



## Progressive social change – women's empowerment

### Key Points

- Men and women's, girls' and boys' experiences of poverty differ in important ways. Understanding this is important for tackling the greater levels of deprivation and vulnerability that girls and women routinely face, and for tackling poverty more broadly.
- Healthy, educated, empowered women are better able to contribute to economic productivity and the socio-economic development of the next generation. Women's empowerment can also underpin pro-poor demographic transitions.
- Key policy levers to promote women's empowerment include education, health, social protection supported by anti-discrimination legislation, income generating opportunities to enable asset accumulation and the support of gender aware social movements.
- For gender equality in education to break cycles of poverty, we need not just equality of enrolment in primary schooling (an MDG target already missed in 2005), but also improving the quality of schooling for girls, and universal secondary schooling.
- To meet the newly introduced MDG target on reproductive health, challenges in terms of physical access to services (e.g. in isolated rural areas) as well as socially-imposed restrictions on women's access to healthcare need to be tackled. Failing to deliver improvements in maternal health threatens the progress necessary to achieve MDG4 on child mortality by 2015.
- Social movements can challenge exploitative relations that hold back livelihoods, and contest the stereotyping that reinforces chronic poverty. The development community must do everything it can to facilitate an enabling environment for gender-aware social movements. Promoting and protecting human and civil rights, and a strong and autonomous legal system, are key first steps.
- Monitoring progress in each of these areas is critical to counter 'gender fatigue' and needs to be underpinned by gender-responsive budgeting.

### What is Chronic Poverty?

The distinguishing feature of chronic poverty is extended duration in absolute poverty. Therefore, chronically poor people always, or usually, live below a poverty line, which is normally defined in terms of a money indicator (e.g. consumption, income, etc.), but could also be defined in terms of wider or subjective aspects of deprivation. This is different from the transitorily poor, who move in and out of poverty, or only occasionally fall below the poverty line.

### Introduction

Chronic poverty is a key policy challenge of the 21st century. Hundreds of millions of people endure conditions of extreme deprivation throughout much or all of their lives. **The Chronic Poverty Report 2008-09** highlights five traps which prevent people escaping poverty: **insecurity** – of livelihoods and from conflict; **limited citizenship** – lack of political voice; **spatial disadvantage** – in isolated rural areas or urban slums; **social discrimination**; and **poor work opportunities** – exploitative employment, or no work at all.

Here we focus on the **social discrimination** trap, which highlights the ways in which men and women's, girls and boys' experiences of poverty differ in important ways. We discuss how understanding the gender dimensions

of chronic poverty is important not only for tackling the greater levels of deprivation and vulnerability that girls and women routinely face in many country contexts, but also for tackling poverty more broadly. Given women's central role in producing, maintaining and reproducing the population (child bearing and raising, care of the family, sick and elderly), policy measures to support women's empowerment can have multiple positive spill-over effects on women's well-being as well as childhood poverty and household poverty in general.

We highlight three key policy areas enabling positive social change:

- equitable access to basic services, including reproductive health services;
- equitable access to education at all levels;
- an enabling environment for gender-aware social movements.



We also emphasise that monitoring progress in each of these areas is critical to counter 'gender fatigue' and needs to be underpinned by gender-responsive budgeting as well as sex-disaggregated data collection, reporting and analysis to highlight and learn from both positive and negative trends.

Other important policies include social protection supported by anti-discrimination legislation and income generating opportunities to enable asset accumulation. For reasons of space they cannot be included in detail in this brief.

## Understanding gender and chronic poverty

Over the last decade, poverty analysis has moved from a focus on women and poverty to gender-aware anti-poverty programming. Rather than focussing on female-headed households only, recent thinking is informed by a more **holistic understanding of the linkages between gender, poverty and vulnerability**. Quantitative money-based indicators of poverty may not always reveal significant differences between men and women. But policy makers and practitioners need to be aware of the multiple channels through which women may become impoverished and disempowered.

