

Issue Paper on

Discrimination and Sexual Abuse Against Girls And Women

Prepared by
Mary Ellsberg



SWEDISH INTERNATIONAL DEVELOPMENT
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Sida's Health Division has during the period 1996–97 elaborated three policy documents.
These include;

- A Position Paper on Population, Development and Cooperation
- A Policy for The Health Sector
- A Strategy for Sexual and Reproductive Health and Rights

It was during this process that Sida commissioned a series of Swedish experts to formulate Issue Papers on specific areas as a basis for policy discussions. Considering that these papers are of interest to a wider audience the Health Division has now decided to publish some of them.

The views and interpretations expressed in this document are the authors,
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Author:
Senior Associate: Mary Ellsberg
Center for Health and Gender Equity
6930 Carroll Avenue, 9th floor
Takoma Park, Maryland,
20912 USA

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“The girl child of today is the woman of tomorrow. The skills, ideas and energy of the girl child are vital for full attainment of the goals of equality, development and peace. For the girl child to develop her full potential she needs to be nurtured in an enabling environment, where her spiritual, intellectual and material needs for survival, protection and development are met and her equal rights safeguarded. If women are to be equal partners with men, in every aspect of life and development, now is the time to recognize the human dignity and worth of the girl child and to ensure the full enjoyment of her human rights and fundamental freedoms”

Declaration and Platform for Action, Fourth World Conference on Women, Beijing, 1995.

Background

Reproductive and Sexual Health has been defined internationally as a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. It also includes the ability to have a satisfying and safe sex life and the capacity to reproduce and the freedom to decide if, when and how often to do so. The ability to enjoy sexual and reproductive health has been recognized in the International Conference on Population and Development, and reiterated in the Declaration and Action Plan of the Fourth World Conference on Women as a basic human right.

However, it has become increasingly apparent that inequality between men and women, which is expressed throughout the world in the form of discrimination against women and girls in social, economic, and political spheres, as well as violence in the home, at a community level, and through government policy, severely curtails women’s capacity to enjoy sexual and reproductive health. A well-known statement made by the International Labor Organization in 1980 described women’s situation in the following way:

“Women are half the world’s population, receive one-tenth of the world’s incomes, account for two-thirds of the world’s working hours and own only one-hundredth of the world’s property.”

Fifteen years later, the Beijing Declaration and Platform for Action makes a similar point:

“Throughout their entire life cycle, women’s daily existence and long-term aspirations are restricted by discriminatory attitudes, unjust social and economic structures and a lack of resources in most countries that prevent their full and equal participation. Discrimination against women begins at the earliest stages of life, and must therefore be addressed from then onwards.”

Following is a discussion of the most serious expressions of gender-based inequality, in relation to sexual and reproductive health, at the different stages of women’s life cycle.

From conception to adolescence

*"Raising a girl is like watering a plant in your neighbor's garden"*¹

*"Eighteen goddess-like daughters are not equal to one son with a hump"*²

Son Preference

In many parts of the developing world, sons are overwhelmingly preferred over daughters. The reasons given by families for preferring sons are mostly related to the perceived greater economic value of boys. In general, boys are seen as a net asset, because they can contribute wages through their labor, and are counted on to provide for parents in old age. Inheritance and lineage is generally passed through male offspring, and boys often play an important role in religious ceremonies. Girls, on the other hand, are seen in many cultures as a net drain on family resources because they have less earning power, may require costly marriage arrangements, particularly where dowries are customary, and eventually their labor will benefit their husbands' families. Son preference has a devastating impact on girls from the very moment of conception, and has been cited as the underlying cause of many discriminatory practices against girls, with serious implications for their reproductive health:

Selective abortion and female infanticide

In some countries where methods for prenatal sex determination are readily available, the practice of selectively aborting female fetuses has become widespread. In a hospital in Bombay, India, all but one out of 8,000 aborted fetuses during a one year period were female (11). In other countries, particularly where restrictive fertility policies have been implemented, there are indications that the practice of female infanticide has increased.

