Item 4.3 of the Tentative Agenda

SISD11/7 (Eng.)
15 March 1991
ORIGINAL: Spanish

PROGRESS REPORT ON THE SCIENTIFIC PUBLICATION
"WOMEN IN HEALTH AND DEVELOPMENT IN THE REGION OF THE AMERICAS"
CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td>I.   General Background</td>
<td>1</td>
</tr>
<tr>
<td>II.  Nature of the Proposed Plan for the Second Publication</td>
<td>1</td>
</tr>
<tr>
<td>III. Activities Carried Out</td>
<td>5</td>
</tr>
<tr>
<td>IV.  Current Status of the Project</td>
<td>6</td>
</tr>
<tr>
<td>V.   Final Observations</td>
<td>7</td>
</tr>
<tr>
<td>Summary Table</td>
<td></td>
</tr>
<tr>
<td>List of Authors</td>
<td></td>
</tr>
</tbody>
</table>
INTRODUCTION

The purpose of the present document is to provide an informative statement on progress in the preparation of the second scientific publication on the subject of women and health in the Americas. The report begins with a brief summary of the background leading up to the task, which is followed by a short description of the plan that was proposed and approved for the preparation of this publication. Next there is a review of the activities carried out between July 1990 and March 1991 in fulfillment of this plan, and then specific information on progress to date in each section of the plan. The final observations refer to the main difficulties encountered in the development of this project and the prospects for its conclusion.

I. GENERAL BACKGROUND

1. In 1985 PAHO delivered Scientific Publication No. 488, LA SALUD DE LA MUJER EN LAS AMERICAS (Health of Women in the Americas), which was geared to an audience of planners, policy-makers, health professionals, investigators, and other related groups, with a view to offering an overall informative and analytical panorama of the health situation of women in the Region. Recognizing the value of this first product and the importance of ensuring the continuity of this initiative, the Directing Council of the Organization, in its Resolution CD34.R5 of 1989, provided for the quadrennial revision and updating of this publication.

2. In June 1990 the Bureau approved the proposal presented by the Program on Women, Health and Development (PWD) for preparation of the second publication. This approval referred to the substantive aspects—namely the analytical approach, the conceptual framework, and the thematic content—but not to the allocation of funds for contracting outside specialists, which was the model that had been used in the first publication. The Office of the Director did in fact allocate the necessary funds for editing and printing this second publication.

3. PWD contracted the work of compiling the contributions and the general editing of the publication to Dr. Elsa Gómez Gómez, author of the proposal, who had recently prepared the document "Epidemiological Profile of Women's Health in the Region of the Americas" and the chapter on women's health in the volume Health Conditions in the Americas.

II. NATURE OF THE PROPOSED PLAN FOR THE SECOND PUBLICATION

1. The overriding general objective of this publication is to advance knowledge about the social factors that affect both the health of women and female participation in health development. Within this context it is desired to promote, in particular, the progressive incorporation of gender considerations within the analyses of health.
2. The **specific objectives** of the project are as follows: (1) to provide an updated analytical view of the statistical information available on sex-based patterns of morbidity and mortality, and of their recent evolution in the countries of the Region; (2) to advance in the knowledge of the social determinants of the principal health problems that affect women exclusively or that affect both sexes but have a quantitatively or qualitatively different impact for women; (3) to examine the interaction between the feminine population and the health system from three perspectives: women as actual or potential consumers of services; women as formal and informal health agents at the level of the individual (self-care), the family, the community, and society, and women as generators and organizers of alternative forms of service delivery; (4) to analyze the impact of two types of social developments on women's health: legislation, and medical technology for the health care of women.

3. The notion of gender that is the basis of the **conceptual framework** of this project goes beyond the purely biological and demographic aspects of sex and includes the differences in roles, attitudes, and behavior that are assigned to men and women by society. The effects of this differentiation on health will be mediatized—and analyzed—in terms of the risks (physical and psychological) associated with the performance of certain characteristic functions, of sex-based behavior in the search for care, and of sex-based access to critical resources and health services.