In the case of **female-headed households, it is important to understand the process** by which households became 'female-maintained'. For example, women who were already the primary breadwinners in the household, and have access to stable income-generating opportunities or have rights to assets, may be able to manage household shocks and not require assistance. By contrast, those who lost a male (income-earning) partner or parent due to ill-health, accidental death, divorce or desertion, may have fallen into poverty and struggle to escape. This can be seen in the life stories of Maymana, Txab, and Vuyiswa (see Box 1). They are often held back by multiple gender inequalities, such as lack of access to productive inputs and credit, no command over property or earned income, gender biases in the labour market, mobility restrictions and broader gender-based social exclusion from economic and political institutions.

Only focusing on household level poverty, however, disguises other linkages between gender and poverty and has important policy implications. **Women and girls may experience poverty in non-poor households**, or heightened poverty in already poor households, due to the unequal distribution of resources and decision-making power between males and females in the household. Such poverty may then be manifested in different ways outside the household. **Denial of equal access to basic services** is one critical indicator. Several countries are on track for halving income poverty (MDG1) but are off track in terms of reducing maternal and infant mortality (MDGs4 and 5). This illustrates that progress in tackling household income poverty may not always reach women and children, and suggests that there are biases against girls and women's health and nutrition needs. Similarly, although the gender gap at primary school level is closing, in

### Box 1: Gender-based discrimination in action

The lives of Maymana in Bangladesh, Txab in Thailand, and Vuyiswa in South Africa demonstrate the importance of gender discrimination in creating and perpetuating chronic poverty in three different countries. This discrimination is exercised at the family and community levels, but perpetuated due to inaction by the state to challenge the gendered social order.

Maymana's most serious experience of discrimination was when her husband died in 1998 and highlights the ways in which access to justice is often governed by gender relations. While she was still grieving, her father-in-law took control of the household's remaining agricultural land. Despite threats, Maymana tried to assert her rights in the village court, but to no avail. Notwithstanding her strong case in Bangladeshi law, the *shalish* (traditional village court) ruled against her (as often happens when women claim rights to land). She likely lacked both the physical means and social capital and networks to pursue her case further at a higher level.

Gender discrimination also played an important part in Vuyiswa's life story, and highlights the social exclusion often faced by widowed women. Not only did apartheid define her life chances and her movements before 1990, but, in a similar fashion to Maymana, the death of her husband led to the loss of assets. Despite local protocol dictating that she should stay in her dead husband's rural compound in the Eastern Cape and raise their children, Vuyiswa was driven out by her dead husband's sister. With few alternatives, she moved to her brother's shack in Cape Town, finding casual employment as a domestic worker in the white suburbs.

For Txab, discrimination has been a constant feature of her life, not only as an ethnic Mong individual, but also as a woman and girl. As a child, in contrast to her brothers, she was excluded from inheriting her parent's assets, and was forced into an arranged marriage by her uncle.

South Asia in particular the socio-cultural devaluation of girls continues to result in an underinvestment in daughters' versus son's human capital development. Boys in many contexts are more likely to receive the benefits of a private school education and/or progress to secondary school, and are also more likely to receive health care in resource deprived families than their female siblings.

Unequal household relations can also deprive women of **a sense of dignity** (often due to gender-based violence in the family), and of **autonomy and voice** (to make decisions about one's life, e.g. at what age to marry etc.). In addition, **time poverty** due to women's primary role as unpaid caregivers for children, the elderly, the sick and people with disabilities, often combined with household labour and income generation activities, tends to reinforce women's more limited life choices.

These inequalities – in livelihood opportunities, access to and control over assets, access to basic services, political voice and in broader social norms disempower women in several ways. Poor women may lack "power to" – the possibility of making meaningful life choices such as choice of work, or when to have children; "power with" – the ability to participate in social networks; "power over" – the power to

confront and overcome others, and not least “power within” – the self-respect and confidence to overcome lack of hope, and internalised acceptance of powerlessness and poverty.

Empowerment is the process by which individuals gain these forms of power. Clearly, careful, context-specific analysis of the ways in which intra-household relations shapes men’s and women’s different experiences of poverty is needed if policy solutions are to work. **Gender inequalities may also become a causal factor in the chronic poverty of all household members** due to the intergenerational transfer of poverty. Poor women with limited education are less likely to access information about basic services for themselves and their children, may have little control over healthcare expenditure decision-making, have little say in the early marriage of their daughters, feel powerless to seek justice in the case of household or community gender-based violence, and lack the assets, social contacts and human capital skills to gain access to meaningful income-generation activities. Combined these can lead to vicious cycles of poverty over the life-course and handed down to the next generation.

