

Gender and the MDGs

A gender lens is vital for pro-poor results

Gender inequality causes and perpetuates poverty and vulnerability. But greater gender equality can help to reduce the root causes of poverty and vulnerability and contribute to sustainable pro-poor growth. Given that the Millennium Development Goals (MDGs) address key development challenges, one would expect a gender focus throughout the Goals. The fact is that experiences of poverty differ according to sex, age, ethnicity and location. However, gender is only explicit in MDGs 3 and 5. MDG3 measures gender parity in education; the share of women in wage employment; and the proportion of seats held by women in national legislatures. MDG5 focuses on maternal mortality and, since 2005, on universal access to reproductive health. This explicit inclusion in just two MDGs is too narrow, and sidelines other gender-specific risks and vulnerabilities, roles and responsibilities, and power relations. It is unlikely to lead to gender equality and the empowerment of girls and women, or tackle the development challenges that must be overcome for sustainable poverty reduction. These limitations are compounded by the gender-blindness of other MDG indicators, and the fact that the gender dynamics that cut across the goals are relatively invisible in policy dialogues. This Briefing Paper discusses how gender relations underpin four clusters of Goals: those on poverty and sustainable development; service access; care and care-giving; and voice and agency. It looks at ways to promote an interlinked gender-sensitive approach to the MDG achievement.



Women's political representation is important, but true gender equity needs a broader approach

Key points

- Policy dialogue on the MDGs needs to recognise that the gender dynamics of power, poverty, vulnerability and care link all the goals
- The achievement of the MDGs requires a coordinated policy approach that is sensitive to gender-specific discrimination and risks
- Gender-sensitive social protection policies offer an opportunity to link gender equality and the MDGs

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Poverty and sustainable development

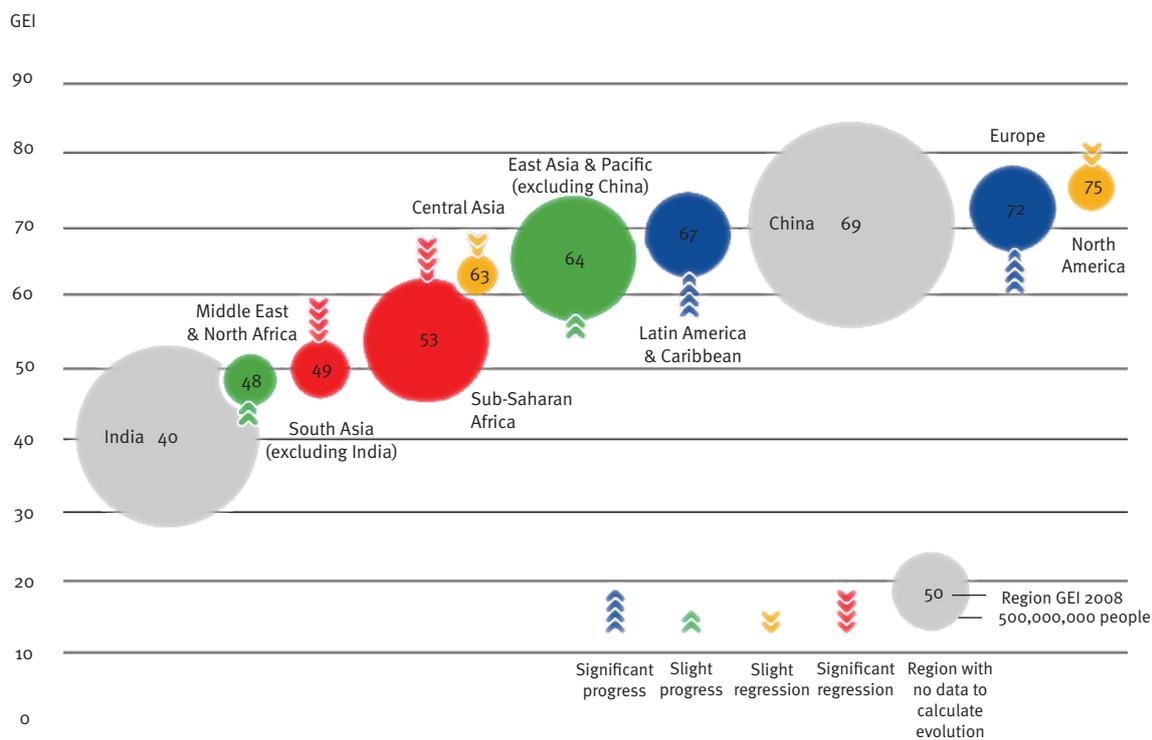
Up to 443 million people live in chronic poverty (CPRC, 2008). However, progress on MDG1 (the eradication of extreme poverty and hunger) and MDG7 (ensuring environmental sustainability) has lagged behind that made on some other goals. A lack of sex-disaggregated data masks the gender dynamics of poverty and food insecurity, concealing inequalities between the sexes,