Neglect of girls

In cultures where son preference is strong, girl children often receive unequal access to food, education and health care. This may be more common in poor families where harsh decisions must be made regarding the use of scarce resources. However, economic scarcity does not entirely explain the problem, as the neglect of girls also takes place in families that are not poor.

Comparisons of health service records and population-based data in several African, Asian and Latin American countries reveal that, while boys suffer only slightly higher rates of respiratory infections than girls, they are much more likely than girls to receive medical treatment (11).

In some countries, girls are breastfed for shorter periods than boys. In these cases, mothers of girls may end lactation early in order to get pregnant again to try for a boy. After weaning, although the nutritional requirements of male and female children are similar, girls often receive less food, and of poorer quality. In India, research has shown that although girls suffer four to five times more pro-

¹ Telugu saying, quoted in Smyke, P. *Women and Health*. Zed Books, London, 1991.p 30.

² Chinese saying, quoted in Heise, L. "Violence Against Women: The Missing Agenda", in *The Health of Women: A Global Perspective*, Koblinsky, M., Timyan, J., Gay, J. (eds.) Westview Press, Boulder, 1993. pp 171-196.

tein-energy malnutrition than boys, boys are fifty times more likely to be hospitalized for treatment. The higher rates of malnutrition among girls can be seen in all socioeconomic groups, including families that are not poor (11).

Excess mortality among girls

The effects of discrimination in the care of girls are reflected in higher rates of disease and death. In general, girls have a biological advantage over boys, which makes them less vulnerable to childhood diseases, given equal care. However, in many countries of Africa, Asia and the Americas, where son preference exists, the mortality rates of girls between 1-4 are as much as 40-70% higher than boys' mortality rates (11). The difference is especially evident in deaths due to respiratory diseases and nutritional deficiencies, but it can also be seen in mortality due to immuno-preventable diseases, which means that girls are less likely than boys to be vaccinated, even though this is free in most countries(11).

Excess female mortality has been found to be highly correlated with the degree of son preference expressed by adults (6). Furthermore, studies in some countries have shown that the risk of dying among girls with older sisters was 5.8 times greater than among girls without an older sister, indicating that neglect may be applied selectively among female children (7).

Malnutrition in childhood has serious repercussions for women's reproductive health, and may lead to future problems such as maternal anemia. Childhood stunting may lead to small pelvic size and eventually to obstetric complications such as obstructed labor.

Genital Mutilation

Female genital mutilation is a traditional practice carried out on girls in approximately 26 countries in Africa and the Middle East. It is estimated that between 80-100 million girls and women are currently living with the results of genital mutilation (8). The procedure has been shown to have grave consequences for the health of girls and women, including pain, hemorrhage, pelvic infections, painful intercourse and complications in childbirth, including obstructed labor, and can even lead to death, if emergency medical care is not available.

Violence and sexual abuse among girls and adolescents

A study of sexual behavior among men and women in Barbados revealed that sexual abuse in childhood was the single most important determinant of high-risk sexual activity during adolescence for both women and men (2). While information about the magnitude of this problem is inadequate, it is, however, generally accepted that girls are more vulnerable than boys to sexual exploitation and abuse. Adolescents have been recognized as a high risk group in relation to a variety of sexual and reproductive health problems. Especially in cultures which promote early sexual initiation and marriage, adolescent girls are at great risk for complications associated with pregnancy and childbirth as well as STDs/HIV:

In many countries adolescent girls have higher rates of STDs than boys of the same age, as a result of the practice of marrying young girls to much older men. A study of 6 African countries revealed that between 38% and 68% of women seeking care for abortion related complications are less than 20 years of age (11).

