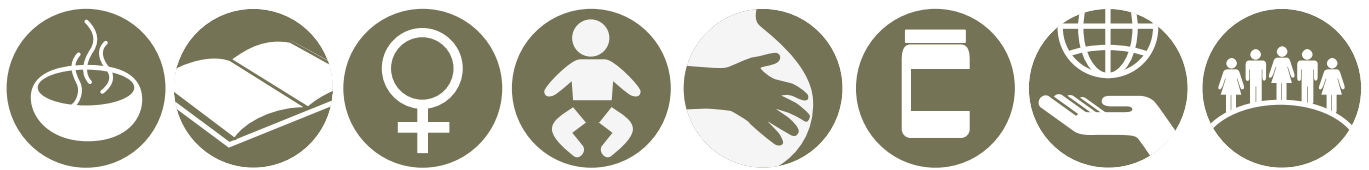


# Gender Justice:

Key to Achieving the Millennium Development Goals



# Gender Justice and the Millennium Development Goals

“Social, political and economic equality for women is integral to the achievement of all Millennium Development Goals. Until women and girls are liberated from poverty and injustice, all our goals — peace, security, sustainable development — stand in jeopardy.”

— Secretary-General Ban Ki-moon — June 2010

The Millennium Declaration and the eight Millennium Development Goals (MDGs) collectively herald a vision for a more just and equal world: a promise by governments in 189 countries to achieve social justice for all. Only five years remain until the target date of 2015 for achieving the MDGs. This briefing, an excerpt from UNIFEM’s forthcoming *Progress of the World’s Women 2010/11* on access to justice, points to key areas that must be addressed to move towards meeting the MDGs.<sup>1</sup>

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- Goal 1: Eradicate extreme poverty and hunger
  - Goal 2: Achieve universal primary education
  - Goal 3: Promote gender equality and empower women
  - Goal 4: Reduce child mortality
  - Goal 5: Improve maternal health
  - Goal 6: Combat HIV/AIDS, malaria and other diseases
  - Goal 7: Ensure environmental sustainability
  - Goal 8: Develop a global partnership for development

While there have been considerable gains since 2000 on many of the MDG targets, progress has been slowest on the gender equality dimensions of these targets — from improving maternal health and access to decent work to eradicating hunger. Often invisible or unacknowledged — but still pervasive — discrimination against women is at the heart of this slow pace of change.

Gender justice entails ending the inequalities between women and men that are produced and reproduced in the family, the community, the market and the state. It also requires that mainstream institutions — from justice to economic policymaking — are accountable for tackling the injustice and discrimination that keep too many women poor and excluded.<sup>2</sup>

Discrimination is a blight that holds back progress towards social justice in developed and developing countries alike. The MDGs are interdependent and every one depends on making progress on gender equality. Scaling up investment and action on the gender equality dimensions of all the goals has the dual advantage of addressing widespread inequality and accelerating progress overall.

Tackling poverty and hunger (MDG 1) depends on improving access to decent work, particularly for women and young people, and on securing access to assets, including land. The MDG targets on health and education (MDGs 2, 3, 4, 5 and 6) cannot be met unless all girls have the chance to go to school and women's sexual and reproductive health and rights are addressed. Tackling child mortality (MDG 4) depends on improving the status and well-being of women. Progress on combatting HIV and AIDS (MDG 6) requires recognition of how gender inequality and violence against women fuel the pandemic. Since women usually bear the burden of collecting water (MDG 7), improving access to water is essential for enabling girls to attend school, and for women to be able to gain paid employment and participate in their communities. Progress on all of these goals underpins women's social and economic empowerment and access to decision-making at all levels (MDG 3).