4. The identification of problems or conditions to be included under the heading of "women's health" takes the following criteria into account:

- that it affects women exclusively;
- or, that it affects both sexes but
- is more prevalent in the female population;
- has different consequences for women;
- involves different risk factors depending on sex; or
- is associated with different interventions for women and men.

5. The role of women in health care will be analyzed from the perspective of gender factors that facilitate or obstruct access by women to positions that involve varying degrees of social recognition, measured in terms of remuneration, prestige, autonomy, and power.

6. Following is the proposed **outline of contents** that served as the basis for requesting contributions for this publication.
INTRODUCTION

PART I
CONCEPTS AND GENERAL CONTEXT

- Gender and health. Conceptual framework
- Gender inequalities in the socioeconomic context of the Americas
- Impact of the debt crisis on the health and status of women in Latin America and the Caribbean

PART II
CONSIDERATION OF GENDER IN EPIDEMIOLOGICAL ANALYSIS

- Sex differences in mortality and morbidity in different age groups
  - Gender as an element of social inequality in death. Levels, causes, and trends (from birth to old age)
  - Sex differences in mortality and morbidity during adolescence
  - Sex differences in selected aspects of the health-disease process. Causes, consequences, and interventions.
    - Nutritional problems
    - Occupational health
    - Mental health
    - Substance abuse
      a. tobacco
      b. alcohol and drugs
    - Tropical diseases
    - Disabilities
    - Problems of aging
    - Chronic diseases

- Violence against women
  - Forms, causes, and consequences of violence directed against women
  - Response of women's groups and institutions in the Region

- Sexuality, gender, and female reproductive health
  - Sexuality, self-esteem, and self-affirmation (with emphasis on adolescence)
  - Health and fertility regulation
    Reproductive rights, differences and trends in reproductive behavior (fertility, contraception, and abortion)
  - Maternal mortality and morbidity
  - Gynecological cancer
  - Infections of the genital tract
  - Sexually transmitted diseases
  - AIDS
  - Menopause
PART III
WOMEN AND HEALTH SERVICES

- Women's needs for health services and response of the health system
- Witches, midwives, and nurses. A historical perspective on the contribution of women to health development
- Woman and self-care
- Participation of women in the formal health system
- Role of women's organizations in health promotion and care

PART IV
MEDICAL TECHNOLOGY, LEGISLATION, AND WOMEN'S HEALTH

- Use of medical technology in the health care of women
  - Socioeconomic, medical, and ethical aspects of technology utilization in the area of reproductive health
  - Legal and bioethical implications of reproductive engineering
  - Toxic shock syndrome as a consequence of the use of certain technologies

- Women and the right to health. National and international legislation that affects access by women to health resources and services
  - North America
    a. Canada
    b. United States
  - Caribbean
  - Central America
  - South America
  - International conventions and agreements

7. Working method. The diversity of subjects in the preceding outline shows the need for a multidisciplinary team with a central coordinating unit. This team was initially composed of PAHO professionals who, with their experience in specific areas, were in a position to contribute to the publication either directly, through the preparation of articles, or indirectly, by putting the project in touch with outside specialists. The coordination of this team has been under the responsibility of PWD with advice from specialists in Health of Adults (HPA) and Health Situation and Trend Assessment (HST). PWD has also had the support of an Editorial Committee that included the participation of the Coordinator of Maternal and Child Health (HPM) and professionals in Health Policies Development (HSP), as well as Health Situation and Trend Assessment.
III. ACTIVITIES CARRIED OUT

From July 1990 until mid-March 1991 the following activities were carried out within the context of this project:

1. Consultation with PAHO in-house specialists on the most suitable and efficient manner of proceeding with requests for contributions.

2. Circulation of a memorandum to the technical units, signed by the Assistant Director of PAHO, reporting on the nature and operational procedures of the project and requesting contributions in the respective areas of expertise of the different units.

