Improving Health and Well-being by Promoting Gender Equality and Empowerment: The Need for a Family Centred Implementation of the New Sustainable Development Goals 1- 5

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A fundamental, innovative characteristic of the new United Nations Sustainable Development Goals is that they are inextricably linked with one another. According to the renowned economist, Jeffrey Sachs, "The new goals cut across all the development lines, such as hunger poverty, health … Governments will have to take on board a holistic framework of the challenges and of the economic, social and environmental objectives that underpin the sustainable goals" (Maurice 2015, p. 1122). A central focus in this ambitious agenda is Goal 3: Ensuring healthy lives and promoting wellbeing for all at all ages. This goal anchors many of the other goals and their multiple targets due to its broad focus on health. Health is achieved, in part, through the reduction of poverty, improving nutrition, and providing access to education and a wide variety of services; in other words, health can be improved and sustained in large part through the implementation of Sustainable Development Goals 1- 4. However, it is virtually impossible to accomplish these goals without a complete commitment to gender equality and the empowerment of girls and women, Goal 5. This goal, and thus, the other Goals 1- 4, can only be fully achieved by instituting family centred analyses, programs and policies. Gender relations and how they are constructed and practiced within families are a fundamental aspect to understanding access to resources and opportunities. It is this foundation that leads to institutional and structural transformation, and ultimately to positive social change.

While in the new Agenda 2030 health and well-being are considered a basic right of every individual, the continuation of gender-based discrimination, leads many girls and women in different parts of the world to still be less likely to access adequate nutrition, upon becoming ill not to obtain necessary care, and to be limited from continuing their education and training opportunities. This is primarily due to cultural constraints in many parts of the world, that promote keeping girls and women at home and privileging sons over daughters. Commonly, these girls and women tend to belong to the poorest and most marginalized sectors of their populations and their experiences are ignored within contexts that are characterized by multiple complex social and economic problems (Kabeer, 2005; Trask, 2014; UN Women, 2015). These troubling circumstances persist despite the spread of ideals and opportunities that have given girls and women opportunities that far exceed those that were available even just twenty or thirty years ago.

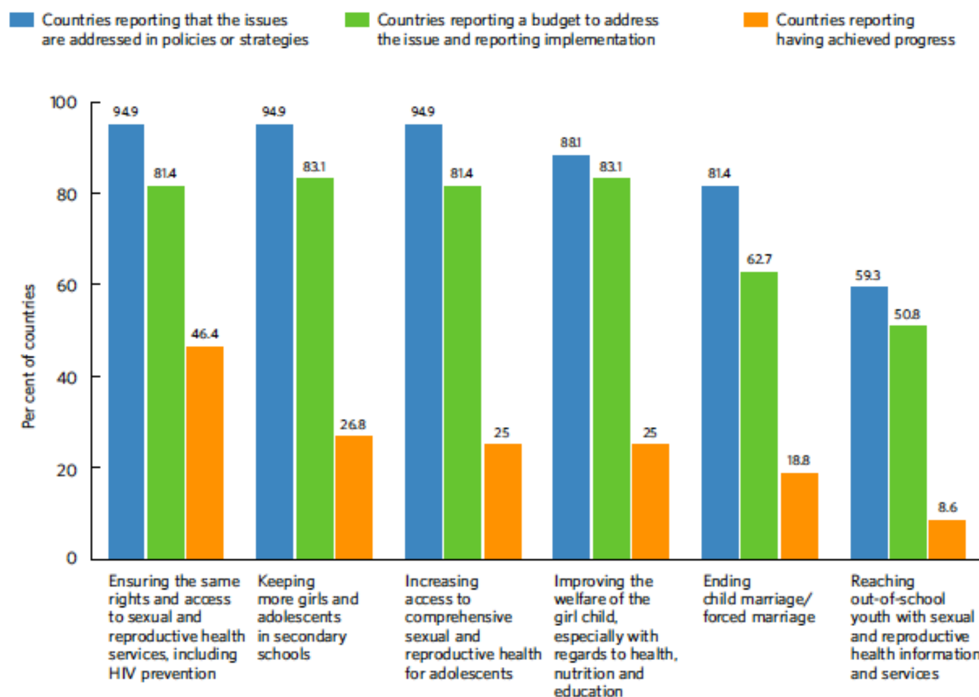
The lack of gender equality with respect to economic, social, educational and employment opportunities continues despite the commitments and efforts of governments around the world to this issue. A primary focus of the Millennium Goals targeted gender equality and empowerment and various research studies indicate that 95% of states have instituted policies and programs focused on ensuring gender equality. However, currently only about 25% of states acknowledge limited success of their efforts (UN Women, 2015). Specifically, in parts of the developing world or global South, many girls and women tend not to have access to economic, educational and even nutritional resources, making them more vulnerable to poverty, hunger and mental and physical health problems. This is primarily the case because gender inequality, i.e. the unequal relationship between men and women, remains entrenched in cultural ideals and social

relationships (Ganguly-Scrase, 2003; Kabeer, 2005; Trask, 2014). Moreover, harmful cultural practices such as early and forced marriage, genital mutilation, and early childbearing remain major deterrents to girls and women accessing health and related services and future educational and occupational opportunities.

A key aspect of implementing the new 2030 Agenda will be to focus specifically on gender equality and empowerment in order to achieve the other Sustainable Development Goals – especially Goals 1 - 4. This can only be accomplished by incorporating a family perspective into the policies and programs that are focused on this agenda. The current academic and policy orientation that targets social initiatives, programs and policies primarily at the individual level obscures the reality of most people's lives. In virtually every society, across social class and ethnic/racial groups, individuals are situated in a variety of family relationships. Girls and women do not live, and are not socialized in a vacuum. Instead, decisions about every aspect of their lives are embedded in these intimate relationships. The family group can both protect but also be detrimental to the lives and well-being of girls and women (Collins, 1991; Trask, 2010; Trask, 2015). It is thus, critical that gender equality and empowerment targets, benchmarks, policies and programs incorporate the fundamental family dimensions that either constrain or advance this goal. It is only through a family centred approach that emphasizes gender equality, that the eradication of poverty, the elimination of hunger, education for all and the improvement of health and well-being can be accomplished. From a broader perspective, a family focus will also help anchor the SDG's which otherwise risk not being achieved due to the complexity of their high number and complex variety of targets (Maurice, 2015).

