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INTERNATIONAL WOMEN'S YEAR, 1975

1. Goals and Objectives of International Women's Year

The United Nations General Assembly has proclaimed 1975 as the International Women's Year. The theme of the Year is "Equality, Development and Peace." The threefold objectives for the year are to promote equality between men and women; to ensure the full integration of women in the total development effort; and to recognize the importance of women's increasing contribution to the development of friendly relations among States and the strengthening of world peace.

The United Nations Secretary General, Mr. Kurt Waldheim, has designated Ms. Helvi Spila, Assistant Secretary of Humanitarian Affairs, as Secretary General of International Women's Year, 1975, and of the International Women's Year Conference, a major event of the year, which was held in Mexico City from 16 June to 2 July 1975. Through the Conference, it is hoped to launch an international short- and long-term action program, and to achieve the widest possible involvement of women in strengthening world peace.

2. United Nations-sponsored Meetings

In addition to the International Women's Year Conference, the United Nations and the Specialized Agencies have been planning a series of regional and expert meetings during 1974-1975 focusing on specific ways of achieving the goals of the Year. Among these are the Regional Consultation in the ECAFE Region (Bangkok, May 1974); Regional Consultation in the ECA Region (Addis Ababa, June 1974); Interregional Seminar on National Machinery to Accelerate the Integration of Women in Development and to Eliminate Discrimination on Grounds of Sex (Ottawa, September 1974); Regional Seminar in the ECLA Region (Venezuela, April 1975); Regional Seminar in the ECWA Region (Beirut, September 1975); Regional Seminar (Buenos Aires, October 1975); and Interregional Seminar (Australia, December 1975).

Items relating to International Women's Year will be taken up by the General Assembly at its Special Session next year, as well as at the 30th Session in New York beginning in September 1975. The Assembly will consider recommendations emerging from the International Women's Year Conference in Mexico City, including the proposed World Plan of Action.

3. Special Proclamations of the Year

Fifty-eight Heads of State endorsed a Declaration of Support for International Women's Year, which was presented to the Secretary General of the United Nations by Princess Ashraf Pahlavi of Iran in an Official ceremony on Human Rights Day, 10 December 1974.

The United Nations is issuing a special International Women's Year stamp on 9 May 1975 to celebrate the Year.

4. Activities Planned by the Pan American Sanitary Bureau for the International Women's Year

4.1 The XIX Pan American Sanitary Conference (Washington, D.C., October 1974) adopted the following resolution (Res. XXXVII):

THE XIX PAN AMERICAN SANITARY CONFERENCE,

Recognizing the importance of 1975 as International Women's Year and the interest expressed by many Member Governments in its participation:

Noting the official emblem adopted for the International Women's Year, consisting of a stylized dove (the biological symbol for women) and the mathematical sign for equality, which will be used on posters, banners, mastheads, postage stamps, and other material connected with the activities of the International Women's Year;

Recognizing the importance of equality of women and men in all facets of human life but especially in the working environment;

Recognizing the importance of women in the promotion of peace, economic and social development plans, and population programs; and

Noting the need to improve the status of women in developed and developing countries alike,

RESOLVES:

1. To endorse the emphasis given by the United Nations in declaring 1975 as International Women's Year, to the role of women in society and to the contribution women can make to the political, economic, and social sectors, of which health is included.

2. To call atention to the importance of including women in policy formulating positions and when appointing public health administration and other health officials in both international and national health programs.

3. To urge Governments to undertake education programs to encourage the acceptance of the changing role of women.

4. To request the Director of the Bureau to report to the 74th Meeting of the Executive Committee and the XXIII Meeting of the Directing Council on activities to promote the participation of women in the activities of the Organization generally, and in relation to International Women's Year specifically.

4.2 The Director of the Bureau has urged all staff members, particularly the Country Representatives, to actively participate in activities in the respective countries especially programmed for the celebration of International Women's Year, and to ensure that promotional activities on the health aspects are included in the "country agenda."

4.3 Reference materials on International Women's Year and the health aspects of women have been provided to country offices of the Pan American Health Organization.

