



state of world population 2005

The Promise of Equality

Gender Equity, Reproductive Health and the Millennium Development Goals

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It is a simple message but a powerful one: Gender equality reduces poverty and saves and improves lives. In the year 2000, the nations of the world came together to forge a unique compact. The eight Millennium Development Goals (MDGs) sketched out a bold plan to halve extreme poverty by 2015. This unprecedented global initiative holds great promise. During the next decade, hundreds of millions of people can be released from the stronghold of poverty. The lives of 30 million children and 2 million mothers can be spared. The spread of AIDS can be reversed. Millions of young people can play a larger role in their country's development and create a better world for themselves and future generations.

This year's *The State of World Population* report stresses that gender equality and reproductive health are indispensable to the realization of this promise.

The UN Millennium Project, a panel of more than 250 experts from all over the world, identifies gender inequality as one of the primary drivers of poverty and social exclusion. This is because discrimination effectively squanders human capital by denying one half of humanity the right to realize their full potential. More than 1.7 billion women worldwide are in their reproductive and productive years, between the ages of 15 and 49. Targeted investments in their education, reproductive health, economic opportunity and political rights can spur growth and sustainable development for generations to come.

The report, *The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals*, explores the degree to which the global community has fulfilled pledges made to the world's most

impoverished and marginalized peoples. It tracks progress, exposes shortfalls and examines the links between poverty, gender equality, human rights, reproductive health, conflict and violence against women and girls. It also examines the relationship between gender discrimination and the scourge of HIV/AIDS. It identifies the vulnerabilities and strengths of history's largest cohort of young people and highlights the critical role they play in development.

The MDGs constitute a promise by the world's leaders to find solutions to challenges that plague humanity. The eight goals range from halving extreme poverty to tackling the problem of maternal mortality, and reversing the HIV/AIDS epidemic—

all by 2015. As well as pinpointing an actual date for their achievement, the MDGs include one goal—promote gender equality and empower women—that is critical to the success of the other seven. Although the goal of universal access to reproductive health by 2015, agreed at the 1994 International Conference on



Population and Development (ICPD), was not explicitly included in the MDGs, investments in this area are now considered essential to their achievement

The Equality Dividend: Strategic Investments

Education, reproductive health and economic opportunity for women are three particularly strategic interventions necessary to the achievement of the MDGs. Also critical is eliminating violence against women. Investments in these areas can yield immediate, longer-term and intergenerational pay-offs. Moreover, increased political participation and greater accountability for gender equity will help ensure that these investments are given the priority attention they deserve.

EDUCATION. Education for all is central to any society. Yet, too many children living in poverty, especially girls, are still missing out. Despite evidence that clearly shows that the education of girls, and—in particular—secondary education, is critical to poverty reduction and development, the world has failed to meet the MDG target to eliminate gender disparities in primary and secondary education by 2005.

Today, 600 million women are illiterate as compared to 320 million men. While access to primary education is increasing, only 69 per cent of girls in Southern Asia and 49 per cent in sub-Saharan Africa complete primary school. At the secondary level, the gap is even wider with only 47 per cent and 30 per cent enrolment in Southern Asia and sub-Saharan Africa, respectively. Research shows that for women and girls, secondary education is associated with improved economic prospects, better reproductive health, improved HIV awareness and altered attitudes towards harmful practices such as female genital mutilation/cutting. Their children also benefit: Every year of a mother's education corresponds to 5 to 10 per cent lower mortality rates in children under the age of five.

REPRODUCTIVE HEALTH. Worldwide, an estimated 250 million years of productive life are lost every year as a result of reproductive health problems. The poor disproportionately suffer the consequences, especially women and young people, and have the most to gain from

expanded access to reproductive health services. The inability to determine when and how many children to have limits a woman's life choices. Enabling individuals to freely choose the number and spacing of their children also results in smaller families, slower population growth and reduced pressure on natural resources.

Reproductive health can result in economic benefits through the "demographic dividend". Lower fertility rates means a higher proportion of young people entering their productive years with relatively fewer dependents to support. Coupled with supportive social and economic policies, this can result in increased savings and greater available resources to invest in each child. Economists attribute the unprecedented growth in East Asian economies between 1965 and 1990 to this dividend. Indeed, researchers estimate that the demographic dividend could reduce poverty in the developing world by 14 per cent between 2000 and 2015.

