

## **Department for International Development (DFID)**

### **Key messages from evidence on gender equality<sup>1</sup>**

**Based on:**

***Gender equality and economic growth* (Chatham House and Vivid Economics)**

***Gender equality and the MDGs. Pathways to a transformative agenda* (Institute of Development Studies, University of Sussex)**

September, 2010

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## **Introduction**

1. There is a considerable amount of evidence on the links between gender inequality and development outcomes, and many of the key actions needed to address gender inequality are well known. These are not given sustained attention or priority.
2. With the financial support of the United Kingdom Department for International Development (DFID), **Chatham House and Vivid Economics** have reviewed the evidence on how greater gender equality in the developing world can enhance economic performance and boost progress towards the achievement of the Millennium Development Goals (MDGs)<sup>2</sup>. The economics review has focused mainly on existing quantitative peer-reviewed evidence.
3. The Chatham House paper is complemented by findings of the **Institute for Development Studies (IDS)** on women's empowerment, also commissioned by DFID<sup>3</sup>. The IDS paper examines evidence of what has changed and what has worked to promote gender equality. It considers a series of strategic policy options that hold out the greatest promise for transforming structural gender inequalities.
4. This summary synthesises the messages and evidence of the two papers, each of which sets out different types of evidence and a menu of strategic recommendations on gender equality moving towards 2015. It focuses on four main areas, drawing evidence from the papers mentioned above:
  - economic empowerment and education;
  - reproductive and newborn/child health;
  - norms, access and rights; and
  - civil and political participation.

## **Section 1: Economic empowerment and education**

5. **The available evidence suggests that current patterns of economic growth have increased women's share of employment.** But, economic growth has had little impact on other dimensions of gender equality, including those promoted by the MDGs. Women continue to earn less and occupy systematically inferior positions to men within the labour market (MDG 1 and MDG 3). They have made progress in primary education but gender gaps persist at post-primary levels (MDG2). Maternal and child mortality rates have proven to be the hardest to reach of the MDGs (MDG 4 and 5). Sexual and reproductive rights are largely neglected in most contexts. Finally, women continue to be under-represented both within national political forums as well as international ones (MDG 3 and MDG 8). From a gender equity perspective, such evidence suggests the need to consider policies for making economic growth more inclusive in its implications as well as to strengthen its gender-redistributive potential through explicit policies and interventions at the lower level.
6. **Improving gender equality in education and employment can lead to economic growth if it increases the skills and expertise of the labour force.** Gender inequality in education and employment lowers the average

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<sup>2</sup> *Gender equality and economic growth*, Chatham House and Vivid Economics, 2010

<sup>3</sup> *Gender equality and the MDGs: pathways to a transformative agenda*, Institute of Development Studies, University of Sussex, 2010

productivity of the labour force, thereby limiting economic growth by lowering the return on new investment. This effect is relatively small but statistically significant. New investment increases growth directly and is necessary for economies to adopt more productive technologies such as those used by manufacturers in East Asia.

7. **Women tend to earn less than men.** Studies suggest the gap is around 23 percent in developed and 27 percent in developing countries<sup>4</sup> in the formal economy. Earnings gaps are generally larger in the informal economy where most working women are located.<sup>5</sup> In India casual female wage workers earn half the wages of casual male workers, controlling for differences in their individual characteristics<sup>6</sup>. In Latin America, women's earnings in the informal economy were about 53 percent of men's in 1998<sup>7</sup>. Women agricultural wage labourers were paid between a third to a half of male rates for a day's work in North East Ghana<sup>8</sup>. In Costa Rica, women's hourly earnings varied from 85 percent of men's earnings in the formal public sector to 57 percent in domestic wage labour<sup>9</sup>.

8. **Education is positively related to high-productivity rural employment with women gaining more than men for each additional year of education**<sup>10</sup>. Education increases the likelihood of women's entry into the labour market<sup>11</sup>, and improves their job opportunities. In addition, data from a wide range of developing countries suggests that higher levels of education increase women's chances of formal employment, particularly in the public sector<sup>12</sup>. As gaps in inequality in education have narrowed, the importance of gender inequality in employment has increased. The gender gap in education (as measured as the ratio of female: male years of schooling of those aged 15+) in sub-Saharan Africa has fallen by two-fifths (Barro and Lee (2000) and Klasen and Lamanna (2008)).

9. **There is good evidence that achieving gender equality could increase agricultural profits and yields.** The World Bank (2005) concludes that there is significant lost output and reduced growth in agriculture in Sub-Saharan Africa as a result of gender inequality, and documents a number of studies showing that reducing gender inequality, for example in the allocation of fertilizer, could increase output by between 10 and 20 percent. Goldstein and Udry (2008) find that, in Ghana, differences in profitability between men's and women's plots can be explained by the longer fallow periods on men's plots. If all plots were left fallow for an equal period then the median change in profits per household would increase by 25 percent. They calculate that, given the share of such agriculture in the Ghanaian economy, this could increase Ghana's GDP by one percent, although this would be a one-off gain and would not affect growth.

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<sup>4</sup> World Bank, 2001: pp. 55-57

<sup>5</sup> See Fontana 2010

<sup>6</sup> Das, 2006

<sup>7</sup> Barrientos, 2002

<sup>8</sup> (Whitehead, 2009)

<sup>9</sup> Chen et al

<sup>10</sup> Winters et al 2008

<sup>11</sup> Although the relationship between women's education and labour force participation is U-shaped in certain countries, such as India, Pakistan and Bangladesh

<sup>12</sup> (Birdsall and Behrman, 1991; Cameron, Dowling and Worsick, 2001). Glewwe (1991) and Sackey ( ), for Uganda (Appleton) Core D'Ivoire (Vijverberg, 1993) and for Guinea (Glick and Sahn (1997).

10. Economies where gender equality in education and equality in economic growth have the strongest relationship are often those where export-led industrialization with a focus on low-wage manufacturing has been important. Sri Lanka, Bangladesh and China are all examples of this. Such manufacturing industries, often in the textiles and garments sector, are likely to be an important destination for women once they have acquired more education (World Bank, 2001).

#### **The Role of the garment sectors in Cambodia and Bangladesh**

Women in the garment sector (who constitute 80-90 percent of the sector's labour force in Bangladesh and over 90 percent in Cambodia) have benefited greatly from income growth. Given that the bulk of such workers are from disadvantaged rural communities and that women account for a disproportionate share of people living in poverty, increasing their income not only affects their lives but also benefits the wider economy and their families.

Remittances are estimated to contribute directly to sustaining over one million Cambodians. And significantly, money received in remittances from women garment workers are predominantly used for family maintenance and education of sons and daughters and of siblings, improving the competitiveness of labour markets and the likelihood of a 'demographic dividend'.

Evidence in both Cambodia and Bangladesh suggests that families are breaking the trend of educating boys above girls, as they believe that the girls will now be better able to obtain jobs in the city and in turn, remit money home. Bangladesh's progress has been so marked in this regard that concerns are now emerging that boys might be 'left behind'.

Despite this, numbers of male students in higher education, which is required for more skilled and senior positions, continue to dwarf those of women. And while the sector has clearly provided important employment opportunities for women in both countries, female representation in management is low owing to the limited number of sufficiently qualified women. It remains to be seen whether a lag in educational improvements will be translated to better representation in management. There are, however, some positive signs, particularly with regard to entrepreneurship in Bangladesh where 38 percent of self-employed women are former garment workers.

Sources: Afsar (2003); Paul-Majumder and Begum (2000); World Bank (2008); Kabeer and Mahmud (2004); ILO/BFP (2005); Bauer A. and Thant M. (eds) (2010).

11. **Girls and women who have had more education can undertake higher-value economic activity.** Increasing the educational opportunities for women allows for greater accumulation of skills and expertise within the labour force and so raises the growth potential of the economy<sup>13 14</sup>. Countries with high gender inequality in education tend to be poor, while higher-income countries tend to have higher gender equality. No country has been observed with both GDP per capita of over \$10,000 and less than 90 percent gender equality in education on this measure. In countries where at least 10 percent of females already have secondary education (typically more advanced developing economies), an increase of one percentage point in the share of adult women with secondary school education increases per capita income growth by 0.3 percentage points (Dollar and Gati, 1999).

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13 If women are paid higher wages when they are more highly educated, then it is likely that this is because they are producing more valuable outputs in the formal job sector. Aggregating this microeconomic evidence to the national economy would lead to an expectation that lower gender inequality in education would lead to economic growth.

14 It is not just the quantity of education that is important but also its quality. However, while there is considerable research into the differences of the quantity of education received by males and females, we have found no evidence suggesting a difference in its quality between the genders, although this may reflect problems in measuring educational quality.

**12. Increasing the amount of education received by women can significantly increase incomes and help to eradicate poverty.**

Psacharopoulos and Patrinos (2002) review the global evidence on the rate of return to education and conclude that, on average across all studies, an additional year of schooling increases wages by 10 percent and that the average return for women is slightly higher than that for men<sup>15</sup>. This result will, of course, differ across countries and in different contexts even within countries.

**13. Improving women's incomes can lead to a higher domestic formal savings rate.** A study of 20 semi-industrialized countries found that both the ratio of female to male earnings and the female share of manufacturing employment had a significant positive effect on domestic savings rates (Seguino and Floro, 2003). This could indicate a higher female propensity to save, which may cause domestic savings rates to rise if income is redistributed from men to women.

**14. The likelihood of gender equality leading to higher domestic savings is country- and culture-specific.** The link between gender equality and savings in any country is also likely to depend on interest rates, expectations of future taxation, prevalence of informal savings programmes (such as credit unions) and cultural expectations (for example, if women are expected to help finance their weddings or younger siblings' education) (Seguino and Floro, 2003). Goetz and Gupta (1996) show that in Bangladesh women may be discouraged from saving for fear that they will lose control of those assets to men. In addition, if women opt for informal savings programmes which do not make funds available for investing in businesses, a higher propensity to save will not lead to greater investment in physical capital. While there is no evidence of formal restrictions on accessing savings products, other impediments to saving may include lower and more uncertain incomes, travel restrictions, lack of financial infrastructure in poorer areas, and control of household resources by male relatives (UN, 2009c; World Bank, 2010; Goetz and Sen Gupta, 1996)<sup>16</sup>.

