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Women's right to health: voices from women

by Dr Jane Pillinger

1. Introduction

My presentation will focus the consultations held with women across Ireland, and gives voice to women about their 'right to health' and how women can be empowered around their health – this was undertaken under the auspices of the Women's Human Rights Alliance as part of the shadow reporting process to the UN CESCR. Thirteen workshops were held across the length and breath of Ireland, with women in rural and urban areas, women in disadvantaged communities, women living in poverty, Traveller women, refugees and asylum seeking women, women with disabilities, lesbians and older women.

Many detailed and broad ranging recommendations were made – an overwhelming number of women stated that they did not have a right to health. The consultations show just how much women's lives and their health matter, how concerns about health and well-being, about access to health services, about support in providing and receiving quality care services, are some of the most pressing human rights issues and concerns facing women in Ireland today. Particular issues are raised about the health needs of minority ethnic women, carers, of gender based violence, the right for women to have the choice to access a safe abortion, and the need for an understanding of how gender impacts on the broader social determinants of health.

2. Guiding principles for a woman's right to health

Underlying what I want to say is that women's right to health needs to be framed on the basis the following guiding principles:

- We should judge and assess any policy for its impact on key areas of women's lives – in other words gender impact assessment - on the multiple and complex inequalities experienced by women.

- We should ensure that the same impact assessment takes place on the extent to which care and an ethic of care is considered as a central element of any policy measure.

- Any changes in government policies should be assessed for their impact on women's health status and the right to health.

- All policy actions impacting on the right to health must give voice to women's concerns and priorities, and the full participation of women, particularly disadvantaged women, in relation to the right to health.

- A rights-based approach should underpin all approaches to policy development, service planning and service delivery. This should bring an ethics of care – based on equality, respect, dignity and trust – into the centre of policy discourses and service delivery.

I can say that there has been a resounding failure on the part of the State to strategically integrate these guiding principles – they are and they should be the basis upon which we should be evaluating and measuring policy interventions and outcomes for the realisation of women's right to health. Underlying this is the importance of participation, empowerment and social justice as a process for raising awareness and ownership of human rights norms and women's human rights.

A human rights approach to health has the objective of increasing accountability of governments for health; this also means that governments do not impose retrogressive measures and cut backs and provide minimum standards that are essential to the enjoyment of health.

3. The need to focus on the broader social determinants of women's health

Key to this and to many of the issues raised in the consultations is that there is no right to health in Ireland – there is similarly a need for a focus on the social determinants of women's health, locating the right to health in the wider framework of economic and social policy. Women highlighted the need for government action to address the social, economic and cultural factors impacting on women's health and well being and the right to health. This includes gender inequalities in the family and in work, poverty, housing, employment and training, work, participation in local communities and in politics. Equality of access and outcome are not guaranteed for women and there is a limited awareness of and commitment to gender equality issues by health providers and policy makers, and equality monitoring of services is not mandatory.

Women experience higher levels of poverty than men, while the social determinants of health are a critical issue impacting on women's health. This is very relevant to understanding women's right to health, for example, in relation to the right to health for:

- Traveller women and Roma women who speak about the impact on their health, well-being of discrimination, poor living conditions, including the absence of clean water and sanitation, poor living conditions that compare with those in some of the poorest developing countries.
- This is also relevant to the appauling living conditions and enforced isolation from work and society of asylum seeking women.

- And also in relation to women living in poverty and isolation who not only experience poor access to healthcare, but experinece of poverty and inequalities that leave them more vulnerable to physical and mental ill-health.

4. A gender based approach

One of the most important issue coming out of the consultations was the importance of having a gender based approach in health that takes account of the multiple inequalities faced by women and to do so by locating health within the broader social, economic and cultural determinants of health. The government – Department of Health and HSE - must adopt a gender-based approach in order to take account of the biological and socio-cultural factors that influence health.

A gender-based approach to health care should take account of the services that are the most important to women, for example, in access to sexual and reproductive health, childcare and maternity services, and services addressing abuse and domestic violence. Many women in Ireland believe that their right to health is undermined, compromised or violated. They argue that health care policies should be underpinned by the principles of human rights, equality, inclusion, involvement and participation of service users and community based approaches.

With regard to sexual and reproductive health – it is clear that the successive failure to legislate on abortion puts women's lives at risk – the criminalisation of abortion in Ireland compromises their right to make choices about their health and to receive health care that does not put their lives, human rights, bodily integrity, dignity, choices, autonomy and safety at risk.

This also means that the planning and provision of services needs to take into account the integrity and dignity of women's lives, the specific experiences of groups of vulnerable women, including migrant women, asylum seeking women, Traveller women, women living in poverty, lone parents, lesbians, disabled women and older women. Services need to be planned, delivered and monitored for their impact on women's health and health inequalities and in relation to equality in access to services.

5. The impact of cuts on the functioning of the health care system and Ireland's equality infrastructure

The second most important issue highlighted and reinforced by more recent experiences of a succession of austerity budgets are the serious concerns about the impact of government cuts on the functioning of the health care system on the one hand and on the other hand on the equality infrastructure in Ireland and its capacity to address monitor and promote rights based approaches issues; at the same time the Equal Status Acts do not effectively cover anti-discrimination in the public health care system. There should be a positive legal duty on the health services to promote equality between women and men and the removal of the exemption in relation to healthcare services.

Cuts in public services and particularly in health have had a disproportionate impact on women's access to healthcare services and in their roles as carers, on the one hand, and the potential for women to fall into poverty, on the other hand. We call on the government to consult widely with women's, human rights and community based organisations before implementing further cuts. In particular, cuts in community based initiatives that promote community participation, for example, in primary care, play an essential role for women in the community in fostering community cohesion and equality, and for the general health and well-being of poor, vulnerable and marginalised women.

