Women's Empowerment and Reproductive Health:
Links throughout the Life Cycle

Contents

Introduction

The Rights Agenda

A series of international agreements reached in the past decade has affirmed that national development and global health depend on fostering the full capacity of all citizens. Essential to this is the empowerment of women.

The empowerment of women has been recognized through many international, regional and national conferences as a basic human right—and also as imperative for national development, population stabilization and global well-being. Reproductive and sexual health and rights are essential for the empowerment of women and to all quality of life issues concerning social, economic, political and cultural participation by women.

Empowerment of women was a central policy goal of both the International Conference on Population and Development (ICPD) in Cairo in 1994 and the Fourth World Conference on Women (FWCW) in Beijing in 1995. Both conferences recognized and reaffirmed that reproductive health is an indispensable part of women's empowerment.

Women's empowerment has also been underscored in agreements of other important international, regional and national conferences during the past decade, including the World Summit for Children in 1990, the World Conference on Human Rights in 1993, the World Summit for Social Development in 1995, the World Food Summit in 1996, Habitat II in 1996, and the fifth-year review of ICPD implementation (ICPD+5) in 1999.

Women's empowerment is the process by which unequal power relations are transformed and women gain greater equality with men. At the government level, this includes the extension of all fundamental social, economic and political rights to women. On the individual level, this includes processes by which women gain inner power to express and defend their rights and gain greater self-esteem and control over their own lives and personal and social relationships. Male participation and acceptance of changed roles are essential for women's empowerment.

This report, a contribution to the "Beijing+5" review of progress since the FWCW, focuses on reproductive and sexual health and rights as necessary and vital components of women's empowerment throughout the life cycle.

What Are Sexual and Reproductive Rights?

International understanding about sexual and reproductive rights has broadened considerably in recent years. The ICPD Programme of Action[1] and the Beijing Platform for Action[2] recognize sexual and reproductive rights as *inalienable, integral and indivisible parts of universal human rights.*

Sexual and reproductive rights are also a cornerstone of development. Attaining the goals of sustainable, equitable development requires that people are able to exercise control over their sexual and reproductive lives. The most important sexual and reproductive rights include[3]:

- *Reproductive and sexual health* as a component of overall health, throughout the life cycle, for both men and women;
- *Reproductive decision-making,* including voluntary choice in marriage, family formation and determination of the number, timing and spacing of one's children; and the right to have access to the information and means needed to exercise voluntary choice;
- *Equality and equity for men and women,* to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender;
- *Sexual and reproductive security,* including freedom from sexual violence and coercion, and the right to privacy.

The neglect of sexual and reproductive health and rights lies at the root of many problems the international community has identified as in need of urgent action. These include gender-based violence, HIV/AIDS, maternal mortality, teenage pregnancy, abandoned children and rapid population growth. This massive denial of human rights causes the death of millions of people every year; many more are permanently injured or infected. Most are in developing countries—and most are women. Sexual rights and health are not just an individual concern. Rather, they can have direct impact on the economy of a country—as clearly evidenced in the African countries hardest hit by the AIDS pandemic.

Defining Concepts and Rights

The United Nations conferences of the 1990s reached agreement on the following key concepts and definitions:

- **Reproductive health** is a state of complete physical, mental and social well-being (not merely the absence of disease or infirmity) in all matters related to the reproductive system and to its functions and processes. (FWCW Platform for Action, paragraph 94; ICPD Programme of Action, paragraph 7.2)
- **Sexual health** means that people should be able to have safe and satisfying sex lives. Gender relations should be equal, responsible and mutually respectful. Sexual health encompasses behaviours essential to countering sexually transmitted diseases (STDs), including HIV/AIDS. Sexual health aims at the enhancement of life and personal relations, and sexual health services should not consist merely of counselling and care related to reproduction and sexually transmitted diseases. (FWCW Platform for Action, paragraph 94; ICPD Programme of Action, paragraph 7.2)
- **Reproductive rights** include "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. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents". (FWCW Platform for Action, paragraph 95)
- **Sexual rights** include "the human right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence". (FWCW Platform for Action, paragraph 96)

Reproductive Health and the Life Cycle

Reproductive health is not just a concern during a woman's so-called "reproductive years", customarily defined as ages 15 to 45. Rather, reproductive health is a lifetime concern for both women and men, from infancy to old age.

In many cultures, discrimination against girls and women begins in infancy and determines their life course. Issues of education and appropriate health care arise in childhood and adolescence. These continue to be issues in the reproductive years, along with family planning, STDs and reproductive tract infections, adequate nutrition and care in pregnancy, and the social status of women. Issues in old age include chronic infection and increasing concerns about cervical and breast cancer.