and ignoring relations of power and responsibility.

Livelihoods are influenced by household and intra-household capabilities and resources that, in turn, influence household responses to external opportunities or threats. In many parts of the world, women account for a large and growing proportion of agricultural workers. In most countries, women are also responsible for household food production and consumption. In a changing development context, including globalisation and climate change, the links between women's empowerment, natural resource management and food security are vital, yet often overlooked.

When women have ownership and control of resources and have higher education levels, it leads to greater productivity (World Bank 2001, 2007). Yet many face barriers to ownership and education as a result of prevailing attitudes and discriminatory laws and institutions. While globalisation has meant new labour opportunities for women, they continue to earn less than men, even in similar jobs (ibid). Moreover, their employment is often informal, with no access to social security or predictable income. This unequal global progress is highlighted in the Gender Equity Index (GEI) ranking shown in Figure 1. The GEI, produced by Social Watch, examines three areas: economic activity, empowerment and education, scoring regions from 0 to 100. The higher the score, the greater the level of gender equity.

Figure 1: Gender Equity Index by Region, showing progress between 2004 and 2007



Source: Adapted from http://www.socialwatch.org/en/avancesyRetrocesos/IEG_2008/inicio_accesos.htm

Access to services

Around 64% of the MDG targets for service-related goals (2, 3, 6 and 7) are ‘off track’.¹ Viewing these through a gender lens highlights the importance of understanding the very different challenges that face men and women, girls and boys, in accessing quality services. Some relate to biological differences (including divergent disease burdens) that receive too little attention in policy design, such as the greater susceptibility of pregnant women to malaria. Others relate to a combination of biological and social factors that may be overlooked because of narrow sectoral approaches to service delivery. A telling example is the growing ‘feminisation’ of HIV/AIDS – a result of women’s greater biological susceptibility to infection and their relative lack of power, which constrains the ability of particularly young women to negotiate safe sex.

Additional challenges are linked to socially constructed gender roles, including the dual roles of care and production shouldered by women. Time poverty is a critical variable, affecting women disproportionately. In Brazil, 90% of women spend an average of 20 hours a week on unpaid domestic chores, in contrast to only 45% of men for an average of 7 hours a week (Jones and Baker, 2008). This highlights the socially ascribed burdens on women and the ways in which socio-cultural dynamics limit female education and opportunities. Time poverty affects both MDG6 (combat killer diseases), and MDG7 (environmental sustainability). It can prevent women accessing health care, if clinics are far away,

and affordable childcare is unavailable. Similarly, environmental degradation can exacerbate time poverty, if women and girls travel long distances to find supplies of firewood and water.

Another constraint to equitable service delivery is the limited routine use of gender-sensitive indicators. While the goal of universal primary education (MDG2) has been heralded as highly attainable, relative to other MDGs, indicators to measure progress do not acknowledge the links between gender and quality of education, i.e. that enrolment does not necessarily reflect consistent attendance or completion. This is particularly relevant for an assessment of sexual parity in education (MDG3). Girls – especially adolescents – often face gender-specific barriers to school attendance. These include the demands of household chores and caring for younger siblings; parental preference for sons’ education; and the fear of sexual violence en route to, or in, schools.

