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## **International Women’s Health and Human Rights**

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### **INTRODUCTION**

**World Health Organization (WHO)** defines **Health** as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. **Gender** is an essential consideration in development. It is a way of looking at how social norms and power structures impact the lives and opportunities available to different groups of men and women. Globally more women than men live in poverty and are also less likely than men to receive primary education and to be appointed to a political position nationally or internationally. The relationship between gender and health is complex. Even though women live longer than men in almost every country worldwide, women tend to be sicker than men. While biological sex differences are likely to have a role in health disparities, cross-national, historical, and life course variations show that societal variables also play a role. During the nineteenth-century industrial revolution, gender equality in Western countries was first identified. Women were portrayed as having worse mental states than men as “dominant conceptions of mental illness were feminized.” According to Hill and Needham, nineteenth-century medicine thought women were cognitively and physically inferior to males. Many middle and upper-class women experiencing weariness, irritation, or worry were labeled “hysteria” or “neurasthenia.” In fact, such ailments were blamed on the female reproductive system, and disease was thought to be women's natural state. The female gonadal cycle has been ancestrally linked to instability and mutability, namely the moon cycle, and the menstruation has been considered as impure, even as malignant, thus generating a series of discourses about women with certain stages of their menstrual cycle or its definite cessation during menopause which rendered women unbalanced or deranged. The idea that women have poorer mental health than males has persisted for much of the twentieth century. It is based on the fact that women suffer from greater depression and anxiety than men. However, significant modifications in what constitutes mental disease and epidemiological research conducted in recent decades have cast doubt on this view. Substance abuse and personality problems are now included in the definition of mental disorders, which were not previously considered. Both are more common in males than females, and as a result, the rates of men’s and women’s mental illnesses have become more similar. While there is evidence that men and women have different rates of particular mental diseases, gender variations in total psychopathology rates are less clear. Anxiety disorders are the most common 12-month disorders in the population, followed by mood disorders, impulse control disorders, and substance use



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disorders. However, severity differs from the prevalence, and while anxiety disorders are the most frequent mental disorder, the proportion of significant cases is lower than for other diseases.

### **HISTORY OF WOMEN'S HEALTH**

In ancient times, women's health was bad, especially in poor countries. Their conditions were so poor that they were not even allowed to make or take any decisions regarding their bodies. So, through the 1960s and 1970s in the United States, the Women's Health Movement (WHM) arose to improve women's health care. Despite losses in reproductive rights in the 1980s, the WHM achieved great progress in women's health policy at the federal level throughout the 1980s and 1990s. The WHM became a political powerhouse for the movement's accomplishments in bettering women's health. In 1995, the Beijing Declaration and Platform for Action was launched at the Fourth World Conference on Women to advance the goals of equality, development, and peace for all women everywhere in the interest of all humanity.

### **IMPORTANCE**

Health needs and services for various populations have come to the forefront as states work to make their systems more efficient and consider covering additional people under federal health reform implementation. Women, who are key in maintaining healthy families, access the health system more than men, both for themselves and on behalf of their children. Many women become pregnant and give birth, which is a major health event, and then become their child's primary caregiver, a role that has a big impact on family health. Women are more affected by an elder and long-term care concerns than males because they live longer, have higher rates of disability and chronic health problems, and have lower earnings on average, putting them in greater need of government assistance. Women require more medical attention and have more access to the healthcare system than males. While this is partly due to their reproductive and sexual health demands, they also have more chronic non-reproductive health concerns, including cardiovascular disease, cancer, mental illness, diabetes, and osteoporosis. Another essential point to consider is that events occur over a person's whole life cycle (or life course).