Since the Millennium Summit in 2000, there have been numerous initiatives to explore the gender equality dimensions of the MDGs.<sup>3</sup> All have noted the importance of far-reaching commitments to achieve women's rights from the past 30 years, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), ratified by 186 member states; the International Conference on Population and Development (ICPD) Programme of Action; the Beijing Platform for Action; and Security Council resolutions 1325, 1820, 1888 and 1889 on women, peace and security and sexual violence in conflict. In addition, government commitments to take action are reflected in regional treaties such as the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, and in an increasing number of national legal and constitutional gender equality guarantees.

This briefing builds on the recommendations of these initiatives to call for urgent action in four areas that are critical to both gender justice and the MDGs:

- Expanding women-friendly public services: to meet women and girls' rights to education, health and food;
- Guaranteeing land and jobs for women: ensuring the right to a decent livelihood, through access to economic assets;
- Increasing women's voice in decision-making: full participation of women in society, starting from autonomy in the household, to voice in all political processes at community, national and international levels; and
- Ending violence against women and girls: a scourge that too many women and girls face in daily life, stunting their opportunities, curtailing their mobility and denying them rights.

Ending discrimination and enhancing gender justice are key to meeting MDG commitments and the principles embodied in the Millennium Declaration.

As we consider key strategies for meeting the MDGs, the promises that have been made to address inequalities and injustice must be the centrepiece of further action.

# 1 Expanding women-friendly public services

Tackling hunger, achieving universal education, reducing maternal and child mortality, promoting universal access to reproductive health, stopping the spread of HIV and improving water and sanitation all require strong public services, accessible to all. These services are crucial to enable citizens to secure their basic human rights. Services can play an important part in achieving gender justice if they are responsive and accountable to women, and provide equal access and outcomes.

The MDGs have driven expansion of some public service provision, particularly education. But critical gender gaps remain:

- In 2008, there were 96 girls for every 100 boys enrolled in primary school, up from 91 in 1999.<sup>4</sup> Although this signals good progress, 37 million girls were not in primary school in 2008, compared to 32 million boys.<sup>5</sup>

