



WOMEN AND HEALTH

"It is my aspiration that health finally will be seen not as a blessing to be wished for, but as a human right to be fought for."
United Nations former Secretary-General Kofi Annan



FACTSHEET OF EWL BEIJING+20 REPORT

Health and wellbeing, both physical and mental, are crucial conditions for the full development of every human being. Health is more than a biological issue: according to the World Health Organisation, it represents "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". However, women and girls have specific health needs which are not yet understood and integrated into European and national policies.

On the one hand, biological differences imply that women have particular health concerns and needs, especially related to their sexual and reproductive health. On the other hand, the social construct of gender and women's roles and stereotypes impacts on women's representation of their own health, on their access to health and health care, and women's health itself (for example, the prevalence of violence against women).

In addition to this, age, ethnicity, disability, sexual orientation or identity, resources, education, social and marital status, position in the labour market, place of residence, the level of gender equality in society and other attributes influence women's health needs and

access to health. Moreover, women's and girls' health is also endangered by the lack of awareness of gender aspects among health care professionals, which can lead to gender bias in medicine.

Promoting and guaranteeing women's and girls' highest standards of health is a precondition for the enjoyment of their full human rights.

BEIJING '95 STRATEGIC OBJECTIVES



- Increase women's access through the life cycle to appropriate, affordable and quality health care.
- Strengthen preventive programmes that promote women's health.
- Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS and sexual and reproductive health issues.
- Promote research and disseminate information on women's health.
- Increase resources and monitor follow-up for women's health.



FACTS & FIGURES IN EUROPE

Each year more than 5 million women give birth in the EU, and another 2 million women have to put an end to their pregnancy, for various reasons. However, one in ten women in Europe doesn't have access to care in the first months of pregnancy. And abortion is still not legal in Cyprus, Ireland, Malta and Poland, forcing women to face the health risks of unsafe illegal abortion.

Cardiovascular diseases are the leading cause of mortality and disability among women in Europe. Cancer represents one of the biggest health threats in Europe today, fatal for nearly 140 women out of every hundred thousand. While men's rates of lung cancer are decreasing, women's rates continue increasing in the vast majority of EU Member States.

Elderly women are more affected by dementia, Alzheimer's disease and depression than elderly men. Women with disabilities face barriers in their access to health services. Lesbian, bisexual and transgender women are more likely to encounter specific barriers to access health care such as discrimination by or lack of awareness of health professionals. Roma women are particularly vulnerable when it comes to health. According to Doctors of the World, 9 out of 10 Roma women in France have no access to maternal health care.

A study in Bulgaria, Czech Republic, Greece, Portugal, Romania, Slovakia and Spain, shows that only 15% of Roma women were using birth-control pills. Roma women and women with disabilities face forced sterilisation, a serious violation of their human rights.

Women, especially those under 30, have a more negative self-perception of body image as compared to young men. Women make up the great majority of cosmetic surgery patients: non-surgical procedures to look younger and thinner, as well as breast surgery, are among the most popular practices. Female genital cosmetic surgery is a rising trend, including in under-age girls.

Between the ages of 25 and 40, women are three times more likely than men to suffer from depression, the higher rate being at times when they have their babies. Women are twice as likely as men to commit a suicide attempt; amongst them, immigrant young women are at particular risk, facing discrimination and isolation in individualistic European societies.

Today, women are only 10% of the doctors in leading positions in most of the EU countries; this means that men's perspectives are prevalent in medical science and in decision-making in the health sector.



EUROPEAN WOMEN'S LOBBY ACTIONS

- In 2010, the EWL published its position paper "**Women's Health in the European Union**", calling for a systematic inclusion of a gender equality and women's rights dimension into all EU and national health policies, and for policies which specifically address women's health needs and guarantee their access to quality health care, including sexual and reproductive health care and services.