### **CHALLENGES**

A woman's health reflects her biology and socio-cultural, economic, and physical environments. These factors affect both the duration and the quality of her life. As a result of biological and gender-related distinctions, being a man or a woman has a major influence on health. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. For example, women and girls face increased vulnerability to HIV/AIDS. For example, women in India have to face numerous health issues that ultimately affect the aggregate economy's output, such as malnutrition, lack of maternal

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health, diseases like AIDS, breast cancer, domestic violence, and many more. Some of the sociocultural factors that prevent women and girls from benefiting from quality health services and attaining the best possible level of health include

- unequal power relationships between men and women;
- social norms that decrease education and paid employment opportunities;
- an exclusive focus on women's reproductive roles; and
- the potential or actual experience of physical, sexual, and emotional violence.

While poverty is an important barrier to positive health outcomes for both men and women, poverty tends to yield a higher burden on women's and girls' health due to, for example, feeding practices (malnutrition) and the use of unsafe cooking fuels.

Gender-based violence (GBV) poses a severe threat to the health and well-being of women. GBV is a kind of violence perpetrated against a person based on his or her biological sex, gender identity, or perceived adherence to socially defined masculinity and femininity ideals. GBV can manifest itself in a variety of ways. "Female infanticide, child sexual abuse, sex trafficking, and coercion are examples of violence. Empowerment within the healthcare system is still a major challenge for women worldwide. Gender disparities in health systems and services are well-known and can contribute to variations in life expectancy, disability, and quality of life. A major challenge in women's healthcare is access to care. Even when women are free to live their lives without fear of violence and are treated with the respect they deserve, they may still lack access to healthcare. While not exclusively a female problem, women are disproportionately affected in medically deprived areas. Income inequality can also influence access since women may be unable to purchase healthcare services or lack the authority to spend household resources on their health.

### **Condition of Women around the Globe**

#### **INDIA**

The condition of women has undergone a great change in times. They enjoyed more freedom than they do today. Women were educated and took parting all religious ceremonies. There was no bar in studying Vedas. However, today, women have been discriminated against and excluded from political and familial matters. Despite the enormous amount of labor that women must perform daily to support their families, their voices are rarely heard, and their rights are severely restricted.

#### **BANGLADESH**

Bangladesh has a significant history of women organizing movements to claim their rights. Over the years, women's groups have mobilized themselves and made sure their voices are heard on various issues, starting from violence against women, gender equality in securing economic



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opportunities and participation, equal representation in politics, reproductive rights, family law reforms, and gender mainstreaming in public policies. The rates of violence against women remain high. Almost two out of three ever-married women in Bangladesh have experienced some form of partner violence in their lifetime. Women are also discriminated against in family life. In Bangladesh, marriage, divorce, custody of children, maintenance, and inheritance are subject to religious law, and these 'personal laws' often discriminate against women.

### **AFGHANISTAN**

Afghanistan's women have suffered disproportionately from decades of economic and political turmoil. Women had very little to no freedom, specifically regarding civil liberties.

Banned from speaking out to an audience

### **SAUDI ARABIA**

Women have been oppressed for practically as long as Saudi Arabia has existed. A woman's father, spouse, and sons can all exert power over her. Even though some women's rights have been eliminated in Saudi Arabia, others remain. Separation exists between males and women as well. When women go out in public, they must wear a burqa covering most of their bodies. Men and women must sit on opposite sides of the restaurant during dining.

### **KYRGYZSTAN**

According to studies, one out of every three marriages in rural Kyrgyzstan, which is home to more than 60% of the country's population, begins with abduction. The victim or her family agrees to marry rather than face the reputation of being a "used" lady since being abducted is so humiliating. Grooms have used rape or other forms of physical violence to get women to consent to marriage. Bride abduction is still seen as a harmless practice by many Kyrgyz people, especially those in older generations.

### **AFRICAN COUNTRIES**

Women perform 60% of the work in the world but only receive 10% of the money and own 1% of the land. In Africa, 70% of women are financially disadvantaged. There is a US\$42 billion funding disparity between males and women on the continent. Most women work in insecure, poorly paid jobs with few opportunities for advancement. Democratic elections are increasing, and a record number of women have successfully contested for seats. But electoral-related violence is a growing concern.