ECONOMIC RIGHTS. Traditional macroeconomic approaches and development programmes have largely ignored the economic contributions of women. In addition to managing households, many women toil in sweatshops, farms, factories, marketplaces, mines and offices and do so largely in the absence of supportive policies, laws, institutions and services. Much of their work is unrecognized, invisible and unpaid. Even though women are entering the paid workforce in increasing numbers, they risk dismissal should they become pregnant and generally enjoy less overall income and job security than men. According to the World Bank, in developed countries, women earn 77 cents for every dollar men earn, and in developing countries, 73 cents.

In developing countries, rural women are responsible for 60 to 80 per cent of food production but many governments still prohibit a woman from acquiring or disposing of land without her husband's permission. In much of sub-Saharan Africa widows have virtually no land or inheritance rights, and women receive less than 10 per cent of all loans earmarked for small farmers and only 1 per cent of total agricultural sector credit.

World Bank research in some sub-Saharan African countries found that output could increase by up to 20

per cent if more women had equal access and control over farm income, agricultural services and land. Addressing inequitable economic opportunities can lift families and communities out of poverty.

The Promise of Human Rights

One of the major achievements of the 20th Century was the development of a rich body of international law affirming the equal rights of all human beings. A major challenge remains, however, and that is for women and other neglected groups, especially those whose lives are circumscribed by poverty and discrimination, to be aware of, and exercise, their human rights. The eradication of extreme poverty as called for by the MDGs, relies on the fulfillment of individual rights through expanded opportunities, choices and power.

The 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the 1989 Convention on the Rights of the Child (CRC) set forth the criteria under which governments are legally bound to end gender discrimination. To date, 180 countries have ratified CEDAW. The UN conferences of the 1990s buttressed the framework for women's rights. In 1993, the Vienna World Conference on Human Rights declared women's rights as human rights for the very first time.

The platforms that emerged from the 1994 ICPD and the 1995 Fourth World Conference on Women provide concrete action plans on the human rights of women and form the basis for national policy and legislative reforms.

Putting these instruments into practice requires changes in the underlying value systems that perpetuate and legitimize discrimination. Although many countries are increasingly establishing laws that protect the rights of girls and women, many of these go unenforced owing to a combination of entrenched gender bias, inadequate resources and commitment. In many countries, women are largely unaware of their rights and the laws that ostensibly protect them.

Culturally sensitive approaches can be effective in promoting human rights and gender equality in diverse national and local contexts. Experience has shown that communities that understand the dangers posed by certain practices—such as child marriage,

female genital mutilation/cutting, widow “cleansing”—and question them from within their own cultural lens, can mobilize to change or eliminate them.

Reproductive rights are human rights and derive from the recognition that all individuals have the right to make decisions free of discrimination, coercion and violence. Chief among these are the right to freely and responsibly determine the number, timing and spacing of one's children and to have the means to do so and the right to the highest standard of sexual and reproductive health. This also implies the right of all individuals to protect themselves from unintended pregnancy and sexually transmitted infections—including HIV.

Reproductive Health: A Measure of Equity

Worldwide, reproductive health conditions are the leading cause of ill health and death in women aged 15 to 44. Although almost entirely preventable, 99 per cent of all maternal deaths occur in developing countries. Every minute a woman dies needlessly of pregnancy-related causes. This adds up to more than half a million lives lost each year and highlights the low priority placed on women's lives. At least eight million more women suffer life-long illness and health consequences as a result of pregnancy complications. The death of a mother also increases the risks of infant and child mortality. Newborns are three to ten times more likely to die prematurely than those whose mothers survived delivery.

At the 1994 ICPD, 179 governments pledged to make reproductive health universally available “as soon as possible and no later than 2015”. From that conference emerged the global consensus that reproductive rights are central to human rights, sustainable development, gender equality and the empowerment of women.

Maternal death is practically non-existent in industrialized countries. In no other area of health are disparities between rich and poor as evident both within and between countries. And no other area of health so clearly demonstrates the tragic impact of poverty and gender inequality on the lives of women and girls. In sub-Saharan Africa, a woman faces a 1 in 16 lifetime risk of dying from pregnancy-related complications. In industrialized nations, the risk is 1 in 2,800.

