Opinion

Women's health: Ideology or science?

PIA DE SOLENNI

Diocese of Orange, Garden Grove, California, USA

Countless resources have been spent advocating for women's health. Yet many of the proposals appear to be ideologically driven rather than based on hard science and an integral understanding of the human person. To advance the health of women, ideologies need to be set aside.

Keywords: Women's health, Contraception, Pelvic politics

During the Beijing Women's Conference in 1995 (the United Nations' Fourth World Conference on Women), Pope St. John Paul II sent a delegation representing the Holy See that was headed by Harvard law professor Mary Ann Glendon. The UN, with the help of the United States, pushed an agenda that limited women's issues and rights to the themes of abortion and contraception. Apparently, when the pope saw the draft document from the conference, he commented that a document that focused so much on women's reproductive issues should focus at least as much on women's literacy. While, I have never been able to verify the story, I use it often because it is consistent with the character and authenticity of the great saint.

The conference was probably my first encounter with the general concept of women's health. As a student, I recall reading articles in secular outlets where women doctors from the developing countries were expressing their frustration that they had no clean water to help women deliver their babies, but they were offered contraceptives.

Consider that many of the women given contraceptives in the developing countries do not even have the basic reading skills to make informed decisions about their health choices, including their use of contraception.

As a policy wonk in Washington, DC, I repeatedly saw the absurdity of international development budgets hijacked by contraception, to the extent that contraceptives abounded while monies were not available to build schools or roads, or even to provide sanitary products for girls and women so that they could attend schools and participate more effectively in local economies. I also sat in on a USAID meeting where it was acknowledged that the women tapped to distribute contraceptives to other women were also unable to read the warning insert that comes packaged with the contraceptives. When my husband was in business school, we ultimately opted out of the university medical insurance in favor of group insurance through my business. Setting aside the economic advantages, we were deeply troubled that the university option listed pregnancy as a disease.

In January 2012, under the umbrella of the Affordable Care Act, an HHS mandate required that all employers provide insurance which covered every form of FDA approved contraception. On so many levels, I found it troubling. It was reminiscent of these tired and unending debates in international policy regarding women's health that were restricted to proposals to make sure that women do not get pregnant; and, if they do, that their pregnancies do not come to term. In the United States, for example, it seemed particularly absurd to focus women's health on contraceptive options as contraceptives do not address any of the top three causes of death for women as noted by the CDC: heart disease, cancer, and chronic lower respiratory diseases (not to mention the top ten causes which also include stroke, Alzheimer's disease, unintentional injuries, diabetes, influenza and pneumonia, kidney disease, and septicemia). Additionally, contraceptives are available at very low costs—even free through many programs—and, therefore, reasonably could not be deemed an imposing cost for those women who choose to use them.

Looking to the science, the World Health Organization identified hormonal contraceptives as a Class I carcinogen in 2005, thereby suggesting that focusing women's health on contraceptives would even be counter-productive in helping to protect women from their number two cause of death. Nevertheless, there is an entrenched ideology that has restricted

women's health to one aspect of their reproductive organs. Because it is an ideology that fuels significant political activity in the United States and around the globe, I call it pelvic politics.

I do not intend to suggest that we wage a campaign against contraception in this context. People of good will disagree on the issue, and it enjoys legal protection. However, I object to the ideological impulses that focus exclusively on reproductive health issues to the exclusion of a woman's overall health, not to mention excluding medical practices that would help women achieve a healthy and safe pregnancy. Keep in mind that if ideology drove our health practices, most of us would be chain-smoking cigarettes and wondering why so many are dying of cancer. Health policies, for everyone, need to be based on hard sciences and an integral view of the human person, one which would, for example, be concerned about women's literacy and not pelvic politics.

BIOGRAPHICAL NOTE

Pia de Solenni, S.Th.D., is chancellor of the Diocese of Orange and theological advisor to the bishop. She earned her doctorate in sacred theology at the Pontifical University of the Holy Cross, *summa cum laude*, and her doctoral work was recognized by Pope St. John Paul II. She may be reached at www.MoralTheologian.com.