



# **The International and Regional Women Health Empowerment & its Legal Implication**

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# Objectives

The global issues related to women's health rights.

The barriers women face in their reproductive health rights.

The legal implications in medical care for women.

The role of civil society organizations, educational and professional institutions in women health empowerment.

# Introduction

Women's health care has made great strides in the past two decades.

Providing health care coverage to all women must be a high priority. Access to affordable and relevant health services and to accurate health information are fundamental human rights.

The recognition that women have different health care needs than men has enabled changes to take place in clinical care, research, and education.

Research must address the differences between men and women and how they respond to disease and treatment.

The physician workforce needs to be expanded; physicians should be well trained to provide comprehensive health care to women.



# Women's Reproductive Health

Women's  
Health



World Health  
Organization

Reproductive  
Health

Women's health is a state of complete physical, mental and social well-being and not merely the absence of a disease or infirmity.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of a disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Adequate reproductive health services allow women to space pregnancies, with significant social, economic, and health benefits.

# Why Women's Health?

Women's healthcare issues are often much more complex than men.

Women experience different things while growing up and as adults.

Some diseases are more common and significantly higher in women than men.

Women live longer than men, an average of 3–5 years longer.

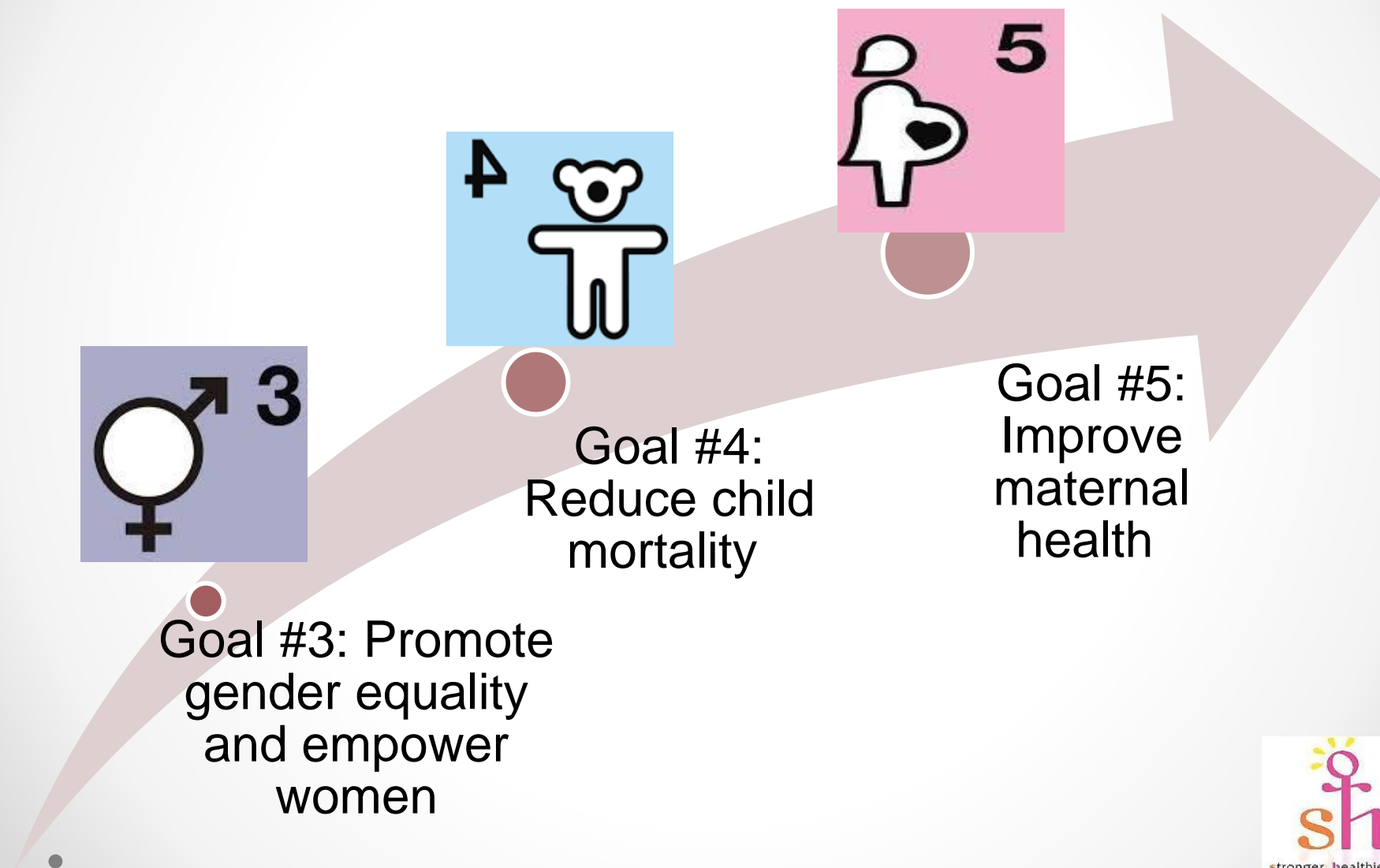
Women are the majority of caregivers for people who are both healthy and not so healthy.

Women manage both work and the care of the home.