3. Requests for technical cooperation from agencies and individuals, for which purpose letters and terms of reference were sent out, some of them signed by the Assistant Director of PAHO and others by the Coordinator of PWD.

4. Meetings with the Program Coordinators and/or professionals designated by them to discuss the nature and characteristics of the collaboration being requested, decide on individuals responsible for the preparation thereof, and agree on a schedule for delivery.

5. Development of terms of reference for preparation of the contributions by the different units.

6. Preparation of a preliminary synopsis of the conceptual framework of the publication in order to have an instrument that would serve as a guide for preparation of the different contributions and ensure its cohesiveness.

7. Translation into English and adaptation of the plan for the publication for the purpose of requesting contributions from outside agencies or individuals in North America and the Caribbean.

8. Meetings with outside specialists and personnel from other agencies for the purpose of agreeing on their specific participation in the publication.

9. General coordination meeting, convened by the Assistant Director of PAHO with the participation of the Coordinators of the technical units and their designated professionals, to discuss the preparation of the respective contributions.

10. Appointment of the Editorial Committee and initiation of its activities with review of the first contributions received by PWD.
IV. CURRENT STATUS OF THE PROJECT

The attached table summarizes the status of the project in terms of the assignment and development of the different topics contained in the plan for the publication. In general, the following observations may be made:

1. Of the 38 contributions that have been requested (or volunteered), there are confirmed authors for 27 of them, i.e. approximately 71 percent. Naturally there is some concern about the remaining 29 percent for which acceptances have not yet been received. The part for which authorship has not been confirmed is particularly weak in the area of women in the health services.

2. Of the total contributions, 41 percent would be prepared within PAHO and 59 percent would have outside collaborators, 26 percent working under contract and 33 percent ad honorem. The ad honorem collaborations are the ones requested directly by PWD, which, as was already pointed out, does not have resources for this purpose.

3. With regard to the type of contribution made by the PAHO technical units, it should be pointed out that PWD has assumed, in addition to the task of coordination, direct execution of 10 percent of the contributions by its own professionals (Program Coordinator and Consultant Editor) and execution of 3 percent under a contract. The remaining technical units have assumed responsibility directly for 31 percent of the contributions, to be prepared by their own staff, and indirectly for an additional 23 percent, to be contracted with outside consultants. As indicated above, the remaining third will be free contributions by distinguished professionals enlisted through the PWD Program.

4. The bulk of the contributions by the PAHO technical units, except those to be done by PWD, come from HPA (three separate contributions, one of them by the Program Coordinator and two under contract) and HSP (two direct contributions and four under contract). The Communicable Diseases Program (HPT) has offered two direct contributions by its Coordinator, and the remaining internal contributions are from the Food and Nutrition (HPN), Health Situation and Trend Assessment (HST), Health Manpower Development (HSM), Health Services Development (HSD), and Legal Affairs (DLA) Programs.

5. With regard to outside institutional collaboration, understood to mean financial sponsorship for the preparation of specific contributions, so far the only ones that have been confirmed are from the Inter-American Institute of Agricultural Cooperation (IICA) and the American Association of Retired Persons (AARP).

6. So far, five manuscripts have been received for review by the Editorial Committee, but it is hoped, on the basis of conversations with the authors, that more than 60 percent of the contributions already negotiated will be delivered in the course of the next two months and the remaining 40 percent before October.
V. FINAL OBSERVATIONS

1. Apart from considerations regarding the heterogeneity of approaches (which may or may not be viewed as a problem) and the varying levels of familiarity with sex/gender distinctions on the part of the participants in this project—both being circumstances that would appear unavoidable in a collaborative effort of this kind—the main obstacles to expeditious realization of the project have been the following: inability of PAHO staff to devote uninterrupted time to this activity, and the lack of funds available to PWD to contract authors in the areas not covered internally by PAHO. The latter situation has made it difficult to count on contributions from specific authors and, even when this has been possible, it has made it difficult to insist on delivery by a given date.