### **1.1 Cultural and social aspects**

**15. Gender equality in educational opportunity will lead to growth, only if there is a cultural environment in which women can participate in the labour force.** Jütting and Morrisson (2005a, 2005b) emphasise the critical importance of social institutions in mediating the effectiveness of policies aimed to reduce the inequality in female education and employment. They show that the degree of social institutions against women - as proxied by factors such as genital mutilation, polygamy, marriage before the age of 20, the right to inherit and the right to access of property - is much greater in

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<sup>15</sup> The rate of return to education is the incremental increase in earnings that would be expected if a worker completed an additional year of schooling. These estimates are derived from regressions which typically control for other factors, such as age and work experience, that also affect earnings. The rate of return is conditional on all these other factors: it is how much earnings of an individual worker would be expected to increase if she received another year of schooling, holding all her other characteristics constant.

<sup>16</sup> The literature on financial services tends to address women's access to formal credit arrangements rather than savings products, and analysis of gender barriers to saving is extremely limited (UN, 2009c; World Bank, 2007).

South Asia, sub-Saharan Africa and MENA than in South East Asia or Latin America and the Caribbean.

16. **Both formal and non-formal education tend to reinforce traditional gender roles**<sup>17</sup>. The educational system may fail to motivate or encourage girls: gender stereotyping in the curriculum, particularly in text books, reinforces traditional gender roles; different subject choices may be made available to girls and boys.

17. **Less than a quarter of primary school teachers in developing countries are female – even fewer in remote areas.** Female teachers make schools feel more welcoming to girls and provide important role models. Teachers can show differentiated attitudes towards male and female students. The 'hidden curriculum' of school practice reinforces messages about girls' inferior status on a daily basis and provides them with negative learning experience, thus creating a culture of low self-esteem and low aspirations<sup>18</sup>.

18. **Schools may be too far away: girls fear being attacked and sexually harassed**<sup>19</sup>. In Egypt, girls' enrolment dropped off sharply when schools were located more than 1.5 km away, while in Pakistan the threshold was 1 km<sup>20</sup>. The educational system often fails to recognise the gender-specific nature of the physical constraints that girls may face: during menstruation, girls will often not attend school if there are no toilet facilities.<sup>21</sup> Schools may fail to protect the basic rights and dignity of children, frequently reproducing inequalities in the wider society with respect to poverty, caste, ethnicity and gender<sup>22</sup>.

#### **Girls and schools**

Better physical access to schools strongly encourages school enrolment rates, especially for girls in some cases<sup>23</sup>. Clean and separate latrines for girls and protected buildings and playgrounds are an important factor in creating a hospitable learning environment<sup>24</sup>.

A program to construct schools in the sparsely populated regions of Indonesia was designed explicitly to target children not previously enrolled. The program led to a large increase in the education of women as well as men, resulting in higher incomes as well as lower ages at marriage, lower fertility and lower mortality<sup>25</sup>.

In Guinea, West Africa, construction of separate toilets for girls and boys led to a dramatic increase in school enrolment in enrolment rates, with much larger increase for girls<sup>26</sup>.

In rural Baluchistan, Pakistan a pilot program to support village organisations to set up and operate separate private primary schools for girls to be staffed by female teachers saw a 22 percent rise in girls' enrolment relative to control villages<sup>27</sup>.

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<sup>17</sup> Plan International, 2009

<sup>18</sup> (eg. Gordon, 1995 on Zimbabwe; Davison and Kanyuka, 1992 on Malawi)

<sup>19</sup> (Atchoarena and Gasperini, 2003).

<sup>20</sup> Rugh, 2000

<sup>21</sup> Herz, B. and Sperling, G. (2004) *What works in Girls' Education: Evidence and Policies from the Developing World*.

<sup>22</sup> Kabeer

<sup>23</sup> See Glick 2008 and references

<sup>24</sup> (Atchoarena and Gasperini, 2003)

<sup>25</sup> (Breierova and Duflo 2003)

<sup>26</sup> Glick 2008

<sup>27</sup> Glick 2008

## **Section 2: Reproductive and newborn/child health**<sup>28</sup>

### **2.1 Health and education**

19. **Women with more education are likely to have fewer children.** UN statistics clearly show this to be the case in all developing regions. In sub-Saharan Africa, Latin America and Western Asia, women with a secondary or higher education have on average three fewer children than women with no education (UN, 2003).

#### **Women's education and reproductive health**

- A study from Indonesia found that women who had a better education than their husbands were more likely to get antenatal care in the first trimester. Paternal educational rates were also important – in families where the father had higher educational rates the mother was more likely to give birth at a hospital or a doctor's office<sup>29</sup>.
- In India, where the probability of a boy being immunized against disease or receiving nutritional diet is 5 percent points higher than girls, mother's literacy but not father's, had a bearing on the closing of the gender gap.
- Women with seven or more years of schooling have between two and three fewer children than women with fewer than three years of education, are less likely to marry early, more likely to practice family planning, and their children have a higher survival rate (Africa, Asia, and Latin America)<sup>30</sup>.
- Students in school are less likely to have had sex than their non-enrolled peers. While studies show that higher education levels do not reduce recourse to abortion, education may be an important component in preventing unsafe abortion. (Mbizvo and Zaidi, 2010).

20. **Early pregnancies often result in the discontinuation, by choice or by exclusion, of a girl's education in many rural areas.**<sup>31</sup>

#### **Education of young mothers**

As well as facing increased health risks, adolescent mothers are very likely to drop out of school, either temporarily or permanently, impairing their education and future opportunities.

Studies in Cameroon and South Africa have demonstrated the impact of pregnancy on school drop-out rates. It has been estimated that about a quarter of the gender gap in Cameroonian secondary school attendance is attributable to pregnancy (Eloundou-Enyegue, 2004).

Grant and Hallman (2006) found that 45 percent of girls aged 14-19 who became pregnant during school years dropped out of school and did not return, while a further 29 percent dropped out for some period of time. Girls who lack support from older female relatives are particularly likely to permanently leave education.

### **2.2 Maternal health**<sup>32</sup>

21. The largest declines in Maternal Mortality Rates (MMR) (30 percent between 1990 and 2005) were recorded in East Asia, Northern Africa and South East Asia. There was a 20 percent decline between 1990 and 2005 in South Asia but rates remain extremely high. MMR are highest in SSA and show no signs of improvement. However, within each major region, some of

<sup>28</sup> DFID is currently producing a very detailed analysis of evidence in relation to reproductive and maternal and newborn health. This publication will be ready by the end of 2010. This chapter will be completely aligned with that DFID paper once is available.

<sup>29</sup> (Beegle et al, 2001).

<sup>30</sup> Shaw, (2009)

<sup>31</sup> Atchoarena and Gasperini, 2003

<sup>32</sup> Please note that the MMR data has changed as new figures were released recently that amend all figures on maternal health.



the poorest countries stand out as having made dramatic progress. Nepal, Bangladesh, Eritrea, Lao PDR, Mongolia, Bolivia and Malawi experienced the fastest average annual rate of reduction in MMR. Niger, Malawi, Mozambique, and Ethiopia achieved the greatest absolute reductions (more than a 100 per 1,000 live births) since 1990<sup>33</sup>.

22. There are certain gender-related constraints that affect health seeking behaviours amongst women:

- low value attached to the wellbeing of girls and women across the lifecycle and the resulting inequalities in nutrition and health status
- girls' exposure to gender based violence
- low levels of education and literacy
- limited powers of decision-making in relation to their own lives and within the household and community reinforces inequalities of access to, and control over, resources and restricts their reproductive choices.

**Importance of gender norms and values on maternal health rates**

Gender biased norms and values contribute significantly to poor maternal health outcome, starting from an early age.

- Poor nutrition of girls/women due to gender discrimination increases chances of life threatening complications at the time of pregnancy<sup>34</sup>.
- Adolescent pregnancies increase obstetric risk and maternal mortality - pregnancy and childbirth is the biggest cause of death among adolescent girls.
- In SSA, reproductive health related conditions together with AIDs and obstetric complications are the major causes of morbidity among young women in SSA<sup>35</sup>.
- Cultural factors undermine women's access to health care, for example, restrictions on women's mobility in south Asia constrain their ability to seek health care for themselves and their children.
- Data from rural Yunan<sup>36</sup> found that already having a male child in a culture of strong son preference was negatively associated with female health outcomes.

23. **A culture of strong son preference could be shown on marked gender disparities in sex ratios at birth and child mortality rates.** Rising sex ratios at birth, with many more boys being born than girls, is attributed to the increasing use of sex selective abortion in China, South Korea and India.

24. **There is a general lack of evidence on the economic impacts of poor maternal health** (Wilhelmson and Gerdtham, 2006)<sup>37 38</sup>. Maternal morbidity imposes a heavy economic cost in many parts of the world, particularly in Africa, but this impact has not been measured. WHO Global Burden of Disease data suggests that maternal conditions account for almost a quarter of the years lived with disability (YLDs) for women in the 15-59 age group in Africa, or roughly nine years for every thousand population. Morbidity in the Eastern Mediterranean and South-east Asian regions is also high. However, it is not clear how this translates into lost working life.

<sup>33</sup> (You *et al.*, 2010).

<sup>34</sup> WHO, 2003

<sup>35</sup> Cook (1993)

<sup>36</sup> Li (2004),

<sup>37</sup> There are estimates of lost productivity due to maternal ill-health in four African countries, reviewed in Islam and Gerdtham (2006). These have not been included here owing to concerns over the methodology. Similarly, USAID (USAID, 2001) has argued that the combined impact of maternal mortality and the associated increased probability of newborns dying has a combined annual economic impact in lost productivity (equivalent to a one-off reduction in economic output) of \$15 billion. However, it is not clear how this figure has been derived.

<sup>38</sup> Figures are being currently reassessed by the World Bank.

### **Maternal mortality and poverty**

- All countries with high MMR show systematic inequalities across the wealth quintiles in terms of utilisation of skilled birth attendants and institutional care for maternal deliveries.
- Inequalities in skilled birth attendance rates are generally the most marked where the disparities between rich and poor are the greatest<sup>39</sup>.
- In Zambia, where the average rate of skilled attendance at delivery is 45%, it is about 90 percent for the richest quintile and 20 percent for the poorest quintile of the population.
- In Peru, the estimated MMR for the poorest group is in excess of 800 maternal deaths per 100,000 live births compared with less than 130 per 100,000 for the richest quintile<sup>40</sup>.