## Taking action: public action, social change and chronic poverty

Social orders, such as gender relations but also class and caste systems, reflect social and political relationships that have long maintained chronic poverty. However, such relationships are not static and often change in response to economic or political reforms. Sometimes they crumble, but they may also be reconfigured.

While gender equality may improve with development, there are many routes and speeds, conditioned by political, economic, social and cultural factors. However, **if there is political will, states can decisively weaken the grip of exploitative social orders, including gender inequalities.** Effectively implementing laws against female infanticide, supporting girls’ human capital development through social assistance for school attendance in Bangladesh and recognition of gender-based family violence in the court systems are all examples of attempts to challenge the existing gendered ‘order’ of society. They also represent examples of exits from chronic poverty that the state can provide and exits which progressive social movements may widen further. Social change and justice for poor women and men is being realised in some contexts, but much more needs to be done, and at an accelerated pace. We now discuss policy levers in the fields of health, and reproductive health in particular, and education, that can help empower women.

## Reproductive health and a pro-poor demographic transition

Large family sizes and high dependency ratios are correlated with chronic poverty in some countries. This is especially

clear in South Asia, although the evidence from sub-Saharan Africa is less convincing. The move from high to low dependency ratios is known as the “demographic transition”. How best to promote such transitions remains a highly contested area, in part because reproductive health in many countries lies at the heart of struggles over gender norms and women’s agency.

A target for **universal access to reproductive health has recently been incorporated into the Millennium Development Goals (MDGs)** framework, having finally overcome opposition from a range of conservative religious groups in both the North and South. In order to achieve this goal and make women’s access to quality reproductive health services a reality, challenges in terms of physical access to services (e.g. inaccessibility of family planning services, lack of information) as well as social access (e.g. social attitudes that do not recognise a woman’s right to control over her own body and sexuality) need to be tackled.

Historic demographic transitions have followed a number of different pathways, with debates still ongoing as to the key factors. Demographers have focused on access to and demand for family planning services. Examples range from China’s punitive one-child-only policy, or South Korea’s promotion of a two-child-only approach through a package of housing and employment incentives (and disincentives for non-compliance), to Bangladesh’s employment of non-medical reproductive health agents to stimulate demand for family planning services. Economists, by contrast, have focused on family cost/benefit analyses of investing in human capital. In India, for instance, there is strong evidence to suggest that improving literacy rates have been instrumental in declining fertility rates (although these might serve as a proxy for women’s greater assertiveness in family decision-making). In the West Indies, a combination of education and skilled employment opportunities for women, have been identified as critical.<sup>1</sup> Other drivers of fertility decline may include better access to education for children, a reduction in child mortality due to improved maternal and child healthcare, water and sanitation services, as well as social protection, all of which may influence a household’s decision to invest in the quality rather than quantity of their off-spring.

Given the variation in demographic transitions across country and regional contexts, feminist analysts have argued that a gender-sensitive and pro-poor approach to development and population questions requires a human-centred population policy framework. According to this line of thinking, **reducing gender disparities more broadly should be the focus as it will promote reproductive choices on the basis of aspirations for a higher standard of living**, especially by girls, rather than as a short-term response to poverty, hunger and the absence of other income-generating opportunities<sup>2</sup>. **This means improving women’s access to basic services and sustainable livelihood options.**



## Education as a tool to break intergenerational cycles of poverty

Education is a powerful tool for breaking intergenerational cycles of poverty. Education can change social relationships, especially towards gender equality. It can contribute to inclusive citizenship and democratic participation, but also the social networks that are vital for poverty exits. Education can increase self-esteem and confidence – the well-educated are better able to negotiate for higher wages, manage rural–urban transitions, and extract themselves from exploitative relationships.

Targets for equalising girls' and boys' access to education have long been built into the MDGs framework. However, **the first target has already been missed, in 2005**. This event passed with little international publicity, indicating how little the development policy community is genuinely focused on gender equality.

