

**DRAFT SYLLABUS: CHECK BACK AUGUST 15 FOR  
FINAL SYLLABUS**

**Gender, Women, and Health  
Women's and International Studies 4175 and Nursing 4175 ,  
WMST AND INST 5175  
Fall 2009**

Credits: 3

University Studies: CS and G designations

Meeting time: Mondays 3:10 – 6:15 PM  
Note: No class during two Mondays in October (to be announced) and Nov. 23 when I will be out of the country (extra time has been built into class meetings)

Location: History 156

Prerequisites: *Upper division standing* or permission of professor

Professor: Susan McKay, Ph.D.  
Professor of Women's and International Studies  
Ross Hall, 119

Office Hours: Mondays and Tuesdays 1:30 to 3:00 PM

E-mail: [McKay@uwyo.edu](mailto:McKay@uwyo.edu) (e-mail is the fastest way to contact me)

Website [www.uwyo.edu/mckay](http://www.uwyo.edu/mckay)

Phone 307 766 2180

Mailbox: Ross Hall first floor, mailroom at far West end of the hall. You can also give papers to Wendy Perkins in Room 100 (Women's Studies office).

## **COURSE DESCRIPTION**

This overview course looks broadly at gender, women and health from a global perspective. Framed by human rights and feminist perspectives, we examine how gender inequality affects women's health and related socio-cultural, political-legal, economic, environmental, and social justice factors. We focus upon critical influences upon women's health such as power inequities, poverty, unequal access to education, food and health care, and violence against women. Throughout the course, we examine how women's organizations, from international to grassroots levels, are working to improve women's health through policy and programmatic initiatives and advocacy.

## **OBJECTIVES**

*Undergraduate and graduate students will:*

1. Examine the relationship between patriarchal structures and women's status and health.
2. Analyze medical care and research in terms of their gender bias and effects upon women's health.
3. Gain familiarity with critical health issues affecting women globally, particularly in low and middle income countries.
3. Describe contemporary global initiatives to improve women's health status.
4. Research and analyze an international women's health care issue considering socio-cultural, political/legal, environmental, social justice, and health care factors affecting women's ability to improve health status.
5. Contrast women's health issues in high, middle, and low income countries.

*Graduate students* will read an additional book on gender, women and health (selected in consultation with the professor to align with the student's specific interests) and will submit weekly response papers (criteria will be provided by the third day of class). Graduate students will meet weekly with other graduate students and the professor to discuss their readings and response papers. Their final course grade will be identical to the course theory grade UNLESS a student receives a "U" for their fulfillment of the graduate requirements in which case their theory grade will be reduced by one letter. Therefore, if the grade for theory is B and the student received an unsatisfactory for the graduate student requirement, a C is assigned for the course.

## **REQUIRED TEXTBOOKS/MATERIALS**

Hosseini, K. (2007). *A thousand splendid suns*. NY: Riverhead Books.

Murray, A. F. (2008). *From outrage to courage: Women taking action for health and justice*. Monroe: ME: Common Courage Press.

Murthy, P., & Smith, C. (2010). Women's global health and human rights. Boston: Jones and Bartlett.

Sen, G., & Ostlin, P. (2007/September). Unequal, unfair, ineffective and inefficient: Gender inequity in health, why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health, September 2007. Stockholm: Karolinska Institute. (Posted in PDF format on the course website at [www.uwyo.edu/mckay](http://www.uwyo.edu/mckay))

Taylor, D. (1991). The children who sleep by the river. London: Allison and Busby.

A world atlas which can be purchased at the bookstore for about \$5. Please bring this to class each day.

Occasional brief required readings (such as media articles) will be distributed in class and/or posted on the course website at [www.uwyo.edu/mckay](http://www.uwyo.edu/mckay)

## **Web Sites:**

American Public Health Association, International Health Section: <http://www.apha-ih.org> (for reference)

Center for Disease Control <http://www.cdc.gov/> (see among other documents Morbidity and Mortality Weekly) (for reference and statistical data) and also <http://www.cdc.gov/ogh> for the Office of Global Health

Center for Infectious Disease Research and Policy: <http://www.cidrap.umn.edu>

Global Atlas of Infectious Disease: <http://gamapserver.who.int/GlobalAtlas/home.asp>

Global Health Facts: <http://www.globalhealthfacts.org/>

Global Health Reporting: <http://globalhealthreporting.org/index.asp>

Global Health.gov: <http://www.globalhealth.gov/index.html>

Health Situation in the Americas: Basic Indicators: <http://www.paho.org/English/DD/AIS/BI-brochure-2006.pdf>

Partners in Information Access for the Public Health Workforce: <http://phpartners.org/>

United Nations [UN] Millennium Development Goals Report 2007  
<http://www.un.org/millenniumgoals/pdf/mdg2007.pdf> (for reference and statistical data)

United Nations Children's Fund [UNICEF] State of the World's Children 2007  
<http://www.unicef.org/sowc07/report/report.php> (for reference and statistical data)

UN Nations Statistical Databases: <http://unstats.un.org/unsd/databases.html>

UNICEF Information by Country: <http://unicef.org/infobycountry/index.html>

World Bank: <http://www.worldbank.org> (for reference and statistical data)

World Health Organization [WHO] (2007). The World Health Report 2007. Geneva: WHO.  
Available: <http://www.who.int/whr/en/> (for reference and statistical data)

WHO Data and Statistics: <http://www/who.int/research/en/>

WHO regions: <http://www.who.int/about/regions/en/index.html> (for reference and statistical data)

WHO/int/gender/en/ (WHO Dept. of Gender, Women and Health)

Other useful sites: <http://www.nationmaster.com/index.php>  
<http://www/gapminder.org>  
[www.pbs.org/wgbh/rxforsurvival/series/atlas/index.html](http://www.pbs.org/wgbh/rxforsurvival/series/atlas/index.html)

## **CLASS FORMAT AND LEARNING EXPERIENCES**

This seminar-type class is designed to encourage student inquiry and discussion about women, gender, and health and to stimulate students' concern about the status and health of women worldwide. After in-class writings are completed, we usually will begin with overview remarks about the day's readings. Through the remainder of each class, emphasis will be on an interactive format that creates a community of learners and encourages student leadership. Films will be shown to highlight significant women's health issues, and some guests may be invited to speak. Students will monitor current media about global women's health and discuss in class what they've learned through various media.