Many sexual and reproductive health services are based on the premise that sexual relations are consensual. In fact, this is often not the case, and adolescent girls are particularly vulnerable, both to the risk of sexual abuse by family members as well as partner abuse, with serious consequences for their sexual and reproductive health. Some examples follow:

In a study of sexually active girls aged 11-15 in Jamaica, 40% reported the reason for their first intercourse as “forced” (2).

Data from justice system statistics and rape crisis centers in Chile, Peru, Malaysia, Mexico, Panama, Papua New Guinea and the US, indicate that between one- and two-thirds of the sexual assault victims are 15 years and younger (3).

A study of 160 Egyptian girls and women revealed that sexual aggression by adult men toward young girls occurred in at least 35% of all families surveyed (2).

Sexual coercion may lead to reproductive risks in different ways. Pregnancy or STD's may be a direct result of rape. A hospital-based study in Peru found that 90% of young mothers aged 12-16 were victims of rape – the majority by their father, stepfather or another male relative (3). But sexual abuse in childhood can also affect a girl's likelihood of becoming pregnant during adolescence or contracting an STD by affecting their future sexual behavior.

Unfortunately, although the needs of adolescent girls are particularly great, they are likely to have poor access to health services, especially contraception and counseling, as many health programs do not target adolescent or unmarried women.

Sexual and reproductive health of women: the effects of gender-based discrimination

One of the main strategies for improving the sexual and reproductive health of women is increasing their access to a comprehensive package of basic services, including contraceptive methods, safe abortion, prenatal and emergency obstetrical care, as well as information and counseling regarding health and sexuality. Moreover, the ability to have control over and decide freely and responsibly on matters related to sexuality and reproduction, free of coercion, discrimination and violence has been recognized internationally as a fundamental human right. However, it is evident from the high rates of maternal mortality, unwanted pregnancies and STDs/HIV throughout Africa, Asia and the Americas that women currently do not enjoy access to these basic services. Furthermore, even where appropriate services are available, gender-based discrimination has been found to restrict women's ability to make use of these services.

Lack of autonomy

Women's subordinate position in many cultures limits their access to health services, as well as their ability to make decisions regarding health care and fertility. For example, a survey in Senegal revealed that only 2% of the women interviewed were able to make the decision to seek health care by themselves in the event of obstetric complications (7). For most women the husband (52%) or another family member (44%) were responsible for the decision. In Zaria, Nigeria, another study found that permission for a woman to leave the house can only be given by her husband, no matter how serious the need for medical attention is

(7). Particularly in societies where women are traditionally secluded, families are often reluctant to allow women to be seen by male health personnel, thus limiting their possibility to receive antenatal and obstetric care.

Violence against women

The term “violence against women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Accordingly, violence against women encompasses but is not limited to the following:

Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Acts of violence against women also include forced sterilization and forced abortion, coercive/ forced use of contraceptives, female infanticide and prenatal sex selection.

Beijing Declaration and Platform for Action

Gender-based violence is widespread throughout the world, both in industrialized as well as developing countries. It has been found in nearly all cultures, socioeconomic groups, and educational backgrounds. One of the most common forms of gender-based violence is spousal abuse, or abuse of a woman by her current or former intimate partner. Studies have shown that in most countries, between 20-60% of women have experienced spousal violence at least once. In Kenya, 42% of women said they were beaten regularly by their husbands. In Peru, 70% of all crimes reported to police are of women beaten by their husbands (3).

Violence is generally used by men as a means to exert control over women, and to maintain women's subordinate status, and thus it is intimately linked to the issue of women's autonomy. A study of domestic violence in Nicaragua found that battered women had 3-5 times more restrictions on their possibilities to visit friends or relatives, work, study, or use contraceptive methods. Another indication of women's lack of control over their own fertility is evident in the fact that women who reported experiencing violence had many more children on the average than women who were not battered. Many women are unable to negotiate when to have sex, much less the use of contraceptives or protection against STDs with their spouses, for fear of being beaten or abandoned. As a result, violence may lead to unwanted pregnancies, maternal mortality due to unsafe abortions and increased risk of STDs/HIV.