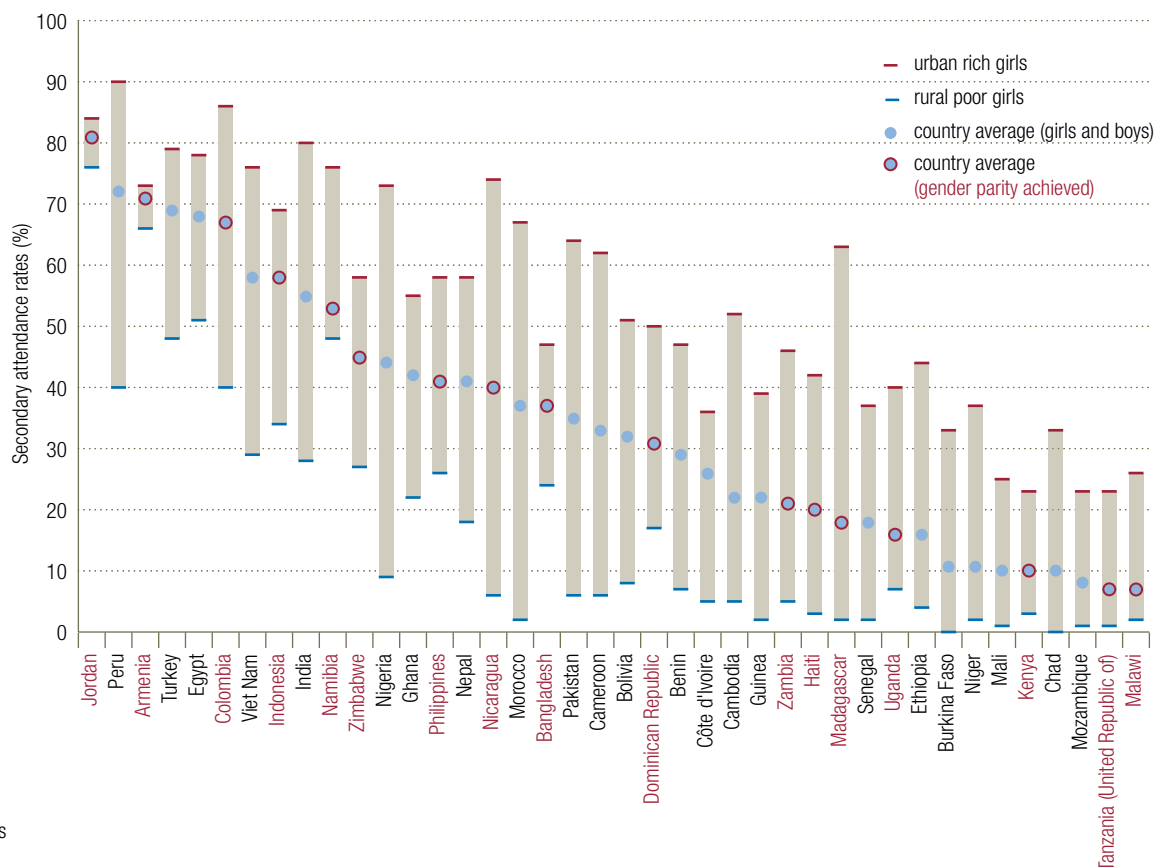
- Globally, gender parity in secondary school enrolment has improved, from 76 girls for every 100 boys in 1991, up to 95 girls for every 100 boys in 2008. However, rates of secondary enrolment remain low in sub-Saharan Africa and South and West Asia.<sup>6</sup>
- Globally, the number of maternal deaths has decreased by less than 2 percent a year since 1990, far short of the 5.5 percent annual reductions needed to meet the target to reduce maternal mortality by three quarters.<sup>7</sup>
- Unmet need for family planning has remained high. Poor, uneducated, rural and young women are least well served.<sup>8</sup>
- In developing regions overall, 53 percent of people living with HIV were women in 2008.<sup>9</sup> At 58 percent, women's share of those living with HIV in sub-Saharan Africa is the highest in the world, although latest figures show that prevalence among young women has declined significantly in some of the worst hit countries in the region.<sup>10</sup> However, in the Commonwealth of Independent States (CIS), South Asia, Latin America and the Caribbean, and North Africa, women's share of those living with HIV has increased since 2002.<sup>11</sup>

FIGURE 1: Secondary school attendance rates for girls in rural poor and urban rich households

Gender parity has been achieved in secondary enrolment for 17 out of 40 countries in our sample. However, for some this has been achieved at very low overall rates and poor girls from rural areas are missing out.

Source: Seck and Azcona (2010). Based on calculations commissioned by UNIFEM from Harttgen and Klasen (2010).<sup>12</sup>

Notes: Data refers to most recent year available (2003-2008). Information on the country specific school system is used to obtain the respective age ranges for secondary school attendance. In this analysis the lowest and highest quintile in the Demographic and Health Surveys (DHS) wealth asset index are used to define 'poor' and 'rich', respectively.



Inequalities in access to services, both between women and men, but also between different groups of women, are holding back progress on the MDGs, especially on health and education. In particular, poor and rural women and girls, who are especially reliant on public services, are often left behind. In many countries, living in a rural area is a marker of disadvantage, because poverty rates are higher and access to services and markets are lower.<sup>13</sup> The interaction of poverty, gender and location often creates double and triple disadvantage.

Ensuring that services are accessible to all is essential. Key approaches to increase access, particularly for poor and excluded women and girls, include cost mitigation and employment of more female service providers.

