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Women and Health: A Matter of Concern

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ABSTRACT

Women's health has long been a concern but today it has become an urgent priority. Since birth, she is trapped in the vicious circle of structural violence denying her the access to education, healthcare and trapping her in pervasive victimhood. This paper aims to bring into light two important health issues faced by women: Female Genital Mutilation and HIV/AIDS and the society's response to it. The research has also been focused at the different international regimes and covenants framed for women empowerment. Suggestions as to the reforms needed for curbing the stereotypes and deconstructing gender roles have been discussed simultaneously.

Keywords: *Women Health, Female Genital Mutilation, HIV/AIDS, Gender Inequality, Structural Violence.*

I. INTRODUCTION

In today's dynamic world, the addressal of rights of women is at the helm of international issues and is considered as one of the major problems which needs international intervention. Back in 1945, when the United Nations was founded, gender equality was a major guarantee of human rights but till date it is a distant dream. According to the Global Gender Gap Report 2020 given by the World Economic Forum the average gender parity score today stands at 68.6%.² It has been observed that with the current pace of change it will take 99.5 years to achieve full parity between men and women.³

We live in a paradoxical world, while there have been tremendous health gains in some part of the world and among some population, these are counterbalanced by stagnation and decline on the other. The rights of women are crushed between them. Not only due to the biological differences but also due to their social structure of the society. Women are seen as less than their male counterparts. Leaving women to fall victim of social abuses. Being born as a female is a bane. This may not be experienced by all but is the devastating reality of many

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²Global Gender Gap Report 2020, WORLD ECONOMIC FORUM, Available at http://www3.weforum.org/docs/WEF_GGGR_2020.pdf.

³ Available at <https://www.drishtiiias.com/daily-updates/daily-news-analysis/global-gender-gap-index-2020-wef> (last accessed 11 June 2020).

women around the world. The risk starts even before a female is born. There have been instances of sex selective abortion and foeticide. Of the 69 million girls born around the world annually⁴, the majority are welcomed with varying magnitudes of sadness by relatives hoping for a boy. Birth rituals may be substantially different for males and females. While there is feast on the birth of a boy, there is silence on the birth of a girl. This is not the end of it. There are evidence of differential treatment of boys and girls when it comes to schooling, marriage, healthcare and other preferences.

The human body is a wonderful thing, but a human that can carry and produce life is an alluring factor only woman obtain. Rather than embracing the birth of life, in many countries it deemed as a burden to have a girl. This is because her future is already disadvantages. Not only are women less educated and under paid, they succumb to more health issues than men. Women who are less fortunate merely have a say in contraception being that they simply cannot afford it. Leaving their bodies unprotected resulting in high risk pregnancy, because of lack of prenatal care, and adding to the increasing HIV/AIDS pandemic. Women go through a lot of issues on a daily basis. Some of the major issues are being discussed in the subsequent chapters of this paper.

II. GLOBAL COMMITMENTS

The barriers that women face are deeply rooted in the society. The gender based violence is condoned as a norm, as something that women are expected to tolerate. In the past, the experience of patriarchal establishment for women was so disempowering to their image of themselves and their own ability to control their lives broadly that their interest in or information about or access to information was in turn very limited. Gradually, women's interest and aspirations are being translated into internationally recognised human rights.

In 1948, women rights were first recognised with the foundation of Universal Declaration of Human rights (UDHR). In drafting the Declaration, there was considerable discussion about the use of the term “all men” rather than a gender-neutral term.⁵ The Declaration was eventually adopted using the terms “all human beings” and “everyone” in order to leave no doubt that the Universal Declaration was intended for everyone, men and women alike.⁶ After its adoption two international covenants on human rights were framed namely the International Covenant on Civil and Political Rights and the International Covenant on

⁴ ANNE FIRTH MURRAY, FROM OUTRAGE TO COURAGE : THE UNJUST AND UNHEALTHY SITUATION OF WOMEN IN POORER COUNTRIES AND WHAT THEY ARE DOING ABOUT IT (Monroe ME, Common Courage Press 2013).

⁵ Johannes Morsink, *Women's rights in the Universal Declaration*, 13 HUMAN RIGHTS QUARTERLY (1991).

⁶ *Women's Rights are Human Rights*, OHCHR, HR/PUB/14/2 (2014) <https://www.ohchr.org/Documents/Events/WHRD/WomenRightsAreHR.pdf>.

