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From choice, a world of possibilities

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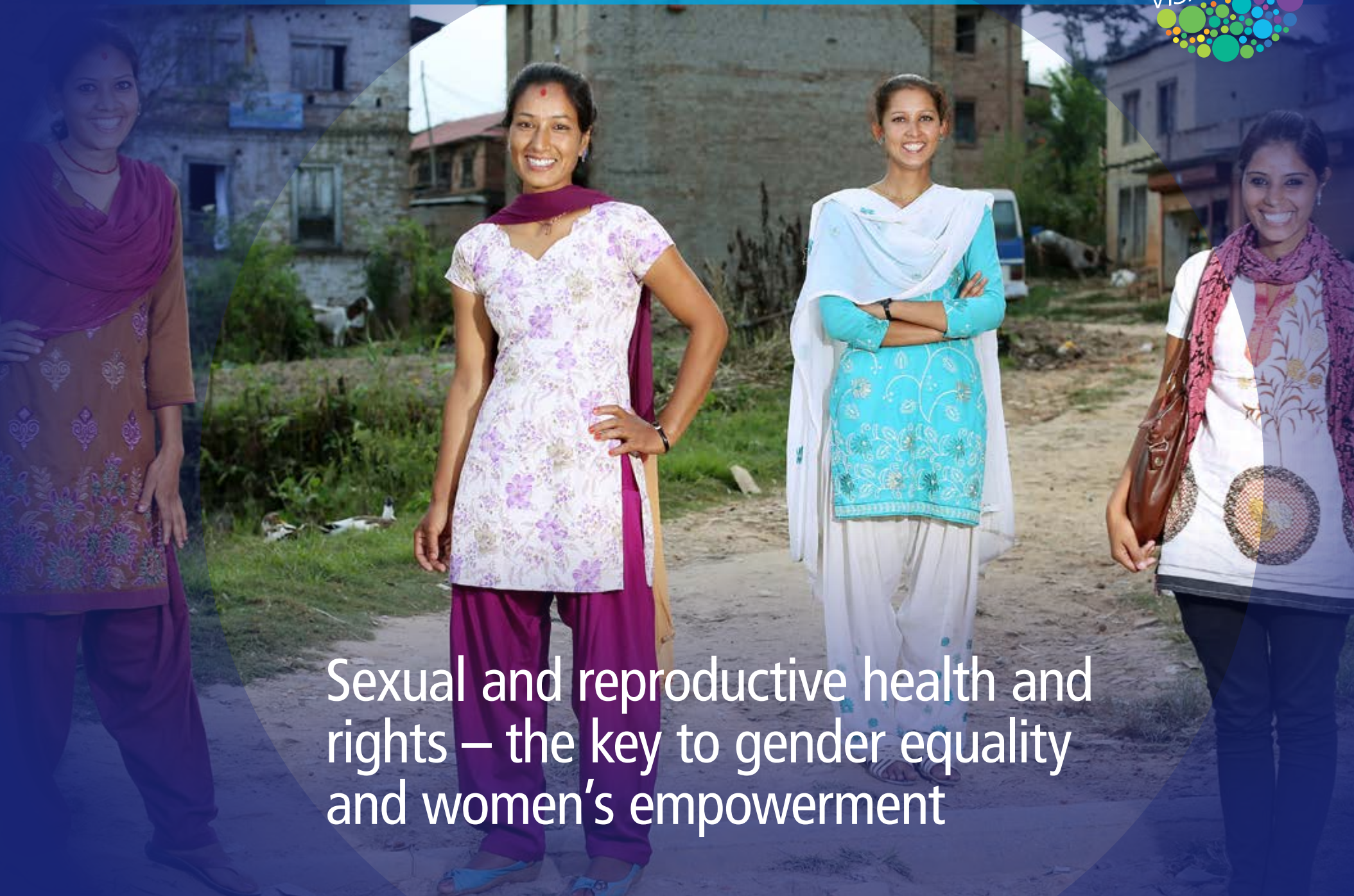

Sexual and reproductive health and rights – the key to gender equality and women's empowerment

Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

Sexual and reproductive health and rights

In this report, sexual and reproductive health and rights refers to:

The right to have control over and decide freely and responsibly on matters related to sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility.

The recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.

A positive approach to human sexuality and the purpose of sexual health care should be the enhancement of life and personal relations and not merely counselling and care related to reproduction and sexually transmitted infections.

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About this report

This report is intended for advocates and decision makers, to help them champion sexual and reproductive health and rights as central to advancing the empowerment of girls and women and to achieving gender equality.

Pathways of empowerment

This report examines the links between sexual and reproductive health and rights and gender equality. It explores the different pathways of empowerment that girls and women experience, and analyzes how these pathways are affected by sexual and reproductive health and rights.

Policy focus and attention given to gender equality and women's empowerment has been growing over the last decade, and there are some areas where links are established more conclusively. Although there is strong documentation on the health benefits of investment in sexual and reproductive health, until recently the non-medical benefits, such as higher levels of social and political participation, have been largely ignored, partly because they are difficult to measure.[1] While the social and economic implications of sexual and reproductive health and rights are often overlooked, they are no less real. More attention is needed to explore the links between sexual and reproductive health and rights and other critical areas relating to gender equality, such as the representation of women in political and public life.

Methodology and priority themes

For the purposes of this report, and in line with accepted wisdom on emerging areas of priority, we focus on the following core areas relating to gender equality: 1) equality in social development, 2) economic participation and 3) participation in political and public life. Within each area, we discuss key links with sexual and reproductive health and rights as well as identifying ways in which these links contribute to empowerment experienced by girls and women.

IPPF carried out desk reviews of existing policy research: over 350 references were reviewed on the following focus areas:

- sexual and reproductive health and rights and the social development of girls and women (including health, education, and freedom from sexual and gender-based violence)
- sexual and reproductive health and rights and women's economic participation
- sexual and reproductive health and rights and women's participation in political and public life

Resources were gathered for review using three main methods: 1) electronic database searching, 2) cross-referencing of reference lists of related articles and reviews and 3) consultation with experts in the fields of sexual and reproductive health and rights and gender equality. Papers were prioritized for inclusion if they met a number of criteria: if they appeared to provide a clear international policy overview of key review themes and evidence given from a rights-based perspective, with statistically proven linkages, case studies and/or findings from qualitative studies; were published recently, and within the last 10 years; were published in English; corresponded most closely to agreed keyword searches; and were cited widely.

During the first phase, these methods were used to search the libraries of an agreed group of multi-lateral institutions; key donors and governments; non-governmental organizations working in the fields of sexual and reproductive health and rights, gender equality and development; and key global and regional partnerships. Findings were then verified and enriched, with gaps identified and filled, using searches in relevant public health and gender journals, along with regional and national policy reports and studies that fitted the search criteria closely and/or that came recommended.

Executive summary

The world is changing rapidly. An increasingly globalized economy – coupled with advances in legislation, technology and communication – presents us with new opportunities and challenges. As part of this change, relations between men and women are shifting.

Opening up doors for women

This change has opened up doors for women to participate in unprecedented ways. More women than ever are political leaders. Women are increasingly contributing to the economy as entrepreneurs, farmers, educators. Women are at the forefront of change, organizing collectively to demand their rights.

Gender equality – the concept that all individuals should be treated in a way that ensures equal opportunities and outcomes – is firmly on the development agenda. The international community recognizes that we cannot achieve sustainable development without prioritizing the same rights for men and for women.

Gender equality is within our reach.

Stamping out gender inequality

However, despite this optimism, huge challenges remain. As the lives of women and girls change, the structures and norms that underpin our world do not always match people's aspirations.

Traditional gender norms hold girls and women back. Society's expectations for girls and women can limit their opportunities across social, economic and political life. There are strong links between the gender norms that affect men and boys, and the harmful control and influence of men over women's sexual and reproductive health.

Across the globe, women and girls still have lower status, fewer opportunities and lower income, less control over resources, and less power than men and boys. Son preference continues to deny girls the education they have a right to. And the burden of care work that women face impinges and intrudes on their opportunities in education and work.

In the most extreme cases, gender norms can kill. We see examples of this in all corners of the world. Women die at the hands of their violent partners. Women die because they cannot access the abortion services they need. Women die of preventable causes in childbirth. Transgender people are murdered for being different.

Gender inequality persists and prevents girls and women from reaping the benefits of our evolving world. It also limits possibilities for men and boys. We can – and must – stamp out gender inequality, and making sure that women and girls can realize their sexual and reproductive rights is a crucial part of making this change happen.

Gender equality is within our reach

IPPF recognizes that investing in gender equality is absolutely essential. Not only is gender equality a vital end in itself, it also holds transformative potential for sustainable development. Our Vision 2020 manifesto – our 10-point plan to put sexual and reproductive health and rights at the heart of the international development agenda – calls on governments to take action to eliminate discrimination between men and women and to take steps to achieve equality of opportunity (see diagram on page 47). That is why IPPF's Vision 2020 report this year focuses on eliminating all forms of discrimination against women and girls, ensuring their rights can be realized and achieving gender equality by 2020. This report tells the story of why sexual and reproductive rights are central to women's and girls' experiences of empowerment, and how these rights are crucial to achieving gender equality.

No equality without sexual and reproductive health and rights

Gender equality and the empowerment of girls and women will not be possible without the realization of sexual and reproductive health and rights. For women and girls to lead healthy lives, and to be free to participate in social, economic and political life, they need universal access to quality services, information and education, and conditions that allow them to realize their sexual and reproductive rights.

Sexual and reproductive health and rights services are critical for women and girls to have healthy lives, address violence and power relations in their lives, and open doors to opportunities. On these grounds alone, they must be considered priority interventions. Sexual and reproductive health and rights are important rights in themselves, but can also magnify possibilities for empowering girls and women and for achieving gender equality.

IPPF Member Associations in 172 countries across the world are committed to reducing gender inequality and empowering women and girls. IPPF recognizes that barriers in access to services and information, especially for poor women and girls, impact on their ability to exercise free choice and participate meaningfully across social, economic and political life.

Sexual and reproductive health and rights free women to participate

Ensuring universal access to sexual and reproductive health and rights brings positive gains to the health and well-being of women and girls. In some cases, it can mean the difference between life and death.

Poor sexual and reproductive health outcomes represent one-third of the total global burden of disease for women between the ages of 15 and 44 years, with unsafe sex a major risk factor for death and disability among women and girls in low- and middle-income countries.[2] Reproductive disabilities, and ill health are experienced more by women and girls and negatively affect their survival, health and well-being.[3] The sexual and reproductive health of women and girls is important but also affects other aspects of their lives, such as their ability to stay in school and to live free from violence.

Realizing sexual and reproductive health and rights is necessary for women and girls to stay healthy, to participate in education, and to participate in all facets of life, free from violence.

Women's economic rights, especially in relation to work and income, advance economies, sustainable development and improve livelihoods. However, women still remain more affected by poverty, unpaid care burdens and insecure work than men. The realization of sexual and reproductive health and rights plays a crucial role in empowering women economically. The care economy, which includes paid and unpaid care work, is primarily undertaken by women and impacts on their work opportunities and conditions. Women's care burden can limit their access to sexual and reproductive health services. In turn, lack of sexual and reproductive health services can increase women's care work burden by impeding their decisions on if, when and how many children to have.

Given the benefits of child care and other support programmes, and the fact that women will continue to work in both the formal and informal economy, support for care work remains extremely important to women's economic empowerment, and to the health and well-being of women and their families. In addition to support for care work, regulatory frameworks, including policies and practices that support and promote universal access to sexual and reproductive health and rights, should be expanded across *both* the informal and formal economy to help women access decent work, to become healthier and to gain more economic stability.

Women's participation and leadership in public and political life is essential for tackling poverty and gender inequality. If women's participation is to be transformative, their voices need to be heard across public life, from households and community meetings to national parliaments.[4] More evidence is needed to establish clear linkages between sexual and reproductive health and rights and women's representation in political and public life.

However, we know that attitudes to women's sexuality affect their participation in political and public life, including their political aspirations and electability. Social norms that dictate women's domestic roles and responsibilities can limit women to the reproductive sphere, and restrict their time to engage outside the household. In addition, women in public positions are often subject to violence and sexual harassment. It is particularly important to address sexual violence as a fundamental part of promoting women's political participation and engagement in peace building and reconstruction processes in post-conflict situations.

Greater attention is needed to promote feminist constituency building and organizing at the grassroots to build networks to strengthen women's individual and collective capacity to participate in political and public life.