**Women's  
Health  
Matters!**

# There are 8 Goals, 3 of which are Specific to Women:





# Working Towards the Millennium Development Goals (MDGs)



## Goal #3: Promote Gender Equality and Empower Women

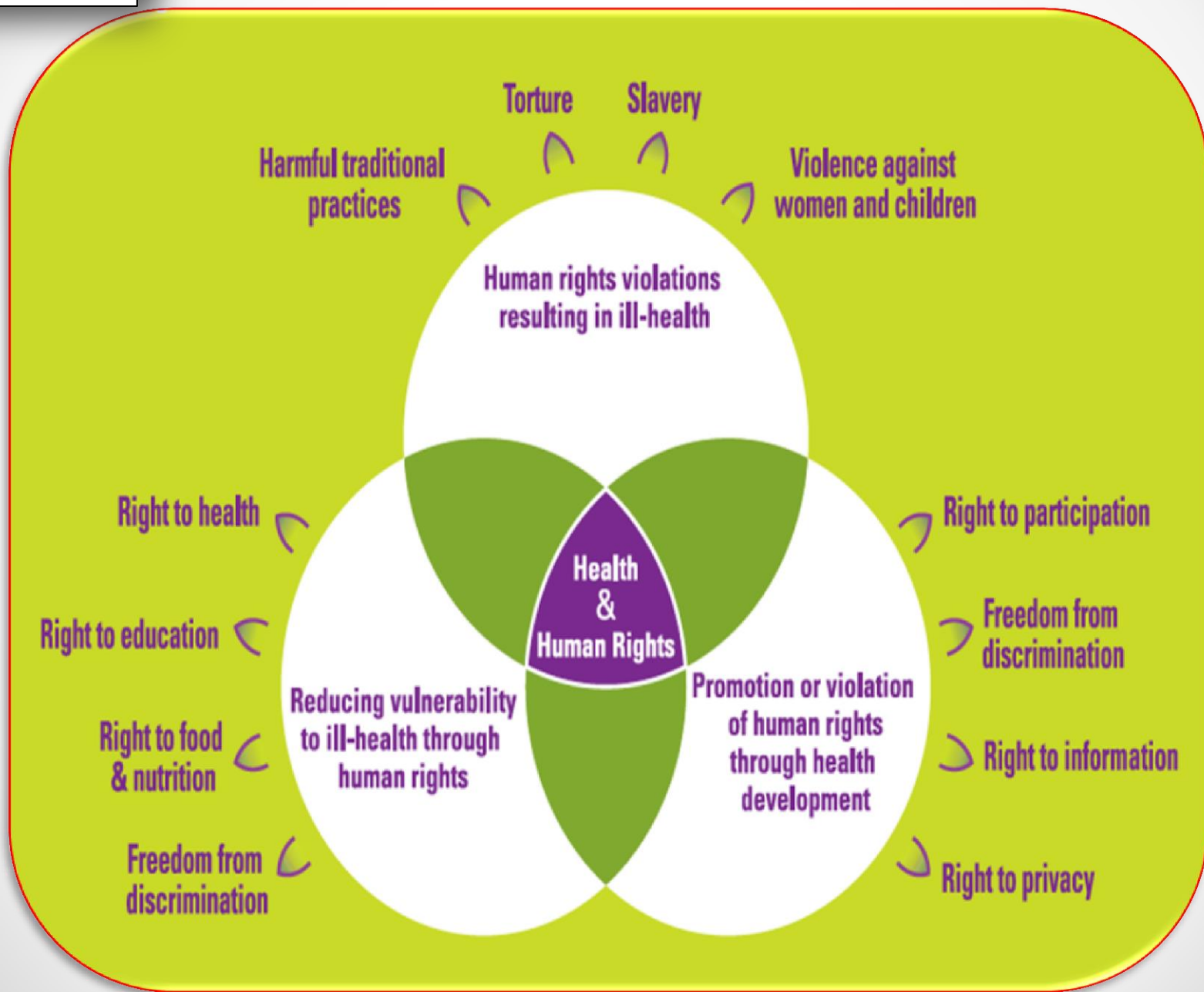
Progress towards gender equality can be evaluated by monitoring women's participation in the labor and political arenas.

Women are increasingly involved in the labor market

Continued barriers:

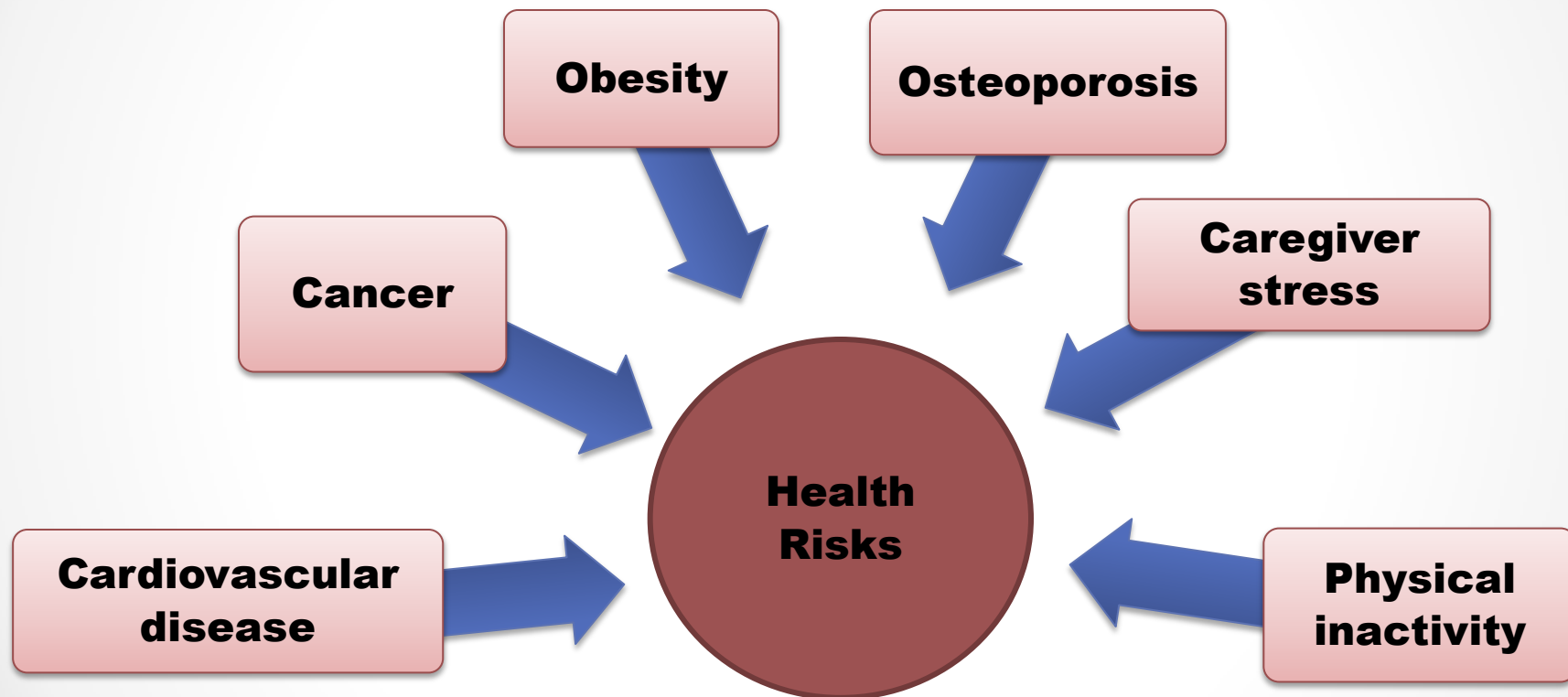
- Difficulty obtaining jobs
- Closely spaced births
- Lack of child care options

