

A Note on Women's Health Status

Mohammad Shahbazi^{1,*}

¹Behavioral Health Promotion and Education, School of Public Health, Jackson State University, Jackson, United States

*Corresponding author: Mohammad Shahbazi, Behavioral Health Promotion and Education, School of Public Health, Jackson State University, Jackson, United States, E-mail: mohammad.shahbazi@jsums.edu

Received 2015 August 01; Accepted 2015 August 02.

Keywords: Women's Health, Life, Mothers

The World has over 3.5 million women. Today's little girls will be tomorrow's mothers. Even the health and success of today's little boys who soon will form the other half of the World's population as men, will depend on their mothers' sociopolitical, sociocultural, economic and above all their health status in the community, society and the nation they will live in. Given that the future is often built on the past, there is a pressing need to learn about how women's status in the world has evolved over the past decades and consider their overall health conditions in conjunction. Despite the world's women 2010 report (1) about equal status of women and men in many areas including school enrolment, health and economic participation, etc. I argue that given compelling health-related data on women's poor health status all other accomplishments, even though necessary, are not sufficient to alter women's overall status in the world. I will now present some facts in support of my argument on women's overall poor health status and then conclude that unless women's health becomes a priority globally, other accomplishments would not really matter.

It is no secret that advances in prevention and treatment have contributed to remarkable gains in overall population health globally in recent decades. For example, early screening and treatment of breast and cervical cancer, reductions in maternal mortality, the human papilloma virus (HPV) vaccine to prevent cervical cancer and application of family planning techniques have saved many women's lives, but these achievements have not benefit women equally within and among the various nations. In the twenty first century, there are specific factors such as literacy level, economic status, and job opportunity, geographical/ethnic orientations-social determinants of health-that have impacts on women's health. As the figures below show many health-related issues remain unsolved and in the absence of good health for women, all other reported sociocultural and socioeconomic achievements will not lead to a healthy human society when over one half of the World's population live in unhealthy circumstances.

Females make up about fifty two percent of the world's population. Most growth in the world's population is taking place in developing countries. Approximately four and a half times as many people live in developing countries as in developed countries (that is, over 5.4 billion compared to 1.2 billion) (2). Accordingly, a discussion on women's health without close attention to this fact that most of the world's females live in developing parts of the world, will be improvident.

Life expectancy at birth (the number of years a newborn baby can expect to live) is a commonly used indicator of overall societal health. The world health organization (WHO) has established that throughout the world, females live longer than males; that is, life expectancy is 66 years for females and 62.7 for males. It is imperative to note that there are big disparities in life expectancy between countries and regions of the world. The life expectancy is highest in industrially developed nations and significantly lower in less developed countries. Despite the initial nearly equal ratio of males to females born into the world, by adulthood and thereafter by older age there emerges an unequal gender ratio as women seem to outlive men and the population ages. It is therefore important to see women's health with a perspective called "life state approach" in the literature; and that is examining the health issues women face as they progress through life (3).

Applying the life state approach, it is obvious that females' survival rate during infancy and childhood depends on where they live in the world. Some nine million children die annually around the world. In some part of the world (less developed countries/regions) 1 in 10 dies before their 5th birthdays, whereas in the developed world this figure is reduced to 1 in 143 (4).

Diseases, mostly preventable infectious, which kill babies in less developed countries are almost less likely to impact children in the developed region of the world. Surprising enough, girls are more likely to survey infancy and childhood than boys with the exceptions of China, India, Nepal and Pakistan. We do know, both from literatures

and observations, that boys in some cultures receive preferential treatment both in healthcare and feeding practices and in some countries female infanticide is common-sings of gender-based discrimination to say the least.

Another phase of the foresaid life state approach is to examine females' health status when they reach reproductive age (the riskiest stage women's life). It is a known fact that frequent pregnancies put women at risk. Such risk is greater in the absence of proper nutrition and the lack of supportive environments in general that includes access to healthcare to all other pertinent factors. For example, highest usage rates of modern contraceptive methods are in the developed region of the world. As expected, where effective methods of contraceptive (IUDs or sterilization versus less effective birth control pills) are used, the chance of unplanned pregnancies is reduced significantly. Annually some 80 million women have an unintended/unplanned pregnancy and reportedly over 60 per cent of these pregnancies is results in induced abortion, often under unsafe conditions. From all those women who die due to disparities in access to reproductive health care; ninety nine per cent of all maternal deaths take place in developing countries - yet another truth on the pervasive health disparities for women in our world in the twenty first century. On a worldwide basis there are 260 maternal deaths for every 100,000 live births, with a United Nations (UN) goal to reduce maternal mortality to 213 maternal deaths per 100,000 live births by the end of this 2015; there is still a long way to go for many countries to meet this goal (4). Even if this goal is met in the near future (as Iran, through its integrated primary health care system, has shown that it is possible), there are other areas of concerns when women's health is viewed through the life state approach spectrum.