Why Has the Millennium Goal of Gender Equality and Empowerment Not Been Realized?

Gender equality is now increasingly understood as a fundamental human right and global gender targets are regularly incorporated into the political agendas of most countries around the world. Gender targets allow states to identify the scale and effectiveness of their programs, and to measure the variety of factors that are associated with gender inequality. Yet, despite such wide spread measures, gender equality has not been achieved in most societies. In 2013 the ICPD (International Conference on Population and Development) called on the UNFPA (United Nations Population Fund) to lead a global review of progress on gender equality. For this review the UNFPA surveyed 176 member states and seven territories. They found that goals do not translate into success: for instance, nine tenths of the countries had a commitment to ensuring equal access to sexual and reproductive health, and yet, less than one fourth reported achieving their targets (UNFPA, 2014). The most frequently cited obstacles to implementing policies were related to the low status of women and the limited empowerment and participation of women based on prevailing local customs, beliefs and practices.



(UNFPA, 2014)

The reasons underlying the failure to achieve gender equality are multifaceted. Gender equality reform movements often occur at local levels, and operate unevenly even within the same society. Moreover, often times these initiatives tend to be created as a response to international pressure and are thus, patched together by ideologically diverse groups composed of local and transnational NGOs, for-profits, and various government agencies. Also problematic is the fact that gender equality is often perceived in non-Western contexts as part of the neo-liberal economic package that forces countries to emulate Western style models of contemporary life. Thus, local responses that reject initiatives that empower girls and women are based on the assumption that they are part of a larger Western style of cultural domination (Freeman, 2001).

A critical and often ignored aspect of globalization is the reality that economic deprivation and widening income disparities can have particularly disastrous health implications, specifically for women and children. For millions of women, particularly in the developing world, gender issues such as the division of labor in families, patriarchy, or the struggle for self-realization and autonomy are not the primary focus of their lives, nor are these issues that they can relegate time to. For these women, basic survival for themselves, their children, and other members of their families is of overriding importance instead. Despite global improvements in girls' and women's education, these have not universally translated into gains in economic participation or empowerment (Plan UK, 2015). Huge disparities continue to exist in wage gaps, girls and women are often segregated in the informal labor force, and women are relegated to specific employment sectors that are at times risky and make them vulnerable to being exploited and

even put into dangerous situations (Kabeer & Mahmud, 2004). Moreover, in many cultural contexts, boys are still privileged over girls with respect to nutrition, access to opportunities, and freedom of movement. Gender equality and empowerment initiatives need to be understood as embedded in these widely disparate economic and cultural contexts, and the success of the new SDG's is dependent on incorporating gender issues into their implementation.

Sustainable Development Goal 3: Ensure Healthy Lives And Promote Well-Being For All At All Ages

Ensuring that all individuals live healthy lives while simultaneously promoting well-being is a multi-faceted objective that has both physical and mental dimensions. It is also the Sustainable Development Goal (Goal 3) that is foundational to the successful execution of many of the other goals – specifically Goal 1 – End poverty in all its forms everywhere; Goal 2 – No hunger, achieve food security and improved nutrition and promote sustainable agriculture; Goal 4 – Ensure inclusive and quality education for all and promote lifelong learning; and Goal 5 – Achieve gender equality and empower all women and girls.

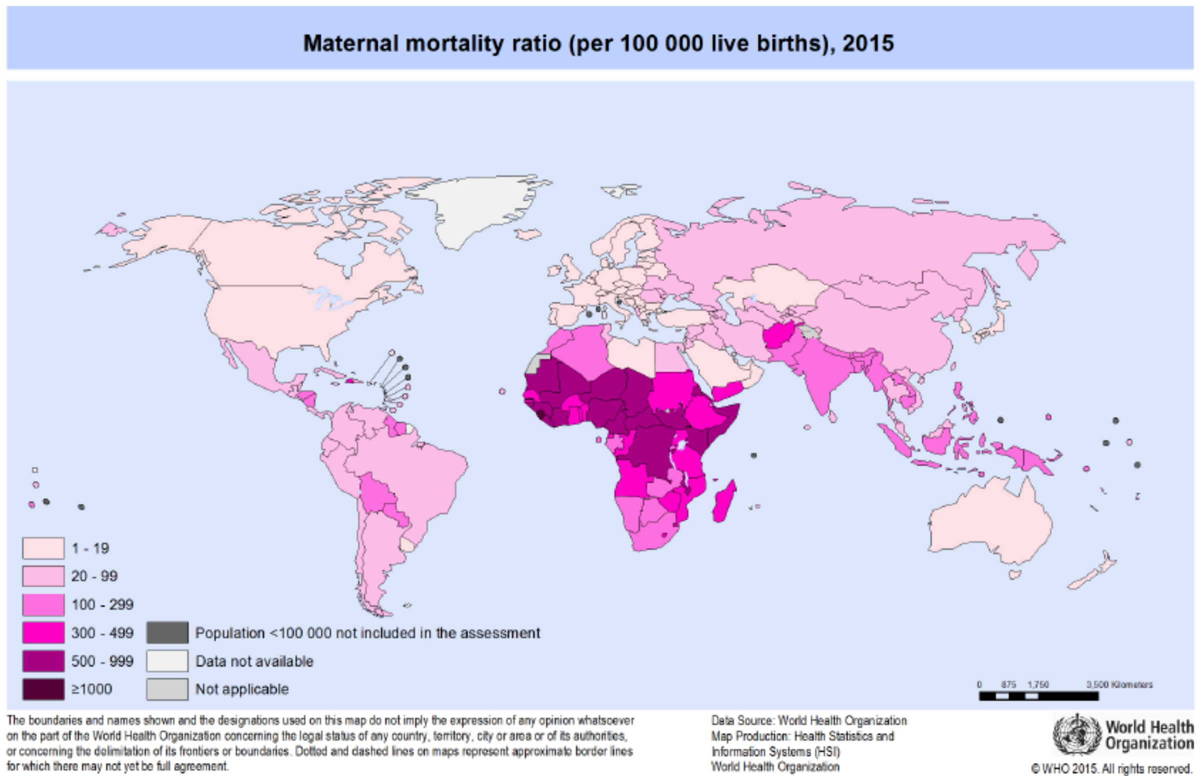
Health does not just refer to medical conditions nor in the case of girls and women, just to sexual and reproductive health. The World Health Organization (1948) defines health as a state of physical, mental and social well-being, and health is dependent and affected by a wide variety of factors that include nutrition, economic and work conditions, cultural norms, and educational opportunities.[1] Gender issues are also deeply embedded in health outcomes. For instance, discriminatory social institutions have a profound effect on the health outcomes of girls and women (OECD, 2015). Early marriage, the cultural valuing of boys over girls, gender-based violence, and little decision-making authority over their own health are serious challenges to instituting gender equity and empowerment. Moreover, girls and women have specific health concerns especially around access to family planning and prenatal and antenatal care.