At the beginning of class, students are to submit in writing one carefully constructed issue/query/idea that directly pertains to the assigned reading and encourages thoughtful analysis of text materials.

For graduate course credit (WMST 5000), additional requirements will be established and a written contract developed with the professor.

## **EXPECTATIONS FOR SUCCESSFUL COURSE COMPLETION**

Class attendance. Regular class attendance is essential for successful completion of the course. Students are expected to arrive on time. After one unexcused absence (one class day), **each hour** of missed class will result in 5 points being deducted from the student's total course points. If the student has a written University or medical excuse, these assignments will not be counted against

the student's grade, and can be made up. When students turn papers in outside of class meeting times, ask an administrative assistant to initial with date and time!

Missed work. In-class writing assignments may not be made up when the student has an unexcused absence nor may take-home assignments be made up if the student has an unexcused absence for the day.

Class and assignment preparation. Because this is a summer school course, we will be covering a week's worth of work during each class meeting. Students should plan to spend approximately 3 hours per day in class preparation or 12 or more hours a week. The research paper for this course and take home exams require additional time. Because of the compressed time frame, this is a demanding course that will require students to devote the majority of their time between May 12 and June 12 to meeting course requirements.

Participation. Students are to come to class fully prepared and be respectful of others' perspectives by listening and responding with openness, courtesy, and interest. They are expected to bring their experiences, leadership capacities and perspectives to discussions

Query/issue for class discussion. At the beginning of class, each student will submit a query/issue for discussion based upon the day's readings. If the query shows lack of thoughtfulness and is of poor quality related to overall grounding and preparation for the day's readings, up to 5 points may be deducted per day. Please put your name on the query/issue you write.

## **UW POLICY ON ACADEMIC DISHONESTY**

In general, academic dishonesty refers to inappropriate behavior, such as cheating, fabricating, plagiarizing, and/or assisting others who are participating in academically dishonest activities. Obtaining complete works as well as un-cited information from the Internet is a form of plagiarism. Whatever form academic dishonesty may take, the university community regards it as a serious offense. An act is academically dishonest when, and only when, it is an act attempted or performed in order to misrepresent one's involvement in an academic task in any way. Such conduct will result in imposition of sanctions pursuant to University regulations. Certain procedural rights are guaranteed to all students charged with academic dishonesty and subject to disciplinary action. Any student who believes that s/he has been graded unfairly may appeal that grade following standard institutional procedures [http://uwacadweb.uwyo.edu/OSL/judicial\\_affairs.htm](http://uwacadweb.uwyo.edu/OSL/judicial_affairs.htm).

## **DISABILITIES**

If you have a physical, learning, or psychological disability and require accommodations, please let me know as soon as possible. You will need to register with, and provide documentation of your disability to, University Disability Support Services (UDSS) in SEO, room 330 Knight Hall, 766-6189, TTY: 766-3073.

## **GRADING POLICY**

Late submissions of papers will result in a 5% grade reduction/day including weekend days unless the professor has been consulted in advance to request an extension due to circumstances arising beyond the student's control--such as individual or family illness, family emergency or participation in university events that are excused through the Office of Student Life. The student should provide a written university excuse to qualify to make up work or hand it in late. Any papers not submitted by the end of class on the due date are considered late.

*Graduate students* complete additional requirements for 5000 level credit on an S-U basis, as specified in a written contract that is developed collaboratively with the professor at the beginning of the course. To receive a satisfactory (S) grade for 5000 level credit, students actively participate in class discussions and complete each of the objectives at a level appropriate for graduate students. Graduate students' final course grade will be identical to the course theory grade UNLESS a student receives a "U" for the graduate student requirements in which case the theory grade will be reduced by one letter. Therefore, if the grade for theory is A but the student receives an unsatisfactory (U) for the graduate student component, a B is assigned for the course grade.

## **COURSE ASSIGNMENTS**

NOTE: Always keep copies of your written work on a back-up disk FILE. Lost work is difficult to replicate.

### 1. *In-class writing* (10 points/writing)

At the beginning of most classes, students will be given two questions which relate to the assigned readings. Students may use your books and notes to refer to as they write and will have a maximum of 25 minutes to respond. Occasionally the assignment will be a take-home that is due at the next class meeting. I will grade your writing and return your notebooks during the next class meeting.

Each student is to have a lightweight loose-leaf 3-ring notebook to use for all in-class writing assignments. *Put your name on the front cover of the notebook so that I can easily read it.* **Please have this notebook ready by the second class meeting.** Keep a small amount of paper in the notebook for your use (but please don't fill it up as these become heavy for me to carry). All entries should be dated with entries in blue or black ink. Keep all in-class writings for the course in the notebook with the most recent on top.

### 2. *Media Analysis.* (5 points per media analysis for a total of 30 possible points for the course)

This assignment encourages you to investigate international media discussing women's health and therefore should have a global focus (not U.S.). Frequent and excellent articles appear in major magazine periodicals, newspapers, and television programs. For each of the two assignments, include 3 articles and write-ups.

An important requirement is to locate media that cover the subject *in detail and in depth*. When possible, use sources targeted for different women, such as international women, specific ethnic groups, etc.

