

## 3<sup>rd</sup> Indo-Global Summit & Expo on **Healthcare**

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#### **The changing landscape of women's health: Challenges and opportunities of global health**

The first week of the 58th commission on the status of women ended in March 2014 and information ranging from the most effective strategies to economically empower women to learning more about the initiative which focuses on the voices of men by encouraging them to speak out against the discrimination and inequalities experienced by women and girls globally. Empowerment beyond numbers: This is one of the messages that we need to continue and work on as we think of the challenges that women are still facing beyond geographical frontiers. Over the past decades, significant work has been accomplished and provided a substantive conceptualization of female-male relations, both inside and outside of the public domain, challenging the social determinants and risks contributing to poverty and designing routes of women's empowerment with concrete health achievements. By applying a gender lens with appropriate sensitivity to the socio-political context of poverty alleviation strategies, research and interventions in public health increasingly provide a positive outlook characterized by an empowerment approach. Recognizing the intricate and complex nature of development processes which lead to the undeniable conclusion that women must become actively engaged as socio-political actors in the fight against poverty, this conference will allow for substantive discussions on the knowledge base which continues to be required, not only at the state level in countries such as India when it comes to health issues, but at all levels requiring an accounting of the conditions and circumstances of women's lives both at home and in their communities. As per H. Graham, public health policies need to be reconfigured to improve population health and to address inequalities in the social distribution of health. This presentation will draw upon the fact that social determinants are central to programs and policies regarding prevention and control of diseases such as HIV/AIDS, malaria and tuberculosis (TB). While there is ample literature demonstrating that social factors promote and or undermine the health of women, men, families and populations, there is limited knowledge about the social processes underlying the unequal distribution of health among specific populations which in turn, is at the root of persistent social disparities. Women's health issues have attained higher international visibility and renewed political commitment in recent decades. While targeted policies and programs have enabled women to lead healthier lives, significant gender-based health disparities remain in many countries. With yet limited access to education or employment, high illiteracy rates and increasing poverty levels are making health improvements for women exceedingly difficult. Health-related challenges continue. Many of the modest gains in women's health realized in recent decades are now threatened or have been reversed due to war, economic instability and the HIV/AIDS pandemic. Basic health care, family planning and obstetric services are essential for women, yet still they remain unavailable to millions. Above and beyond words and good wishes, gender-equitable approaches to health are needed to enable women's full participation in the planning and delivery of quality health services.

#### **Biography**

Vissandjée Bilkis is a Full Professor in the School of Nursing at the University of Montreal. She is a Fellow of the Canadian Academy of Health Sciences. She is a researcher at the Institute of Public Health Research at the Université de Montréal. Her research work is carried out in partnership with frontline community health services organizations attending to the needs of migrant populations in Montreal as well as at the provincial and national levels. Her contributions to the scientific community along with nationally and internationally-based partners highlight the importance of accounting for sex, gender, migration and ethnicity when deriving strategies for providing quality and equity sensitive care within a diversified socio-cultural context.

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