Physical abuse during pregnancy has been recognized as a significant health risk to both mother and child, and is linked to low birth weight in babies. Wife abuse has been closely linked to female suicide and homicide. A cross-cultural study of suicide concluded that wife abuse “may be the single greatest precipitant of female suicide yet identified (3).”

Some cultures have specific forms of gender-based violence related to traditional customs. Among the most notorious examples are the incidents of “bride burning”, or dowry related homicides which have been recognized as a significant cause of injury and deaths among women in some parts of South Asia. Dowry-related injuries result from efforts on the part of a woman’s in-laws to extort additional income or goods from her family. If demands are not met, the bride may be set aflame and the injury is then reported as a kitchen accident. In both urban Maharashtra and greater Bombay, one out of every five deaths among women 15-44 is due to “accidental burns” (3).

Although the specific forms of violence may vary between cultures, recent cross-cultural studies suggest that violence against women is stronger in societies where women’s status and autonomy are low. An ethnographic study of 90 societies throughout the world identified four factors that in combination have a strong correlation with societies where violence against women is especially prevalent. These are as follows: economic inequality between men and women; a pattern of using physical violence for conflict resolution; male authority and decision-making in the home; and divorce restrictions for women.

Further, the study identified 16 societies which could be classified as “essentially free of violence against women.” These findings are significant in that they indicate that violence is a learned behavior rather than an innate feature of human nature, and therefore by implication it should be possible to unlearn violent behaviors.

Key areas for action

“Women’s empowerment and their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of equality, development and peace”

“The ability of women to control their own fertility forms an important basis for the enjoyment of other rights.”

Beijing Declaration and Platform for Action, 1995

Since women’s health is intimately linked to the issues of gender-equality and violence, any strategy to improve women’s sexual and reproductive health must necessarily include efforts to reduce discrimination and strengthen the position of women and girls in society. Women are exposed to a unique series of health risks related to their role in child bearing and rearing, risks which are not faced by men. Thus it is not enough simply to ensure women equal access to health resources as men. In order to promote sexual and reproductive health, women must receive priority in the allocation of resources. In many countries this entails educating policy makers and the population in general regarding the inherent worth and human dignity of women and girls.

In order for women to effectively exercise their sexual and reproductive rights, they need to gain increased autonomy and control over their lives. For this reason, women's economic, social and political empowerment are prerequisites to the ability to make decisions about fertility and health care. Furthermore, it has been pointed out that women's empowerment entails not only the actual right to make decisions, but also the establishment of "enabling conditions" such as access to appropriate information and services which make it possible for her to exercise her rights.

The elimination of gender-based violence requires a coordinated, multifaceted approach, including the following aspects:

Providing support for victims of violence as part of sexual and reproductive health services

A minimum package for sexual and reproductive health should include safe abortion, a range of contraceptive methods to choose from, and prenatal and obstetrical care. In addition, it is important to include support for victims of rape and domestic violence. These services should include physical protection as well as medical care and legal and psychological counseling.

Although gender-based violence has a profound impact on women's health, most health centers do not screen routinely for violence. Even when violence is recognized as the primary cause of injuries or diseases, this is rarely registered in medical records, and support services are typically not available. Domestic violence has been seen for so long as a family problem, outside the scope of public intervention, that many health professionals are reluctant to get involved. Due to misconceptions and lack of experience on the part of health workers, abused women who seek help are often subjected to hostile interrogations and invasive procedures which end up revictimising them and exacerbating the traumatic effects of the abuse. In most countries, existing services for battered women are provided by local women's groups and non-governmental organizations, including shelters, counseling and self-help groups for survivors of abuse. Although the services provided by these groups are vitally important, they are often underfunded and have limited scope. Furthermore, there is usually little coordination between non-governmental women's health services and public sector health centers.