Care and care-giving

Feminist thought and discourse has raised the visibility and value of care and care-giving in development. This requires a shift in thinking, with care across the life-cycle seen as the joint responsibility of society and the state, rather than women alone. Despite slow progress on MDGs 4 (child mortality) and 5 (maternal mortality), discussions linking the MDGs to the need for gender-sensitive systems of care have been limited. Taking a gender and care perspective, however,

moves us beyond a sole reliance on technology (such as vaccines) and infrastructure (such as new health clinics) to policies and programmes that are informed by a clear analysis of underlying social determinants, including gender. Recent research commissioned by the GAVI Alliance, found that, contrary to previous assumptions about the gender neutrality of immunisation services against childhood diseases, there are gender differences in coverage. While many girls miss out on immunisation in South Asia as a result of son preference, some boys are not being immunised in parts of Africa as a result of sterility fears. Reaching the poorest children, in particular, necessitates a strong focus on gender-related barriers that are often exacerbated by resource constraints, low education levels and spatial poverty (Jones et al., 2008).

Equitable access to quality maternal and reproductive health care requires a comprehensive approach to strengthening health systems, including measures to address gendered power relations and resource constraints (see Box 1).

Research suggests that comprehensive change is also needed to address child mortality. Recent WHO reviews have demonstrated that programmes encouraging men to take an active role in the support and care of their children lead to significantly better child and maternal health outcomes. However, such efforts require great sensitivity around prevailing notions of masculinity that are often incompatible with caring roles (WHO, 2007). At the macro level, holding governments and development partners accountable for progress in supporting care services and care-givers, is a vital but neglected area. Efforts to collect, analyse and regularly report on sex-disaggregated data are essential, as are scaling up and institutionalising pro-poor and gender-responsive budget analysis and monitoring approaches.

Women as agents of change

Promoting the ability of women to articulate their views in a meaningful way (voice) and to become the agents of their own empowerment (agency) is vital to overcome engrained socio-cultural conditioning and the gendered division of labour. MDG3 deals with two aspects of empowerment – education and national political representation. However, as experience in Latin America shows, with widespread quotas for women in legislatures and rates of higher education for women often outstripping those for men, empowerment requires a more comprehensive approach. This includes efforts to improve women's access to resources (e.g. credit, training, inheritance and land rights) and their capacity to use them (e.g. through anti-discrimination and gender-based violence legislation, gender-aware justice systems, and government mechanisms to improve gender inequality).

MDG8, which focuses on improved international aid and cooperation, could be an important opportunity to create an international environment that is

Box 1: The challenge of reducing maternal mortality (MDG5)

Maternal mortality remains alarmingly high in many developing countries, especially in sub-Saharan Africa. In Sierra Leone, for instance, a woman has a 1 in 8 chance of dying during pregnancy or childbirth, compared to a risk of 1 in 8,000 in the industrialised world. Failing to improve maternal health also threatens the chances of reaching MDG4 – a two-thirds reduction in child mortality rates – because of the unrealised double dividend of women's empowerment and improved child survival. Most developing countries are off-track on MDG5 – a 75% reduction in the maternal mortality ratio. A comprehensive approach is required, including strategies to address: the lack of decision-making power for adolescent girls and women on healthcare expenditures (e.g. through health fee waivers for pregnant and lactating women); restrictions on female mobility (e.g. through mobile clinics with female personnel); and cultural attitudes that reinforce power relations and perpetuate harmful traditional practices (e.g. through campaigns to discredit nutritional taboos during pregnancy and promote women's right to quality reproductive health services).

more supportive of women's voice and agency. While MDG8 has been criticised for setting few indicators to measure the North's contribution to the MDGs, and for the absence of a gender perspective, it is only by recognising the ways in which global macro-economic and political issues are gendered that it is possible to find effective, sustainable ways to achieve other goals. Recent Free Trade Agreements in Latin America, for example, included commitments to gender issues, but concerted action by governmental and non-governmental actors in North and South is needed to put them into practice.