On the positive side, there have been major improvements globally in key health indicators, many of which can be attributed to the implementation of the MDG's. For instance, the maternal mortality ratio (MMR, number of maternal deaths per 100 000 live births) has decreased by approximately 44% over the past 25 years in all regions of the world (WHO, 2015) In 2015, an estimated 303,000 maternal deaths occurred worldwide. This translates into a global lifetime risk of maternal mortality of about 1 in 180. Most maternal mortality occurs in the developing regions of the world, with sub-Saharan Africa accounting for about 66% of maternal deaths, followed by Southern Asia.[2] When comparing regions of the world, lifetime risk of maternal mortality is estimated to be about 1 in 41 in low-income countries; this contrasts with 1 in 3300 in high-income countries (WHO, 2015).

[1] This definition of health in the preamble to the Constitution of the World Health Organization has not been amended since 1948.

[2] Nigeria and India account for approximately one third of all global maternal deaths in 2015 (WHO, 2015).

Figure 1. Maternal mortality ratio (MMR, maternal deaths per 100 000 live births), 2015



The rates of progress vary between countries but the greatest improvements have occurred in the poorest countries. The success of specific health related goals can be explained, at least in part, by their consistent presence at the top of development agendas of states combined with a prioritization of investments in health by donor organizations (Murray, 2015).[3] However the major drivers of success are attributed primarily to improvements at the health care and provider levels and interventions aimed at lessening social and structural barriers. At the top of the list is empowering girls and women and applying a human rights framework that ensures that high-quality health care is available and accessible to mothers and children who need it (WHO, 2015). Furthermore, it is critical that girls and women have universal access specifically to sexual and reproductive health services ((Thevenon & Neyer, 2014).

It is important to note that the most vulnerable populations are often not represented in the global data that is currently gathered. Also areas that are hit by conflict or disasters often are directly impacted with respect to maternal and children's health, and, again, there is usually little if any data from those zones.

[3] From 2000 – 2013 there was a 61.3% funding increase in health. The three main funders were the U.S. government, the U.K. government, and the Bill and Melinda Gates Foundation (Murray, 2015).

Those countries that have had little or no reduction in maternal mortality since 1990 are ones that have been heavily impacted by the HIV epidemic. Globally, approximately 16 million women are living with HIV and according to the World Health Organization, HIV/AIDS is the primary cause of death in developing countries among women of reproductive age. In 2013, almost 60 percent of all new infections occurred among adolescent girls and women, with the highest percentage (58 percent) found among girls and women in Sub-Saharan Africa (UN Women, 2015).[4]

A primary factor that leads to girls and women acquiring HIV is power inequities in relationships that are associated with an increased risk in intimate partner violence. A longitudinal study conducted in South Africa illustrated that the differential in power relationships combined with gender based violence raised the possibility of acquiring HIV by 11.9 percent (Jewkes, 2010)). Girls and women are particularly at risk in places where they have fewer legal rights to divorce, to own and inherit property and to consent to medical treatment. Moreover, globally, only 21 percent of girls under the age of 19 have any knowledge of HIV (UNAIDS, 2013).

Any discussion of health also needs to include the problem of gender based and sexual violence. Rough statistics and reports indicate that intimate partner violence and gender based violence are extremely prevalent in virtually every part of the world. About one third of women worldwide have experienced a type of sexual or physical violence at some point in their lives (UN Women, 2015). Most of the women who experience violence are not represented in available statistics – less than 10 per cent of women report violence perpetrated against them nor do they seek out some form of assistance. Highly problematic is that data on this subject is predominantly sporadic and inaccurate. In general, global reports almost always rely on estimates or extrapolations of partial data. However the World Health Organization and the UN Children's Fund acknowledge that intimate partner and sexual violence are a serious public health problem and a violation of girls' and women's rights. A major WHO multi-country study concluded that the prevalence of physical and sexual violence experienced by girls and women between the ages of 15 – 49 ranged from 15 percent in Japan to 71 percent in Ethiopia (UNFPA, 2015). The study also found that many women were forced into their first sexual experience, for instance, with 24 percent of rural women in Peru and 30 percent of women in rural Bangladesh reporting this type of violence (UNFPA, 2015). Girls and women who live in conflict-affected countries are at a particular risk of gender-based violence, forced prostitution, and exploitation. We currently do not have many studies that examine the risks that girls and women face in those setting and the long-term life chances and outcomes for them (UNFEI, 2015). From a mental health perspective, it is important to note that the effects of gender based and sexual violence often continue long after the incidents are over. It must also be highlighted that boys, too, can be the targets of gender based and sexual violence, especially in conflict ridden areas and/or around areas of homosexuality.