## **25. Studies consistently report a positive link between reduced fertility rates and improved maternal health outcomes<sup>41</sup>**

- Having fewer pregnancies reduces a woman's lifetime risk of pregnancy related mortality and morbidity, including significant risks from resorting to unsafe abortion for unwanted pregnancies. The maternal mortality rate from unsafe abortion is 34 per 100 000 live births in a country with restrictive abortion laws compared with 1 or less in those with liberal laws<sup>42</sup>.
- If women who wish to delay or limit births used effective contraceptives then maternal deaths would fall by estimated 17-25%<sup>43</sup>.
- If all women delayed their first birth until after 20, at least 25 percent of maternal deaths are likely to be prevented.

### **2.3 Newborn/child health**

**26. There is a clear link between maternal health and neonatal mortality.** Obstructed labour and malpresentation are the two greatest risk factors for neonatal death; it is estimated that 30 to 58 percent of neonatal deaths are due to obstetric complications (Lawn et al., 2005). Antenatal health problems such as poor nutrition, hypertension, anaemia and malaria also contribute significantly to the risk of neonatal death. Low birthweight babies from undernourished mothers account for 60-80 percent of neonatal deaths (Lawn et al., 2005).

### **Averting neonatal deaths**

One study suggests that providing for all pregnant women with the currently unmet need for maternal and newborn health services in the developing world could save six million maternal Disability Adjusted Life Years (DALYs)<sup>44</sup> and 35 million newborn DALYs. The cost of saving a healthy year of life would range between US\$ 122 in Asia and US\$ 320 in Latin America and the Caribbean (Singh et al., 2009). This makes it a 'very cost-effective' intervention in all of these regions using the thresholds developed by the World Health Organization.<sup>45</sup>

<sup>39</sup> Hoop-Bender et al. (2006)

<sup>40</sup> (Ronsmans and Graham, 2006).

<sup>41</sup> (Horton, 2010; Hogan et al., 2010)

<sup>42</sup> Boama and Arulkumaran (2009) estimate that th

<sup>43</sup> Cook (2002)

<sup>44</sup> DALYs are a measure of overall disease burden taking into account both years of life lost and the equivalent years of 'healthy' life lost by virtue of being in a state of poor health or disability.

<sup>45</sup> The thresholds are determined by reference to a country or region's GDP per capita. An intervention is classified as very cost-effective if it is lower than the GDP per capita (in 2005 international dollars). An

27. **Children who have lost their mothers are more likely to die themselves.** A study in Nepal showed that infants of mothers who died during childbirth were six times more likely to die in the first week of life, 12 times more likely to die between one week and one month, and 52 times more likely to die between one and six months (Katz et al., 2003). Studies in Bangladesh have found that girls are more likely to die than boys following an adult death (specifically, 40 and 100 percent more likely to die following maternal death at ages up to 1 year and 5 years respectively; 22 percent more likely to die following adult death at any age) (Roy et al., 2001; Strong, 1992).

28. In addition, studies in Tanzania and Indonesia have shown that a lack of maternal care also affects the health of surviving children, finding that **children who have lost their mother are more likely to be stunted or malnourished** (Ainsworth and Semali, 2000; Gertler et al., 2003). Jayachandran and Lleras-Muney (2009) found that a dramatic reduction in maternal mortality in Sri Lanka between 1946 and 1953 appears to have led to a small but detectable increase in girls' schooling: for every extra year of female life expectancy, literacy increased by 0.7 percentage points and years of education increased by 0.11 years, however it is not clear that a similar effect would follow in cases where the improvement in maternal mortality was less conspicuous.

29. **The children of more educated women enjoy better health.** Cross-country studies have estimated that an average additional year of female education in developing countries reduces the under-five mortality rate by 12-18 per thousand (Schultz, 1997; Abu-Ghaida and Klasen, 2004). Other studies have found links between female education and reduced incidence of under-nutrition in children (Smith and Haddad, 1999; Klasen, 2003). Women with more education are more likely to use maternal health services and antenatal care, and the same is likely also true for women in employment (Kirrin et al, 2007).

#### **2.4 Family planning**

30. **Some studies are unequivocal that lower fertility rates reduce poverty.** On average, the poorest fifth of women in developing countries have a fertility rate twice that of the wealthiest fifth (Gwatkin and Rutstein et al., 2004). The association may be partly due to larger families being a rational response to poverty and lack of social security; however, this is strongly disputed by some authors who argue that most couples will opt for fewer children given the choice (Cleland et al., 2006).

31. **Women with lower fertility appear to devote more resources to their children's education, although the evidence is nuanced.** Foster and Roy (1997) found in Bangladesh that provision of family planning services to women at age 16 led to a 12-15 percent increase in schooling for their children. The presence in the household of pre-school children in particular has a significant negative effect on schooling, as older children may be withdrawn from school to help with childcare (Foster and Roy, 1997; Lloyd and Gage-Brandon, 1994; Shapiro and Tambasche, 2001). However, a large

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intervention with a cost-effectiveness of less than \$1,695 would be classified as very cost effective in any region of the world. See [http://www.who.int/choice/costs/CER\\_levels/en/index.html](http://www.who.int/choice/costs/CER_levels/en/index.html).

family may mean that remittances by older children can contribute to investment in younger children (Gomes, 1984). In addition, parents may place more value on education if there is an increased need for cash income (Lloyd and Gage-Brandon, 1994).

32. **An estimated 38 percent of women of reproductive age who are married or in union in the developing world are not using any method of contraception** (UN, 2009b). Causes of unmet need for family planning can include lack of physical access, although evidence suggests that use of family-planning only falls modestly as distance or travel time to the nearest source of contraception increases (Cleland et al., 2006).

33. **Providing greater access to family planning, can further increase the cost-effectiveness of maternal care provision.** One study has estimated that for every dollar spent on providing modern contraceptives, \$1.40 would be saved in medical care costs. The lowest income countries would benefit disproportionately from these savings (Singh et al., 2009).

#### **Population growth and climate change**

Integrated assessment climate models which vary population clearly show the impact of high population on global CO<sub>2</sub> emissions: among the scenarios in the IPCC's *Special Report on Emissions Scenarios*, the scenario with slowest economic growth but greatest population growth, stands out (along with the high economic growth, intensive fossil fuel use scenario) as having CO<sub>2</sub> emissions in 2100 which are between two and seven times greater than the other scenarios (IPCC, 2000).

Reduced pressure on the environment from reductions in population growth may be offset by changing consumption patterns. Choice over family planning allows fertility to decline: other things being equal, a population which is smaller *relative to what it would otherwise have been* (there will not be an absolute decline for some decades in most developing countries) requires less energy and food.

High fertility rates make it more difficult to extend water and sanitation infrastructure. In particular, urban population growth can outpace investment in water and sanitation infrastructure, causing unsanitary conditions which can contribute to the spread of disease (Hunter, 2001).

While population growth can drive conversion of natural ecosystems to agricultural land, factors such as distribution of land and international trade patterns may be stronger drivers in some contexts, while population growth can also stimulate improved land management and intensification (Hunter, 2001).

### **2.5 Men and reproductive and sexual health<sup>46</sup>**

34. **Men's lack of health seeking behaviours have direct health implications for the well-being of women and children.** Men are more likely to treat themselves for infections and tend to leave accessing services much later than women. This may be partly because showing resilience, independence and disregard to physical discomfort, risk and health care needs are all ways to demonstrate their manhood and difference from women (for references see footnote 46, iii).

<sup>46</sup> This section is based on the following publications (all references available in the documents):

- i) IPPF and MenEngage, *Men-streaming in sexual and reproductive health and HIV. A toolkit for policy development and advocacy* (July 2010)
- ii) International Center for Research on Women (ICRW), *What men have to do with it. Public policies to promote gender equality* (2010)
- iii) IPPF, *Men are changing. Case study evidence on work with men and boys to promote gender equality and positive masculinities* (March 2010)

35. **Men are vulnerable in certain contexts** due to the social constructions of gender, the male gender norms and the power hierarchies between men:
- higher rates of homicide among low-income men of African descent in Brazil;
  - higher rates of incarceration among low-income African-American men in the United States;
  - higher HIV rates among men who migrate for work in India; and
  - men who have sex with men are vulnerable to institutionalised homophobia (see footnote 46, ii for references).
36. **Men are faced with frustration and loss of status when they lack employment.** One key aspect of masculinity is the nearly universal social expectation that men's main social function is to be the provider.

**Results from IMAGES (International Men and Gender Equality Survey) (ICRW 2009 –further info on footnote 46 ii)**

In India IMAGES found that among 1552 men ages 19-59 interviewed, 27,6 percent reported that they were frequently stressed or depressed because of not having enough work and 30 percent sometimes felt ashamed to face their families because they were out of work.

Men who reported one or both of these experiences were nearly 50% more likely to have used violence against a female partner, nearly twice as likely to have reported using sexual violence, nearly twice as likely to report alcohol use and less likely to report consistent condom use.

This data confirms that unemployment and underemployment create gender-specific vulnerabilities for men with direct consequences for women and children.

37. **Empowering women needs to be coupled with efforts to change the lives of men and boys too.** Programmes that have focused on empowering women and girls to negotiate safer sex have had little impact in societies where it is the men who decide when and with whom to have sex, and whether or not to use a condom (see footnote 46, iii). For addressing gender inequities in health, promoting sexual and reproductive health, and preventing HIV/AIDS and gender based violence is widely recognised that we need to directly engage men and boys in the process.

**Men and HIV/AIDS**

- In sub-Saharan Africa, a high prevalence of intergenerational' sexual partnerships may play an important role in young women's disproportionate risk of HIV infection<sup>47</sup>, particularly in Southern Africa where it is very common for young women to have male partners five or ten years older<sup>48</sup>.
- Manhood is often defined by sexual conquest and risk-taking<sup>49</sup>. In Lesotho evidence suggests that sexual and physical violence is a significant determinant of HIV<sup>50</sup>.
- In South Africa inter-partner violence is linked to women's increased vulnerability to infection<sup>51</sup>.

<sup>47</sup> Leclerc-Madlala, 2008

<sup>48</sup> Khotlo et al., 2009; Shisana et al., 2009).

<sup>49</sup> Silberschmidt 2001

<sup>50</sup> Khotlo et al. 2009

<sup>51</sup> Jewkes et al. 2003

## **Section 3: Social norms, structures and vulnerabilities**

### **3.1 Social norms and restrictions**

38. **Discriminatory social norms that expect women to undertake the bulk of domestic work are often a barrier to greater female participation in the labour force.** For example, Fafchamps and Quisumbing (2003) find 'overwhelming evidence' that social factors help explain the allocation of household tasks in rural Pakistan – with men undertaking market-based activities such as farming, herding and other income generating activities and women undertaking domestic activities.