Jennifer Mayer ([jmayer@uwyo.edu](mailto:jmayer@uwyo.edu)) the WMST librarian at Coe may be able to help you locate media and you may also be able to have media sent directly to your mailbox. Media must be current within the past two weeks.

Guidelines for media analysis papers: The write-ups should include no more than a brief summary about the article content. The emphasis of the write-up should be on **how the article relates to what you have learned in this course**. Write-ups should be no less than 2/3's and no more than one typewritten page, 12 pt. font, 1 inch margins, double spaced. Include the following in your write-up:

1. The name of the article, its date, and where you read/viewed/heard it (one line, single space).
2. Briefly summarize the content (no more than 3 to 4 sentences).
3. Discuss what you learned about this particular women's health issue. Bring in theory from the course as you discuss, citing your readings using APA or MLA format.
4. Include a copy of the article with your write-up.

**Here are components that can be included in your analysis:**

- What are the central concerns this women's health article seems to be addressing about global women's health? Think of this socio-cultural, political-legal, economic, environmental, and social justice factors as well as critical influences upon women's health such as power inequities, poverty, unequal access to education, food and health care, and violence against women (VAW). *Do not repeat the article content here but move into an analytic mode.*
- How can you relate class readings and discussions to this article? Cite course readings especially in this section (for example, do you read this article differently based upon what you've learned in class?).
- What have you learned about the region of the world in terms of women's health?
- What actions are being taken to address the problems discussed? Do these seem effective in terms of what you have learned to date?

Due dates:     XXXX            XXXX

4. *Research paper on an international women's health issue* (100 possible points for the paper).

Proposal dueXXXX and is worth 10 points.

The proposal should be one typed page, clearly explicate the women's health issue to be addressed, and include copies of two evidence-based **research** articles you have found about the topic. The paper can be focused upon a country, region, or continent. Please be aware that descriptive articles are often not research papers. You should be looking for studies (epidemiologic, medical/nursing, sociological, economic, etc. investigations about the topic that provide an evidence base).

**Research paper due XXXXX in my mailbox or give your paper to Wendy Perkins in Ross Room 100.**

**PLEASE READ AND FOLLOW THESE GUIDELINES EXPLICITLY:**

This assignment provides the opportunity to study a global women's health issue/problem that interests you and derives from what you'd learned in the course. This is a **research** paper and requires using a minimum of 3 to 4 **evidence-based** papers (research), primarily found in scholarly journals, that shed *new light* upon the issue you are investigating.

Research papers require in-depth investigation and use of **professional/scholarly** (not magazines, popular media, or general information websites) publications that are current since 2002, except in rare cases of "classic" papers. There are a number of excellent journals in fields such as nursing, medicine, public health, sociology, public policy, UN documents, and government documents. Ask for help from Jennifer Mayer at Coe Library. Websites such as World Health Organization and others listed on this syllabus and Google Scholar can make your search easier. Evidence-based research articles should be set off with a \* on your reference sheet

Paper format: The paper is to be 10 to 12 typed numbered pages, 12 pt. font, 1 inch margins, double spaced, and using APA or MLA format, sub-headings for each section (for example, Introduction, Scope of the Problem, Factors Contributing to the Problem, etc as below), extensively researched and documented with a minimum of 8 to 10 current references excluding course materials (which you may also cite). Do not exceed the page lengths specified for each section. Papers longer than 12 pages will not be graded beyond the 12<sup>th</sup> page of text.

You **must** incorporate a feminist and/or gender perspective in your paper (for example, examining how power relations, women's status, and/or gender discrimination affect the issue/problem you are researching) to analyze the issue and its potential solutions.

- A. Introduction. Describe briefly the problem/issue in international women's health and your personal and professional interest in analyzing it. (1/2 to 2/3s page) (10 points)
- B. Describe the scope of the problem/issue (extent, existence, range), identifying its expression in various parts of the world (for example, maternal mortality rates vary widely throughout the world according to various factors). Include discussion of how this problem/issue is related to women's status. (3-4 pages) (20 points)
- C. What are socio-cultural, political/legal, environmental, economic, social justice and health care factors which contribute to the continuation of this problem? Identify each of these factors as a sub-heading and discuss sequentially. If you are unable to locate data about one or more of these factors, you should explicitly say so rather than simply not discussing one or more factors. (3-4 pages) (20 points)
- D. Discuss possible solutions from grassroots (local) to "top down" (policies and actions by governmental and international and national nongovernmental (NGO) organizations. (2-3 pages) (15 points)
- E. Final synopsis and recommendations. Bring together key points from throughout your paper – this should not be simply a summary section but should concisely relate the (1/2 to 2/3s page) (10 points)
- F. References (citations appearing in the text and references at the end of the paper are to be formatted using APA or MLA and star (\*) those that are evidence-based scholarly research). (15 points)

G. Organization, format, mechanics, grammar, documentation, and accuracy of use of format (10 points).

H. *Specify at the end of the paper whether you used APA or MLA format.*

## **Gender, Women and Health**

Student name: \_\_\_\_\_

**Research Paper Evaluation Criteria (please note these criteria carefully as I will use them as a basis for grading your paper.).**

1. Clear identification of the issue, why it is relevant to international women's health, and your own interest in the analysis (10 points): ½ to 2/3s page
  
2. Description of problem scope (how widespread is it?), its expression in a region, continent, or various parts of the world (20 points): 3 to 4 pages.
  