# WHO- Links Between Health and Human Rights





# The Global Issues on Women's Health Rights -Top Women's Health Risks



# The Global Issues on Women's Health

## Top Women's Health Risks

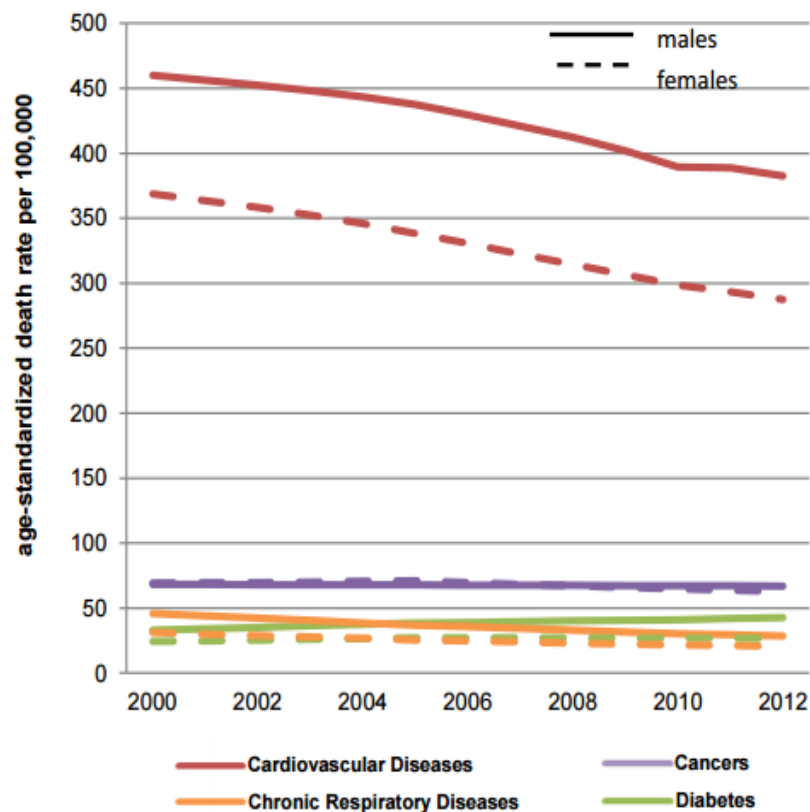


## Cardiovascular Disease (CVD)

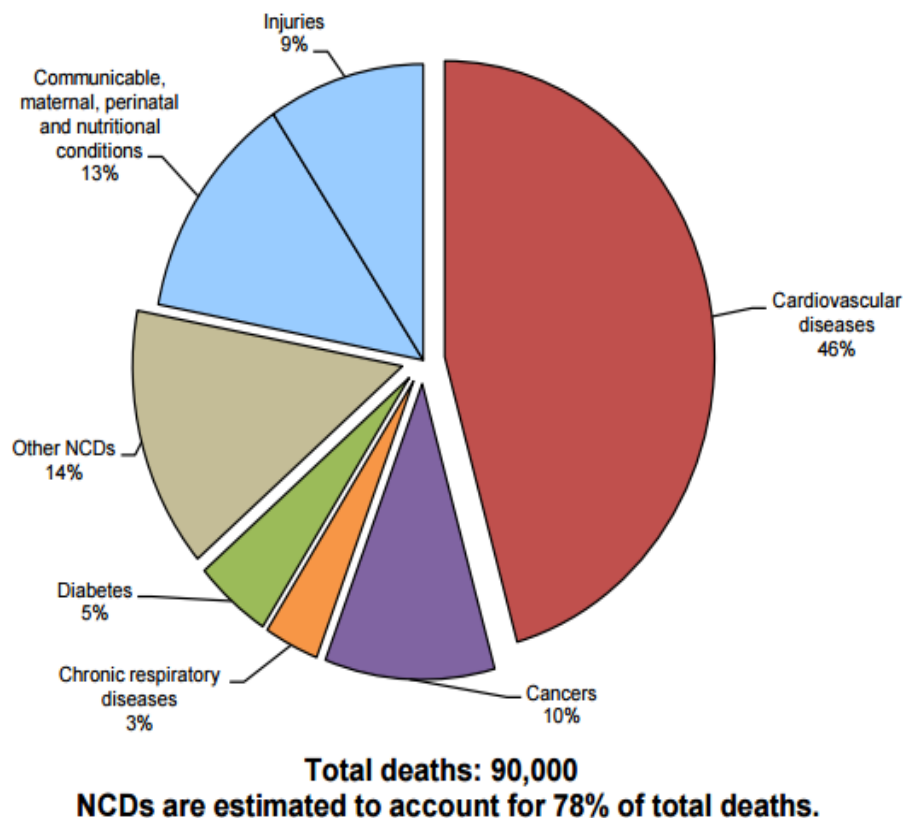
- Heart disease is the first leading cause of death for women worldwide and a major cause of disability.
- It kills 8.6 million women each year. This represents 32% of the total women deaths in the world.
- In developing countries, 50% of all deaths of women over 50 years old are caused by heart disease and stroke.

# CVD in Saudi Women

Age-standardized death rates\*



Proportional mortality (% of total deaths, all ages, both sexes)\*



**According to the WHO and MOH, CVDs are the cause of 46% of the Kingdom's death in 2014.**

# Cancer

Three most common cancers among women are: Breast , Lung and Colorectal cancer.

