LIMITING UNWANTED PREGNANCIES	
Desired individual and sociocultural change	**Desired systemic and institutional change**
• Women aware of their sexual and reproductive health rights and entitlements	• Resources increased for provision of sexual and reproductive health services, including the training of health care workers
• Gender-equitable relationships valued • Partner communication on use of family planning strengthened and increased • Greater agreement between couples on desired family size	• Greater male engagement in sexual and reproductive health programmes and policies
• Women can decide on the number, timing and spacing of children • Increased knowledge and use of contraceptives • Women able to negotiate condom use effectively and safely	• Sexual and reproductive health services available, appropriate and accessible • Family planning commodities, including condoms, available
• Freedom from sexual violence	• Sexual violence laws enacted and enforced, including marital rape • Sexual offenders brought to justice • Services for survivors of sexual violence available, accessible and of good quality • Emergency contraception available and accessible

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World Health Organization
Department of Gender, Women and Health
20 Avenue Appia
CH–1211 Geneva 27
Switzerland
www.who.int/gender/en/

www.who.int/gender/en/

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Women's Empowerment and Gender Equality: Essential Goals for Saving Women's Lives

MDG 3: Promote gender equality and empower women

Target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.
Indicators:
- Ratio of girls to boys in primary, secondary and tertiary education
- Ratio of literate women to men, 15-24 years old
- Share of women in wage employment in the non-agricultural sector
- Proportion of seats held by women in national parliament

MDG 5: Improve maternal health

Target A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
Indicators:
- Maternal mortality ratio
- Proportion of births attended by skilled health personnel

Target B: Achieve, by 2015, universal access to reproductive health.
Indicators:
- Contraceptive prevalence rate
- Adolescent birth rate
- Antenatal care coverage (at least one visit and at least four visits)
- Unmet need for family planning

Halfway through the 15-year countdown to achieving the Millennium Development Goals (MDGs), it is apparent that MDG 5, Improve maternal health, is off track and unlikely to be met in many developing countries (1). Can promoting gender equality and women's empowerment lead to improved maternal health? What are the specific links between gender equality, women's empowerment and maternal health that can be used to accelerate progress?

The target of MDG 3 is to eliminate gender disparity in all levels of education – primary, secondary and tertiary – by 2015. This target reflects the weight of evidence that ties women's and girls' education to heightened levels of self-determination and thus to improved health, social and economic status (2). The MDG 3 indicators track key elements of women's social, economic and political participation and the building of gender-equitable societies.

How do gender equality and women's empowerment contribute to improving maternal and newborn health?

❶ Empowered women understand their value to society and can demand their right to access quality health services. This awareness is fundamental to increasing the allocation of resources critical for protecting women's lives and promoting their well-being (3). Key to reducing maternal and neonatal death and disability is a well-functioning health system that provides quality care before and throughout pregnancy, childbirth and the postpartum period. This includes access to skilled birth attendants and rapid and reliable transport for emergency obstetric care. Promoting gender equality creates the conditions and consensus for providing these life-saving services, ensuring that women benefit from public policies and budget outlays.

Gender equality

Equal opportunity for women and men of all ages to access and use resources and services within families, communities and society, including deriving equal benefit from laws and policies and possessing equal decision-making power. Examples of ways to strengthen gender equality in health sector policies and programmes include promoting: ❶ women's participation in district health planning mechanisms on an equal basis with men; ❷ better access of women and men to health information in appropriate languages and relevant locations; ❸ the revision and implementation of health training curricula that take into account the social determinants of health, including gender equality, and reflect the different needs of women and men; ❹ balanced numbers of female and male health care providers; and ❺ health systems that are held accountable for their treatment of girls and women.