3. Socio-cultural, political, legal, environmental, social justice, and health care factors that contribute to the continuation of the problem (20 points): 3 to 4 pages
  
4. Possible solutions from grassroots to "top down" (15 points): 2 to 3 pages
  
5. Summary and recommendations (10 points): ½ to 2/3s pages
  
6. Depth and breadth of research as evidenced by documentation (MLA or APA format) and evidence-based scholarly papers incorporated in the paper discussion and cited) (15 points)
  
7. Organization, mechanics, grammar, documentation, use of subheadings, pages numbered, 12 pt. font, 1 inch margins, title page, APA or MLA format, maximum length 12 pages (10 points)

Subtotal\_\_\_\_\_ (100 points possible)

### 5. Exams

Two take home exams will be distributed, one a midterm and the other a final exam.

Midterm (30 points). Distributed XXXX in class and due XXXX in class.

Final (30 points). Distributed XXXX in class and due XXXX

### **GRADING**

Grading is on the basis of total accumulation of points. At any point in the semester, you can divide the total number of points you have earned by the total number of possible points to find out your grade. Remember, the lowest in-class writing scores will be dropped.

90-100%=A

80-89%=B

70-79%=C

60-69%=D

Below 60%=F

Students who do well in this course keep current on their readings and writing assignments, attend class regularly and participate, and ask for professorial assistance as needed.

### **SUMMARY OF DUE DATES AND POINTS THAT CAN BE EARNED and point subtractions:**

In- class writing (at the beginning of class) (10 points per writing)

Take-home writing (occasional, in place of in class writing) (15 per assignment)

Media monitoring

XXXX (15 points)

XXXX (15 points)

Women's Health Research Paper

Topic + 2 photocopied research (evidence-based) articles (10 points) -- due June 5 in class

Final paper due XXXXX (100 points)

Take home midterm (30 points) – due XXXX in class

Take home final (30 points) – due XXXX

Points may be subtracted for the following:

- 1) *Up to 5 points* per class when a well constructed and thoughtful query about the reading assignment is not submitted at the beginning of class.
- 2) After a student has one unexcused absence, 5 points will be subtracted *per hour* missed (maximum of 15 points deducted with no credit for the day's in class writing).

Total points earned for the course: \_\_\_\_\_ Total points possible: \_\_\_\_\_ Grade: \_\_\_\_\_

# ***The United Nations Fourth World Conference on Women***

Beijing, China - September 1995  
Action for Equality, Development and Peace

## **PLATFORM FOR ACTION**

### **● Women and Health Diagnosis**

- **Strategic objective C.1.** Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services. Actions to be taken.
  - **Strategic objective C.2.** Strengthen preventive programmes that promote women's health. Actions to be taken.
  - **Strategic objective C.3.** Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues. Actions to be taken.
  - **Strategic objective C.4.** Promote research and disseminate information on women's health. Actions to be taken
  - **Strategic objective C.5.** Increase resources and monitor follow-up for women's health. Actions to be taken.
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## **C. Women and Health**

89. Women have the right to the enjoyment of the highest attainable standard of physical and mental health. The enjoyment of this right is vital to their life and well-being and their ability to participate in all areas of public and private life. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology. However, health and well-being elude the majority of women. A major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women and among women in different geographical regions, social classes and indigenous and ethnic groups. In national and international forums, women have emphasized that to attain optimal health throughout the life cycle, equality, including the sharing of family responsibilities, development and peace are necessary conditions.
90. Women have different and unequal access to and use of basic health resources, including primary health services for the prevention and treatment of childhood diseases, malnutrition, anaemia, diarrhoeal diseases, communicable diseases, malaria and other tropical diseases and tuberculosis, among others. Women also have different and unequal opportunities for the protection, promotion and maintenance of their health. In many developing countries, the lack of emergency obstetric services is also of particular concern. Health policies and programmes often perpetuate gender stereotypes and fail to consider socio-economic disparities and other differences among women and may not fully take account of the lack of autonomy of women regarding their health. Women's health is also

affected by gender bias in the health system and by the provision of inadequate and inappropriate medical services to women.

91. In many countries, especially developing countries, in particular the least developed countries, a decrease in public health spending and, in some cases, structural adjustment, contribute to the deterioration of public health systems. In addition, privatization of health-care systems without appropriate guarantees of universal access to affordable health care further reduces health-care availability. This situation not only directly affects the health of girls and women, but also places disproportionate responsibilities on women, whose multiple roles, including their roles within the family and the community, are often not acknowledged; hence they do not receive the necessary social, psychological and economic support.
92. Women's right to the enjoyment of the highest standard of health must be secured throughout the whole life cycle in equality with men. Women are affected by many of the same health conditions as men, but women experience them differently. The prevalence among women of poverty and economic dependence, their experience of violence, negative attitudes towards women and girls, racial and other forms of discrimination, the limited power many women have over their sexual and reproductive lives and lack of influence in decision-making are social realities which have an adverse impact on their health. Lack of food and inequitable distribution of food for girls and women in the household, inadequate access to safe water, sanitation facilities and fuel supplies, particularly in rural and poor urban areas, and deficient housing conditions, all overburden women and their families and have a negative effect on their health. Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment.
93. Discrimination against girls, often resulting from son preference, in access to nutrition and health-care services endangers their current and future health and well-being. Conditions that force girls into early marriage, pregnancy and child-bearing and subject them to harmful practices, such as female genital mutilation, pose grave health risks. Adolescent girls need, but too often do not have, access to necessary health and nutrition services as they mature. Counselling and access to sexual and reproductive health information and services for adolescents are still inadequate or lacking completely, and a young woman's right to privacy, confidentiality, respect and informed consent is often not considered. Adolescent girls are both biologically and psychosocially more vulnerable than boys to sexual abuse, violence and prostitution, and to the consequences of unprotected and premature sexual relations. The trend towards early sexual experience, combined with a lack of information and services, increases the risk of unwanted and too early pregnancy, HIV infection and other sexually transmitted diseases, as well as unsafe abortions. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall, for young women early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a

long-term, adverse impact on the quality of their lives and the lives of their children. Young men are often not educated to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction.

94. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.
95. Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have

distinct reproductive and sexual health issues which are often inadequately addressed.

96. The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.
97. Further, women are subject to particular health risks due to inadequate responsiveness and lack of services to meet health needs related to sexuality and reproduction. Complications related to pregnancy and childbirth are among the leading causes of mortality and morbidity of women of reproductive age in many parts of the developing world. Similar problems exist to a certain degree in some countries with economies in transition. Unsafe abortions threaten the lives of a large number of women, representing a grave public health problem as it is primarily the poorest and youngest who take the highest risk. Most of these deaths, health problems and injuries are preventable through improved access to adequate health-care services, including safe and effective family planning methods and emergency obstetric care, recognizing the right of women and men to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. These problems and means should be addressed on the basis of the report of the International Conference on Population and Development, with particular reference to relevant paragraphs of the Programme of Action of the Conference. [14] In most countries, the neglect of women's reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The ability of women to control their own fertility forms an important basis for the enjoyment of other rights. Shared responsibility between women and men in matters related to sexual and reproductive behaviour is also essential to improving women's health.
98. HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women's health, particularly the health of adolescent girls and young women. They often do not have the power to insist on safe and responsible sex practices and have little access to information and services for prevention and treatment. Women, who represent half of all adults newly infected with HIV/AIDS and other sexually transmitted diseases, have emphasized that social vulnerability and the unequal power relationships between women and men are obstacles to safe sex, in their efforts to control the spread of sexually transmitted diseases. The consequences of HIV/AIDS reach beyond women's health to their role as mothers

and caregivers and their contribution to the economic support of their families. The social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective.

99. Sexual and gender-based violence, including physical and psychological abuse, trafficking in women and girls, and other forms of abuse and sexual exploitation place girls and women at high risk of physical and mental trauma, disease and unwanted pregnancy. Such situations often deter women from using health and other services.
100. Mental disorders related to marginalization, powerlessness and poverty, along with overwork and stress and the growing incidence of domestic violence as well as substance abuse, are among other health issues of growing concern to women. Women throughout the world, especially young women, are increasing their use of tobacco with serious effects on their health and that of their children. Occupational health issues are also growing in importance, as a large number of women work in low-paid jobs in either the formal or the informal labour market under tedious and unhealthy conditions, and the number is rising. Cancers of the breast and cervix and other cancers of the reproductive system, as well as infertility affect growing numbers of women and may be preventable, or curable, if detected early.
101. With the increase in life expectancy and the growing number of older women, their health concerns require particular attention. The long-term health prospects of women are influenced by changes at menopause, which, in combination with life-long conditions and other factors, such as poor nutrition and lack of physical activity, may increase the risk of cardiovascular disease and osteoporosis. Other diseases of ageing and the interrelationships of ageing and disability among women also need particular attention.
102. Women, like men, particularly in rural areas and poor urban areas, are increasingly exposed to environmental health hazards owing to environmental catastrophes and degradation. Women have a different susceptibility to various environmental hazards, contaminants and substances and they suffer different consequences from exposure to them.
103. The quality of women's health care is often deficient in various ways, depending on local circumstances. Women are frequently not treated with respect, nor are they guaranteed privacy and confidentiality, nor do they always receive full information about the options and services available. Furthermore, in some countries, over-medicating of women's life events is common, leading to unnecessary surgical intervention and inappropriate medication.
104. Statistical data on health are often not systematically collected, disaggregated and analysed by age, sex and socio-economic status and by established demographic criteria used to serve the interests and solve the problems of subgroups, with particular emphasis on the vulnerable and marginalized and other relevant variables. Recent and reliable data on the

mortality and morbidity of women and conditions and diseases particularly affecting women are not available in many countries. Relatively little is known about how social and economic factors affect the health of girls and women of all ages, about the provision of health services to girls and women and the patterns of their use of such services, and about the value of disease prevention and health promotion programmes for women. Subjects of importance to women's health have not been adequately researched and women's health research often lacks funding. Medical research, on heart disease, for example, and epidemiological studies in many countries are often based solely on men; they are not gender specific. Clinical trials involving women to establish basic information about dosage, side-effects and effectiveness of drugs, including contraceptives, are noticeably absent and do not always conform to ethical standards for research and testing. Many drug therapy protocols and other medical treatments and interventions administered to women are based on research on men without any investigation and adjustment for gender differences.

105. In addressing inequalities in health status and unequal access to and inadequate health-care services between women and men, Governments and other actors should promote an active and visible policy of mainstreaming a gender perspective in all policies and programmes, so that, before decisions are taken, an analysis is made of the effects for women and men, respectively.

Strategic objective C.1.

Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services

**Actions to be taken**

106. By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:
- a. Support and implement the commitments made in the Programme of Action of the International Conference on Population and Development, as established in the report of that Conference and the Copenhagen Declaration on Social Development and Programme of Action of the World Summit for Social Development [15] and the obligations of States parties under the Convention on the Elimination of All Forms of Discrimination against Women and other relevant international agreements, to meet the health needs of girls and women of all ages;
  - b. Reaffirm the right to the enjoyment of the highest attainable standards of physical and mental health, protect and promote the attainment of this right for women and girls and incorporate it in national legislation, for example; review existing legislation, including health legislation, as well as policies, where necessary, to reflect a commitment to women's health and to ensure that they meet the changing roles and responsibilities of women wherever they reside;