4.4 A special issue of the Gazette focusing on women in the Americas was issued during June 1975.

4.5 A special feature on "International Women's Year" was included in the PASB Bulletin, June 1975 issue.

4.6 Staff members of the Bureau have been designated to participate in several regional and international meetings, including the ECLA Conference (Venezuela, April 1975); the meeting of the Inter-American Commission of Women (Venezuela, May 1975); the International Conference on Women in Health, with the subtitle "Sex Roles in the Health Sector," organized by the U.S. State Department (Washington, D.C., June 1975), and the International Women's Year Conference (Mexico, June 1975).

4.7 The Organization cosponsored with the Inter-American Commission of Women (IACW) a subregional seminar which was held in San José, Costa Rica (May 1974) on the subject of "The Role of Woman in Making Decisions Affecting the Family." A second subregional seminar focusing on the "Health Needs and Status of the Working Woman," will be held in collaboration with IACW and UNICEF in Bolivia in September 1975.

The main objective of this technical seminar is to identify the significant health and social factors that affect the working woman in Latin America and to recommend specific means of meeting her health needs in order to enhance her participation in the labor force. The participants, drawn from the health, labor and education sectors, will also develop a strategy for the provision of health care and supporting services for the working woman in Latin America. The report of this seminar will be given wide distribution, and promotional activities will be undertaken by the different agencies in the countries for the implementation of specific recommendations.

4.8 A background document on "Critical Issues and Outlook for the Health Conditions of Women in Latin America and the Caribbean" has been prepared by the technical staff of PASB (see Annex).

Another background document, "The Health of Women: How It Affects Their Needs and Status," prepared by the World Health Organization, was presented at the International Women's Year Conference in Mexico City. Specific recommendations for meeting the health needs of women were incorporated in the draft World Plan of Action.

4.9 The Bureau has undertaken an examination of the status of women in its organizational structure. The status of women in the professional, technical and supporting services has been examined, and a study of the Staff Rules and Regulations has been undertaken to see if any discriminatory practices against women exist.

4.9.1 An analysis of the professional and general services staff as of April 1975, by sex, shows the following:

	Professional				General Services					
	P.4 & above		P.1 - P.3		G.7 - G.8		G.4 - G.6		G.1 - G.3	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Headquarters	48	9	34	24	22	20	26	134	6	1
Headquarters AMROs	41	7	5	2	2	1	1	50	-	-
Zone Offices	4	-	-	-	3	7	3	28	19	4
Field AMROs	76	12	4	10	1	1	5	56	8	4
Country Projects	177	7	46	29	2	1	1	27	5	2
Zoonoses & Aftosa Centers	32	-	7	2	5	4	32	32	107	22
INCAP	19	2	24	12	11	16	39	50	53	75
Total	397	37	120	79	46	50	107	377	198	108

4.9.2 There is nothing in the Staff Rules which, with proper interpretation, can be regarded as discriminatory against women. Nevertheless, it might be advisable to rephrase some paragraphs in the document to ensure no misinterpretation could be made. The Administration and the PASB Staff Association have established a joint commission which would examine the status and conditions of women in the Organization and make specific recommendations in this area.

4.10 Examination of the participation which women have had in meetings of the Governing Bodies of the Organization shows that their role, while still minor, has been increasing in recent years. Women have been represented in the following numbers and proportion:

		Head of Delegation	Delegate	In other Capacity	Total Women	Percent Women
Pan American Sanitary Conference	1970	1	1	1	3	3.1
Directing Council	1971	-	1	2	3	4.0
Directing Council	1972	1	2	-	3	3.9
Directing Council	1973	1	2	2	5	6.5
Pan American Sanitary Conference	1974	1	4	6	11	10.1
		4	10	11	25	5.7

If the delegations from the various countries are grouped by region, the total representation of women in meetings of the Governing Bodies over the period 1970-1974 has been as follows:

	Representatives		Percent Women
	Total	Women	
Latin America	279	11	3.9
United States of America and Canada	59	4	6.8
Caribbean	97	10	10.3

4.11 An attempt has been made to analyze figures of human resources in the field of health within the countries of the Americas by sex and occupation, since this is the source from which recruitment of PASB staff takes place; however, extremely little information is available for most Latin American and Caribbean countries. From studies of human resources made in recent years, it is estimated that among physicians women formed 9.6 per cent of the total in Chile in 1968; 1.9 per cent in Colombia in 1965; 4.7 per cent in Peru in 1964; and 9.2 per cent in the United States of America in 1970. In Peru, the 1964 study showed 8 per cent of dentists were women, and in the United States of America in 1970, 3.4 per cent of the dentists were women. Among pharmacists, the same Peruvian study indicated that 54 per cent were women, while for Chile in 1968 the figure was 60 per cent and in the United States of America in 1970 only 11.9 per cent.