#### **Domestic work**

In Tanzania, time spent fetching water and fuel is a significant constraint on women's participation in off-farm self-employment.<sup>52</sup> A simple simulation exercise using the recently released Tanzanian time use data suggests that investing in water-related infrastructure could free up many female working hours in a year. If the freed-up hours were converted into paid employment, this would be equivalent to 645,000 new full-time jobs for women and an increase in income corresponding to about 4 percent of the total cash earnings for the entire population in a year<sup>53</sup>.

Detailed time-use studies on Argentina, India, Nicaragua, Republic of Korea, South Africa and the United Republic of Tanzania showed that women generally had longer working days when both paid and unpaid work was counted, that the amount of unpaid work performed increased when there was a young child in the house. Better-off households, which were likely to have access to time-saving infrastructure such as piped water and electricity, and to purchase labour-saving technologies and domestic help, spent less time on unpaid care-work.<sup>54</sup>

39. **Restrictions on women's mobility in the public domain may explain why there is difference in labour force participation in different countries.** For example, where restrictions are strong there are between 35 and 42 women to 100 men in the labour force in South Asia and the MENA region (compared to 70-79 in East Asia, Latin America and Sub-Saharan Africa)<sup>55</sup>.

### **3.2 Gender based violence (GBV)**

40. Violence against women, particularly in the domestic domain, has been tolerated in many societies on the grounds that men have the right to exercise violence against their wives or that it was a 'private' matter and should be dealt with within the family.

#### **Violence and women's health**

- Gender based violence (GBV) leads to unplanned pregnancies, STI infections and resort to unsafe abortion<sup>56</sup>.
- Female genital cutting, prevalent in parts of west and north Africa, substantially increases the risk of delivery complications for women<sup>57</sup>. A study in six African countries find that women who have undergone female genital mutilation have a higher risk of complications at delivery.

<sup>52</sup> (World Bank, 2007b).

<sup>53</sup> (Fontana and Natali, 2008).

<sup>54</sup> (Budlender, 2008).

<sup>55</sup> (ILO 2008).

<sup>56</sup> House of Commons, IDC (2008)

<sup>57</sup> House of Commons, IDC (2008)

- High levels of GBV are also linked to presence of conflict and large numbers of refugees – MMR is particularly high in these areas (UK Parliamentary Enquiry – Maternal Health Report, Austin paper).
- In South Africa, Dunkle et al. (2004) find that, after adjusting for other risk factors, women subject to gender-based violence and low levels of control in their relationships were at increased risk from HIV infection.

41. Violence is an infringement of human rights. **Women who experience violence are also less able to contribute to productive activities** and gain skills and experience to increase their productivity and earning power.

#### **Monetary values on violence against women**

Ribero and Sanchez (2004) as reported by Skaperdas et al (2009) found that, in Colombia, women who experience severe domestic violence earn 70 percent less in monthly income than do non-abused women. Translating this to the macroeconomic outcomes, they estimate that violence against adult women led to a loss in productivity equivalent to 2.4 percent of GDP annually.<sup>58</sup>

A study in Nagpur, India showed that 62 percent of women had experienced violence in the past year, and that, of these, 9 percent had injuries serious enough to prevent them from being able to work either at a job or in the household, or both, for an average of seven days per incident. The study also reported that in 42 percent of cases, the abusive partners also missed work for an average of 7.5 days per violent incident (ICRW, 2000).

42. **Violence against girls at school can reduce the likelihood of school attendance** resulting in a longer-term depletion of the stock of human capital. A survey among schoolchildren in Benin, found that 43 percent of primary students and 80 percent of secondary students knew girls who had dropped out of school due to sexual abuse (Wible, 2004).<sup>59</sup>

### **3.3 HIV/AIDS**

43. **Empowered women are better able to protect their health.** Women may lack information or resources to protect their health due to lack of education, low-incomes, unequal control of resources in the household and restrictions on their mobility (Sen et al., 2007). It follows therefore that improved gender equality in income and education will allow women to be both more informed about disease prevention and to access healthcare for themselves and their children.

#### **HIV/AIDS and maternal mortality**

- HIV positive women are more likely to die in pregnancy or childbirth than women without HIV<sup>60</sup>
- AIDS has overtaken direct obstetric causes as the leading cause of maternal mortality in some areas of high HIV prevalence (mainly sub-Saharan Africa).

44. **Young people's knowledge of HIV and AIDS is generally poor in developing countries**, where about 31 percent of men aged 15-24 and only

<sup>58</sup> Reversing this impact would lead to a one-off, permanent increase in GDP, rather than an increase in growth rates.

<sup>59</sup> Based on a survey of 70 girls. It is not possible to identify how many separate cases of sexual abuse is implied by this survey finding.

<sup>60</sup> (Cook 1993, McIntyre 2005).

19 percent of young women have a reasonably accurate understanding of HIV<sup>61</sup>.

- Brazil's AIDS programme includes sexuality education (including HIV) in schools and communities; regular mass media and community campaigns. This has resulted in a steady increase in condom use over the past 20 years, although men still have low rates of seeking HIV tests despite making up the most HIV cases<sup>62</sup>.
- The Thai media campaign is credited with reducing the incidence of AIDS<sup>63</sup>.
- In Kenya, teaching 8<sup>th</sup> grade girls about the higher HIV risk from older men lead to fewer pregnancies by adult partners and almost a one-third decline in pregnancies overall.<sup>64</sup>

45. **In some countries many of the factors that make women vulnerable to HIV infection are cultural** and may not be addressed directly through improved female education and income. These include socially accepted infidelity by men, expectations of early sexual activity by girls and aversion to use of condoms (WHO, 2003).

46. **Gender-related vulnerability to HIV infection has a strong life-course dimension.** For example, HIV prevalence for African women peaks in their early 30s but for men the highest levels of prevalence are in their late 30s to early 40s<sup>65</sup>.

47. Divorce, separation and widowhood tends to be associated with higher HIV prevalence. For example, 27 percent of widowed Tanzanians are estimated to be living with HIV compared with 2 percent of those never married and 6 percent married or cohabiting<sup>66</sup>. Widowed people in Uganda were estimated to be more than 6 times more likely to be HIV positive than those never married<sup>67</sup>.

48. The death of parents in their prime age group has left many children orphaned. In 2007, out of an estimated 47.5 million children in SSA having lost one or both parents, around 12 million are estimated to have lost a parent to HIV and AIDS. The same year an estimated 15 million children worldwide had lost a parent to AIDS.

49. In southern Africa, **prevalence among young women and girls aged 15 to 24 was three times higher than among men of the same age**<sup>68</sup>.

50. Early marriage increases frequency of sex for adolescent girls compared with their sexually-active unmarried peers. It also increases the frequency of unprotected sex<sup>69</sup>.

51. Married adolescents have higher HIV infection rates than unmarried sexually active adolescents. This has been attributed to their inability to negotiate condom use<sup>70</sup>.

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<sup>61</sup> UNSG, 2009

<sup>62</sup> ICRW

<sup>63</sup> (World Bank 2006)

<sup>64</sup> Gupas, 2006

<sup>65</sup> (Macro International, 2008)

<sup>66</sup> (National Bureau of Statistics & ORC Macro, 2005)

<sup>67</sup> (Uganda Ministry of Health & ORC Macro, 2006)

<sup>68</sup> (Gouws et al., 2008)

<sup>69</sup> (Lucas, 2008)

<sup>70</sup> (Clark et al., 2006)



52. **Family planning has clear overlaps with the prevention of sexually transmitted disease, particularly HIV/AIDS.** However, barrier methods are a relatively uncommon family planning method in developing countries compared to sterilization or IUDs (UN, 2009b).

53. **Transfers reduce the economic stress on households affected by AIDS,** in which females – often young girls or grandmothers – have to care for ill parents. Gender differences often exist in the way orphaned children may get pulled out of school, although it varies slightly by context. Cash and sometimes food transfers can keep children fed, sheltered, and in school.

### **3.4 Climate change and gender<sup>71</sup>**

54. **Women's involvement in agriculture is most common in regions likely to be most adversely affected by the impacts of climate change, particularly Sub-Saharan Africa and Asia.** In these contexts, responsibility for adaptation is likely to fall on their shoulders – including finding alternative ways to feed their family (CIDA, 2002).

55. Climate change may also lead to increasing frequency and intensity of floods and deteriorating water quality. This is likely to have a particularly harsh effect on women and girls because of their distinct roles in relation to water use and their specific vulnerabilities in the context of disasters. **In drought-prone areas affected by desertification, for example, the time absorbed by water collection will increase as women and children (mostly girls) will have to travel greater distances to find water.** The heavy rainfalls and more frequent floods predicted to result from climate change will also increase women's workloads, as they will have to devote more time to collecting water and to cleaning and maintaining their houses after flooding

56. The elderly are at highest risk from climate change-related health impacts like heat stress and malnutrition. **Elderly women are likely to be particularly vulnerable, especially in developing countries where resources are scant and social safety nets limited or non-existent.** Despite this, there has been little research on their specific vulnerabilities in the context of climate change. Elderly women may have heavy family and caring responsibilities which cause stress and fatigue while also preventing wider social and economic participation; and their incomes may be low because they can no longer take on paid work. Older men are particularly disadvantaged by their tendency to be less tied into social networks than women and therefore unable to seek assistance from within the community when they need it (WHO 2000).

57. **A decline in food security and livelihood opportunities can cause considerable stress for men and boys,** given the socially ascribed expectation that they will provide economically for the household. Stress is likely to be heightened after disasters, particularly where families are displaced and have to live in emergency or transitional housing. Overcrowding, lack of privacy and the collapse of regular routines and livelihood patterns can contribute to anger, frustration and violence, with children (especially girls) and women most vulnerable (Bartlett 2008).

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<sup>71</sup> This section is based on *Gender and climate change: mapping the linkages. A scoping study on knowledge and gaps* by Alyson Brody, Justina Demetriades and Emily Esplen. BRIDGE, IDS, June 2008. All quotes are referenced in the mentioned document.

### Gender and disasters

Gender and age differentials in mortality rates were strikingly apparent in the aftermath of the Asian Tsunami where the largest numbers of fatalities were women and children under the age of 15 (Synthesis Report of the Tsunami Evaluation Coalition, in Mitchell et al 2008). Women and girls' particular vulnerability is due to a combination of factors, including differences in socialisation where girls are not equipped with the same skills as their brothers, such as swimming and tree climbing. For example, it has been documented that women in Bangladesh did not leave their houses during floods due to cultural constraints on female mobility and those who did were unable to swim in the flood waters.