- c. Design and implement, in cooperation with women and community-based organizations, gender-sensitive health programmes, including decentralized health services, that address the needs of women throughout their lives and take into account their multiple roles and responsibilities, the demands on their time, the special needs of rural women and women with disabilities and the diversity of women's needs arising from age and socio-economic and cultural differences, among others; include women, especially local and indigenous women, in the identification and planning of health-care priorities and programmes; remove all barriers to women's health services and provide a broad range of health-care services;
- d. Allow women access to social security systems in equality with men throughout the whole life cycle;
- e. Provide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care, which includes family planning information and services, and giving particular attention to maternal and emergency obstetric care, as agreed to in the Programme of Action of the International Conference on Population and Development;
- f. Redesign health information, services and training for health workers so that they are gender-sensitive and reflect the user's perspectives with regard to interpersonal and communications skills and the user's right to privacy and confidentiality; these services, information and training should be based on a holistic approach;
- g. Ensure that all health services and workers conform to human rights and to ethical, professional and gender-sensitive standards in the delivery of women's health services aimed at ensuring responsible, voluntary and informed consent; encourage the development, implementation and dissemination of codes of ethics guided by existing international codes of medical ethics as well as ethical principles that govern other health professionals;
- h. Take all appropriate measures to eliminate harmful, medically unnecessary or coercive medical interventions, as well as inappropriate medication and over-medication of women, and ensure that all women are fully informed of their options, including likely benefits and potential side-effects, by properly trained personnel;
- i. Strengthen and reorient health services, particularly primary health care, in order to ensure universal access to quality health services for women and girls; reduce ill health and maternal morbidity and achieve world wide the agreed-upon goal of reducing maternal mortality by at least 50 per cent of the 1990 levels by the year 2000 and a further one half by the year 2015; ensure that the necessary services are available at each level of the health system and make reproductive health care accessible, through the primary

health-care system, to all individuals of appropriate ages as soon as possible and no later than the year 2015;

- j. Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development; [14]
- k. In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, which states: "In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion [16] as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions", consider reviewing laws containing punitive measures against women who have undergone illegal abortions;
- l. Give particular attention to the needs of girls, especially the promotion of healthy behaviour, including physical activities; take specific measures for closing the gender gaps in morbidity and mortality where girls are disadvantaged, while achieving internationally approved goals for the reduction of infant and child mortality - specifically, by the year 2000, the reduction of mortality rates of infants and children under five years of age by one third of the 1990 level, or 50 to 70 per 1,000 live births, whichever is less; by the year 2015 an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 per 1,000;
- m. Ensure that girls have continuing access to necessary health and nutrition information and services as they mature, to facilitate a healthful transition from childhood to adulthood;
- n. Develop information, programmes and services to assist women to understand and adapt to changes associated with ageing and to address and treat the health needs of older women, paying particular attention to those who are physically or psychologically dependent;

- o. Ensure that girls and women of all ages with any form of disability receive supportive services;
- p. Formulate special policies, design programmes and enact the legislation necessary to alleviate and eliminate environmental and occupational health hazards associated with work in the home, in the workplace and elsewhere with attention to pregnant and lactating women;
- q. Integrate mental health services into primary health-care systems or other appropriate levels, develop supportive programmes and train primary health workers to recognize and care for girls and women of all ages who have experienced any form of violence especially domestic violence, sexual abuse or other abuse resulting from armed and non-armed conflict;
- r. Promote public information on the benefits of breast-feeding; examine ways and means of implementing fully the WHO/UNICEF International Code of Marketing of Breast-milk Substitutes, and enable mothers to breast-feed their infants by providing legal, economic, practical and emotional support;
- s. Establish mechanisms to support and involve non-governmental organizations, particularly women's organizations, professional groups and other bodies working to improve the health of girls and women, in government policy-making, programme design, as appropriate, and implementation within the health sector and related sectors at all levels;
- t. Support non-governmental organizations working on women's health and help develop networks aimed at improving coordination and collaboration between all sectors that affect health;
- u. Rationalize drug procurement and ensure a reliable, continuous supply of high-quality pharmaceutical, contraceptive and other supplies and equipment, using the WHO Model List of Essential Drugs as a guide, and ensure the safety of drugs and devices through national regulatory drug approval processes;
- v. Provide improved access to appropriate treatment and rehabilitation services for women substance abusers and their families;
- w. Promote and ensure household and national food security, as appropriate, and implement programmes aimed at improving the nutritional status of all girls and women by implementing the commitments made in the Plan of Action on Nutrition of the International Conference on Nutrition, [\[17\]](#) including a reduction world wide of severe and moderate malnutrition among children under the age of five by one half of 1990 levels by the year 2000, giving special attention to the gender gap in nutrition, and a reduction in iron deficiency anaemia in girls and women by one third of the 1990 levels by the year 2000;

- x. Ensure the availability of and universal access to safe drinking water and sanitation and put in place effective public distribution systems as soon as possible;
- y. Ensure full and equal access to health-care infrastructure and services for indigenous women.

Strategic objective C.2.

Strengthen preventive programmes that promote women's health

**Actions to be taken**

107. By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:
- a. Give priority to both formal and informal educational programmes that support and enable women to develop self-esteem, acquire knowledge, make decisions on and take responsibility for their own health, achieve mutual respect in matters concerning sexuality and fertility and educate men regarding the importance of women's health and well-being, placing special focus on programmes for both men and women that emphasize the elimination of harmful attitudes and practices, including female genital mutilation, son preference (which results in female infanticide and prenatal sex selection), early marriage, including child marriage, violence against women, sexual exploitation, sexual abuse, which at times is conducive to infection with HIV/AIDS and other sexually transmitted diseases, drug abuse, discrimination against girls and women in food allocation and other harmful attitudes and practices related to the life, health and well-being of women, and recognizing that some of these practices can be violations of human rights and ethical medical principles;
  - b. Pursue social, human development, education and employment policies to eliminate poverty among women in order to reduce their susceptibility to ill health and to improve their health;
  - c. Encourage men to share equally in child care and household work and to provide their share of financial support for their families, even if they do not live with them;
  - d. Reinforce laws, reform institutions and promote norms and practices that eliminate discrimination against women and encourage both women and men to take responsibility for their sexual and reproductive behaviour; ensure full respect for the integrity of the person, take action to ensure the conditions necessary for women to exercise their reproductive rights and eliminate coercive laws and practices;
  - e. Prepare and disseminate accessible information, through public health campaigns, the media, reliable counselling and the education system, designed to ensure that women and men, particularly young people, can

acquire knowledge about their health, especially information on sexuality and reproduction, taking into account the rights of the child to access to information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women; ensure that in all actions concerning children, the best interests of the child are a primary consideration;