Recommendations

IPPF urges governments, United Nations agencies, multi-lateral institutions and civil society to:

1. Support an enabling environment so that sexual and reproductive health and rights and gender equality become a reality.

a. **Governments** must prioritize the inclusion of sexual and reproductive health and rights within global agendas such as the post-2015 sustainable development framework. **Governments** should include sexual and reproductive health and rights in national plans to ensure political prioritization and continued investment in sexual and reproductive health and rights.

b. **Governments** must prioritize sexual and reproductive health and rights within the context of *both* health and gender equality. At the national level, this requires commitment and investment from the ministry of health and the ministry of gender/women, as sexual and reproductive health and rights span the range of women's human rights.

c. **Governments, UN agencies, multi-lateral institutions and civil society** must prioritize sexual and reproductive health and rights in order to tackle harmful gender norms. They should establish policies and deliver programmes which support not only the health of women and girls, but also their socio-economic development more broadly. There must be a strong focus on girls and the prevention of sexual and gender-based violence, including harmful traditional practices that compromise their health and limit development in other areas of their lives.

d. **Governments** must include sexual and reproductive health and rights in regulatory frameworks that support women's access to decent work. Such frameworks should be expanded across the formal and informal economy.

e. **Donors and civil society** must include sexual and reproductive health and rights in programming on women's economic empowerment in order to support women's access to decent work.

f. **Governments** should ensure that domestic laws support the sexual and reproductive health and rights of women and girls and meet international obligations under human rights treaties such as the Convention on the Elimination of All Forms of Discrimination against Women. At national level, governments must enforce legislation that eliminates discrimination against women and girls. This should include laws that protect women and girls from violence, including early and forced marriage and female genital mutilation, as well as laws that proactively promote the equal participation in political and public life of all women, regardless of their background.

2. Continue and increase financial and political commitment to sexual and reproductive health and rights in order to sustain the success of health interventions and to expand and increase possibilities for gender equality and the empowerment of girls and women.

a. **Donors, multi-lateral institutions and national governments** should continue and increase investment in the full range of sexual and reproductive health and rights services, including rights-based family planning. Particular attention should be paid to investing in maternal health and HIV prevention, both of which are leading causes of death among women of reproductive age in low- and middle-income countries.

b. **Governments and civil society** must ensure that the post-2015 sustainable development financing mechanisms and strategies that detail what financing will cover – such as the Global Financing Facility and the updated global strategy on women's and children's health – prioritize the sexual and reproductive health of women and girls. **Donors and multi-lateral institutions** must engage civil society meaningfully in the creation of these financing structures as well as national financing plans.

3. Measure the things that matter.

a. **Governments** must prioritize greater investment and effort to fill knowledge gaps and collect robust data. **UN agencies and multi-lateral institutions should work with governments** to increase data collection, disaggregated by sex and age, on sexual and reproductive health and rights and other core areas relating to gender equality.

b. **Donors and multi-lateral institutions should increase investment to support civil society and academic networks** to examine the links between sexual and reproductive health and the empowerment of women and girls. More rigorous research is needed on the impact of sexual and reproductive health and rights interventions in education, and the links with women's economic participation (particularly in agriculture) and representation in political and public life. Establishing these links could have a significant impact on policy and programme interventions related to sexual and reproductive health and rights, gender equality, and the empowerment of women and girls.

4. Engage men and boys as partners in gender transformative change by ensuring that sexual and reproductive health and rights are a reality for all.

a. **Civil society organizations, donors and multi-lateral institutions** must involve men and boys as partners in programmes on sexual and reproductive health and rights, gender equality, and the empowerment of women and girls.

5. Take steps to eliminate sexual and gender-based violence against women and girls by ensuring implementation of legislation that protects women from violence, and ensuring access to sexual and reproductive health services that meet the needs of women and girls, particularly in fragile and conflict affected contexts.

a. **Governments** must ensure that domestic laws protect women from sexual and gender-based violence in line with international obligations and commitments under human rights treaties and that these laws are enforced at all times.

b. **Governments, donors and civil society** should support the integration of sexual and reproductive health, HIV, and sexual and gender-based violence services in order to promote women's health and empowerment.

c. **Governments, donors and civil society** must ensure that sexual violence is addressed as part of promoting women's political participation and engagement in peace building and post-conflict reconstruction.

6. Continue and increase investment at the grassroots level, to build women's individual and collective capacity to participate in political and public life.

a. **Donors, multi-lateral institutions and civil society** should continue and increase funding to grassroots organizations that build the capacity of women to participate individually and collectively across social, economic, political and public life.

Introduction: denial of sexual and reproductive health and rights: a cause and consequence of gender inequality

The face of poverty is female. It is estimated that women account for two-thirds of the 1.4 billion people currently living in extreme poverty[5] and make up 60 per cent of the 572 million working poor in the world.[6] Poverty exacerbates gender inequalities, and can combine to make a huge difference in people's lives – between well-being and ill health, and sometimes between life and death.[7]

Poverty and inequality limit opportunities for women and girls

The relationship between gender inequality and poverty can have specific implications for the sexual and reproductive health and rights of girls and women. Not only does it translate into significant gaps in opportunity and capability, it can lead to greater vulnerability to gender-related ill health, sexual and gender-based violence, harmful traditional practices and disproportionate shouldering of unpaid care work. For example, in a UNICEF global study of early and forced marriage, the practice was most common among the poorest 20 per cent of the population in all the countries analyzed.[8] The causes and consequences of early marriage are intrinsically linked and include low levels of education, health and autonomy for girls, poverty and low socio-economic status.

Gender norms not only disproportionately limit women's and girls' control over their sexual and reproductive health and rights, but a lack of access to sexual and reproductive health and rights can magnify and exacerbate existing gender inequalities.

This might mean that a girl is denied an education because of gender norms that encourage early marriage and early childbearing for girls. This not only impacts on the individual lives of girls, but also perpetuates systemic gender inequalities where the education of girls is valued less than that of boys. This is a vicious cycle we have to break: policy and programmatic attention must be given to sexual and reproductive health and rights in the context of gender equality and the empowerment of girls and women.

Sexual and reproductive health and rights are critical for empowering women and girls and advancing gender equality – both to realize their rights and their access to health services. The ability of women and girls to exercise their sexual and reproductive rights to make free and informed choices about their sexual and reproductive life, and about whether and when to have children, is a central component of gender equality. At their core, sexual and reproductive health and rights mean that individuals should have the right and the means to make decisions about their reproductive lives and sexuality, free from violence, coercion and discrimination.

Two powerful examples of how the links between sexual and reproductive health and rights and gender equality can be explicitly enshrined in international policy commitments are the Beijing Platform for Action and the human rights treaty on the Convention on the Elimination of All Forms of Discrimination against Women. The link between discrimination and women's reproductive role is a matter of recurrent concern in both. The Platform for Action asserts women's reproductive rights to have control over and decide freely and responsibly on matters related to sexuality. The Convention specifically recognizes that State parties are obliged to include advice on family planning in the education process and to guarantee women's rights *"to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights."*[9]

This means that the denial of sexual and reproductive health and rights – core women's human rights – can be viewed as both a cause *and* a consequence of gender inequality.

The Convention on the Elimination of All Forms of Discrimination against Women

The Convention on the Elimination of All Forms of Discrimination against Women is an international human rights treaty that enshrines women's human rights and obliges State parties to meet their obligations to fulfil and respect these rights. The Convention devotes major attention to women's reproductive rights; notably, it is the only human rights treaty to mention family planning and guarantee women's reproductive choice.

The Beijing Declaration and Platform for Action and reviews

The Fourth World Conference on Women in September 1995 produced the Beijing Declaration and Platform for Action, the most progressive blueprint ever for advancing women's rights. As a defining framework for change, the governments that supported the Platform made comprehensive commitments under 12 critical areas of concern. Sexual and reproductive health and reproductive rights are enshrined in the Platform for Action and the 20th anniversary of Beijing opens up opportunities to regenerate commitment, and recharge political will and support for sexual and reproductive health and rights.

*Sexual and reproductive health and rights

Human rights at the heart of gender equality

The human rights of girls and women across social, economic and political life are deeply intertwined and indivisible. For example, where a girl is not able to go to school and receive an education, this can have a knock-on effect on her future work opportunities. Girls with no education are three times more likely to marry before the age of 18 than those with secondary or higher education.[10]

Women's empowerment is closely related to gender equality, but empowerment goes beyond simply addressing women's status relative to men's and includes their power to make choices and their ability to control their own destiny.[11] Women's empowerment is complex and multi-dimensional which makes isolating any one transformative factor very difficult. However, important elements of women's empowerment include access to and control over resources, meaningful political participation, the reduction of women's unpaid care responsibilities, and the ability to have control over their own bodies such as living free from violence and making decisions in relation to fertility.[12] These rights must be prioritized in global norm setting agendas, such as the follow-on framework from the Millennium Development Goals.

Measure the things that matter

Accurate disaggregated data are critical for informing policies on sexual and reproductive health and rights and advancing gender equality. These data give us a better picture of what progress has been made and can encourage political will to act on areas where progress is stalling. Beyond disaggregating data by sex, tracking unmet need for family planning by wealth quintile can reveal inequalities within countries, which are often masked. Another example of a need for disaggregated data includes the lack of available data for young people between the ages of 10 and 14 years. Despite the United Nations definition of 'adolescent' as anyone between the ages of 10 and 19, most of the internationally comparable statistics and estimates that are available on adolescent pregnancies or births cover only part of the cohort – ages 15 to 19. Increasing the capacity to produce reliable, accurate and timely statistics, in particular gender statistics, remains a formidable challenge for many countries. Moreover, developing metrics to measure concepts such as the empowerment of girls and women can be technically challenging and contentious among experts.

RECOMMENDATION: Governments must prioritize greater investment and effort to fill knowledge gaps and collect robust data. **UN agencies and multi-lateral institutions should work with governments** to increase data collection, disaggregated by sex and age, on sexual and reproductive health and rights and other core areas relating to gender equality.

Sexual and reproductive health and rights are important rights in themselves, but can also greatly enhance possibilities for empowering girls and women and for achieving gender equality. We examine how sexual and reproductive health and rights interventions can have positive and lasting impacts not only on the health outcomes of girls and women, but can also enable women's access to opportunities across social, economic and political life.

This report examines the links between sexual and reproductive health and rights and three core and inter-related aspects of gender equality. They are 1) equality in social development, 2) economic participation and 3) participation in political and public life. These three core and intersecting aspects of the development of all individuals are areas where significant gender gaps currently exist.

What do we mean by gender and gender equality?

Gender refers to the social attributes and opportunities associated with being biologically male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are learned as we grow up through socialization processes. They are context and time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context.[13]

Gender equality means equality of opportunity for women, men, intersex and transgender people to realize their full rights and potential. It signifies an aspiration to transform structural inequalities, behaviour patterns and social norms, leading to social change and sustainable development. Gender equality requires specific strategies aimed at eliminating gender inequities. Gender equality is broader than equality between women and men and includes those who identify as women, men, lesbian, gay, bisexual, transgender or intersex. Gender equality requires analysis of the impact of social roles and norms, constructs of masculinity and femininity, and discrimination based on gender, sex, sexual orientation and gender identity.[14]

Gender equality is achieved when all individuals are equal in every aspect of their lives. Substantive equality does not imply that they are all the same, but that they have equal value, and are treated in a way that ensures equal outcomes, not just equal opportunities. Where individuals have unequal status and unequal access to knowledge or resources, special measures and affirmative action are needed to address these gender inequalities.

It is important that we do not reduce the behaviour or choices of women or men to their biological traits or assume that women and men are innately and inherently one way or another purely because of their sex.

Furthermore, individuals face multiple forms of discrimination on the basis of their sex as well as their gender, sexual orientation, gender identity and expression, age, race, caste, ethnicity and origin, class, religion or disability. The importance of recognizing that women and girls form a heterogeneous group, with diverse lived experiences depending on a range of context specificities, cannot be under-estimated and must be recognized in policy and programmes aimed at transforming structural inequalities.

IPPF recognizes and promotes the crucial role of men and boys as partners to ensure the sexual and reproductive health of women and girls and to address underlying power and gender inequalities.

What do we mean by the empowerment of girls and women?

Pathways of Women's Empowerment,[15] a research consortium that explores the different pathways of empowerment that women experience, lends much needed texture to concepts of empowerment. In line with this thinking,[16] IPPF understands the concept of empowerment to include:

Challenging and transforming power relations
Empowerment is concerned with changing power relations. These power relations are related to control over resources (physical, human, intellectual and financial) and control over ideas (beliefs, values and attitudes).

Empowerment as a relational concept
Empowerment is relational: it is about the relations of power in which people are located, within which they may experience disempowerment or come to acquire the ability to make strategic life choices.

