

# Differences between Women's and Children's Health

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## Editorial

Prenatal health education is crucial to enhancing outcomes for both mothers and their offspring. However, each context and demographic group must be taken into account when developing the methods. In order to improve pregnancy outcomes in urban areas, our goal was to discover health education strategies aimed at pregnant women [1]. To find out what health promotion tactics for pregnancy, labour, postpartum, and kids have been reported by primary healthcare teams or the community, we did a scoping review of the literature. Two reviewers used PubMed, Web of Science, LILACS, and SciELO to find potential suitable studies [2].

Improving population health requires thorough and timely monitoring of disease burden across all age groups, including children and adolescents. To offer a context for policy discussion, it is important to measure and describe levels and trends of mortality and nonfatal health outcomes among children and adolescents from 1990 to 2015. Using standardised methods for data processing and statistical modelling, cause-specific mortality and nonfatal health outcomes were examined for 195 countries and territories from 1990 to 2015 by age group, sex, and year. The results were then analysed to describe levels and trends over space and time among children and adolescents 19 years or younger. Socio-demographic Index is a composite index of income, education, and fertility that assesses the historical relationship between SDI and health loss for each geographic area and year [3].

Implemented as part of the Minimum Initial Service Package to prevent and manage the effects of sexual violence, reduce HIV transmission, prevent excessive maternal and newborn morbidity and mortality, and plan for comprehensive reproductive health services to start in the first few days and weeks of an emergency. Maternal and newborn health includes clean delivery kits, immunizations, antenatal, delivery, and postnatal care, as well as basic and comprehensive emergency obstetric care, essential newborn care, post-abortion care, management of complications resulting from unsafe abortion and miscarriage, and referral for psychosocial support. Sexual health includes the detection and treatment of cervical cancer, the prevention and treatment of HIV/AIDS, including the prevention of mother-to-child HIV transmission, and the prevention and management of sexually transmitted infections (STIs) and reproductive-tract infections through community-level action such as education and condom programming as well as clinical case management (commonly the syndrome approach).

When compared to women in their twenties, the risk of pregnancy-related death is five times higher for girls between the ages of 10 and 14 and twice as high for girls between the ages of 15 and 19. Ten times more likely to pass away within two years than children whose mothers remain at home are those whose mothers survive childbirth. Approximately half of the 22.5 million refugees in the globe today are women. The unique needs of these women's physical,

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emotional, and reproductive health must be attended to immediately [4]. This is crucial because a refugee woman's vulnerability is noticeably increased during pregnancy.

The framework covers a variety of topics like boosting education for women, creating legal identities, and eradicating violence and prejudice based on gender. The global initiative Every Woman Every Child implements the WHO's Global Strategy for Women's, Children's, and Adolescent's Health. Every Woman Every Child, an initiative started by the UN Secretary-General in 2010, aims to bring together national governments, international organisations, the corporate sector, and civil society to address the health problems that women, children, and adolescents confront globally. Preterm birth, neonatal encephalopathy, lower respiratory infections, diarrheal diseases, congenital anomalies, malaria, neonatal sepsis, other neonatal disorders, protein-energy malnutrition, meningitis, sexually transmitted diseases, HIV/AIDS, hemoglobinopathies, measles, drowning, whooping cough, road injuries, neonatal hemolytic disease, encephalitis, and intestinal infections are the top 20 causes of death for children under 5 years old. By 2015, all children, teenagers, and adults are expected to have their educational requirements met as part of the global initiative known as "Education for All," which is sponsored by UNESCO.

Supportive surroundings are then likely to spread beyond the person and their immediate family and frequently have an impact on the entire community. Previous attempts to develop sets of efficient treatments have mostly concentrated on grouping interventions because they should occur simultaneously [5]. The availability of urgent obstetric treatment at every birth and the presence of a skilled attendant at every delivery are the two initiatives that will have the biggest impact on lowering the rate of maternal mortality and impairment. It has been difficult to increase the number of women giving birth in a facility or with a trained attendant, but rates are rising. One study in Tanzania found that moms were more likely to attend subsequent prenatal appointments and had a higher likelihood of giving birth in a hospital when simplified ultrasound screening was used at the lowest levels of care.

## Conflict of Interest

None.

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