- f. Create and support programmes in the educational system, in the workplace and in the community to make opportunities to participate in sport, physical activity and recreation available to girls and women of all ages on the same basis as they are made available to men and boys;
- g. Recognize the specific needs of adolescents and implement specific appropriate programmes, such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS, taking into account the rights of the child and the responsibilities, rights and duties of parents as stated in paragraph 107 (e) above;
- h. Develop policies that reduce the disproportionate and increasing burden on women who have multiple roles within the family and the community by providing them with adequate support and programmes from health and social services;
- i. Adopt regulations to ensure that the working conditions, including remuneration and promotion of women at all levels of the health system, are non-discriminatory and meet fair and professional standards to enable them to work effectively;
- j. Ensure that health and nutritional information and training form an integral part of all adult literacy programmes and school curricula from the primary level;
- k. Develop and undertake media campaigns and information and educational programmes that inform women and girls of the health and related risks of substance abuse and addiction and pursue strategies and programmes that discourage substance abuse and addiction and promote rehabilitation and recovery;
- l. Devise and implement comprehensive and coherent programmes for the prevention, diagnosis and treatment of osteoporosis, a condition that predominantly affects women;
- m. Establish and/or strengthen programmes and services, including media campaigns, that address the prevention, early detection and treatment of breast, cervical and other cancers of the reproductive system;

- n. Reduce environmental hazards that pose a growing threat to health, especially in poor regions and communities; apply a precautionary approach, as agreed to in the Rio Declaration on Environment and Development, adopted by the United Nations Conference on Environment and Development, [18] and include reporting on women's health risks related to the environment in monitoring the implementation of Agenda 21; [19]
- o. Create awareness among women, health professionals, policy makers and the general public about the serious but preventable health hazards stemming from tobacco consumption and the need for regulatory and education measures to reduce smoking as important health promotion and disease prevention activities;
- p. Ensure that medical school curricula and other health-care training include gender-sensitive, comprehensive and mandatory courses on women's health;
- q. Adopt specific preventive measures to protect women, youth and children from any abuse - sexual abuse, exploitation, trafficking and violence, for example - including the formulation and enforcement of laws, and provide legal protection and medical and other assistance.

Strategic objective C.3.

Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

#### **Actions to be taken**

108. By Governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:
  - a. Ensure the involvement of women, especially those infected with HIV/AIDS or other sexually transmitted diseases or affected by the HIV/AIDS pandemic, in all decision-making relating to the development, implementation, monitoring and evaluation of policies and programmes on HIV/AIDS and other sexually transmitted diseases;
  - b. Review and amend laws and combat practices, as appropriate, that may contribute to women's susceptibility to HIV infection and other sexually transmitted diseases, including enacting legislation against those socio-cultural practices that contribute to it, and implement legislation, policies and practices to protect women, adolescents and young girls from discrimination related to HIV/AIDS;
  - c. Encourage all sectors of society, including the public sector, as well as international organizations, to develop compassionate and supportive, non-discriminatory HIV/AIDS-related policies and practices that protect the rights of infected individuals;

- d. Recognize the extent of the HIV/AIDS pandemic in their countries, taking particularly into account its impact on women, with a view to ensuring that infected women do not suffer stigmatization and discrimination, including during travel;
- e. Develop gender-sensitive multisectoral programmes and strategies to end social subordination of women and girls and to ensure their social and economic empowerment and equality; facilitate promotion of programmes to educate and enable men to assume their responsibilities to prevent HIV/AIDS and other sexually transmitted diseases;
- f. Facilitate the development of community strategies that will protect women of all ages from HIV and other sexually transmitted diseases; provide care and support to infected girls, women and their families and mobilize all parts of the community in response to the HIV/AIDS pandemic to exert pressure on all responsible authorities to respond in a timely, effective, sustainable and gender-sensitive manner;
- g. Support and strengthen national capacity to create and improve gender-sensitive policies and programmes on HIV/AIDS and other sexually transmitted diseases, including the provision of resources and facilities to women who find themselves the principal caregivers or economic support for those infected with HIV/AIDS or affected by the pandemic, and the survivors, particularly children and older persons;
- h. Provide workshops and specialized education and training to parents, decision makers and opinion leaders at all levels of the community, including religious and traditional authorities, on prevention of HIV/AIDS and other sexually transmitted diseases and on their repercussions on both women and men of all ages;
- i. Give all women and health workers all relevant information and education about sexually transmitted diseases including HIV/AIDS and pregnancy and the implications for the baby, including breast-feeding;
- j. Assist women and their formal and informal organizations to establish and expand effective peer education and outreach programmes and to participate in the design, implementation and monitoring of these programmes;
- k. Give full attention to the promotion of mutually respectful and equitable gender relations and, in particular, to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality;
- l. Design specific programmes for men of all ages and male adolescents, recognizing the parental roles referred to in paragraph 107 (e) above, aimed at providing complete and accurate information on safe and responsible sexual and reproductive behaviour, including voluntary, appropriate and

effective male methods for the prevention of HIV/AIDS and other sexually transmitted diseases through, inter alia, abstinence and condom use;

