemployed or else engaged in part-time work or work in the informal sector that offers no health benefits. One of the keys to improving women's health therefore, is the removal of financial barriers to health care. For instance, where there are user fees for maternal health services, households pay a substantial proportion of the cost of facility-based services, and the expense of complicated deliveries is often catastrophic. Evidence from several countries shows that removing user fees for maternal health care, especially for deliveries, can both stimulate demand and lead to increased uptake of essential services. Removing financial barriers to care must be accompanied by efforts to ensure that health services are appropriate, acceptable, of high quality and responsive to the needs of girls and women.

 Health systems depend on women as providers of health care

Paradoxically (自相矛盾）, health systems are often unresponsive（反应迟钝） to the needs of women despite the fact that women themselves are major contributors to health, through their roles as primary caregivers in the family and also as health-care providers in both the formal and informal health sectors. The backbone of the health system, women are nevertheless rarely represented in executive or management-level positions, tending to be concentrated in lower-paid jobs and exposed to greater occupational health risks. In their roles as informal health-care providers at home or the community, women are often unsupported, unrecognized and unremunerated.

 Societal failings damage women's health

Women's health is profoundly affected by the ways in which they are treated and the status they are given by society as a whole. Where women continue to be discriminated against or subjected to violence, their health suffers. Where they are excluded by law from the owner-ship of land or property or from the right to divorce, their social and physical vulnerability is increased. At its most extreme, social or cultural gender bias can lead to violent death or female infanticide. Even where progress is being made there are reasons to keep pushing for more. While there has been much progress in girls' access to education, there is still a male–female gap when it comes to secondary education, access to employment and equal pay. Meanwhile, the greater economic independence enjoyed by some women as a result of more widespread female employment may have benefits for health, but  globally, women are less well protected in the workplace, both in terms of security and working conditions.

Developing a shared agenda for women's health

Building strong leadership and a coherent institutional response

National and international responses to women's health issues tend to be fragmented （支离破碎）and limited in scope. Identifying mechanisms to foster bold, participatory leadership around a clear and coherent agenda for action will be critical to making progress. The involvement and full participation of women and women's organizations is essential. The significant advances in women's health achieved in some countries indicate that it can be done. The interventions（介入） are known and the resources are attainable.

The situation is complex due to the way women's issues are handled both within and between governments and international organizations, with multiple initiatives competing for resources. More collaboration is needed to develop supportive structures, incentives and accountability mechanisms for improving women's health.

Making health systems work for women

It is of urgent need to strengthen health systems so that they are better geared to meet women's needs – in terms of access, comprehensiveness and responsiveness. This is not just an issue in relation to sexual and reproductive health – it is relevant throughout the lifecourse（生命历程）. Progress in increasing access to the services that could make a difference to women's health is patchy and uneven. Some services, such as antenatal（产前） care, are more likely to be in place than others, such as those related to mental health, sexual violence and cervical cancer screening（宫颈癌筛查） and care. Abysmally low levels of coverage with basic interventions, such as immunization（免疫） and skilled birth attendance（熟练分娩接生）, are found in several countries, and not only in those with humanitarian crises. Exclusion from health care of those in need, particularly the poor and vulnerable, is common, and the equity gap is increasing in many countries. Approaches to extending coverage must deal with the content of benefit packages and must include a greater range of services for girls and women of all ages. They must also address the issue of financial protection, by moving away from user charges and promoting prepayment and pooling schemes.（取消用户收费，增加预付款和拼车计划）

Healthier societies: leveraging changes in public policy

Social and economic determinants of health have impact on women. Many of the main causes of women's morbidity and mortality – in both rich and poor countries – have their origins in societies' attitudes to women, which are reflected in the structures and systems that set policies, determine services and create  opportunities. While technical solutions can mitigate immediate consequences, sustainable progress will depend on more fundamental change. Public policies have the potential to influence exposure to risks, access to care and the consequences of ill-health in women and girls.

For examples: encourage girls to enrol in school and pursue their education by ensuring a safe school environment and promoting later marriage, and build “age-friendly” environments and increase opportunities for older women to contribute productively to society.

Intersectoral collaboration（部门合作） is required to identify and promote actions outside the health sector that can enhance health outcomes for women. Broader strategies, such as poverty reduction, increased access to literacy, training and education, and increased opportunities for women to participate in economic activities, will also contribute to making sustainable progress in women's health. Experience suggests that this requires a gender equality and rights-based approach that harnesses the energy of civil society and recognizes the need for political engagement（政治参与）.

Building the knowledge base and monitoring（监控） progress

Major gaps in knowledge seriously limit what we can say with real authority about the health of women in different parts of the world. While much is known about women's health, many gaps remain in our understanding of the dimensions and nature of the special challenges they face and how these can be effectively addressed.  The foundations of  better information about women and health need to be strengthened, starting with civil registration systems that generate vital statistics – including cause of death by age and by sex – and collection and use of age-and sex-disaggregated data on common problems. These data are essential for programme planning and management and without such systems, efforts to monitor changes in, for example, maternal mortality will remain thwarted. Research must systematically incorporate attention to sex and gender in design, analysis and interpretation of findings.

Conclusion

problems

1.Widespread and persistent inequities: men versus women, high income versus low income countries, the rich versus the poor people

2.serious chronic diseases

3.high mortality and morbidity

reasons

1.biologically vulnerable

2.socially less protected

3.cultural stereotype and self-identity

4.economically less powerful

solutions

1.improve education coverage and quality

2.improve protection in employment, medicare, civil rights

3.gather more information and data