Economic, Social and Cultural Rights. Together with the Universal Declaration, these make up the International Bill of Human Rights. documents were framed to ensure political and economic equality and they both articulated to prohibit discrimination based on, inter alia, sex (art. 2), and to ensure the equal right of men and women to the enjoyment of all rights contained in them (art. 3).

Further in 1979, the General Assembly adopted The Convention on the Elimination of All Forms of Discrimination against Women which was an effort made in order to make a document inclusive of the UDHR and reiterating both the covenants. Although several human rights treaties explicitly or implicitly recognise the rights of women not to be discriminated on the basis of sex, violation of human rights over until recently largely marginal within the UN human rights system.⁷ During the last decade, progressive steps were taken by nations and NGOs to recognise that women should be seen at shoulder to shoulder with men.

(A) VIENNA DECLARATION AND PROGRAMME OF ACTION⁸

The World Conference on Human Rights was held by the United Nations in Vienna, Austria, in 1993. It was the first human rights conference held since the end of the Cold War. The main result of the conference was the Vienna Declaration and Programme of Action. The World Conference on Human Rights was attended by representatives of 171 nations and 800 NGOs, with some 7,000 participants overall. This made it the largest gathering ever on human rights. The conference did have an expansive view of human rights, with efforts made to highlight women's rights, indigenous peoples' rights, minority rights, and more in the context of universal political and economic rights. Women's rights in particular gained a strong and effective presence at the conference. Efforts were made by activists to ensure that women rights are integrated into the mainstream of United Nation activities. Rallies, public demonstrations and other mediums were used by activists back then to spread awareness that "Women rights are human rights".

The Conference was successful in adopting the Vienna Declaration and Programme of Action, which stated that "the human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights⁹" and placed particularly heavy emphasis on eliminating all forms of gender-based violence. Importantly, the Programme of

⁷ Felice D. Gaer, "And Never the Twain Shall Meet? The Struggle to Establish Women's Rights as International Human Rights," in C.E. LOCKWOOD et al., *THE INTERNATIONAL HUMAN RIGHTS OF WOMEN: INSTRUMENTS OF CHANGE*, (New York: American Bar Association, 1998).

⁸ A/CONF.157/24 (Part I), chap. III.

⁹ The World Conference on Human Rights, *Vienna Declaration and Programme of Action*, UNGA, A/CONF.157/23 (12 July 1993) <https://www.ohchr.org/en/professionalinterest/pages/vienna.aspx> (last accessed 12 June 2020).

Action also called for “the eradication of any conflicts which may arise between the rights of women and the harmful effects of certain traditional or customary practices, cultural prejudices and religious extremism¹⁰” (para. 38).

(B) INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

The 1994 International Conference on Population and Development held in Cairo was a breakthrough. It set out a visionary plan of action realising the fact that human rights are not cumulative but individualistic. Therefore the centre of development agendas were not population or demographics but people or individuals. Empowerment of women was perceived as the bond to ensure that the pillars of population and development-related programmes stand firm. Thus, the issues taken up were majorly related to women rights including gender equality, the family, reproductive health, birth control and family planning, women’s health, as well as immigration and education of women.¹¹

Further specific far sighted goals were also set up including universal education, prevention from sexually transmitted diseases including HIV/AIDS, access to reproductive healthcare, reduction in rates of infant and maternal mortality etc. Follow up conferences are held to check the goal-oriented progress. Recently in November 2019, Nairobi Summit on ICPD25 was concluded in Kenyan capital with the adherence to end maternal deaths, unmet need for family planning and gender-based violence and harmful practices against women and girls by 2030.

Filled with optimism and hope Ambassador Ib Petersen, Denmark’s Special Envoy for ICPD25 said during the conference that “There will be no ICPD50. Women and girls around the world have waited long enough to have rights and choices. Looking towards 2030, we now enter a decade of delivery during which we will walk the talk and hold all of us to account for the commitments we made in Nairobi.”¹²

(C) BEIJING DECLARATION AND PLATFORM FOR ACTION

In 1995, there was a critical turning point on the gender equality and women empowerment with the 4th World Conference on Women (WCW), held in Beijing, one of the largest ever gatherings of the United Nations. Beijing Declaration is an agenda for women’s

¹⁰The World Conference on Human Rights, *Vienna Declaration and Programme of Action*, UNGA, A/CONF.157/23 (12 July 1993) <https://www.ohchr.org/en/professionalinterest/pages/vienna.aspx> (last accessed 12 June 2020).

