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Education And Health

Educating women as a means for improving child health care and reduce population growth rates is now an accepted national policy intervention supported by the World Health Organisation (WHO), UNFPA and UNICEF.

The exact reasons for the correlation between women's education and health is still a matter for debate but the figures suggest a near cause and effect. For example, WHO data indicates that countries with more literate women have significantly lower infant mortality rates—even when adjusted for income. Countries like the Yemen Arab Republic and Colombia, demonstrate the truth of this. In 1985, the female literacy rate in the Yemen Arab Republic was around 10 per cent, and the annual population growth rate was about 3 per cent yet in Colombia where the female literacy rate is nearly 100 per cent, the annual population growth rate is only 1.5 per cent.

Although studies have shown that relevant health information is a cost-effective means of improving access to services, appropriate communications are low on the list of health expenditures, thus handicapping the transfer of both health science and technologies for women's health. Transport policy is also linked to women's health. In Mexico, for example, the existence of a "good road" was associated with a 30 per cent increase in prenatal care use and in a Thai village, increased fuel prices meant an immediate reduction in the numbers of women and children attending clinics!

While there have been important gains for women in some areas, these have been paid for in setbacks for health. For instance, the shortened breast-feeding period may accompany better work opportunities, or environmental hazards, such as the prevalence of pesticides and hazardous chemicals could increase the prevalence of breast cancer and birth defects.

Women are rarely consulted in the initial stages of developing health technologies. Part of this may be attributed to a general lack of consumer participation in the health industry. Other causes are communication gaps between health consumers, researchers, and those in the business of health care especially where women and men have unequal access to communication and information. Some social scientists and health professionals want to change all this and are now demanding that radical changes be made at all stages of technology development. Improved health for women, they say, depends on women's ability to influence the health processes as much as it does on the impact of policies on the environment, economic, employment, education, industrial, communications, transport and any other infrastructural sector.