2. The problem of shortage of funds for contracting has been corrected in part, as already discussed, by contributions from other technical units for coverage of subjects within their respective areas of competence. However, there is still a sizable financial gap that has made it difficult to know with certainty to what degree all the topics in the plan can be covered by the end of the current calendar year. If the full outline cannot be covered within this period, it would be necessary to proceed with the publication on the basis of the topics already developed. It should be pointed out, however, that even on the basis of only the material currently in process, the publication would already respond significantly to the objectives proposed at the beginning of this document.
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*Pending confirmation.
<table>
<thead>
<tr>
<th>Subject area</th>
<th>Responsible unit</th>
<th>Execution 1/ Author</th>
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<tr>
<td>Introduction</td>
<td>PWD</td>
<td>X – –</td>
<td>Elsa Gómez Gómez</td>
<td>X – –</td>
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<td>CONCEPTS AND GENERAL CONTEXT</td>
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<td>1. Gender and health. Conceptual framework</td>
<td>PWD</td>
<td>X – –</td>
<td>Rebecca de los Ríos(c)</td>
<td>X – –</td>
<td>20</td>
<td>June</td>
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<td>2. Gender inequalities in the socioeconomic context of the Americas</td>
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<td>– – X</td>
<td>Neuma Aguilar(?)</td>
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<td>IICA</td>
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1/ D: direct, by personnel of the unit
C: under contract Coordinator
1: unremunerated invitation to author confirmed

2/ If applicable.

3/ A: accepted
P: answer pending
SD: author not defined

(c) Program
(? ) Not
### PART II

CONSIDERATION OF GENDER IN EPIDEMIOLOGICAL ANALYSIS

<table>
<thead>
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<th>Responsible unit</th>
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<td>2. Sex differences in selected aspects of the health-disease process. Causes, consequences, and interventions.</td>
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<td>X - -</td>
<td>Miguel Gueri</td>
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<td>a. tobacco</td>
<td>HPA</td>
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<td>3.1 Forms, causes, and consequences</td>
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<td>Nelly González</td>
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<td>self-affirmation</td>
<td>HPM</td>
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<td>Stella Cerruti</td>
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<td>(with emphasis on adolescence)</td>
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<td>Reproductive rights, differences and trends in reproductive behavior (fertility, contraception, and abortion)</td>
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<td>RPM</td>
<td>X - -</td>
<td>Germán Mora</td>
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<td>May</td>
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<td>4.4 Gynecological cancer</td>
<td>HPA</td>
<td>X - -</td>
<td>Helena Restrepo</td>
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<td>25</td>
<td>March</td>
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<td>4.5 Infections of the genital tract</td>
<td>FWD</td>
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<td>HST</td>
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<td>Anne-Marie Kimball</td>
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<td>4.8 Menopause</td>
<td>FWD/HPA</td>
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<td>Cecilia Cardinal de Martín</td>
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PART III
WOMEN AND HEALTH SERVICES

1. Women's needs for health services and response of the health system
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<th>Responsible unit</th>
<th>Execution 1/ Author</th>
<th>Sponsoring institution 2/</th>
<th>Status 3/</th>
<th>No. pages</th>
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<td>2. Witches, midwives, and nurses. A historical perspective on the contribution of women to health development</td>
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<td>3. Woman and self-care</td>
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<td>4. Participation of women in the formal health system</td>
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<td>5. Role of women's organizations in health promotion and care</td>
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<td>Ana María Portugal</td>
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PART IV
MEDICAL TECHNOLOGY, LEGISLATION, AND WOMEN'S HEALTH

1. Use of medical technology in the health care of women

1.1 Socioeconomic, medical, HSF and ethical aspects of technology utilization in the area of reproductive health | X - | Gloria Coe | X - | 20 | June |
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<thead>
<tr>
<th>Subject area</th>
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<td>2. Women and the right to health. National and international legislation that affects access by women to health resources and services</td>
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