

XI. MISSING LINKS: GENDER EQUALITY, THE MDGS, AND THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

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A. INTRODUCTION

The Millennium Development Goals (MDGs) have been a frequently debated, much lauded, and often criticized feature of the international landscape since they were established in 2000. While the MDGs, by setting specific targets and indicators, have concretized international development objectives in a way that no other international agreement has; a number of crucial development and human rights issues are notably absent from the goals.

Whatever the specific assets or flaws of the Millennium Development Goals, they have unarguably become a powerful tool for generating consensus on international development and the promotion of human rights; garnering levels of political and financial support unseen in previous years—despite the existence of a vast body of international conventions, declarations and agreements that address a wide range of human rights and development issues. The MDGs have indeed provided specific targets for countries to work towards, and as a result have generated increased enthusiasm from Governments and organizations weary of more general and prescriptive commitments. It is that very simplicity however that makes the MDGs as much a hazard as they are a useful tool.

This paper argues that, far from summarizing existing international commitments, the MDGs are best viewed as a practical starting point, establishing certain necessary conditions for the achievement of the broader goals contained in previous agreements such as the Platform for Action of the World Conference on Human Rights (Vienna, 1993), the Programme of Action of the International Conference on Population and Development (Cairo, 1994), or the Programme of Action of the World Summit for Social Development (Copenhagen, 1995). These and other existing agreements, taken together, address almost every conceivable aspect of human rights and development but their goals, actions and objectives are extremely broad. This broad approach is the best way to define human rights and development, but it is not a practical way to operationalize them, which has been the primary selling point of the MDGs.

B. GENDER EQUALITY, THE MDGS, AND THE CAIRO PROGRAMME OF ACTION

The Cairo Programme of Action and the follow-up Report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly Addendum on *Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development* (Cairo +5) are among the first documents to discuss gender in the same context as women's human rights, and they are the only international agreements to explore the crucial links between gender equality and population and reproductive health. Thus the Cairo Programme of Action, while lengthy and somewhat insubstantial with regard to specific actions, presents a broad and holistic definition of both gender equality and population and reproductive health that is missing from the MDGs, but that is nevertheless essential to their achievement.

The Cairo Programme of Action, though established before the MDGs, is much broader in its understanding of gender equality and women's empowerment, and further reaching in its objectives and recommended actions. It is entirely possible therefore that the eight MDGs will actually be achieved before the Cairo Programme of Action, and indeed many other international commitments, are fully implemented. However, many of the recommended actions of the Cairo Programme of Action are necessary to the achievement of the MDGs, which reinforces the importance of viewing the MDGs not as one isolated agreement among many, but as an intrinsic part of a broader human rights framework. The targets established through the MDGs can be seen as the first in a series of benchmarks for the full implementation of the Cairo Programme of Action, and in turn the Cairo Programme of Action provides some useful recommendations and actions for international and national work towards the achievement of the MDGs.

Aside from a holistic understanding of gender equality and the empowerment of women, the Cairo Programme of Action provides other inputs that are essential to the equitable achievement of the MDGs, including a focus on specific populations and a focus on reproductive health.

1. Holistic definition of gender equality

A comprehensive vision of gender equality includes every aspect of personal and social development that arises from, and affects, the social norms, attitudes and behaviours that determine women's and men's distinct social roles and status. The Cairo Programme of Action affirms that: "the power relations that impede women's attainment of healthy and fulfilling lives operate at many levels of society, from the most personal to the highly public...Experience shows that population and development programmes are most effective when steps have been taken to improve the status of women" (para. 4.1). A holistic definition of gender equality encompasses such issues as human sexuality (para. 7.34), male responsibilities and participation (para. 4.24), access to information (para. 11.11) and violence against women (para. 7.35), among others.

2. Focus on specific populations

It is possible to achieve all 8 of the MDGs at the national level while still leaving behind significant sections of the population, and indeed this is exactly what has happened in several regions. The MDGs lack a diversity perspective that focuses specifically on the needs of certain populations such as indigenous peoples, children, adolescents, people with disabilities, and older persons, which are addressed in the Cairo Programme of Action (paras. 6.21, 6.6, 7.41, 6.28, and 6.16, respectively). Achieving MDG 3, for example, without a specific focus on indigenous peoples means that though gender parity in education may become a reality, indigenous peoples' overall access to education may not have changed.