Also problematic from a physical and mental health perspective is the continued perseverance of female genital mutilation. Approximately 125 million girls and women have undergone female

[4] There are significant regional differences in the proportion of women living with HIV as compared to men: The Middle East and North Africa – 39 percent; Latin America – 30 percent; Caribbean, 50 percent; South and South-East Asia, 38 percent; Eastern Europe and Central Asia 36 percent; Western and Central Europe and North America 22 percent (UN Women, 2015).

genital mutilation despite a section in the UN Convention on the Rights of the Child (CRC) which commits governments to "take all effective and appropriate measures with a view to abolish traditional practices prejudicial to the health of the child." While female genital mutilation is a practice that is often understood as a cultural rite of passage for girls into adulthood, it is also associated with severe repercussions for girls including, severe bleeding, difficulty in childbirth and in some cases death (UNICEF, 2013b). Despite a variety of transnational and United Nations initiatives to eliminate the practice of FGM, there are still countries where virtually all women have undergone this procedure. For instance, in Somalia 98 percent of women and in Guinea 96 percent of women have been subjected to female genital mutilation. (UNICEF, 2013b). This is a practice most commonly found in Africa and the Middle East, with an overall frequency rate of over 80 per cent.

Overall health remains an elusive concept, one that is intimately tied to access to resources, healthy nutrition, educational and training opportunities, decent, fair employment, and supportive human relationships. Specifically, for girls and women, health and well-being need to be enhanced through poverty eradication and gender equality, empowerment, and capacity building (Plan UK, 2015; Temmerman, Khosla, & Say, 2015).

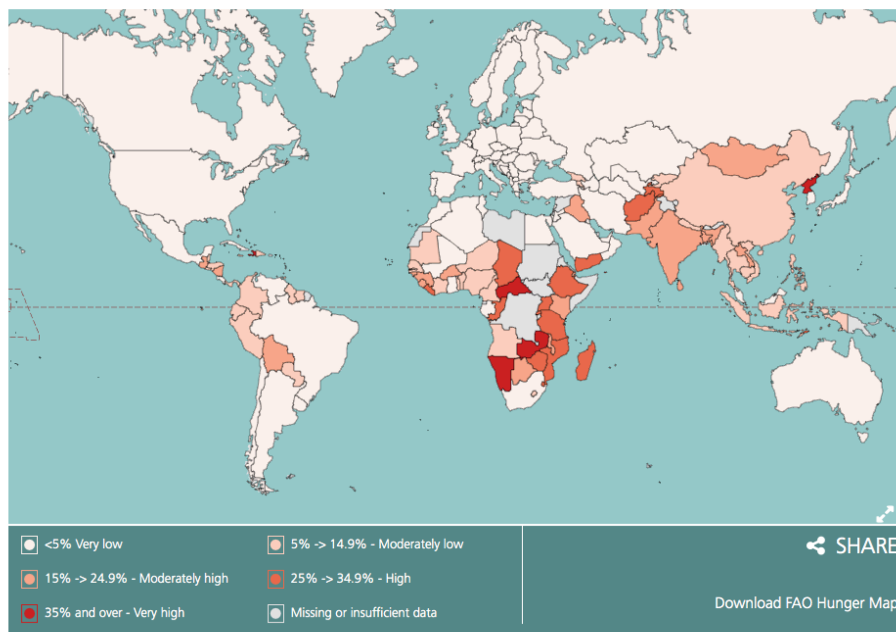
Sustainable Development Goal 1: End Poverty In All Its Forms Everywhere

Poverty remains a pervasive challenge for our world. Poverty is multidimensional and is typically related to inadequate access to proper nutrition, health, education and employment – all of which can serve to help individuals to live better lives. The fundamental problem is that when individuals do not have access to sufficient resources, their physical, mental and social health suffers. While there has been global progress in lifting people out of extreme poverty, a projected 700 million in 2015 remained living on less that $1.90 a day, with the vast majority concentrated in sub-Saharan Africa (World Bank, 2016). Moreover, poverty continues to be a highly gendered phenomenon worldwide, with the feminization of poverty becoming more prevalent (UN Women, 2015). This phenomenon can be explained by the fact that poverty is rooted in unequal access to economic resources. Many girls and women are either still completely economically dependent on men or they live in circumstances where much of their labor is devoted to unpaid work (Plan UK, 2015). In many developing countries, laws and customs support men's rights over women in a wide arena including restricting women's access to land and other assets, limiting their inheritance rights, and controlling their access to household economics (Plan UK, 2015; UN Women, 2015). Increases in one-person households and one-parent families also contribute to poverty. In high and low-income countries, women are more likely to be poorer than men when they have dependent children. Also, as they age, it is more probable that women will be alone and poor due to limited or non-existent retirement benefits (UN Women, 2015).

Sustainable Development Goal 2: End Hunger, Achieve Food Security And Improved Nutrition And Promote Sustainable Agriculture

Eradicating hunger is another Sustainable Development Goal that has been carried over from the Millennium Development Goals. Despite its primacy, as with health, only aspects of this goal have been attained. Global food security remains one of the great challenges of our time (Fanzo & Pronyk, 2011). The latest estimates indicate that about 795 million people or one in nine around the world are currently undernourished (FAO UN, 2015).

