



## DHRM HR Highlights February 2021

### **Women's History Month – Shining the Light on Women's Struggle for Equity**

Women's History Month is a celebration of the vital role that women across generations have played in the culture, history and society as a whole. It is celebrated in the month of March in the US, UK and Australia. Canada celebrates it in October. March 8<sup>th</sup> marks International Women's Day, which is a globally celebrated day for women's achievements. Read more [here](#).

The National Women's History Alliance in the US is observing this month in 2021 by extending their theme "Valiant Women of the Vote: Refusing to Be Silenced" celebrating women's suffrage movement's centennial, originally planned for 2020.

As we recognize this month, let us take a few moments and start a conversation on some pertinent issues effecting equity for women across the globe today. We will mark this month by penning down some thoughts on four key issues.

An interesting read, "Sisterhood is Global" by Robin Morgan shines the light on women around the world who have fought for emancipation.

Let's start the conversation around the important topic of women's health.

#### **Women's struggle for equity in access to healthcare**

According to the World Health Organization (WHO), [health of women and girls](#) remains an issue of concern in many countries around the world, due to discrimination rooted in socio economic and cultural factors.

Unequal access to information, poor nutrition and lack of basic health practices increases the risk for women's health. Poverty and discrimination based on sex leads to many health hazards for women including sexual violence, sexually transmitted diseases, COPD (due to the use of unsafe cooking fuels), death during pregnancy and childbirth.

In most countries, women have been disproportionately affected by the [HIV epidemic](#). Today, women constitute more than half of all people living with HIV1. AIDS-related illnesses remain the leading cause of death for women between the ages of 15 and 49. Of all the adults living with this disease in sub-Saharan Africa, 61% are women. Again, the unequal social, economic and cultural status of women coupled with lack of access to health services is the main cause of this.

Disparities in access to healthcare for women exist based on their race. Incidence of chronic illnesses also varies for women by race and ethnicity. In addition, health insurance coverage is largely determined by employment status and income, with Latinas and African American women more likely to be low income with restricted access to healthcare through their jobs.

Political will, financial and human resources, availability of gender disaggregated data, training, awareness and involvement of stakeholders are some of the key ingredients required to move toward gender health equity.