## Education

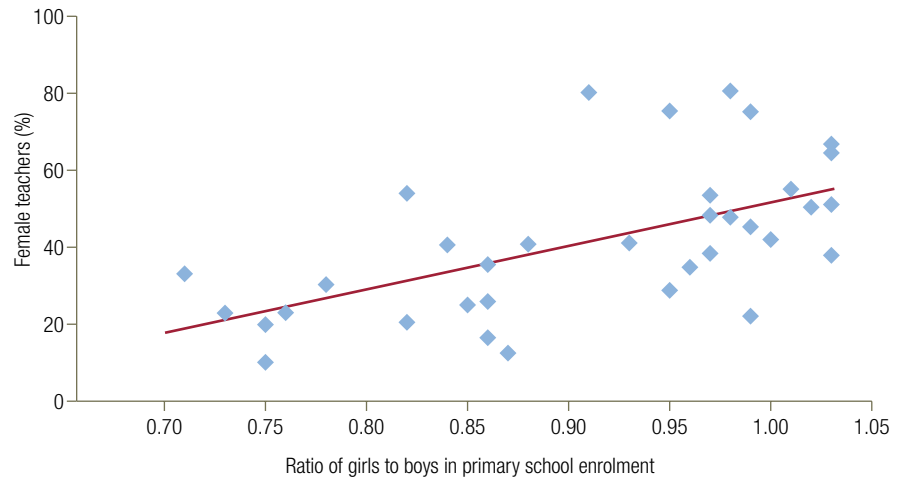
A stronger focus on girls' access to secondary education is needed to sustain progress on all of the MDGs, including gender equality and women's empowerment.

There is a growing body of evidence to show that girls' education prevents the intergenerational transmission of poverty and advances progress on other MDGs, including on reducing maternal and child mortality, and access to decent work. Educated women have fewer children, later and are more likely to send children to school.<sup>14</sup> There is a correlation between educational attainment of mothers and reduced infant mortality, with a particularly marked effect for women with secondary education.<sup>15</sup>

Secondary education enables the achievement of other rights by empowering girls to benefit from social and economic development. Studies have found that women with above average years of education earn wages that are 10 to 20 percent higher.<sup>16</sup> Secondary education is key: a study on Pakistan, for example, found that women's labour force participation only increases when they have 10 or more years of schooling.<sup>17</sup>

Although some countries have reached gender parity in secondary attendance, poor girls and those in rural areas are missing out, especially in the poorest countries in sub-Saharan Africa and South Asia.

FIGURE 2: Female teachers and gender parity in schools, sub-Saharan Africa



For example, in the United Republic of Tanzania, although gender parity has been reached overall, just one percent of poor rural girls are enrolled in secondary education, compared to 23 percent of rich urban girls (see figure 1).

Abolishing user fees and introducing cash incentives are two approaches that have been successful in enabling the poorest girls to access education. For example, a programme in Cambodia offered girls a US\$45 grant upon finishing primary school and entering secondary school. The incentive was strongest for the poorest households, increasing girls' enrollment by 50 percent.<sup>18</sup> In Malawi, a cash transfer programme not only increased girls' school attendance, but it also reduced HIV prevalence rates among programme beneficiaries by 60 percent compared to non-beneficiaries. Researchers attributed this impact to changes in girls' sexual behaviour, including less "transactional sex" with older men.<sup>19</sup>

A major barrier to girls' enrolment and completion is the violence they face at school and on the way to school. The presence of female teachers can mitigate this and create safer school environments for girls.<sup>20</sup> In sub-Saharan Africa, the presence of female teachers correlates with higher levels of girls' enrolment in primary school (see figure 2).

Ensuring that girls receive a quality education is vital. Outdated curricula that portray women in subservient roles can reinforce gender inequality. Encouraging girls into science can help to increase the number of women pursuing non-traditional careers and decrease occupational segregation.<sup>21</sup>

**There is a correlation between the percentage of female teachers in primary schools and the ratio of girls and boys attending primary school.**

Source: United Nations Educational, Scientific and Cultural Organization (UNESCO), *EFA Global Monitoring Report: The Leap to Equality* (2003/2004).

Notes: For more details on this analysis, see Colclough, C. et al. *Achieving Schooling for All in Africa: Costs, Commitment and Gender* (2003).

