

SDG 3 GOOD HEALTH AND WELL BEING: THE SITUATION OF RURAL WOMEN

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BACKGROUND

OCTOBER 15 IS THE UN'S INTERNATIONAL DAY OF RURAL WOMEN. THE FIRST RURAL WOMEN DAY WAS OBSERVED ON OCTOBER 15, 2008 AFTER A GENERAL ASSEMBLY RESOLUTION ON DECEMBER 18 2007, IN RECOGNITION OF "THE CRITICAL ROLE AND CONTRIBUTION OF RURAL WOMEN IN PROMOTING AGRICULTURAL AND RURAL DEVELOPMENT, IMPROVING FOOD SECURITY AND ERADICATING RURAL POVERTY."

THIS YEAR'S THEME FOR THE DAY IS "RURAL WOMEN, KEY FOR A WORLD FREE FROM HUNGER AND POVERTY." THE THEME FOCUSES ON EQUALITY AND WOMEN'S EMPOWERMENT AND WANTS WOMEN TO FIGHT AGAINST THE PROBLEMS OF HUNGER AND MALNUTRITION.

FOR THE MILLIONS OF RURAL WOMEN AROUND THE WORLD WHO PLAY ESSENTIAL ROLES IN FOOD SYSTEMS, THE COST-OF-LIVING CRISIS IS DEEPENING GENDER INEQUALITIES. WOMEN'S CONTRIBUTIONS TO THESE VITAL SYSTEMS RANGE FROM CULTIVATION AND PRODUCTION, TO PROCESSING, PREPARATION AND DISTRIBUTION OF FOOD. DESPITE THIS CONTRIBUTION, WOMEN GLOBALLY HAVE LESS FOOD SECURITY THAN MEN, AND THE GAP HAS GROWN. IN 2021, MORE THAN 126 MILLION MORE WOMEN THAN MEN WENT HUNGRY.

WITHOUT EQUAL ACCESS TO LAND AND OTHER PRODUCTIVE RESOURCES, WOMEN ARE NOT ABLE TO ACCUMULATE COMPARABLE ASSETS, INCOME AND SAVINGS, AND THESE GAPS ARE WIDENING ALSO. THIS IS ESPECIALLY ACUTE WHERE SOCIAL PROTECTION IS LACKING AND WHERE RURAL WOMEN AND GIRLS FACE OTHER FORMS OF DISCRIMINATION, INCLUDING OLDER AND INDIGENOUS WOMEN, GENDER-DIVERSE PERSONS AND PERSONS WITH DISABILITIES.

THE COST-OF-LIVING CRISIS IS ALSO REVERSING PROGRESS ON ACCESS TO MODERN ENERGY AS HOUSEHOLD INCOMES DECLINE. THIS HAS LED TO A RETURN TO USE OF UNHEALTHY BIOMASS FOR FUEL FOR COOKING AND HEATING, PUTTING RURAL WOMEN AND GIRLS AT GREATER RISK OF DEATH BY HOUSEHOLD AIR POLLUTION.

GOOD HEALTH

GOOD HEALTH IS A STATE OF BEING VIGOROUS AND FREE FROM BODILY OR MENTAL DISEASE.

HEALTH IS A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY.

HEALTH IS WEALTH

HEALTH IS A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY." (WHO, 1948)

HEALTH IS WEALTH: THE VALUE OF HEALTH IS VITAL FOR EVERY HUMAN ON EARTH. MANY PEOPLE HAVE TO SUFFER FROM DISEASES TO ALLERGIES AND STUCK WITH A NOT SO GOOD LIFE FOR THEIR ENTIRE LIFE. IF PEOPLE HAD CONTROL OVER HEALTH, THEN THEY WOULD MAKE SURE THAT THERE ARE NO ISSUES WITH IT.

WHY IS WELLBEING IMPORTANT?

WELLBEING IS FUNDAMENTAL TO OUR HEALTH AND OVERALL HAPPINESS.

HAVING A STRONG AND WELL-ADAPTED SENSE OF WELLBEING CAN HELP US OVERCOME DIFFICULTIES AND HELP US ACHIEVE OUR GOALS IN LIFE. WELLBEING RELATES TO INCREASED PHYSICAL BENEFITS, SUCH AS LOWER INCIDENCES OF CARDIOVASCULAR DISEASE, STROKE AND SLEEPING PROBLEMS, AND WITH INCREASED PRODUCTIVITY AND CREATIVENESS IN BOTH EMPLOYMENT AND PERSONAL LIVES.

