Women's Human Rights and Health in Developing Countries

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The improvements in development in Latin America and the Caribbean observed from the 1950s through the early 1970s have started to decline. Principal factors include growing external debt, the world trade imbalance due to the increase in the price of oil and manufactured products and the decrease of primary products. This deterioration of socioeconomic conditions has increasingly and primarily affected women.

Recognition of women's status improved alongside restitution of democratic governments in Latin America. Recognition of human rights norms improved as the economic crises deepened.

The rise of democratic governments and the renewal of respect for human rights created a friendly context for improving women's rights in the 1980s. Many advances occurred through legal and constitutional reforms and through the development of a strong women's movement. Feminist women even attained governmental and parliamentarian positions and contributed to changes in some countries.

Yet, from the beginning of the 1990s, due primarily to the globalization of the world economy, new patterns of consumption and production also emerged. In developing countries, structural adjustment programs were applied which led to increasing inequalities, unemployment and social exclusion. The gap between rich and poor widened within and among nations. In 1995, 20 percent of the richest people in the world held 85 percent of the global income, while the poorest 20 percent of people had only 1.4 percent according to the United Nations Development Program (UNDP) Report on Human Development. Imbalances and inequities

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among poor and rich in the world have particularly and severely affected women as well as children.

Despite a high per capita income in many countries and advances in medicine throughout this century, millions of people still die each year from avoidable and curable diseases. The application of free market concepts to health services, including the privatization of those services in Latin America countries and other developing countries, has increased the gap in access to health care between rich and poor. As poverty increased, especially among women, newly formed health policies meant that no health care—or only very insufficient care at best—was available to most women. Systems based on solidarity were replaced by notions of individual responsibility.

In terms of women's health needs and human rights, the situation in developing countries continues to deteriorate. We know that no fully literate and healthy people is poor and no illiterate population in ill health is other than poor. As poverty increases among women, disease and death also increase. A study in five countries in Latin America (Argentina, Bolivia, Brazil, Mexico and Peru) established the impact of structural adjustment policies on women's health, fertility and socio-economic status.[1]

In recent UN Conferences and documents women's human rights has been clearly recognized and defined. Now they can be better understood and evaluated in terms of the concrete reality of women's lives. Full enjoyment of women's sexual and reproductive rights goes far beyond individual responsibilities. Social responsibilities surpass even national boundaries and require global strategies and responses, and the establishment of international cooperation mechanisms. Despite recent advances, abuses and violations of women's rights continue and will continue unless special actions and measures are adopted.

The UNDP Human Development Report of 1995 compared men and women with respect to the percentage in the economically active population, income and access to parliament and governmental high positions. UNDP calculated the Gender-Related-Development (GDI) and the Gender-Empowerment-Measure (GEM) indices. In developing countries those indices were lower than their Human Development Index

(HDI). Latin America, the Arabian States and Asia in particular, exhibited high differences. These three regions have relatively better mean values of human development than Africa and countries less advanced, in which the gender gap is not as wide.

The reproductive health needs of women are key aspects of their well-being and the realization of their human rights. Full enjoyment of sexual and reproductive rights for women is impossible in poor populations. The 1996 UNICEF Report on the Progress of Nations focused on health, nutrition, education and women's empowerment worldwide and presented clear evidence of reproductive rights differences.[2] According to that report, differences in maternal mortality rates between industrialized and developing countries had widened. In North America, Canada has the lowest rate of maternal mortality but within all Latin America and the Caribbean mortality figures ranged between 9- and 180-fold. In Europe, the range of variation is one to ten, including Eastern European countries with an average of a 5-fold difference. Since 80 percent of maternal deaths in developing countries are avoidable, these high rates are even less acceptable. In many countries, unsafe abortions and the inadequate quality of pre-and postnatal health services are the principal causes of death.

Sexual and reproductive self-determination of women was recognized as a human right through the UN Conferences in Vienna, Cairo, Copenhagen and Beijing. But in developing countries, reproductive self-determination is a goal still unfulfilled. Poverty, religious fundamentalism, lack of health care, and women's subordination in the family and in society, are factors limiting women's reproductive self-determination.

Abuses and violations of women's sexual rights include: denial of information; discrimination and stigmatization of sexual practices and orientations; insufficient public health services to care for pregnancies and deliveries; or to prevent and treat sexually transmitted diseases and HIV/AIDS infections. Governments and societies do not respect nor recognize these rights in many countries. Major contradictions remain worldwide between norms adopted internationally and practices tolerated at the national level. HIV/AIDS emerged as a new women's health problem and is related to

sexual and reproductive rights worldwide. The silence and indifference about HIV/AIDS among women is an expression of gender inequity and public health indifference. Morbidity and mortality rates among women and children have increased as result of HIV/AIDS. Vulnerability to HIV/AIDS cannot be attributed only to individual behavior, but has much more to do with social conditions and the responsibilities of societies and governments.

