

International Women's Day

8 March

Highlights: 2007–2009



**World Health
Organization**

Regional Office for South-East Asia

INTERNATIONAL WOMEN'S DAY (March 8)

HIGHLIGHTS: 2007—2009

This booklet covers the themes of International Women's Day observed on March 8 by the United Nations annually.

The material contained in the booklet is available on the WHO/SEARO website www.searo.who.int.

It is hoped that the booklet will help to generate more support for the area of gender, women and health in the South-East Asia Region and to improve the health of women of all ages.

International Women's Day – 8 March 2009

Message from Dr Samlee Plianbangchang, Regional Director, WHO, South-East Asia Region



The importance of gender and development has increased in the twenty-first century. Given that men and women have the same rights, gender equality and equity in every aspect of life, including health, is a key global mission. The United Nations has celebrated International Women's Day since 1975. The

General Assembly in its resolution on the observance of Women's Day cited two important reasons: (1) to recognize the fact that securing peace and social progress and the full enjoyment of human rights and fundamental freedoms requires the active participation, equality and development of women; and (2) to acknowledge the contribution of women to the strengthening of international peace and security.

International Women's Day has a wider meaning for all women. It is an occasion to review the progress of women in their struggle for equality, peace and development. It is also an opportunity to unite, network and mobilize for meaningful change. It is a celebration of progress. This year's theme for International Women's Day is: "Women and men united to end violence against women and girls".

Gender-based violence (GBV) is an important issue in the South-East Asia Region. Working with Member States, WHO began a multicountry study on women's health and domestic violence in 2002. One out of 3-5 women have experienced violence in their lives. Many countries in the SEA Region have developed modules for GBV capacity-building and have pursued GBV research activities.



They have made considerable efforts to ascertain the causes of GBV in order to better support the GBV prevention programmes.

One-stop crisis centre services (OSCC) have been implemented in the South-East Asia Region to help victims of violence through hospital-based activities. The OSCC involves other sectors and promotes GBV prevention which also involves men to end violence against women and girls. Primary prevention for GBV needs to be started for schools and in the community to complement the health sector's response to secondary prevention. Reviewing the role of family protection units to support victim's protection/prevention and producing information, education and communication (IEC) material for the community are considered important to combat GBV.

Multidisciplinary collaborative work involving gender, women and health (GWH), nursing, communication, health promotion, education and other areas is important to help in eliminating gender-based violence in the South-East Asia Region. It is hoped that Member States will continue to address the issue of GBV primary prevention for health services delivery with multisectoral approaches for family, society and community.

Let's work together, women and men alike, uniting to end violence against women and girls.



Dr Samlee Plianbangchang
Regional Director





“Investing in women and girls”

Gender equality has been recognized by Member States as an essential factor for the achievement of the United Nation's priorities. UN conferences and meetings have urged international and regional organizations to provide sufficient resources for programmes that support women's empowerment as a priority for economic development. To focus attention on the achievements and the gaps that remain in financing women's empowerment, the theme for International Women's Day 2008 was “investing in women and girls”.

Where we are:

- Of the 867 million adults who cannot read today, 64% are women, according to World Bank estimates.
- Of the approximately 113 million children aged 6-11 years who do not attend school, the majority are girls. Research shows 60% of youth not attending school are girls.

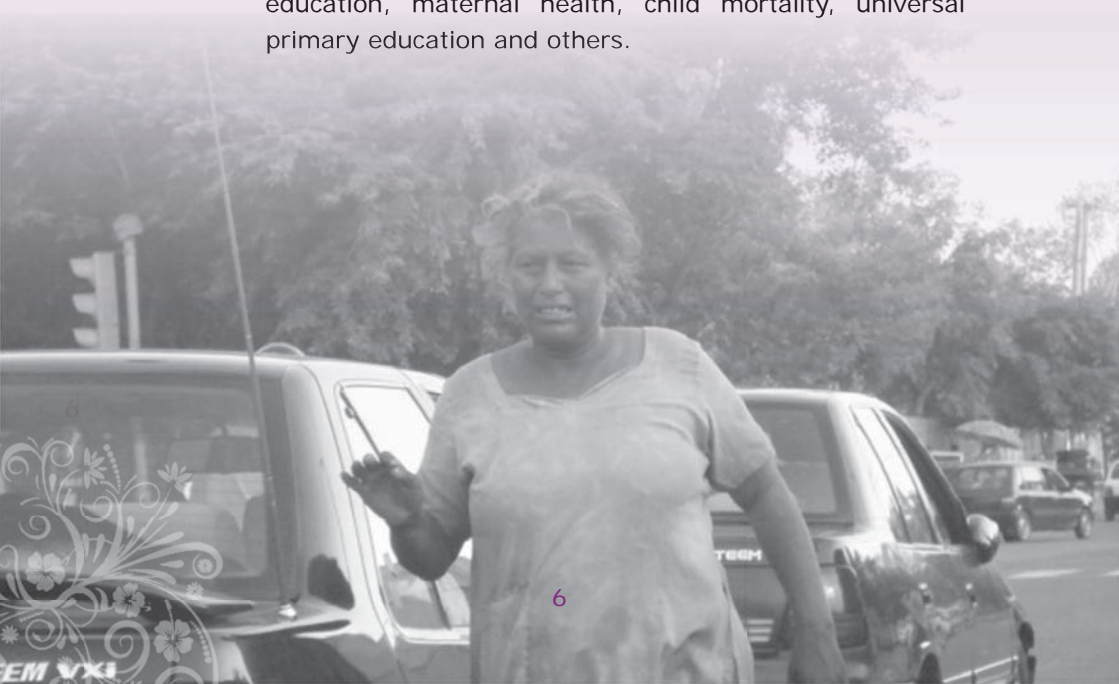


- Women who are educated tend to have fewer and healthier children and those children are more likely to attend schools.
- Education increases the ability of women and girls to protect themselves against HIV, tuberculosis, and many other diseases.
- Women's insufficient access to credit, land, health care and training in new technologies, fewer education and employment opportunities than men and marginalization in decision-making not only affect their lives and the lives of their families, but also are detrimental to human capital development and labour force participation.