### **Rights**

Rights are the fundamental conditions of social existence without which no one may achieve his or her full potential. These are the prerequisites for both the individual's and society's health. People can only develop their personalities and contribute to society when they have and enjoy rights. Human rights are the fundamental rights and liberties that every individual in the world

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has from birth to death. They apply to everyone, regardless of where they come from, their beliefs, or how they live. They can never be taken away, but they can be limited in some circumstances, like when someone breaches the law or is in the interests of national security. These fundamental rights are founded on common ideals such as dignity, justice, equality, respect, and autonomy. These ideals are legally defined and protected. All of us are aware of the fact that women did not have any kind of rights. Women's Right is gradually evolved. In 1848 in New York, USA, Elizabeth Cady Stanton and Lucretia Mott, with a few hundred people, demanded civil, social, political, and religious rights for women in a Declaration of Sentiments and Resolutions.

**Feminism**, used in 1837 in France by Charles Fourier, is a movement advocating for women's social, political, legal, and economic rights equal to those of men.

In 1893, New Zealand became the first nation to give women voting rights.

On March 8, 1911, millions of people across Denmark, Austria, Germany, and Switzerland gathered for women's suffrage and labor rights.

In 1945, the United Nations was formed to foster international cooperation.

### **SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

Women's sexual and reproductive health is linked to several human rights, including the right to life, the right to be free of torture, the right to health, the right to privacy, the right to education, and the ban of child marriage of prejudice and discrimination. The Committee on Economic, Social, and Cultural Rights and the Committee on the Elimination of Discrimination Against Women have said emphatically that a woman's right to health encompasses her sexual and reproductive health. This means states must respect, defend, and fulfill women's reproductive and sexual health rights. Women have a right to reproductive health-care services, products, and facilities that are: (a) available in sufficient numbers; (b) physically and economically accessible; (c) accessible without discrimination; and (d) of excellent quality, according to the Special Rapporteur on the right to health. Despite these commitments, women's sexual and reproductive health rights are frequently violated. These can take various forms, including denying access to services only women require, providing substandard services, requiring third-party authorization, or performing procedures without the woman's consent, such as forced sterilization, forced virginity examinations, and forced abortion. When women are subjected to female genital mutilation and early marriage, their sexual and reproductive health rights are jeopardized. Women's sexual and reproductive health rights violations are frequently firmly rooted in cultural attitudes about women's sexuality. Women are frequently valued based on their capacity to reproduce, thanks to patriarchal conceptions of women's responsibilities within the family. Early marriage and pregnancy, or many pregnancies spaced too closely together, frequently due to a desire to have male kids due to a preference for boys, have a catastrophic effect on women's health, with sometimes deadly effects. Women are frequently blamed for infertility, and as a result, they are shunned and subjected to severe human rights violations. "Women's human rights

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include their right to have control over and decide freely and responsibly on matters relating to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence," according to the Beijing Platform for Action. In its general recommendation No. 24 (1999) on women and health, the Committee for the Elimination of Discrimination Against Women advises that states emphasize "unwanted pregnancy prevention via family planning and sex education." The Committee on Economic, Social, and Cultural Rights explained in its general comment No. 14 (2000) on the right to the highest attainable standard of health that providing maternal health services is comparable to a core obligation that cannot be waived under any circumstances, and that States Parties have an immediate obligation to take deliberate, concrete, and targeted steps toward fulfilling the right to health in the context of pregnancy and childbirth. The lack of knowledge about contraception directly influences women's freedom to choose the number and spacing of their children and their right to health. To make an informed decision about safe and reliable contraceptive measures, women must have information about contraceptive measures and their use, as well as guaranteed access to sex education and family planning services, as provided in article 10 (h) of the Convention," according to the Committee on the Elimination of Discrimination Against Women in its general recommendation No. 21 (1994). Such data should be scientifically correct and devoid of bias.