¹¹ *Report of the International Conference on Population and Development, Cairo*, United Nations publication, Sales No. E.95.XIII.18, chap. I, resolution 1, annex (5–13 September 1994); available at <https://www.unfpa.org/icpd> (last accessed 12 June 2020).

¹² available at <https://www.unfpa.org/press/nairobi-summit-icpd25-ends-clear-path-forward-transform-world-women-and-girls> (last accessed 12 June 2020).

empowerment and considered the key global policy document on gender equality. It sets strategic objectives and actions for the advancement of women and the achievement of gender equality in 12 critical areas of concern like women and health, women in power and decision-making, the girl-child, women and the environment.

The subsequent reviews to the Plan of Action revealed that by 2005 equality had not been achieved in any country and by 2010 even though legal reforms were made but they were inadequately and ineffectively implemented. The main challenge is that though countries sign to the international documents, they fail to deliver them. The reasons may be threefold. Firstly, Either they sign on to those human rights treaties but simply have little capacity to cash them out down the line to people who are living down the social and economic pecking order in their country. Secondly, there may be countries who have signed the treaty with one hand behind their back meaning hereby as to not fully intending to cash it out. A good example of those countries might be the post-Cold War and post colonial governments who on one hand sign the treaty to show that they are a part of the international system but on the other hand invite international capital on the promise to provide cheap and abundant labour which many a times is without adherence to the norms of International Labour Organisation. Lastly, there are other countries, who sign on to human rights treaties, understand that it's going to take time for it to roll through because it requires a certain political process to happen. In order to ensure proper implementation of the obligations, the need of the hour is to transform the commitments of the governments into full fledged enforceable duties.

(D) MILLENNIUM DEVELOPMENT GOALS

In 2000, the international community set out to achieve eight development goals by 2015, including a goal on gender equality and women's empowerment, as well as one on maternal mortality reduction. Seven of the objectives have specific goals for measuring progress. While they have human rights limitations, the Millennium Development Goals are an important political commitment bolstering international support for some of most alarming of the world 's issues.

(E) SUSTAINABLE DEVELOPMENT GOALS

The Sustainable Development Goals (SDGs) are a collection of 17 interconnected goals succeeding the Millennium Development Goals (MDGs) designed to be the “blueprint to achieve a better and more sustainable future for all” The Sustainable Development Goals are the prototype to achieve a better and more sustainable future for all. They address the global

challenges we face, including those related to poverty, inequality, climate change, environmental degradation, peace and justice. The 17 Goals are all interconnected, and in order to leave no one behind, it is important that we achieve them all by 2030.

The SDG 4 highlights that gender equality is a right. The agenda targets that by 2030 there will be an increase in the pace of girls going to school and a decrease in the gender gaps. As Wu Qing, a feminist activist working for the Global Fund for Women says that the cheapest way to bring any change is to educate women because they are the agents of change. As a matter of fact, the UN Women reports that More girls than ever before are going to school. Not only do they learn to read and write, but each year that they remain in school after the primary level, reduces their chance of marrying at too young an age. It increases their prospects for employment, health and overall well-being. Girls and women have an equal right to a quality education and learning throughout all phases of their lives. Yet the statistics show that more number of girls drop out of secondary school for reasons including early pregnancy and the expectation that they should contribute to household work. The development goals also reflect that "nevertheless, about 260 million children were still out of school in 2018 — nearly one fifth of the global population in that age group. And more than half of all children and adolescents worldwide are not meeting minimum proficiency standards in reading and mathematics."¹³ The conditions have worsened with the outbreak of the COVID-19. As the schools have now been closed for a long time, there is least optimism as to what will be the consequences aftermath.

Gender equality is a right. Fulfilling this right is the best chance we have in meeting some of the most pressing challenges of our time from economic crisis and lack of health care, to climate change, violence against women and escalating conflicts. The gender discrimination still holding too many women back, holds our world back too. The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) adopted by world leaders in 2015, embody a roadmap for progress that is sustainable and leaves no one behind. Only by ensuring the rights of women and girls we can get to justice and inclusion, economies that work for all and a sustainable shared environment now and for future generations.