3. Focus on reproductive health

Often to its detriment, reproductive health has become a feminist and gender issue, both because it is championed mainly by those who are also working towards gender equality and the empowerment of women, and because the attainment of full reproductive health implies fundamental changes in gender roles, attitudes and behaviour. Thus the achievement of gender equality is inextricably linked to the attainment of reproductive health, and vice-versa. Cited as the major gap in the MDGs (Center for Human Rights and Global Justice, 2003), reproductive health, particularly certain "feminist issues" such as access to contraception and family planning services, access to condoms, and access to pre- and neo-natal health services, is essential to the achievement of the MDGs, including MDG 5 "Improve maternal health" and MDG 6 "Combat HIV/AIDS, malaria and other diseases." Thus a holistic vision of reproductive health, which demands a focus on gender equality, is necessary to the equitable achievement of the MDGs.

DG 3 commits UN Member States to “Promote gender equality and empower women” through actions designed to “Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.” Working towards gender parity in education is a concrete and measurable objective, and an important target in itself, but it is not sufficient to ensure either the achievement of gender equality or the empowerment of women, for which a more holistic vision of gender equality is necessary. In terms of education itself, gender equality is not merely a question of numbers but of qualitative and substantive changes in curricula, teacher and student attitudes, opportunities available to male and female students, the security of female students, the different pressures and demands that both male and female students face outside school, and finally the equitable integration of women and men into the labour market. The Cairo Programme of Action affirms the importance of education, not just for gender equality and the empowerment of women, but for the health of entire families, asserting that “When mothers are better educated, their children’s survival rate tends to increase” (para. 11.3). By setting specific targets, the MDGs provide an end-point towards which States can strive. It is the Cairo Programme of Action however that provides the justification for this goal while situating it within a larger agenda for gender equality that looks at the concrete benefits of increasing women’s access to education.

The Cairo Programme of Action addresses a number of other issues that are related to gender equality and the empowerment of women, all of which are also related to the achievement of various MDGs. It is essential to bear in mind that, while international focus may have narrowed from broader to more specific actions, our underlying definitions of human rights, gender equality and social development have not narrowed, and that a broad vision must be applied even to specific actions if they are to have the desired effect.

4. Sex-disaggregated data

The Cairo Programme of Action makes recommendations concerning the importance of information, particularly sex-disaggregated data, which is essential for monitoring the achievement of the MDGs. Thus far, most of the national-level reports on the MDGs contain sex-disaggregated data only for those goals that require it (MDGs 2 and 3) (United Nations Development Programme, 2003). Sex-disaggregated data is rarely used to monitor goal 1, “Eradicate extreme poverty and hunger,” even though available data indicate that women are among the poorest of the poor, and that the poorest households are often those headed by women (United Nations, 2000). Similarly, sex-disaggregated data is not always used to monitor MDG 6 “Combat HIV/AIDS, malaria and other diseases” even though recent data indicate that the HIV/AIDS epidemic is increasingly and even predominantly affecting women as a result of their greater physical vulnerability and their subordinate social status (PAHO, 2002).

5. HIV/AIDS

“The social and economic disadvantages that women face make them especially vulnerable to sexually transmitted infections, including HIV, as illustrated, for example, by their exposure to the high-risk sexual behaviour of their partners” (para. 7.28). Halting and reversing the spread of HIV/AIDS as mandated by MDG 6 requires an explicit focus both on men’s behaviour and on women’s vulnerability as proposed in Chapter VII (section C.) of the Cairo Programme of Action. Thus any effective attempt to address HIV/AIDS will demand fundamental changes in gender roles and relations, as women can only protect themselves from HIV if they are empowered to negotiate sexual intercourse and the use of condoms, and if they have access to information on and treatment for HIV free from stigma and discrimination. In many parts of the world, both maternal health and child mortality are now strongly affected by the HIV/AIDS epidemic and an explicit focus on women’s empowerment through information and health services is essential to stopping mother-to-child transmission of HIV.