Almost all the hungry live in developing regions of the world, with the biggest reductions in hunger in China and India. Globally, the proportion of underweight children under the age of 5 has declined from 25% in 1990 to 14 % in 2014, a 44% reduction with the smallest relative decrease in Africa. However due its large population more than half of underweight children live in Southern Asia (about 51 million out of the global estimate of 95 million in 2014 (WHO, 2014).



(FAO UN, 2015)

What many of the statistics on hunger do not highlight is that women and girls are disproportionately affected by hunger and poverty because of discrimination and their low status in certain parts of the world. Moreover, hunger is more complex than just not having enough food to eat. Malnutrition can occur when the intake and absorption of vitamins and minerals is too low to sustain satisfactory health and development. This is sometimes also referred to as micronutrient deficiencies, which can be the result of a poor diet or because of certain nutritional needs during specific life stages. Women and children have greater needs for micronutrients and are often primarily affected by micronutrient deficiencies. A woman's nutritional status at the time of conception and during pregnancy has long-term effects on her baby. For instance about 18 million babies world-wide are born with brain

damage every year due to iodine deficiencies. About 50,000 women die in childbirth every year due to severe anemia, and iron deficiency is a serious problem for about 40 percent of women in the developing world (GHI, 2014). These types of micronutrient deficiencies, also called hidden hunger, stunt physical growth and learning, limit productivity and serve to perpetuate poverty.

TABLE 3.1 **SELECTED MICRONUTRIENT DEFICIENCIES AND THEIR EFFECTS**

Micronutrient deficiency	Effects include	Number of people affected
Iodine	Brain damage in newborns, reduced mental capacity, goiter	~1.8 billion
Iron	Anemia, impaired motor and cognitive development, increased risk of maternal mortality, premature births, low birthweight, low energy	~1.6 billion
Vitamin A	Severe visual impairment, blindness, increased risk of severe illness and death from common infections such as diarrhea and measles in preschool age children; (in pregnant women) night blindness, increased risk of death	190 million preschool age children; 19 million pregnant women
Zinc	Weakened immune system, more frequent infections, stunting	1.2 billion

Sources: Allen (2001); Andersson, Karumbunathan, and Zimmermann (2012); de Benoist et al. (2008); Micronutrient Initiative (2009); Wessels and Brown (2012); and WHO (2009; 2014a).

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Sustainable Development Goal 4: Ensure Inclusive And Equitable Quality Education And Promote Lifelong Learning Opportunities For All

Since the year 2000 there have been some notable advancements with respect to the education of girls and women. Most notably, overall the number of girls for every 100 boys has increased from 92 to 97 in primary education and from 91 to 97 in secondary education. Concurrently, the number of countries that have accomplished gender parity has gone up to 62 from 36 since the year 2000. On the flip side, less than half of all countries have achieved the Education for All goal in primary and secondary education, and no country in sub-Saharan Africa has achieved this objective (UNGEI, 2015). Most concerting is that gender disparities increase as one goes up the ladder in the educational system. This leads to an ever growing gap between boys and girls resulting in only 29% parity by the time one get to the upper secondary level of schooling. In 2012, specifically in the Arab States and Sub-Saharan Africa, there were 19 countries with less than 90 girls for every 100 boys in secondary school. This is despite the fact that girls are less likely to drop out of secondary school than boys (UNGEI, 2015).

Despite the impressive progress with respect to girls' education, an especially worrisome statistic is that the proportion of women who cannot read or write has not changed since the year 2000. Two-thirds of adults who do not have fundamental literacy skills are women, and about half of

grown women in South and West Asia and sub-Saharan Africa have not acquired those skills (UN Women, 2015).

A number of factors explain the fact that gender parity has not been achieved despite well-intentioned efforts. These include specifically early marriage and early motherhood combined with the cultural favoring of boys in families' educational investments and a strictly gendered division of household labor.

According to a recent UNFPA (2012) report, approximately 142 million girls will be married off by 2020. Currently, approximately 15 million girls marry before the age of 18 every year, which equals about 41,000 girls marrying every day. Child marriage is most prevalent in Sub-Saharan Africa. There are multiple disastrous effects associated with child marriage: it forces girls into adult roles before they are physically and psychologically prepared, girls are likely to experience early childbearing, girls are more likely to experience a lack of autonomy, and girls are often coerced into unwanted or unsafe sexual relations which put them at risk for sexual diseases including HIV/AIDS (UNFPA, 2012). Child marriage also leads girls and their families into a continuous cycle of poverty as girls become much less likely to access educational opportunities.[5]

The socialization of girls into a very restricted conceptualization of gender roles also contributes to the lack of access to educational opportunities for them. Girls are often "protected" to ensure their modesty, which includes restricting their sphere of movement once they enter puberty. Research suggests that as girls enter adolescence their mobility and free time decrease and their domestic responsibilities increase (UNICEF, 2013a). Due to worries about chastity, the reputation of the family, or just the demands of the household, girls are kept at home with an increasing lack of movement (Lyon et al, 2013; Mensch et al, 2003). For example, a survey of Egyptian girls between the ages of 16 to 19 indicated that 68 percent of girls were involved in household chores in comparison to 26 percent of boys (Mensch et al., 2000). However, even when girls are allowed to attend school, their domestic responsibilities may still impact their schooling. Global data indicates that children aged 13 who go to school and have household responsibilities or other work related obligations, are not able to progress through the grades at the same speeds as their non-working peers in all countries (Understanding Children's Work, 2015).

Girls are also often perceived as having lesser income-generating capabilities and may even cost the family due to the expenses associated with their marriages (Hallman & Roca, 2007). Depending on cultural context, families may believe that it is more prudent to invest in boys who are seen as providing a form of old age insurance to their elderly parents one day.