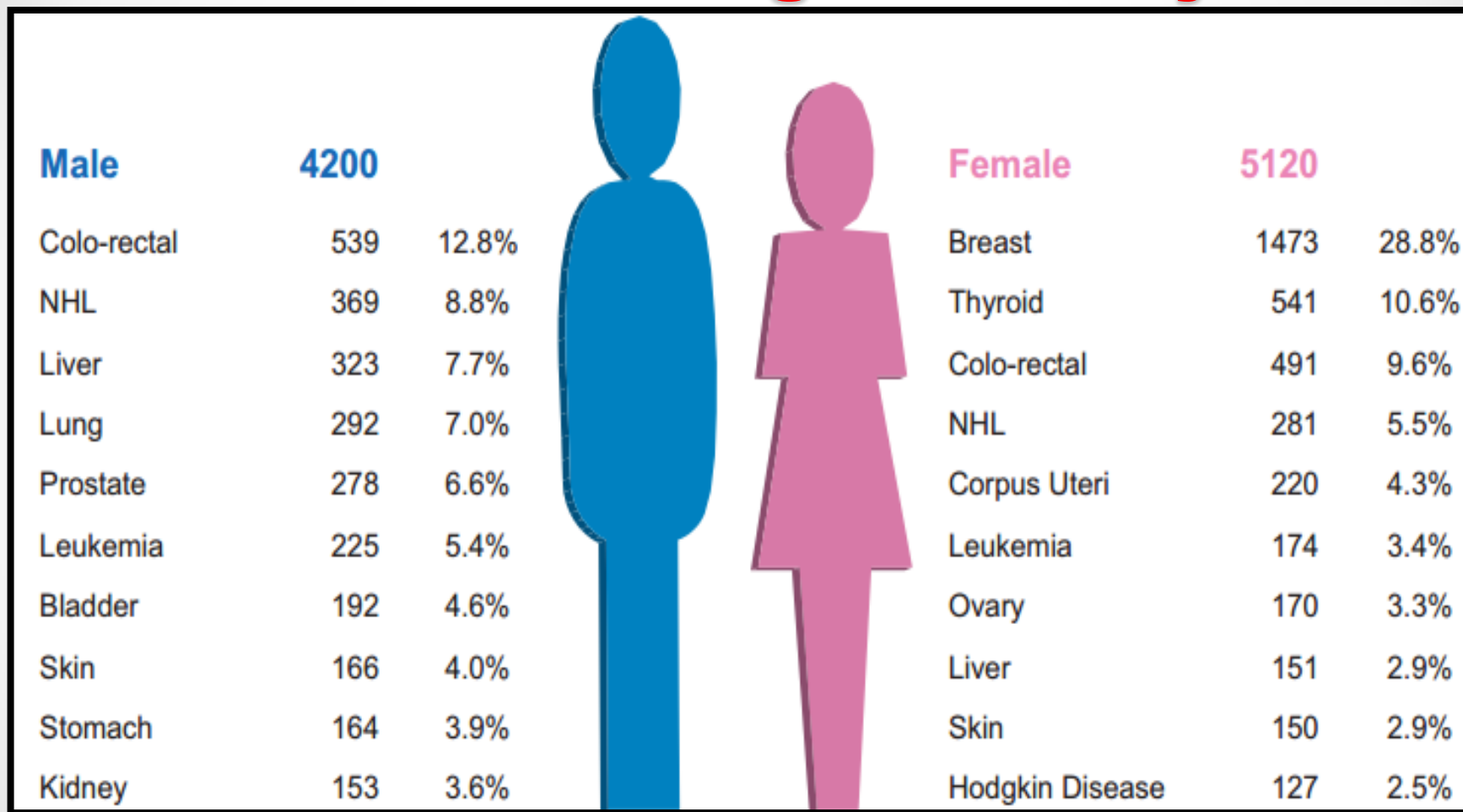
Breast cancer is the leading cancer killer among women aged 20–59 years worldwide.



Around half a million women die from cervical cancer and half a million from breast cancer each year.

The majority of these deaths occur in low and middle income countries where screening, prevention and treatment are almost non-existent.

# Ten Most Common Cancer Among Saudis by Sex





# Obesity Worldwide

**2.1 BILLION**

or nearly **30%**

of the world's  
population is  
obese or  
overweight



**Rise in Overweight and Obesity**



**Countries With The Most Obese People**



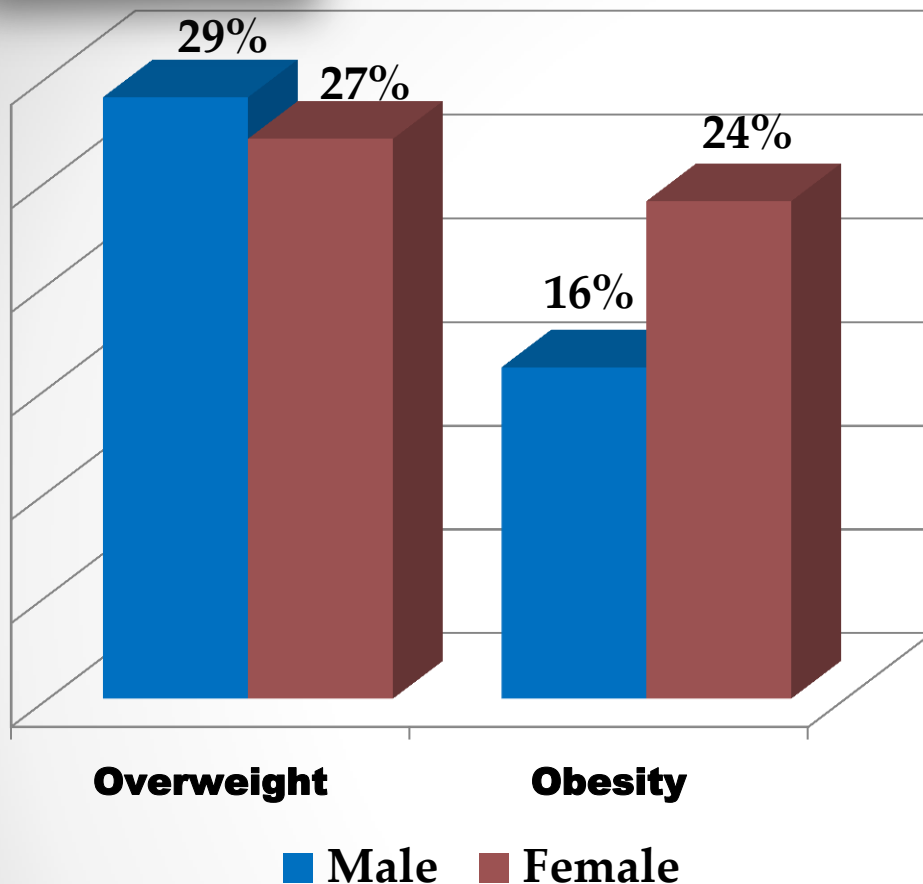
- 1. UNITED STATES**
- 2. CHINA**
- 3. INDIA**
- 4. RUSSIA**
- 5. BRAZIL**
- 6. MEXICO**
- 7. EGYPT**
- 8. GERMANY**
- 9. PAKISTAN**
- 10. INDONESIA**