Better access to safe and effective contraceptive methods is key to achieving the MDGs. Every year, 76 million unintended pregnancies occur in the developing world alone. Nineteen million of these end in unsafe abortion—a leading cause of maternal death. Providing access to family planning could prevent unplanned pregnancies, reduce the incidence of abortion and cut maternal deaths by 20 to 35 per cent. In Romania, the establishment of family planning led to a drop in the abortion rate from 52 per 1,000 women in 1995 to 11 per 1,000 in 1999.

Poverty, discrimination and violence make women and girls particularly vulnerable to HIV transmission. When HIV/AIDS first emerged as a public health concern in the 1980s, the majority of those infected were men. Today, approximately half of the estimated 40 million people living with HIV are women, with the greatest increases occurring in young people between the ages of 15 and 24. Fifty-seven per cent of all people living with HIV in sub-Saharan Africa, and 49 per cent in the Caribbean, are women. Three quarters of new HIV infections are transmitted between men and women—many from husband to wife.

Worldwide, a mere 8 per cent of pregnant women were reached by prevention efforts in 2003. Gender-sensitive approaches are central to halting the epidemic, while the prevention of HIV among women of childbearing age is crucial. Furthermore, the need for condoms has increased in tandem with the spread of HIV. This has led to serious shortages—particularly in those countries hardest hit by the pandemic. In 2003, donor support paid for six condoms per year for each man in sub-Saharan Africa.

Adolescents and Youth: The Unmapped Journey

Today's generation of young people is the largest in history, with almost 3 billion people under the age of 25. Eighty five per cent live in poor countries, and the poorest countries have the highest percentages of young people. Of these, more than 500 million youth live on less than \$2 per day.

Adolescence—defined here as those aged 10 to 19 years—is a critical stage of life, a time of opportunities but also of vulnerabilities and risks. Adolescent girls are especially at risk of sexual violence and

exploitation, harmful practices, early pregnancy and HIV infection. Many are forced to abandon their education and stay at home to help with chores and care for other siblings. During the next ten years, 100 million girls are likely to be married before the age of 18. Every year, 14 million adolescents give birth and are two to five times more likely to die owing to pregnancy-related complications than women in their twenties. For every girl who dies in childbirth, many more will suffer injuries, infections and lingering illnesses, such as obstetric fistula.

While boys may experience adolescence as a time of greater freedom, they, too, face the risk of exploitation, violence and HIV. Almost one quarter of people living with HIV are under the age of 25, while fully half of new HIV infections are among young people between the ages of 15 and 24. In sub-Saharan Africa, young women living with HIV outnumber HIV-positive men their own age by 3.6 to 1. In the Caribbean, Middle East and North Africa, about 70 per cent of all young people living with HIV are women. Nevertheless, many young people have only limited access to prevention programmes.

Policy makers and the international community are gradually realizing the urgency of investing more in young people, their education, skills training reproductive health and employment. Decisions made today will reverberate for generations to come.

Partnering with Boys and Men

Development efforts have tended to focus on either men or women, but rarely on both. Partnering with men is essential to the achievement of equality. Restrictive gender norms and stereotypes limit possibilities for both sexes and gender equality is a winning proposition for both women and men. The AIDS epidemic sharply underscores men's critical role: In the absence of a vaccine or cure, changes in male behaviour are central to preventing the spread of HIV. Because men wield preponderant social and economic power, they often make decisions about family planning, their wives' economic activities and the use of household resources, including for doctor and school fees. The care and support of an informed husband also improves pregnancy and childbirth outcomes and

can mean the difference between life and death in cases of complications, when women need immediate medical care.

The same gender norms that oppress and harm women prevent many men from realizing their full capacity to care, nurture and be responsible to their families and communities. Societal norms that promote an “ideal” of masculinity can also encourage men and boys to engage in high-risk behaviours that harm both themselves and others. Furthermore, men’s sexual and reproductive health needs have largely been ignored.

Worldwide, a number of initiatives aimed at HIV prevention, reproductive health and gender-based violence manage to reach large numbers of men by engaging them in the workplace, including within military and police institutions. Most programmes, however, are small compared to the challenge of transforming gender relations. Working with adolescent boys at a formative and potentially risky time in their lives offers the greatest opportunity to instill equitable gender values and encourage the next generation of young adult males to question the very norms that have denied the human rights of their sisters, mothers, wives and daughters.