Due to their relatively broad coverage in most countries, health centers, and particularly antenatal programs provide an ideal opportunity to screen for violence and to reach out to battered women. Expanding options for abused women and girls, including protection and emergency care in crisis situations, as well as counseling to enable them to make decisions around violent relationships, should be an integral part of sexual and reproductive health programs. The implementation of this kind of program entails the development of screening and treatment protocols as well as training for health workers in appropriate care for abused women and girls.

Increasing the access of women and girls to education

Education works in a number of ways to improve women's health and reduce fertility. It increases self-esteem, raises personal aspirations, and increases access to information. It has been shown that women with more education are likely to initiate sexual activity later and use contraception more effectively. However, it is not enough simply to focus on increasing the enrollment of women and girls in

school. Since schools are responsible for shaping the values of future generations, the educational system provides an ideal setting for the promotion of gender equality, by emphasizing the value and dignity of women and girls in the school curricula, as well as providing students with information about sexuality and contraceptive measures.

Increasing women's access to and control over economic resources

Providing opportunities to earn and control an independent income is an essential component of women's overall empowerment. Research has found that women with greater control over their incomes were more likely to limit births through modern contraceptives than women who depend entirely on their husband's earnings. In addition, studies in Bangladesh found that participation in alternative credit schemes, such as the Grameen Bank and BRAC leads to reduced levels of violence against women at a community wide level. This may result from increased autonomy due to the additional income, a strengthened position both within the family and in the community, increased status, or improved access to non-kin support networks.

Eliminating laws which discriminate against women and girls

Most governments have committed themselves through international treaties to take measures towards the elimination of discrimination against women. The most comprehensive legal instrument is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) adopted in 1979, and the UN Convention on the Right of the Child (CERD).

The Women's Convention obliges member states "to pursue by all appropriate means and without delay a policy of eliminating discrimination against women," and in particular "to eliminate discrimination in the field of health care in order to ensure access to health care services, including those related to family planning." Another landmark document for women's rights is The Declaration and Platform for Action of the Vienna Conference on Human Rights, which recognizes gender-based violence as a violation of human rights and obliges governments to implement measures to eliminate it. However, one of the weaknesses of international human rights treaties is that they become legally binding only when states voluntarily ratify them, and procedures for monitoring compliance are not always effective. To date, very few countries have made significant progress in terms of enacting legislation and public policy to increase the status of women. In most countries, women do not have equal access to property, work, political participation or social benefits. In many countries, women require spousal authorization to receive health care. Few countries have laws protecting women from domestic violence. In many cases, women are unable to document violence for lack of witnesses or visible scars. In other countries when legal reforms have been implemented, women often do not have the necessary information enabling them to exercise their rights.

Reforms in national legal frameworks are urgently needed to eliminate discriminatory laws, as well as providing basic social services and effective protection from gender-based violence. Equally important are the efforts in legal literacy carried out in many countries by women's groups and non-governmental organizations with the aim of educating women regarding their rights and how to gain access to the legal system.

Strengthening the role of women in leadership and decision making

While women are unable to make decisions around their own health and fertility, their participation in decision making at a community and national level is even more restricted. Women are under-represented in positions of leadership in virtually all countries and their specific concerns are rarely taken into account in the development of public policy. Increasing women's participation in leadership and decision-making processes at all levels is a primary goal of gender equality.

While increasing women's participation in the public sector is important, autonomous women's organizations also play a crucial role in promoting women's empowerment through public information campaigns calling attention to gender-based discrimination and lobbying for policy reforms. The strategic role which international and national women's health advocates played in the debates leading up to and during the Cairo Population Conference is an example of how non governmental organizations can effectively contribute to shaping the international reproductive health agenda.