Empowerment as a journey, not a destination
Empowerment is a multi-dimensional process, as opposed to an end destination. Pathways of empowerment can take different forms and can be experienced individually or collectively.

No one-size-fits-all
The lived experiences of girls and women around the world are diverse and are played out against the backdrop of social norms and structures and through intersections of discrimination. Women may be empowered in one dimension of their lives (for example, decision making on household finances) without being necessarily or simultaneously empowered in other dimensions of their lives (for example, control over their sexuality).[17]

'Power within', 'power with', 'power to', 'power for'
It is when women recognize their *'power within'* and act together with others to exercise *'power with'* that they gain *'power to'* act as agents: when they act in concert to tackle injustice and inequalities, this becomes *'power for'* positive social change. Fundamental to this process is the need to engage with the structural bases of inequality and discrimination and to enable and encourage girls and women to think differently – about themselves, about the situations they are in, and about their social worlds, relationships and horizons.

Gender equality means equality of opportunity for women, men, intersex and transgender people to realize their full rights and potential.

Focus 1: Sexual and reproductive health and rights and the social development of girls and women

Social development refers to the processes of change that lead to improvements in personal well-being and social life.[18] Access to quality education and health services, and freedom from sexual and gender-based violence, including harmful traditional practices,[i] all contribute to the social development of women and girls. We examine the relationship between sexual and reproductive health and rights and three key aspects of social development: health, education, and sexual and gender-based violence. These three areas of social development are important ends in themselves but are also critical to the empowerment and equality of girls and women in other spheres of development. In particular, sexual and gender-based violence is both a cause and consequence of gender inequality and cuts across *all* aspects of the development of women and girls.

Health: overcoming gendered barriers

Ensuring universal access to sexual and reproductive health services brings positive gains for the health of girls and women. If women and girls cannot maintain their own good health, they are less able to take full advantage of the opportunities available to them, participate fully in society or improve their social position. This means that providing services and conditions that allow women to maintain good health is critical to women's empowerment, gender equality and socio-economic development.[19]

Globally, the single leading risk factor for death and disability in women of reproductive age in low- and middle-income countries is unsafe sex, mainly due to HIV, and to maternal mortality.[20] Access to antiretroviral therapy and contraceptives is important to ensure that women remain HIV-negative as well as ensuring that women living with HIV can live a healthy life. About 19 per cent of young women in developing countries become pregnant before age 18; and one girl in 10 has a child before the age of 15 in Bangladesh, Chad, Guinea, Mali, Mozambique and Niger.[21] Reproductive disabilities, injuries and ill health affect girls and women disproportionately and negatively affect their survival, health and well-being,[22] due to unique gendered barriers to accessing and making decisions about their health care.

TACKLING AVOIDABLE MORBIDITY AND MORTALITY

Avoidable maternal morbidity and mortality remains a challenge in high- and low-income countries, and is a leading cause of death in the latter, particularly among girls. Maternal mortality has been reduced successfully in many countries, especially in sub-Saharan Africa. Access to antiretroviral therapy, elimination of mother-to-child transmission services and family planning have all been important factors in reducing maternal mortality. However, only 16 countries, including seven developing countries, are expected to achieve the Millennium Development Goal 5 target of a 75 per cent reduction in maternal mortality by 2015.[23]

Control over their own fertility can allow women to reduce their chances of a high-risk pregnancy (including those that occur too late or early in life, or too soon after a previous birth) and associated complications.[24] It can also reduce harmful reproductive stress and maternal nutritional depletion,[25] and reduce unsafe abortions: it is estimated that 47,000 women die every year due to complications of unsafe abortion.[26] Maternal deaths in developing countries could be reduced by 70 per cent if the world doubled its investment in family planning and maternal and newborn health care.[27] Seventy-four per cent of maternal deaths could be avoided if women had access to the interventions needed to address complications during pregnancy and childbirth.[28] A 2012 study concluded that in the developing world as a whole, fertility decline alone was responsible for preventing approximately 1.7 million maternal deaths between 1990 and 2008.[29] As most of the world's poor people are now in middle-income countries, focused attention is needed on lower-income and rural sub-populations of middle-income countries as well as low-income countries.[30]

i Such practices include early and forced marriage and female genital mutilation.

CRITICAL LIFE-SAVING SERVICES

IPPF's experience shows that when women and girls have access to critical life-saving services, including commodities and information, and when they are able to make meaningful choices about their life path, their quality of life improves, as does the well-being of their families and the communities in which they live.

Address the leading causes of death among women of reproductive age by preventing HIV in women and tackling gender-based inequalities. Globally, HIV is the leading cause of death among women of reproductive age.[31] Women and girls have a greater physical vulnerability to HIV transmission than men or boys. This risk is compounded by social norms, gender inequality, poverty and violence. Women living with HIV are also more likely to face stigmatization, infertility, and even abuse and abandonment, contributing to their disempowerment. As of 2012, 35.3 million people were living with HIV and almost half were women.[32] In sub-Saharan Africa, approximately 57 per cent of people living with HIV are women and HIV prevalence among young women is more than twice as high as among young men.[33]

Gender-based inequalities reinforce this vulnerability, particularly in contexts where women's access to quality information and education about such infections is limited, along with their ability to protect themselves and to negotiate safer sex. For example, in many countries of sub-Saharan Africa, getting married is among the 'riskiest' behaviours for women, where they may be exposed to unprotected sex with a husband who has multiple sexual partners, and to underlying power dynamics between men and women that prevent women from accessing condoms and then insisting on their use.[34]

RECOMMENDATION: Continue and increase financial and political commitment to sexual and reproductive health and rights in order to sustain the success of health interventions and to expand and increase possibilities for gender equality and the empowerment of girls and women.

- **Donors, multi-lateral institutions and national governments** should continue and increase investment in the full range of sexual and reproductive health and rights services, including rights-based family planning. Particular attention should be paid to investing in maternal health and HIV prevention, both of which are leading causes of death among women of reproductive age in low- and middle-income countries.
- **Governments and civil society** must ensure that the post-2015 sustainable development financing mechanisms and strategies that detail what financing will cover – such as the Global Financing Facility and the updated global strategy on women's and children's health – prioritize the sexual and reproductive health of women and girls. **Donors and multi-lateral institutions** must engage civil society meaningfully in the creation of these financing structures as well as national financing plans.

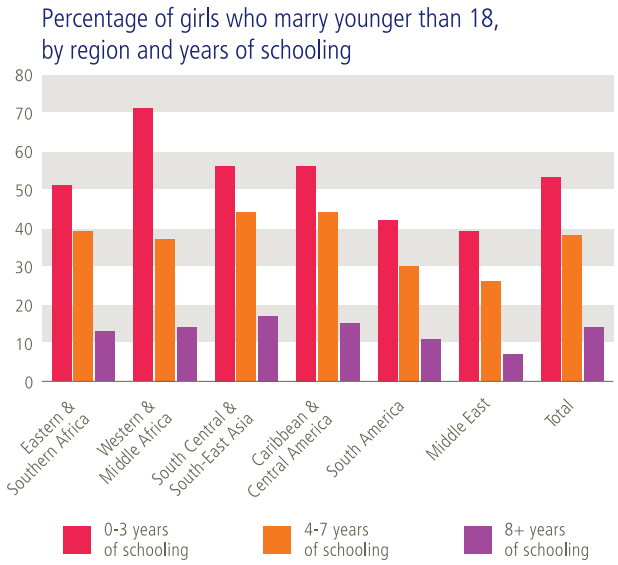
Education: key pathway for women and girls

The education of women and girls is widely recognized as a powerful tool to empower women and girls within the family and society, and is considered a key pathway to employment and earning. Educated women are more likely to marry later, use family planning and access health care; and to understand their rights and have the self-confidence to act on them.[35] Each additional year of schooling for girls improves their employment prospects, increases future earnings by about 10 per cent and reduces infant mortality by up to 10 per cent.[36] Comprehensive sexuality education is a promising strategy by which to shift norms and attitudes, and empower young people to negotiate safe, consensual and enjoyable sex. A review of 87 studies of comprehensive sexuality education programmes around the world showed that it increased knowledge, and two-thirds of programmes led to a positive impact on behaviour, including increased condom or contraceptive use, or reduced sexual risk-taking.[37] However, such programmes are not available in most countries.

INVESTING IN THE EDUCATION OF GIRLS

Post-primary education has far stronger positive effects on empowerment outcomes than primary education.[38] This means that enabling adolescent girls to continue to secondary school is particularly important. Girls with only primary education are twice as likely to marry before the age of 18 as those with secondary or higher education.[39] Lack of access to sexual and reproductive health and rights acts as a significant barrier to post-primary education for girls so addressing this barrier remains a priority.

Girls and young women who begin childbearing early – especially in the context of early and forced marriage – complete less schooling.[40]



Source: International Center for Research on Women (2006) *Child Marriage and Education*. Available at <http://www.icrw.org/files/images/Child-Marriage-Fact-Sheet-Education.pdf> Accessed 16 January 2015.

Early marriage reduces girls' access to education, and anticipation of an early marriage often prevents secondary education for girls. Recent field research in Uganda showed that the limited expectations of girls beyond marriage and the family, as well as the need for girls' labour at home, all make parents less likely to invest in the education of their daughters.[41] Studies have shown that for each additional year that a girl delays marriage, her likelihood of being literate increases by 5.6 per cent and the prospect of her completing secondary school rises by 6.5 per cent.[42] Moreover, adolescent childbearing may interrupt school attendance and impair young women's long-term social and economic mobility and, indirectly, their empowerment.[ii 43] However, girls and young women often do not have access to the contraceptives they want and need; in sub-Saharan Africa and South Central and South East Asia, more than 60 per cent of adolescents who wish to avoid pregnancy do not have access to modern contraception.[44]

In most countries, schoolgirls who become pregnant are required to drop out of school, at least temporarily, and the number of new mothers returning to school tends to be low.[45] In some countries, young women are expelled from school if they have an abortion.[46] However, some studies[47] show that girls with poorer school performance were more likely to become pregnant and leave school. This suggests, in that context, that poor performance might increase the risk of girls becoming pregnant while still in school, rather than the other way around. Sexual and reproductive health policies should be combined with educational policies to address quality and equity, including social pressures such as stigma and peer pressure, as these impact keenly on young mothers and girls who have abortions, and may prevent their return to school.

ii Hindin draws a link to empowerment with a country-by-country multi-variable analysis using attitudes towards wife-beating as a measure. She finds in nearly all countries that women who had a birth under the age of 20 or 16 were significantly more likely to believe wife-beating is justified. Hindin concludes that adolescent childbearing may adversely affect future empowerment because those who begin childbearing earlier have expectations of poorer status and empowerment within marital relationships.

RECOMMENDATION: Governments should ensure that domestic laws support the sexual and reproductive health and rights of women and girls and meet international obligations under human rights treaties such as the Convention on the Elimination of All Forms of Discrimination against Women. At national level, governments must enforce legislation that eliminates discrimination against women and girls. This should include laws that protect women and girls from violence, including early and forced marriage and female genital mutilation, and that promote a girl's right to education.

Girls and young women often do not have access to the contraceptives they want and need: in sub-Saharan Africa and South Central and South East Asia, more than 60 per cent of adolescents who wish to avoid pregnancy do not have access to modern contraception.

LINKS BETWEEN FAMILY SIZE AND ACCESS TO EDUCATION

Strong links have been drawn between family size and girls' access to education. Girls in smaller families tend to have fewer care-taking responsibilities, girl children are valued more, gender and family dynamics are more supportive of girls and women, and there are lower rates of adolescent pregnancy. Empirical studies in countries where family size has been on the decline have found that children with fewer siblings tend to have higher educational attainment, although the size and statistical significance of this relationship varies.[48]

Larger family size exacerbates and is exacerbated by son preference, including educational preference for boys,[49] where girls are more likely than boys to be taken out of school to care for siblings. It has been observed that smaller family size can also be associated with parents investing more in each child, and being less likely to discriminate by sex. As increased women's educational attainment may influence initial fertility decline, smaller family size may then increasingly influence a further investment in educating daughters.[50]

HIV EXACERBATES GENDER-BASED INEQUALITIES

Convincing links have been shown between the care-giving roles and economic responsibilities of children in families living with HIV and disruptions to schooling for girls. Evidence indicates that HIV, among other sexually transmitted infections, exacerbates the gender-based inequalities that already exist in the education sector. In most cases this disadvantages girls in their access to quality education and also disadvantages women in their employment opportunities as educators and administrators.[51] Women and girls are not only biologically more at risk of contracting HIV, but gender norms also reinforce girls' roles as care-givers and girls often provide economic support to their families, particularly given the educational preference for boys in many countries.

