

MDG 3:

Promote gender equality and empower women

Target 4: Eliminate gender disparity in primary and secondary education by 2005 and in tertiary education by no later than 2015

The Millennium Declaration argues for the need of gender policies as part of a cross-cutting approach to development, and it emphasizes the importance of empowering women, as an objective in itself as well as a means toward achieving the other MDGs. In this regard, the Declaration clearly overlaps with the ICPD, both of which represent landmarks in the integration of the gender perspective into international consensus building.

The ICPD PoA is, nevertheless, much broader, presenting some crucial proposals to which the Declaration makes little or no direct reference and which may indeed contribute to the achievement of MDG 3. Both agendas commit societies to face inevitable challenges, such as gender equality in education and the elimination of gender disparity in the workforce, equal control over resources, and equal representation in public and political life, but the ICPD PoA stresses additional concerns with respect to women's SRRs, the eradication of gender-based violence, as well as the migration and trafficking of women. The accomplishment of all issues addressed in Cairo is fundamental for the promotion of gender equality to the fullest. However, in order to fully account for these contributions, the MDG indicators proposed for monitoring Goal 3 are, apparently, insufficient.

"(...) fulfilling the ICPD Programme of Action will, indeed, help to meet the third Millennium Development Goal. (...) If all of the actions recommended in the ICPD Programme of Action were implemented fully within the next 3-5 years, however, there would be appreciable movement toward meeting the third MDG, with the possibility of achieving it by 2015 in a majority of developing countries."
(Oppenheim, 2004: VIII-2)

Some limitations of Target 4 are especially dramatic with respect to the LAC region. Being restricted to education as it is, this Target does not address some key issues that affect gender equality in the region. As Schultz (2001) and the UN Millennium Project (2005 b) argue, the focus on education in the Millennium Declaration is justified by the strong evidence that investing in girls' education yields high returns for the girls themselves and for development worldwide. However, the LAC region, unlike other developing regions, does not show major gender inequalities in access to education. In fact, net enrolment rates by level suggest that the LAC region, as a whole, has already met the Target on all three levels of education, and that coverage is higher for girls than for boys, especially in secondary and tertiary education – with the exception of Bolivia, Guatemala, Haiti, Peru, and the

Bahamas.¹ Large disparities in favour of girls in the median gross enrolment rate (GER) at the secondary education are found especially in Brazil (10%), the Dominican Republic (26%), the Netherlands Antilles (13%), Nicaragua (18%), Saint Lucia (31%), Suriname (18%), Uruguay (14%), and Venezuela (20%) (UNESCO, 2003).²

Table 3.1.A: Educational disparities in the LAC region in literacy and attendance rates

	Net attendance ratio in primary education		Literacy rate of 15-24 year-olds [5 or more years of schooling completed]		Net attendance ratio in secondary education	
	M	F	M	F	M	F
Argentina, 2001	97.0%	97.1%	96.7%	97.5%	80.0%	83.1%
Bahamas, 2001	96.6%	94.5%	99.8%	98.8%	83.2%	86.6%
Belize, 1995	89.5%	89.8%	91.5%	92.3%	47.5%	49.9%
Bolivia, 2002	86.4%	86.5%	90.8%	85.4%	60.4%	61.6%
Brazil, 2004	90.0%	89.9%	82.8%	88.2%	72.2%	78.2%
Chile, 2003	91.4%	91.2%	97.7%	98.5%	86.9%	88.2%
Colombia, 2003	85.3%	83.6%	87.2%	89.8%	63.8%	66.8%
Costa Rica, 2004	94.7%	94.0%	92.5%	94.7%	65.1%	68.6%
Dominican Rep. 2004	89.9%	89.6%	86.7%	91.0%	63.8%	71.3%
Ecuador, 2004	88.9%	91.3%	92.5%	93.8%	61.0%	62.7%
El Salvador, 2004	88.4%	88.3%	80.0%	80.6%	51.8%	53.5%
Guatemala, 2004	83.1%	81.9%	68.6%	57.1%	35.5%	32.1%
Guyana, 1999	86.6%	88.8%	(1990) 99.8%	(1990) 99.8%	58.6%	62.8%
Haiti, 2001	59.3%	60.0%	(1990) 55.8%	(1990) 53.8%	22.3%	20.9%
Honduras, 2005	88.8%	89.7%	72.9%	80.8%	37.4%	45.7%
Jamaica, 2004	93.1%	92.2%	98.3%	99.2%	77.3%	79.2%
Mexico, 2004	95.8%	94.9%	93.6%	93.8%	68.1%	65.3%
Nicaragua, 2001	83.4%	82.6%	65.1%	74.0%	38.5%	47.6%
Panama, 2004	96.0%	97.0%	95.1%	95.8%	68.9%	73.9%
Paraguay, 2005	90.7%	92.5%	92.1%	92.9%	60.0%	62.9%
Peru, 2003	95.1%	94.6%	94.7%	90.8%	74.5%	73.5%
Uruguay, 2003	94.5%	94.9%	97.5%	98.0%	67.6%	77.4%
Venezuela RB, 2004	89.9%	90.0%	91.1%	95.4%	70.1%	78.4%