Gender-based Violence: A Price too High

Gender-based violence knows no boundaries—be they economic, social or geographic. It is pervasive, pernicious and is overwhelmingly perpetrated by men against women and girls. It both reflects and reinforces gender inequity and compromises the dignity, autonomy and health of women to a degree that is truly staggering. Worldwide, one in three women has been beaten, coerced into unwanted sexual relations or abused—often by a family member or an acquaintance. Gender-based violence kills and harms as many women and girls between the ages of 15 and 44 as cancer. The toll on women’s health surpasses that of traffic accidents and malaria combined. The costs to countries—in increased healthcare expenditures, legal fees, policing and losses in educational achievement and productivity—are commensurately high. In the United States, that figure adds up to an estimated \$12.6 billion each year.

Gender-based violence takes many forms—both psychological and physical—and includes domestic violence, rape, female genital mutilation/cutting and “honour” and dowry-related killings. Violence can begin even in the womb through prenatal sex selection and, later, from female infanticide, neglect and abuse. In Asia alone, at least 60 million girls are “missing” as a result.

Every year, an estimated 800,000 people are trafficked across borders for exploitation, the majority in the commercial sex trade. Approximately 80 per cent are women and girls. Many more are forcibly recruited, tricked or abducted to face the same fate within their own country.

National campaigns against gender-based violence are one of the “quick-win” solutions recommended by the UN Millennium Project. In some countries, efforts are already under way. Because gender-based violence is so widely tolerated, successful action ultimately requires social transformation: Effective law enforcement and a strengthened judiciary aimed at ending impunity, gender-sensitive education, and the mobilization of communities and opinion leaders are needed to prevent violence. Needless to say, men must be engaged to take a strong stand on the issue.

Women and Young People in Humanitarian Crises

Since the 2000 UN Millennium Summit, conflict has erupted in more than 40 countries. Almost two billion people were affected by natural disasters in the last decade of the 20th Century, 86 per cent by floods and droughts. Late in 2004, a single disaster—the tsunami in Southeast Asia—swept away entire villages and claimed the lives of an estimated 280,000 people and displaced a million more.

In the wake of wars and natural disasters health-care and educational infrastructures collapse, the risk of HIV infection increases and the levels of gender-based violence skyrocket. Of the 34 countries farthest from reaching the MDGs, 22 are in, or are emerging from, conflict.

The nature and scope of war has changed, with more conflicts occurring within, as opposed to between, countries. During the 1990s, of the 118 armed conflicts, the majority were civil. These tend to last

longer than conflicts between countries and take a huge toll on civilians. Abuses include rape, mutilation, massacre and the forcible recruitment of children to serve as combatants, sex slaves and “camp wives”. Many civilians are forced to flee their homes and sexual violence is widespread. Eighty per cent of the world’s 35 million refugees and internally displaced persons are women and children.

Following conflict, reconstruction provides an opportunity to forge societies anew and address pre-existing inequities. Indeed, a number of post-conflict countries are actively promoting the rights of women and young people in order to forestall the very conditions that can lead to further marginalization and impoverishment following conflict’s end. With 49 per cent of seats, Rwanda now has the highest proportion of female parliamentarians in the world.

Roadmap to the Millennium Development Goals and Beyond

Today, in the first decade of the 21st Century, the world has an opportunity to “make poverty history”. Doing so, however, will require targeted investments

in the empowerment of women and young people; the provision of universal reproductive health alongside HIV prevention, and the strengthening and transforming of health care systems. In Africa, the ratio of doctors to patients can be as great as one for every 10,000. This compares to one for 500 in the United States. Sub-Saharan Africa will need an additional one million more health workers in order to achieve the MDGs. Making healthcare systems more responsive to the needs of women, young people and indigenous or otherwise marginalized groups, is critical to meeting poverty reduction goals.

In 2003, donor governments spent \$69 billion on development aid. That same year, global military spending totaled approximately one trillion dollars. Given this disparity, it is clear that the cost of meeting the MDGs is more a matter of political will and commitment than scarce resources. Considering what it will accomplish, the cost—\$135 billion in 2006 and rising to \$195 billion by 2015— is modest and feasible.

The time to act is now.

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For more information

United Nations Population Fund

Information, Executive Board and Resource Mobilization Division
220 East 42nd Street, 23rd Fl., New York, NY 10017, U.S.A.
Tel.: +1 212 297 5020; Fax: +1 212 557 6416
E-mail: leidl@unfpa.org

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