

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

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WORLD
HEALTH
ORGANIZATION

XXXII Meeting



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REPORT ON WOMEN IN DEVELOPMENT

In light of previous resolutions of the Directing Council (1974, 1975, 1976) and based upon the Region's activities during the past five years, future perspectives for the remainder of the United Nations Decade on Women are discussed in this report. A review of the progress achieved during the first half of the Decade has been made. Considering the goal of health for all by the year 2000 and the major strategies of primary health care and community participation, activities are proposed to enhance women's active role in health and development.

1. BACKGROUND

1.1 The United Nations' proclamation of 1975 as International Women's Year gave impetus to the concern about women's health previously expressed at the XIX Pan American Sanitary Conference (1974) which adopted Resolution XXXVII on the subject. This resolution foreshadowed the emphasis given by the United Nations to the role of women in society and to the contribution women can make to the political, economic and social sectors in which health is included. It also called attention to the importance of including women in decision-making positions in the area of health, and urged Governments to encourage the changing role of women (Annex I). The XXIII Meeting of the Directing Council (1975)

focused its attention on the major issues concerning women and health, and approved Resolution X (Annex II) urging Governments, among other things, to give high priority to the inclusion of women in decision-making levels, and to review the utilization of women in the health sector. The XXIV Meeting of the Directing Council (1976) approved Resolution XXV, which again urged Governments to examine the recommendations contained in the World Plan of Action for the United Nations Decade for Women. Among its recommendations to the Director of the Bureau, Resolution XXV stressed the necessity to expand women's participation in health promotion activities, and to strengthen activities and programs aimed at promoting participation by women at the decision-making level in the Bureau (Annex III).

1.2 The World Conference of the United Nations Decade for Women was scheduled for July 1980. It was preceded by a world-wide assessment and evaluation of women's role in development. It was therefore considered that this report ought to be presented to the Directing Council after the Mid-Decade Conference. The purpose of this Report is to review the progress of women in health and development over the past five years and to highlight future activities to be considered by the Member Governments of the Pan American Health Organization.

2. REVIEW OF PROGRESS, 1976-1980

During the past five years, Member Governments were urged to strengthen health services to meet more adequately the needs related to women's reproductive behavior, nutritional status, and associated morbidity. Emphasis was placed on the need for family life education, food and nutrition programs, and accessible water supplies. Establishment of day-care centers and facilities for breastfeeding, as well as legislation to support the working mother and the development of national training programs were promoted. Community participation through health education was endorsed. Ministries of Health and PAHO Field Offices were advised to actively seek professional women for recruitment. Collaboration with United Nations Agencies and the Inter-American Commission of Women of the OAS in the development of regional activities was promoted.

Specific activities undertaken during this period are summarized below:

2.1 Promotional Activities

The Pan American Health Organization was represented at: the Regional Preparatory Conference for the World Conference of the United

Nations Decade for Women, in Caracas, on the interaction of women in development with special emphasis on demographic factors; both United Nations Conferences for the Decade of Women--the Conference for International Women's Year in Mexico City and the Mid-Decade Conference in Copenhagen; the International Advisory Panel of the International Conference on Women in Health, sponsored by the U.S. State Department; and the Regional Meeting on Participation of Women in Political, Social and Economic Development, sponsored by the United Nations Economic Commission for Latin America (ECLA), held in Buenos Aires. The Organization was further represented at a UNESCO-sponsored meeting in Mexico, which focused on the problems of rural areas, the situation of rural women, and experiences in the planning and implementation of women's programs. The Organization also co-sponsored, with the Equity Policy Center, an International Symposium of Women and Their Health, and hosted a follow-up two-day workshop following the Symposium.

In the area of publications, a special issue of the Gazette focused on women in the Americas, and the Organization's Bulletin included a feature on the International Women's Year. A document on the Integration of Women in Health and Social Development was written for the Buenos Aires meeting. The staff also prepared documents on women in health, the role of the Organization in the promotion of women in health, and health conditions of women in the Americas.

2.2 Health of Women

During the 1976-1980 period, the Organization's activities in programs related to the health of women and children have expanded. The number of country projects aimed at the strengthening of maternal and child health and family planning services for which the Pan American Health Organization is providing technical cooperation has increased from 10 to 18 during the 1975-1980 period. Availability of extrabudgetary support, especially from the United Nations Fund for Population Activities, for country and regional programs has enhanced the development of health services for women.