Women Mobilizing Against Domestic Violence: The Case of Nicaragua

In Nicaragua, violence towards women is finally being widely recognized as a significant social problem in recent years. This is in part due to the growth of a diverse and vocal women's movement, and to the establishment of numerous non-governmental organizations providing health, legal and psychological services for battered women. At the same time, the reported incidence of violence against women has increased dramatically in recent years. However, it is difficult to say whether this is due to an absolute increase in the incidence of violence, or to the fact that there are more services for victims of abuse, and therefore women are more likely to seek help. A recent population-based study indicated that one out of every two women experienced domestic violence at least once in her life, and one out of five women had been beaten the 12 months prior to the study. One-third of women reporting violence had been abused during pregnancy, and 36% reported having been forced to have sex during the beatings.

The Sandinista Revolution of the 1980's created many opportunities for women, but failed to make substantial progress in overcoming the culture of "machismo" in Nicaragua. Women experience a high degree of subordination in economic, legal, and social spheres. Furthermore, the experience of a prolonged war in Nicaragua which involved most of the population in one way or another, is likely to have affected views towards violence as a means of conflict resolution. Finally, Nicaragua is currently in a stage of political and economic transition, which has led to high rates of unemployment, and growing frustration which seems to be associated with an overall increase in social violence.

Several initiatives have emerged in recent years which have brought attention to the problem of violence against women in Nicaragua. One of the most important of these is the Police Station for Women and Children, a joint effort between the Nicaraguan Women's Institute, the National Police and numerous NGOs who give services to battered women and carry out publicity campaigns. There are Women's Houses in nearly every major city who provide legal, health and psychological assistance to battered women. In Esteli, an organization called *Accion Ya* offers the only shelter for battered women in Nicaragua. Several organizations, including *Puntos de Encuentro* and the Matagalpa Women's Collective, carry out

educational and media campaigns on violence. Another NGO, the Center for Constitutional Rights, lobbies for legal reforms and trains neighborhood women in legal literacy enabling them to accompany battered women through the justice system. Finally, a movement has emerged in recent years which involves over 600 men in training activities around gender roles and violence.

What has been particularly striking about the Nicaraguan experience has been the degree of coordination between groups through the development of a National Network of Women Against Violence. It encompasses over 150 different groups around the country and co-ordinates efforts around specific campaigns or events. In 1995, the network organized a national conference on gender based violence in which over 500 women from professional, government, police and grassroots organizations shared experiences and strengthened co-ordination. An educational booklet for battered women called "What to do and Where to go in the Case of Violence" was produced by the network, distributed in more than 60,000 copies in Spanish as well as native indigenous languages.

The network has regional chapters and commissions to promote research, outreach to church women and training. The most ambitious project to date was the presentation to the National Assembly of a draft law to reform the existing penal code to provide sanctions and protective measures around domestic violence. The law was accompanied by over 40,000 supporting signatures. A media campaign in support of the law was carried out simultaneously as well as a study carried out together with the National University to assess the opinions of experts and different sectors of the population with regard to domestic violence and the new law. As a result of the intensive lobbying efforts, the law was passed unanimously in August, 1996.

While respecting the autonomy and diversity of government and non governmental initiatives in the areas of domestic violence, the Nicaraguan women's movement has developed an impressive capacity to link activists from different political, professional and social sectors working on domestic violence. It has at the same time managed to place violence against women in the center of the national agenda. An indication of this can be seen in recent public opinion polls carried out in preparation for the 1996 presidential elections. These indicated that domestic violence was named by women voters as one of the principal issues which they expected political candidates to address.

Research priorities

One of the obstacles to developing more effective policies and strategies to reduce gender-based inequality and violence has been lack of information. We need to know more about how these inequalities are expressed in different countries, and specifically how they affect the health of women and girls. One of the most important factors that makes the effects of discrimination invisible is the lack of gender-disaggregated statistics in most countries, including health statistics. This makes it nearly impossible to analyze gender differentials in morbidity and mortality and thus to plan appropriate interventions.