On aid, the recognition of gender equality as a cross-cutting issue in the Paris Declaration, and the Development Assistance Committee's creation of a gender marker to assess the contribution of overseas development assistance to gender equality goals, are important first steps. However, in the context of the move to General Budget Support, there is a growing consensus that more proactive measures are needed to combat policy evaporation – the dilution of gender equality commitments during policy implementation – and to ensure that a gender lens is used by all sector working groups. New modalities are also needed to give civil society groups working on gender equality adequate resources and capacity strengthening support to facilitate their representation in policy dialogues. With a growing number of public-private partnerships, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, delivering international development 'goods', innovative approaches are also needed to raise the awareness of the private sector on gender issues.

Maximising synergies across the MDGs

An understanding of how improvements in gender equality link to poverty reduction and natural resource management needs to resonate across the MDGs. Calls for strengthened global partnerships in international development should be complemented by a renewed commitment to existing gender-related frameworks, including the Convention

on the Elimination of all Forms of Discrimination Against Women (CEDAW) and the Beijing Platform for Action. These spotlight gender-specific issues that are largely invisible in the MDGs, but critical to their achievement, such as gender-based violence, harmful traditional practices (e.g. female genital mutilation and child marriage), and the challenges female youth face in finding decent work. They underscore the accountability of national governments and the international community in putting resources and institutional mechanisms in place to achieve gender-based rights.

MDGs and gender-sensitive social protection

Social protection policies could help to achieve the MDGs in a synergistic and gender-sensitive manner. Aiming to reduce household vulnerability and chronic deprivation, social protection strategies are being put in place across the world to cushion the impact of shocks and help poor households take advantage of opportunities presented by globalisation and economic growth.

Social protection could maximise synergies across the MDGs by: reducing poverty and inequality through strengthening access to, and demand for, quality basic and social services; supporting economic productivity; and facilitating a better balance between care-giving and productive work responsibilities. Many of the social protection programmes attracting international attention incorporate gender issues. Cash transfer schemes in Brazil and Mexico, for instance, have resulted in improved education, health, and nutrition for millions of extremely poor households, by targeting cash payments at the care-giver (typically the mother). Evaluations suggest that these programmes support women's empowerment by increasing their control of resources and decisions within the household.

Some gender analysts, however, caution that current programmes reinforce women's traditional caring role and underestimate their time constraints, while making only limited contributions to such strategic gender approaches as the egalitarian division of labour between men and women. Few programmes to date have answered the call for 'transformative' social protection that would address gender-specific risks and vulnerabilities, including discrimination and social exclusion, violence and time poverty.

A gender-sensitive approach to social protection means re-focusing programme design and encouraging agencies responsible for livelihood promotion and protection, basic and social services, and the enforcement of anti-discrimination legislation, to work together to achieve gender equality and the MDGs.

This will require an institutional – rather than piecemeal – approach, including the strengthening of local institutions, committed long-term funding, and a strategy to scale up interventions to address equity concerns. A re-focused social protection agenda will need to recognise intra-household inequalities, especially: decision-making power and the ownership of resources; the importance of social reproduction, including unpaid care-giving and household management; the diversity of family arrangements; and the distinct experiences of men and women in the labour market. Concrete policy and programme measures could include:

- Community childcare to give women equal access to income generation, and to free girls from extra domestic responsibilities;
- Care-giver allowances that recognise the costs of care (e.g. South African child/disability grants);
- Education stipends for girls (e.g. Bangladesh's Girls Education Stipend scheme);
- Awareness-raising programmes about gender-based violence, and other preventive and protective measures, including financial support for women and children escaping abusive environments (e.g. NGO pilot initiatives in Ghana);
- Opportunities for programme participants (women and men) to design and evaluate social protection programmes;
- Gender-awareness and analysis training for programme staff to help them identify the gender-specific risks and vulnerabilities to be tackled by their programme;
- A centralised database that facilitates coordinated care and service access for programme participants and provides links to complementary services (e.g. access to micro-credit and micro-entrepreneurial training for women); and
- A rigorous monitoring and evaluation system, underpinned by a baseline with sex-disaggregated data.

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Endnotes and references

- 1 MDG monitor website, as of 18 August 2008: www.mdgmonitor.org
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