Member Governments are developing water and basic sanitation programs consonant with their human, technical and financial resources. Great emphasis is being given to meet the goals set for the United Nations International Drinking Water and Sanitation Decade. Audiovisual materials and teaching manuals for community use are being developed.

National nutrition programs and projects in intersectoral food and nutrition planning, nutrition in primary health care, prevention and control of nutritional deficiencies, nutrition education, and training of personnel have all received increasing attention during the past several years. Women's groups in child care and nutrition centers have received

training in basic knowledge and skills in preventing common nutritional disorders. Early childhood stimulation programs are likewise being promoted in some countries of the Region. Workshops on breastfeeding and infant nutrition have been held in most countries. Promotional and informational materials on food and nutrition have been prepared and disseminated by the Pan American Health Organization's Subregional Centers in Food and Nutrition. Education in family life has acquired special importance in many countries of the Region. Within the Region, the Caribbean countries are establishing structures within the health system for education in health. Additionally, as a result of the Meeting on Family Life Education and Health Education held in Guyana in 1978, each country is reviewing the school curriculum and introducing health and family life education within all primary, secondary and, where available, tertiary schools.

2.3 Cooperation with Other Organizations

In conjunction with the Inter-American Commission of Women of the OAS, the Pan American Health Organization co-sponsored a major Seminar on Health Conditions of Working Women in Latin America. This seminar was held in Bolivia. More recently, with the co-sponsorship of the Equity Policy Center, an International Symposium on Women and their Health took place in Washington in June 1980.

In general, preparation and presentation of papers at regional meeting and consultations in the field with members of other agencies have been important aspects of intersectoral cooperation.

2.4 Women in Health Services

There has been a steady growth in the number of professional women in health disciplines in the Region from 1976 to 1980. Educational opportunities for women architects, biochemists, dentists, dieticians, health educators, physicians, nurses, nutritionists, pharmacists, social workers, etc., have increased yearly, as is apparent from an analysis of the 2,223 fellowships provided to women through the Organization. These fellowships respond to the priorities expressed by the Governments. It is apparent that there has been a shift among nurses and physicians in the numbers pursuing primary health care educational and training programs during the past two years.

Although there is room for improvement, some increase in the number of women in decision-making levels, especially in Planning Units of the Ministries of Health, has been noted. There is also an increase in the absolute numbers of women participating at meetings of the Governing Bodies of the Organization during the past five years (see

Annex IV). While these facts are encouraging, the overall proportion of women at these meetings has remained unchanged. In 1978, the Pan American Health Organization undertook a study of women's participation in health in the Region. This study resulted in two principal findings:

- a) women's health needs in the Region have been defined exclusively in terms of reproductive and child care roles, not considering productive roles of women; and
- b) the number of women at decision-making levels within the Organization should increase.

There have been a variety of promotional activities within the Organization. The Director of PASB contacted all Ministers of Health in 1976 to encourage the recruitment of women for the Organization. Although a concerted effort has been made in the area of recruitment of professional women, to date these results have not been very encouraging. The greatest disparity persists at the higher grade levels within the Bureau (Annex IV).

The Administration has continued its efforts to increase the proportion of professional women in the Pan American Sanitary Bureau. Following approval of Resolution X by the XXIII Meeting of the Directing Council in 1975, a Committee for Equal Rights of Women was established within the Staff Association of the Pan American Health Organization. Shortly thereafter this evolved into the Joint Administration/Staff Committee on Equal Rights for Women. This Committee presented a background paper to the Headquarters Program Committee (HPC) in November 1976, which outlined the need for action, focusing more specifically on women within the Organization. Subsequently, the Headquarters Program Committee (HPC) recommended to the Director that a Task Force on Women and Health be established. In January 1977 the Director commissioned a Task Force to study the issues related to women and health and to formulate a program of work. The Task Force prepared a Work Program incorporating a series of recommendations to the HPC concerning women's health needs as well as their participation in health programs at all levels, and presented this to the HPC in June 1977. A proposal containing three options for making this plan operative within the structure of the Organization was submitted to the Director in October 1977. The decision was made to retain the existing structural arrangements for the women and health focal point within the technical Division of Family Health, which in 1979 became part of the Division of Comprehensive Health Services.

