

Women's Health Agenda after Millennium Development Goal

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Abstract

The Millennium Development Goals (MDG) is going to be phase out in 2015 and several progresses have been achieved in past decade. Nevertheless, there are many critiques on it and further progressed could be achieved if they were implemented more organized way. Regarding women's health, maternal mortality and morbidity has reduced but in developing countries and remote areas, there was no comfortable achievement. On the base of MDG, the main agenda and role of different stakeholders are presented because it is the proper time to discuss.

Background

The Millennium Development Goals (MDGs) have eight international development goals to be achieved by 2015 addressing poverty, hunger, maternal and child mortality, communicable disease, education, gender inequality, environmental damage and the global partnership. Most activities worldwide have been focused on maternal and child health and communicable diseases, while less attention has been paid to environmental sustainability and the development of a global partnership [1]. Since the formation and implementation of MDG, there has been different situation in women's health in different continents, countries and states. Now, it can be analyzed mathematically and figure out the women's health status. Not only the achievement on women's health, now it is a time for evaluation on overall programs, resource, different level of political commitment, role of multilateral and bilateral organization, governing situation and future direction.

Analysis of Women's Health Status In Relation To MDG

In the last 14 years, the MDGs focused world attention and global political consensus on the needs of the poorest and to achieve a significant change in the Official Development Assistance (ODA) commitments. Most activities worldwide have targeted MDGs 4, 5 and 6, focusing on maternal and child health (MCH) and communicable diseases, especially in the developing countries, while fewer initiatives have focused on MDGs 1, 2, 3 and 7, which are more difficult to influence [2]. Independent expert review group 2013 claimed only 9 countries are on track to fulfill the MDG 5 among 75 poor countries [3]. It means that almost poor countries are not able to reduce the maternal mortality rate significantly. Countdown to 2015 and beyond: fulfilling the health agenda for women and children by Jeniffers Haris pointed out that inequality and the data quality could be the major area to target and even after MDG also [4]. During program design, gender equity and maternal health was not linked in the past that's why many program were overlapped [5]. Likewise, in the implementation phase, health system strengthening associated with political and social engagement was gap in the past [6]. The women's health issues are more in developing countries like economically vulnerability of pregnant women, high maternal mortality than survival and interrelated issues of women and child. [7] Framework of those specific strategies had some confusion in current MDG like gender equity, maternal health. Now it can be specified some agendas to address the women's health issues in global context to reduce women's health issues.

Women Health Agenda after MDG

The above situation shows that there are many challenges to improve the health status of women and almost problems in developing countries. Nevertheless, there should be common agenda to address after MDG. It can be categorized the major area to improve the women's health in coming decade.

Teen age pregnancy

It is common and global women's health problem and one of the causes of maternal mortality and complication. MDG is also ignoring this issue and there are not specific program along with it. Right now, Africa has 143/1000 of pregnancies among 15-19 years of age, Asia, 71, Europe more than 30, US 26 and Canada 16 per thousand [8], however teen age pregnancy prevalence would be zero. If this agenda is not purpose after MDG, the whole reproductive life of women will be in threat.

Cultural barrier

There are many social cultural barrier related to women's health which is very difficult to mitigate. They can be defined as structural barriers. Numerous research concluded that there are indirect caused for the maternal mortality and morbidity and those causes are poverty and social cultural believes superstition and taboos. Asia and Africa have more than 2/3rd population and many women's are suffering from those problems [9,10].

Health system

Health system of the country can determines everything about health service. Even the maternal health is priority one program, expected results from program could not be achieved, due to the gap between demand and supply channel of health system. Most of the developing countries could not achieve the expected outcome because of the poor governing system, corruptions, different dynamics of poor accessibility, capacity of health worker and health institutions [11]. However this is not only for women's health but there should be special strategies to promote the accessibility for women because there is no gender equity in society.

Ageing

Ageing is natural process however it has been longer in women because of the physiological process and increasing the life expectancy of women. Due to hormonal causes there are specific health problems

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related to breast and cervix and those types of issues are highlighted in Europe and America region. Coming decade should be optimized their menopause transition and beyond, with particular reference to lifestyle and diet [12]. Ultimately it can narrow down the ageing by physically and psychologically.

Role of Different Stakeholders

International communities

There are many international organization related to women's health. UN organization, other multilateral agencies, bilateral agencies like USAID, DFID, DANIDA, JICA, KOICA, international non-governmental organizations and interest group should have uniform vision to address the issues and integrated program could solve the issues without conflict of interest. Those women health issues should be tie up with women's violence, empowerment, gender equity and women's right [13]. Making consistent vision, policy and program and overcome the duplication of resources and enhancing health system, international communities have crucial role.

Government

Specific countries and their government have executive role because other role is only supportive. To fix the priority, design the program by context, prepare the target and program, formulate the policy and resource mobilization either internal or international, government must take overall responsibility [14]. The women's health issues are different in different countries and ways of solving are different. So, state must take the stewardship more importantly by political level [5].

Experts and researchers

The experts and researchers should have the advisory role and provide their vision and suggestions based on evidence. There are many researches on medical sciences, health policy and program but very few researches have been implemented. Almost researchers have been research for research and only academic purpose other than promote the women's health as such. Area like birth control, abortion, menopause problems etc. needs more innovation and comfortable to women's health. Still now, researchers could not able to explore the situation of rural women's health. Luanne E. Thorndyke concluded that health difference and diversity, health disparity and literacy in rural areas and inclusion of women in clinical research could be the research agenda in women's health in future [15].

Care managers

The health care managers and providers have significantly role to reduce the maternal morbidity and mortality specially mitigation of delay in treatment [16]. The child bearing period need to be supported by health care providers in every step like pregnancy, delivery and pueruim by proper counseling, nutritional promotion awareness, skillful delivery and even family planning service also. A study in Pakistan suggested that different level of obstetric services, and package of capacity building for the women could be mile stone to promote women's health [17]. To be more specific, there are some special complications related to pregnancy like diabetes, hypertension, Jaundice etc. which are more fatal. Due to the overweight, pregnancy related hypertension and diabetes have been increased in developing and developed countries both. More consumption of unsaturated fatty acids and functional food ingredients [18,19], exercise are better way for women's health. Self-care in home, basic health service package from nurse and paramedics and specialized service from the experts should be managed by the policy in future [20].

After the MDG, another course is going to start and priorities also have been changed. In particular, the role of international communities, government, experts and policy makers and care providers are in core but other stakeholder's role should not ignore.

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