HOW DO I INCREASE MY WELLBEING?

WELLBEING IS HOLISTIC - WE MUST LOOK AFTER ALL THE ASPECTS OF OUR LIVES IF WE WISH TO INCREASE OUR WELLBEING.

ENHANCING YOUR WELLBEING ISN'T ALWAYS EASY, BUT IT IS ALWAYS WORTH IT.

EATING A HEALTHY BALANCED DIET, GETTING ENOUGH SLEEP AND EXERCISE, AND CREATING HEALTHY HABITS TO LOOK AFTER YOUR PHYSICAL HEALTH ARE SOME OF THE EASIEST WAYS TO HELP DEVELOP YOUR SENSE OF WELLBEING (ALTHOUGH, THIS IS OFTEN EASIER SAID THAN DONE).

SDG GOAL 3 AIMS TO ENSURE GOOD HEALTH

LIVES AND PROMOTE WELL-BEING FOR ALL, AT ALL AGES. HEALTH AND WELL-BEING ARE IMPORTANT AT EVERY STAGE OF ONE'S LIFE, STARTING FROM THE BEGINNING. THIS GOAL ADDRESSES ALL MAJOR HEALTH PRIORITIES: REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH; COMMUNICABLE AND NON-COMMUNICABLE DISEASES; UNIVERSAL HEALTH COVERAGE; AND ACCESS FOR ALL TO SAFE, EFFECTIVE, QUALITY AND AFFORDABLE MEDICINES AND VACCINES.

CONTINUED

SDG 3 AIMS TO PREVENT NEEDLESS SUFFERING FROM PREVENTABLE DISEASES AND PREMATURE DEATH BY FOCUSING ON KEY TARGETS THAT BOOST THE HEALTH OF A COUNTRY'S OVERALL POPULATION. REGIONS WITH THE HIGHEST BURDEN OF DISEASE AND NEGLECTED POPULATION GROUPS AND REGIONS ARE PRIORITY AREAS. GOAL 3 ALSO CALLS FOR DEEPER INVESTMENTS IN RESEARCH AND DEVELOPMENT, HEALTH FINANCING AND HEALTH RISK REDUCTION AND MANAGEMENT.

SDG 3 AIMS TO ACHIEVE UNIVERSAL HEALTH COVERAGE, THAT SEEKS EQUITABLE ACCESS OF HEALTHCARE SERVICES TO ALL MEN AND WOMEN. IT PROPOSES TO END THE PREVENTABLE DEATH OF NEWBORNS, INFANTS AND CHILDREN UNDER FIVE (CHILD MORTALITY) AND END EPIDEMICS.

CONTINUED

SDG 3 ALSO AIMS TO REDUCE MATERNAL MORTALITY TO LESS THAN 70 DEATHS PER 100,000 LIVE BIRTHS. THOUGH THE MATERNAL MORTALITY RATIO DECLINED BY 37 PER CENT BETWEEN 2000 AND 2015, THERE WERE APPROXIMATELY 303,000 MATERNAL DEATHS WORLDWIDE IN 2015, MOST FROM PREVENTABLE CAUSES. SIMILARLY, PROGRESS HAS BEEN MADE ON INCREASING ACCESS TO CLEAN WATER AND SANITATION AND ON REDUCING MALARIA, TUBERCULOSIS, POLIO AND THE SPREAD OF HIV/AIDS. ADVANCES IN TECHNOLOGIES SUCH AS THE INTERNET HAVE ENABLED THE DIGITIZATION OF HEALTH RECORDS AND EASIER ACCESS TO ONLINE MEDICAL RESOURCES FOR DOCTORS AND HEALTH WORKERS, LEADING TO IMPROVEMENTS IN PATIENT TREATMENT AND OUTCOMES

CONTINUED

THE UNHYGIENIC AND UNHEALTHY CONDITIONS OF HOUSEHOLD, UNSAFE DRINKING WATER, OPEN DEFECATION, AGGRAVATE EXPANSION OF SEVERAL DISEASES IN RURAL AREAS AND WOMEN ARE MOSTLY SUFFERS OF VARIOUS DISEASE.