When a parent is ill, children's school attendance drops because child labour may be needed to pay medical expenses, because families cannot afford to pay school fees, and because carers are needed for sick relatives: the impact of an increased domestic workload often falls disproportionately on girls.[52] Once orphaned, adolescent girls may be 'pawned' to a relative or neighbour to work in return for money paid to the fostering family, or may seek work in towns (some in sex work and domestic work in the informal economy) in order to provide for the needs of younger children in their household.[53] This has an impact on the life opportunities of young women, including their access to education.[54]

More research is needed into the impacts that caring has on children and the ways in which disruptions to schooling can be minimized. Efforts to transform gender norms and empower women need to address men's role in caring for and supporting those living with HIV.

Sexual and gender-based violence: compounding gender discrimination

Globally, one in three women experiences either intimate partner violence or non-partner sexual violence during their lifetime.[55] Sexual and gender-based violence results from and perpetuates harmful gender norms and cuts across all aspects of the development of women and girls. From intimate partner violence and other family violence, to female genital mutilation, early and forced marriage, and violence as a weapon of war, it is a major public health concern in all corners of the world, a barrier to women's empowerment and gender equality, and a constraint on individual and societal development, with high economic costs.[iii] [56]

RESTRICTING CHOICES AND DECISION MAKING

Forms of sexual and gender-based violence restrict the choices and decision making of those who experience it, and fear experiencing it. Gender-based violence can interfere with basic rights throughout a woman's life and block access to critical sexual and reproductive health information and services. Women who experience violence are more at risk of unwanted pregnancies, maternal and infant mortality, and sexually transmitted infections, including HIV, and such violence can cause direct and long-term physical and mental health consequences.

Sexual and gender-based violence compounds other types of gender discrimination, and disempowers women in many ways. For example, female genital mutilation is also strongly linked with early and forced marriage[57] and it has been found that girls who undergo early and forced marriage face reduced educational opportunities.[58] Women who experience violence from their partners are less likely to earn a living and are less able to care for their children[59] or participate meaningfully in community activities or social interaction that might help end the abuse. In many societies, women who are raped or sexually abused are stigmatized and isolated, which impacts not only on their well-being, but also on their social participation, opportunities and quality of life. Gains in preventing sexual and gender-based violence therefore create an enabling environment for women in society and other spheres.

Sexual and reproductive health and rights programmes and services are widely considered a vital access point to support survivors of sexual and gender-based violence. Screening for violence in the context of sexual and reproductive health services can be effective in preventing the recurrence of violence and enabling the empowerment of women and girls. Given the infrequent contact by many women with the public health sector, sexual and reproductive health and rights programmes and services are often a vital access point for women to address violence and power relations in their lives, improve health outcomes and open access to opportunities.[60]

ENTRY POINTS TO TACKLE GENDER-BASED VIOLENCE

Entry points have been identified throughout the health system to enable women and girls to access sexual and gender-based screening and treatment. These entry points include services such as home visits during pregnancy and the post-natal period, and inter-linked referrals within the health sector, links with women's organizations and gender sensitization programmes among health staff. Screening for intimate partner violence in the context of sexual and reproductive health services and antenatal care can be effective in preventing the recurrence of violence and improving other health outcomes.[61] The involvement of reproductive health providers is appropriate provided they are trained and follow established guidelines,[iv] given the reproductive consequences of violence and the various reproductive health needs that may put women at increased risk of violence. For example, studies around the world have found that one woman in four is physically or sexually abused during pregnancy. A recent 10-country study demonstrates that age at first marriage is a major factor related to experience of violence, with women younger than 20 years old at marriage (or cohabitation) more likely to report physical or sexual violence.[62]

iii The broader economic effects of violence against women – the economic multiplier effects – include increased absenteeism; decreased labour market participation; reduced productivity; lower earnings, investment and savings; and lower inter-generational productivity. In Chile and Nicaragua, women who had experienced violence earned far less than other women, controlling for a number of factors likely to affect earnings. Research in India estimated that women lost an average of seven working days after an incident of violence.

iv The World Health Organization published clinical and policy guidelines in 2013 for responding to intimate partner violence and sexual violence against women. The guidelines specify the minimum requirements for asking about partner violence. Although the guidelines caution against universal screening, they note that antenatal care provides an opportunity to enquire routinely about intimate partner violence, because of the dual vulnerability of pregnancy. The guidelines are available at <http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf?ua=1>

Because reproductive health providers have a long history of dealing with and being trained to deal with sensitive issues such as HIV, sexuality, contraception and sex negotiation, they may be better equipped to give support,[63] and be better skilled to collect the forensic evidence required for prosecutions. For example, reproductive health services in Romania were successfully used as an entry point to identify and treat female survivors of violence.

FORCED SEX AND SEXUAL VIOLENCE CAN LEAD DIRECTLY TO HIV

There is a strong and well-established relationship between HIV and sexual and gender-based violence, with causal links going both ways. In some countries, the risk of HIV (and other sexually transmitted infections) among women who have experienced violence may be up to three times higher than among those who have not.[64] Several studies have found that women are also more likely to experience intimate partner violence if they are known to be living with HIV.[65] A significant percentage of women and girls who have had unprotected sex – a large percentage in some countries – are in a violent or coercive intimate relationship.[66] Two recent studies of women – in Uganda (aged 15–49 years) and South Africa (aged 15–26 years) – found that women who had experienced intimate partner violence were 50 per cent more likely to have HIV than women who had not experienced violence.[67] Forced sex and sexual violence can lead directly to HIV and other sexually transmitted infections. Fear of violence can prevent women from finding out and/or sharing their HIV status, accessing treatment, and insisting on condom use with their partner.

Studies have found that adolescent girls forced into sex are less likely to use condoms or other contraception in future sexual encounters. In addition, individuals who have survived sexual coercion and assault early in life exhibit increased patterns of sexual risk taking later in life, including unprotected sex with multiple partners and transactional sex.[68] Meanwhile, violence can also be a consequence of infection, and women living with HIV and other sexually transmitted infections can face abuse and abandonment along with stigmatization,[69] including coerced or forced sterilization. Covert contraceptive use by women can increase their risk of experiencing violence, as shown in studies in India[70] and Bolivia.[71]

RECOMMENDATION: Governments must ensure that domestic laws protect women from sexual and gender-based violence in line with international obligations and commitments under human rights treaties and that these laws are enforced at all times.

Case study: War affects men and women differently – Syria

It is estimated that tens of thousands of women and girls around the world are subjected to sexual assault in conflict situations each year. Sexual and gender-based violence can occur at any time: as a weapon of war, during flight, during displacement, in the country of asylum, even during repatriation.

And Syria's conflict is no different.

When Syria's state of emergency began in 2011, one of the first organizations to respond was the IPPF Member Association, the Syrian Family Planning Association.

Against all odds, the Association is helping to fill the gaps in a health service ravaged by war, through mobile clinics in the most affected areas, including in Damascus, Aleppo and Homs.

There are many reasons why women refugees are at particular risk. If men are responsible for distributing goods and necessities, women may be subject to sexual exploitation, for example by being forced into having sex in exchange for things that they need.

Practicalities may also put women and girls at risk. They may have to travel to remote distribution points for food,

water and fuel; their living quarters may be far from latrines and washing facilities; their sleeping quarters may be unlocked and unprotected.

Fear of violence is, of course, not the only fear that women and girls have to face in conflict and humanitarian disasters. Problems related to sexual and reproductive health are the leading cause of death and ill health globally for women of childbearing age. In wartime, this vulnerability increases exponentially, as access to services decreases.

Women might have to give birth alone; if they make it to a clinic they might be miles from the nearest blood bank. When pregnant women are displaced and living in camps the need is even more acute.

Family planning provided through mobile clinics remains a cheap and effective way of reducing pregnancy-related deaths, for people who have already suffered too many other tragedies. The Syrian Family Planning Association continues to respond as the crisis evolves, training humanitarian workers to deal with pregnancy, childbirth and reproductive health.

ENABLING AUTONOMOUS DECISIONS

Integrating sexual and reproductive health with sexual, HIV and gender-based violence services can be more effective in promoting health and well-being. This is particularly the case where providers are trained to understand the gender discrimination and power imbalances underlying all three. Responses include offering safer sex negotiation and life skills training to help to encourage women who fear or experience violence to disclose their HIV status safely, and providing comprehensive medical and legal services to survivors of sexual violence.[72]

Studies highlight the importance of building skills and strategies that empower women and girls, both economically and socially, to gain control over their sexual experiences and sexuality. The studies emphasize how important it is to focus on vulnerable groups, to engage men as agents of change, and to establish integrated comprehensive services, whether through one-stop centres, co-location of services or functional referral systems. Functional referral systems in particular are considered to produce better outcomes for survivors, to increase access to services for the most marginalized, enable girls and women to make autonomous decisions and increase their ability to contest violence.[73] However, while evidence exists on why these links must be forged, evidence that evaluates the efficacy of these types of inter-linked interventions remains limited.

RECOMMENDATIONS:

- **Governments, UN agencies, multi-lateral institutions and civil society** must prioritize sexual and reproductive health and rights in order to tackle harmful gender norms. They should establish policies and deliver programmes which support not only the health of women and girls, but also their socio-economic development more broadly. There must be a strong focus on girls and the prevention of sexual and gender-based violence, including harmful traditional practices that compromise their health and limit development in other areas of their lives.
- **Governments, donors and civil society** should support the integration of sexual and reproductive health, HIV, and sexual and gender-based violence services in order to promote women's health and empowerment.

Across the world, rigid gender norms, and harmful perceptions of what it means to be a man, have far-reaching consequences for health and well-being.

There are strong evidential links between the gender norms that affect men and boys, and the harmful control and influence of men over women's sexual and reproductive health. Evaluations have shown that positive outcomes in transforming gender norms and promoting equality are most likely from ambitious programmes that concentrate on encouraging men and boys to question institutional practices and broader social norms. Studies have tied this approach to gains in the health and rights of women and children, as well as of men, if combined with approaches to address other structural factors, such as poverty and unemployment, that shape gender relations and reproductive health and HIV outcomes.[74]

RECOMMENDATION: Civil society organizations, donors and multi-lateral institutions must involve men and boys as partners in programmes on sexual and reproductive health and rights, gender equality, and the empowerment of women and girls.

As part of the Federation's broader gender work, IPPF works with men as partners and as agents of change. This includes the promotion of gender equitable parenthood, changing attitudes and behaviours that are a cause and consequence of sexual and gender-based violence and women's inequality. For example, the IPPF Member Association in Sweden partners with the Member Associations in Kenya, Tanzania, Uganda and Zambia to work with men and boys as partners and agents of change. The project promotes gender equality in relationships through sexual and reproductive rights information and education, and addresses the ways in which gender norms influence sexual and reproductive health and rights.

Case study: Men and boys – Bangladesh

Men are husbands, partners, fathers, brothers and sons, and their lives are intertwined with those of women, children and other men. Across the world, rigid gender norms, and harmful perceptions of what it means to be a man, have far-reaching consequences for health and well-being.

However, growing evidence shows that where men and boys are engaged in tackling gender inequality and promoting women's choices, the resulting outcomes are positive, with men and women able to enjoy more equitable, and healthier relationships, as Rebeya and Rafiquil discovered.

Bangladeshi housemaid Rebeya Begum was just 14 when she married rickshaw-puller Rafiquil Islam. Rafiquil knew that his income was not sufficient to raise a family but his relatives were putting pressure on him and his wife to have a baby. Rebeya was also worried because she had heard about the consequences of having a baby too young.

A few months into their marriage, Rebeya and her husband went to an information session run by the IPPF Member Association, the Family Planning Association of Bangladesh. After the consultation they both agreed to wait until she was 18 to have their first child. Their decision was met with scepticism by his family, but they changed when Rafiquil explained the health risks of having a baby so young.

Four years later Rafiquil and Rebeya decided to start a family. When she got pregnant he made sure she received antenatal care, medicine and advice and she had regular check-ups. When Rebeya went into labour her husband did not want to risk a home delivery because he was worried about her giving birth with untrained birth attendants, so they went to hospital.