## **CONCLUSION**

A crucial component of reducing prejudice against women is ensuring that women have access to services that are exclusively required by women. Assuring women's sexual and reproductive health rights requires guaranteeing the availability, accessibility, quality, and acceptance of these services and medications. Regarding medication availability, the WHO's Model List of Essential Medicines now includes contemporary methods of contraception, including emergency contraception. Recognizing that, in certain cases, access to medications for sexual and reproductive health might be restricted for political, cultural, or legal reasons rather than medical reasons. To protect women's sexual and reproductive health rights, their ability to make decisions about their bodies must be recognized. Human rights organizations have frequently challenged third-party consent requirements for access to specific services as violating women's rights. In developing nations, complications during pregnancy and delivery are a significant cause of mortality and disability among women of reproductive age. There is no single cause of death and disability for males aged 15 to 44 that comes close to maternal mortality. International human rights law requires states to respect, defend, and fulfill human rights related to maternal health, pregnancy, and delivery. When women die in childbirth due to avoidable causes, the state must fulfill several human rights duties. During and after a crisis, violence against women might be regarded as a continuation of the prejudice women face daily. Conflict exacerbates sex-based discrimination and puts women and girls at greater risk of sexual, physical, and psychological abuse. In peace and war, the fundamental causes of violence are the same: historically uneven power relations between men and women, systematic or structural reasons including gender-



based discrimination, and a patriarchal value system. Furthermore, war leads to an acceptance of increased levels of violence, and post-conflict inequities that existed before the conflict are exacerbated. As a result, the conclusion of a conflict does not necessarily mean the end of violence against women and girls. Women still suffer from the medical, physical, psychological, and social repercussions of war violence long after the conflict ends. In hostilities and their aftermath, the shame associated with sexual assault is ever-present. The availability of small weapons, the disintegration of social and familial institutions, and the "normalization" of sexual assault as an extra aspect of pre-existing discrimination all contribute to increased violence against women and girls in post-conflict nations. Women's susceptibility to social and economic deprivation increases in war and post-conflict settings. Conflict exacerbates gender-based discrimination and is followed by the loss of livelihoods and the collapse of family and community institutions. 81 Former female fighters may face prejudice since certain disarmament, demobilization, reintegration programs, and other forms of support for former combatants do not include women. Women and children comprise the majority of world refugees and internally displaced individuals, who are particularly vulnerable to gender-based violence and risks to their physical safety, as well as discrimination in obtaining food, water, shelter, education, sufficient medical treatment, and sanitation. To ensure women's access to justice, processes must be in place to provide non-discriminatory access to justice and effective access to remedies when their rights are infringed. International human rights legislation protects these rights, notably the International Covenant on Civil and Political Rights paragraphs 2.3 (right to a remedy) and 26 (equality before the law). Women's rights concerns have received minimal attention in certain nations and have traditionally been addressed informally through alternative or local procedures. There may be parallel legal regimes that are not sanctioned by the state or multiple, i.e., mixing informal (e.g., traditional, religious, or customary) and formal justice processes.

Some good practices that have increased women's access to justice have been so-called one-stop shops. They combine services and provide women, and victims with everything they need in one spot, from health care and counseling to legal help and evidence gathering, lowering obstacles and costs. Women's access to justice can also be increased by using spec counseling mobile courts. These courts can successfully address issues such as gender-based violence by bringing justice closer to victims, particularly women in rural regions. Increased representation of women within the police and the judicial system, as well as mainstreaming gender within the judiciary, can also improve their responsiveness to gender issues and make it easier for women to seek assistance or report their cases. I have gained a deeper understanding of the issues of Women's poor experiences/treatment in poorer countries. It is great to see various efforts being made by different groups of people to amend such injustice and make the world a better place for women.

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