In-service staff training courses have been directed at career objectives of general service and professional staff. Several women are

receiving support for continuing education in university programs. A course on Women in Management was the most recent staff training activity administered within the Organization. Subsequent to this course, some participants have formed a work group to address prevailing problems related to women. This groups aims to direct its attention to issues concerning women in the Organization.

3. PERSPECTIVES: 1980-1985.

Women's Role in Health and Development

Regional reports of progress achieved during the first half of the Decade for Women indicate that the role of women in society has been the subject of intense debate. The recognition of the need for full and equal participation of women and men to achieve world development and peace has continued to grow during the past five years. Experience has shown that it was erroneous to assume the success of programs based upon the premise that single area changes could improve substantially the situation of women. Development is essentially multifaceted, and interdependence among sectoral programs is crucial.

Women's health depends on women's development. The approach to women's health, therefore, must be comprehensive, dynamic and sensitive to the changes in a woman's needs throughout her life-cycle, to changes in women's roles both within and outside the family, and to socioeconomic changes in society. The inadequate progress attained thus far in the Decade, as reported by ECLA at the United Nations Mid-Decade Conference, is attributable to lack of political commitment, to traditional attitudes and customs, as well as to legal and legislative restraints on the part of governments. In many countries women continue to lack access to training opportunities that would prepare them adequately for jobs at all levels, especially policy and decision-making positions.

The interrelatedness and systemic roots of women's health issues are perceived more clearly now. Following discussions on health issues of specific concern to women in their multiple roles as workers, mothers and individuals, the participants in the International Symposium on Women and Their Health agreed that:

- a) Socioeconomic environments are primary determinants of women's health.
- b) Health care must treat women as total human beings.
- c) Women need health care throughout their lives.
- d) Women must be represented in the health delivery system at all levels.

The participants in the Symposium also referred to the urgent need for adequate and efficient information systems as reliable data are needed to construct an accurate profile of women's health and development needs. More complete information would lead to more effective planning in this area. The right and duty that people have to participate in the process of improving and maintaining their own health is recognized by the countries of the Region. The primary health care approach recommended at Alta Ata includes the participation of the people at the grassroots level to assist in identification and solution of their problems. The family's home environment, life-style and resources largely determine the health of its members. The family is the basic unit of self-reliance in health care, and the mother is, traditionally, the first health care provider. She provides all essential elements of the family's health: she fetches the water, maintains the hygiene of the house, prepares the food, and cares for the health needs of the children, the sick and the elderly. Woman's access to information about health, as well as to resources for health care (self-care in particular), is, therefore, a crucial determinant of family health. Women alone cannot make the changes needed to improve the health of the family without the resources, information and authority which men usually hold. Sharing of these resources should be part of an overall process of greater sharing of knowledge and responsibilities within the family.

Women, as providers of primary health care for themselves, their men and their children, have special interest in all aspects of community health services, including environmental health (water supply, sanitation, housing) and the training of professionals, paraprofessionals and technicians. Women have the potential to be prime movers in the struggle to integrate health into the total socioeconomic development at the community level, which is essential to the achievement of health for all by the year 2000.

The work of women's community organizations often supports their role as health providers/consumers. These groups provide models for community participation in primary health care. In countries where a large percentage lives in rural areas, the mobilization of women becomes essential. Their participation is also essential within marginal urban communities. The participation of women in primary health care delivery will hasten the shift of priorities from curative actions to those of promotion and prevention.

Greater effort needs to be made to involve women in activities at the community level, as well as at all other levels of the decision-making process relevant to health care, such as:

- a) Utilizing and/or promoting women's groups for participatory analysis of basic human needs;

- b) Providing women with opportunities to acquire essential health knowledge and skills, building on existing health-promoting practices by means of a methodology of participatory education;
- c) Promoting literacy through innovative health education techniques;
- d) Assuring that women are given equal access to opportunities for research and study, such as those provided by the Pan American Health Organization's Fellowship Program.

Considering that education is not only a basic need in itself, but is the basis for meeting other elementary human needs, it appears essential that women as well as men be provided a basic minimum of practical and development-oriented education. A basic learning package, including functional literacy for productive activity, maternal child care/family planning, family health, nutrition, sanitation, and the knowledge required for active civic participation, ought to be a priority activity for all countries. Women, as mothers, are the first teachers of the next generation, yet their role as health educators is often overlooked.

