

Is Climate Change Affecting Women's Health More?

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Abstract: In this article, we argue how climate change impacts human health, especially the health of women. Scientists are estimating that by 2030, the impact of climate change cannot be reversed; in light of this, this paper argues about the importance of women segregated data to understand the issue of women's health better so that policymakers can design appropriate policy intervention and preventive actions.

Keywords: Climate change; Women health; Policy intervention; Women health data; WHO.

Climate Change Background

Climate change is warming the world's climate system, including its atmosphere, oceans, and land surfaces. As the world's population grows and the global economy expands, the Earth's natural carbon dioxide "sinks" – such as extensive forests – decreases, meaning a reduced capacity to absorb carbon dioxide through biological systems.

If no action is taken, the rise in temperatures could exceed 4°C (relative to pre-industrial levels) by the end of the century (<https://www.greenfacts.org/en/impacts-global-warming/1-2/index.htm>). This is a great cause of concern as global warming more significant than 2°C could have a catastrophic and irreversible impact on the planet. Climate change is accelerating at an unprecedented rate. Global average air temperature has risen by about 0.8°C since 1900, with 2018 being declared as the hottest year in the past decade (<https://www.climate.gov/news-features/understanding-climate/climate-change-global-temperature>). Impacts

associated with global warming have led to a 20 cm rise in sea levels since 1901. Climate change impacts the frequency, severity, and distribution of hurricanes, floods, and wildfires. Scientific evidence indicates that the proportion of destructive storms has increased at a rate of 25-30% per 1°C due to global warming (<https://www.yaleclimateconnections.org/2019/07/how-climate-change-is-making-hurricanes-more-dangerous/>).

Women Health Care

World Health Organization (WHO) data 2018 indicates that between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year from malnutrition, malaria, diarrhoea, and heat stress. Till 2012, as per the records of WHO, a total of 12,624,496 (Figure 1) have died because of climate change. Enough evidence of climate change has still not generated many policy actions, which is impacting current practices. On the other hand, low and middle-income countries are under the threat of widening their existing gender disparities because of the adverse effect of climate change.

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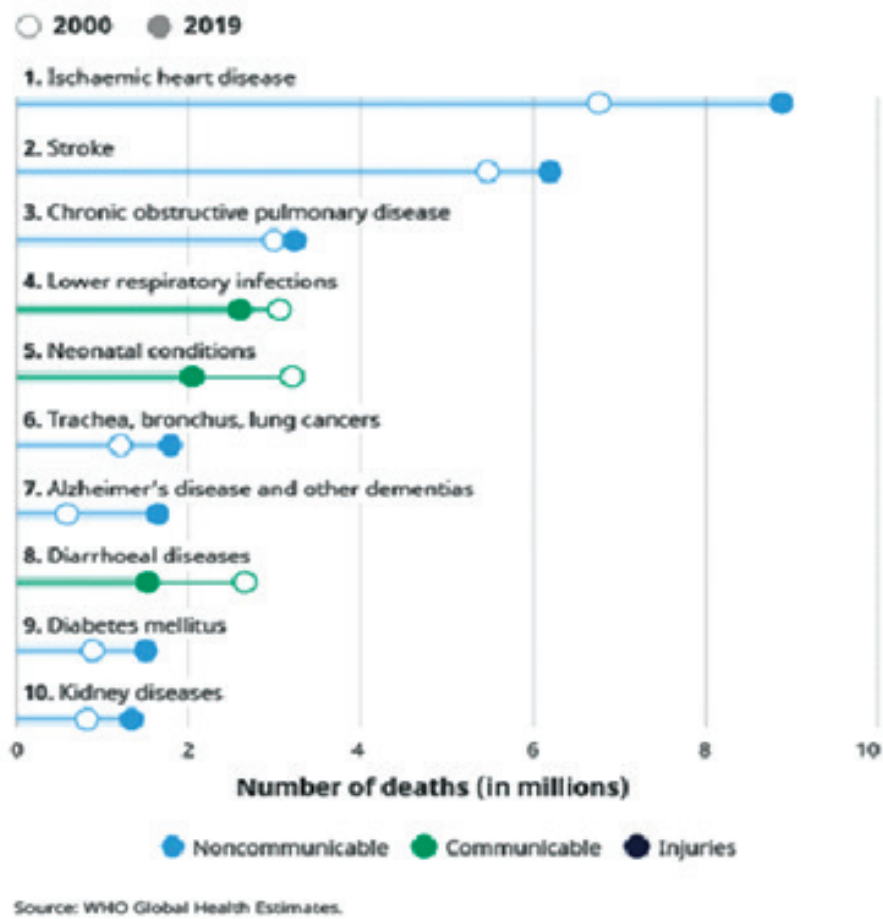