These cultural conceptualizations of girls versus boys are not restricted to non-Western societies (even though they dominate in certain parts of the Middle East, North Africa, Latin America, South and Southeast Asia, and sub-Saharan Africa). Immigrants from these regions may bring these norms with them to their host societies, creating familial friction due to a dissonance between varying cultural norms (Bernhardt, Goldscheider & Goldscheider, 2007). Girls are

[5] These findings are all the more disturbing when juxtaposed with the fact that the global leading cause of death for girls aged 15 to 19 is complications from pregnancy and childbirth.

socialized to be more submissive, modest, and to have lower aspirations than boys. They are taught that their primary roles in life are to marry and to bear children, which in turn limits their feelings of self-worth, their access to educational and training opportunities, and ultimately, their life chances. This also makes the goal of ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all virtually impossible to achieve without programs and policies that specifically target the familial level. It is important to note that when girls are given the chance to further their education, they perform equally to boys, and at times outperform them (UNGEI, 2015). Moreover, gender disparities are often the widest among the poorest segments of a countries population when compared to the richest. For instance in countries such as Mozambique and Uganda where gender parity in primary school enrollment has been achieved since 2000 among the wealthiest children, the number of girls in elementary school is that below boys among the poorest segments of those societies (UNGEI, 2015).

Girls and boys are at high risk of gender-based violence specifically in educational settings, but data indicates that girls are more at risk of sexual violence, harassment and exploitation perpetrated by male teachers and students. Boys are more at risk of frequent and severe physical violence, (UNFPA, 2014). A growing body of research on this issue indicates that this is a problem that is particularly prevalent in sub-Saharan Africa, but is also found in other parts of the world. Abuses include older male students exploiting and forcing younger female students into sexual acts and / or teachers abusing girls in their classrooms. For instance one study showed that in Sierra Leone, male teachers had perpetrated almost one-third of cases against female students (ACPF, 2010), and another that in Ecuador 37% of cases of sexual violence were perpetrated by teachers (Jones et al. 2008). It is important to note that boys are also at risk of violence in schools, especially around issues of homophobia and being physically abused by teachers. Boys are also subject to gender stereotypes and may be perceived as unruly and in need of "discipline" (Parkes, 2015). Both girls and boys who have a disability, who express a gender orientation that differs from the mainstream or who belong to socially marginalized groups are at particular risk of school-based violence. For instance, a study in Thailand found that 56% of students who identified as gay, lesbian, transgender or bisexual had been bullied or harassed (UNESCO, 2014).

School-based violence is not limited to the non-Western world. Recent surveys indicate that in the United States over 80% of female students had experienced some form of sexual harassment and studies from New Zealand and Japan indicate that cyber-bullying specifically of girls is on the rise (UNGEI, 2015).

Health and Well-Being Are Closely Related To Work And Gender Issues

An unprecedented global phenomenon is the increase of women in the paid labor force. Between 1960 – 2010 the labor force participation of women jumped from 31 to 49 percent on the North American continent, from 32 to 53 percent in European countries, from 26 to 38 percent in much of the Caribbean, from 16 to 35 percent in Central America, from 17 to 26 percent in the Middle East and North Africa, from 27 to 64 percent in Oceania, from 21 to 59 percent in South America, and increased slightly in Sub-Saharan Africa to about 62

percent (United Nations, 2010; ILO, 2013).[6] These rough aggregate statistics indicate that in virtually every part of the world, women's labor force participation has increased. However, they do not illustrate intra-region variation nor the real enormity of the phenomenon. For instance, in the United States, 71.3 percent of women with children under the age of 18 are working outside of the home (U.S. Bureau of Labor Statistics, 2012b). Statistics from European and other industrialized societies point to similar trends in other industrialized countries (OECD, 2013). [7] However, the advantages of labor force participation have not filtered down to low-income women in the United States nor do developments in non-Western countries parallel the situation in industrialized countries.[8]

As women in high and low-income countries become increasingly incorporated into the formal and informal paid labor force, the labor force participation of men has decreased in most regions (UN Women, 2015).[9] These wide spread social transformations are intimately related to global economic and market changes, the proliferation of neoliberal and feminist ideologies, and increasingly advanced communication and information technologies. These global changes are transforming ideas about the role of work in women and men's lives, appropriate gender roles in families and communities, and the types of programs and policies that are needed to support worker productivity while simultaneously allowing them to have family lives (Trask, 2014).

Work intersects with family needs in multiple ways that are not uniform across national boundaries, social class or ethnic and racial boundaries. For instance, in most parts of the world, families at the lower end of the economic spectrum have little if any control over when they work, and often do not earn enough to cover basic needs. Simultaneously, purchasing child and elder care is often out of reach for middle-class families in places such as the United States and a variety of other industrialized societies where these services are not subsidized by governments. And across the globe, increasingly, high-earning individuals are frequently faced by intense work demands that include long hours and overlapping obligations (Earle, Mokomane, & Heymann, 2011). Socio-economic disparities also intersect with racial and gendered inequities, causing some individuals from varying minority groups to be more vulnerable to both finding paying work, as well as being more easily dismissed from paid employment.

The consequence of a mismatch between a lack of focus on the needs of families, growing, demanding work responsibilities, and extreme socio-economic, gendered, and racial/ethnic disparities with respect to access to work and work related benefits has resulted specifically in a crisis of work-family balance that is becoming a shared global concern (OECD, 2013).

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[6] The statistics for Sub-Saharan Africa in particular vary depending on how work is defined. Traditionally, a high percentage of women have participated in agriculture or in market work accounting for the high figures. There are significant inconsistencies in how statistics are gathered.

[7] According to the OECD (2012), about 65% of women are in the paid labor force compared to 71% men.

[8] In a number of industrialized societies including the U.S., the labor participation of women is declining based on a variety of factors including global recession trends and lack of access to family friendly policies and high quality child care.

[9] For instance, in the U.S. just 69.8 percent of all men over age 16 were in the labor force in August 2012, compared to a long-term average of 78.3 percent since the Labor Department began tracking these data in 1948 (Bureau of Labor Statistics, 2012).