50% of Obese population lives in these 10 counties

Over the 33-year period of research, the **Middle East** showed large increases in obesity. Bahrain, Egypt, Saudi Arabia, Oman, and Kuwait were among the countries with the largest increases in obesity globally.



# Obesity in Saudi Arabia



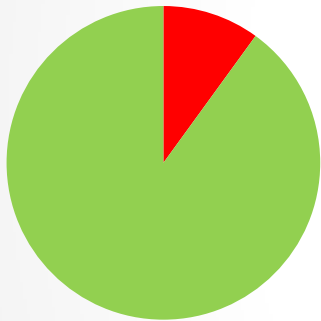
- Overweight and obesity were more prevalent among:
  - Female
  - Illiterate
  - High-income
  - Urban

Saudi Arabia is among the countries with the largest increase in obesity over the years.

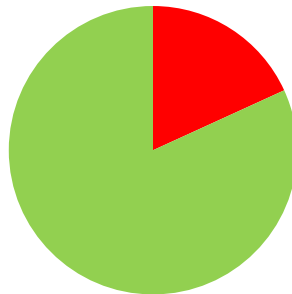
# Incidence of Osteoporosis

**Osteoporosis** is estimated to affect 200 million women worldwide.

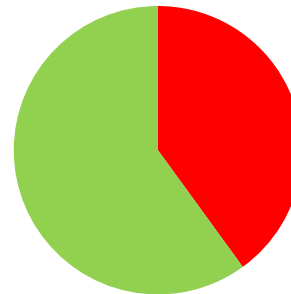
**10% of > 60 yr**



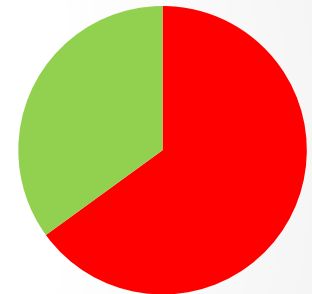
**20% of > 70 yr**



**40% of > 80 yr**



**65% of > 90 yr**



Non Osteoporotic women

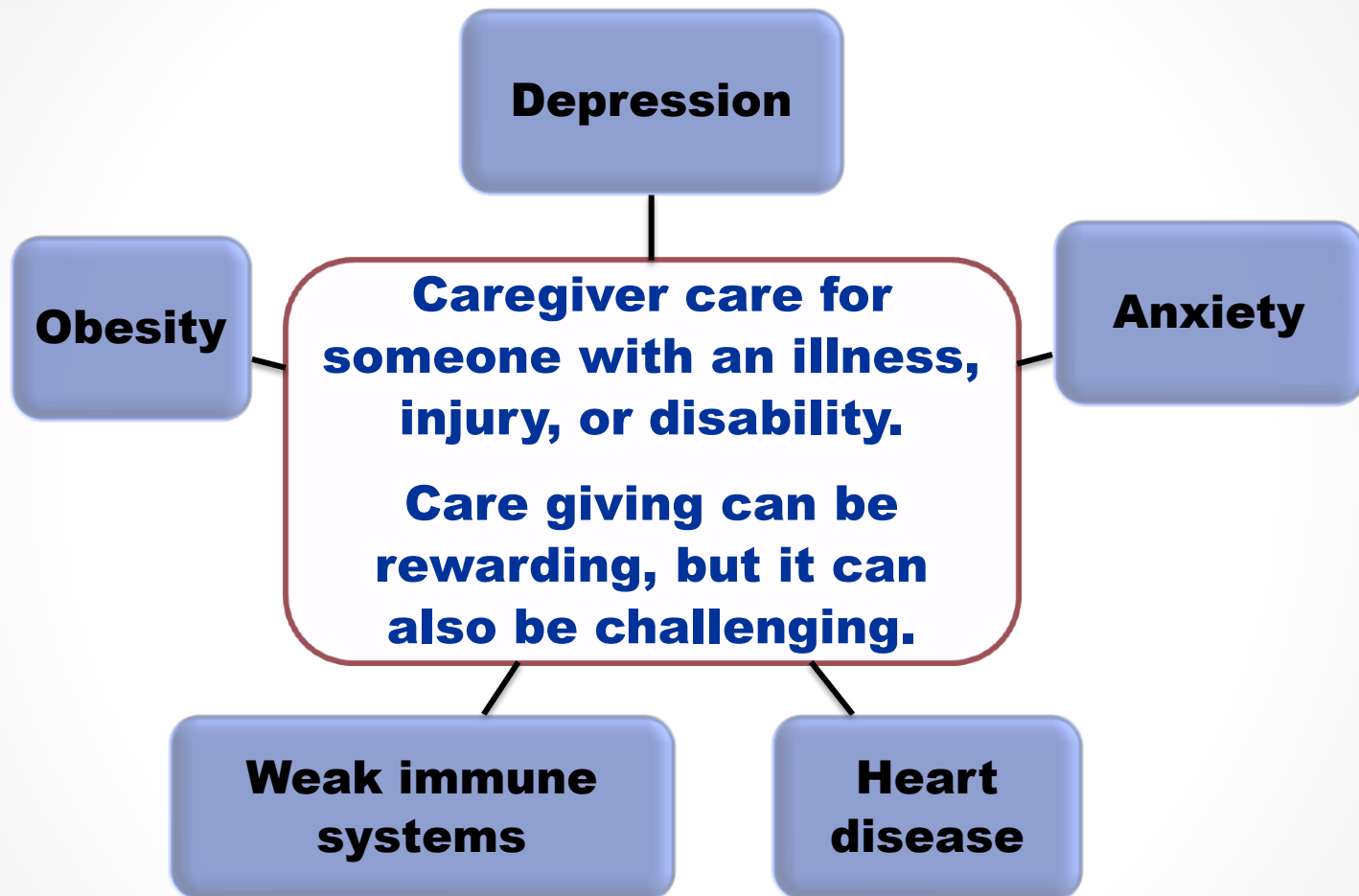


Osteoporotic women

# Prevalence of Osteopenia and Osteoporosis in Saudis (≥50 years), using US/European and Saudi reference data

<b>Osteopenia / Osteoporosis</b>	<b>Females</b>		<b>Males</b>	
	<b>US/European reference</b>	<b>Saudi reference</b>	<b>US/European reference</b>	<b>Saudi reference</b>
