The International and Regional Women Health Empowerment & its Legal Implication

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Objectives

The global issues related to women's health rights.

The barriers women face in their reproductive health rights.

The legal implications in medical care for women.

The role of civil society organizations, educational and professional institutions in women health empowerment.
Introduction

Women's health care has made great strides in the past two decades.

Providing health care coverage to all women must be a high priority. Access to affordable and relevant health services and to accurate health information are fundamental human rights.

The recognition that women have different health care needs than men has enabled changes to take place in clinical care, research, and education.

Research must address the differences between men and women and how they respond to disease and treatment.

The physician workforce needs to be expanded; physicians should be well trained to provide comprehensive health care to women.

Women’s health is a state of complete physical, mental and social well-being and not merely the absence of a disease or infirmity.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of a disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Adequate reproductive health services allow women to space pregnancies, with significant social, economic, and health benefits.

WHO, 1948
Women’s healthcare issues are often much more complex than men. Women experience different things while growing up and as adults. Some diseases are more common and significantly higher in women than men.

Women live longer than men, an average of 3–5 years longer. Women are the majority of caregivers for people who are both healthy and not so healthy. Women manage both work and the care of the home.

There are 8 Goals, 3 of which are Specific to Women:

Goal #3: Promote gender equality and empower women

Goal #4: Reduce child mortality

Goal #5: Improve maternal health
Progress towards gender equality can be evaluated by monitoring women’s participation in the labor and political arenas.

Women are increasingly involved in the labor market.

Continued barriers:
- Difficulty obtaining jobs
- Closely spaced births
- Lack of child care options

Goal #3: Promote Gender Equality and Empower Women
WHO- Links Between Health and Human Rights

Harmful traditional practices
Torture
Slavery
Violence against women and children

Human rights violations resulting in ill-health

Right to health
Right to education
Right to food & nutrition
Freedom from discrimination

Reducing vulnerability to ill-health through human rights
Promotion or violation of human rights through health development
The Global Issues on Women's Health Rights - Top Women's Health Risks

- Obesity
- Osteoporosis
- Cancer
- Caregiver stress
- Cardiovascular disease
- Physical inactivity
Heart disease is the first leading cause of death for women worldwide and a major cause of disability.

- It kills 8.6 million women each year. This represents 32% of the total women deaths in the world.
- In developing countries, 50% of all deaths of women over 50 years old are caused by heart disease and stroke.
According to the WHO and MOH, CVDs are the cause of 46% of the Kingdom’s death in 2014.
Three most common cancers among women are: Breast, Lung and Colorectal cancer.

Breast cancer is the leading cancer killer among women aged 20–59 years worldwide.

Around half a million women die from cervical cancer and half a million from breast cancer each year.

The majority of these deaths occur in low and middle income countries where screening, prevention and treatment are almost non-existent.

International Women’s Day: Ten top health problems for women
General for Family, Women’s and Children’s Health through the Life-course, World Health Organization
Ten Most Common Cancer Among Saudis by Sex

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>4200</th>
<th>Female</th>
<th>5120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colo-rectal</td>
<td>539</td>
<td>12.8%</td>
<td>Breast</td>
<td>1473</td>
</tr>
<tr>
<td>NHL</td>
<td>369</td>
<td>8.8%</td>
<td>Thyroid</td>
<td>541</td>
</tr>
<tr>
<td>Liver</td>
<td>323</td>
<td>7.7%</td>
<td>Colo-rectal</td>
<td>491</td>
</tr>
<tr>
<td>Lung</td>
<td>292</td>
<td>7.0%</td>
<td>NHL</td>
<td>281</td>
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<tr>
<td>Prostate</td>
<td>278</td>
<td>6.6%</td>
<td>Corpus Uteri</td>
<td>220</td>
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<tr>
<td>Leukemia</td>
<td>225</td>
<td>5.4%</td>
<td>Leukemia</td>
<td>174</td>
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<tr>
<td>Bladder</td>
<td>192</td>
<td>4.6%</td>
<td>Ovary</td>
<td>170</td>
</tr>
<tr>
<td>Skin</td>
<td>166</td>
<td>4.0%</td>
<td>Liver</td>
<td>151</td>
</tr>
<tr>
<td>Stomach</td>
<td>164</td>
<td>3.9%</td>
<td>Skin</td>
<td>150</td>
</tr>
<tr>
<td>Kidney</td>
<td>153</td>
<td>3.6%</td>
<td>Hodgkin Disease</td>
<td>127</td>
</tr>
</tbody>
</table>

Over the 33-year period of research, the Middle East showed large increases in obesity. Bahrain, Egypt, Saudi Arabia, Oman, and Kuwait were among the countries with the largest increases in obesity globally.
Obesity in Saudi Arabia

- Overweight and obesity were more prevalent among:
  - Female
  - Illiterate
  - High-income
  - Urban

Saudi Arabia is among the countries with the largest increase in obesity over the years.

Osteoporosis is estimated to affect 200 million women worldwide.