That the participation of women in medicine is gradually increasing is shown by the growth in the percentage of medical students who are female. In Latin America and the Caribbean, available information shows that the percentage of female medical students has increased from 21 per cent in 1967 to 25 per cent in 1971-1972.

Information concerning the participation of Latin American women in the many other physical and social sciences which are connected with the field of public health is almost entirely lacking.

4.12 Many of the countries throughout the American Region have developed activities and conducted seminars and discussions on the role of women in society and in the family. Programs on the subject have been conducted both on radio and on television to emphasize the goals and objectives of International Women's Year, 1975.

Annex

CD23/17, Rev. 1 (Eng.)
ANNEX

CRITICAL ISSUES AND OUTLOOK FOR THE HEALTH CONDITIONS OF WOMEN IN LATIN AMERICA AND THE CARIBBEAN

PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

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CRITICAL ISSUES AND OUTLOOK FOR THE HEALTH CONDITIONS OF WOMEN IN LATIN AMERICA AND THE CARIBBEAN

I. INTRODUCTION

The health of women in the Americas is influenced by the overall health conditions in the countries of the continent, which in turn largely reflect their varying degrees of economic, social and cultural development.

The Ten-Year Health Program of the Charter of Punta del Este served as a basic guide in the formulation of national health programs and projects during the period 1962-1971. The evaluations of these programs indicated that, on the whole, substantial progress was made in the health conditions of people of the Americas. At the III Special Meeting of the Ministers of Health of the Americas held in Santiago, Chile, in October 1972, the Ten-Year Health Plan for the Americas for the present decade was approved. The Plan sets forth the tasks which the countries of the Region are committed to carry out between 1971 and 1980 in the health sector. The problem which all of the countries share in common is that 37% of today's population is without access to even a minimum of health services. Hence, the first priority in each country has been assigned as the extension of the widest possible health service coverage of its inhabited territory.

II. STATUS OF WOMEN AND HEALTH IN LATIN AMERICA

1. The population of the Americas in 1973 was estimated at 534 million, of which 303 million live in Latin America and the Caribbean and the rest in North America. Although the sex distribution of the population does not vary much, the age structure of the population varies greatly, those under 15 years constituting 42% in Latin America as opposed to 29% in North America and the corresponding figures being 14 and 30% respectively for the age group 45 years and over. The population growth rates registered in recent years are 2.8% and 0.8% and the time required to double the population is estimated at 25 and 87 years respectively in the main sub-regions; urban migration is a universal phenomenon; the rural population in Latin America and the Caribbean is presently estimated at 44%.

TABLE I

POPULATION (in millions) AND RATE OF INCREASE IN THE AMERICAS
1960, 1965, 1971

Region	1960	1965	1971	Annual Rate of Pop. Increase 1965-71/1,000
Tropical South America	112	130	155	3.0
Middle America	48	57	70	3.4
Temperate South America	33	36	40	1.8
Caribbean	21	23	26	2.2
North America	199	214	230	1.2
Total	412	460	522	2.1

Source: U.N. Demographic Yearbook - 1971.

2. Women's health problems are particularly significant during the period of the reproductive cycle (15-44 years) and are inherent in or closely related to it. In most countries of the Region, this group comprises approximately 20% of the total population. The crude birth rates and the fertility rates vary considerably in the countries of the Region (Table 2), this in turn affecting the relative prevalence of health problems.

