

## WOMEN'S HEALTH AND HUMAN RIGHTS: Genesis of the Health and Human Rights Movement

In this first thematic issue of *Health and Human Rights*, published on the eve of the United Nations (UN) Fourth World Conference on Women, we sought to bring together some of the leading thinkers and activists in the field of women's health and human rights. We believe that the clarity and power of the articles in this issue will be inspiring, both to those already working in this area, and to all those concerned with the complex connections and profound inner coherence of the health and human rights relationship.

Current work in health and human rights must be understood in light of the contribution that those working to advance the understanding of women's human rights and women's health have brought to the movement. Individuals working to advance women's human rights have drawn attention to the ways in which women's roles and status are fundamentally linked with the reduction of women, through social and political processes, to aspects of their physical selves. As a result, respect for women's human rights has frequently been advanced through struggles over women's sexuality and reproductive potential, including physical, mental and social dimensions. In turn, those working in the women's health field have found human rights to be a powerful legal and political tool, which offers clear insight and a deep connection to issues of empowerment—which is not only necessary, but central to women's health and well-being.

These concrete and pragmatic realities have encouraged a powerful synergy between the struggle for women's human rights and dignity and efforts to improve and protect women's

health. The modern health and human rights movement has been advanced and expanded through the transformative insight, analysis and action around women's health, rights and dignity. Thus, the linkage between rights and health has been pioneered, in many ways, through the collaborative efforts of women's health and women's rights advocates. Several examples of the synergy and power of the health and human rights perspective may help illustrate this rapidly evolving and exciting area of research and advocacy.

First, both human rights and public health workers are increasingly broadening their concerns to include issues previously not addressed because they were considered to be within the private or family sphere of life. For example, both health and human rights activists traditionally focused on violence and rape only as they occurred in the public sphere. Now, through attention to domestic violence, including all aspects of violence occurring within households, both approaches recognize and are responding to the enormous, previously hidden dimensions of these problems as they occur in the private domain, and are working to construct effective public responses to them.

Second, there is increasing recognition of the public aspect of issues previously seen only from a more limited and individualistic perspective. For example, twenty years ago, breast cancer, which affects women all over the world, was essentially considered a medical problem. Its broader health and human rights dimensions were not recognized. Women with breast cancer were often isolated, experiencing a personal tragedy compounded by societal discrimination and disregard. Now, the approach to breast cancer is changing to emphasize its critical public health and human rights context. Today, women with breast cancer, at least in many parts of the industrialized world, working with community support, can participate in political/human rights-based activism which challenges research priorities and resource allocations, as well as societal attitudes. A public dimension has been added.

Third, preventable disease, disability and premature death are closely related to the status of respect for human rights and dignity within each society. For example, an analysis of heart disease among women is needed which goes be-

yond traditional epidemiological and “risk factor” analysis to identify the pattern of violations of specific rights and clusters of rights which create and amplify women’s vulnerability to these conditions. While analysis of this type has been conducted primarily in the area of reproductive health and rights, it remains to be carried out for the full range of women’s health and human rights concerns.

Fourth, the interdependence of rights of different people—women and men, children and adults—is more widely appreciated. For example, vulnerability of women to HIV infection derives in large part from pervasive violations of women’s human rights and dignity. Although the improvement of women’s status is essential to the success of strategies to reduce vulnerability to HIV infection, these strategies will be ineffective without concomitant attention to the human rights and dignity of both men and women. This approach leads to a better understanding of how a lack of respect for human rights and dignity creates environments of risk for HIV transmission to women.

Fifth, the pervasiveness of discrimination in health care and health policy settings has increasingly been recognized. Even when women’s access to health care is theoretically equal, some women are more vulnerable to receiving inadequate or insufficient care as well as to experiencing violations of dignity. For example, it is well known that obese women suffer from highly negative stereotyping by medical students and health professionals in most societies, translating into unseen yet powerful barriers to good health care. It is essential for health and human rights advocates to go beyond issues of access and quality of care to include a more complete and sophisticated understanding of the design, delivery and evaluation of good health care.

Finally, we propose that a large part of the damage to physical, mental and social well-being occurs outside the current biomedically-derived lexicon of medicine and public health. For example, in the area of environmental health, the relationship between rights status and health effects on individuals and populations is increasingly being recognized. In addition, the discovery and description of health impacts resulting from violations of dignity is just beginning. Several lines of evidence suggest that regular and severe violations of

individual or collective dignity have severe adverse effects on health. Yet, until or unless these impacts on well-being are manifested in biomedically-recognized forms (e.g., hypertension, diabetes, heart disease, ulcers, psychosis), their existence as a health problem remains unclear and unvalidated. A major pioneering effort is needed to identify and link the full range of these assaults on well-being, particularly mental and social, with violations of human rights and dignity. Recalling the invisibility of child abuse and child sexual abuse prior to similar pioneering efforts to bring the “obvious” into the light should give further impetus to active explorations in this health and human rights domain.

The UN Fourth World Conference on Women provides an opportunity to work toward further clarification of the health and human rights connection. For us, these issues speak most clearly to the need for health and human rights workers to speak together. We hope to explore beyond currently defined disciplinary or organizational frontiers, and to seek how, when and where the conceptual and concrete efforts of each may contribute toward the common goal: the promotion and protection of human well-being—in all its spectacular diversity.

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