6. Maternal mortality

Maternal mortality remains one of the most significant causes of death for women of reproductive age in the developing world. Actions to improve maternal health, as mandated in MDG 5, must be undertaken from a gender perspective because many of the factors that affect maternal health, such as access to contraception, family planning, and safe abortion services, access to information about fertility and reproduction, age of first motherhood, and access to health services, are determined or influenced by gender norms. The Cairo Programme of Action's holistic focus on reproductive, as opposed to merely maternal, health ensures that young girls and women have access to the services needed to ensure safe and freely chosen motherhood with the involvement of their partners. This vision of reproductive health contributes not only to the achievement of goal 5, but also to eradicating extreme poverty and hunger (goal 1), achieving universal primary education (goal 2), reducing child mortality (goal 4), and ensuring environmental sustainability (goal 7) by allowing families to decide the number and spacing of their children; eliminating the burden that too many children places on family, household, public and natural resources.

7. Violence against women

Though it is not addressed by the MDGs, violence against women represents a significant barrier to human development, as stated in the Cairo Programme of Action. "In a number of countries, harmful practices meant to control women's sexuality have led to great suffering. Among them is the practice of female genital mutilation, which is a violation of basic rights and a major lifelong risk to women's health" (para. 7.35). Violence against women during pregnancy, child abuse and harmful practices such as female genital mutilation also represent major threats to maternal health (MDG 5) and child health (MDG 4). A focus on violence against women and the myriad obstacles it poses to their health and development would facilitate the achievement of the MDGs.

8. Male responsibilities and participation

While certain aspects of gender equality require an explicit focus on women; women's status and development can be affected as much by men's attitudes and behaviours as by their own. The Cairo Programme of Action is unique among international agreements for its focus on men's participation, which is essential to the achievement of gender equality and the empowerment of women, as well as maternal health, child health, combating the HIV/AIDS epidemic and the remaining MDGs. A focus on men's participation is becoming particularly significant to MDG 3 because in some regions female enrolment in school has actually surpassed male enrolment. While this is partly due to more girls enrolling in school, it is also partly attributable to increasing drop-out rates among boys, a disturbing trend that should be addressed and reversed.

C. CONCLUSION

The MDGs are an example of the utility of concretizing international commitments into specific actions, targets, and indicators. Given the political and financial support that the MDGs have generated over the last five years, this exercise provides the international community with a best practice on which to base the continued implementation of more far-reaching commitments such as the Cairo Programme of Action. The MDGs should in no way replace or obviate previous commitments, but are best thought of as a practical starting point for their implementation. In the case of gender equality and the empowerment of women, gender parity in education is a necessary first step towards ensuring that women have access to the same opportunities as men. Education, however, is not the only factor that affects women's status in society, nor should it be the only area addressed by Governments and the international community in their

pursuit of gender equality. Moreover, achieving gender parity in education does not guarantee the achievement of gender equality in education, as women and men's participation and success in school are influenced by more factors than mere enrolment.

The example of the MDGs could be reproduced and applied to existing agreements such as the Cairo Programme of Action in order to generate a renewed sense of commitment to the actions prescribed by the Programme of Action, and a set of practical targets and indicators for measuring their implementation. Some efforts to attach concrete indicators to the Cairo Programme of Action are already underway, such as the Latin American and Caribbean Women's Health Network's Atenea Database of reproductive and sexual health indicators (Red de Salud de Mujeres Latinoamericanas y del Caribe, 2004). These efforts require commitment at the global and governmental levels, along the lines of the MDGs, to be effectively implemented. The Cairo Programme of Action was developed during a time of "important new opportunities for addressing population and development issues. Among the most significant are the major shifts in attitude among the world's people and their leaders in regard to reproductive health, family planning and population growth..." (para. 1.8). The global climate surrounding the issues of gender equality, reproductive health and family planning has again undergone a major shift, and the effort to move forward with the implementation of the Cairo Programme of Action has lagged. Though the MDGs have become the major new rallying point for international development, it would be a mistake to think that they can be effectively and equitably achieved without the broad and holistic visions of gender equality and reproductive health set forth by the Cairo Programme of Action.

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