Research shows that gender inequalities can also be exacerbated in the aftermath of disasters. The household workload may increase substantially, forcing many girls to drop out of school to help with chores (Davis et al 2005).

### 3.5 Adolescent girls

**58. Adolescent pregnancy is associated with increased risk of conditions** such as sexually transmitted diseases, haemorrhage, fistula and mental disorders such as depression, as well as poor birth outcomes (including high neonatal mortality). The social costs may also be high: many pregnant adolescents have to leave school, affecting the long term prospects of themselves and their families, and they experience increased risk of exploitation and abuse. It is likely that the social and health disadvantages of early motherhood are particularly concentrated among very young mothers who give birth before the age of 16. There is certainly evidence that neonatal mortality increases as the age of the adolescent mother decreases (WHO 2008) and research also suggests that girls giving birth before the age of 15 are five times more likely to die during pregnancy or delivery as women in their 20s, partly as a result of physical immaturity (older adolescents are twice as likely to die during pregnancy and delivery, UNFPA 2007)<sup>72</sup>.

#### Facts about the sexual and reproductive health of adolescent girls<sup>73</sup>

- Whether they are single or married, most adolescent women are poor or without monetary resources of their own—some because they are still in school, others because they are married with little or no control over household income, they are not working or they earn very low wages.
- Inadequate knowledge about contraception and how to obtain health services, high risk of sexual violence and little independence in deciding on the timing of births or use of contraception are other reasons why many adolescent women in developing countries are especially vulnerable.
- In most parts of the developing world, unmarried adolescents often face societal disapproval and condemnation if they are sexually active.
- Adolescents account for an estimated 2.5 million of the approximately 19 million unsafe abortions that occur annually in the developing world.
- The estimated annual cost of providing contraceptive services to sexually active women aged 15–19 (married and unmarried) who currently use modern methods is \$30 million in Sub-Saharan Africa, \$40 million in South Central and Southeast Asia and \$41 million in Latin America and the Caribbean.
- Compared with no contraceptive use, fulfilling all need for modern family planning would prevent 7.4 million adolescent unintended pregnancies each year: 2.5 million in Sub-Saharan Africa, 3.0 million in South Central and Southeast Asia and 1.9 million in Latin America and the Caribbean.
- Preventing unintended pregnancies among adolescent women would greatly reduce the number of maternal deaths and disability-adjusted life years (DALYs) lost among this age-group, as it would for all women of reproductive age. Maternal mortality and morbidity accounts for 16% of all DALYs lost among women aged 15–29 in developing countries.

<sup>72</sup> This paragraph is based on Neal, Sarah E *Very early adolescent motherhood*, University of Southampton (publication date not available).

<sup>73</sup> Based on Guttmacher Institute and IPPF *Facts on the sexual and reproductive health of adolescent women in the developing world* (June 2010). References can be found in the publication at <http://www.guttmacher.org/sections/adolescents.php>

59. **Conditional cash transfers can increase education**—they can increase enrolment and reduce child labour, they can increase post-secondary matriculation. Even very small cash transfers boost education for girls in Africa—an intervention in rural Malawi provided cash transfers, monthly transfers of varying size made to the girl and to the household. For some girls these transfers were conditional on school attendance, for others they weren't. An ongoing randomized evaluation finds that the intervention increased re-enrolment rates and reduced dropout rates (Jensen, Robert, 2010)<sup>74</sup>.

## **Section 4: access, opportunities and rights**

### **3.1 Access to assets**

60. **Women from low income households need a range of services**, including livelihoods training, financial management skills and market access. Access to information and communication technologies can be used successfully to find market contacts and information on prices. For example, women from remote rural areas are using mobile to access market prices<sup>75</sup>.

61. **Insecurity of property rights deprives women of a safety net in times of crisis.** Land and other natural resources are particularly important in rural livelihood activities together with the livestock, equipment and infrastructure needed to realize their productive potential. While women have access to the use of such assets, it is generally less secure and frequently dependent on their marital status or relationship to household head.

#### **Women and land ownership**

Customary and legal restrictions on women's property rights mean that women generally own fewer productive assets.

- Seven percent of women in Uganda own land.
- Women hold less than 10 percent of land certificates in Cameroon. Women own land in 10 percent of households while men own land in 16-23 percent.
- In Latin America, women make up between 11 percent of land owners in Brazil and 27 percent in Paraguay.
- In Asia, women own less than 3 percent of plots. In Nepal 11 percent of women own land of whom 90 percent own less than one acre.

[Source: Doss, Grown & Deere, 2008]

62. In rural areas, **insecurity of property rights by women significantly limits their access to water and grazing rights.** Insecurity of tenure has been found to limit the period of time that women allow their land to lie fallow in the Ghana context while in Ethiopia, it discourages them from renting out their land<sup>76</sup>.

63. **Agricultural extension services tend to favour men**<sup>77</sup>. Access to extension services often requires travelling long distances to district centres making it difficult for women to participate; and extension services are staffed

<sup>74</sup> Paragraph based on The Abdul Latif Jameel Poverty Action at MIT *Empowering young women. What do we know about creating the girl effect?* (May 2010)

<sup>75</sup> (e.g. Grameen Village Phone in Bangladesh and similar such initiatives in Cameroon, the Philippines, Rwanda and Uganda)

<sup>76</sup> (Katz and Chamorro, 2003; Deere et al., 2004; Aspaas, 1998).

<sup>77</sup> (Dolan and Sorby, 2003)

overwhelmingly by men, raising cultural difficulties in engaging in face-to-face communication with women farmers. A FAO survey estimates that women farmers receive only 5 percent of agricultural services worldwide and only 15 percent of the world's extension agents are women. This goes down to 7 percent in Africa<sup>78</sup>. In Vietnam, women spent 30 percent of their total labour efforts in agricultural self employment compared to 20 percent by men, but make up only 25 percent of training programmes on animal husbandry and 10 percent on crop cultivation<sup>79</sup>. In Cambodia, women were only 10 percent of extension beneficiaries<sup>80</sup> and in Senegal (1998/1999 census), male plot managers received three times more agricultural extension services than female plot managers<sup>81</sup>.

#### **4.2 Entrepreneurship opportunities**

**64. Discriminatory laws and social norms are a barrier to female entrepreneurship in some low-income countries.** Female entrepreneurs in developing countries may receive different treatment relative to men with respect to access to institutions and credit, property rights, taxation, and their ability to start a business. For example, in the Democratic Republic of Congo, women cannot purchase property, sign contracts or incorporate businesses without their husband's authorization; in Cameroon, Togo, Sudan and Rwanda, husbands can prevent their wives from working (World Bank, 2010). As well as discriminatory laws, childcare and domestic responsibilities impede female entrepreneurship. It is understood that inability to secure rights to even modest properties, and therefore use them as collateral for loans, can act as a barrier to entrepreneurship and investment in poor countries (de Soto, 2001; Besley, 1995). However, there is no evidence of how this may impede growth by preventing female entrepreneurs specifically.

**65. Women are targeted in microfinance schemes as they will make more productive investment decisions than men.** This is due to the view that women will make more productive use of the finance provided and that it will bring considerable empowerment benefits to women (Amim, Becker and Bayes, 1998).<sup>82</sup> In India, women's share of loan accounts grew from 6 percent in 1996 to 12 percent in 2006; their share of deposit accounts rose from 23 to 25 percent during this time. The share of women from marginalised caste and tribal groups in the small borrower facility declined from 7 to 2 percent<sup>83</sup>. In Bangladesh, women-headed small enterprises accounted for less than 2 percent of formal loans<sup>84</sup>.

#### **Women and investment decisions**

Pitt and Khandker (1998) show that every 100 taka borrowed by women from microfinance organizations in Bangladesh led to an increase in household consumption by 18 taka, while the increase was only 11 taka if the loan was taken by a man. They also find that providing credit to women rather than to men increased the probability of children being enrolled at school. They suggest that these findings may result from the fact that providing credit to women opens up greater production opportunities, and hence has a larger impact on

<sup>78</sup> (Williams, p. 65).

<sup>79</sup> (NCFAW, 2000).

<sup>80</sup> Asian Development Bank, n.d.

<sup>81</sup> FAO, 2005a

<sup>82</sup> Although this is contested by some authors, see Mallick (2002).

<sup>83</sup> Chavan (2009)

<sup>84</sup> Narain, 2007

household income. If replicated across all households this would have an impact on overall levels of economic activity in the economy.

66. Some evidence suggests that women may only use the credit to achieve a modest improvement in household earnings so that they can improve their family's welfare, while men may focus more on exploiting business expansion opportunities. Consistent with this, Matienzo (1993) and de Mel et al. (2008) report higher rates of return for male-owned businesses supported by microfinance than for female-owned businesses. This would be consistent with the findings of most of the literature on both experimental studies and field studies that women are more risk averse (Eckel and Grossman, 2008).

67. **If women do not make productive investment decisions, this may be because of discrimination within the household.** de Mel et al. (2008) demonstrate that their findings that women make less productive and profitable investments than men are consistent with the idea that women may be vulnerable to having their investment 'captured' by the male member of the household. To try to prevent such capture, women may invest in equipment rather than working capital or inventory, even if it yields very little or no return.<sup>85</sup>

#### **4.3 Access to water**

68. **Land ownership is often a precondition for accessing water.**

According to the UN, globally women own only 2 percent of land<sup>86</sup>. This means they will also find it difficult gaining access to productive water. Ensuring equitable access to water for irrigation and productive use can address gender inequality and poverty.

69. **Water may be considered a public good and a basic right but women are often denied access.** Water is overpriced and women can't make their own decisions about whether to buy water which may force them into a daily trudge (taking precious time) for cheaper or free untreated water. The former is likely to result in health problems or increased poverty and destitution. In Morocco, a rural water supply and sanitation project based in six provinces reported that girls' school attendance increased by 20 percent in four years while the time spent collecting water by women and young girls was reduced by 50 to 90 %<sup>87</sup>.

70. Women's disproportionate responsibility for providing household water, sanitation and fuel supply means they are more vulnerable to environmental risks, especially in slum areas often located near polluting industries, rubbish tips or in flood prone areas<sup>88</sup>. In slum areas the lack of sanitation facilities exposes women and girls to violence and a range of diseases associated with overcrowded spaces, poor infrastructure, untreated water sources etc.<sup>89</sup>

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<sup>85</sup> de Mel et al (2008) is based on a randomized experiment in which participants were provided with grants rather than loans.

<sup>86</sup> <http://www.fao.org/FOCUS/E/Women/Sustin-e.htm>, accessed September 2010.

