



The Federation's Pages

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Maternal and child health – The MDGs 4 and 5 – Some caveats

The Millennium Development Goals (MDGs) contain eight international development goals established following culmination of the Millennium Summit of the United Nations in 2000. Goals 4 and 5 aim to improve maternal and child health; in particular MDG 4 intends to reduce the under 5 mortality by two-thirds, and goal 5 to reduce, between 1990 and 2015, the maternal mortality ratio by three-quarters. Many have exerted great effort to achieve the MDGs. Given the financial and human investments to date, a large number of countries will fulfill these goals (see: www.countdown2015mnch.org/reports-and-articles/2014-report). These advances are welcome – they will help women and children worldwide. A recent study looked at success factors helping to accomplish MDG 4 and 5.¹

According to this study, half of the gains result from health-enhancing investments in sectors outside the health system; that is, in education, women's political and socioeconomic participation, and environmental management. This in turn reminds us not to reduce women's health to child bearing, pregnancy and child upbringing.

No country in the world treats its women the same way as it does its men. The Gender Equity Index measures the relative parity between men and women worldwide including education, economic participation, and empowerment. Important societal changes have not yet been integrated into the domain of women's health: in all countries of the world women now outlive

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men by some years. The age of first pregnancy will be later in some settings and child pregnancies emerge as a major topic in other others. One of the oldest professions among health workers, midwifery, is threatened with extinction in some higher income countries because of health systems financing inadequacies.

These changes will pressure health systems and women. But one factor that strongly influences womens' socioeconomic position, education, and access to human rights is not mentioned in most reports: that is, religion (and armed conflicts). In large parts of the world, women are restrained for religious reasons, from education, earning money, receiving health services or simply moving independently. Health problems related to these constraints range from a 'simple' obesity epidemic to unsafe abortions to trading women and prostituting them. Women undergo systematic rape and other forms of violence more frequently than men. Some consider violence against women to be justified by certain religious beliefs. The role of religions with both their positive and negative effects on women's health needs more attention.

I propose to include the role of religious movements (and armed conflicts) into the topics that have to be considered when women's health, in a broad sense, is to be improved.

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Reference

1. Kurvilla, S. *et al* (2014) Success factors for reducing maternal and child mortality. *Bulletin of the World Health Organization* 92: 533–544, doi:10.2471/BLT.14.138131.