<b>Spine (L2-L4)</b>				
<b>Osteopenia</b>	39.1%	42.2%	32.8%	19.1%
<b>Osteoporosis</b>	47.7%	30.5%	38.3%	49.6%
<b>Femur (total)</b>				
<b>Osteopenia</b>	57.0%	58.6%	32.3%	56.7%
<b>Osteoporosis</b>	7.8%	4.7%	6.3%	1.2%
<b>Either (spine or femur)</b>				
<b>Osteopenia</b>	41.4%	43.4%	46.5%	54.1%
<b>Osteoporosis</b>	44.5%	28.2%	33.2%	37.8%

# Caregiver Stress



# Barriers to Women's Healthcare

## SOCIAL FACTORS



- Income
- Education level
- Employment status
- Medical insurance
- Social support
- Housing/Homelessness
- Domestic Violence

## CULTURAL FACTORS



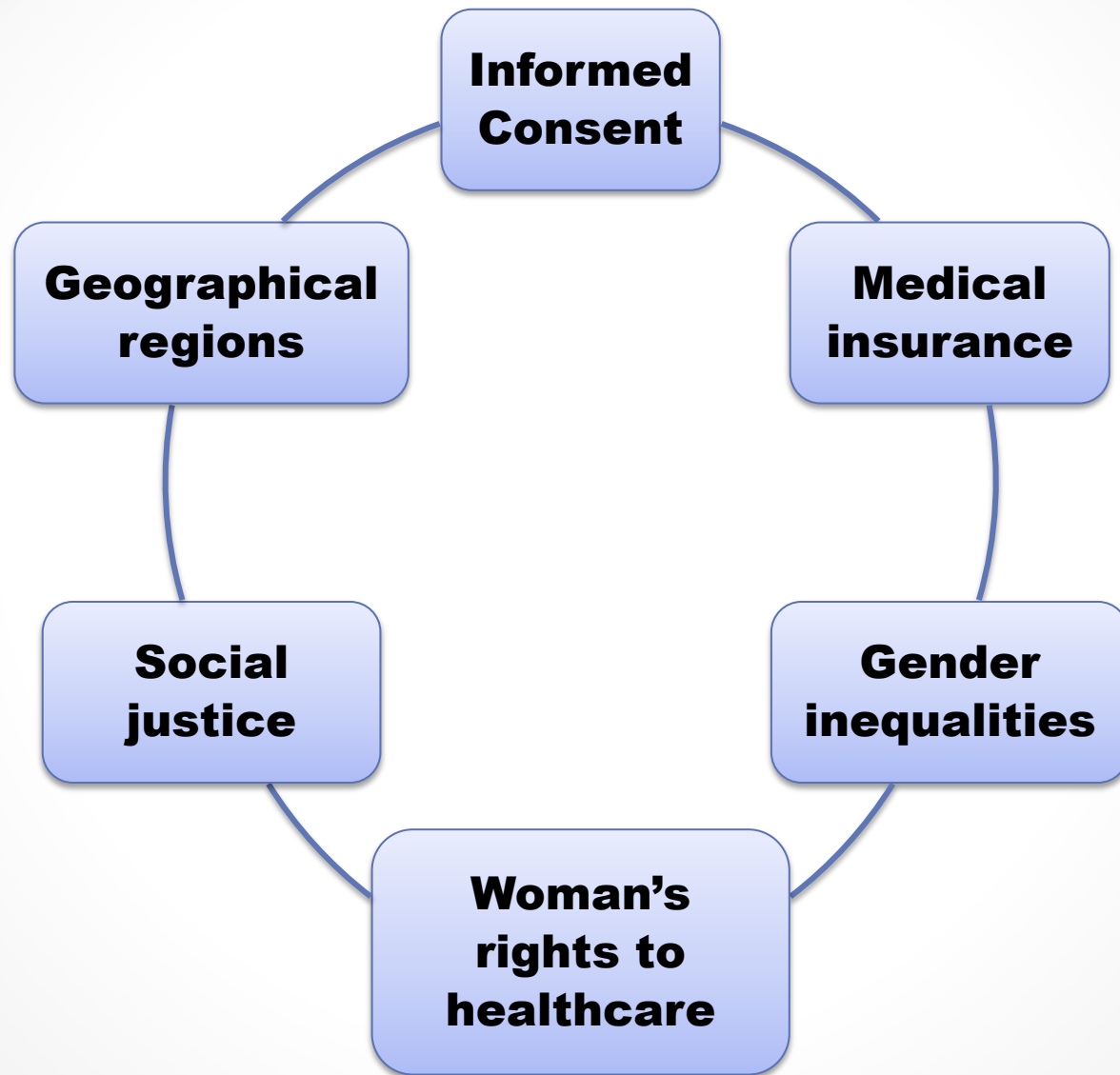
- Race/Ethnicity
- Language

## LIFE CYCLE FACTORS



- Younger women
- Women in middle years
- Older women

# Legal Implications





# Legal Implications



## Informed Consent

- Medical treatment should not proceed unless the doctor has first obtained the patient's consent.
- Nature of treatment
- Risks
- Benefits
- Alternatives
- Opportunity for questions

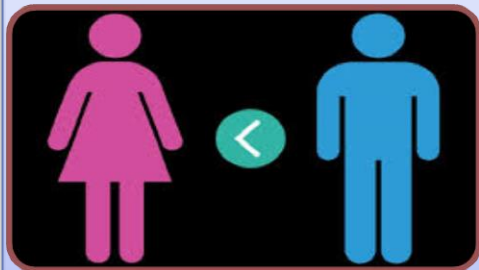


## Medical Insurance

- In Saudi Arabia, healthcare is provided free to all Saudi citizens by the Ministry of Health. For the foreigners, this insurance is normally provided by the employer in private companies.