<sup>87</sup> <sup>87</sup> World Bank (2003) Report No. 25917 cited in Women's Environment and Development Organization (WEDO) (2004) *Women's Empowerment, Gender Equality and the Millennium Development Goals, Gender, Water and Sanitation: A Policy Brief* <http://www.unwater.org/downloads/unwpolbrief230606.pdf>

<sup>88</sup> Chant, S (2007) *Gender, Cities and The Millennium Development Goals in the Global South*. Gender Institute Working Paper.

<sup>89</sup> Chant, S (2007) *Gender, Cities and The Millennium Development Goals in the Global South*. Gender

Women spend between 3 minutes and 3 hours per day collecting water. Over 18 percent of people in SSA rely on improved water sources more than 30 minutes away. This may push women to compromise and drink less or opt for water that is less clean.

## **Section 5: civil and political participation**

### **5.1 Women in politics**

71. **Recent years have seen significant advances towards equity in political representation in many parts of the world.** Rwanda, South Africa and Mozambique jostle the Scandinavian countries for places at the top of the table, among the 26 countries that now exceed the goal of 30 percent of women in national parliaments. In Africa and South Asia, the percentage of women in parliament has more than doubled in the last decade. Changes have been most visible at the national level in Latin America, with rising numbers of women in national parliaments – with a regional average of 23 percent - and women presidents and presidential candidates.<sup>90</sup> Globally, women account for 19 percent of those in parliament, although still only 6 percent of elected heads of state and heads of government.

#### **Women in politics**

- Between 1975 and 1995, the number of women in national parliaments rose from 10.9 to 11.6 percent. By 2000, the number had risen to 13.8 percent
- In the 1990s, women in ministerial cabinets in Latin America was barely 9%. A decade later, there have been two women Presidents, and women represent 25 percent of all ministerial cabinet positions.

[Source: Inter-parliamentary Union]

72. Evidence points to similar obstacles to women's political engagement:
- Lack of commitment by political parties to prioritising gender issues, promoting women's leadership, assigning women to winnable seats and eliciting female candidature<sup>91</sup>.
  - Lack of funding for women's political campaigns, and to women's movements and organizations for work with supporting women's political candidature and building constituencies for women politicians.
  - Pervasive masculinism in the political arena which can result in women being marginalized from decision-making processes, deal-making and bargaining processes or bypassed or treated as tokens<sup>92</sup>.
  - Sexual and moral harassment and hostility from men in political spaces, including physical violence and attempts to malign their character and morality.<sup>93</sup>

73. **Without quotas or other affirmative actions, it may take decades to shift gender imbalances within political institutions.**<sup>94</sup> While quotas can

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Institute Working Paper.

<sup>90</sup> Costa (2010)

<sup>91</sup> Cornwall and Goetz 2005

<sup>92</sup> Mohanty 2008

<sup>93</sup> Castillejo, 2009)

<sup>94</sup> There is a substantial literature on affirmative action measures such as quotas for women. See, for example, the excellent International IDEA (2005) publication *Women in Parliament: Beyond Numbers*, edited by Julie Ballington and Azza Karam, and Drude Dahlerup's (2006) book *Women, Quotas and*

increase the numbers of women in politics, the evidence points to a need to also think about which women are able to use them to enter politics and how to support a greater diversity of women political candidates in situations where elites or particular interest groups are able to make active use of quotas to gain political space.

74. **Women may enter political office only to be absorbed into existing political cultures** and be unable – and indeed unwilling – to propose or back legislative change, policies or programmes in favour of greater gender equality. Some of those who enter via quotas may bring with them highly socially conservative agendas.<sup>95</sup> In India and Egypt, there is concern that seats reserved for women merely provide more political space for upper caste and class interests.<sup>96</sup>

62. Effective efforts to support women to gain skills and become more politically effective have institutionalised women's rights in political parties and linked to women's organisations.<sup>97</sup> Creating and promoting networks through which women can access political networks has shown to be key.<sup>98</sup>

### **5.1 Civil society and women's organisations**

75. **Supporting civil society is critical if women are to participate in market opportunities on more equal terms.** They constitute an emerging force in a broader range of civil society organisations committed to holding the state accountable to the needs and interests of people in poverty.

#### **Women's cooperatives: shea butter**

Access to capital is a major hurdle for women's participation in processing and capacity-building (FAO, 1999), and the formation of women's groups or cooperatives has had a significant impact on access to credit and investment.

By improving access to markets and investing pooled resources at the community level, the shea cooperatives are geared towards improving efficiency and raising standards of living. One such organization in Ghana reported increased profits through formation of the shea cooperative from \$0.02 per kilogram to \$0.10 per kilogram (IPS, 2008).

Looking beyond financial gain, shea projects and cooperatives have produced substantial social benefits by providing a forum for the cultivation/expansion of social initiatives such as health care, nutrition and voting rights (Shea Project, 2008).

76. **Being part of an organization increases farmers' bargaining power vis-à-vis traders and corporations.** Women's active role in civil society may be the critical precondition to ensuring that gender equality in work have concrete effects.

- SEWA in India offers the best example of organizing women in both rural and urban areas, combining different forms of organization strategies: trade union activism, cooperative formation and provision of services such as health care, child care, insurance and housing to its members<sup>99</sup>.
- In Kenya, Tanzania, Uganda and Zambia, Women Working Worldwide and local trade unions promoted rights awareness among 6 000 permanent and casual female workers. The training increased women's confidence

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*Politics* each of which bring together substantial empirical evidence and useful case studies.

<sup>95</sup> Sarkar and Butalia (1995) and Bacchetta (2004) for the Hindu right in India, for example.

<sup>96</sup> (Ciotti, 2009). Tadros (2010)

<sup>97</sup> Bauer (2004).

<sup>98</sup> Nazneen and Tasneem (2010); Cornwall and Goetz (2005)

<sup>99</sup> (Kabeer, 2008)

and their ability to negotiate with employers, leading to greater unionization and new women's committees.

- In Tanzania, farm managers trained in women workers' rights resulted in better worker-management relations and more space for gender concerns in collective bargaining agreements<sup>100</sup>.
- The CoopAFRICA Challenge Fund supported a savings and credit society in Uganda to enable the transition of exploitative commercial sex work to alternative livelihoods as well as providing prevention and mitigation services to those with, or at risk, from AIDS.

**77. Community mobilisation through participatory women's groups has a positive impact on birth outcomes in poor rural communities.**

- The Warmi project in Bolivia focused on initiating and strengthening women's organizations, developing women's skills and training community members in safe birthing techniques. Evidence suggests a decline in perinatal mortality and a rise in proportion of women receiving prenatal care and initiating breast-feeding on the first day after birth.<sup>101</sup>
- The MIRA Makwanpur trial, in Nepal was based on the Warmi Bolivia model but on a much larger scale<sup>102</sup>. Locally based facilitators were employed to mobilise women's groups and support them through a participatory action-learning cycle in which they identified local perinatal problems and formulated strategies to address them. Evidence suggests a 30 percent reduction in neonatal mortality and a 78 percent reduction in maternal mortality rates.

**78. Civil society organisations seek to address men's roles and behaviour in the context of HIV and AIDS<sup>103</sup>.** There are promising approaches but so far only on a small scale<sup>104</sup>.

- The Sonke Gender Justice Network in South Africa strengthens men's capacity and commitment to care for children, including orphans, affected by HIV and AIDS.
- Programme H in Brazil and Mexico uses workshops, videos and manuals on fatherhood, care giving and HIV and AIDS to promote change in young men's attitudes and behaviour.

**79. Women have to be able to participate in the formulation of water and sanitation policies to be effective<sup>105</sup>.** But gender biases must be eliminated within public institutions so that women are more likely to want to participate. So too legal reforms must ensure equal rights for women. Successful strategies at the local level focus on women's active participation in water and sanitation projects and in decision-making processes. Increasing empowerment, focusing on awareness-raising, sensitization and training help ensure that women's voices are heard and their needs and interests taken into account. Addressing gender imbalances often leads to impacts far beyond immediate results – such as:

- increasing self-esteem of women and girls

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<sup>100</sup> Women Working Worldwide, 2007

<sup>101</sup> (O'Rourke et al, 1998; Morrison et al, 2005).

<sup>102</sup> (Manandhar et al, 2004).

(Morrison et al, 2005).

<sup>103</sup> (Barker,2008). (Esplen,2009).

<sup>104</sup> (Barker, 2007)

<sup>105</sup> Leite, M (2010) *After the Summit: Women's Access to Water and Policy Making in Brazil*, Gender and Development, 18 (1)



- enabling women and girls to be part of decision making processes at the household level as well as in local water committees
- fostering respect in the community for women as leaders and decision makers.

#### **Women in WATSAN projects**

In the Gender and Watershed project in El Salvador<sup>106</sup> women were promoted as leaders and trained as community promoters and managers of projects. This provided women with new skills, allowing them to acquire knowledge and skills to perform tasks previously only considered suitable for men.

In the Mabule sanitation project in South Africa<sup>107</sup> promoting women's participation and leadership led to increased acceptance of women's leadership role by community members and increased collaboration between women and men.

In Guatemala the "El Naranjo" River Watershed Organization<sup>108</sup> emphasized the equal participation of men and women and provided training and sensitization which helped raise awareness of the need to include women in decision making processes. Women now constitute 51 percent of members in the community associations and are part of organization, decision making and development of income generating projects.

### **Policy recommendations**

80. Both papers present a wide range of policy options for the different aspects that they have analysed. Below, there are the recommendations from both documents combined but only those that closely relate to the evidence presented in this synthesis paper.

#### *A) Economic empowerment and education*

Increase **targeted investments** in gender equality. These can increase economic growth and contribute to the achievement of the MDGs, including those that are not explicitly gender-related.

Invest in gender equality in **education and employment opportunities** where there are low cultural barriers to female participation in economic life; in countries already industrializing; and where the quality of education received by women is sufficient high.

Support the development and implementation of integrated strategies to strengthen gender equality in both education and employment to maximize effect on **women's incomes** in developing countries.

Expand investment in **secondary and tertiary female education**. Increasing education opportunity for women at these levels is more likely to have a greater impact on growth, especially in middle-income countries.

Where conditions in countries do not enable gender equality investments to generate economic growth, efforts should be focused on removing the **barriers** to the functioning of these transmission mechanisms.