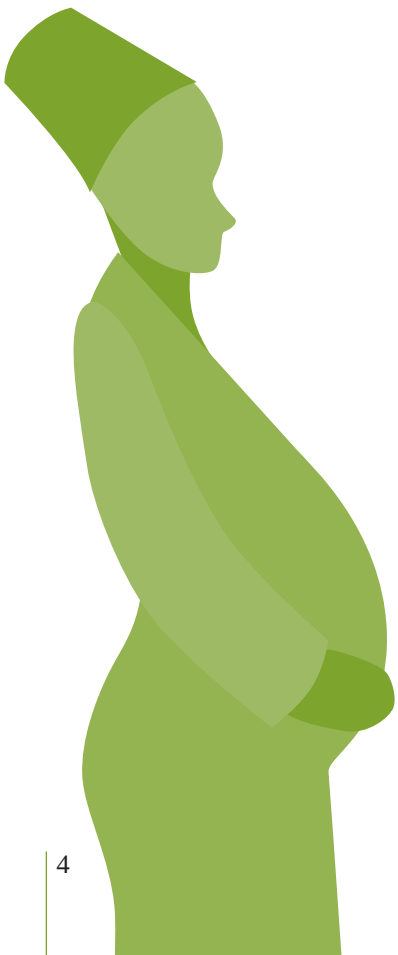
Male attitudes towards gender and sexual relations arise in boyhood, when they are often set for life. Men need early socialization in concepts of sexual responsibility and ongoing education and support for healthy sexual and family formation behaviour.

Women and men both need reproductive health care appropriate to their situation in the life cycle.[4]

Reproductive Health and Early Life Chances

A baby is born. Is it wanted? Who is its mother? Is she married? Does she have a partner or family able to provide support to her and her infant? How old is the mother? Is she educated? Literate? Is she prepared emotionally and otherwise mature enough to give the child the care and foundation it needs for a good start in life in an increasingly complex world?

The circumstances into which a child is born determine to a great extent not only whether it survives but the entire course of its life. The reproductive choices of women significantly affect both their life prospects and those of their children. The age of the mother, the spacing of births, and care during pregnancy and delivery are important determinants of infant survival and progress through childhood.



Children born outside a formal union, and those born after their parents already have the number of children they want, are at risk of inadequate attention and support from their parents.

The Burden of Being Born to a Young Mother[5]

The impact of reproductive health on the newborn is immediate and can be dramatic. Children born to adolescent mothers are usually at a disadvantage, given the mother's physical and emotional immaturity and the fact that having a child usually puts a stop to her schooling. The risks are especially great for the child if its mother is a young teen (12-16), if she is unmarried, if she is poor, or if the child is unwanted. The burden of being born to an adolescent mother is greatest when all of these conditions prevail.

About half of all deaths among children under age five occur in their first month of life. In developing countries, an infant's risk of death during the first year is 30 per cent greater if born to a young mother than to an adult woman.[6] Even if they survive, infants born to adolescent mothers are more likely to be premature and low birth-weight. Such survival risks are far greater in developing countries, given conditions of poverty, poor nutrition and poor availability of medical care.

Infants born to adolescent mothers are also at risk due to adverse socioeconomic conditions that are typically more severe when the mother is a teen. Adolescent mothers are generally less able to provide the compensatory care for a premature or low birth-weight infant. In poor families, other adults are less likely to be available or able to provide the needed support.

- Data from Nigeria show a striking contrast in infant mortality for adolescent versus slightly older mothers. For mothers under 20, infant mortality was 121 deaths per 1,000 live births, compared to 79 deaths for the mothers aged 20-29.

- In many African countries, girls who become pregnant are forced to leave school and are also likely to face moral persecution. Data from Rwanda, for example, show about 10 per cent of pregnant schoolgirls being disowned by their families. This, in turn, can result in child abandonment ("baby dumping") and entry of the young mother into prostitution.

Whatever the reason a baby is unwanted, he or she is likely to start life at a disadvantage. Abandonment is common, a reason for the swelling numbers of street children in large cities from Manila to Rio de Janeiro. If the child is kept in the family, the mother still may not be psychologically prepared for the responsibility of child rearing, or family resources may not be adequate to meet the baby's needs. The child is also more likely to be subjected to abuse.