Furthermore, job insecurity particularly for the lowest earners caused in great part through globalizing pressures, is intensifying the tension between work and family life even more. This tension between work and family demands is a highly gendered phenomenon due to the fact that not only do women now work in the paid labor force, but they are also still primarily responsible for domestic tasks and the caretaking of children, the ill, the disabled, and the elderly.

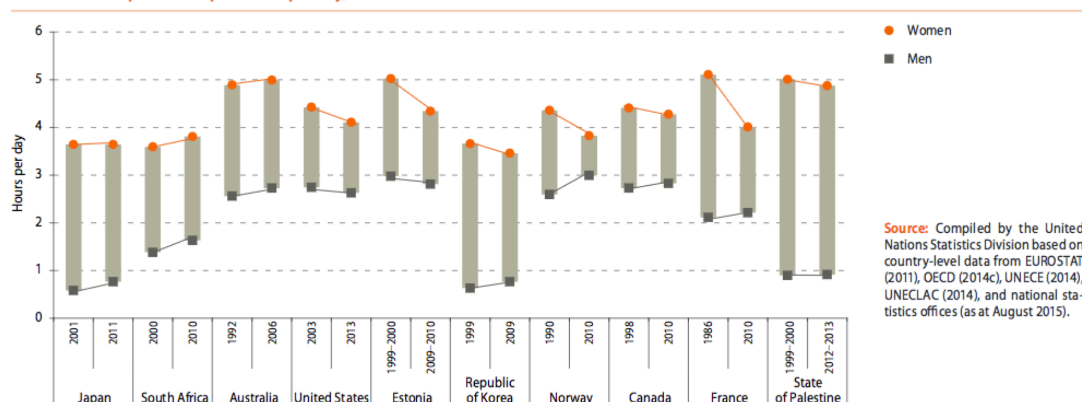

Figure 4.23
Trends in time spent on unpaid work per day, selected countries

Women and men continue to spend markedly different amounts of time per day on unpaid domestic and caring responsibilities. While some of these differentials are lessening in the Western world, in much of the non-Western world, there has been little change despite a much higher number of women being in engaged in the paid labor force (UN Women, 2015). When the amount of hours worked by women in the paid labor force is combined with domestic work, the hours that women work in total is more than that of men in both the developed and developing world. The tension and physical burden caused by the high amount of hours worked by women are main contributors to poorer physical and mental health.

Family Centred Approaches Are Key to Implementing the 2030 Agenda

In order to achieve an integrated comprehensive approach to addressing the social goals embedded in the 2030 Agenda, especially Goals 1-5, a family centred approach in policies and programming is key. Families the world over, still form the basic social unit that nurtures, cares and socializes children. Moreover, especially in non-Western contexts families are the key emotional and economic support system for most individuals. It is thus families that can ensure that the basic human rights of an adequate standard of living and access to nutrition, care and education be met for all its members (IFFD, 2016).

A fundamental problem is that an intensive, specifically Western focus and debate in recent years on the diverse and changing forms of families, has led to a programmatic and academic lack of focus on the critical role that families play in the lives of individuals, and thus, in the implementation of policies and programs (Trask, 2010; Trask, 2015). Different social, cultural,

and economic contexts will give rise to a variety of structural forms. Despite this variation, the fundamental obligations, rights and duties of how individuals are tied to one another remain, and must be adequately supported. Shrinking state support for social services are actually creating an environment in which families are more, not less important to the health and well-being of individuals. Development efforts can only succeed if they take into account the promotion of equality between women and men in families and communities, as well as the protection and promotion of the rights of vulnerable populations such as children, persons, with disabilities, and older persons. These populations cannot and should not be addressed as external to family contexts. It is specifically their relationships to other members of their intimate groups that provide protection and care for them.

Families, if adequately supported through policies and programs, carry out critical functions that are not easily, if at all, be replaced by other entities. They socialize the next generation, they economically and emotionally support their members and they care for those who cannot care for themselves: the children, the seriously ill, the disabled and the elderly (Trask, 2015). However, families can be damaged by stressful circumstances. If they live in poverty, their members are in all likelihood subject to poor nutrition, poor health, and fewer if any educational and vocational opportunities. This is particularly the case for girls and women (Plan UK, 2015). As has been described above, girls and women specifically, are constantly negotiating the high demands of work vs. family life and are more likely to live in poverty due to their low status and lack of access to resources. They often do not receive adequate nutrition, and thus, are increasingly suffering from physical and mental health issues caused by high levels of stress. This is why gender based levels of analysis are key, as well as programming and policies that consistently incorporate a gender focus.

As families globally adapt to changed economic and social circumstances, states need to also adapt their policies to meet these needs. They need to adjust to new forms of "doing family" which include women in the paid labor force, men at home, single parent households, and aging women on their own. A primary focus needs to be on promoting gender equality, combating child and family poverty, and supporting children's well-being and educational attainment through infancy, childhood and adolescence (Thevenon & Neyer, 2014). A key approach to combating poverty and increasing health outcomes through good nutrition, are policies that focus specifically on benefits to low-income families with children and/ or elders. Cash benefits and / or fiscal transfers that specifically target families with girls and provide incentives for girls to continue their education are an integral piece of this discussion. Many studies and reports focus on low-income families with children and ignore the culturally based gender discrimination that often accompanies families who live in poverty both in the Western and non-Western world.

Conclusion

A major contribution of the 2030 Agenda and the new SDG's is its focus on the root causes of development problems. By providing a wide variety of targets, states will be able to choose the ones that are most relevant in their cultural contexts and address their specific needs. However, a major impediment to the implementation and success of the 2030 Agenda, one that is not explicitly dealt with, is the concurrent declining role of states worldwide due to globalizing influences. Simultaneously, the last two decades have witnessed the emergence of a wide range

of development actors who are involved in local and transnational roles with respect to social initiatives (Cornwall & Edwards, 2015). In order for the 2030 Agenda to succeed, increased collaboration between states and international organizations and institutions at all levels is imperative.