Figure 1: Leading cause of death globally <http://apps.who.int/gho/data/node.main.162?lang=en>

Are women at more health risk because of climate change? Climate change induced health issues for women have arisen due to societal norms and conditions stemming from gender disparity. Natural disasters like floods kill women more than men because of staying indoors, dressing style influenced by culture, and lack of swimming skills. The rate of death due to undernourishment of women during famine and chronic poverty is also high. The preference in the allocation of food to male members still prevails in India. The shrinking agriculture-related livelihood activities, where women labourers predominate, also keep them vulnerable. The adaptation and mitigation measures are mostly gender-neutral and cater to the needs of men mainly.

Intergovernmental Panel on Climate Change (IPCC) study indicates that climate change will result in migration, which is the movement of the people from one country to another country as a refugee and within the country from one region to another. The data obtained from the Internal Displacement Monitoring

Centre (IDMC) indicate that from 2008 to 2018, about 265.3 people were displaced internally as a response to disasters (Table 1).

Table 1: Countries with the highest new displacements for different triggers in the first half of 2019

Conflict and Violence		Disaster	
Syria	804,000	India	2,200,000
Dem. Rep. Congo	718,000	Bangladesh	1,700,000
Ethiopia	522,000	Mozambique	502,000
Yemen	282,000	Iran	501,000
Afghanistan	213,000	Philippines	484,000
Burkina Faso	173,000	Brazil	253,000
Mali	140,000	Ethiopia	233,000
Nigeria	140,000	China	120, 000
Libya	137,000	Malawi	119,000
South Sudan	135,000	Indonesia	111,000

(http://www.internal-displacement.org/sites/default/files/inline-files/2019-mid-year-figures_for%20website%20upload.pdf)

The climigration occurs mainly in South Asia. In India, during 2019, about 2,178,000 were recorded displaced due to disasters as against 6,800 by conflicts. Thus, migration is not considered as suitable for human health. Particularly, women are more vulnerable to migration stress. World Disaster Report recognises widespread alerts that 'women and girls are at the higher risk of sexual violence, sexual exploitation and abuse, trafficking and domestic violence during a disaster' (<https://www.ifrc.org/en/publications-and-reports/world-disasters-report/wdr2007/>). Thus, the pronged stress diseases related to the women are aggravated at the time of the migration. Migration also increases the feminisation of poverty and reduces accessibility to education and health systems.

The adaptation and migration measures have also failed to address the present form of gender differences in health risks identified during climate change. Even in sustainable development goals (SDG), there are indicators on climate change, but it is not linked with the health issues induced by climate change. The Sandai framework—2015 to 2020 on disaster risk—puts the impact of disaster risk on women (<https://www.unisdr.org/we/inform/publications/48588>). Furthermore, it calls for an investment of all stakeholders and sectors. It identified women as critical stakeholders and agents for recovery and reconstruction. Additionally, localisation of the SDGs and its integration with the health issue can help to seek intervention.

Lastly, the most important thing to consider is the availability of gender-segregated data. Even though research and practice have highlighted the specific needs of men, boys, women, girls, and people from sexual minorities in climigration situations, only a few data

publishers provide information by gender. This lack of data disaggregation may prevent the governments and aid agencies from tailoring their support efficiently. Therefore, it is concluded that the availability of gender-segregated data and other characteristics such as age, disability to help plan better interventions, and the protection of sensitive information, especially for sexual minorities should be guaranteed.

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