Recent policy emphasis has been on **universal primary education**. This is important, but **mobility out of poverty is linked with completing more than just primary school**. The quality of both primary and post-primary education is critical for employment, self-employment and improved human development outcomes. Sixteen years on from the Jomtien commitments to universal primary education, the world needs to focus swiftly on a similar commitment to quality, accessible post-primary education, which also will improve primary level completion rates. The MDG gender equality target for secondary education is far from being achieved, especially in rural areas. This is also important from a reproductive health standpoint, for in many situations girls' participation in secondary school is positively associated with reduced fertility rates.

Direct measures include improving school infrastructure, increasing the numbers of female teachers in secondary schools, and making appropriate reforms to the curricula. Wider measures include providing scholarships to girls in rural areas and educating communities on the importance of girls' education, as well as a strong focus on employment skills. The examples of India's midday meals programme and Bangladesh's Female Secondary School Assistance Programme illustrate that a public education system can ensure that female enrolment and attendance in secondary education equals or exceeds that of boys. Considerable success is being achieved in applying a conditional cash transfer model at the secondary (as well as primary) school level in Mexico.

A special effort will be needed to reform post-primary education systems in Africa, where enrolment is extremely low and will entail a significant increase in public expenditure. But the payoffs from investing in human capital are enormous. In order to measure the gendered impacts of public expenditure, gender-responsive budget monitoring tools could be usefully employed.

There is also growing recognition that **it is necessary to go beyond enrolment statistics and address the quality of provision**. Key issues include the abolition of user fees,

adequate teacher training, access to textbooks for all children, the provision of sex segregated toilets, measures to counter violence within schools and en route to school in order to stem girl child dropouts, the provision of alternative education for hard-to-reach children (e.g. mobile schools for nomadic groups) among others.<sup>3</sup> The programmes in India, Bangladesh and Mexico hold lessons in some of these areas too, such as school feeding programmes or the prevention and control of abusive teacher–pupil relationships and bullying.

Given the strong positive correlation between maternal education and child wellbeing, **adult literacy classes** should also be put back on the policy agenda. Successful examples in Turkey, Malaysia and Mali have highlighted the importance of intergenerational learning, increased child–parent time, and the possibility of twinning literacy skills with information about caring practices and parenting skills.<sup>4</sup>

## Gender barriers to healthcare

**Poor women face particular health risks**, including a greater risk of HIV/AIDs, of sexual and family violence, and in some contexts harmful cultural practices such as female genital mutilation and food taboos. Maternal mortality remains alarmingly high in developing countries, especially sub-Saharan Africa. While impressive progress has been made in reducing child mortality, UNICEF warns that **failing to deliver improvements in maternal health threatens the progress necessary to achieve the MDG4 on child mortality** by 2015. Moreover, although deaths from complications related to unintended pregnancies remain staggeringly high, in several countries, for example Nicaragua and El Salvador, reproductive rights have recently regressed through the banning of all abortions, including those that would prevent the death of the mother.

The power relations that are at the root of gender inequality form one of the most influential social determinants of health.<sup>5</sup> They affect vulnerability to disease and ill health, whose people's health needs are acknowledged, access to health services, quality of health care and the very research upon which health policies are based. While economic inequality is commonly addressed in health analysis, health gradients can be significantly different for women and men. For example, in Malawi, the delay period for treatment for TB, AIDS or malaria was greater amongst women due to financial and opportunity costs of accessing care, as well as stigma associated with seeking treatment (i.e. assumed to be a sign of HIV infection).<sup>6</sup> When women do seek treatment they may be forced to sell their assets in order to afford it, thereby worsening their poverty and vulnerability. It is therefore critical to understand the ways in which gender-based social inequalities intersect with economic health determinants, and influence demand for, access to and uptake of healthcare services.

There is strong evidence illustrating the centrality of gender equality to maternal and child mortality, and mitigating the spread of the most devastating epidemic diseases:



### Box 2: Social change as long term process gender equality in Kerata

Through a sustained commitment to universal health and education, the state of Kerala improved education and health indicators for women (and other discriminated-against groups). Improvements in female literacy, maternal mortality and the survival rates of girls from the first half of the 20<sup>th</sup> century to present are impressive. These occurred in the context of low economic growth, but a state with a public and historically longstanding commitment to social policy and a matrilineal inheritance system which put social and economic power in women's hands.

