World Health Organization

Statement of the World Health Organization

Agenda Item 12:
Integration of the human rights of women and the gender perspective

The 57th Session of the UN Commission on Human Rights

9 April 2001

Thank you Mr Chairman.

It is an honour to address the Commission on Human Rights and to have this opportunity to reaffirm WHO's commitment to health and human rights. WHO recognises that women's right to the highest attainable standard of health is interdependent on the fulfilment of other human rights. Key among these are the right to freedom from discrimination on the basis of sex and gender roles, the right to information and education, as well as the right to individual autonomy and to participate in decisions that affect all aspects of their lives, including health.

Reproductive and sexual health is, and will continue to be, central to women's health and well being and therefore to their human rights. Reproductive health conditions account for 22 per cent of healthy years of life lost to women annually, in comparison with only 3 per cent for men. Each year, more than 500,000 women die of pregnancy-related causes and countless more suffer illness, infection and long-term disability including infertility and other stigmatising conditions such as vesico-vaginal fistula. The major causes of death and disability are haemorrhage, infection, eclampsia, obstructed labour and unsafe abortion. These deaths and disabilities can be prevented by timely care given by qualified health personnel. Access to information and the means to prevent unwanted pregnancies are also essential, as well as legislation, policies and practices that are made with a view not only to saving women's lives and preserving their health, but also to protecting, respecting and fulfilling women's human rights. WHO is working with countries to help develop such policies and practices, as well as elaborating and promoting the norms and standards needed to ensure the delivery of good quality health care services.

Mr Chairman,

Over the past few years, it has become clear that women and girls are particularly vulnerable to sexually transmitted infections including HIV/AIDS. This is not only because of biological susceptibility, but also because of serious gender power imbalances. In many situations women are dependent financially and emotionally on their male partners, family members or employers, leading to a lack of power to control when, how and with whom they have sex. In 1980, 20 per cent of the adults infected with HIV were women. By the end of

1999 46 per cent of HIV positive adults were women. In various studies, between 80 and 90 per cent of infected women in ante-natal clinics have been found to have no possible source of infection other than their own husbands. In some countries infection rates of adolescent girls now run 3-6 times higher than those of boys of the same age. This underlines the critical importance of collecting sex-disaggregated data, and of conducting a gender analysis to understand why there are such discrepancies. Policies, interventions and health services must be designed specifically to redress such gender inequalities. WHO is working with Member States to take such steps in their HIV/AIDS and reproductive health programmes, as a key to addressing both the dramatic health effects of the epidemic as well as those of gender inequities and inequalities. It is also supporting research into areas which specifically address some of women's most critical health needs in this area, such as choices in pregnancy, childbirth and infant feeding.

Violence against women continues to be a major public health and human rights concern. Rape and domestic violence account for an estimated 5-16 per cent of healthy years of life lost by women of reproductive age, and the proportion of women who experience violence at the hands of an intimate partner during their lifetime ranges from 10 to more than 50 per cent. Women in all countries and all social strata are at risk of such violence from infancy through childhood and adolescence into adulthood and old age. Physical violence is frequently accompanied by sexual abuse, and the extent and complexity of the health consequences are still being assessed. They include physical injury and death, but also mental health problems such as depression, phobias and eating disorders, as well as reproductive and sexual health problems such as unwanted pregnancy, sexually transmitted infections including HIV, irritable bowel syndrome, and gynaecological disorders. Physical abuse and coerced sex are associated with emotional and behavioural damage leading to low self esteem, drug and alcohol abuse and high risk sexual behaviour including early sexual début, multiple partners, unprotected sex and prostitution. Intimate partner violence also has an impact on infant and child health: the children of women suffering such violence have a higher rate of mortality, diarrhoea and malnutrition than those of women not having suffered such violence. WHO is supporting the collection of comparative data from a variety of countries on the incidence of domestic violence, the health consequences and the related risk and protective factors. It is also elaborating medico-legal guidelines for health workers to help treat and refer women victims of sexual violence who present to the health service.

Discrimination against girls and women manifests itself in culture-specific practices such as female infanticide, forced marriages of girls, dowry killings, abusive widowhood practices and female genital mutilation. The incidence, prevalence and impact of such harmful traditional practices have barely been examined, with the exception of female genital mutilation. Between 100 –140 million women have undergone female genital mutilation. It is estimated that 2 million girls are at risk of undergoing some form of female genital mutilation every year, and that at least 15 per cent of these suffer the most severe form – infibulation - which is the cutting away of the external genitalia and stitching the vaginal opening. WHO has consistently opposed the practice of female genital mutilation by health professionals in any setting. Unless there is a concerted effort to eliminate the practice, women's human rights will continue to be violated and women and girls will continue to bear the scars, trauma and health risks.

In conclusion, Mr Chairman,

Women's and girls' health is affected throughout their lifespan by neglect and violations of rights that occur in early childhood and continue throughout their lives. These cumulatively contribute to women's and girls' ill-health. It is therefore critical that public health and human rights be used together to achieve both better health outcomes and greater respect, protection and fulfilment of all women's human rights.

Thank you.