<sup>106</sup> Women's Environment and Development Organization (WEDO), Women's Empowerment, Gender Equality and the Millennium Development Goals, 2004. Gender, Water and Sanitation: A Policy Brief <http://www.unwater.org/downloads/unwpolbrief230606.pdf>

<sup>107</sup> Women's Environment and Development Organization (WEDO), Women's Empowerment, Gender Equality and the Millennium Development Goals, 2004. Gender, Water and Sanitation: A Policy Brief <http://www.unwater.org/downloads/unwpolbrief230606.pdf>

<sup>108</sup> Gender and Water Alliance- Guatemala Case Study <http://www.genderandwater.org/page/5811>

One of the most important preconditions hindering the capture of growth benefits through gender equality in education is where **social and cultural institutions** towards women prevent full involvement by women in the economic sphere.

Address financial barriers by partial or full abolition of **user fees** or through social transfer schemes which provide incentives to parents to ensure girls' enrolment and attendance

Promote **quality of education** through improvement of teaching methods; encourage boys and girls to take up subjects which break gender stereotypes; offer sex education to boys and girls to ensure more responsible behavior towards each other.

*B) Reproductive and newborn/child health*

Accelerate access to comprehensive, culturally sensitive, **family planning services** and improving maternal health.

Increasing access to affordable **contraception** for all women of child-bearing age so that they are able to exercise reproductive choice.

Increasing access to **safe abortion** services. Global evidence shows that MMRs have fallen or are falling in countries where abortion has been legalized and safe abortion services provided.

Involving **men** in education and training related to sexual and reproductive health issues. Women have been found to make more effective use of maternal health services when husbands understand their importance.

Increasing **knowledge and information**, particularly among young people, so that both men and women know the risks involved and how to access sexual and reproductive health services and contraceptives.

Community mobilisation, particularly the mobilisation of **women's groups**, offers a cost-effective way of improving women's skills and awareness and creating a conducive environment for mothers to seek health care.

Addressing financial constraints through **social transfers** of various kinds, including vouchers and conditional cash transfers that can increase access of women and children to health care services.

*C) Social norms, structures and vulnerabilities*

Increasing coverage of **antiretroviral treatment** for all who need it. While women have roughly equal, and sometimes higher, access to such treatment, partly because of HIV testing in connection with maternal health services, a large percentage of pregnant women (around 60%) who tested positive for HIV did not receive ARV treatment to prevent mother to child transmission.

Social protection, particularly **cash transfers**, can help to keep AIDS-orphaned children fed, sheltered and educated. It can also reduce the stress on households affected by AIDS where young girls or older women often bear the burden of caring for ill parents or children.

**Civil society organizations** have played an important role in changing government policy in responding to AIDS, enabling sex workers to enforce condom use and combat human rights violations in their communities, raising men's consciousness in order to change attitudes and practices that contribute to risk and empowering women to negotiate for safer sex and more equal relationships.

Dealing with **gender-based violence** within the family and promote greater attention to women's health needs. This has been best achieved through community-based organizations that work with the community to raise awareness and promote better health practices

*D) Access, opportunities and rights*

Legislative reform to promote formal gender-equality in property rights is important but needs to be backed by **collective action** as well to achieve incremental change in the direction of substantive equality of rights.

Building a more inclusive financial system means strengthening **access to microfinance services** as well as building bridges to larger loans in the formal financial sector

The upgrading of vocational education and agricultural **extension services** and improved outreach to working women can compensate for educational deficits in the early years

Increasing physical **access to schools** by girls by building sufficient schools or improving roads and transport and providing appropriate toilet and sanitation facilities

Including women in **water and sanitation** management committees, which has been shown to improve their social capital and self-esteem, and provide them with leadership skills.

*E) Civil and political participation*

Strengthening the gender equality impact of the promotion of **quotas** by coupling their introduction with other mechanisms to foster women's leadership.

Supporting women's caucuses, **networks** and inter-party alliances, which can be an effective way for women to promote discussion, consensus and approval of measures favouring women's rights.

*F) Research and evidence*

The impact of key dimensions of gender equality on economic development is not clear in the existing literature – for example, the impact of improved maternal health on economic growth, while the cultural/country-specific relationships between gender equality in education and growth are only beginning to be identified. Similarly, work on the loss in productivity caused by violence against women, in developing countries, is only beginning to be quantified but initial estimates suggest these impacts may be significant and should be investigated further.

In other cases, some of the literature, although robust, is quite dated e.g. on the links between population pressure and environmental impacts. More research could reveal additional avenues for delivering gender equality and associated development impacts and provide a firmer evidence base for constructing policy.

There are often more significant data gaps in relation to low-income countries than middle-income and industrialising countries – for instance, it is only in the latter that differences between male and female savings rates have been robustly explored. There are obvious challenges associated with the collection and use of data from low-income countries. It is critical that the evidence collection is robust and evaluation is impartial.

## **Conclusions**

81. The Chatham House/Vivid Economics research finds critical evidence linking improving gender equality to many key factors for economic growth. Most clearly, gender equality can contribute significantly to economic growth through increasing the stock of human capital, higher labour productivity, improving agricultural productivity and increasing the stock of physical capital.

82. Better educated women can undertake higher value economic activity. Countries are rarely wealthy if they have poor gender equality in education. With the exceptions of resource-rich Oman, Bahrain and Saudi Arabia, no country has achieved both GDP per capita of over \$10,000 and a ratio of girls to boys in primary education of less than 90 per cent. Economic growth since 1960 would probably have been appreciably higher in sub-Saharan Africa, the Middle East and North Africa (MENA) and Latin America had those regions matched levels of gender equality in education in East Asia and the Pacific. Estimates of the loss of growth due to gender inequality in education range from 0.38 per cent per annum in sub-Saharan Africa to 0.81 per cent per annum in South Asia. This accounts for between 11 and 41 per cent of the growth difference between these regions and East Asia and the Pacific.

83. Economic growth can also have a positive effect on gender equality in education by increasing the incentives and opportunities to educate girls. In the right circumstances, positive feedback loops can be created. But improving gender equality in education will only be effective in promoting growth in countries with social and cultural institutions that allow women to take advantage of being more educated.

84. Better educated girls and women are likely to have fewer children. The fertility decline associated with greater gender equality can have profound economic impacts. A fall in fertility leads to a lower dependency ratio and tends to increase per capita output, providing a 'demographic dividend'. This may have accounted for as much as one-third of the strong economic growth

rate in East Asia since the late 1970s. However, a decline in fertility will typically only materialize where lower fertility is desired, and where cultural and informational barriers to family planning are navigable. Further, a 'demographic dividend' will only follow a fertility decline if other conditions for growth are in place. Declines in fertility in Latin America failed to lead to a 'demographic dividend', owing to growth being hindered by macroeconomic and political instability.

85. Improving gender equality can make labour markets more competitive. Gender inequality in education has fallen in most developing regions. Yet as gaps in inequality in education have narrowed, the importance of gender inequality in employment has increased. Narrowing the education gap further will not yield benefits if the additional numbers of educated women are unable to access productive employment. The loss of economic growth in MENA in the 1990s from gender inequality in employment was around four times as large as that from inequality in education.

86. Product markets are more competitive if all would-be entrepreneurs can use their talents. Discriminatory laws and social norms are a barrier to female entrepreneurship in some developing countries. Where women are treated differently from men with respect to access to institutions, property rights, taxation and access to credit, their ability to start a business is inhibited. While these barriers to female entrepreneurship and self-employment undoubtedly exist, the understanding of how they impede economic development, and how they can best be removed, could be very much improved.

87. Gender discrimination can act as a barrier to improving agricultural productivity. Unequal distributions of resources, including credit extension, labour and fertilizer, create inefficiencies such as significantly lower yields and lower profits which, evidence suggests, significantly reduce incomes in some countries. This is especially true for low-income countries, notably Sub-Saharan Africa, where agriculture represents a large proportion of the total economy and where a high number of women participate in the sector.

88. Social institutions which prioritise the head of the household mean that plots owned by household heads are farmed more intensively than similar plots owned by others of both genders. This implies that status within the household rather than gender specifically may be important in the allocation of agricultural resources.

89. The incentive to undertake any investment is determined by the expected rate of return on the investment. Although the impact is small, a more productive workforce, through greater equality in employment and education, increases expected rates of return, which in turn attracts investment and promotes growth. New investment not only generates growth directly, it also enables economies to adopt higher-productivity technologies such as those used by manufacturers in East Asia.

90. In addition, a more equal distribution of income – through improving women's wage rates – can lead to higher formal savings, which can be channelled through the financial sector to make available capital for companies to make new investments. In many developing countries access to international capital markets will be limited, making the domestic pool of savings the most important source of funds for new capital investments. Studies of the ratio of female to male earnings as well as the female share of

manufacturing employment have identified a significant positive effect on household savings rates from female income.

91. It should be noted that wage inequality may increase competitiveness in labour-intensive export industries in the short term. In the garment sectors of Cambodia and Bangladesh, for instance, women are favoured for low-skilled jobs because they will often accept lower wages, are assumed to have natural predisposition to garment work and tend to be less likely to strike. However, it is important to bear in mind the wider economic benefits of wage equality outlined above, for instance through potentially higher savings rates. Greater wage equality can also have positive impacts on the MDGs given that women are more likely to spend money on health and education.

92. While children who receive more education are likely to earn more, girls typically benefit from extra education more than boys. In many developing countries, this benefit seems stronger for secondary and tertiary education than primary education. Women will also receive higher wages from entering the formal sector rather than the agricultural sector, implying that the expansion of these opportunities for women will further alleviate poverty. Differences in gender equality are also closely related to differences in childhood nutrition: it is estimated that increasing gender equality in South Asia would reduce the under 3 underweight rate by 13 percentage points.

93. Children whose mothers die in childbirth are much less likely to survive themselves. It is estimated that 30-58 per cent of neonatal deaths are due to obstetric complications. Likewise ensuring that there is no unmet need for family planning services would also have a significant impact on child mortality: it is estimated that as many as 9 per cent of under 5 deaths in the developing world could be averted by increasing inter-birth intervals. Increasing provision of maternal care services and improving access to family planning are both 'highly cost-effective interventions' using thresholds developed by the World Health Organization (WHO).

94. Across the world, a variety of factors have led to a steady increase in women's share of paid work. 'Pull' factors include declining fertility rates, rising levels of education and aspirations and the changing structure of economic opportunities while 'push' factors include poverty, economic crisis and male unemployment. The dual breadwinner family is becoming the norm in many contexts. At the same time, the vast majority of working women in developing country contexts are found in forms of work that curtail its empowerment potential: poorly paid, casual, temporary or part-time activities in the informal economy.