OVER THE DECADE, THERE HAS BEEN AN OVERALL REDUCTION IN THE INFANT MORTALITY RATES AND UNDER-FIVE MORTALITY RATE IN ASIAN COUNTRIES, YET THE COUNTRIES ARE HOUSING UNDERNOURISHED CHILDREN. MANY COUNTRIES UNDER-FIVE CHILDREN ARE UNDERWEIGHT, STUNTED, WASTED.

MATERNAL MORTALITY

MATERNAL DEATH REFERS TO THE DEATH OF A WOMAN WHILE PREGNANT OR WITHIN 42 DAYS OF TERMINATION OF PREGNANCY. INCLUDED ARE DEATHS FROM ANY CAUSE RELATED TO OR AGGRAVATED BY THE PREGNANCY BUT NOT FROM ACCIDENTAL OR INCIDENTAL “EVERY DAY, APPROXIMATELY 830 WOMEN DIE FROM PREVENTABLE CAUSES RELATED TO PREGNANCY AND CHILDBIRTH.” WHO

THAT MOST OF THE WORLD’S MATERNAL DEATHS COULD BE PREVENTED MATERNAL MORTALITY IS MUCH MORE COMMON IN RURAL AREAS IN ASIA PACIFIC REGION.



MENTAL HEALTH

NEARLY ONE BILLION PEOPLE LIVE WITH A MENTAL HEALTH CONDITION ACROSS THE GLOBE BEFORE COVID, MANY OF ADULTS AND YOUTH IN THE ASIA EXPERIENCED DEPRESSION.

THESE NUMBERS HAVE RISEN SIGNIFICANTLY SINCE THE START OF THE PANDEMIC. OTHER POPULATIONS THAT SEE HIGH RISKS OF MENTAL HEALTH CONDITIONS INCLUDE:

PEOPLE EXPERIENCING HOMELESSNESS.

MENTAL HEALTH CHALLENGES CAN ALSO IMPACT A PERSON'S FAMILY AND PEERS. MANY PEOPLE IN THE ASIA PROVIDE CARE TO AN ADULT WITH A MENTAL OR EMOTIONAL HEALTH ISSUE, SPENDING AROUND A LOT OF HOURS A WEEK PROVIDING UNPAID CARE.

SDG 3 TARGETS

BY 2030, REDUCE THE GLOBAL MATERNAL MORTALITY RATIO TO LESS THAN 70 PER 100,000 LIVE BIRTHS.

BY 2030, ENSURE UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH-CARE SERVICES, INCLUDING FOR FAMILY PLANNING, INFORMATION AND EDUCATION, AND THE INTEGRATION OF REPRODUCTIVE HEALTH INTO NATIONAL STRATEGIES AND PROGRAMMES

BY 2030, END PREVENTABLE DEATHS OF NEWBORNS AND CHILDREN UNDER 5 YEARS OF AGE, WITH ALL COUNTRIES AIMING TO REDUCE NEONATAL MORTALITY TO AT LEAST AS LOW AS 12 PER 1,000 LIVE BIRTHS AND UNDER-5 MORTALITY TO AT LEAST AS LOW AS 25 PER 1,000 LIVE BIRTHS.

CONTINUED

ACHIEVE UNIVERSAL HEALTH COVERAGE, INCLUDING FINANCIAL RISK PROTECTION, ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES AND ACCESS TO SAFE, EFFECTIVE, QUALITY AND AFFORDABLE ESSENTIAL MEDICINES AND VACCINES FOR ALL.

BY 2030, SUBSTANTIALLY REDUCE THE NUMBER OF DEATHS AND ILLNESSES FROM HAZARDOUS CHEMICALS AND AIR, WATER AND SOIL POLLUTION AND CONTAMINATION.

CONTINUED

WOMEN AND MEN HAVE DIFFERENT HEALTH-CARE NEEDS, BUT AN EQUAL RIGHT TO LIVE HEALTHILY. FOR MANY RURAL WOMEN AND GIRLS, HOWEVER, GENDER DISCRIMINATION SYSTEMATICALLY UNDERMINES THEIR ACCESS TO HEALTH CARE, FOR REASONS THAT INCLUDE FEWER FINANCIAL RESOURCES AND CONSTRAINTS ON MOBILITY.