After the birth of his daughter, Rafiquil said: *"If I had not attended the session I wouldn't have known about family planning, the right time to have a child or the consequences for girls of having a baby too young."*

Young Men as
Equal Partners
•Real Men Care•

Focus 2: Sexual and reproductive health and rights and women's economic participation

Among the 1.6 billion workers receiving regular wages in the labour market, female workers are paid, on average, significantly less than male workers.[75] Women are also over-represented as micro-entrepreneurs and small farmers, doing low-paid, low-productivity work in small firms or farms. This gendered gap in productivity and earnings is not because women are less capable, but because of women's lower educational levels and their limited access to resources, as well as social perceptions about the role of women.[76]

Gendered gap in productivity and earnings

Women face added vulnerabilities depending on where they work in the economy. The formal economy, informal economy and unpaid care work are deeply intertwined. Although the percentage of women working in formal wage employment worldwide has increased steadily over the past half century, women around the globe are still more likely to work in the informal economy.[77] Gender inequality is the underlying reason for this imbalance and it has severe effects for marginalized groups, including young women, immigrants, women with disabilities and transgender women.

A major cause and consequence of this inequality is the fact that, in all cultures and all economies, women continue to do the bulk of unpaid care work.[78] The care economy, which includes both paid and unpaid care work, is primarily undertaken by women and has an impact on their work opportunities and conditions.

Women's care burden

We cannot understand the relationship between sexual and reproductive health and rights and women's economic empowerment without first understanding the impact and contribution of women's care work to the economy. Care work describes the unpaid reproductive labour that is disproportionately undertaken by women and which includes, but is not limited to, child care, elder care, taking care of ill family members, cooking and cleaning.

Care work is directly linked to sexual and reproductive health and rights on several levels. At the policy level, care work is one of the primary areas where the impacts of gender inequality can be observed in both the private sphere (family) and public sphere (work, education and other services). The level of care work affects women's access to sexual and reproductive health services, both in terms of time burdens as well as practical barriers that directly limit their access to critical services. The reverse is true as well: without access to essential sexual and reproductive health services such as family planning, women cannot choose if and when and how many children to have. This can, in turn, increase their care burden and exacerbate already existing inequalities in women's share of care-giving, as well as the health and economic consequences that result from unplanned and/or frequent pregnancies, such as unsafe abortions, pregnancy complications, and increased rates of maternal and infant mortality.

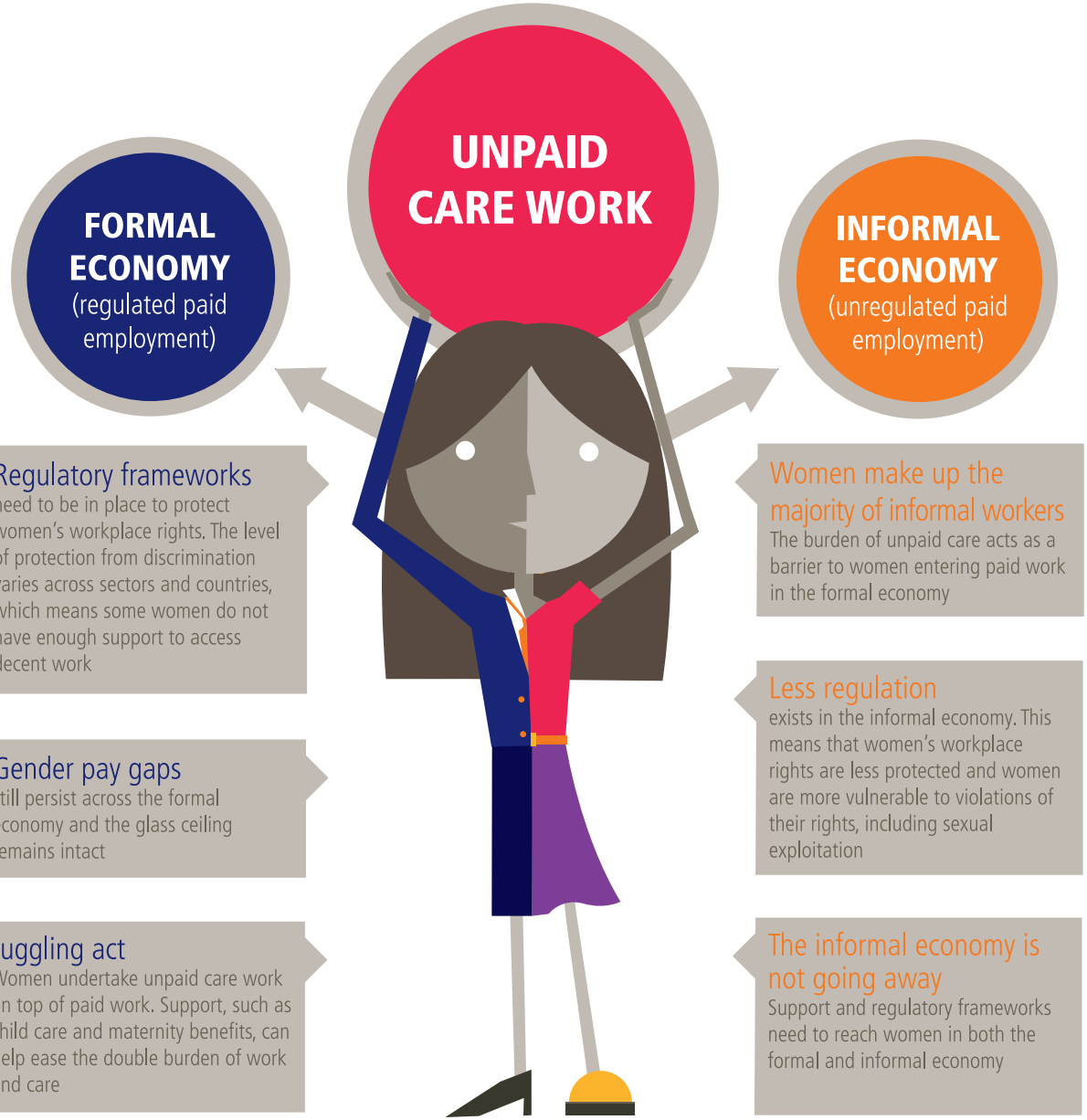
The care economy is directly tied to both the formal and informal economies. Gender inequality in care-giving responsibilities impacts on women's ability to enter the formal economy *and* their conditions of work in the informal economy. For example, a woman may be unable to commit to a formal job at regular times every day because she is required to be at home to look after others and perform household tasks. This may lead her to take up work in the informal sector which offers more flexibility (for example, in working hours, location and so on), but more insecure and precarious working conditions.

Where women are working in the formal sector outside of the home, there is a knock-on effect in that there will then be care roles that they can no longer perform; this means that there is therefore also a demand for other women to undertake these care roles such as cleaners, child-minders and nursery staff. So, in addition to the unpaid work done primarily by women and girls, the care economy also includes the growing *paid care* work sector.

Engaging men and boys in programmes that address care work

Programmes to include men and boys in gender equality projects are emerging in the context of care work, based on the idea that the inequitable division of reproductive labour can best be achieved through a shift in social norms. For example, combined with regulatory frameworks such as parental leave and workplace anti-discrimination policies, efforts to make care work no longer be seen as 'women's work' will remove some of the core structural impediments to women's economic empowerment.

An example of this programming includes MenCare, coordinated by Promundo and the Sonke Gender Justice Network, a global fatherhood campaign launched in 2011 to promote men's involvement as responsive, non-violent care-givers. The MenCare website (www.men-care.org) contains a wealth of information and resources, including films and posters, for carrying out campaigns and interventions at the community level or to incorporate into educational sessions.[79]



Women's participation in the formal economy

Economic participation does not automatically guarantee lower fertility or women's economic empowerment. Much policy attention in recent years has been given to gender equality as *'smart economics'*. The idea follows that by empowering women economically, societies and the economy benefit too. In line with this thinking, growing policy attention is being given to the extent to which fertility decline can be considered an influence on women's labour force participation or gainful employment. However, understanding the *causal pathways* remains decidedly messy.[80] For example, while there has been a rise in female labour force participation across many countries that has coincided with or followed fertility decline and uptake of contraceptive use, the causal relationships are unclear and need further research.

Recent studies have begun to build a strong evidence base indicating the positive influence of lower fertility in women's labour supply and employment, and how this trend can contribute positively to women's lives. For example, studies have shown that, globally, female labour force participation decreases with each additional child by about 10 to 15 percentage points among women aged 25 to 39.[81] Despite this, however, the extent to which women's increased entry into the labour force may be empowering, or even, arguably, improve their well-being, depends on the context, the reasons for women's economic participation, the existence of regulatory frameworks to support women's economic participation, and the type and conditions of the work.[82]

Given the role of care work in women's lives, it is unsurprising that more recent studies[v] find that women's empowerment in formal wage employment is tied to the presence (or lack) of regulatory frameworks: that is, the laws and policies that work to either encourage or discourage women from participating in the formal economy.

Addressing gender inequality in regulatory frameworks

The most frequently cited policies are parental leave, child care and access to contraceptives, and other policies that are often described as 'family friendly' or 'equal opportunity' and that ease the care burden that many women face. However, the full reach of the regulatory environment as it impacts on women's economic empowerment is much broader and includes, for example, equal pay auditing in parts of the Global North and the legal rights of women to own property in parts of the Global South. Lack of these policies, together with a lack of policies which seek to distribute care work evenly (both between women and men and between the state and private households) are cited as reasons that women in many regions remain in the informal or agricultural sectors, and are therefore more vulnerable to poverty, ill health and precariousness.

Regulatory frameworks that address gender inequality are essential for women's participation in the formal wage economy. A 2013 report from Pathways of Women's Empowerment analyzes the effects of regulatory environments on women's participation in the formal economy, using data from Bangladesh, Egypt and Ghana.[83] Findings from Egypt show that there were differences in regulatory frameworks between the formal and informal economic sectors, as well as the public and private sectors. These differences affect women's experience of work. For example, young women in Egypt indicated a fear and experience of sexual harassment and a higher gender pay gap in the private sector, where employers are not subject to 'anti-discrimination' legislation. Similar concerns drove women into the informal sector in Ghana, where lack of regulatory measures means that private employers are responsible for paying for maternity leave and child care without government assistance. This factor, combined with lack of anti-discrimination legislation, means that private employers are less likely to hire women due to concerns about extra costs.[84]

v More recently, researchers have focused not only on women's participation in the formal market economy, but on whether or not women's empowerment can be said to result from such activity. One prominent example is the research coming out of Pathways of Empowerment, a multi-year, multi-region research project run by partners BRAC University, CEGENSA, IDS, NEIM, SRC and UN Women. Another is the Fertility and Empowerment Network, coordinated by the International Center for Research on Women. Both of these projects approach women's employment from a rights-based, rather than economic-based, perspective.

Provisions for maternity leave and child care are primary elements of any policy attempt to draw women into the formal economy in a substantial and empowering way. For example, in Guatemala City, the introduction of community day care increased the income of mothers by 30 per cent and made them more likely to be employed in the formal sector. Importantly, the greatest beneficiaries of this programme were women and older women with lower levels of education.[85] In rural Colombia, community day care had positive impacts on women's labour participation, as well as benefits for children's well-being,[86] while a pre-school programme in Argentina increased women's employment by 7–14 per cent.[87]

The reasons for these outcomes vary according to region. However, it is important to note that due to a number of factors in many economies (such as the number and type of formal sector jobs available), women's share of the informal sector is unlikely to experience major shifts in the near future, regardless of availability of support for care work. **Given the benefits of child care and other support programmes, and the fact that women will continue to work in both the formal and informal economy, support for care work remains extremely important to women's economic empowerment, and to the health and well-being of women and their families.**

RECOMMENDATION: Governments must include sexual and reproductive health and rights in regulatory frameworks that support women's access to decent work. Such frameworks should be expanded across the formal and informal economy.

Healthy workplace promotion *versus* exploitative practices

In addition to targeted child care and maternity leave programmes, some companies provide on-site health programmes. In Nepal, a series of youth-led classes on sexual and reproductive health and rights for female factory workers, which included information on safe abortion, was not only successful in itself, but the young women who were trained as peer educators also gained additional organizational and mentoring skills.[88] In Bangladesh, one of the first countries where a large percentage of women found employment in the wage economy in the family planning and health sector, women have not only been able to gain economic empowerment, but also to change gender norms.[89]

Case study: Innovative workplace partnerships – Cambodia

In Cambodia, thousands of young women from rural areas move to cities to work in factories. These women often do not know where to go for sexual and reproductive health services and, for many, the services remain inaccessible due to cost or limited opening hours. The IPPF Member Association, the Reproductive Health Association of Cambodia (RHAC), is responding to this unmet need by providing information and free services to women working in factories.