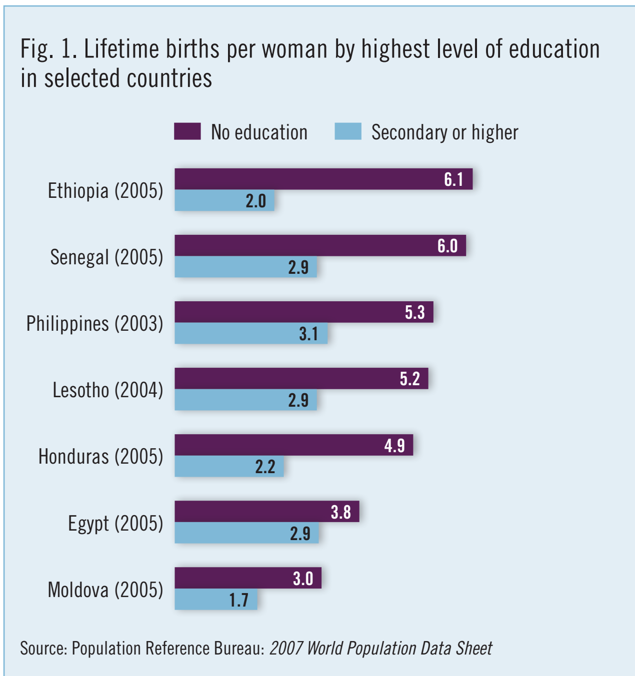
Women's empowerment

Increased political, social and economic status, which enables equal access to resources and guarantees women the right to take strategic decisions over their own lives. The health sector can promote the empowering processes by: ❶ advocating and supporting governments and communities in overcoming barriers in policy, social norms and taboos that discriminate against the health of women; ❷ raising awareness and generating dialogue, through information and education campaigns, on priority health topics; ❸ increasing educational opportunities for young girls, thus heightening their confidence while informing them about health risks and protective behaviour; ❹ and advocating for and supporting income-generating activities that put earning power in women's hands to pay for healthy food, essential medicines and health care services for themselves and their families.

essential goals for saving women's lives

❷ **Educated women – those with a secondary education – are more likely to be able to state their needs and affirm their rights.** They marry later, postpone childbearing, have fewer and spaced children and are better able to take timely decisions about accessing health care services. All of these link to improved maternal and newborn health (Fig. 1) *(3)*.

Fig. 1. Lifetime births per woman by highest level of education in selected countries



Source: Population Reference Bureau: *2007 World Population Data Sheet*

❸ In specific ways, **gender equality and women's empowerment protect against the major causes of maternal death and disability** – haemorrhage, sepsis, the consequences of unsafe abortion, prolonged and obstructed labour and eclampsia – and reduce the three factors delaying accessing emergency care. Examples include the following:

- ***Increasing the health literacy of women, families and communities*** heightens awareness of routine maternal and newborn health needs, the signs and symptoms of pregnancy complications, and when, where and how to obtain appropriate emergency care (when husbands or mothers-in-law often take the decision to seek and pay for transport and treatment), thus addressing the first and second delay factors: deciding to seek care; and reaching appropriate emergency services.

- ***Increasing the value placed on daughters*** and decreasing the preference for sons will promote more equitable access to food and health services, thus improving pre-pregnancy health and protecting against stunting, a risk factor for obstructed labour. During pregnancy, improving a woman's food security and eliminating harmful eating practices enable appropriate weight gain and decrease the likelihood of micronutrient deficiencies including iron, iodine, vitamin A and folate. This, in turn, lessens her vulnerability to infection and the complications of haemorrhage and improves birth outcomes for the newborn *(4)*.

- ***Eliminating child marriages*** will dramatically reduce early childbearing, which puts adolescents and their newborns at heightened risk; maternal mortality is the leading cause of death for adolescent girls *(5)*. Those who survive are at greater risk for vesicovaginal fistulae and other forms of morbidity.

- ***Increasing gender equality within relationships*** through interventions, for example, that engage men and boys, improve partner communication or encourage active involvement of fathers reaps far-ranging benefits, including: greater partner awareness of maternal and newborn health issues; increased attendance at antenatal care visits and delivery; heightened involvement during emergencies; increased use of family planning; joint decision-making on when to have sex; decreased partner violence; and greater involvement in child-rearing *(6)*.

- ***Reducing harmful gender norms and practices surrounding pregnancy and the postpartum period*** – including designating women as "unclean" and thus isolating them during labour, delivery, and postpartum; delivering with untrained attendants; enforced confinement for prolonged periods postpartum; and retribution for producing female offspring – will improve the health outcomes of women and newborns.

