It has been twenty years since the Fourth World Conference on Women in Beijing in 1995 produced the Beijing Platform for Action, in which there was a commitment to mainstream a gender perspective into all United Nations activities, and particularly to develop gender sensitive initiatives for women's health. Recognizing that despite much excellent work since the Beijing Platform for Action in 1995, most physicians in clinical practice did not understand the concept of gender mainstreaming and its importance in positively influencing the health of both women and men, the Medical Women's International Association (MWIA) wrote a Training Manual for Gender Mainstreaming in Health in 2002. This manual was updated in 2013 and can be found on the website of MWIA (www.mwia.net). As gender inequality and lack of empowerment increase the risk of gender based violence, MWIA is currently writing a Training Manual on Domestic and Sexual Violence for use by practitioners, as the victims of violence often seek help first from their female physicians.

Since 1995, there has been a shift from talking about Women In Development (WID) to Gender and Development (GAD). The gender approach recognizes three things. The first is that women and men are different and need to be valued despite their differences. The second is that society values what is male over what is female and if economic and social advancements are to be made, both women and men must work together toward this goal of gender equality. The third is that gender is not just your biological sex, but rather the role society gives you by virtue of being female or male. It was this inherent power relationship between women and men that failed to improve women’s position in society in the Women In Development (WID) strategies.

When using the Gender and Development Approach (GAD) in health, it has been well documented that incorporating a gender perspective into health care delivery and policy development improves the health of both women and men. Health is a basic human right.
Gender differences play a very significant role in the differential in the burden of disease between men and women. Women and men continue to suffer and die of readily preventable causes because there is a lack of awareness of these gender issues. As women physicians who see this human tragedy in our day-to-day work, we feel a compelling sense of duty and responsibility to address gendered aspects of health.

Gender mainstreaming addresses gender relations and is not merely an euphemism for “women’s issues” as men can also be disadvantaged by their gender roles. It leads to improvement in the fundamental principles of society to make men and women equal. Rather than excluding biology, it adds the social and cultural factors that affect power relations between men and women, which either promote or impede health.

Our attitudes influence the way we treat each other and communicate with one another. Once we are aware of gender issues, as physicians we can re-examine our attitudes and develop skills and knowledge to make sure gender equity and equality are achieved in health and health care. As a result of this understanding, we shall be better physicians.

Of the 12 critical areas of concern of the Beijing Platform for Action, MWIA’s work has concentrated on Women and Health, Violence Against Women, and Human Rights of Women.

Women have the right to the enjoyment of the highest attainable standard of physical and mental health. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of this right is vital to their life and well-being their ability to participate in all areas of public and private life. However, health and well-being elude the majority of women due to inequalities.

Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms. Although it varies in different parts of the world, in all societies, to a greater or lesser degree, women and girls are subjected to physical, sexual and psychological abuse that cuts across lines of income, class and culture. Gender cross cuts across all the other social determinants of health resulting in the low social and economic status of women being both a cause and a consequence of violence against women.

Human rights and fundamental freedoms are the birthright of all human beings. The Platform for Action reaffirms that all human rights - civil, cultural, economic political and social, including the right to development are universal, indivisible, interdependent and interrelated, as expressed in the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights. The Platform for Action reaffirms the importance of ensuring the universality, objectivity and non-selectivity of the
consideration of human rights issues. Equal rights of men and women are explicitly mentioned in the Preamble to the Charter of the United Nations. Recognition of the importance of the human rights of women is reflected in the fact that three quarters of the States Members of the United Nations have become parties to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The International Conference on Population and Development in 1994, at which MWIA Past President, Dr. Florence Manguyu, chaired the NGO forum, reaffirmed women's reproductive rights and the right to development.

Despite the passage of 20 years since the Fourth World Conference on Women in Beijing, there is still much to be done to address gender issues to allow improvement in the fundamental principles of society to make men and women equal. One must not become discouraged by the slow pace of change, but be forever vigilant in making sure that the small steps develop into a giant step for gender equality for women, which will positively affect women’s empowerment and their influence on improving the health of all—both women and men. A human rights approach must always be our basis of action.