RHAC has established formal partnerships with 30 factories in three major urban areas of Cambodia. Member Association staff deliver interactive and entertaining events at lunchtimes to provide information on sexual and reproductive health, including HIV. The factory workers are given vouchers that they can redeem at RHAC clinics for a range of free sexual and reproductive health services including contraception, post-abortion care, cervical cancer screening and treatment, HIV counselling and testing, referrals for antiretroviral treatment, and testing and treatment for sexually transmitted infections.

Since the women work six days a week in the factories, RHAC has adapted its clinic hours to ensure it is open on Sundays during the workers' time off. For those factories that have on-site clinics to treat workplace injuries and minor illnesses, RHAC has provided training to the factory clinic staff on health education, client rights, basic clinical skills, providing information about contraception and testing for sexually transmitted infections. RHAC is developing plans to upgrade these factory clinics to provide more services on site.

It should be noted, however, that there is a distinction between the positive promotion of health programmes at work and the exploitative practices found, for example, in maquiladoras (foreign owned assembly plants in South America), where obligatory pregnancy testing and other forms of reproductive and sexual health rights violations are rampant.[90] The provision of contraceptives and other family planning methods is highly controversial in some country contexts, as noted in the recent Hobby Lobby Supreme Court decision in the United States and the contestation of some provisions of the 2012 Responsible Parenthood and Reproductive Health Act in the Philippines.[91] In both cases, certain employers were exempted from providing contraceptives to employees, making access difficult for women, especially those of lower incomes who cannot afford to purchase contraceptives.

The ability to access safe abortions and post-abortion care is also strongly linked to women's economic stability and empowerment. In countries where abortion is extremely restricted, such as Kenya, Uganda and El Salvador, the health and economic impacts on women's lives are severe. Whether resulting in higher rates of maternal morbidity (Kenya)[92] or imprisonment (El Salvador),[93] both consequences impact negatively on the health and economic stability not only of women, but of entire families and communities. In Uganda, one study of women who had received unsafe abortions found the following adverse effects: loss of productivity (73 per cent), negative consequences for their children (60 per cent) and deterioration in economic circumstances (34 per cent).[94]

The route to women's economic empowerment

There is a small body of literature that focuses on women's economic empowerment in the context of agriculture. This research, which tends to be regionally focused on sub-Saharan Africa, is primarily concerned with environmental sustainability, nutrition and food security. However, there is also some research on land ownership where connections to sexual and reproductive health and rights and women's empowerment could be made and expanded on. For example, the importance of women's land and inheritance rights has been noted in the context of HIV. In Kenya and Uganda, for instance, research suggests that programmes addressing both women's land and inheritance rights and HIV are more effective at helping women alleviate the consequences of HIV, when compared with programmes that address either issue by itself.[95]

The link between women's economic stability and that of their families and communities is one of the reasons that livelihood programmes such as employment guarantees, infrastructure projects and micro-finance have often been targeted at women. While livelihood programmes such as micro-finance have long been promoted as a way to increase women's economic participation, research suggests that providing women with access to income without access to support mechanisms and other infrastructure may not lead to economic empowerment. For example, women's involvement in these projects does not necessarily result in women's empowerment, and may indeed increase women's care burden.[96]

When access to education about sexual and reproductive health and rights is combined with such programming, however, there is evidence of improvement to women's economic stability, health and well-being. For example, a micro-finance programme that included participatory education on gender and HIV in South Africa resulted in the economic empowerment of women and a reduction in intimate partner vioence.[97]

RECOMMENDATION: Donors and civil society must include sexual and reproductive health and rights in programming on women's economic empowerment in order to support women's access to decent work.

Case study: A life-changing programme creates jobs and delivers hope – Nepal

Up to 200,000 Nepali girls are trafficked to Indian brothels every year. Others are forced into domestic work, construction and some even become members of circuses.

Nineteen-year-old Sunita was trafficked to India when she was 17. She managed to get back to Nepal and through the Combating Girls' Trafficking project, run by the IPPF Member Association, the Family Planning Association of Nepal, is now able to support herself.

She shares a mushroom farm financed by a loan from the project and has high hopes for the future. She also works to stop other girls being trafficked.

"I was raped by one of the men who worked there and became pregnant as a result. I was one month pregnant when I came back here," Sunita said. *"I had no money and my family was very poor, especially as they had sold their goat for 1,000 rupees (US$16) to get me back."*

With her profits from the mushroom business, Sunita can now help her parents and provide for herself.

"It's so helpful for me to have money from the farm," she says. *"Last year we made 25,000 rupees (US$404) between us. This year we're aiming for 100,000 rupees (US$1,617) and want to increase the target every year.*

"My daughter is two now. I couldn't get any education; I cannot read. I want to provide her with an education so she will be successful. I want to give her skills so she can be independent and earn money.

"I feel very bad when I remember India. It was a very hard existence there. Now I'm providing information to other girls, telling them not to go there. I'll do that for my whole life to save them from what I went through."

Women's participation in the informal economy

Work in the informal economy tends to be more insecure and offers fewer benefits than work in the formal wage economy, with specific effects on sexual and reproductive health and rights. Women work in the informal economy for many reasons, including the growth in women's formal wage work, which has resulted in a need for paid care work; flexibility that allows for their own care work; immigration status; and sexual and gender discrimination in the formal economy. A large proportion of the research that has been conducted on women's work in the informal sector has been on domestic work and, in particular, focuses on trafficking and exploitation of children in domestic work. Girls outnumber boys whether performing domestic labour at home or as the victims of trafficking outside the home.

More recently, a lot of work in relation to girls has explored domestic work and care work, primarily focused on the fact that girls are denied opportunities because of gender norms that require them to share care work burdens with women. **This research emphasizes the fact that child labour law does not take (unpaid) domestic labour into consideration, to the detriment of girls' education and overall well-being.**[98]

MARGINALIZED GROUPS

Migrant and immigrant women are often forced into the informal sector as a result of their immigration status, where the lack of regulations makes them more vulnerable to lower wages and workplace discrimination, including sexual assault, as well as less likely to be able to access health care, let alone maternity leave or child care. These shortcomings have resulted in discrepancies between the health outcomes of immigrant and non-immigrant women. For example, in the state of Texas in the United States, immigrant women fare poorly as a result of restrictive reproductive health along with immigration policies that prevent them from accessing sexual and reproductive health services.[99] Conversely, countries in Western Europe with more progressive immigration policies have seen health inequalities between immigrant and non-immigrant women reduced or eliminated.[100]

Sex workers also experience many of the same issues of sexual and reproductive health violations as domestic workers which include increases in sexual assault and other forms of abuse, as well as greater exposure to HIV. In addition to its health-related consequences, positive HIV status can exacerbate the already disadvantaged social, legal and economic status of sex workers.[101] Research indicates that stigma not only prevents women sex workers from engaging with sexual and reproductive health services, but also increases their exposure to HIV and violence.[102]

In addition to the more severe examples of sexual and reproductive health and rights abuses of women working in the informal sector, sexuality affects women's political and economic empowerment in a number of important ways, including by being exposed to sexual harassment and sexual violence, and not being able to exercise choice in sexual relationships which can ultimately undermine political, social and economic empowerment.[103] Where women are the most likely to be exposed to sexual harassment and sexual violence – the informal sector – they are then also most likely to have their political, social and economic empowerment undermined.

THE POWER OF ORGANIZING COLLECTIVELY

Women working in the informal economy have begun to organize collectively for rights, including sexual and reproductive health and rights. In recent years, both sex workers and domestic workers have been successful in organizing collectively for regulatory frameworks that offer a host of protections, including in the area of sexual and reproductive health and rights. For example, as a result of collective action among domestic workers in Brazil, legislation was passed to extend labour benefits such as paid holiday, maternity leave and retirement benefits to domestic workers, with significant improvements in their working conditions.[104] The new unions emerging in response to the growing presence of women workers in the informal economy are organizing their activities around women's multiple roles as workers, mothers and women, addressing practical gender concerns such as safety of travel at night and support for child care, along with the more traditional trades union concerns such as wages and working conditions.[105]

RECOMMENDATION: Donors, multi-lateral institutions and civil society should continue and increase funding to grassroots organizations that build the capacity of women to participate individually and collectively across social, economic, political and public life.

BUILDING IN GENDER TRANSFORMATIVE POTENTIAL

The informal economy is not going away. Regulatory frameworks, including ones that support and promote universal access to sexual and reproductive health and rights, should be expanded to help women access decent work and become healthier and more economically stable. Access to support systems that are traditionally found only in the formal market is a key part of the story – for many regions and in many economies, the bulk of jobs for women are likely to remain in the informal sector.[106] Sexual and reproductive health and rights must be integrated into regulatory frameworks to support women's work; in turn, rights delivered through such frameworks must reach women in both the informal and formal economies. These frameworks should be in line with internationally agreed standards.[vi]

In addition, the sexual and reproductive health and rights and unpaid care work of women should be taken into consideration in gender transformative programming on women's economic participation by ensuring that child care and health needs are considered in programme design and implementation. Evaluations highlight the importance of considering women's care work in infrastructure projects, as evidence suggests that certain infrastructure programmes can increase women's economic empowerment, while others can increase their care work burden.[107] Research finds that public works programmes could have gender transformative potential were they to provide child care and if they promote social infrastructure such as schools and clinics.[108]

Sexual and reproductive health and rights must be integrated into regulatory frameworks to support women's work; in turn, rights delivered through such frameworks must reach women in both the informal and formal economies.

vi For example, the International Labour Organization Maternity Protection Convention, 2000 (No 183), its accompanying Recommendation (No 191) and the Workers with Family Responsibilities Convention, 1981 (No 156), as well as internationally agreed rights obligations, such as the International Covenant on Economic, Social and Cultural Rights, which includes an article on anti-discrimination (article 2, 2) and an article on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (article 12,1), as well as progressive immigration policies.

Focus 3: Sexual and reproductive health and rights and women's participation in public and political life

Women's low participation in public and political life is often shaped by the legal framework and by the nature of formal political institutions such as political parties and parliamentary structures, and electoral systems and processes. But gender norms and economic and social factors also limit women's opportunities and capabilities to participate in decision making.

Combination of inequities

A combination of inequities leads to opportunity and capability gaps that overlap and that are disproportionately faced by women. These limitations include lack of economic and strategic resources to stand for election, including poor networks, limits on women's mobility, social norms that over-emphasize women's domestic roles and responsibilities, resulting in a decrease of their time and energy to engage outside the household.

As this report highlights, the gendered division of labour is still very real both within and outside the home. Within the household, women carry the overwhelming burden of unpaid reproductive labour and caring work, which affects their ability to be active outside the home, and to influence decisions within it.[109] Changing family patterns, including more single parent households, can increase the imbalance, and so can a lack of quality child care and social infrastructure.[110] A lack of control over their day-to-day time, compounded by lack of control over if and when to have children, makes it difficult for women to plan their participation in leadership contests or elections, underlining how important reproductive rights are to enabling women to participate and lead.

In some cases, particularly in fragile contexts, women may face intimidation or threats in running for office because men or customary local authorities may feel that this threatens the traditional male hierarchy or patriarchal order. In addition, party politics tend to be dominated by men, making it more difficult for women to get onto party lists for election.[111] The lack of economic and strategic resources to stand for election has been found to restrain women from political candidacy. Interviews in Malawi with women who had stood for office showed that women frequently lack political experience, resources, education and connections. The women also found it especially challenging to balance home life with professional life, and to find time for community responsibilities and multiple gender roles, productive, reproductive labour and community work.[112]

Intersecting types of discrimination

In addition, social expectations of women's sexuality affect their interactions in public life, including their political aspirations and electability.[113] For example, when a woman stands for election to political office, one of the many barriers she might face to being nominated, selected and elected is that her sexuality may feature prominently. For example, if she is unmarried, separated or divorced, aspersion may be cast on her suitability for public office. If she is not a mother, she may find herself being judged as lacking the qualities that would make her effective in politics. If she has a child out of wedlock, she may find herself ostracized by her party and the media. If she sits on committees that are dominated by men, as most parliamentary committees tend to be, she may find herself bearing the brunt of demeaning and patronizing comments, and sexual harassment.[114]

Poor levels of participation and representation in decision making bodies are worsened by intersecting types of discrimination relating to ethnic group, socio-economic status, religion, disability, health status (such as women living with HIV) and sexual orientation. Those who are marginalized by dominant norms in relation to gender and sexuality – such as lesbian women, bisexual women, single women, divorced women, widows and sex workers – may face serious stigma, discrimination or violence if they seek to participate or stand for election to public or political office. It is important to support women who are marginalized because of their sexuality, and to challenge the existing legal, policy and social environments to create an enabling environment for their positive enjoyment of sexuality and their involvement in political decision making.