6. Availability, accessibility, acceptability and quality of health care

A huge number of comments were made about women's right to health in relation to the availability, accessibility, acceptability and quality of health care in Ireland. There is not the time to deal with all of these, although I will highlight some of the most important.

Most important is that the two-tier health service in an unfair, inequitable and poor quality health system, and longer-waiting times for public health patients. Because women are a disproportionate number of those who are old, lone parents, poor, vulnerable and marginalised this inequitable system particularly discriminates against women. Concerns also exist about the government's current plans to change the financing of health care, through UHI, which I would argue is a flawed model, which will lead to the commercialisation, further privatisation and widening inequalities in health.

The absence of an accessible, equitable and good quality health care service is related to a lack of a gender perspective and a lack of understanding and prioritisation of women's health needs, examples of which include over-medicalisation for physical and mental ill-health, low emphasis on preventative care and prohibitive costs of medication and services. There are very real concerns about the continued lack of prioritisation of resources for primary care and community based mental health services.

Women carry the burden of care for their children and family members, people who are sick, disabled and old; the lack of adequate community based services and the more recent cuts in services have had a disproportionate impact on women and carers. This in turn impacts on the health and well-being of carers, deepens their social isolation, and means that the costs to the state in the future could rise dramatically.

Specific human rights infringements are noted in the consultations.

- Women in some parts of the country are still not able to access cervical and breast screening, while the free cervical screening programme is only available for women between the ages of 25 and 60 years, and free breast cancer screening is only available between the years of 50 and 65 years.

- The cervical HPV vaccine is currently only available to girls of the age of 12 years, and should be made available to all girls between the ages of 12 and 15 years.
- In addition, some women in rural areas still experience a difficulty in accessing a female GP.
- Women over 70 year of age also cite discrimination following the removal of their right to access free medical care.

User fees are a major deterrent to the take up of community services. A more equitable and effective system for funding based on direct taxation or women attending the consultations favoured social insurance. This position is supported by international "best practice" research into the financing of health systems in OECD countries, which demonstrates that taxes and social insurance schemes provide the most sustainable and equitable basis for health financing[1]. The NWCI and other groups in Ireland have lobbied for a universal access to primary care services, as the best means to provide an accessible quality health care system, capable of meeting the needs of all citizens.

Many women stated that the right to health was denied them because of the costs of health care. In particular, women living in poverty spoke about their neglect of their own health care as they give priority to their children first and foremost.

- The high cost of medication meant that one woman had to stop taking her medication and she believed that she was unable to have the right to health.
- A woman with a long term illness had to stop going to the GP or continue medicine because the costs were so high.
- The introduction of means tested charges has resulted in the Security Alarms (pendants) being taken from older women living alone.
- The €100 charge for Accident and Emergency services is seen as prohibitive, while several women felt that GP charges were too expensive (at a cost of between €60 and €80 per visit, and €20 for a medical certificate). As one woman asked: "Is this legal?".
- The high costs of specialised medical equipment for people with disabilities is out of the reach of many women with disabilities. For example, special glasses for a woman with visual impairment were not available to her on the medical card and they were too expensive to buy.
- Children are discriminated against if they live in families that are medical card holders as some costs are not covered. An example was given of children needing braces.

Many of the issues raised by women about the acceptability of health care are that health services are not provided with human rights and dignity, or in culturally sensitive or appropriate ways. There are a range of social factors and attitudes that affect how health professionals deal with issues that are of

[1] P.Ostlin, WHO Regional Office for Europe's Health Evidence Network, (2005) *What evidence is there about the effects of health care reforms on gender equity, particularly in health?*

concern to women, for example, mental health, suicide of family members, domestic violence or addiction. A culture of stigma and victim blaming is not uncommon.

Examples cited in the consultations include:

- Attitudinal barriers and lack of knowledge by health professionals of women's health, for example, resulting in embedded assumptions that symptoms related to the menopause, addiction or depression.
- Over prescription of medication highlighted by poor women, Traveller women and women in the asylum process. Appropriate solutions are not available, for example, counselling. Doctors put anything they are not able immediately diagnose down to women having depression or stress.
- In certain parts of the country there is an absence of community-based services and Well Women's Clinics.
- Lack of accessible information about services.
- The lack of attention to women's health needs is a result of medical services being male-led, which can result in negative attitudes and inappropriate understandings of women's live, and an approach based on bio-medical determinism. In Ireland the medical profession is seen as all powerful, and as one woman said: "The medical profession have too much power and are self-regulating and that can put people off accessing their rights. You're also so dependent on the care that you don't want to challenge them".
- Discrimination in health care was cited by one woman as being: "The gatekeepers – the people in the health service who decide how quickly you get seen – they make these decisions based on your accent, your address".
- Lone parents experience high rates of poverty and exclusion, but are often viewed negatively by service providers and are often viewed at fault. These attitudes, combined with poverty, mean that many lone parents experience stress and are powerless, often putting their own health at risk by putting their children first.

Women from a diversity of backgrounds, and particularly Traveller and migrant women raised the impact of gender-based violence on women's health. Overall women believe that the State's failure to provide an effective, coordinated and well-resourced response to gender based violence constitutes a violation of women's human rights. The lack of a systematic approach to the prevention of domestic violence and the limited resources providing for the safety and security of women, are key concerns.

7. Conclusions

The presentation will end with brief overview of the issues highlighted and the recommendations for a women's right to health to be integrated into health policy, planning and service delivery.

- The right to health should be embodied into Irish law and in the constitution (and there is an ideal opportunity to do so under the constitutional convention currently taking place).
- A gender based approach and gender impact assessment should be integral to all health policy decision making and planning – and the outcomes should be acted upon.
- Providing quality care and saving women's lives should be central human rights considerations.