Over 300 million new cases of preventable and curable STDs/STIs occur annually. Such diseases subject women and their fetuses to risks during pregnancy. They can cause ectopic pregnancy, miscarriage, or stillbirth during pregnancy, and congenital infection, low birth weight, and blindness in the newborn (2). It has also been reported that some STIs, including HIV and syphilis, can be transmitted from a mother to her baby during pregnancy and childbirth (5). Just to provide a broad picture of HIV advise impact, it is important to note that over 33 million people live with HIV at present and over one million women die of this and related infections. What has also altered in recent years is that more than 80% of HIV infections worldwide are contracted through heterosexual sex.

Yet, another area that impact women's health across the globe is Tuberculosis (TB). It is indeed considered a global emergency. Some 900 million females are infected with TB worldwide. It is a major infectious disease killer of

women. There is often stigma associated with the diagnosis, so that in many parts of the world, a woman with TB is less likely to seek treatment and more likely to remain unmarried or to become divorced. An additional concern is that TB has become more difficult to treat, with the emergence of multidrug-resistant forms of the disease (4).

Malaria, as a life-threatening infectious disease, is yet another area of concern when it comes to women's health. With over a million deaths annually, pregnant women are particularly vulnerable to this disease. Malaria endemic area puts women at high risk of severe anemia, the fetus miscarriage. Obviously, most of the adversely impacted women live in less developed and developing nations - yet another disparity that shows we are far from the notion that somehow creating equal schooling and job opportunities for the women would alleviate their status in the World we live in. The latter steps are essential but not sufficient. Unhealthy people will lead to unjust societies.

In addition to the foresaid health problems for women, there is yet the issue of gender-based violence. It exists in various forms across the globe and the Western world is no exception. This violence can be in the form of physical, sexual, emotional as well as economical. Some of the known risk factors for gender-based violence include: young age, military presence/occupation, war, dislocation/displacement of populations as well as cultural/customs and traditions. In fact, the United Nations Officials estimate that women between the ages of 15 and 44 are more likely to be injured or die as a result of male violence than from cancer, traffic accidents, malaria and war combined.

With the presented picture of women's health status globally, and the pervasive disparities that exist within, among and across the population; how can one be optimistic about a healthy world in the future?

In conclusion, yes there have been significant gains in women's health, and advances in prevention and treatment of women's diseases in recent decades. Screening and treatment of breast and cervical cancers, reduction in maternal mortality, introduction and implementation of family planning techniques all have saved women's life. However, women have not benefited from these accomplishments equally. The women in the so-called developed world have benefited more from the available services, but even there access-related disparities exist. And in less developed and developing countries, the foresaid services if facilitated or provided by outsiders (philanthropist, foreign-based nongovernmental agencies, etc.) often are not unsustainable because of their political nature. Historically, the Western world has politicized this process (that is, aids assistances to economically poor countries) by projecting their own cultures and cultural

values as superior to the host countries' traditional customs and values. I see this as the western sociocultural- and socioeconomic-imperialistic approach in nature. Cultural imperialistic approach must be replaced with cultural relativistic approach or concept so that sustainable local solutions for women's health can be planned, designed, implemented, and evaluated.

References

1. United Nations Statistics Division . The World's Women 2010 Available from: <http://unstats.un.org/unsd/demographic/products/Worldswomen/WW2010pub.htm>.
2. Spielberg LA. Global Perspective on Women's Health in collaboration with the Global Health 2011. Available from: www.globalhealtheducation.org.
3. WHO . World Health Organization. Non-Communicable Disease and Mental Health Cluster. Health Promotion, Non-Communicable Disease Prevention and Surveillance Department [2000]. <http://www.who.int/ageing/publications/lifecoursehttp://www.who.int/ageing/publications/lifecourse>. Accessed 8/22/2015.
4. WHO . Maternal Mortality Trends 1999-2008. World Health Organization; 2010.
5. CAPRISA 004 Tenofovir Gel Trial. XVIII International AIDS Conference. 2010; Vienna, Austria. .