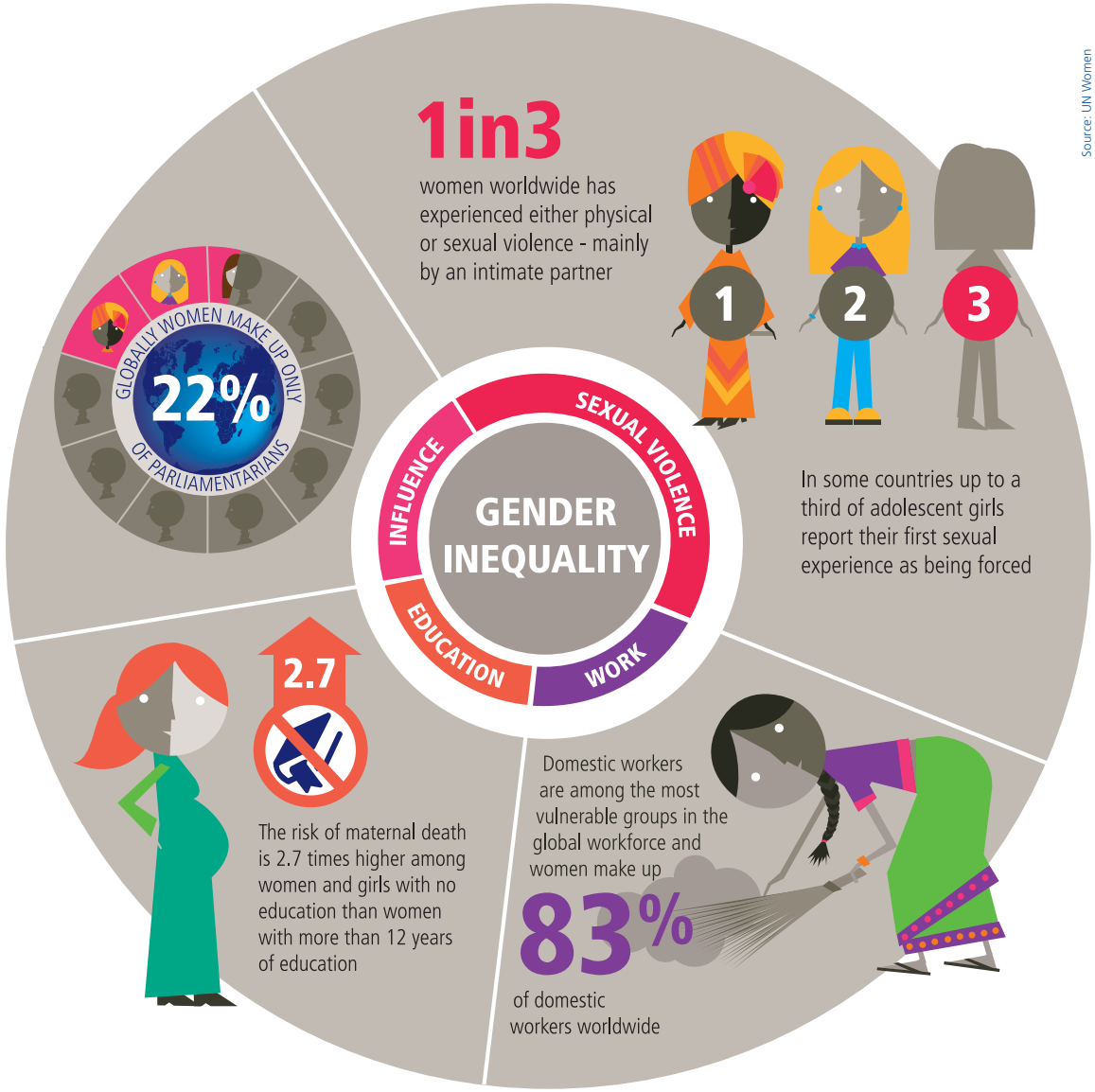
Case study: Helping rural women to get their voices heard – Albania

The IPPF Member Association in Albania – the Albanian Center for Population and Development – set up a project to help under-represented groups, in particular women, have greater influence on the decisions and policies which affect their lives.

Women in rural Albania find it particularly difficult to access higher education due to their burden of work both inside and outside the home. Lack of time leaves them unable to have a career, let alone take part in community or political decision making.

The project team organizes women's fora through which women can voice their concerns to the local government – these fora include groups of under-represented women such as Roma, unemployed women and women with disabilities.

Women activists who want to participate in local government have also been trained by the Center to develop leadership, communication and advocacy skills, learn about human rights, particularly women's rights, and the roles and responsibilities of councillors. They, in turn, learn how to help other women build the self-confidence and leadership skills needed to take on a role in public and political life. The fora are now yielding results – getting women's needs onto the local government agenda, raising petitions and improving living conditions in their communities.



Source: UN Women

Evidence gaps: making the links between sexual and reproductive health and rights and women's participation in public and political life

There is a lack of research and evidence that examines the linkages between sexual and reproductive health and rights and women's participation in political and public life. Some studies have shown a connection between women in parliament and the prevalence of contraception within the country. However, the relationship between the two could range from social factors (more social equality leads to higher contraceptive use) to direct causation (the presence of contraception directly increases the number of women in parliament). To come to a conclusion on the relationship, further information and research are needed.[115]

Other studies have shown that a woman who can choose from easily accessible, widely available contraceptive methods to control if, when and how many children to have could be more likely to take on roles outside the domestic sphere. This research shows that access to contraception may also contribute to the increasing number of women worldwide who are becoming educated and joining the labour force or becoming civic and political leaders. Again, however, there is limited research into this linkage. The gap in knowledge was the impetus for the establishment of the Fertility & Empowerment Network, a group of academic and applied researchers at the International Center for Research on Women, who are investigating whether and to what extent declines in fertility in lower- and middle-income countries have led to subsequent gains in women's empowerment and transformations in gender relations.[116]

RECOMMENDATION: Donors and multi-lateral institutions should increase investment to support civil society and academic networks to examine the links between sexual and reproductive health and the empowerment of girls and women. More rigorous research is needed on the impact of sexual and reproductive health and rights interventions in education, and the links with women's economic participation (particularly in agriculture) and representation in political and public life. Establishing these links could have a significant impact on policy and programme interventions related to sexual and reproductive health and rights, gender equality, and the empowerment of women and girls.

Getting beyond the numbers

Interventions that promote women's political participation generally focus on getting women into office, mainly through quota systems and capacity building of individual women leaders. However, getting more women into office does not by itself guarantee women's substantive influence on political decision making or guarantee political decisions that further women's rights, gender equality or other gender outcomes. Women are not a homogeneous group but come from very varied socially structured positions according to, for example, class, ethnicity and religion. Increasing women's representation and participation in governance is not simply about numbers and influence, but is also about the need for women's strategic interests and gender equality concerns to be addressed in public policy decisions and resource allocations so that these better support women's rights in general.

For example, Kenyan women activists and female members of parliament hold the view that women make a difference, not necessarily because of numbers, but despite the numbers. Despite their marginality in decision making, Kenyan women have made a significant difference in shaping and advancing the gender agenda, leading to an increase in maternity leave to four months, an increased focus on gender issues and HIV, and gender sensitive policies including the National Reproductive and Health Policy and the National Policy for the Abandonment of Female Genital Mutilation.[117]

Sexuality and empowerment

Sexuality affects women's political empowerment in a number of important ways, and should be a fundamental part of any strategy to promote women's empowerment. Yet policies and programmes that deal with political empowerment either exclude sexuality or focus on the negative aspects of sexuality such as sexual harassment and abuse rather than pleasure, control and empowerment.

While it is important to pay attention to the harmful and negative aspects of sexuality, such a focus can give rise to the dominance of victim narratives and lock both men and women into constraining and unhelpful stereotypes. Looking at the pleasurable aspects of sexuality invites a truer reflection of real women's lives and a greater understanding of all the possibilities that can contribute to women's empowerment.[118] Positive approaches to sexuality can be an important driver of change[119] and research demonstrates that women in diverse settings consider their sexuality an important source of power and a mechanism to shape and control their futures. Changing narratives about sexuality is therefore a crucial but neglected development strategy that promises wider benefits to women's livelihoods and well-being.

RECOMMENDATION: Donors, multi-lateral institutions and civil society should continue and increase funding to grassroots organizations that build the capacity of women to participate individually and collectively across social, economic, political and public life.

Democratizing politics

Ultimately, as suggested by Pathways research, far greater attention needs to be paid to feminist constituency building, and to processes to democratize politics itself. Organizing is needed at the grassroots to build networks and critical consciousness, and to strengthen women's individual and collective capacity, rather than just inserting women into unaccountable political institutions.[120]

Increasing the accountability of political institutions, tackling deep-rooted beliefs and structural constraints that perpetuate inequalities, and empowering women through grassroots organizations are therefore crucial steps towards challenging inequality, increasing access to sexual and reproductive health care services and rights, and achieving a range of other gender outcomes and development goals.

Collective action: building momentum for transformative change

While an individual woman's greater empowerment might help her reach better outcomes for herself within her environment and constraints, this is rarely enough in itself to promote structural changes that will reform the environment for other women. By contrast, women's *collective empowerment* can be transformative, promoting changes in society and policy. Acting together can contribute to changes in laws, policies, services, institutions and social norms that will eventually increase women's individual empowerment.[121]

Recent research on women's coalitions in Jordan, Egypt and South Africa has shown that women's combined strength, through collective action and women's movements, can play a central role in building the momentum for progressive policy and legal reforms, changing adverse social norms and promoting accountability.[122] In addition, collective action is seen as an increasingly important mechanism to promote women's empowerment.

Today, collective action has taken on a whole new dimension as it draws on the connective power of social media and online platforms. New information and communication technologies are opening up new spaces for collective action and women's participation in public life. Information and communication technologies create opportunities to mobilize people and influence decision makers well beyond the site of any specific event. This creates huge potential for women's participation in public life and influence over their sexual and reproductive health choices and rights, which are no longer limited by geography and by strict cultural norms.[123] In Nigeria, for example, where sexual violence against women and girls contributes to their higher risk of unwanted pregnancy and unsafe abortion, a youth-led social media campaign ("#Choice4Life"campaign) is raising awareness of the link between sexual violence and reproductive health and adding a critical new voice to the national debate over reform of the country's anti-violence laws.

Informal roles of influence, recognition and power

Despite their lack of formal participation, women often have informal roles of influence, recognition and power within the community as mothers, teachers, volunteers, entrepreneurs and community leaders. Such participation and leadership enable women to voice their needs and challenge gender norms in their community, both individually and collectively. **However, although women's participation in informal decision making processes is often more common than their representation in formal positions and structures, it tends to be hidden and therefore not very highly valued and understood.**[124]

Limited knowledge of the various forms and fora for women's participation and leadership in public life, as well as imperfect measurements, mean that limited data are available on such participation and leadership. Furthermore, until recently, pathways into women's domestic and family lives, religious institutions and local organizations, as well as the vital role played by feminist and women's organizations in amplifying the voice of women, have been less explored than women's representation in formal politics.[125] However, recent studies on women's empowerment, collective action, community participatory mechanisms and citizenship representation have noted the increasing role of women in public life, and to an extent have explored the connection between women's empowerment and their sexual and reproductive autonomy.[126]

Critical, yet marginalized role in peace building

Of particular concern to the international community is the low political participation and engagement of women in peace building and reconstruction processes in post-conflict situations across the world. In 2000, the United Nations Security Council Resolution 1325 reaffirmed the role of women in preventing and resolving conflicts, and mandated UN Member States to take steps to increase women's participation in decision making.

However, prevalent discrimination and sexual violence remain significant barriers to achieving the Resolution's goal of inclusivity. Research carried out by the Crisis Group in Sudan, Democratic Republic of the Congo and Uganda suggests that peace agreements, post-conflict reconstruction and governance do better when women are involved, as women adopt a more inclusive approach toward security, and address key social and economic issues that would otherwise be ignored. However, in each of the three countries, women remain marginalized in formal processes and under-represented in the security sector as a whole. The scale of discrimination and violence against women in armed conflicts is the central obstacle to expanding women's role as peace builders.[127]

Many more studies indicate that sexual violence is a major barrier to women's participation in peace building and recovery. Violence against 'political' women speaking up in public, defending human rights or seeking political office is very common in post-conflict countries and strongly dissuades women from participating in public life, let alone seeking political office. In Afghanistan in 2013, for example, 70 such women in leadership positions were assassinated in nine months alone.[128] Although new laws to eliminate violence against women are in place in many post-conflict countries, they are not enforced. Resources need to be prioritized to protect women and girls and to support gender training, sensitizing and capacity building for police, judiciary and social services professionals to enforce the law. In many such contexts, it is the security forces who are the perpetrators of sexual and gender-based violence, which highlights the need to improve legal accountability and prosecutions to rebuild trust in post-conflict institutions.

