Global Women's Health: A Spotlight on Caregiving

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- Economic and health consequences of caregiving
- Gender roles

In the last few decades gender disparities in health and mortality have been recognized in both industrialized nations and those with developing economies. The most commonly cited factors underlying health disparities are poverty, lack of educational opportunities, low social and socioeconomic status, racism, sexism, heterosexism, environmental hazards, and sociocultural or political stressors related to marginalization and health risk behaviors such as tobacco, alcohol, and substance abuse.[1,2] Health disparities and their causes vary both between and within nations and are not solely determined by biological factors and reproduction but also by work load, nutrition, stress, war, and migration, as well as other factors.[3] The purpose of this article is to discuss women's health issues globally and their clinical implications. To illustrate health issues related to workload and stress, a focus on caregiving and resultant consequences is provided.

GLOBAL WOMEN'S HEALTH

The United Nations General Assembly's Millennium Development Goals (MDGs) included internationally agreed-upon targets to improve the health and quality of life for all.[4] Specifically, the eight goals were to (1) eradicate extreme poverty and hunger; (2) achieve universal primary education; (3) promote gender equality and empower women; (4) reduce child mortality; (5) improve maternal health; (6) combat human immunodeficiency virus (HIV)/AIDS, malaria, and other diseases; (7) ensure environmental sustainability; and (8) develop a global partnership for development. In a recent report from the United Nations, some midpoint key successes were highlighted. For

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example, absolute poverty is predicted to be reduced by half worldwide and primary school enrollment is at least 90% in all but two regions. The gender parity index in primary education is 95% or higher in 6 of the 10 regions. Improvements have been made to achievement of MDG number 6 through reduction in deaths from measles and AIDS, with the number of newly infected people with HIV declining from 3 million in 2001 to 2.7 million in 2007. Malaria prevention is expanding and incidence of tuberculosis is expected to be halted by 2015. Progress has been made toward reducing global climate change, and economic improvements have allowed developing nations to allocate more resources to poverty reduction. With private sector support, some critical pharmaceuticals and mobile phone technology have spread throughout the developing world.[4] Together these successes have been achieved through expanded efforts via targeted interventions and programs. However, greater effort is required for achievement of MDGs by the target date of 2015, particularly those goals that disproportionately affect women.

Only two of the MDGs specifically relate to women and only one focuses on or specifies women's health. Nevertheless, all eight goals clearly intersect with the health and lives of women.[5] All eight MDGs interweave, and their achievement is interdependent. For example, women are disproportionately represented among the world's poor, and eradication of poverty and hunger, as well as empowerment of women, is critical to advancing women's health. One cannot be successfully achieved without the other. The target of gender equality and empowerment of women requires education, a key to achievement. Reducing child mortality has implications for female children, particularly in cultures with strong male child preference. Improving maternal health by reducing maternal morbidity and mortality has obvious implications for improving women's health overall. Combating HIV/AIDS and other infectious diseases is necessary to improve women's health, not only because these diseases affect women but because women are more commonly the informal caregivers of infected individuals and experience unequal burden from this role, for example, caring for AIDS orphans after having cared for their dying parents. In addition, morbidities specific to women such as breast and cervical cancer, although not mentioned in the MDGs, are essential goals for improving health and achieving gender equality. Environmental sustainability has potential for positively affecting the health of women by ensuring access to food and clean water. Achieving a global partnership for development is essential to promoting access to economic and health care resources and to providing a legal framework that promotes gender equality and protects the rights of the poor and disenfranchised.[5]

Most of the MDGs were hypothesized to have a profoundly positive impact on girls and women, but due to the current global economic slowdown, global climate change, and food crisis, disproportionate effects on the poor are predicted. Because women are disproportionately impoverished, it is unlikely that gender equality will be achieved by 2015.[4,5] Further, disproportionate expectations related to caregiving continue to have a negative effect on women's health and potential for economic parity with their male counterparts worldwide.

CAREGIVING: A GLOBAL WOMEN'S HEALTH ISSUE

The term *informal caregiver* refers to those who provide care or assistance without pay to people who are ill or need help with personal activities of daily living.[6] Caregiving is often a women's health issue, because more women than men are informal caregivers in virtually every nation. In the United States, three out of four caregivers are women, many of whom care simultaneously for aging parents, family members, and children or adolescents.[7] Studies of caregiver characteristics in the home setting illustrate that