TABLE 2

FEMALE POPULATION (15-44 years - Mid-Year Estimates): LIVE BIRTHS AND FERTILITY RATES OF SELECTED COUNTRIES OF THE AMERICAS, 1972

Country	Female	Crude Birth Rate/1,000	Fertility Rate/ 1,000
Argentina*	5,206,000	21.2	96.2
Barbados	47,560	22.1	111.5
Canada	4,772,400	15.9	73.1
Chile	2,246,867	27.5	126.8
Costa Rica	368,350	28.9	144.7
Colombia	4,710,700	30.4	145.3
Cuba	1,793,755	28.3	132.4
Jamaica	376,900	34.6	178.7
Mexico	10,546,000	44.6	221.6
Trinidad	210,420	25.1	124.5
United States	44,390,000	15.6	73.3
Venezuela	2,301,148	37.8	179.5

*Data for 1970
Source: PAHO - Health Statistics Department

3. The literacy rates among the women in Latin America are generally higher than in other developing regions of the world. The level of participation in the intermediate and higher levels of education is improving but mainly in the urban areas. Women constitute less than 14% of the total labor force. The figures show that the majority of them are in domestic service, earn low wages and have little chance of improving their socio-economic situation. Prevailing cultural prejudices and taboos prevent women from taking an active part in the development process and consequently from enjoying an adequate standard of well-being, including health benefits. Insecurity of the family entity is a prevalent phenomenon in many countries of the Region; the one-parent family (generally the mother) is not uncommon, with the woman having to bear the responsibility of bringing up her children as well as being the main economic provider for the family. Social services are not well organized to provide her with the support her family requires; consequently her children are neglected, often are not able to take advantage of educational opportunities, have to participate in providing for family income early in their lives, and hence there is little chance of economic improvement from one generation to another. Legislation governing the rights of the family, particularly women and children, requires a careful review and updating in the light of the current needs and aspirations of mankind.

III. HEALTH PROBLEMS OF SPECIAL CONCERN IN WOMEN

Health Problems Associated with Pregnancy and Childbirth

Women in the reproductive age groups (15-44 years) are exposed to health problems associated with pregnancy and, while childbearing must be viewed as a normal process, each pregnancy must still be considered a potential risk-associated condition. The risks increase manifold under certain conditions.

Among the factors most important are: woman's age during first pregnancy and subsequent pregnancies; parity, that is, the number of children she has during her reproductive life span; and her previous obstetric performance as well as associated medical conditions which may be aggravated during pregnancy. Risks to both mother and child are relatively high in the first pregnancy, drop sharply in the second and third, slowly rise with increasing parity and rapidly from the fifth pregnancy onwards. Childbearing at the extremes of reproductive ages, that is, below 16 years or over 35 years, commonly found in the Region, is often associated with obstetric and health problems.

Early termination of pregnancy, whether induced or spontaneous, is often associated with risks to the health of women. Although the data for induced abortions are very incomplete and unreliable for assessing the health risks involved, some studies show that mortality from abortion in Latin America may account for as much as 30-50% of all maternal deaths.

Despite certain progress in most countries of the Region during the last decade, the risks of dying during pregnancy and childbirth are approximately five to seven times higher in Latin America than in North America (Table 3). Among the leading causes of maternal deaths, most of which are preventable, are toxemia of pregnancy, hemorrhagic accidents, infection and abortion. In many countries, deaths due to complications of pregnancy and childbirth are listed among the five principal causes of deaths for the population aged 15-44 years.

TABLE 3

NUMBER OF MATERNAL DEATHS WITH RATES PER 10,000 LIVE BIRTHS, BY COUNTRY, 1960, 1965 AND 1970, OF SELECTED COUNTRIES IN THE AMERICAS

Country	Number			Rate		
	1960	1965	1970	1960	1965	1970
Argentina	10	--	3	53.2	--	19.5
Barbados	17	7	7	21.7	11.0	14.3
Canada	215	135	75	4.5	3.2	2.0
Chile	845	860	439	29.9	27.9	16.8
Colombia	1553	1442	1556	25.9	21.7	23.0
Cuba	--	292	173	--	11.1	7.6
Ecuador	447	583	529	27.0	25.7	23.0
Honduras	255	256	186	31.0	25.6	17.4
Jamaica	137	123	68	20.0	17.6	10.6
Mexico	3102	3109	3050	19.3	16.5	14.3
United States	1579	1189	803	3.7	3.2	2.2
Venezuela	353	409	362	10.4	10.8	9.2
North America	1794	1326	879	3.8	3.2	2.1
Middle America	4654	4789	4296	18.7	15.5	13.2
South America	3910	4432	4735	19.8	17.8	18.2