While respecting cultural pluralism, we should not tolerate cultural and religious practices which violate women's rights. Violations of women's human rights have not been fully dealt with by the overall mechanisms for human rights reporting. Given the importance and consequences of sexual and reproductive rights for women's lives, it is necessary to call for methods of acting including the creation of new regional and international monitoring committees. Those committees should have the capacity to seek out and condemn countries where abuses or violations occur.

At the national level, it is very important to strengthen governmental action and nongovernmental women's groups to advocate and jointly evaluate fulfillment of sexual and reproductive rights. It is also important to improve women's education through the formal and informal educational systems, which will also help avoid gender stereotypes. Poverty can not be eradicated only through programs against poverty; we need to change the approach to development. In order to ensure equity in the access of all women to resources, opportunities and services will require democratic participation by men *and* women, and worldwide changes in the consumption and production patterns.

Social rights are inevitably linked to the existence of democratic institutions. Social exclusion is incompatible with citizenship and democracy. We must change current development models and orientations to ensure democracy, as a way to ensure full enjoyment of women's rights. This can not be possible if industrialized countries do not understand the need for change.

It is necessary to develop a new economic order subordinate to human development with special attention to gender equity. Access to education and minimal health standards must be ensured everywhere as well as access to work and

income. Solidarity among and within countries needs to be reinstated. That implies a radical change of the actual principles based on what Galbraith calls "the culture of contentment. " Developing countries need solidarity—not charity.

From the point of view of health care, overconsumption does not ensure better quality. Many health problems are consequences of overconsumption or excessive care interventions. Yet, underconsumption also contributes to suffering and deaths. A balance of health consumption and resources is necessary not only for economic reasons, but for human well-being. For example, childbirth deliveries with inadequate health care due to insufficient health services in public hospitals or to excessive access to technology and resources in private hospitals, have similar negative impacts on women's health. Nutritional diseases—obesity and malnutrition—are good examples of over- and underconsumption problems associated with illness and economic status. Poverty increases the risk of malnutrition deficiencies in young women. Anemias and other nutritional deficiencies are often observed in poor young women in developing countries. For example, in Rosario, Argentina, 40 percent of the women who delivered in public hospitals gained 5.5 kilos or less during pregnancy, while in private hospitals less than one percent of pregnant women gained so little weight. That difference was associated with economic differences among the women.

In developing countries malnutrition, diarrhea and acute respiratory diseases are the principal causes of morbidity and death in infants and young girls.[3] Cultural norms often make it difficult for girls to have equal access to food. In Argentina in the last five years, an increase in deaths due to nutritional deficiencies were registered among girls one to four years old. Those diseases and deaths could have been avoided and prevented. Women's inequity based on cultural values is a violation of human rights and must be denounced.

UNICEF has prepared an analysis of the commitments made by governments to realize the rights contained in the UN Convention on the Rights of the Child, including the rights to food, health and education. All European countries, including those with lower national incomes, had better indices than other regions, such as Latin America and the Caribbean. In those areas, countries like Argentina and Brazil

with relatively high national incomes, had worse situations than countries with lower national incomes such as Cuba and Jamaica. Those differences show inequities and a wider gap among rich and poor in Argentina and Brazil, in that economic growth does not ensure equity in the distribution of resources. In addition, in those countries, social policies did not include or attend to vulnerable groups.

Recently, as a consequence of structural adjustment programs, inequities are widening in many developing countries, worsening especially the quality of life of women and children. Employment, income and resource distribution among citizens may well seem to be principally a national problem, but the international community must not ignore it. Internationally, only macroeconomic data are used to evaluate the status of countries. Social and gender inequities, as well as other human development dimensions are not considered. It is necessary to establish an international policy with emphasis on human development goals to ensure changes at the national level. Also, it is necessary to create strong regional and international committees to monitor human development. These committees must have the right to condemn or praise countries that fail or succeed in their commitment to protect and ensure human development.

To evaluate women's needs, it is necessary to develop new indices to measure country responses in terms of health needs, care and education. The Gender-Related-Development Index and the Gender-Empowerment-Measure used by UNDP are useful, and yet, it is necessary to develop others which specifically consider sexual and reproductive rights.

When and how deep such changes will be depends on political will. I believe improvement in women's political participation and access to decision-making positions could help accelerate these changes. An increase in North-South solidarity and political links among human rights, health and social scientists and advocates is a must if we are to move ahead.

Notes

1. "Fertility, Poverty and Health in Latin America," study coordinated by Elza Berquó, CEBRAP-Brasil; "The Argentinean Case" by Mabel Bianco, UNFPA/FEIM. Buenos Aires, Argentina, November 1996.
2. The United Nations Children's Fund, "The Progress of Nations," (Oxfordshire, UK: UNICEF and P&LA, 1996).
3. Annual Report, UNICEF, New York 1996.

Suggested Readings

M. Bianco, *Fertility, Poverty and Health in Latin America, the Argentinean Case* (Buenos Aires: UNFPA/FEIM, November 1995).

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