## Reproductive health

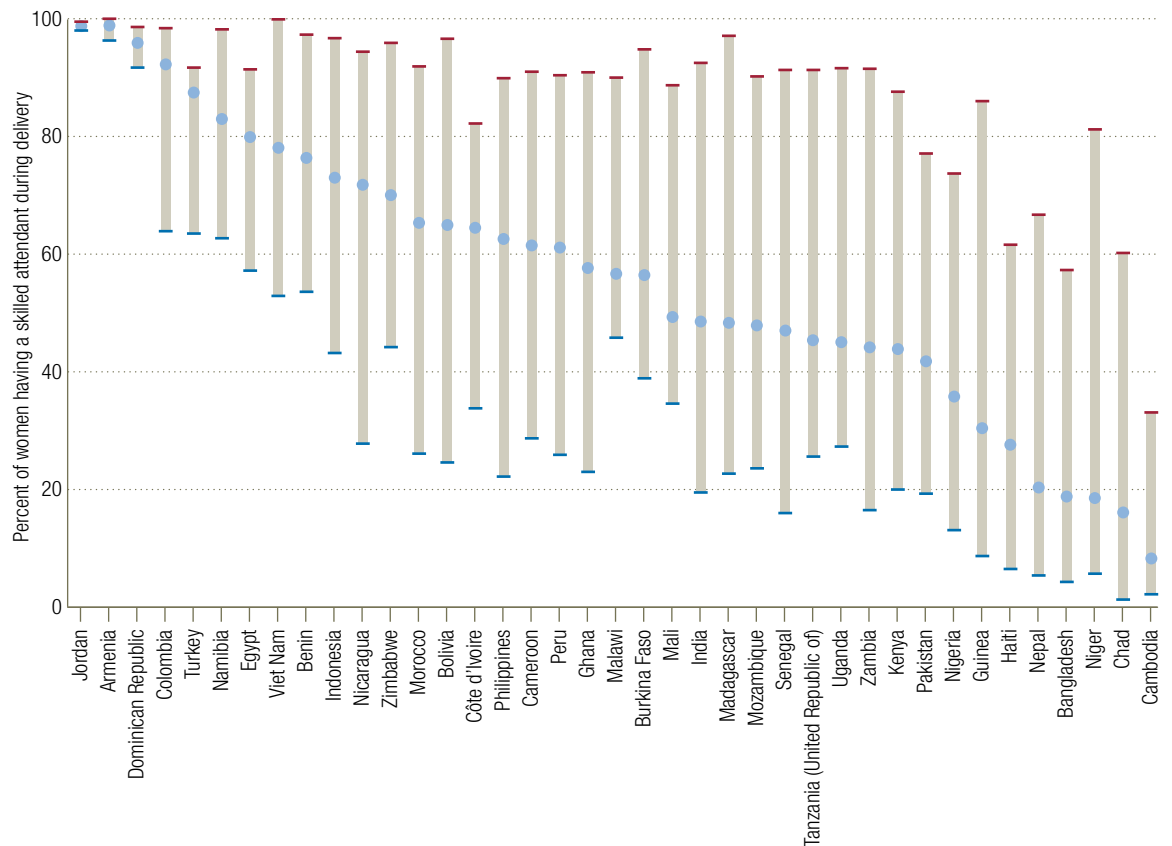
The commitment to improve maternal health (MDG 5) is the goal that most depends on improving women's status and access to public services. It is also the most off-track and least likely to be achieved. On current trends only 23 countries will meet the target to reduce maternal mortality by three quarters by 2015.<sup>22</sup> Access to reproductive health services, including comprehensive family planning, skilled attendance at childbirth and HIV prevention and treatment services, is essential for achieving gender justice and the MDGs.

Where women lack control over their own fertility, they are at greater risk of maternal mortality and morbidity. It is estimated that one in three maternal deaths could be avoided if women who wanted contraception had access to it.<sup>23</sup> In addition to deaths, over 300 million women worldwide suffer long-term health problems and disability arising from complications of pregnancy or delivery.<sup>24</sup> Further, the ability of women to choose how many children they have, and when, has a critical bearing on whether they can access education, decent work and participate in decision-making.