- ***Enhancing the participation of women in health planning and establishing gender-responsive budgeting at the local, state and national level*** will result in increased support for emergency obstetric services (thus addressing the third delay factor: timely receipt of adequate and appropriate emergency care for complications) and for treating the indirect causes of maternal mortality and morbidity such as malaria, hepatitis, sexually transmitted infections (including HIV) and tuberculosis. Attention to both emergency and primary care will improve women's health throughout the life course as well as birth outcomes *(2)*.

- ***Decreasing the cultural tolerance, social acceptability and legal impunity associated with physical and emotional intimate partner violence*** will decease its incidence and associated maternal and infant morbidity and mortality, including low birth weight *(7)*.

- ***Establishing and enforcing laws against female genital mutilation (whether practised by health care personnel or traditional practitioners) while creating an enabling environment for decreasing demand*** will reduce the associated incidence of prolonged labour, stillbirth, haemorrhage and obstetric fistulae *(8)*.

- ***Reducing the daily burden of physical labour on women***, which in many societies includes gathering water and fuel, child care, domestic chores as well as farming and livestock maintenance – especially during pregnancy and postpartum – will promote well-being and protect against maternal depletion.

❹ **Limiting the number of unwanted pregnancies** by ensuring women's and girls' sexual and reproductive health entitlements through access to information and services such as family planning, emergency contraception, safe abortion care – where legal – and in all cases access to post-abortion care, will protect the lives of thousands of women.

❺ Marked disparities in maternal and neonatal health can persist even in countries with low levels of maternal mortality and morbidity. **Attention must be focused on populations in which health outcomes remain suboptimal:** low-income, rural, indigenous, underrepresented minority and immigrant women.

Promoting gender equality and empowering women is thus not only an important goal in itself but also represents a powerful strategy for achieving other MDGs, especially MDG 5 Improve maternal health. The women of the world deserve the right to enter pregnancy and childbirth without fear of death and disability and with confidence that their health and well-being are valued and safeguarded. MDG 3 reaffirms that the enjoyment of human rights is guaranteed to all without discrimination.

The following table illustrates how meeting the MDG 3 indicators would contribute to improving maternal health using the concept of the **lifetime risk of maternal death (LTR)**. LTR is the probability that a 15-year-old woman will eventually die from a maternal cause and is a measure of obstetric risk in the context of the number of times a woman, on average, is at that risk. LTR varies widely by location: in northern Europe it is 1 in 4000; in sub-Saharan Africa the risk is 1 in 22 *(9)*.

Improving maternal health and decreasing the lifetime risk of maternal death and disability

IMPROVING WOMEN'S HEALTH AND PREGNANCY OUTCOMES	
Desired individual and sociocultural change	**Desired systemic and institutional change**
• Women expect positive pregnancy outcomes	• Resources increased for making pregnancy safer
• Women have greater status in communities • Gender-equitable relationships valued	• More women leaders involved in local and national decision-making and budget allocation • Paternity leave policies instituted
• Equal access to food with improved nutritional status	• Poverty alleviation programmes established to increase food security
• Women, men and communities understand the signs and symptoms of obstetric complications • Women can decide to seek and utilize care	• Increased public funding for evidence-based antenatal care, skilled birth attendants and emergency transport and services • Reproductive health services, including obstetric care, are available and accessible
• Fewer adolescent pregnancies	• Age-of-marriage laws enforced
• Women's health status improved	• Indirect causes of or factors contributing to maternal mortality treated: malaria, anaemia, hepatitis, HIV and tuberculosis
• Freedom from intimate partner violence	• Laws enacted and implemented criminalizing intimate partner violence • Perpetrators brought to justice
• Freedom from female genital mutilation	• Female genital mutilation prohibited • Practitioners trained in alternate forms of income generation • Information and other measures that promote ending the practice are supported
• Fewer deaths from unsafe abortions	• Abortion services, where legal, are made safe and accessible • Post-abortion care is available everywhere
• Reduced burden of domestic chores	• Accessible sources of water and fuel • Change in gender and social norms to promote gender equality

essential goals for saving women's lives