- m. Ensure the provision, through the primary health-care system, of universal access of couples and individuals to appropriate and affordable preventive services with respect to sexually transmitted diseases, including HIV/AIDS, and expand the provision of counselling and voluntary and confidential diagnostic and treatment services for women; ensure that high-quality condoms as well as drugs for the treatment of sexually transmitted diseases are, where possible, supplied and distributed to health services;
- n. Support programmes which acknowledge that the higher risk among women of contracting HIV is linked to high-risk behaviour, including intravenous substance use and substance-influenced unprotected and irresponsible sexual behaviour, and take appropriate preventive measures;
- o. Support and expedite action-oriented research on affordable methods, controlled by women, to prevent HIV and other sexually transmitted diseases, on strategies empowering women to protect themselves from sexually transmitted diseases, including HIV/AIDS, and on methods of care, support and treatment of women, ensuring their involvement in all aspects of such research;
- p. Support and initiate research which addresses women's needs and situations, including research on HIV infection and other sexually transmitted diseases in women, on women-controlled methods of protection, such as non-spermicidal microbicides, and on male and female risk-taking attitudes and practices.

Strategic objective C.4.

Promote research and disseminate information on women's health

**Actions to be taken**

- 109. By Governments, the United Nations system, health professions, research institutions, non-governmental organizations, donors, pharmaceutical industries and the mass media, as appropriate:
  - a. Train researchers and introduce systems that allow for the use of data collected, analysed and disaggregated by, among other factors, sex and age, other established demographic criteria and socio-economic variables, in policy-making, as appropriate, planning, monitoring and evaluation;
  - b. Promote gender-sensitive and women-centred health research, treatment and technology and link traditional and indigenous knowledge with modern medicine, making information available to women to enable them to make informed and responsible decisions;

- c. Increase the number of women in leadership positions in the health professions, including researchers and scientists, to achieve equality at the earliest possible date;
- d. Increase financial and other support from all sources for preventive, appropriate biomedical, behavioural, epidemiological and health service research on women's health issues and for research on the social, economic and political causes of women's health problems, and their consequences, including the impact of gender and age inequalities, especially with respect to chronic and non-communicable diseases, particularly cardiovascular diseases and conditions, cancers, reproductive tract infections and injuries, HIV/AIDS and other sexually transmitted diseases, domestic violence, occupational health, disabilities, environmentally related health problems, tropical diseases and health aspects of ageing;
- e. Inform women about the factors which increase the risks of developing cancers and infections of the reproductive tract, so that they can make informed decisions about their health;
- f. Support and fund social, economic, political and cultural research on how gender-based inequalities affect women's health, including etiology, epidemiology, provision and utilization of services and eventual outcome of treatment;
- g. Support health service systems and operations research to strengthen access and improve the quality of service delivery, to ensure appropriate support for women as health-care providers and to examine patterns with respect to the provision of health services to women and use of such services by women;
- h. Provide financial and institutional support for research on safe, effective, affordable and acceptable methods and technologies for the reproductive and sexual health of women and men, including more safe, effective, affordable and acceptable methods for the regulation of fertility, including natural family planning for both sexes, methods to protect against HIV/AIDS and other sexually transmitted diseases and simple and inexpensive methods of diagnosing such diseases, among others; this research needs to be guided at all stages by users and from the perspective of gender, particularly the perspective of women, and should be carried out in strict conformity with internationally accepted legal, ethical, medical and scientific standards for biomedical research;
- i. Since unsafe abortion [\[16\]](#) is a major threat to the health and life of women, research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should

be promoted, as well as research on treatment of complications of abortions and post-abortion care;

- j. Acknowledge and encourage beneficial traditional health care, especially that practised by indigenous women, with a view to preserving and incorporating the value of traditional health care in the provision of health services, and support research directed towards achieving this aim;
- k. Develop mechanisms to evaluate and disseminate available data and research findings to researchers, policy makers, health professionals and women's groups, among others;
- l. Monitor human genome and related genetic research from the perspective of women's health and disseminate information and results of studies conducted in accordance with accepted ethical standards.

Strategic objective C.5.

Increase resources and monitor follow-up for women's health

**Actions to be taken**

- 110. By Governments at all levels and, where appropriate, in cooperation with non-governmental organizations, especially women's and youth organizations:
  - a. Increase budgetary allocations for primary health care and social services, with adequate support for secondary and tertiary levels, and give special attention to the reproductive and sexual health of girls and women and give priority to health programmes in rural and poor urban areas;
  - b. Develop innovative approaches to funding health services through promoting community participation and local financing; increase, where necessary, budgetary allocations for community health centres and community-based programmes and services that address women's specific health needs;
  - c. Develop local health services, promoting the incorporation of gender-sensitive community-based participation and self-care and specially designed preventive health programmes;
  - d. Develop goals and time-frames, where appropriate, for improving women's health and for planning, implementing, monitoring and evaluating programmes, based on gender-impact assessments using qualitative and quantitative data disaggregated by sex, age, other established demographic criteria and socio-economic variables;
  - e. Establish, as appropriate, ministerial and inter-ministerial mechanisms for monitoring the implementation of women's health policy and programme reforms and establish, as appropriate, high-level focal points in national planning authorities responsible for monitoring to ensure that women's

health concerns are mainstreamed in all relevant government agencies and programmes.

111. By Governments, the United Nations and its specialized agencies, international financial institutions, bilateral donors and the private sector, as appropriate:
- a. Formulate policies favourable to investment in women's health and, where appropriate, increase allocations for such investment;
  - b. Provide appropriate material, financial and logistical assistance to youth non-governmental organizations in order to strengthen them to address youth concerns in the area of health, including sexual and reproductive health;
  - c. Give higher priority to women's health and develop mechanisms for coordinating and implementing the health objectives of the Platform for Action and relevant international agreements to ensure progress