FIGURE 3: Skilled attendance at delivery, urban rich and rural poor women

Rural poor women are much less likely than urban rich women to receive assistance from a skilled health professional during childbirth.

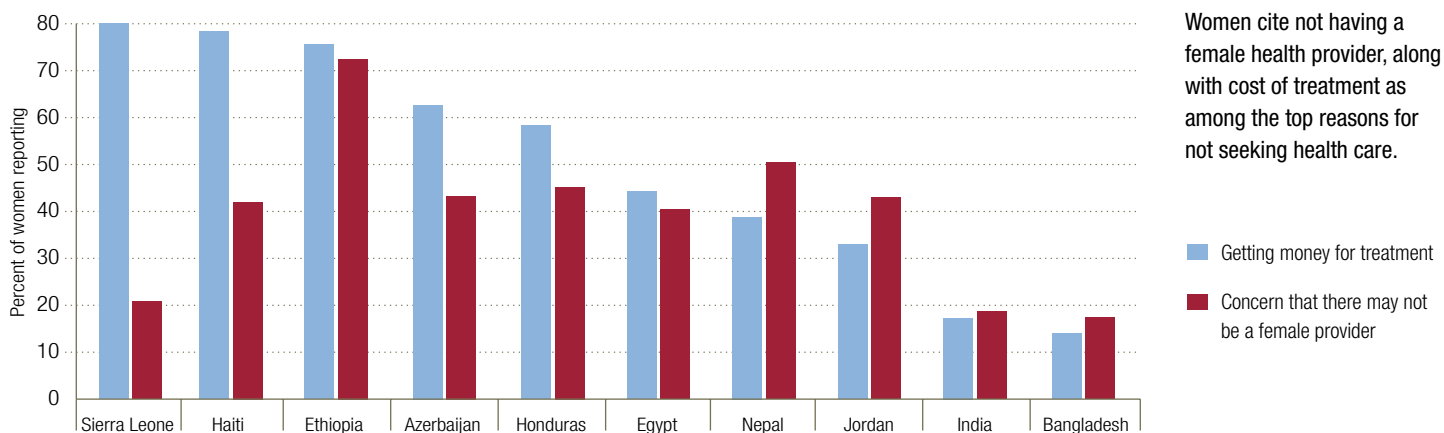
- urban rich
- rural poor
- country average



Source: Seck and Azcona (2010). Based on calculations by Harttgen and Klasen (2010).

Notes: Data refers to most recent year available (2001-2008). Skilled attendance defined as having had assistance by a doctor or nurse. In this analysis the lowest and highest quintile in the DHS wealth asset index are used to define 'poor' and 'rich', respectively.

FIGURE 4: Barriers to women accessing health care, in selected countries with high rates of maternal mortality



Women cite not having a female health provider, along with cost of treatment as among the top reasons for not seeking health care.

Source: UNIFEM elaboration using MEASURE DHS STATcompiler, ORC Macro (2010).

Notes: Data refer to most recent year available (2004-2008). Values calculated for women 15-49 years old.

Despite slow overall progress, some countries have increased women’s access to skilled birth attendance at delivery and have improved levels of unmet need for contraception. In Bangladesh, Indonesia and Nepal skilled attendance has doubled, albeit from a low base.<sup>25</sup> In Nepal, the number of poor women in rural areas reporting an unmet need for contraception fell from 40 percent in 1996 to 29 percent in 2006.<sup>26</sup>

However, rural location and poverty combine to make pregnancy a serious risk for many women. Despite overall progress, in Nepal and Bangladesh, only around 5 percent of poor rural women have access to skilled birth attendance. In both countries, wealthy urban women are at least 10 times more likely to receive this service than poor rural women (see figure 3).