Research is needed on the prevalence and characteristics of gender-based discrimination and violence, as well as its impact on sexual and reproductive health problems such as STD's/HIV, unwanted pregnancy/unsafe abortion, and infant and maternal mortality. Priority should be given to the development of standard-

ized instruments which would allow cross cultural comparisons. Research is also needed to document how cultural, economic, and political forces within each country facilitate the institutionalization of gender-based violence, with a view to identifying possible entry points to initiate interventions.

Since most violence prevention programs are relatively new, evaluation research which documents and reviews interventions is useful for developing more effective policies and programs. Finally, further research is needed to develop new technologies which increase women's control over their reproductive health, such as microbicides. This would allow women to protect themselves against STDs/HIV without the risk of violence.

Controversies

The role of men in the promotion of gender equality

Both the Cairo Conference on Population and Development and the Beijing Conference on Women emphasized the importance of including men in efforts to promote sexual and reproductive health. In particular men should be encouraged to share responsibility with women for domestic work and child care as well as family planning. Efforts are also being made in many countries to sensitize men regarding the importance of women's contribution to social and economic development, and the need for gender equality as a prerequisite for social and economic development.

In a few countries, programs have also been initiated targeting abusive husbands through counseling and educational campaigns. In some cases, the programs are voluntary, while in others participation is court-mandated. The emphasis in this kind of program is on changing traditional male roles and promoting respect for female independence, assuming responsibility for violent behavior, and learning nonviolent means for responding to conflict. Since most programs for men are fairly new, it is still not clear how effective they are. Rehabilitation of adult offenders is only marginally successful and thus many do not consider them to be cost-effective. Some organizations have concluded that, given limited resources, priority should be given to providing protection and care for abused women and girls.

Research on violence indicates that violent behavior is learned at an early age. Thus the most effective way to reduce violence and gender-based discrimination may be to work through school programs to change the values of boys and girls with regard to gender roles and the use of violence in conflict resolution.

Discussion and conclusions

It is clear from the preceding discussion that gender-based discrimination and violence is a major obstacle to the overall health and well-being of girls and women. It also contributes to many sexual and reproductive health problems, including maternal morbidity and mortality, unwanted and adolescent pregnancy, the transmission and treatment of STD's, and decision-making regarding fertility within couples. The challenge of reducing gender-based inequality and violence is enormous, precisely because it is so pervasive and is reinforced by cultural traditions, as well as social, economic and political structures. Unlike certain other improvements in sexual and reproductive health, the elimination of gender-

based inequality and violence requires the commitment and participation of all sectors, and involves profound transformations in the foundations of society. No simple, low-cost interventions are available.

The elimination of gender-based discrimination is a long-term goal. The Beijing Declaration and Platform for Action outlines a series of short- and medium-term actions which could contribute significantly to improving the position of women and girls world wide, many of which are presented in the preceding pages.

International cooperation can play a crucial role in this process in the following ways:

- Explicitly including gender equality within the goals of bilateral and multi-lateral assistance, and by giving these goals a prominent place in the bilateral policy dialogue;
- Providing support to the efforts of national governments to comply with international commitments regarding the elimination of gender-based discrimination and violence, and developing indicators to monitor progress;
- Integrating activities to promote sexual and reproductive health within all bilateral and multilateral assistance in the health sector, and providing technical as well as financial support for the promotion of gender equality and violence prevention in primary care programs;
- Supporting the creation of sex-disaggregated statistics in the health sector where these do not exist;
- Supporting grassroots initiatives providing support for abused women and children, as well as gender awareness training, education and income-generation for poor women;
- Supporting national and international organizations and networks which carry out research, public information campaigns, analysis and advocacy around gender issues, with emphasis on sexual and reproductive rights.

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SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY

Address: S-105 25 Stockholm, Sweden. Office: Sveavägen 20, Stockholm

Telephone: + 46 (0)8-698 50 00. Telefax: + 46 (0)8-20 88 64

www.sida.gov.se e-mail: info@sida.se