III. BODILY INTEGRITY VIS-A-VIS FEMALE GENITAL MUTILIATION

The terms Female Genital Cutting, Female Genital Mutilation, Female Circumcision are used

¹³ available at <http://uis.unesco.org/en/news/263-million-children-and-youth-are-out-school> (last accessed 12 June 2020).

interchangeably and they includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. It is estimated that about 120 - 140 millions women and girls experienced FGM, and that about 2 million girls had undergone one form or other of the procedure every year.¹⁴ Looking at the terminologies the organisations of the UN including the WHO uses the term Female Genital Mutilation to identify the ritual of cutting female genitalia.

However in the past, the term female circumcision was prevalent which was misleading. Some organizations working for the eradication of the practice refer to it as “female genital mutilation/female cutting” out of respect for those women who have undergone the ritual.

The FGM has been a custom since time immemorial and values of a girl is tied with this tradition. In order to make a girl marriageable, FGM is practiced and is one of the justifications given for this practice. “It confirms that there is a social obligation, that the practice is relational,” explains UNICEF Senior Child Protection Specialist Francesca Moneti. “I do what I do because I know that you expect me to do it, and vice versa. So, I may not support cutting, and you may not support it, but I see you cutting your girl, and you see me cutting my girl, and you think I support it because you see me cutting my girl – but we don’t talk.”¹⁵

Further, another fundamental reason for the prevalence of FGM is women's sexuality. In our societies, sexuality is defined in social context. The practice is justified in the name of preserving female honour, chastity, beauty, ensuring their marriageability. For many communities preserving family honour depends on the girl's virginity or sexual restraint. In many countries like Egypt, Sudan and Somalia FGM is seen as a methodology to curtail pre-marital sex which apparently is considered as a factor defining a women's character. In other contexts, such as Kenya and Uganda where sexual "purity" is not the concern, FGM is performed to reduce the women's sexual demands on her husband, thus allowing him to have more than one wives.¹⁶ In many countries, it is practiced for protecting marital fidelity in the interest of male counterpart.

Another reason as well as consequence of the prevalence of this practice is relationship of

¹⁴ Badreldeen Ahmed et al., *Female genital mutilation*, 4 GINECO RO OSDTETRICA, 166-169 (2008).

¹⁵ Priyanka Pruthi, *Child protection from violence, exploitation and abuse New UNICEF report on female genital mutilation/cutting: Turning opposition into action*, UNICEF (July 19, 2013), https://www.unicef.org/protection/57929_69881.html.

¹⁶ ANIKA RAHMAN & NAHID TOUBIA, *FEMALE GENITAL MUTILATION: A GUIDE TO LAWS AND POLICIES Worldwide* 5-7 (Zed Books Ltd., 2000).

education and FGM. FGM is practiced as a rite to passage from childhood to adulthood and parents think that it is unnecessary for the girl to go to school now. Alternatively, education is the key to reduce this practice. Eradication of this practice will take a lot of time because in many places it is a secret practice and is deeply ingrained in the society.

The World Health Organisation has divided the practice into four broad categories:¹⁷

- **Clitoridectomy:** partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- **Excision:** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are “the lips” that surround the vagina).
- **Infibulation:** narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- **Other:** all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Female genital mutilation involves disfiguring and disabling a girl to make her more marriageable and attractive to men. It can cause physical and psychological damage to the girl. “Immediate complications include severe pain, shock, hemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue. In the longer term, women may suffer feelings of incompleteness, anxiety, depression, chronic irritability, and frigidity.”¹⁸ They may experience marital conflicts because of sexual dysfunction. Apart from the physical and psychological damage the process can cause, FGM is a bad practice because it is a basic violation of human rights and bodily integrity. In numerous cases the practice is performed upon children, who do not have a say in the matter and also do not understand the consequences.

“Childhood is entitled to special care and assistance” declares the United Nations’ Convention on the Rights of the Child. The rights of every child include health, education, and an adequate standard of living. Many international organisations, international conventions, NGOs etc, are working to abandon this practice. Placing this traditional practice within the global paradigm is important for validating a universal reality- discrimination

¹⁷ available at: https://apps.who.int/iris/bitstream/handle/10665/112328/WHO_RHR_14.12_eng.pdf?ua=1 (last accessed 13 June 2020).