Figure 4 shows that cost and lack of female providers are major barriers to women accessing health care services. Eighty percent of women in Sierra Leone, which has one of the highest rates of maternal mortality in the world, reported concern about cost as a reason for not seeking health care.<sup>27</sup> In response to this, the Government has recently announced it is abolishing user fees for maternal and child health care.<sup>28</sup>

A number of countries have had marked success in increasing access to health care by employing more women in frontline service delivery roles.

Since 1990, the proportion of births attended by skilled personnel in Indonesia has doubled to 73 percent and the maternal mortality rate has been cut in half. This has largely been achieved as a result of Government investment in the “midwife in every village” programme: within seven years, 54,000 midwives were trained, certified and deployed. Midwives are equipped with birthing rooms in their houses or clinics and provide outreach and reproductive health services. The programme also includes a feedback mechanism, which has helped to improve the service and make it more responsive to women’s needs.<sup>29</sup>

As well as increasing uptake of services, enabling women to access public sector jobs creates opportunities for decent work and can heighten women’s status in their communities.

## 2 Guaranteeing land and jobs for women

Control over resources, including opportunities for decent work and the acquisition of economic assets, are essential elements for gender justice. They enable women to profit from their hard work, for their own and their families' well-being.

Women's employment and control over land are central to achieving the MDGs, because they help to reduce poverty and increase food security. But access to these resources also has other important benefits for women: where women control land, they gain greater livelihood security and access to other resources, including credit and other financial products, seeds and extension services. In rural societies, land has symbolic as well as economic value, which contributes to women's status within their communities. Where they earn their own income, women have more say in domestic decision-making and may be less exposed to domestic violence.<sup>30</sup> However, both decent work and control over land are denied to many women.

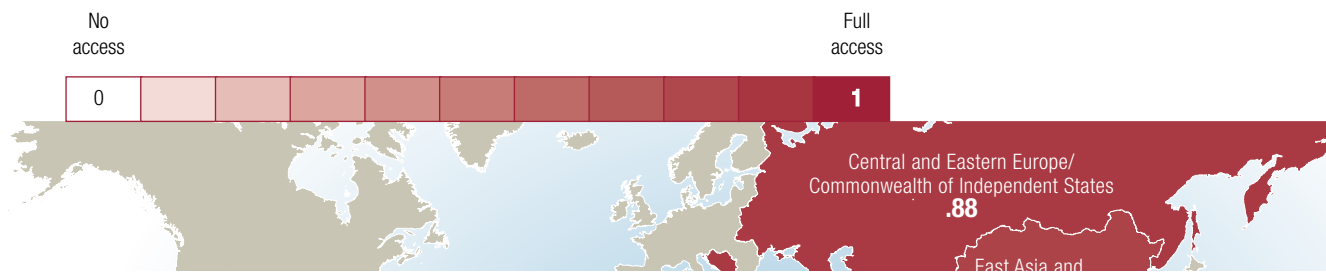
One major constraint to women's access to decent work, as well as their agricultural productivity, is the gendered division of labour within the household that assigns women most of the housework and family responsibilities.

It is estimated, for example, that globally women provide 70 to 90 percent of the care to people living with HIV and AIDS, work that props up failing health care systems, but remains generally unrecognized and unsupported.<sup>31</sup> This presents a significant disadvantage to women seeking to compete for jobs with men who do not have these additional responsibilities. A study in Uruguay found that women spend more than twice as much time as men on unpaid household work, and only half as much on paid work.<sup>32</sup>

Alongside care-giving roles, women are largely responsible for collecting water and firewood and preparing food, tasks which are especially burdensome for rural women. Declining incomes and the roll-back of public services in the context of the economic crisis are likely to intensify the burden on women, as they fill gaps left by the state and take on additional burdens to save money.<sup>33</sup>

FIGURE 5: Women's access to agricultural land

Discriminatory inheritance practices, unequal access to land markets and gender-biased land reform continue to limit women's control over land.



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