Every day
830 women die
from preventable causes
related to pregnancy and
childbirth around the world

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RURAL WOMEN SPENT LONG HOUR ON DOMESTIC WORK, UNSAFE WORK ENVIRONMENTS AND GENDER-BASED VIOLENCE, WITH MECHANISMS FOR PREVENTION AND PROTECTION OFTEN INADEQUATE.

PREGNANCY AND CHILDBIRTH POSE PARTICULAR RISKS IN RURAL WOMEN. EVERY DAY, MANY WOMEN DIE IN RURAL AREAS FROM PREVENTABLE CAUSES RELATED TO PREGNANCY AND CHILDBIRTH AROUND THE WORLD.

CONTINUED

IN FACT, MILLIONS OF PEOPLE AROUND THE WORLD CANNOT AFFORD A HEALTHY DIET, PUTTING THEM AT HIGH RISK OF FOOD INSECURITY AND MALNUTRITION. BUT ENDING HUNGER ISN'T ONLY ABOUT SUPPLY. ENOUGH FOOD IS PRODUCED TODAY TO FEED EVERYONE ON THE PLANET.

THE PROBLEM IS ACCESS AND AVAILABILITY OF NUTRITIOUS FOOD, WHICH IS INCREASINGLY IMPEDED BY MULTIPLE CHALLENGES INCLUDING THE COVID-19 PANDEMIC, CONFLICTS, CLIMATE CHANGE, INEQUALITY, RISING PRICES AND INTERNATIONAL TENSIONS. RURAL WOMEN AROUND THE WORLD ARE SUFFERING THE DOMINO EFFECTS OF CHALLENGES THAT KNOW NO BORDERS.

LESS REPRODUCTIVE RIGHTS

WOMEN IN RURAL AREAS WHO ARE IN THE LESS REPRODUCTIVE RIGHTS. IN CONSERVATIVE AND SLOW CHANGING RURAL SOCIETIES, WOMEN MUST RELY ON THEIR HUSBANDS OR RELATIVES TO GIVE THEM PERMISSION TO GO FOR PRENATAL CARE AND DELIVERY AND TO SEEK FAMILY PLANNING SERVICES. RURAL WOMEN AND GIRLS ARE ALSO VULNERABLE TO THE PERPETUATION OF HARMFUL PRACTICES SUCH AS CHILD MARRIAGE, BRIDE KIDNAPPING AND WIDOW ABUSE.

COVID-19 PANDEMIC

HOWEVER, THE COVID-19 PANDEMIC HAS DEVASTATED HEALTH SYSTEMS GLOBALLY AND THREATENS ALREADY ACHIEVED HEALTH OUTCOMES.

MOST COUNTRIES, ESPECIALLY POOR COUNTRIES, HAVE INSUFFICIENT HEALTH FACILITIES, MEDICAL SUPPLIES AND HEALTH CARE WORKERS FOR THE SURGE IN DEMAND. RURAL WOMEN ARE MOSTLY SUFFERER OF THE PANDEMIC.

MIGRANT WOMEN

DURING CORONA LOCKDOWN, MIGRANT WOMEN, MAINLY COMING FROM RURAL AREAS WHO CAN'T GO HOME, ARE GIVING BIRTH ON THE STREETS AND RELYING ON CLOTH & ASH.

SINCE THE ANNOUNCEMENT OF THE LOCKDOWN, WHO ARE WORKING IN MIDDLE EAST CAME BACK TO THEIR OWN COUNTRY. THEY HAVE LOST THEIR JOB AND COME BACK HOME WITHOUT MONEY WITH POOR HEALTH AND STRESS.

RURAL WOMEN WITH DISABILITIES

WORLD HEALTH ORGANIZATION MEASURE THE EXISTENCE OF MORE THAN ONE BILLION PEOPLE IN THE WORLD LIVING WITH SOME TYPE OF DISABILITY, AND MANY DEAL WITH IMPORTANT OBSTACLES IN RELATION TO DAILY LIFE AND HEALTH.