- 10% of > 60 yr
- 20% of > 70 yr
- 40% of > 80 yr
- 65% of > 90 yr

Prevalence of Osteopenia and Osteoporosis in Saudis (≥50 years), using US/European and Saudi reference data

<table>
<thead>
<tr>
<th>Osteopenia / Osteoporosis</th>
<th>Females</th>
<th></th>
<th>Males</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spine (L2-L4)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Osteopenia</td>
<td>39.1%</td>
<td>42.2%</td>
<td>32.8%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>47.7%</td>
<td>30.5%</td>
<td>38.3%</td>
<td>49.6%</td>
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<tr>
<td>Femur (total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteopenia</td>
<td>57.0%</td>
<td>58.6%</td>
<td>32.3%</td>
<td>56.7%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>7.8%</td>
<td>4.7%</td>
<td>6.3%</td>
<td>1.2%</td>
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<tr>
<td>Either (spine or femur)</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Osteopenia</td>
<td>41.4%</td>
<td>43.4%</td>
<td>46.5%</td>
<td>54.1%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>44.5%</td>
<td>28.2%</td>
<td>33.2%</td>
<td>37.8%</td>
</tr>
</tbody>
</table>

Caregiver Stress

Caregiver care for someone with an illness, injury, or disability. Care giving can be rewarding, but it can also be challenging.

- Depression
- Obesity
- Anxiety
- Weak immune systems
- Heart disease

Barriers to Women’s Healthcare

Social Factors
- Income
- Education level
- Employment status
- Medical insurance
- Social support
- Housing/Homelessness
- Domestic Violence

Cultural Factors
- Race/Ethnicity
- Language

Life Cycle Factors
- Younger women
- Women in middle years
- Older women

Healthier Women: Strategic directions to advance health of women in South East Health 2003 – 2008
Legal Implications

- Informed Consent
- Geographical regions
- Medical insurance
- Social justice
- Gender inequalities
- Woman’s rights to healthcare
Legal Implications

Informed Consent

- Medical treatment should not proceed unless the doctor has first obtained the patient’s consent.
- Nature of treatment
- Risks
- Benefits
- Alternatives
- Opportunity for questions

Medical Insurance

- In Saudi Arabia, healthcare is provided free to all Saudi citizens by the Ministry of Health. For the foreigners, this insurance is normally provided by the employer in private companies.
Legal Implications

Gender Inequalities

- Women tend to have unequal power in access to health information and services, which greatly influence their exposure to disease.
- Education is important for improving health, reducing gender inequality and empowering women.

Women’s Rights to Healthcare

- Access to affordable and relevant health services and to accurate health information are basic human rights.
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)– seeks to end discrimination in health care and ensures that obstetrical care is made available to all women who need it.

http://www.unfpa.org/gender-equality
Legal Implications

Social Justice

• The Violence Against Women Act (VAWA) was the first major law to help government agencies and victims in fighting domestic violence and harassment against women.

Geographical Regions

• Rural women experience poorer health outcomes and have less access to health care than urban women.

Women cannot be considered empowered if they lack 1 of the 3 components.

To be empowered, women need first to have the capabilities through education and good health. Capable women need to have access to economic, political and decision making opportunities. And without security – freedom from violence, they cannot exercise the potential of their capabilities and benefit from the opportunities.

Empowered women are more likely to access health services and have control over health resources and less likely to suffer domestic violence.
King Salman pledged to work on “improving health care services for all citizens throughout the Kingdom, so that health care centers, referral and specialized hospitals will be available to all citizens wherever they are.”
Women Health Activities in Saudi Arabia

Majlis Al-Shura (Parliament) votes to approve the amendment to include women’s health care in the Ministry of Health system on 30 November 2015

King Saud University Women’s Health Research Chair

Princess Nora Bint Abdallah Chair for Women’s Health Research

Zahra Breast Cancer Association
<table>
<thead>
<tr>
<th>Women Health Activities in Saudi Arabia</th>
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</thead>
<tbody>
<tr>
<td>Women's Health Rights Chair of Sheikh Mohammed Hussein Al Amoudi</td>
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<tr>
<td>The National Family Safety Program</td>
</tr>
<tr>
<td>Rofaida Women Health Society</td>
</tr>
<tr>
<td>Woman Health Initiative &quot; For Her “-MOH</td>
</tr>
<tr>
<td>Saudi Commission for Health Specialties Approves a Sub-specialty in Women’s Health</td>
</tr>
</tbody>
</table>
Institutions for Women’s Health Empowerment in KSA
Saudi Shura Council Votes to Include Women’s Healthcare

المجلس الشورى

قاطع #الشورى على مقترح تعديل المادة (٤) و (٥) من النظام الصحي المقدم من د.منى آل مشيط استناداً للمادة (٢٢) من نظام المجلس.

كان التركيز على الصحة الإنجابية وفترة الحمل والولادة يوم تنسي البرامج لتشمل صحة الولادات أي البنات والنساء لأنها حقوقهن الصحية.

Dr Samia Alamoudi
@drsamia

تغطي خاصة

saudiguardian.com

#government #health_system to include women's health care.
ADDING LIFE TO YEARS, NOT JUST YEARS TO LIFE, SHOULD BE THE FOCUS OF POLICES & PROGRAMS DESIGNED TO IMPROVE THE HEALTH OF WOMEN.

THANK YOU!