Int J Public Health 52 (2007) S1–S2
1661-8556/07/0100S1-2
DOI 10.1007/s00038-006-6045-y

Editorial

Women's Health and Equity Indicators

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For too long, women's health as a public health concern, has been perceived as synonymous with women's reproductive health. Monitoring of women's health was limited to a few indicators focused on childbearing and delivery, an approach that failed to consider the health of women beyond reproductive age. Research on gender-specific medicine made the case that little was yet known about women's health and that more information should be collected. Gender health difference is not sex difference. Men and women engage in different daily activities and risk-taking behaviours related to their roles. Evidence suggests that gender factors may influence women's risk of disease as shown by higher rates of smoking particularly among young females[1]. Women are also the fastest-growing risk group for HIV/AIDS, yet this is mostly an invisible epidemic among women.[2] Similarly, the expectations that come with being male have a significant effect on men's health. Men tend to be more disposed to risk-taking behaviours – violence, unsafe sex, heavy drinking – that can lead to illness and/or premature death. While it is generally true that in most societies women live longer than men, it is also the case that women tend to be more affected by long-term and chronic illness, which significantly affects life quality[3].

Evidence shows that women's access to resources and empowerment is limited. Consequently, poverty, a key determinant of health, is more common in women and is associated with many of the leading causes of sickness, disability and death (Grant 2002). Health status is directly related to social status (Child and Family Canada 1997)[4] and health disparities therefore exist between different groups in society, whether defined by gender, ethnicity, age, religion or economic status[5]. Reducing these inequities requires understanding of the relationship between gender equity and socioeconomic inequality and how these affect women's health at the macro and micro levels[6]. Achieving gender equity in health means eliminating unnecessary, avoidable and unjust barriers stemming from the social construction of gender, and providing women and men with the same opportunities necessary to have and sustain good health. It does not mean achieving the same rate of morbidity and mortality for men and women but a fair distribution of responsibilities, power and resources for women and men including placing a value on work done at home.

The WHO Centre for Health Development (WHO Kobe Centre – WKC) held a series of international meetings to discuss and address issues related to gender and women's health. The Awaji Statement called for "governments to shift from a focus on health care policy to healthy public policy (…) from narrow indicators of morbidity and efficiency to broader indicators of equity and well-being" (WKC 2000). The subsequent Canberra Communiqué (WKC 2001) suggested strengthening health information through systematic sex-disaggregated data and analysis.

In 2002, WKC issued the Kobe Plan of Action for Women and Health with four priority research areas (WKC 2002). One of the priorities suggested conducting "comparative analysis of gender equity/equality indicators used by international agencies" (WKC 2002). The work required examining indicators used by international agencies, their rationale, methods of collection and use as well as technical quality in relation

[1] http://www.paho.org/English/AD/GE/GenderEquityinHealth.pdf
[2] ibid.
[3] ibid.
[4] http://www.cfc-efc.ca/docs/cpha/00001070.htm
[5] Disparities are defined as inequities – that is, they are unjust, unfair and unnecessary
[6] PAHO http://www.paho.org/English/AD/GE/GenderEquityinHealth.pdf)

to relevance and sensitivity for gender equity. The outcome drew attention to the weaknesses of the current health information systems; pointed out that collected indicators are too many, largely disease-based and not systematically sex-disaggregated and analyzed. The work recommended looking at upstream indicators (WHO 2003).

The WHO Commission on Social Determinants of Health reemphasizes the need to look beyond disease. It urges governments to adopt a more holistic approach to health by looking at gradients and social causes of illness. This implies understanding why one group has a higher rate of disease than another (Marmot 2005). Understanding the variations among individuals and groups of people would provide a platform for acting on the root causes of ill-health. As such, the use of gender-sensitive leading health indicators that are usable for a range of socioeconomic settings and health systems represent a powerful instrument for decision-making. Gender-sensitive indicators provide grounds for assessing and comparing the gender equity situation of a country in relation to other countries (Beck 1999). They include social dimensions and provide a valid platform for addressing the equity gaps between men and women through gender-based analysis. Gender-sensitive indicators provide information on the impact of policies and programs, as well as solid grounds for assessing and comparing the gender equity situation of a country in relation to other countries. They play the role of watchdog for progress or setbacks and should be an integral component of poverty reduction strategies.

This supplement is a collation of articles, opinion pieces and work done on gender and health indicators and intends to tackle measurement issues for better health equity between men and women.

Acknowledgement

The author would like to thank the following people for their invaluable contributions: Dr K. Havemann, Dr V. Lin and Ms H. L'Orange

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