Health programs in some countries have successfully integrated health education with an increased awareness of the critical links between poor health, illiteracy, landlessness, and other problems plaguing the rural areas. Access to potable water and techniques for the conservation of water would be important focal points for community development efforts. One main objective ought to be to alleviate women's burdens. Training women for maintenance of local water systems could be an effective means of assuring an adequately functioning system.

The successful application of appropriate technologies to the health sector is an area of special interest for women. Simple and low-cost techniques for packaging and processing food, whether for sale or home consumption, touch many aspects of family life. They often require the acquisition of basic skills of literacy, numeracy and organization. Sometimes women are able to capitalize on this initial training and engage in higher levels of interaction, such as setting up of cooperatives or applying newly-acquired basic bookkeeping skills to existing personal and communal business ventures. The training of working women should include not only child care, nutrition and education, but also marketing and the organizational skills required to improve working conditions and services. In addition, some women's groups can be encouraged to obtain seed money for credit unions in the form of a revolving fund. Being delivered from local moneylenders and at the same time having access to training in maternal and child health and family planning, family budgeting and consumer education, rural women who have migrated to urban slums have an opportunity to participate in their own development and growth as persons.

CONCLUSIONS

Many countries in the Region continue to experience major problems due to current socioeconomic and political changes. Insufficient financial resources or use of available resources, compounded by inflation, are considered to be major obstacles to developmental progress. Likewise, maldistribution of services, inadequate infrastructure, and poor communication and transportation create problems of equity. Limited access to rural areas hampers the delivery of services. Problems of communication are compounded by illiteracy, a lack of awareness and information, the tenacity of traditional beliefs and practices, manifested in a reluctance of the community to accept innovations, and in the lack of community participation in some health programs.

Adequate training and supervision of health administrative personnel, clear national health policies, and coordination among agencies will enhance the extent and effectiveness of the participation of women in health sector activities. Furthermore, it appears important that in view of the evaluation of progress achieved during the past five years, governments reaffirm their commitment to accord priority to accelerate equal and full participation of women in all decision-making levels, especially in policy areas. The strengthening of appropriate regional and national programs needs to be based on the development of cooperation among countries with the aim of promoting self-reliance.

The Organization and its Member Governments will need to review carefully the proposed Plan of Action for the remainder of the decade developed at the World Conference of the United Nations Decade for Women in Copenhagen. Also, there is need to review obstacles which interfered with achieving the objectives as previously indicated by resolutions directed at the first half of the Decade. A realistic adaptation of the Plan of Action, based on countries' needs and available resources, should constitute a major emphasis for the Organization and its Member Governments. The implementation of such a Plan, in coordination with other sectors involved in development, will yield more positive results at the end of the Decade than have been accomplished thus far.

Annexes

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XIX Pan American Sanitary Conference

Resolution XXXVII

International Women's Year, 1975

The XIX Pan American Sanitary Conference,

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

Noting the official emblem adopted for the International Women's Year, consisting of a stylized dove, the biological symbol for woman, 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 International Women's Year, to the role of women in society and to the contribution they can make to the political, economic, and social sectors, including that of health.

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

3. To urge the Governments to undertake education programs designed to encourage 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 action underway to promote the participation of women in the activities of the Organization generally and in relation to International Women's Year specifically.

*(Approved at the eleventh plenary session,
10 October 1974)*

XXIII Meeting of the Directing Council

Resolution X

International Woman's Year

The Directing Council,

Bearing in mind Resolution XXXVII of the XIX Pan American Sanitary Conference which, in connection with the International Women's Year, urged the Governments to promote greater participation by women in the formulation of health policies and the administration of health programs, and considering Resolution XXXII adopted by the Executive Committee at its 74th Meeting;

Having examined the report of the Director (Document CD23/17, Rev. 1) which gives an account of the activities carried out by PASB during the International Women's Year, including its participation in the Conference at Mexico City and in similar meetings organized in various countries in the Region;

Recognizing the special efforts which have been made at the different levels of PASB to analyze the role and status of women as staff members, without discrimination of any kind;

Recognizing that the objective of the International Women's Year is to promote equality as well as to change traditional attitudes and to integrate women into the developmental process, especially through greater participation in planning, decision-making, and implementation of policies adopted; and

Noting the dearth of women in decision-making positions in the health sector and the need to obtain more accurate data regarding opportunities for women in that sector, and particularly in PAHO,

Resolves:

1. To thank the Director of the Bureau for the report presented (Document CD23/17, Rev. 1).

2. To urge the Governments to assign high priority to the promotion and protection of women's health, together with employment and educational opportunities, and particularly to meeting their needs in the rural areas, in order to ensure their own welfare and that of their families.