Short Birth Intervals and Infant Mortality

Spacing births offers important benefits for both infants and mothers. Infants born less than one year after the end of their mothers' last pregnancy are much more likely to be malnourished and die than infants born after a longer interval. The risk of death posed by short birth intervals continues even after the first year of life.

Furthermore, when two children are born very close together, the health of the older child may also be in jeopardy. The word "kwashiorkor" is used in Ghana to describe the kind of malnutrition often seen when a child is weaned from the breast too early because the mother is pregnant again. Children weaned too early are much more susceptible to malnutrition and infection.

The higher death rates among closely-spaced infants may be due, in part, to the lack of time for the mother's body to fully recover after the last pregnancy—sometimes called the "maternal depletion syndrome". This may be especially true among women who breastfeed their children for long periods and among women who are malnourished and perform heavy physical work.

Son Preference and Sex Selection

In many countries girls suffer from deep-seated cultural preference for sons. In many poor communities, little girls are often neglected and denied education and medical care. Parents on all continents are more likely to send their sons to school and keep them there longer than their daughters.

Strong preference for male children has led in some countries to sex-selective abortion of female foetuses and even female infanticide. Increased availability of reproductive technology such as amniocentesis and ultrasound has made possible this particular form of gender-based discrimination, resulting in higher-than-normal male-to-female sex ratios, as in China, the Republic of Korea and India. Laws in India and China now ban sex-determination testing. Nevertheless, in Asia alone, at least 60 million girls are "missing" due to these phenomena.[7]

The Impact of Maternal Mortality

Unfortunately, maternal mortality remains all too common in developing countries where more than half a million women die each year from pregnancy-related causes, including unsafe abortion. This is equivalent to about 1 in 50 women dying in developing countries from complications of pregnancy and unsafe abortion, about 35 times more than in developed countries.

The death of a mother has extremely serious consequences, especially for an infant or young child. In developing countries, if the mother dies, there is a high risk that her children under age 5 will also die—a probability as high as 50 per cent in some places.[8] Many families are able to provide adequate care for the children whose mother has died, but many cannot.

Mother-to-Child Transmission of HIV/AIDS and Other STDs[9]

For children whose mothers are infected by HIV, early life chances are even grimmer. Mother-to-child transmission is by far the largest source of HIV infection in children below age 15. In a growing number of countries, AIDS is now the biggest single cause of child death. In urban centres in southern Africa, HIV rates of 20-30 per cent among pregnant women tested at antenatal clinics are common.[10]

In 1998, 10 per cent of all those newly infected were children, the vast majority of whom acquired the virus from their infected mothers. (The virus may be transmitted during pregnancy, childbirth or breastfeeding.) Africa is home to 90 per cent of the world's HIV-infected children, largely due to very high levels of HIV infection among women combined with high fertility rates. However, the number of HIV-infected children in India and South-east Asia appears to be rising rapidly.

- Where no preventive measures are taken, the risk of a baby acquiring the virus from an infected mother ranges from 15 to 25 per cent in industrialized countries and from 25 to 45 per cent in developing countries.
- Nearly 4.5 million children below age 15 have been infected by HIV and more than 3 million of them have already died of AIDS.
- AIDS threatens to reverse years of steady progress in child survival achieved through such measures as the promotion of breastfeeding, immunization and oral rehydration. The Joint United Nations Programme on HIV/AIDS (UNAIDS) projects that by the year 2010, AIDS may have increased mortality of children under 5 years of age by more than 100 per cent in regions most affected by the virus.[11]
- There are also serious long-term consequences of congenital and perinatal sexually transmitted infections. For example, syphilis contributes to blindness, deafness, paralysis and bone disease, and gonorrhoea to blindness.

A new drug called nevirapine (Viramune) offers hope to resource-poor countries. An anti-retroviral that slows the reproduction of HIV, nevirapine has been reported to cut infection in half—and is far less expensive than other drugs. Used to treat HIV-positive pregnant women in Uganda (now a leader in HIV/AIDS control efforts), nevirapine has also received clearance from the U.S. Food and Drug Administration for treatment of paediatric HIV/AIDS.[12]

Orphans

Wars, civil strife and AIDS are leaving behind huge numbers of orphans, many severely traumatized. The impact has been most extreme in Africa. The 1994 massacres in Rwanda, for example, left an estimated 200,000 children orphaned or separated from their parents.