WOMEN WITH DISABILITIES SUFFER FROM ABUSE AND POVERTY, HAVE GREATER DIFFICULTIES IN ACHIEVING GOOD AND HEALTHY LIFE AND WELL-BEING

THEY CAN PRESENT MULTIPLE VULNERABILITIES, SINCE, ALMOST ALWAYS, PEOPLE WITH DISABILITIES DEPEND ON SOMEONE IN THE FAMILY OR ON THE GENEROSITY OF OTHERS TO MEET THEIR NEEDS RELATED TO DAILY LIFE AND HEALTH. IN ADDITION, WITH NO INCENTIVE TO CLAIM THEIR RIGHTS, THEY ACCEPT WHAT OFFICIAL HEALTH, PUBLIC EDUCATION AND SOCIAL ASSISTANCE AGENCIES OFFER. WOMEN WITH DISABILITIES FACE ADDITIONAL BARRIERS TO THEIR PARTICIPATION IN THE ECONOMY AND SOCIETY COMPARED TO MEN, WITH AND WITHOUT DISABILITIES, AND RELATIVE TO NONDISABLED WOMEN, RESULTING IN UNEQUAL PARENTAL RIGHTS, DISCRIMINATION IN THEIR PRIVATE LIFE AND THE WORKPLACE, REDUCED EMPLOYMENT OPPORTUNITIES, LOWER EARNINGS, AND HIGH EXPOSURE TO GENDER-BASED VIOLENCE. THE LEGAL RECOGNITION OF MULTIPLE FORMS OF DISCRIMINATION IS A VITAL FIRST STEP TO ADDRESS AND, ULTIMATELY, ENFORCE THE HUMAN RIGHTS OF WOMEN WITH DISABILITIES AND PROTECT THEM FROM DISCRIMINATORY PRACTICES. LAW IS THUS ONE KEY ELEMENT TO ACHIEVE THEIR FULL INCLUSION AND ENABLE SOCIETIES TO THRIVE IN THE LONG RUN.

RURAL WOMEN AND EFFECT OF DISASTERS

WHEN A DISASTER STRIKES, AFFECTED FARMING FAMILIES OFTEN LOSE ALL THEIR PRODUCTIVE ASSETS, LEAVING THEM UNABLE TO CONTINUE PROVIDING FOR THEMSELVES AND LEAVING THEM TOTALLY DEPENDENT ON EXTERNAL ASSISTANCE FOR FOOD, SHELTER AND OTHER ESSENTIALS. WOMEN MORE VULNERABLE THAN MEN TO NATURAL DISASTERS, CONFLICTS, AND OTHER CRISES BECAUSE THEY USUALLY HAVE LESS ACCESS TO PRODUCTIVE ASSETS, E.G., LAND²

TROPICAL STORMS, CYCLONES AND MONSOON FLOODS ARE RECURRING EVENTS IN ASIA & PACIFIC REGION.

CONCLUSION

THE RURAL WOMEN HEALTH IN ASIA PACIFIC HAS BEEN ONE OF THE IMPORTANT ISSUES FOR DEVELOPMENT BUT NEGLECTED SECTORS. RELUCTANT COMMUNITY PARTICIPATION, DEARTH OF MEN POWER, AND INTER SECTORAL COORDINATION MAKE THE CONDITION NASTIEST. THE EXISTING CONDITION OF PUBLIC HEALTH IN RURAL ASIA'S DISSATISFACTORY THAT ANY ATTEMPT TO IMPROVE THE PRESENT SCENARIO MUST NECESSARILY INCLUDE ADMINISTRATIVE MEASURES.

THE ADMINISTRATIVE MEASURES WOULD INVOLVE THE REGULATION AND ENFORCEMENT IN PUBLIC HEALTH, POPULATION STABILIZATION, HEALTH EDUCATION, SAFE DRINKING WATER, PROPER SANITATION, DISEASE CONTROLLING INFORMATION, ETC.

ON THIS INTERNATIONAL DAY OF RURAL WOMEN, WE SALUTE THEM FOR THEIR UNFAILING LOYALTY AND COMMITMENT TO FAMILY AND SOCIETY. LET US COME FORWARD TOGETHER AND GIVE THEM THE HONOUR AND DIGNITY THEY RIGHTLY DESERVE.

THANK YOU