¹⁸ ANNE FIRTH MURRAY, FROM OUTRAGE TO COURAGE : THE UNJUST AND UNHEALTHY SITUATION OF WOMEN IN POORER COUNTRIES AND WHAT THEY ARE DOING ABOUT IT (Monroe ME, Common Courage Press 2013).

against women. International framework is vital to obtain commitments from the governments' to take all necessary steps to prevent this practice. However on the ground level legislation alone is not enough. The challenge now is to let girls and women, boys and men speak out loudly and clearly and announce they want this harmful practice abandoned. The utmost solution to the practice is female education so that the women understand their rights and their position to say no to FGM.

IV. THE FACE OF HIV/AIDS

HIV continues to be a major global public health issue. In 2018 an estimated 37.9 million people were living with HIV (including 1.7 million children), with a global HIV prevalence of 0.8% among adults. Around 21% of these same people do not know that they have the virus.¹⁹ Depending on the actions of richer nations and individuals around the world, AIDS may soon surpass the Black Death as the greatest plague ever to devastate humanity. Its prevalence reveals the deeply ingrained inequalities of our societies, as it strikes hardest at those already systematically deprived.²⁰

The face of this epidemic is increasingly a female face. Women, specifically the younger women are at high risk of getting HIV infected because of both the biological reasons as well as the social inequalities, particularly in cultures that limit women's knowledge about HIV and their ability to protect themselves and negotiate safer sex. The most important risk factors for death and disability in this age group in low- and middle-income countries are lack of contraception and unsafe sex. These result in unwanted pregnancies, unsafe abortions, complications of pregnancy and childbirth, and sexually transmitted infections including HIV. Terri Apter points out that "if, as Anna Freud said, adolescence was the 'stepchild' of psychoanalysis, the forgotten subject, the subject most easily neglected and glossed over . . . then female adolescence was at a double disadvantage: not even a stepchild but the abandoned child."

The next set of females who suffer the brunt of HIV are the prostitutes. A common perception in all literature is that prostitutes are mostly women. Prostitutes are often considered as the transmitter of AIDS rather than the sufferers. While they may have contracted a pool of infection, the role of their clients in transmission is rarely mentioned.²¹ It is a common myth that women are AID vectors. Prostitutes are hard hit by this propaganda

¹⁹ UNAIDS (2019) AIDSinfo.unaids.org (last accessed 13 June 2020).

²⁰ ANNE FIRTH MURRAY, FROM OUTRAGE TO COURAGE : THE UNJUST AND UNHEALTHY SITUATION OF WOMEN IN POORER COUNTRIES AND WHAT THEY ARE DOING ABOUT IT (Monroe ME, Common Courage Press 2013).

²¹ NALINI VISVANATHAN ET AL, THE WOMEN, GENDER AND DEVELOPMENT READER 302-309 (1997).

but the reality is that they are vulnerable to infection than to infecting: AIDS is an "occupational risk" of commercial sex work, especially in settings in which sex workers cannot demand that clients use condoms.²² Harsh economic realities push women into prostitution. Many-a-times, owners on the promise of jobs enslave women to prostitution and when they are contracted with HIV, they are dumped into the streets.

In Eastern and Southern Africa and also Asia, another risk factor for women being the face of AIDS is being married. Since social practices prompt and even allow men to see several sexual encounters out beyond marriage but deprive women of command over their committed intercourse, whether married or not. Wives are directly influenced by the promiscuity of their husbands past and present. Powerless to object and the "culture of silence" to the extra-marital intercourse of her husband, women are much likely to be infected with the virus.

AIDS flourishes in areas where gender inequality is highest, where women are unable to discuss safe sex because of their historically inferior status. The virus affects young people, who are already several times disadvantaged by class, age, and poverty. Women are more prone to HIV by heterosexual intercourse than by any other mean of communication. Not only are women more susceptible to men but also incarcerated by cultural expectations in regions where women lack empowerment, and therefore unable to defend themselves against the virus by denying sex or demanding that their partners use a condom.

The most frequently encountered and easily circulated theories about women and AIDS are far more likely to include punitive damages of women as per views of infection prostitute for example, or mothers who "contaminate" the innocent offspring than to include images of homelessness, barriers to medical care, a social service network that doesn't work, an absence of jobs and housing and less likely to reveal how political and structural violence come to be important in this pandemic.²³ Life options for most women at risk of AIDS are limited by racism, sexism, political brutality and the grinding of poverty. This is a surprise that the issue of AIDS never addresses these issues and keeps the surface very clear with the misconceptions about women and AIDS.