In order to successfully execute the 2030 Agenda, and specifically Goals 1 – 5, a holistic approach is in order. Health for all and gender equality and empowerment are closely related to economic and social conditions. The current focus on either state level policies and actions or programs targeted specifically to individuals or certain groups, will not succeed unless a *family centred focus* is instituted. Fundamental to much of this new agenda is the access of girls and women to decent work. Yet, as UN Women (2015) reports more than 83% of domestic workers worldwide are women, and approximately half of them do not receive minimum wages. Many of the employment opportunities that are now available to women require dangerous conditions and women are often not protected by labor laws and receive low pay. Moreover, despite the record number of women in the global labor force, domestic responsibilities have not been realigned even in Western parts of the world, contributing to more work for women, higher stress levels and increased physical and mental health issues (UN Women, 2015).

Gender relations, gender equality and gender empowerment provide the backdrop for implementing the new 2030 agenda and specifically for ensuring the health of girls and women. In 1994, the United Nations under the leadership of Secretary General Ban-Ki Moon called for "….the full involvement of men in family life and the full integration of women in community life," in order to ensure that "men and women are equal partners" (UNFPA 2013, p. 3). This has not happened in most parts of the world. Instead, we currently have a situation where girls and women the world over are disadvantaged vis-a-vis boys and men. The discrimination and lack of opportunities faced by girls and women, especially at the poorer levels of both Western and non-Western societies are not just "women's" issues. These are ethical and human rights concerns that require a serious reassessment of our national and transnational policies and structures. The same forces that are bringing new economic relationships and social concepts to the farthest corners of the globe, could and need to be used to also realign policies and programs to improve the lives of millions of girls and women, making them more productive, and physically and psychologically healthier.

As we move forward with the new Sustainable Development Goals we need to ensure that we institute policies and programs that elevate the status of girls and women and empower them, increase their earning potential, and contribute directly to lifting them out of poverty and ending hunger. Investments in girls' and women's education, nutrition, and health not only improves their individual well being and economic status, but have long term positive implications for their families and communities (Bouis et al. 1998). These are the key components to promoting health and well-being. Success can only be achieved by taking into account family relationships within very different cultural contexts. We need to acknowledge the primary role that families play in girls' and women's lives, and states and transnational and local organizations need to focus on creating policies and programs that elevate the well-being of the family group. It is through embarking on this path that we can achieve the goal of health and well-being for all.

Recommendations:

1. Discriminatory social institutions impede girls and women's life trajectories and affect their well-being. Discrimination affects key empowerment arenas such as health, education, and employment. A crucial step is eliminating discriminatory laws and practices and discriminatory attitudes and norms in areas such as early marriage, female genital mutilation, and sexual practices. Unequal power relations disadvantage girls and women and restrict them from equally accessing information and resources that could improve their health, well-being, and life opportunities. Girls and women must be empowered to take charge of their own lives. In order to effect change, gender equality measure need to be integrated into all aspects of policy and planning. Gender equality cannot be achieved if social institutions, cultural norms and cultural practices discriminate between girls and boys and women and men. Gender mainstreaming makes gender equality a fundamental concept that is embedded in the structures and practices of society, institutions and the design, implementation, monitoring and evaluation of policies and programs (UNGEI, 2015).

2. It is difficult to effect change in the social norms that govern gender without strong data. States need to be assisted in their capacities to systematically collect and analyze gender statistics (OECD, 2015). Gathering even just basic data such as number of live births and deaths is currently beyond the capacity of approximately 100 countries in Asia, Africa and Latin America (UNGEI, 2015). Academics need to become involved and offer their services to help gather basic and more complex social data. Investing in data collection and the analysis of cultural norms is key to tracking how social norms change and how that impacts the developmental trajectories of girls and women. Today's technological advances allow for new data gathering techniques that could be taught at the community and even family level. States and communities need to work in collaboration with transnational organizations and educational institutions to implement such data gathering and analysis techniques.

3. All global development programs, and especially those focused on health, need to prioritize gender analysis in order to expose and address the inequalities that girls and women are subjected to. Also, alternative approaches to measuring poverty with a specific focus on gender must be implemented in order to highlight and subsequently, to understand why a much higher percentage of girls and women are poorer than boys and men.

4. Caregiving and unpaid work in families needs to be recognized and supported. Any approach that aims to strengthen resources for health must acknowledge the important role that women play as informal caregivers in their homes whether it be to young children, the disabled or the elderly. This is a problem that spans both high-income and low-income countries and can only be targeted through a *focus on family relationships*. In some Scandinavian countries and Singapore care labor is now compensated. This is one example of how caregiving can be supported to improve mental and physical health.

5. A variety of current program have already been proven to be effective in increasing gender equality and empowerment. These include targeted scholarships and stipends for encouraging

girls' education. Evidence from Cambodia and Pakistan indicates a marked improvement in girls' school attendance with such programs (UNGEI, 2015).

6. Promote progress towards the institution of universal protection systems. Make sure the most vulnerable are targeted. Families and communities that live in areas that are conflict zones or susceptible to natural disasters often have needs that are not accounted for by traditional measures. Safety nets need to be in place specifically for these populations. These include cash and in-kind transfers and subsidies. Cash transfers to vulnerable families have also proven to be a successful mechanism. Evidence from Latin America indicates that targeting children who are most in need is another effective method for raising school attendance and attainment in schools (Baulch, 2011).

7. Increase awareness and interaction among stakeholders: policy makers, transnational NGO's, academics that address the linkages among the SDG's specifically around poverty, hunger, education and gender equality and empowerment

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