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

LIMITING UNWANTED PREGNANCIES

Desired individual and sociocultural change

• Women aware of their sexual and reproductive health rights and entitlements
• Gender-equitable relationships valued
• Women able to decide on the number, timing and spacing of children
• Freedom from sexual violence

Social systemic and institutional change

• Resources increased for provision of sexual and reproductive health services, including the training of health care workers
• Greater male engagement in sexual and reproductive health programmes and policies
• Sexual and reproductive health services available, appropriate and accessible
• Sexual violence laws enacted and enforced, including marital rape
• Emergency contraception available and accessible

REFERENCES


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 MDGs’ 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?

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

Equally opportunity for women and men of all ages to access and use resources and services within families, communities and societies, including deciding 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:

• Women’s participation in district health planning mechanisms on an equal basis with men
• Better access of women and men to health information in appropriate languages and relevant locations
• 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

Balanced numbers of female and male health care providers, and 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:

• Advocating and supporting governments and communities in overcoming barriers in policy, social norms and taboos that discriminate against the health of women
• Raising awareness and generating dialogue, through information and education campaigns, on priority health topics
• Increasing educational opportunities for young girls, thus heightening their confidence while informing them about health risks and protective behaviour

• Advocating for and supporting income-generating activities that pay earning power in women’s hands to pay for healthy food, essential medicines and health care services for themselves and their families.

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Desired systemic and institutional change


Online: www.who.int/gender/en/
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) (2).

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-reaching 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.

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 maternal death and disability – and reduce the three factors delaying maternal death and disability (7).

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

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.