



## Equity, Gender and Health: Challenges to Human Development in the 21<sup>st</sup> Century

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For many years, the concept of human development was equated to that of economic growth. However, in recent years various international organizations have promoted this concept as a process of expanding the choice of individuals, which aims to expand the range of opportunities open to people to live a healthy and creative life. As a precondition, human development requires people to have the right means to function in their social environment.

The methodology for assessing human development, at different territorial scales, usually uses three basic indicators: income, education and health. Health for human development is a right and unquestionably of normative importance. Specific health-related assessment indicators include reducing child mortality, reducing maternal mortality, eliminating malnutrition, and eradicating so-called "poverty diseases".

Specialized studies show that a society's health indicators are linked to higher growth rates. To this added affection for efficiency, early health indicators are associated with better school performance and increased income-generating capacity for individuals, so early health investment is a way to break vicious circles inter-generational syllains of poverty. In the case of emerging-economy countries, in addition to these factors, a public policy objective to be assessed in progress in human development and health is the reduction of gender and territorial inequalities.

For example, in Mexico, the disparities still present by a large number of communities where millions of indigenous women live, reveals the urgency of lowering the lags of the female population in terms of the lack of equity in the coverage of public services acces-

sibility to hospital infrastructure, and timely medical care. In that country, as in so many others in the Latin American region, maternal mortality indicators from causes related to breast or intrauterine cancer are alarming: breast cancer is the second leading cause of cancer death in women after cervical cancer.

In addition, in Mexican cities and municipalities there are emerging risks arising from socio-cultural and economic changes that affect the health of the female population, such as the emergence of typical diseases of medium and high levels of development: heart disease, diabetes, lung diseases caused by air pollution, domestic, occupational and automotive accidents, as well as mental and psychosomatic disorders caused by nervous tension, among others. Finally, the demographic and socioeconomic pattern of the region, involves the coexistence of diseases considered typical of poverty with others with higher cost of treatment. These trends mean that the State must incorporate specific indicators into its planning objectives to assess observed trends.

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