Source: PAHO Health Statistics Department

Mortality rates do not expose the full picture of the extent of the health problems associated with pregnancy and childbirth. The morbidity data are incomplete, as the coverage of health care of pregnant women in Latin America is estimated to be lower than 30%; institutionalized care during delivery is under 50% and care during puerperium is under 5% in most countries.

The long-term effects of pregnancy and its complications have not been fully assessed; however, it is evident that repeated cycles of pregnancy and lactation and uninterrupted overwork coupled with dietary inadequacies can lead to "maternal depletion". This condition is not uncommon among the female population in countries of the Region. The ages at first and last pregnancies, the interval between pregnancies and the total number of pregnancies are important aspects of childbearing. Under the current prevailing conditions of health, education, economic and employment for women in the Region, the woman does not have the opportunity to decide when to have her first child, and how many children she should have altogether. High fertility, low maternal nutrition and infections form a triad of conditions prevalent in the countries. The programs aimed at providing knowledge and service to the woman which would make it possible for her to decide about the size of her family are very recent in most countries and available mainly in urban areas.

Interdependence of the Health of the Mother and Child

It is hardly surprising that there should be an intimate relationship between the health of the mother and the child. In Latin America, as in other developing countries, this natural biological link becomes not only important but vital, and is imperative for health and even survival of children.

The desire of the mother to continue her pregnancy is imperative to its successful outcome. The lack of adequate care during pregnancy can lead to fetal death and pregnancy wastage. Nutrition of the mother in pregnancy is reflected not only in the birth weight and maturity of her baby, but also in the stores of iron, vitamins and other nutrients needed for the early period of infancy. (The prevalence of nutritional anemias in Latin America ranges from 20 to 63% in pregnant women, from 14 to 30% in non-pregnant women.) Even more important is the need for a live, vigorous and lactating mother, to feed and care for the infant.

Perinatal mortality (late fetal and early neonatal deaths) is closely related to maternal age at pregnancy and parity. Care provided by the mother for her infant, her interests and attitudes towards her children in relation to family size, is reflected in the health of her children and in the infant mortality levels in a community.

In Latin America and the Caribbean, children under 5 years of age constitute 16% of the population. The perinatal, infant and child mortality rates are high. The mortality rates for infants up to one year of age range from 34 to 101 per thousand live births, those for the group between 1-4 years from 1.4 to 24.7 per thousand population. The ranges indicate that many of the conditions are preventable and reducible.

The care provided for the child population is inadequate, discontinuous, partial and limited in coverage. Even when services are available, their utilization is low, as evidenced by the fact that less than 10% of children under five years receive adequate health protection services or complete the required immunization schedules, in the majority of the countries.

Relatively little is known about the knowledge and attitudes of women regarding the health needs of their children. The desirability to improve the infant survival rates has motivated much discussion about the need for education of the mother and the family in the care of the young.

Other Health Problems of Women

Cancer of the uterus, cervix and breast.

The Inter-American Investigation of Mortality in Adults called attention to the importance of cervical cancer as a health problem. Data from nine Latin American cities showed that cancer at this site accounted for one-fourth of all deaths from malignant neoplasms in women between the ages of 15 to 64, and in some cases it was even higher (Table 4).

TABLE 4

CRUDE DEATH RATES PER 100,000 POPULATION (Females) FOR ALL MALIGNANT NEOPLASMS, MALIGNANT NEOPLASMS OF THE BREAST AND MALIGNANT NEOPLASMS OF THE CERVIX IN SELECTED COUNTRIES OF THE REGION

Countries	Malignant Neoplasms	Cervix Uteri	Breast
Argentina	170.0	4.3	20.9
Barbados	112.6	16.5	17.3
Canada	129.2	5.7	26.9
Chile	100.2	11.7	8.8
Colombia	53.1	5.3	3.1
Cuba	82.7	4.3	11.5
Ecuador	38.9	2.4	1.9
Jamaica	80.3	12.4	10.9
Mexico	42.2	6.0	3.0
United States	144.5	6.2	28.3
Venezuela	56.6	7.1	5.2

Source: PAHO Department of Health Statistics (Data are from 1970-1972 in most cases).