However, some studies suggest that recent social change, such as the spread of the practice of dowry payment from northern India, is reversing some of these trends. Others point to continued concerns over the level of domestic violence, and also believe that women's high participation in higher education is partly due to the greater difficulty they experience in finding employment.

This decline is relative – Kerala is still ahead of many Indian states in terms of women's empowerment. But it suggests that while gender-related boundaries on women's behaviour may have moved, they remain strong. This is not to play down the significance of the very real benefits many women in Kerala have gained from this progress, but rather to be clear about what forms of discrimination remain to be tackled. (Source: Braunholtz-Speight 2008)

immunization rates have been shown to significantly improve with the level of maternal education.<sup>7</sup> Similarly, gains in child survival and nutrition as a result of income growth are more significant when that income is concentrated in the hands of women, or when the balance of power between men and women in the home is more equitable.<sup>8</sup> **Healthy, educated, empowered women are better able to contribute to economic productivity, as well as facilitate the socio-economic development of the next generation.**

## The politics of social change

Ending chronic poverty is not a technocratic endeavour, and requires long-term commitment and persistence (see Box 2). Such change is often spurred by social movements, uncoordinated forms of collective action, popular protest and networks, calling for widespread economic, political and social transformation. There are many examples of successful social movements, and women often play a prominent role, for example women's movements in Latin America which called for 'democracy in the country and in the home' during the anti-authoritarian protests of the 1980s, or the women-led anti-alcohol movement in Andhra Pradesh State in India in the 1980s/1990s which was part of broader efforts to stem gender-based violence.

Social movements can challenge exploitative relations that hold back livelihoods. They can also contest the cultural politics that surrounds chronic poverty, particularly notions of the 'deserving' and 'undeserving' poor, and stereotypes of poverty or ascribed (e.g. ethnic) status, thereby weakening social orders that exclude and discriminate. Movements such as Nijera Kori in Bangladesh (see Box 3) are achieving progress in multiple dimensions of women's empowerment with their work.

Movements vary enormously, however, and the chronically poor can lack both personal agency and time to engage. Formal sector unions illustrate the power of social movements, but the chronically poor benefit most from unionising informal workers. And women may need to forge autonomous organisations to avoid being marginalised (the struggle for women's land rights in Brazil, for example). Good examples of social movements that include the chronically poor are the scavenger cooperatives; these have now emerged in many cities – in the Philippines, the Linis Ganda women's movement has been involved in their establishment.

Social movements are an essential countervailing force. For this reason, the state may well be tempted to weaken, delegitimise or incorporate them. **The development community must do everything it can to facilitate an enabling environment for gender-aware social movements** – both movements focused on gender equality as a primary

### Box 3: Social movements and chronically poor women's empowerment in Bangladesh

With an emphasis on the collective, rather than individual, empowerment and emancipation of landless Bangladeshi labourers, Nijera Kori (NK) is reversing their historic lack of voice, agency and organisation. It is also particularly active on gender relations and women's empowerment. Begun in 1980, by 2003, NK membership totalled 180,000 – half of whom were women, the vast majority being poor and many chronically so.

NK groups hold meetings to: identify problems and solutions; analyse their own situation and its relationship to that of the poor in general; and learn of their legal entitlements. Members are encouraged to look beyond immediate survival needs and recognise their collective identity, which is made practicable by weekly group savings, which are, at the group's discretion, invested in collective assets, to then be shared equally amongst group members.

As outcomes of this process, NK members have collectively pressured those who they perceive to be acting unjustly, from violent husbands to employers to corrupt officials – progressively changing norms of behaviour. Members have also benefited from an overall increase in wages; a reduction of illicit payments; more regular attendance of teachers; the construction and registration of schools; a reduced incidence of dowry and violence towards women; a reduced use of religion to subordinate women; and, through successfully fielding candidates in local elections, pro-poor membership of local government structures. Indeed, NK groups have exhibited greater gender equality: women were more likely to participate in household decision-making, less likely to vote according to their husbands wishes, and one revealed that "[b]efore we even feared talking in front of our husbands, nowadays we do not even fear talking with the magistrate".



**The Chronic Poverty  
Research Centre**

(CPRC) is an international partnership of universities, research institutes and NGOs, with the central aim of creating knowledge that contributes to both the speed and quality of poverty reduction, and a focus on assisting those who are trapped in poverty, particularly in sub-Saharan Africa and South Asia.

