

Scanning UN MDGs with Gender Lens

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Introduction

Millennium Development Goals have succeeded in bringing into focus the key development issues for all countries worldwide. They have further provided momentum to the existing development programmes and policies across the globe. These goals have also provided the nations with a good reference point to develop programmes and policies. The Millennium Development Declaration document discusses and urges for effective action to achieve development and poverty eradication world wide.

The document presents eight MDGs which are accompanied by 16 Global Targets and 48 Global Indicators. Achieving the MDGs is viewed as a high priority in each country. National governments, the UN system and funding agencies have been active to implement these goals in their respective countries. international financial institutions The progress is being monitored and assessed on a regular basis at the country level through national MDG reports. The 8 MDGs are:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

The Millennium Development Declaration document recognizes the need to address gender inequality through Goal 3 –Promotion of Gender equality and empower women.

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³ Over the last two and half decades, CHETNA has gained recognition and credibility as a unique support organization of national importance and international repute. It raises health and nutrition consciousness among women, youth and children from disadvantaged social sections. It strives to bring in comprehensive gender sensitive policies at state, national, regional and international levels and networks globally to build strategic partnerships.

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When the Millennium Development Declaration document is discussed in women's forum they differ from the view that MDGs are by themselves all encompassing and addressing overall development.. They offer the arguments and justifications for their views which also need to be respected. The major concern articulated by many women advocates and groups is that the MDGs poorly represent obligations and commitments embodied in CEDAW and the Beijing Platform for Action.

According to them the International Conference on Population and Development and Beijing Conference brought a range of people on one platform to share their views and have a dialogue on sustainable development and population stabilization in a framework of women's empowerment. They also say that these conferences provided them the opportunity to take the voices of grassroots women to the policy makers. These conferences generated synergy and ownership among various stakeholders internationally and nationally to take the Beijing Platform for Action and ICPD commitments forward. There are multiple views expressed by women advocates, activists and women's group which directly and indirectly echo the same question - How will MDGs prove useful in advancing the agenda of gender equality, rights and peace. One of the reasons could be that the process of formulation of MDGs by and large neglected participation of women's group. The women's groups are now investing their energy to bring back the agenda of gender equality, human rights and economic rights back to the centre stage by making efforts to include gender sensitive and rights based targets and indicators at national, regional and international levels.

Understanding Women's Views on MDGs

At first sight the eight MDG goals give the impression that they encompass the comprehensive development of the people. However when on deeper analysis it becomes apparent that they are insufficient to ensure overall and comprehensive development especially in the context to women and girls. It is a fact that the MDGs do not explicitly articulate the social, political and economic context in which they are to be implemented at the regional and national levels. Thus they fail to provide complete vision of gender equity, equality and women's empowerment. More over they exclude women's sexual and reproductive Rights. There is no specific MDG on Sexual and Reproductive Rights which clearly reflects the disregard of the effort and work which had gone into Cairo, Beijing, Cairo+5 and Beijing+5. The issue of reproductive and sexual right has been restricted in the form of MDGs on gender equality, maternal mortality, and HIV-AIDS. Measuring the progress under these three goals without women's sexual and reproductive rights as a Target or Indicator will fail to provide a clear picture.

For example, let us examine MDG3, "Promotion of gender equality and women's empowerment". It has Target of "eliminating gender disparity in primary and secondary education" and has set of accompanying Indicators. Studies have shown that formal education alone does not automatically result in gender equality and empowerment. There are countries that have achieved the target of primary and secondary education yet are significantly behind in achieving the

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indicators like reduction in violence against women, extending the age at marriage, increase in decision making power etc. For example, in India girl foetus is eliminated from the womb after the sex selection, every day women are dying due to violence against women, women lack access to health care services, women lack decision making power in almost all the fields.

Then, MDG 5, "Improve maternal health" has only two indicators of reduction in Maternal mortality ratio and increase in proportion of birth attended by skilled birth attendants which reflects a narrow view on the issue emphasizing only the technical aspects of maternal health. The statistics say that around 500,000 women-the majority in poor countries-die each year due to pregnancy related causes. It is a proven fact that reducing maternal mortality depends on the extent of health care availability for expectant mothers and after childbirth, greater control over income and mobility and decision making power. The indicator also ignores the fact that in most developing and resource poor countries, homebirths by a trained attendant with backup of referral Emergency Obstetric Care services is a more viable model.

Studies have shown that greater control of income by women tends to lower child mortality regardless of her contribution or lack of it to the household's total income. Child mortality rates are also linked to gender-related norms and customs.

Review of MDG6 "Combating HIV/AIDS, Malaria and other diseases" brings forth the fact that the gender dimension is practically invisible in this goal. It ignores the fact that reduction in spread of HIV/AIDS can not be achieved without addressing the issue of sexuality and women's sexual and reproductive rights. We all know that a woman cannot protect herself from HIV infection if she cannot negotiate safer sex. Also, empowerment of women through formal education only, as promoted by MDGs, is not adequate in absence of reproductive and sexual rights. Statistics says that globally, 48 percent of adults living with HIV/AIDS are women, and in many regions, women make up the majority of infected adults. Meeting the health goals requires an awareness of the biological aspects of disease transmission and treatment as well as the social and cultural factors that promote or reduce good health. Women cannot achieve empowerment and equality unless their reproductive rights are fully and legally realized.

