

REPORT: 14TH INTERNATIONAL CONGRESS ON WOMEN'S HEALTH ISSUES: UNIVERSITY OF VICTORIA, VICTORIA. CANADA, 15-18 JUNE 2003

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This congress is organised annually by the International Council of Women's Health Issues (ICOWHI). The 14th International Congress on Women's Health Issues was hosted by the Department of Nursing, University of Victoria, with the assistance of the University of Victoria Canadian Institutes of Health Research. The congress was attended by approximately 200 delegates from a large number of countries including: Australia, Botswana, Brazil, Canada, China, Egypt, England, Japan, Jordan, Russia, South Africa, South Korea, Taiwan, Thailand, the Philippines and the United State of America.

The theme of the congress was: **BUILDING ALLIANCES FOR LIVING, WORKING, RESEARCH, AND PRACTICE: WOMEN'S HEALTH IN THE POSTCOLONIAL CONTEXT**. The aim, as stated by the conference planning committee, was "... to highlight the need to create horizons of understanding in a troubled world. Today, vast differences and inequalities separate people and nations from one another, and women suffer the disproportionate burden of responsibility with a paucity of supports and resources to help them. In promoting women's health, our challenge is to find ways of bridging the growing gaps between and among us, so all the peoples of the world can live in health, harmony, and social justice".

MOST IMPORTANT ISSUES HIGHLIGHTED BY THE PAPERS PRESENTED

Opening ceremony

This ceremony took place in the Royal British Columbia Museum. Invited guests from the First Nations blessed the gathering, welcomed the delegates, and invited them to enjoy the exhibitions about the First Nations in the museum.

Keynote addresses

Three keynote addresses were presented:

- Professor Joan Anderson, a sociologist and a nurse, from the University of British Columbia, Vancouver, entitled her presentation "*Decolonizing practice: social suffering, social justice and a path to healing*" during which she addressed issues of economic and social (in)justice in public policy and health care delivery.
- Professor Kathleen Mahoney, a Professor of Law (previously from the University of Calgary, Canada), informed the delegates about her endeavours to advance judicial education programmes on gender and race issues, including health care issues. Her presentation was entitled: "*The prognosis for women's health: a human rights challenge*".
- Dr Sheila Tlou, Professor of Nursing at the University of Botswana, addressed issues pertaining to the need to empower African women in order to stem the tide of the HIV/AIDS epidemic in Africa. This keynote address was entitled: "*Women and HIV/AIDS in Africa: building alliances in research and practice*".

Posters were displayed throughout the congress. During lunch and tea times the delegates could converse with the poster presenters. An art exhibition about women's lived experiences took place throughout the congress.

The **concurrent sessions** focussed on specific issues affecting women's health, such as:

- living with cancer
- building alliances for health
- violence in the lives of women
- lesbian health issues
- substance use/abuse
- living with osteoporosis
- contraception
- women and development
- mental and emotional health of women
- health of older women
- rural health
- promoting healthy childbirth
- women at midlife
- adolescent pregnancies
- globalisation and health policy
- health of young women
- communicable disease
- women, immigration and racialisation.

Numerous concurrent sessions could be offered because the congress commenced at 08:30 and ended at 17:30 every day, followed by optional discussion groups.

IMPORTANCE OF ISSUES DISCUSSED DURING THE CONGRESS

Globally women's health seems to be adversely affected by women's

- lack of knowledge about preventive health
- problems in accessing health care services, even those provided free of charge
- inability to have children if and when they want to become mothers only; in spite of the available contraceptive technology, many women cannot use contraceptives without their male partners' approval
- financial dependence on their husbands, parents or significant others
- inability to make independent decisions about their health and health seeking behaviors
- globally many women suffer from role overload; being wives, mothers, housewives, and paid employees simultaneously
- many women have to cope with multiple role expectations; being housewives, paid employees/farmers and simultaneously being carers for their children suffering from AIDS and caring for their orphaned grand children - many of whom might be HIV positive
- cultural beliefs and practices which might:
 - forbid women to eat certain foods during pregnancy
 - prescribe that their first babies must be delivered at home, not in institutions
 - allow them to seek formal (Western) medical care only when their significant others (husbands, mothers-in-law, extended family members) approve such actions

Women require education, jobs and financial security in order to enhance their own health as well their children's and their grand children's health. Women, who perform numerous roles simultaneously, may suffer from role overburden with harmful effects on their mental and physical health.