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goal (see Box 3) and others, such as Small and Medium Business Associations, that take women-owned business interests into account or workers' rights movements with leadership that focuses on both the similarities and differences in women's and men's employment needs. Raising awareness about, and protecting, human and civil rights, and the promotion of a strong and autonomous legal system, are key first steps (not least as social movements often rely on court cases to establish important legal precedents).

**Conclusions**

Understanding how gender relations work in specific contexts is vital for effective public action to tackle chronic poverty. Without knowledge of the grassroots obstacles to women's empowerment - how different communities define gender roles, or particular political and economic histories - policies may fail. An appreciation of the different forms of power, and how specific policies can contribute to women's empowerment, is also important.

However, whilst contextual knowledge is essential, particularly in relation to policy implementation, there are broad policy imperatives as outlined in this brief. We have focussed on the importance of gender equal access to health and education services, and how these can also underpin a pro-poor demographic

transition. Other important areas are supporting women's access to livelihood opportunities and control over assets, and effective implementation of anti-discrimination legislation.

The results of these interventions and actions are proven to support exits from chronic poverty. Much of this can be enabled through locally appropriate forms of state supported social protection measures. Social movements have proven critical to gender-related change, but a shift is needed towards gender-aware as well as women-only social movements, since women's empowerment requires countering unequal structural relationships in the political sphere, in the workplace, in the community and within the household.

Gender inequality and chronic poverty are intimately linked. Many millions of women trapped in poverty through discrimination and inequality in many dimensions (economic, social and political). Further, women's lack of power can prevent households escaping poverty, and mean that poverty is perpetuated for future generations. However, policy measures to support women's empowerment can have multiple positive spill-over effects on women's well-being as well as childhood poverty and household poverty in general. Investing in women is therefore not merely a response to a special interest group – it is a core part of poverty reduction.

This policy brief was written and compiled by **Tim Braunholtz-Speight, Caroline Harper and Nicola Jones**

**Endnotes**

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- 4 Lytikainen et al., 2006. "Childhood poverty, basic services and cumulative disadvantage". Young Lives Working Paper 33, London.
- 5 Sen, G. and Ostlin, P. (2007) *Unequal, unfair, ineffective and inefficient: gender inequity in health: why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health, Women and Gender Equity Knowledge Network*.
- 6 Nhlema, B.S., Makwiza, I., Sanudi, L., Nkhonjera, P., and Theobald, S. (2006) *Engendering communicable disease policy and practice: experiences from Malawi*. In: *Gender and health: policy and practice a global sourcebook*. Anke van der Kwaak and Madeleen Wegelin-Schuringa (ed.) Netherlands: Royal Tropical Institute.

- 7 World Bank. (2001) *Engendering Development: through Gender Equality in Rights, Resources, and Voice*. World Bank Policy Research Report. New York: Oxford University Press.
- 8 Christiaensen, L and H Alderman (2004) 'Child malnutrition in Ethiopia: can maternal knowledge augment the role of income?' *Economic Development and Cultural Change*, 52(2): 287–312. Pal, S (1999) 'An analysis of childhood malnutrition in rural India: Role of gender, income and other household characteristics', *World Development*, 27(7): 1151–71.

**Further reading**

This policy brief is based on the Chronic Poverty Report 2008-09: *Escaping Poverty Traps*, where full references can be found. Further reading includes:

Jones et al. (2008) *Plan International Report on School Violence in Developing Countries*. Plan International and ODI. London.

Jones et al (2008) "Knowledge Stocktaking Report: Gender and Immunisation". ODI Report commissioned by the GAVI Alliance.

Kabeer, N. (1996) 'Gender, Demographic Transition and the Economics of Family Size: Population policy for a human-centred development'. *UNRISD Occasional Paper 7*. Geneva: UNRISD, 1996.

Rose and Dyer (forthcoming 2008) *Chronic poverty and education*, CPRC Working Paper.

This policy brief is based on the Chronic Poverty Report 2008-09: *Escaping Poverty Traps*. For further information about the report, please visit [www.chronicpoverty.org](http://www.chronicpoverty.org) or contact [cprc@manchester.ac.uk](mailto:cprc@manchester.ac.uk) for a printed copy.