WOMEN AND HEALTH & THE EUROPEAN UNION

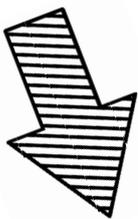
Women’s health has been addressed as a policy issue at the EU level in the context of the social and economic determinants of health and specific age groups. In theory, the EU recognises that gender – alongside age, education, economic and civil status – is a significant determinant for health and health care. Despite several reports including data on the situation of women’s health and access to health care, no concrete policy actions and programmes have been implemented to address women’s health needs and European public health policies broadly remain gender blind. The lack of a consistent and integrated approach to women’s rights and gender issues within health policy needs to be urgently addressed, including in a context

of a financial and social crisis marked by cuts in public spending in services that are crucial for the attainment of a ‘high level of human health protection’ for all, as guaranteed by the European Union Treaties. Between 2008 and 2011, 17 out of the EU 28 member states have slashed their public spending on healthcare due to austerity policies. Moreover, health care spending is lower for women than for men, and even lower for young women.

In 2013, after an intense debate, the EP rejected the FEMM report on ‘Sexual and Reproductive Health and Rights’, due to opposition by religious extremists to the inclusion of abortion and LGBT rights.

CHALLENGES

- Biomedical research continues to be based on the unstated assumption that women and men are physiologically similar and ignores social and gender differences which have a considerable impact on health. At the same time, gender bias can result in applying prejudices on women and men, such as taking less seriously women’s reports of symptoms by attributing them to emotional causes.
- Sexual and bodily integrity is still not a fully achieved right for women in Europe. Women’s right to decide over their sexuality, pregnancies, and free access to contraception, abortion, and assisted reproductive technologies, are the cornerstones of a gender equal society. However, the right to abortion is under attack in many EU countries. The objectification of women, societal sexualisation and unreasonable expectations of youth and bodily perfection impact on women’s mental health and self-esteem, and cause eating disorders, and other forms of self-inflicted injury.
- The trivialisation of surrogacy is a direct threat to women’s equality and enjoyment of their reproductive and human rights. The growing commercialisation of pain-killers or caesareans when giving birth, and the medicalisation of menopause, pregnancy or gynaecology, illustrates the dangers of the commodification of health.
- The links between violence against women, including sexual violence and buying sex, and women’s sexual, reproductive and mental health, need to be urgently acknowledged. Violence against women leads to severe sexual and psychological problems, such as post-traumatic stress disorder, depression, at-risk behaviour, or sexual transmitted diseases.
- Women continue to face additional barriers to health and health care due to their multiple identities: migrant, refugee women and undocumented women face discrimination and risk of deportation in accessing health services. Rural women’s access to health-care services – and even health information – is greatly affected by a lack of infrastructure and transport facilities.
- Comprehensive sexuality education and contraception aren’t provided or available in all of the European countries, and contraception is partially or totally uncovered by social schemes in most countries.



OUR DEMANDS **A holistic approach for the highest standards of wellbeing and health for all.**

- **Ensure that all EU health related policies and programmes have an integral gender dimension, and take into account the specific needs of women and girls, through prevention, gender mainstreaming, gender impact assessment, gender budgeting, and the collection of sex disaggregated data.**
- **Take measures to ensure equal access to health care services – including women’s shelters – to all women independent of their legal or migration status, disability, sexual orientation, race or ethnic origin, age or religion, or geographical situation.**
- **Support health research focused on women’s health and health needs, especially in the framework of EU Research Framework Programmes; include gender/sex as a criterion for funding in all EU research.**
- **Facilitate women’s access to senior posts in the health sector, including to the boards of medical and research centers.**
- **Promote women’s and girls’ sexual and reproductive health and rights, adequate gender-sensitive information and comprehensive sexuality education, as well as reliable, safe and affordable contraception, and quality maternal health care.**
- **Provide for safe and legal abortion within and beyond the European Union; abolish the restrictive Protocols and Unilateral Declarations annexed to Accession Treaties to the European Union for Ireland, Malta and Poland.**
- **Ensure that health (including reproductive and sexual health) services addressed to women are covered under public health services and are accessible through public health insurance schemes.**