The need of the hour is not only medical aid to the people but also social intervention for preventing or treating diseases such as HIV/AIDS or other infectious diseases. Firstly, there are quite a number of organisations working to spread awareness of such diseases. Getting the right message across remains a priority and always will. Use of animated videos to bring about the knowledge of the diseases to the common man is one prominent method.

²² PAUL FARMER ET AL., WOMEN, POVERTY AND AIDS: SEX, DRUGS AND STRUCTURAL VIOLENCE 27-38 (1993).

²³ PAUL FARMER ET AL., WOMEN, POVERTY AND AIDS: SEX, DRUGS AND STRUCTURAL VIOLENCE 27-38 (1993).

As we all know the literacy rate is quite low in many nations therefore videos and animation attract children and the unlettered. Secondly, sex education is a really vital subject which should be made part of the school curriculum. Adolescents everywhere must learn about STDs before becoming sexually active. Universal HIV education needs to become part of growing up. Thirdly, we need to be sensitivised towards the infected. People need to understand that they are also a member of the society and have all the rights to be treated as equals. 'Healthcare is also unbalanced for HIV positive males and females. For example in couples infected with HIV, even if both partners are aware of their HIV status, the male is more likely to receive care'. There is a need to keep women at the pressing priority.

Gender inequality and racism is the first major social invention and in addressing the issue, it plays a big role in preventing and even treating the diseases and other infectious diseases because when women have little or no power over their bodies, they cannot negotiate safe sex, infected women do not get sufficient health care. Equality between men and women would go a long way to prevent and treat the diseases.. Speaking of structural violence without making mention of poverty will do no justice to the topic. Poverty is the reason why families decide to sell out their daughters to sex work, the same reason why women tend to sex work to make ends meet and also to support their families. Financial insecurity means that a woman is totally dependent on a man for survival, he can therefore use it to his advantage to coerce a woman into risky sexual practices which can expose her to the virus. Also, sex workers often have little or no say in the decision of their clients to safe sex, which exposes them to the virus. Incentives and training can be very instrumental in preventing the virus. Poor and underprivileged groups of people can be economically empowered through incentive which will enable them attain financial security and prevent them from engaging in risky sexual practices in order to make ends meet. If society can fight the epidemic of structural violence, then we will almost be certain that HIV/AIDS and other infectious diseases will die a natural death.

V. CONCLUSION

The World Health Organisation defines health as "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."²⁴ Women's health has always been a topic of importance for societies. Unfortunately, today, a priority and a right that few have. Women are the backbone of society. They reproduce and conceive, feed newborns and provide the maternal affection that a human being needs to get ahead

²⁴ available at: <https://www.who.int/about/who-we-are/constitution> (last accessed 14 June 2020).

physically and emotionally.

AIDS and Female Genital Mutilation are one of the many problems that women around the world go through. When it comes to access to healthcare, women rights are often ignored. Be it their reproductive health, use of contraception or right to get abortion. Many women die every day from complications and poor care provided during childbirth. Likewise, the insufficient education received by women in developing countries impedes assertive decisions regarding sex and sexual illnesses, making abortions, mental problems and suicides increasingly common, affecting life and achieving death of women.

The key to fight the discrimination against women is not just healthcare and information but also that women should be at the forefront to decide about their health issues. Women have a right to make decisions for themselves about what is right for their lives and for their families. A lot of issues about women's health are neglected while discussing their bodies, and women are rarely the facilitator of such conversations. Most of the laws and policies surrounding women's health are drafted by men, who fail to understand the real problems that women face. We need to tackle specific health issues to improve women's health, but the circumstances of women's lives do need to change so that women can have more control over their lives and over their health. At the root of all social reform is the strengthening of the capacity of women to be independent in their own lives, to exercise their human rights.

Thus the, we talk about women because the plight of women are distinctive and understudied, because cultures need women to be healthy and fully engaged, since it is only fair that women have equal opportunities in their societies. And we're focusing on women as recognizing their particular struggles is a precondition for justice.

"Where, after all, do universal human rights begin? In small places, close to home—so close and so small that they cannot be seen on any maps of the world. . . . Such are the places where every man, woman, and child seeks equal justice, equal opportunity, and equal dignity, without discrimination."

—Eleanor Roosevelt, U.S.A., 1958²⁵

²⁵ available at: <https://www.amnesty.org.uk/universal-declaration-human-rights-UDHR> (last accessed 14 June 2020).