In the region like South Asia and country like India girls are married at as young as 15 years of age and give birth to a child before the legal age 18 years of marriage. In India due to changing socio- cultural scenario young population is becoming sexually active at very early age even outside marriage. Young women and girls who are engaged in sex work are living under the most disempowering conditions and are most vulnerable to HIV infection.

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What Next.....

At this stage of implementation of MDGs rejecting them is not the appropriate solution. What is more important is to implement and monitor the MDGs in the context of regional and national reality of status of women. MDGs can be used as a tool to push gender mainstreaming at the regional and national level. Several women's groups all over the world have developed a list of target and indicators for each of the MDGs to measure the gender sensitivity and women's empowerment. The international bodies need recognize the concerns raised by women's groups and to have a constructive dialogue around these concerns to come to common agreement. There is a need to jointly revisit the MDGs, the existing targets and the indicators in context of four major critiques of the MDGs namely, they do not –

- Reflect the concept of gender equality
- address reproductive and sexual rights
- integrate the principle of human rights
- they are not contextual

We are aware that indicators are key instruments and play a useful role in highlighting problems, identifying trends, and contributing to the process of priority-setting, policy formulation and monitoring and evaluation of programmes. This is because they can provide useful information about the processes involved in implementing of MDGs.

Gender sensitive indicators are important to measure the change in the status/position of women in a patriarchal society . They will record gender related changes in the society over time. Their usefulness lies in their ability to point to changes in the status and roles of women, and the therefore to measure whether gender equity is being achieved. They also enable health policy makers and programme managers to identify the areas in which they must further incorporate gender concerns to improve results of their development programmes. Also there is a need to conduct more research on social indicators, availability of gender wise disaggregated data, policy shifts, and making governments more accountable.

I would like to present a case study of Women's Health and Rights Advocacy Partnership¹ (WHRAP). This partnership initiative brings together women NGO partners from the South Asian countries who are committed to strengthening civil society capacity to effectively advocate for sexual and reproductive health and rights (SRHR), especially safe motherhood and young people's SRHR. WHRAP has worked to build the capacity of communities so that they can advocate for themselves. Partners bring the voices of community women to the state, national and regional levels to demand for state accountability WHRAP has found that

¹ The six national partner NGOS of WHRAP are Shirkat Gah, Pakistan; CHETNA, India; Sahayog, India; Beyond Beijing Committee, Nepal; Naripokkho, Bangladesh and The Bangladesh Women's Health Coalition.

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this strategy has resulted in improved services and has influenced the implementation of national and state health and population policies government policy.

Being aware of the field reality the partners of WHRAP have jointly conducted an exercise to review the MDGs with a lens of rights based approach, gender equality and reproductive and sexual rights. I am happy to present their suggestions to track the changes in the power balance/women's empowerment and gender equalities. The group has mainly worked on the goals related to health and gender equality. However it can be applied to all other goals.

Evidence collected by partners indicates that there is slow progress on MDGs after five years of its implementation. The underlying reason for this is the failure of inclusion of the Sexual and reproductive rights which demands extensive work in the area of gender equality and women's empowerment. The following data supports this underlying assumption.

- 40% of world's women do not have access to SRH services
- SRH ill-health accounts for 18% of global burden of disease resulting in overall ill health and poverty
- Around 300 million women suffer from illnesses and injuries related to pregnancy and childbirth
- 200 million women in developing countries do not have access to contraception.
- Though requirement around the world is 10 million condoms only 25% of this is available

The WHRAP group has listed 20 rights based SRH indicators which can be included in MDGs to ensure monitoring of the goals from a gender and rights based perspective. They are:

1. Incidence of Gender based violence per 100,000 women/year.
2. Sex ratio at birth and across ages
3. Incidence of trafficking of girls and women
4. Proportion of property owned by women
5. Proportion of women in the reproductive age (15-45 years) with access to quality, affordable and comprehensive SRHR services, including contraception, safe delivery, safe abortion and complete Maternal Health services at the primary health care level.
6. Age-specific maternal mortality rate

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7. Percentage of women (15-45 years of age) with anemia, obstetric fistula and uterine prolapse
8. Proportion of women dying due to unsafe abortion and related complications
9. Proportion of women having access to public (comprehensive, affordable, quality) contraceptive services, ANC, EmOC, PNC, safe abortion (where legal), post-abortion and STD/RTI services
10. Percentage of women expressing unmet need for contraception
11. Contraceptive prevalence rate
12. Adolescent fertility rate
13. HIV/AIDS prevalence rate in the general population disaggregated by gender and age
14. Proportion of sexually active women, men and young people with access to dual protection prevention methods that are safe , user-friendly and affordable
15. Percentage of primary health care facilities providing free, voluntary, screening, counseling and treatment services regardless of marital and HIV status
16. Percentage of primary health care centers providing quality, affordable and comprehensive SRHR information and services.
17. Percentage of schools and non-formal education centres providing sexuality education and safe behaviour practices
18. Percentage of government service providers who have undergone training/sensitization on gender, HIV/AIDS, SRHR and quality of care
19. Percentage and amount of bilateral sector-available ODA allocated for SRHR services within the public health system
20. Proportion of population with access to contraceptive supplies and affordable drugs, including for RTIs/STIs and HIV/AIDS treatment

The WHRAP framework linking SRHR and MDGs is attached. For each of the sixteen targets gender sensitive and rights based indicators have been added along with the key means to achieve them.