The incidence of this condition could be considerably reduced through the early detection and treatment of pre-neoplastic states and recipient invasive lesions. However, availability of these services is limited to a few, usually women of upper socio-economic groups, living in the urban areas.

Cancer of the breast is the second most important malignant condition found in women. While methods for early diagnosis and treatment are limited,

it is possible to detect such lesions in many cases early enough through a simple physical examination in order to institute early and more effective treatment, which can result in improved survival rates. Such simple periodic examinations can be easily carried out by paramedical and auxiliary health personnel. Even women themselves can be taught to carry out periodic self-examination.

Venereal Diseases

The venereal diseases, although not exclusively confined to women, deserve special mention as both sexes are affected, and in most cases, lesions in women due to this condition cause much disability and sickness.

Although both syphilis and gonorrhea had declined by 1956-1958, the 1960's saw a general increase until the end of the decade. The rate for syphilis recorded in 1971 in 16 countries ranged from 11.3 to 271.0 per 100,000 population. For gonorrhea, 15 countries reported prevalence ranging from 4.4 to 913.7 per 100,000 population. As the reporting for venereal diseases is generally incomplete and unreliable, the prevalence in fact may be much higher.

The diseases affect the sexually active young persons, and the asymptomatic case (80% in females with gonorrhea and up to 15% in males) continues to be the single most important reservoir of infection.

Important sequelae of these conditions that one has to consider besides discomfort and illness, with respect to women, are pelvic infections and the resulting infertility, or ectopic pregnancy. The risks of transmission of the syphilitic infection to the fetus are known and can lead to fetal death and pregnancy wastage.

Throughout the Region, there is a shortage of available, free, convenient and acceptable clinical and screening services, laboratory facilities, and also a lack of application of uniform treatment methods and procedures for adequate follow-up. For women, many opportunities normally exist in the health services where adequate screening and follow-up services can be instituted such as in the prenatal, gynecological and family planning services. The need to protect young women in particular requires special considerations.

While women as well as men are susceptible to any type of common illnesses, particular mention may also be made of other conditions such as tuberculosis, mental disorders and accidents which, because of their long-standing incapacitating effects upon the health of the individual, often threaten the stability of the family when the mother is affected.

IV. NEEDS AND OUTLOOK FOR THE FUTURE

1. The United Nations has declared 1975 as International Women's Year. The theme of the Year is "Equality, Development and Peace". By focusing activities and programs on this theme, the UN hopes that the urgent need to improve the status of women will become a major issue on the "world agenda". The improvement of health is an integral ingredient of the improvement of the quality of life. It is becoming increasingly evident that health cannot be improved

in isolation of other socio-economic factors. A critical social factor in the national development being recognized is the status of women which, until now, has been a peripheral issue.

The IWY signals the beginning of a new era when all of humanity, and not half of it, will participate in the effort to solve the problems facing the world. It is to be expected that improvement of the status of women, particularly through educational, cultural and economic revolutions, will have significant bearing upon their health status as well.

2. In 1966, the United Nations proclaimed for the first time that "the size of the family should be the free choice of each individual family" General Assembly Resolution 2211 (XXII). However, in many countries of Latin America and the Caribbean, not until recently the programs that permit the family to make this choice were started. These, even to this moment, are very limited and available mainly to the urban population. The United Nations World Population Conference in Bucharest, Romania, in August 1974, was the first international conference of governments to discuss population and development. The conference agenda focused on: Recent Population Trends and Future Prospects; Population Change and Economic and Social Development; Population, Resources and the Environment; and Population and the Family. One of the few general consensuses was on the need for attention to the roles and status of women in development. A World Plan of Action was proposed to the Government which emphasized that the principal aim of development, of which population goals and policies are integral parts, is improvement of the levels of living and the quality of life of the people.