The way forward:

Investing in women and girls has a multiplier effect on productivity, efficiency, sustained economic growth and family welfare.

- Increasing resources for women's empowerment will contribute to the achievement of the Millennium Development Goals (MDGs) including those related to education, maternal health, child mortality, universal primary education and others.



- Greater participation of women in economic and financial decision-making is essential for progress towards women's empowerment, including access to health facilities.
- A fundamental step towards increasing the participation of women in achieving their rights to health as well as in economic governance is for financial institutions, banks, bilateral development agencies and regional and international bodies to incorporate gender perspectives and women's voices into economic policy-making at all levels, including at the family and community levels.

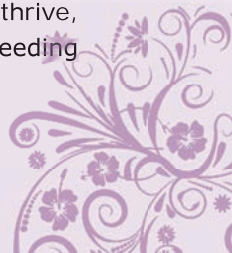
The Role of WHO:

It is widely recognized that integrating gender perspectives into policies and programmes is important to achieve the Millennium Development Goals, particularly Goal 3, on gender equality and women's empowerment. In March 2002, a WHO policy document on integrating gender perspectives into the work of WHO was approved. This has provided a framework for specific action at all levels of the Organization.

The four gender strategic directions approved by the World Health Assembly through resolution WHA 60.25 in May 2007 are:

- building WHO capacity for gender analysis and planning;
- bringing gender into the mainstream of WHO's programme management;
- promoting use of sex-disaggregated data and gender analysis; and
- establishing accountability.

Only by investing in the world's women can we expect to reach the MDGs by the target date of 2015. When women thrive, all of society benefits as a result of health equity, and succeeding generations are given a better start in life.





International Women's Day, 2007

“Ending impunity for violence against women and girls”

Gender Equality, Women and Health in WHO:

The United Nations has called for an acceleration of efforts to achieve equity and equality between men and women, and for effective integration of gender concerns in health policies and programmes. Over the years, action by the United Nations for the advancement of women has been in four well-defined areas: promotion of legal measures; mobilization of public opinion and international action; training and research, including the compilation of gender-disaggregated statistics; and direct assistance to disadvantaged groups. Today, a central organizing principle of the work of the United Nations is that no enduring solution to society's most threatening



social, economic and political problems can be found without the full participation and the full empowerment of women.

The mission of WHO's work in the area of Gender, Women and Health (GWH) at WHO headquarters as well as in the regional and country offices is to improve the health of women of all ages and to contribute to the achievement of health equity. It seeks to



integrate gender concerns into policy and programmes in the health and related sectors and to promote increased attention to the health and human rights of women throughout their lifespan. Thus, gender covers cross-cutting issues. The specific strategic direction and Plan of Action, 2008-2013, was approved by the WHO Executive Board in January 2007 to integrate gender analysis and action into the work of WHO.

The GWH Unit in the WHO Regional Office for South-East Asia is supporting Member States in the development of policies, strategies and interventions that effectively address high-priority and neglected health issues of women throughout their lifespan. It is also supporting the creation of a body of evidence on the impact of gender on health and of tools, norms and standards to improve the gender responsiveness of health interventions and promote gender equity in health.

Eliminating discrimination against women and children, especially girls, is yet to benefit from the global progress in technology and modernization. Women and girls continue to be subject to violence in the family and community. They do not enjoy equal rights to health, have less access to health services, and lack the opportunity to achieve the highest health status because of less bargaining power in the family and the community. They also lack education and knowledge to demand equal rights. On the other hand, they continue to perform their reproductive function for the future of the family, community and nation.

Keeping this scenario in mind, the theme for International Women's Day, 2007 was "Ending Impunity for violence against women and girls". Among all gender issues, gender-based violence has emerged as the major issue in countries of the WHO South-East Asia Region. A study on "Women's Health and Life Experiences" was completed in Maldives with WHO's technical support. The study reveals that one out of three women aged 15-49 years has experienced some



form of physical or sexual violence during their lifetime (including child sexual abuse).

Gender-based violence is one of the issues being addressed in most countries of the Region. A study in Bangladesh (2006) revealed 19-36% repeated assaults on wives in rural areas and 34-44% in urban areas. A study in Bhutan (2005) reported that about 5% women were subjected to domestic violence in their lives. India has reported that 5000 women are killed or burnt every year by the husband or in-laws due to dowry disagreement. There are many cases of female foeticide as well. Indonesia data revealed that one among three women has experienced domestic violence in their lives. Female genital mutilation cases increased considerably in 2006. This led to a government announcement forbidding health workers to carry out the procedure. India and Indonesia have already enacted laws against domestic violence.

Gender is a cross-cutting issue covering several areas – social, cultural, economic and political – not merely health. So, advocacy and communication for public health promotion is considered important. It is believed that gender sensitivity is a part of family and community education to help develop gender perspectives in achieving health equity. Thus, a multisectoral approach is needed to support the action, including elimination of gender-based violence in the family, community and country. The participation of men in the gender movement to achieve health equity is vitally important.

Gender mainstreaming in health is important for supporting women's empowerment to achieve health equity in the South-East Asia Region

For further information, kindly contact:

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