> Bernadette Nakayima, 70, lives in Uganda's Masaka district where one third of all children are orphans. Nakayima lost all her 11 children to AIDS. "All those left me with 35 grandchildren to look after," she says. One of every four families in Uganda is now caring for an AIDS orphan, according to a local women's group.[13]

But nothing compares with the devastation inflicted by AIDS. More than 10 million African children under age 15 have lost a mother or both parents to AIDS. The number of "AIDS orphans"

in the 23 most afflicted countries is projected to reach 40 million by 2010. Huge anticipated increases in infant and child mortality due to AIDS are projected to reduce life expectancy to 40 years or less in nine countries by 2010.

In countries where AIDS has claimed the lives of many adults, more than 10 per cent of children lose one or both parents during their childhood. Children orphaned by AIDS are more likely to stop going to school than others their age. They are more likely to have to support themselves and to take on adult responsibilities. They are more likely to leave home or lose their homes and join the growing numbers of street children.

Orphaned girls may feel increased pressure to marry, turn to "sugar daddies", or turn to prostitution for survival—which, for many, will be only short-term survival. A large burden of supporting AIDS orphans falls on grandparents and other extended family members. Family systems in high-prevalence countries are undergoing tremendous stress.

The key messages:

- *Inform and empower girls to delay pregnancy until they are physically and emotionally mature.*
- *Inspire and motivate boys and men to be sexually responsible partners and value daughters equally as sons.*
- *Educate the public to understand that, if a woman with HIV or AIDS becomes pregnant, her baby is very likely to get HIV from her—and also die.*
- *Governments must take responsibility for the human catastrophe of orphans and other children who live in the streets, by creating programmes to rehabilitate them as human beings able to contribute to the society, and increasing efforts to prevent unwanted pregnancies that result in more street children.*

Reproductive Health and Education: The Mutual Relationship

The girl reaches age 5. Will she go to school like her brother? Or will she stay home to help her mother fetch water and take care of the new baby? If she starts school, will her father pull her out when they need additional labour in the field? Will her brother stay in school? When she becomes older, will she know how to resist the sexual advances of boys who find her attractive? What happens if she becomes pregnant? Will she be forced to leave school?

Around the world, education of boys is more highly valued than of girls.[14] The benefit of education for girls is indisputable, but not all parents perceive this. There are tremendous gaps in both school enrolment and the length of time boys and girls stay in school. While nearly all boys begin primary school, only three out of four girls do so. In many developing countries, fewer than half of all children continue on to secondary school, and girls are far less likely than boys to do so. In Bangladesh, for instance, secondary enrolment is 25 per cent for boys but only 13 per cent for girls. This neglect has critical consequences for women's empowerment as well as for their reproductive decisions.

The link between education and reproductive health is two-directional. Education of girls is closely related to improvements in family health and to falling fertility rates. In turn, girls born into smaller families are more likely to be sent to school and to complete more years of schooling.

Educating women benefits the whole of society. It has a more significant impact on poverty and development than men's education. It is also the most influential factor in improving child health and reducing infant mortality.

The ICPD and FWCW affirmed everyone's right to education and gave special attention to women and girls, recognizing that education is a cornerstone of women's empowerment because it enables them to respond to opportunities, to challenge their traditional roles and to change their lives. Paragraph 4.2 of the ICPD Programme of Action states, "Education is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in the development process."

The two conferences also emphasized eradication of illiteracy as a prerequisite for human development. Globally, nearly 600 million women remain illiterate today, compared with about 320 million men.

The Gender Gap

Around the world are many social, cultural and economic barriers to girls' schooling, both for enrolling and staying in school. Among the barriers:

- *In many societies, parents see limited economic benefits to educating girls.* Daughters attending school are less available to help with household chores and childcare for younger siblings. Cultural norms are that sons support parents in old age while girls marry out and leave their parents.
- *Poverty is a major hindrance.* Schooling usually involves substantial sums for fees, books,

Disparities between initial enrolment rates for girls and boys are much greater than differences in drop-out rates. This suggests that the major challenge is to get girls into school.[15]

Parents increasingly recognize the need for education to improve their children's chances in life—but this understanding is slower to come in the case of girls. Increasingly many parents also understand that the family's long-term economic needs will be best served by providing better health care and education for fewer children, rather than relying on larger numbers. Parents who hope for better education for their female children tend to want smaller families, perhaps so that they can provide more fully for the offspring they have.

Education Delays Marriage, Improves Health and Lowers Fertility

In almost every setting—regardless of region, culture, or level of development—better-educated women are more likely:

- To marry later, use contraception, bear fewer children and raise healthier children;
- To make better decisions for themselves and their children;
- To make greater economic contributions to the household.

One of the strongest statistical correlations in developing countries is between mothers' education and infant mortality: the children of women