95. The main factors that curtail women's ability to improve their working conditions include the socially ascribed gender division of labor which requires them to take primary responsibility for unpaid domestic work and care within the family; restricted mobility in the public domain; the unequal distribution of productive assets; barriers in financial markets; low levels of post-primary education and market-relevant skills; and lower levels of voice and bargain power.

96. There has been considerable progress in closing the gender gap in primary school enrolment rates. While this is a critical foundation on which to build further progress, there needs to be greater attention to primary school completion rates, to the quality of the education on offer and to closing gender gaps at higher levels of education. This is particularly critical in view of

evidence that main developmental returns to women's education do not materialize till at least secondary levels are achieved.

97. If educational policies are to empower women, they need to be re-framed in terms of a life-long learning approach and with greater emphasis on the quality and relevance of provision. The main factors which block progress on gender equality in education include the ideological emphasis on women's reproductive roles by parents, teachers and society at large and failure to recognize their growing contribution to the economy; cultural restrictions on girls' mobility in the public domain and ability to interact with male teachers; the tendency to favor sons over daughters in situations of financial constraint; the tendency to channel boys and girls into gender-stereotyped subjects which subsequently curtail the latter's chance of productive work; the discriminatory attitudes towards female students, including sexual harassment. Gender discrimination ensures that women are at a disadvantage with regard to second chances at education, for instance, through vocational training and agricultural extension services.

98. Recent years have seen significant advances towards equity in political representation in many parts of the world. Affirmative action measures have produced impressive results, with 26 countries exceeding the 30 percent goal established at the Beijing Conference in 1995, and seven with more than 40 percent of women in parliament. Yet elsewhere change is much less visible: nine countries in the Gulf States and the Pacific still have no women at all in their parliaments. Evidence points to similar obstacles to women's political representation. These include gender norms and stereotypes; lack of support for women's political careers from women's families and partners; lack of positive role models; lack of political skills and opportunities for political apprenticeship; lack of commitment by political parties to promoting women's leadership; lack of funding for campaigns; entrenched male bias in the very fabric of political institutions and dynamics in the political arena; and sexual and moral harassment and hostility, including from the media.

99. Efforts to increase women's presence in political office, accelerated by the need to meet targets, have relied on 'fast-track' solutions such as quotas. These have tended to be applied without sufficient attention to the factors that can deliver candidates who will be effective advocates for gender equality. Women's movements and organizations have a vital role to play in ensuring that women politicians have a strong, active constituency that can make demands for gender equality and women's rights, and the legitimacy to demand the accountability of governments to commitments to women's rights and equality. They also have an important role in fostering greater political participation by women, including more active engagement in decision-making processes and fora at every level.

100. The goals relating to maternal and child health have been the hardest to reach of the MDGs. In some of the fastest growing economies, gender disparities in the care given to children have been exacerbated by the practice of sex-selective abortions so that not only do many more girls die in the early years of life, but far fewer are born. The excess levels of mortality among women and girls, particularly in the early years of life and in the reproductive years, is indicative of the low status of women in society more generally as well as the inadequacy of child-related and reproductive health services. Along with the low value attached to the lives and well-being of women and

girls which lead to reluctance on the part of households to invest in their health, the slow pace of progress on these goals also include low levels of education and literacy which undermine women's capacity to seek health care for themselves and their children or to stand up to sexual harassment and gender-based violence, including female genital mutilation; low levels of nutrition which increase the chances of life threatening complications at the time of pregnancy and the likelihood of low birth-weight babies; adolescent pregnancy which increase obstetric risks; exposure to HIV-AIDS; lack of access to means of regulating number of pregnancies which increase vulnerability to risk during pregnancy; inadequate health provision; lack of skilled birth attendants and gender biases within the health system itself as well as towards women and girls coming for treatment.

101. Evidence suggests that while it is unlikely that the spread of HIV/AIDS can be halted and reversed, the epidemic does appear to be stabilizing in many regions. Women account for around half of those affected at the global level, but a higher percentage in SSA. Among the factors that have contributed to women's vulnerability to HIV/AIDS is early marriage, which has increased the frequency of unprotected sex among adolescent girls, the inability to negotiate condom use, particularly in the case of young women with low levels of education and little social support, cultural definitions of masculinity which promote many sexual partners and unsafe sex, violence in intimate relationships and high-risk livelihood strategies in the absence of safer alternatives.

102. Despite some fairly obvious gender dimensions of water and sanitation – women's burden in collecting water, risks to women and girls of open defecation and the role that a lack of latrines can play in girls' school attendance – the lack of gender-disaggregated data makes it impossible to monitor or assess policies or programmes aiming to enhance access to improved water and sanitation. Women experience a plethora of gender-specific constraints in relation to water and sanitation. Women's disproportionate responsibility for household water is coupled, in some contexts, with minimal control over household spending, leaving them unable to make decisions about purchasing water and leading to a daily trudge for cheaper or free untreated water, which is likely to result in health problems and environmental risks, with the net result of increased poverty and destitution. In slum areas, lack of sanitation facilities exposes women and girls to sexual violence. Women are poorly represented on water user committees and in positions in ministries and other bodies dealing with water and sanitation.



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## Annex: Theoretical approaches

*Gender equality and the MDGs: pathways to a transformative agenda*,  
Institute of Development Studies, University of Sussex, 2010

This paper takes the intrinsic case for gender equality, that it is a matter of human rights and social justice, as its starting premise. Its primary aim is to analyse the pace of progress on gender-related goals, targets and indicators in different regions of the developing world, to explore the factors which have contributed to this progress as well as those which have blocked it and to use this analysis to put forward promising directions for future policy.

A secondary aim is to examine the evidence for the instrumental rationale to gender equality. If the evidence shows that the persistence of gender inequality in key aspects of human existence has contributed to the failure to achieve broader development goal, then instrumental arguments for gender equality will serve to bolster the intrinsic case.

The analytical framework adopted in this paper<sup>109</sup> draws attention to the challenging nature of the constraints which impede progress on gender equality and women's empowerment but also illuminate possible pathways for transformative change. The framework draws on the inter-twined notions of structure and agency which provide the bedrock for conceptualisations of power within the social sciences.

- *Structure* deals with the institutionalised constraints on human action that lead to long term inequality.
- *Agency* focuses on the role of people, including their efforts to reproduce, modify or transform structural inequality.

Within the analytical framework of this paper, women's empowerment encompasses *relational* processes of change at the level of both ideas and practice. At the level of *ideas*, it involves change in how women perceive themselves, their sense of agency and self-worth as well as how they are perceived by others. If women are to bring about change in their own lives, it is important that they do not accept the inferior status assigned to them by society and that they believe in their own intrinsic worth as human beings. It is equally important also that they are extended this recognition by others. If they are to change society, it is important that that they recognize that gender inequality is not an individual problem but a social injustice, one that will have to be addressed through collective effort.

At the level of *practice*, empowerment involves changes in the behaviour of women themselves as well as of those around them. Such changes relate to their ability to exercise voice and influence within the family and community and to act individually and collectively to challenge the gender-related structures of constraint. They also relate to actions of those around them: the

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<sup>109</sup> Kabeer, 2008 and 2009

acceptance that violence against women within the home and in the public domain is a violation of their rights, acknowledgement of women’s needs and priorities in the decisions that impinge on their lives; and the willingness to support them in their struggle for gender justice.

*Gender equality and economic growth*, Chatham House and Vivid Economics, 2010

This paper uses DFID’s eight key factors for growth as a template and examines the evidence on the links between each of these factors and gender equality. These eight factors – human capital, physical capital, the rule of law, competitive markets, macroeconomic stability, infrastructure, openness to trade and investment, and increased agricultural productivity – can be thought of as the most important conditions which are likely to ensure that strong economic performance will establish itself and endure within any given country.<sup>110</sup>

**Table A: Summary of findings: gender equality and economic growth**

Key factor	Transmission mechanism	Evidence
Human capital	Educated girls and women can undertake higher value economic activity	Context-specific. Appears strongest in countries with an export-focused manufacturing base and few cultural barriers. Secondary and tertiary education particularly beneficial
	Greater control for women in the domestic sphere (household resources and family size) augments the human capital of the next generation	Women are more likely to spend household income on children. Large family size may not always have an adverse impact on education; strongest evidence suggests this is due to effect of pre-school children on older siblings’ education
	Greater access to family planning leads to declining fertility and a demographic dividend	Significant impact so long as other preconditions for growth in place
	Better maternal health increases the number of women who can participate in the labour force	Little impact on economic growth on the basis of currently available data – more specific studies required
	Women suffering violence are less able to participate in the labour force	Initial studies suggest a potentially significant impact.
Competitive markets	Improving gender equality can make labour markets more competitive	Growing in importance over time. Often inequality in employment has larger effect on growth than inequality in education.
	Increasing the entrepreneurial opportunities for women increases the competitiveness of product markets	Well-documented evidence on legal barriers in some countries, but no empirical link made with growth

<sup>110</sup> This report does not go over the evidence of whether or not these factors do indeed promote growth. The interested reader is referred to DFID (2008) for this evidence. Neither does it address whether other factors, such as the sustainable use of natural capital, should also be included within this framework. However, it should be stressed that these eight variables are considered *factors* associated with promoting economic growth not absolute *pre-conditions* for growth. Different factors will be more or less relevant for different countries at different stages of development while it is also recognised that there are different ways in which these factors that can be promoted that will be more or less conducive to growth.

Physical capital	<p>Higher household savings rates through female employment and equal distribution of income allowing greater investment</p> <p>Rising gender equality may boost the profitability of investment</p> <p>Women make more productive investments than men</p>	<p>Evidence focused in semi-industrialized countries</p> <p>Small impact as higher-skilled women raise productivity faster than wages go up, boosting rates of return</p> <p>Mixed evidence. Women may focus on using profits to purchase household goods rather than reinvest into business, especially during child-bearing years</p>
Rule of law	Precise transmission mechanism unclear	Small but significant relationship between rising female participation and lower levels of corruption
Infrastructure	Women prioritize different public goods than men	Unclear whether alternative priorities generate higher growth
Agricultural productivity	Discrimination means resources are not allocated efficiently across household plots	Household income in Africa could increase by up to 25 per cent; conditional upon cultural context
Openness to trade	Discrimination prevents women engaging in trade	Significant localized evidence but no attempt to assess overall impact
Macroeconomic stability	Female suffrage leads to different role of government in economic sphere	Limited evidence to suggest that women prefer redistributive policies and possibly lower deficits. Link to growth not yet established

Source: Vivid Economics based on references in the text