RECOMMENDATION: Governments, donors and civil society must ensure that sexual violence is addressed as part of promoting women's political participation and engagement in peace building and post-conflict reconstruction.

Conclusion: making change happen

This report highlights how ensuring sexual and reproductive health and rights for all can advance the empowerment of women and girls around the world, and ultimately contribute to achieving gender equality. Over 350 references were reviewed and the evidence is compelling. The realization of sexual and reproductive health and rights is crucial to achieving gender equality and empowering women and girls.

Overcoming disproportionate discrimination

The facts are stark: gender inequality is pervasive and women and girls remain disproportionately discriminated against across social, economic and public life.

However, the diverse lives of women and girls around the world shows the route to a different future. Despite widespread gender inequality, women and girls are making ends meet, they are caring for their families, pursuing work opportunities, organizing collectively and mobilizing for change. Ensuring universal access to sexual and reproductive health and rights for all is crucial to making this change happen.

For gender relations to be transformed, the structures that underpin them have to change. Women and girls should be able to lead lives that are free from violence; they should have opportunities to expand their capabilities, and have access to a wide range of resources on the same basis as men and boys. They should have a real presence and voice in the full range of institutional fora where decisions are made that shape their lives and the functioning of their families and societies.[129]

Moving beyond constraining stereotypes

Until recently, women's empowerment has been dealt with in a narrow way in which gender equality and women's empowerment has either excluded sexuality or focused on the negative aspects of sexuality such as disease, violence and abuse, and highlighted the constraints that women face when exercising decision making and control over sexual and reproductive decisions. While it is important to pay attention to the harmful and negative aspects of sexuality, solely focusing on these aspects can give rise to the dominance of victim narratives and lock both men and women into constraining and unhelpful stereotypes.

Changing social norms

Looking at the pleasurable aspects of sexuality invites a truer reflection of real women's lives and a greater understanding of all the possibilities that can contribute to women's empowerment.[130] A *'sexuality lens'* can provide new ways to promote women's empowerment by focusing on the positive aspects of women's sexuality in challenging limiting social norms that restrict women's well-being and opportunities at work, in politics and in the public domain.

This report finds that quality services, information, education and social conditions that allow women to maintain good sexual and reproductive health and realize their sexual and reproductive rights are needed to advance gender equality and enable the empowerment of women and girls. Gender equality is an important end in itself; it can also have a transformative effect on achieving sustainable development. Prioritizing and investing in sexual and reproductive health and rights has the potential to contribute to achieving gender equality which, ultimately, has transformative potential for sustainable development.

Sexual and reproductive health and rights must be brought into mainstream development discussions on gender equality and empowerment if we are to make a positive and lasting difference to the day-to-day lives of women and girls.

Recommendations: moving forward together

IPPF urges governments, United Nations agencies, multi-lateral institutions and civil society to:

1. Support an enabling environment so that sexual and reproductive health and rights and gender equality become a reality.

a. **Governments** must prioritize the inclusion of sexual and reproductive health and rights within global agendas such as the post-2015 sustainable development framework. **Governments** should include sexual and reproductive health and rights in national plans to ensure political prioritization and continued investment in sexual and reproductive health and rights.

b. **Governments** must prioritize sexual and reproductive health and rights within the context of *both* health and gender equality. At the national level, this requires commitment and investment from the ministry of health and the ministry of gender/women, as sexual and reproductive health and rights span the range of women's human rights.

c. **Governments, UN agencies, multi-lateral institutions and civil society** must prioritize sexual and reproductive health and rights in order to tackle harmful gender norms. They should establish policies and deliver programmes which support not only the health of women and girls, but also their socio-economic development more broadly. There must be a strong focus on girls and the prevention of sexual and gender-based violence, including harmful traditional practices that compromise their health and limit development in other areas of their lives.

d. **Governments** must include sexual and reproductive health and rights in regulatory frameworks that support women's access to decent work. Such frameworks should be expanded across the formal and informal economy.

e. **Donors and civil society** must include sexual and reproductive health and rights in programming on women's economic empowerment in order to support women's access to decent work.

f. **Governments** should ensure that domestic laws support the sexual and reproductive health and rights of women and girls and meet international obligations under human rights treaties such as the Convention on the Elimination of All Forms of Discrimination against Women. At national level, governments must enforce legislation that eliminates discrimination against women and girls. This should include laws that protect women and girls from violence, including early and forced marriage and female genital mutilation, as well as laws that proactively promote the equal participation in political and public life of all women, regardless of their background.

2. Continue and increase financial and political commitment to sexual and reproductive health and rights in order to sustain the success of health interventions and to expand and increase possibilities for gender equality and the empowerment of girls and women.

a. **Donors, multi-lateral institutions and national governments** should continue and increase investment in the full range of sexual and reproductive health and rights services, including rights-based family planning. Particular attention should be paid to investing in maternal health and HIV prevention, both of which are leading causes of death among women of reproductive age in low- and middle-income countries.

b. **Governments and civil society** must ensure that the post-2015 sustainable development financing mechanisms and strategies that detail what financing will cover – such as the Global Financing Facility and the updated global strategy on women's and children's health – prioritize the sexual and reproductive health of women and girls. **Donors and multi-lateral institutions** must engage civil society meaningfully in the creation of these financing structures as well as national financing plans.

3. **Measure the things that matter.**

   a. **Governments** must prioritize greater investment and effort to fill knowledge gaps and collect robust data. **UN agencies and multi-lateral institutions should work with governments** to increase data collection, disaggregated by sex and age, on sexual and reproductive health and rights and other core areas relating to gender equality.

   b. **Donors and multi-lateral institutions should increase investment to support civil society and academic networks** to examine the links between sexual and reproductive health and the empowerment of women and girls. More rigorous research is needed on the impact of sexual and reproductive health and rights interventions in education, and the links with women's economic participation (particularly in agriculture) and representation in political and public life. Establishing these links could have a significant impact on policy and programme interventions related to sexual and reproductive health and rights, gender equality, and the empowerment of women and girls.

4. **Engage men and boys as partners in gender transformative change by ensuring that sexual and reproductive health and rights are a reality for all.**

   a. **Civil society organizations, donors and multi-lateral institutions** must involve men and boys as partners in programmes on sexual and reproductive health and rights, gender equality, and the empowerment of women and girls.

5. **Take steps to eliminate sexual and gender-based violence against women and girls by ensuring implementation of legislation that protects women from violence, and ensuring access to sexual and reproductive health services that meet the needs of women and girls, particularly in fragile and conflict affected contexts.**

   a. **Governments** must ensure that domestic laws protect women from sexual and gender-based violence in line with international obligations and commitments under human rights treaties and that these laws are enforced at all times.

   b. **Governments, donors and civil society** should support the integration of sexual and reproductive health, HIV, and sexual and gender-based violence services in order to promote women's health and empowerment.

   c. **Governments, donors and civil society** must ensure that sexual violence is addressed as part of promoting women's political participation and engagement in peace building and post-conflict reconstruction.

6. **Continue and increase investment at the grassroots level, to build women's individual and collective capacity to participate in political and public life.**

   a. **Donors, multi-lateral institutions and civil society** should continue and increase funding to grassroots organizations that build the capacity of women to participate individually and collectively across social, economic, political and public life.

Glossary of terms

Gender refers to the social attributes and opportunities associated with being biologically male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned as we grow up through socialization processes. They are context and time specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context.[131]

Gender-based violence is violence and discrimination that is directed at a person on the basis of sex, gender, gender identity or sexual orientation. Sexual and gender-based violence underlies the inequitable power relationships between women and men and affects women disproportionately but it also affects men and boys to some extent. Gender-based violence is often used interchangeably with violence against women.[132] Sexual and gender-based violence includes violence and discrimination experienced by individuals on the basis of sexual orientation and gender identity.[133] Gender-based violence is both a violation of human rights and a key barrier to accessing sexual and reproductive health services.

Gender equality means equality of opportunity for women, men, intersex and transgender people to realize their full rights and potential. It signifies an aspiration to transform structural inequalities, behaviour patterns and social norms, leading to social change and sustainable development. Gender equality requires specific strategies aimed at eliminating gender inequities.

Gender equity means justice and fairness. It is the process, and gender equality is the result of that process. Gender equity recognizes that women, men, intersex and transgender individuals have different needs and historical and social disadvantages that hinder them from otherwise operating on a level playing field. Equity leads to equality.

Gender identity refers to an individual's deeply felt internal and individual experience of gender, which may or may not correspond with their sex assigned at birth. It includes both the personal sense of the body which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means, and other expressions of gender, including dress, speech and mannerisms.[134] The gender identity of intersex and transgender individuals does not always match the sex assigned to them at birth. Transgender individuals generally choose to dress and present themselves as the gender with which they identify, rather than their birth-assigned sex. They may or may not choose to alter their body physically through hormones or surgery. Intersex and transgender people should be treated as the gender with which they identify, and referred to by their chosen name and pronoun.

Gender mainstreaming is the process of incorporating a gender perspective into policies, strategies, programmes, project activities and administrative functions, as well as into the institutional culture of an organization.[135]

Gender transformative policies and programmes aim to change gender norms and promote relationships that are fair and just. Gender transformative programming aims to build equitable social norms and structures; advance individual gender equitable behaviour; transform gender roles; create more gender equitable relationships; and advocate for policy and legislative change to support equitable social systems.[136]

Informal economy refers to activities and income that are partially or fully outside government regulation, taxation and observation.[137]

Intersex refers to people whose biological make-up (genetic, hormonal and physical features) are neither exclusively male nor exclusively female, but are typically both at once or not clearly defined as either. These features can manifest themselves in secondary sexual characteristics such as muscle mass, hair distribution, breasts and stature; primary sexual characteristics such as reproductive organs and genitalia; and/or in chromosomal structures and hormones.[138]

Sex refers to the biological and physiological characteristics that define men and women. Sex differences are concerned with the physiology of males and females. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females.[139]

Sexual orientation refers to each person's capacity for emotional, physical and sexual attraction to, and intimate and sexual relations with, individuals of a different sex (heterosexual) or the same sex (homosexual) or more than one sex (bisexual).

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. A wider range of sexually violent acts can take place in different circumstances and settings.[140]

Social development refers to the processes of change that lead to improvements in human well-being, social relations and social institutions, and that are equitable and sustainable.[141]

Transgender is an umbrella term referring to individuals whose gender identity and expression do not conform to norms and expectations traditionally associated with their sex assigned at birth. Transgender individuals may self-identify as transgender, female, male, transwoman or transman, transsexual, hijra, kathoey, waria or one of many other transgender identities, and may express their genders in a variety of masculine, feminine and/or androgynous ways.[142]

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In its Vision 2020 manifesto, IPPF is calling for 10 actions. By 2020 we want all governments to:
1
Establish by 2015 a new international development framework that includes sexual and reproductive health and rights as essential priorities.
2
Increase access to sexual and reproductive health and rights in order to close the gap between the top and bottom wealth quintiles by the year 2020.
3
Eliminate all forms of discrimination against women and girls to achieve de facto equality of opportunity for both women and men by the year 2020.
4
Recognize sexual rights and reproductive rights as human rights by the year 2020.
5
Engage young people in all policy decisions affecting their lives.
6
Provide comprehensive and integrated sexual and reproductive health and HIV services within public, private and not-for-profit health systems by the year 2020.
7
Reduce by at least 50% the current unmet need for family planning by the year 2020.
8
Make comprehensive sexuality education available to all by 2020.
9
Reduce maternal mortality due to unsafe abortion by 75% by the year 2020.
10
Allocate sufficient resources to make all nine targets achievable by 2020.

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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‘Sexual and reproductive health and rights – the key to gender equality and women’s empowerment’ is IPPF’s second publication in our series of Vision 2020 reports.

Vision 2020 is IPPF’s 10-point call to action – our vision for universal access to sexual and reproductive health and rights. IPPF’s Vision 2020 manifesto includes 10 key asks that we see as necessary to achieve universal access to sexual and reproductive health and rights and to create an equal and sustainable world. Leading up to 2020, IPPF will produce an annual Vision 2020 report that focuses, in turn, on goals from our manifesto. This landmark report focuses on goal number 3 of the manifesto, which calls for governments to eliminate all forms of discrimination against women and girls to achieve de facto equality of opportunity for both women and men by the year 2020.