Among the important recommendations of the Plan of Action were the full integration of women into the development process, by means of their greater participation in educational, socio-economic and political opportunities, and the reduction of infant and child mortality, particularly by means of improved nutrition, sanitation, maternal and child health care, and maternal education. There is no doubt that concerted action in the countries along these lines will improve the health status of women.

3. The need for active participation of women in national health plans was emphasized during the Special Meeting of Ministers of Health of the Americas held in Washington, D.C., in April 1963, and in connection with the implementation of the Ten-Year Plan for the Americas (1961-1970) drawn up in the context of the Alliance for Progress and the Charter of Puntal del Este. The Task Force on Health at the ministerial level concluded that active participation of women in national health plans, as well as their participation in the formulation and execution of social and economic development plans, is essential to the attainment of the objectives of the Alliance for Progress. It was recommended that the governments, the inter-American and international organizations work more actively and positively towards this goal.

4. At the Special Meeting of Ministers of Health in Santiago, Chile, high priority was given to the formulation of maternal and child health programs within the context of national health plans. Targets set by the Ministers for the decade called for reduction of maternal and infant mortality rates (40%) and extension of services (60%) including prenatal care, adequate

attention during delivery, postnatal supervision, and care of the infant and growing child. To this end, a strategy was outlined to consider for the first time recommendations designed to provide health care for mothers and children in the context of family welfare, with explicit reference to catering to the biological and social needs of women throughout the entire life cycle.

There is a need to include measures to guarantee civil and legal rights, as well as regulations to ensure improved economic, social and working conditions for women in such a plan. The plan should also promote during childhood and early youth adequate recreational activities and opportunities for educational and vocational orientation.

5. In view of the health goals that must be achieved during the present decade with regards to the health of the mother and the family, continued efforts are needed toward the strengthening of the pertinent health services. There is no doubt that an area requiring special emphasis is the stimulation of effective community participation in the maintenance and improvement of the health of its members.

6. Education of women on their health needs and those of the family will be a factor in the improvement of the health status of the communities. Women have to be well informed about their health needs, potential hazards to their health and how to avoid them, need for adequate protection during pregnancy and childbirth, and their nutritional requirements. They also must be informed of the health needs of the young child and his potential health risks.

Further, it is very important to have the active participation of women in making decisions about their health and in maintaining the health of their families. Active involvement of men in this endeavor needs to be encouraged, a role they have played only passively until now.

7. Of special concern is the consideration of the health needs of the young woman. Family life education, preparation for responsible parenthood, and creation of awareness and provision of knowledge about the health problems associated with reproductive and sexual behavior will be the major areas in this regard.

8. Strengthening of the social welfare services is another area which must receive particular attention in the next decade. This activity can permit women to play an active role in the development of their families and society.

9. Human resources continue to be the essential element for the delivery of adequate health services. In the solution to the health problems in Latin America and the Caribbean, it has been shown that nurses, nursing auxiliaries and members of the community are the key to the successful delivery of health services. The participation of women as health workers is already increasing (22% of medical students in the Americas, and approximately 30% in Latin America, are women). There is a need for more women leaders in the health professions, as there is almost a complete lack of these in Latin America. There is no doubt that a more active participation of women, not only in making decisions regarding their own health and the health of their families, but also in the formulation of health policies and planning of health programs for the communities

will bring about a greater improvement in the health status and health services of the people of Latin America.

V. CONCLUSIONS

Health of the woman is intricately related to her socio-economic status in society. The status of woman is both a determinant and a consequence of her reproductive behavior. The health of the woman is linked to her reproductive behavior, which makes her vulnerable to health hazards with far-reaching effects on her offspring and on the family environment.

Her active participation in deciding the size of her family, in maintaining her health and that of her family members, is very desirable and the emphasis of all activities towards this end must be on raising her educational level and her motivation towards life in general. Her reproductive behavior must be governed by choice and not by chance, and society needs to provide adequate supporting services for the family, to permit women to take up more active roles in addition to motherhood.

The action towards these goals has already started, as manifested by the recent events on the international scene. But the task is just beginning.

Development is a process from which women must benefit generally with men and to which they must contribute. The eradication of the traditional attitudes limiting the roles of women in society should, therefore, be a major issue of national concern and action.

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