

Introduction to the Special Issue

Women Leading Health Promotion: Innovations in Global Health

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Globally, the overall health status of women has improved over the last few decades, albeit inconsistently in different parts of the world, and in different health priority areas. In fact, Skolnik (2016) indicates that “being born female can be dangerous to your health, especially in low and middle income countries” (p. 232). Though alarming, the statement is data-driven. To corroborate: in low to middle income countries, a combination of biological factors, poor access to accurate health-related information and preventive services, and lack of social power work together to diminish women’s quality of health (World Health Organization [WHO], 2013). The WHO estimates that adolescent girls are more at risk for sexual abuse and new HIV infection than boys and are more likely to die from self-inflicted injuries, road traffic injuries, and drowning. Women in their reproductive years, worldwide, are disproportionately affected by HIV/AIDS, and in low to middle income countries, maternal deaths are more prevalent than in any other parts of the world (WHO, 2013). These facts are a significant cause for concern in the field of public health, especially because women make up approximately half the world’s population. The World Bank (2015) estimates that in 2014, the female population, as a percentage of each countries’ total population, ranged between 26.3% (United Arab Emirates), to 53.8% (Ukraine).

Time and again, the world has witnessed the power of women as “agents of the common good,” and female-focused health promotion results in rapid progress in a country’s “economic growth, health, food security and nutrition, democracy, peace and security” (InterAction, 2013, p. 1). It is in this spirit that Ban Ki-Moon, Secretary-General of the United Nations, stated, “female energy, talent, strength represent humankind’s most valuable untapped resource” (United Nations, 2012, para 6). On International Women’s Day in 2012, he called for governments to recognize the importance of empowering women as a necessary condition for success of society in all of its aspects. In

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fact, the progress made in the world regarding women's health is documented in the 2015 WHO's Commission on Information and Accountability report indicating that 30 countries show an increase in the implementation of maternal death surveillance and vital statistics (WHO, 2015), and reports from the Millennium Development Goals Project point to a decrease in maternal deaths, poverty, and increased access to education, sanitation and safe drinking water (United Nations, 2015).

Further, the theme for International Women's Day in 2016 was, "Planet 50-50 by 2030: Step It Up for Gender Equality"—the call to "step it up" speaks directly to energizing and accelerating the implementation of items on the 2030 agenda of the Sustainable Development Goals Project pertaining to women's health, specifically goals 4: Ensure inclusive and quality education for all and promote lifelong learning and 5: "Achieve gender equality and empower all women and girls (UN Women, 2015).

The collection of research presented in the special supplement of the *Global Journal of Health Education and Promotion* addresses the empowerment of women by women in various settings, as women and girls often suffer from health issues of cultural origins and need creative and grassroots solutions. Research included in the special supplement also showcases community health interventions designed with a focus and sensitivity to social and cultural norms.

In keeping with the theme of Intimate Partner Violence (IPV), a qualitative study, *Health Worker Attitudes to Intimate Partner Violence on the Tibetan Plateau: A Qualitative Assessment of Cultural and Material Factors behind Non-Interventionist Attitudes* delved into cultural attitudes toward Intimate Partner Violence (IPV) as barriers to the development and delivery of appropriate community health education interventions related to IPV. The findings of this study can be extrapolated to different communities in the world where similar attitudes and beliefs toward IPV exist.

The research on the *Pregnancy-Related Experiences of Bangladeshi Immigrant women in the U.S.* is another qualitative study describing the experiences of Bangladeshi women in terms of their assimilation into a new culture. Key findings of the study pointed to critical gaps in the delivery of health services in the U.S. healthcare system in terms of cultural sensitivity, particularly communication issues due to language barriers and even in some cases a sense of discrimination.

On the Front Lines of Prevention: Promotores de Salud and Their Role in Improving Primary Care for Latino Women, Families, and Communities is a review of literature documenting the history and effectiveness of community health workers (CHWs) on primary health care in a community setting. The study, possibly the first of its kind describes the typical "profile" of a CHW—the motivations to become one, and provides evidence from 63 articles about the

important role played by them in community health education efforts in underserved communities in the U.S. and abroad.

We know that the research in this special issue will add to the body of literature on the subject of women's health and hope that we have presented information that is not only interesting but useful to our general readership from all fields of public health education and promotion. I would like to thank the contributors for their in-depth research and expertise. In addition, I want to acknowledge and praise the work of our chief editors, Dr. Miguel Perez and Dr. Deborah Fortune, and thank the expert reviewers for their contributions.

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