# Legal Implications

## Gender Inequalities



- Women tend to have unequal power in access to health information and services, which greatly influence their exposure to disease.
- Education is important for improving health, reducing gender inequality and empowering women.

## Women's Rights to Healthcare



- Access to affordable and relevant health services and to accurate health information are basic human rights.
- **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**– seeks to end discrimination in health care and ensures that obstetrical care is made available to all women who need it.

# Legal Implications

## Social Justice



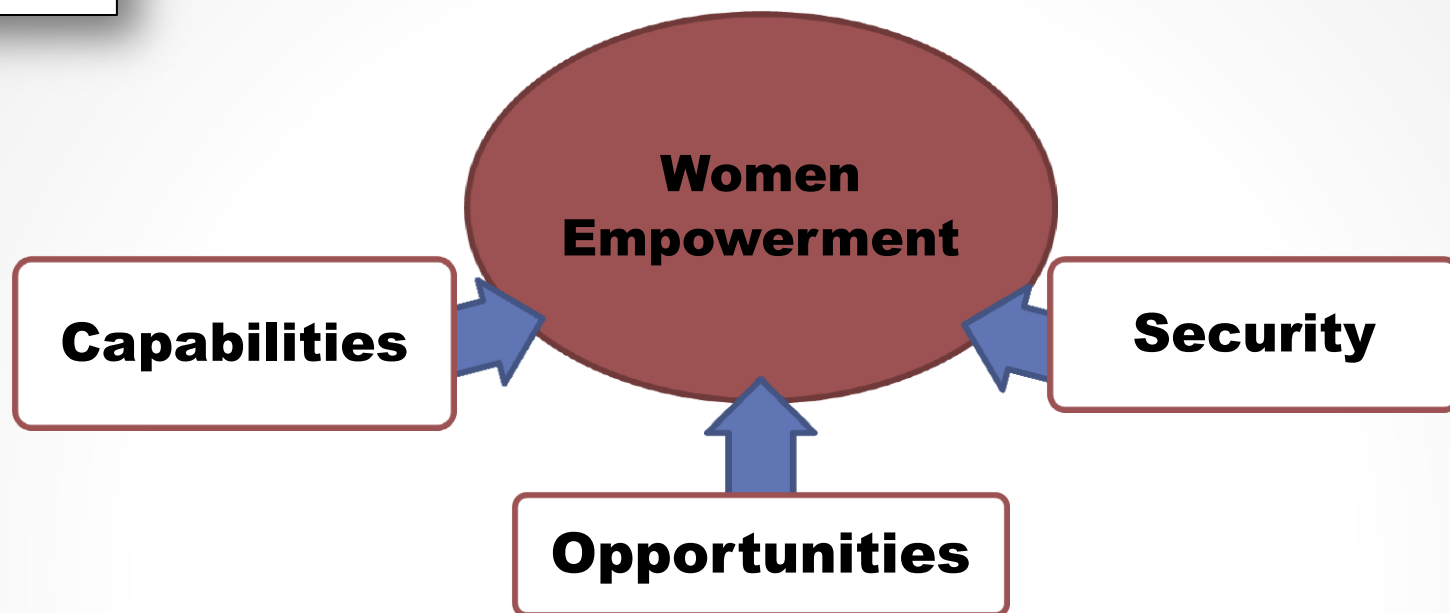
- The Violence Against Women Act (VAWA) was the first major law to help government agencies and victims in fighting domestic violence and harassment against women.

## Geographical Regions



- Rural women experience poorer health outcomes and have less access to health care than urban women.

# Women Empowerment



**Women cannot be considered empowered if they lack 1 of the 3 components.**

To be empowered, women need first to have the capabilities through education and good health. Capable women need to have access to economic, political and decision making opportunities. And without security – freedom from violence, they cannot exercise the potential of their capabilities and benefit from the opportunities.

# Women Empowerment

**Empowered women** are more likely to access health services and have control over health resources and less likely to suffer domestic violence.





# Women Health Empowerment in Saudi Arabia



**King Salman pledged to work on “improving health care services for all citizens throughout the Kingdom, so that health care centers, referral and specialized hospitals will be available to all citizens wherever they are.”**



# Women Health Activities in Saudi Arabia



Majlis Al-Shura (Parliament) votes to approve the amendment to include women's health care in the Ministry of Health system on 30 November 2015



King Saud University Women's Health Research Chair



Princess Nora Bint Abdallah Chair for Women's Health Research



Zahra Breast Cancer Association

## Women Health Activities in Saudi Arabia



Women's Health Rights Chair of Sheikh Mohammed  
Hussein Al Amoudi



The National Family Safety Program



Rofaida Women Health Society



Woman Health Initiative " For Her "-MOH



Saudi Commission for Health Specialties Approves a  
Sub-specialty in Women's Health

# Institutions for Women's Health Empowerment in KSA

## Princess Nora bint Abdallah chair for women's health research



## شهادة اعتماد برنامج

أن الهيئة السعودية للتخصصات الصحية وبناءً على الصلاحيات المخولة لها بوضع برامج التدريب الصحي التخصصية والإشراف عليها واعتماد المؤسسات لأغراض التدريب في القطاعات الصحية المختلفة وإصدار الشهادات المهنية تعتمد البرنامج الموضحة ببياناته أدناه .

