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A



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Decade for Women:  
Equality, Development and Peace**

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Item 8 of the provisional agenda

REVIEW AND EVALUATION OF PROGRESS ACHIEVED IN THE IMPLEMENTATION  
OF THE WORLD PLAN OF ACTION: HEALTH

Corrigendum

Paragraph 2

For the existing text substitute

2. Health, as defined in the Constitution of the World Health Organization, is the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. As an essential human right, health is the basic requirement for the development of human resources and is closely linked with education, employment and political participation. Since it is also a fundamental element in the full integration of women in development, health has implications for society as a whole and for future generations. Economic targets set by countries cannot be achieved without an understanding of the implications of the significance of women's health and their participation in the delivery of services.

Page 5, foot-note 6

Replace women are more susceptible by women are as susceptible as men.

Paragraph 21

For the existing text substitute

21. For the region covered by the Economic Commission for Africa, the following data were provided. The median life expectancy for females in Africa during the period 1975-1980 was 50 years. Responses to the questionnaire indicate that females born during this period in Botswana, Guinea and Togo have an average life expectancy of 50 years. Females can expect to live longer in Ghana (52 years), Kenya (51 years), Lesotho (52 years), Mauritius (65 years), Swaziland (64 years) and Tunisia (59 years) and less than the median 50 years in Mauritania (37 years), Sierre Leone (32 years) and the United Republic of Cameroon (46 years). Ghana quoted two estimates which showed a life expectancy of 46 years for women in 1969 and of 52 years in 1977. Zaire reported a higher

life expectancy for women in urban areas and for women at the highest socio-economic status (59 and 52 years respectively). Togo reported a life expectancy in 1975 of 56 for urban women and 48 for rural women and marked differences between urban and rural areas in maternal mortality rates (43 and 85 per 100,000 live births in 1975). Maternal mortality rates for 1975 showed a wide variation among the African countries responding to the questionnaire (see statistical abstract). Ghana reported a decline in infant mortality from 133 to 120 per 1,000 live births between 1969 and 1977. Throughout the region, infant and maternal mortality rates were generally still very high; Mauritius reported an infant mortality rate below 50 per 1,000 live births (48.7 in 1975 and 33.8 in 1978). Botswana reported a rate of 97, Kenya of 100, Swaziland of 156 and the United Republic of Cameroon of 156.7 per 1,000 live births.

Paragraph 22, line 4

Delete Nepal,

Paragraph 24, line 2

After ranging from 45 (Bolivia) to 76 (Cuba) in 1975. insert

The median life expectancy for females in Latin America during the period 1975-1980 was 61 years. Responses to the questionnaire indicate that females can expect to live longer than this in the Dominican Republic (62.9), Paraguay (63.5) and Venezuela (68.2).

Paragraph 64

At the end of the paragraph add

The social and economic conditions of life in the USSR enable the entire population, including all women, to receive curative and preventive treatment and health services. The Constitution of the USSR lays down that the health of the people is public property. The protection of motherhood is ensured by the State system of special institutions (including maternity homes, maternity departments of hospitals and women's advice bureaux) that are responsible for female health care. According to statistics, by 1 January 1979, there were in the USSR 227,000 hospital and maternity beds for women before, during and after delivery. At the same time, virtually all women in confinement are provided with medical assistance. Women in the USSR are extensively involved in the organization of the work of health care organs and many of them hold senior administrative posts in medical institutions and health care organs. Women doctors account for 69 per cent of the total number of doctors.

Paragraph 70, line 4

For the second sentence substitute

China is an example of successful integration, and while it is mobilizing the energies of rural agencies to treat the diseases of rural women, it recognizes that much work remains to be done. Alternative models are being developed in other countries, such as India, Indonesia, Sri Lanka, the Philippines and the United Republic of Cameroon. 37/

Paragraph 81, line 3

After United Kingdom of Great Britain and Northern Ireland. insert France reported that 3.1 per cent of the working women worked in medical and paramedical services.

Page 20

After paragraph 85 insert original paragraph 95 (p. 21) and renumber paragraphs 86-94 accordingly.

Paragraph 102, line 3

After adequately covered, insert

During the summer of 1978 in France, the French Committee on Health Education led a campaign on nutrition information, including a food and dietary programme for pregnant women.

Paragraph 111

At the end of the paragraph add

The French Government stated that the feminist movement was a major contributor to the development of family planning services.

Paragraph 116, line 2

Replace the second and third sentences by

Historically, induced abortion has been present in most if not all societies. Since the introduction of the widespread use of sterilization and modern contraceptives, abortion appears to have become less important as a method of birth control.

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