3. To urge the Governments to give high priority to the inclusion of women in the planning, decision-making, execution, and evaluation phases of health programs at all levels, and to promote increased participation by women in the meetings of the Governing Bodies of the Organization.

4. To urge Governments to improve the information available on participation by and opportunities for women in the health sector, to make every effort to review the matter of utilization of women in the sector, to design and institute career paths and training patterns, and to set up the necessary administrative machinery to achieve the desired integration.

5. To recommend to the Governments that they develop the necessary machinery for ensuring the creation or improvement of public or private institutions to take responsibility for the care of children of working mothers during working hours and endeavor to improve the health, educational, and nutritional conditions of the children in their care, special emphasis being placed on the desirability of locating such institutions as close as possible to places of work (factories, industrial plants, etc.).

6. To recommend to the Director that the Organization:

- a) Provide the necessary assistance to the countries in obtaining data concerning the participation of women in health occupations throughout the Region;
- b) Encourage greater participation by women in the health sector;
- c) Take positive action to establish an active policy of recruitment, promotion, and training of women for professional and other posts, including participation in the planning, decision-making, execution, and evaluation phases of health programs at all levels, and increased representation of women at the decision-making levels in the Pan American Sanitary Bureau; and
- d) Present a report on the measures taken and the progress achieved in these areas to the 76th Meeting of the Executive Committee and to the XXIV Meeting of the Directing Council.

*(Approved at the eighth plenary session,
2 October 1975)*

XXIV Meeting of the Directing Council

Resolution XXV

International Women's Year, 1975

The Directing Council,

Bearing in mind Resolution X approved by the Directing Council at its XXIII Meeting, and also Resolution XV approved by the Executive Committee at its 76th Meeting;

Having examined the report of the Director (Document CD24/17), which gives an account of the activities carried out by PASB during the International Women's Year and the strategy for the next decade;

Taking note of the resolution approved by the United Nations General Assembly at its thirtieth session proclaiming the period from 1976 to 1985 United Nations Decade for Women: Equality, Development, and Peace; and

Considering that the United Nations General Assembly decided to convene in 1980, at the mid-term of the proposed decade, a world conference to review and evaluate the progress made in implementing the objectives of the International Women's Year, as recommended by the World Conference of the International Women's Year,

Resolves:

1. To thank the Director and his staff for the information on questions relating to the status of women in the Region and within the Bureau.
2. To urge the Governments to examine the recommendations contained in the World Plan of Action and in the Director's report and establish short, medium and long-term targets and priorities for carrying out the relevant programs.
3. To recommend to the Director that the Organization:
 - a) continue to provide the countries with the cooperation they need in carrying out programs designed to improve the health and well-being of women and expand their participation in health promotion activities;
 - b) establish machinery and procedures for the ongoing evaluation of those programs;
 - c) strengthen activities and programs aimed at promoting participation by women at the decision-making level in the Bureau.
4. To request the Director to report on the progress made in this direction to the Executive Committee at its 82nd Meeting and to the Directing Council at its XXVI Meeting, in 1979.

*(Approved at the thirteenth plenary session,
6 October 1976)*

NUMBER OF PARTICIPANTS ATTENDING MEETINGS OF THE
GOVERNING BODIES OF PAHO BY SEX DISTRIBUTION 1975-1979

M e e t i n g	Y e a r									
	1979		1978		1977		1976		1975	
	m.	f.	m.	f.	m.	f.	m.	f.	m.	f.
Executive Committee	25	4	26	3	13	2	20	1	18	0
Directing Council	100	10			81	8	74	8	73	5
Pan American Sanitary Conference			90	17						

NUMBER AND GRADE OF PROFESSIONAL WOMEN IN THE
THE PAN AMERICAN SANITARY BUREAU IN TWO TIME PERIODS

Grade	Year	
	1975	1980
P.5	4	3
P.4	36	30
P.3	45	33
P.2	25	32
P.1	14	20
Total	124	118