رقم القرار (١٤٠٠٤١٨١) اعتباراً من تاريخ: ١٤٣٦/٠٢/١٠ وحتى تاريخ: ١٤٤٠/٠٤/٢٥ ٢٠١٥

## اسم البرنامج : (صحة المرأة) .

الجهة المعتمد لها / مستشفى الملك فيصل التخصصي ومركز الأبحاث . نوع التأهيل / زمالة تخصص دقيق  
شروط الدخول / الزمالة السعودية أو ما يعادلها في الطب الباطني أو طب الأسرة و المجتمع . المدة / سنتين

التصنيف المهني / استشاري في صحة المرأة .. بعد اكتمال الخبرة اللازمة  
يتم التصنيف المهني للخريجين في الإجراءات المتبعة لدى الهيئة حسب آخر إصدار معتمد لدليل التصنيف

نائب الأمين العام

أ. د. سليمان بن عمران العمران



الهيئة السعودية للتخصصات الصحية



رفيدة  
ROFAIDA  
WOMEN HEALTH SOCIETY  
جمعية رفيدة لصحة المرأة







# Saudi Shura Council Votes to Include Women's Healthcare



**Saudi Guardians @Saudiguardi... 15h**  
Saudi Shura Council votes to approve the amendment of the #government #health\_system to include women's health care.



مجلس الشورى  
@ShuraCouncil\_SA

وافق #الشورى على مقترح تعديل المادتين (٤) و (٥) من النظام الصحي المقدم من د. منى آل مشيط استناداً للمادة (٢٣) من نظام المجلس.



Dr Samia Alamoudi  
@drsamia

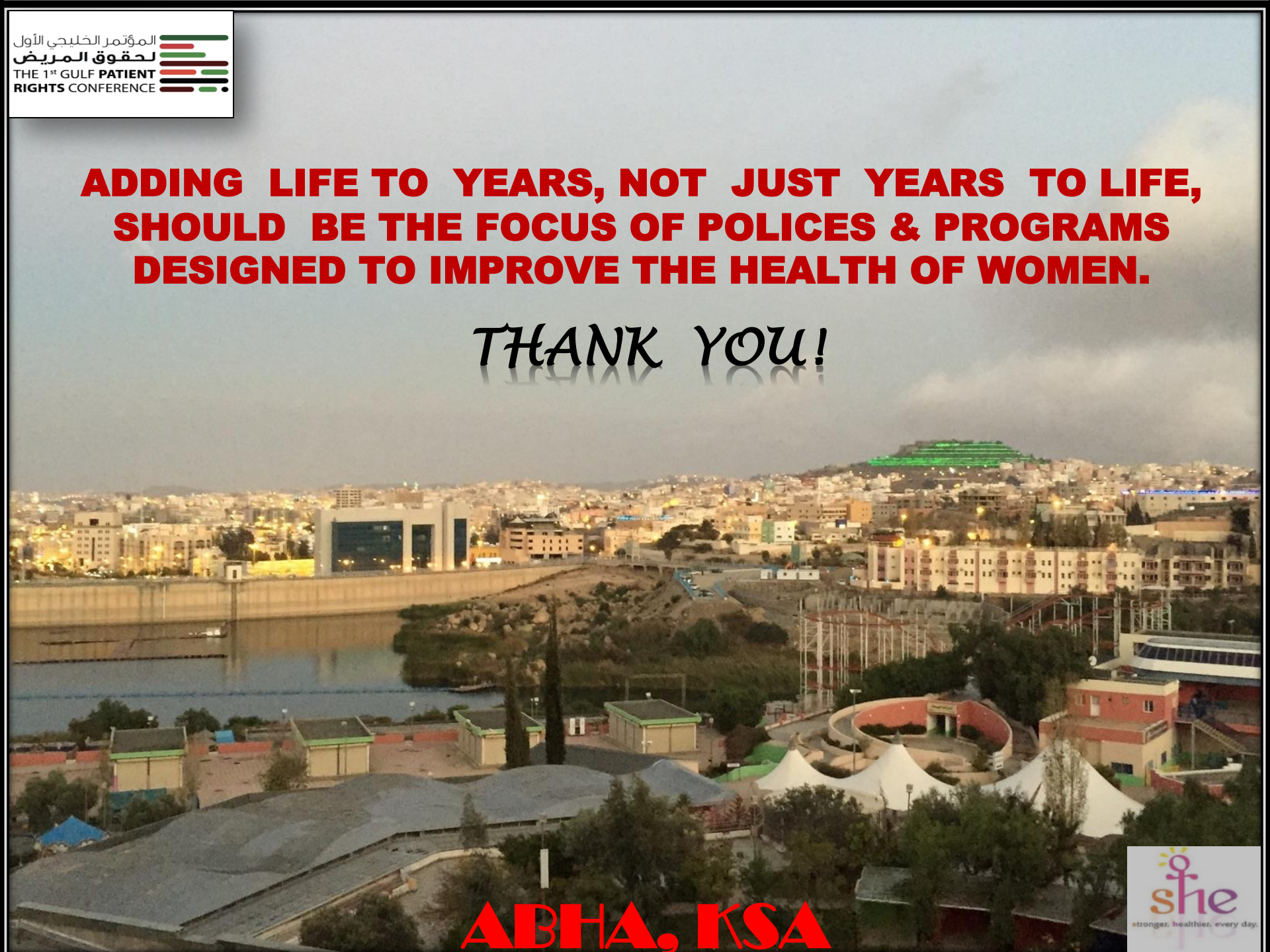
كان التركيز على الصحة الإنجابية وفترة الحمل والولادة اليوم تتسع البرامج لتشمل صحة اليافعات أي البنات والمُسِنات لأنها حقوقهن الصحية



11/30/15 @ShuraCouncil\_SA مجلس الشورى  
تعديل المادة (٤) يقضي بإدراج "برامج صحة المرأة" ضمن خدمات الرعاية الصحية التي توفرها الدولة للمواطنين بموجب المادة.







**ADDING LIFE TO YEARS, NOT JUST YEARS TO LIFE,  
SHOULD BE THE FOCUS OF POLICES & PROGRAMS  
DESIGNED TO IMPROVE THE HEALTH OF WOMEN.**

*THANK YOU!*