Source: <http://stats.uis.unesco.org>; data for 1990 from unstats.org/unsd/mi/mi_goals.asp

¹ The differences in these countries are sometimes compounded by differentials among poverty strata. In Bolivia, for instance, the overall difference of 5th grade completion rates between men and women aged 15-49 in the 1998 DHS was 13.3 percentage points: 84.1% for men and 70.8% for women. However, in the poorest quintile the difference was much greater: 54.2% versus 28.7%, whereas in the second quintile the figures were 75.6% and 53.1%, respectively. In Haiti (2000), on the other hand, the overall difference of 10 percentage points (51.0% for men and 41.0% for women) was almost constant in all strata, with a slight tendency to widen in the highest two quintiles. In Guatemala, Peru and the Bahamas, the gender parity in the GER, at secondary education, favours boys by 8%, 7%, and 4%, respectively (UNESCO, 2003). It should also be noted that, even in countries where educational indicators now favour women, the situation is not always stable. In Colombia, for instance, Núñez and González (2006) note that the combined enrolment rate favoured women in 1994-98, but that this situation was reversed after the recession of 1999.

² Such disparity in favour of girls may be due mostly to women's introjection of the discourse of "meritocracy", or the idea that future employment prospects depend on personal effort, and on the protective role played by schools, especially for poor girls whose parents prefer to keep them in school as a means of protecting them from violence and other dangers encountered in the streets. In addition, the demands on boys to drop out of school to earn money for their families are greater than the demands on girls (ECLAC, 2005 a).

Table 3.1.B: Educational disparities in the LAC region in completed years of education

	Average years of education of 15 year-olds and above		Average years of education of 15-24 year-olds		Average years of education of 25 year-olds and above	
	M	F	M	F	M	F
Bahamas, 2001	11.1	11.0	11.0	11.4	11.1	10.9
Bolivia, 2002	8.2	6.8	9.1	8.7	7.8	5.9
Brazil, 2004	6.8	7.0	7.8	8.5	6.4	6.5
Chile, 2003	10.3	10.0	11.1	11.3	10.1	9.6
Colombia, 2003	7.5	7.5	8.4	8.9	7.1	7.0
Costa Rica, 2004	7.9	8.0	8.1	8.7	7.8	7.8
Dominican Rep, 2004	7.7	8.1	8.6	9.5	7.3	7.6
Ecuador, 2004	8.4	8.2	9.0	9.3	8.1	7.8
El Salvador, 2004	7.0	6.3	7.9	8.0	6.6	5.6
Guatemala, 2004	5.2	4.2	6.3	5.4	4.6	3.6
Haiti, 2001	4.6	3.5	5.7	5.2	4.0	2.8
Honduras, 2005	5.5	5.8	6.3	7.1	5.0	5.1
Mexico, 2004	8.2	7.7	9.3	9.4	7.8	7.1
Nicaragua, 2001	5.3	5.6	5.9	6.9	5.0	4.9
Panama, 2004	8.9	9.4	9.3	10.0	8.8	9.2
Paraguay, 2005	8.0	7.8	8.7	9.0	7.6	7.3
Uruguay, 2003	8.9	9.0	9.3	9.9	8.8	8.8
Venezuela RB, 2004	8.0	8.4	8.5	9.5	7.8	8.0

Source: <http://stats.uis.unesco.org>

In the LAC region, Target 4 is thus not the most adequate one to tackle inequalities, since its restriction to education makes it largely irrelevant as a portrayal of the very real gender disparities that still exist in the region.

Despite improvements in female access to education, women in the LAC region persistently remain a minority among wage earners, whereas they are over-represented in the informal economy, which provides little monetary stability or social benefits.³ Regarding women's participation in politics, the LAC region still lacks equal gender representation at the highest levels of all three branches of government, and despite the increase in female representation at national parliaments, since 1990 women in the Americas have occupied only about 20.6% of those seats (IPU).⁴ Also, there is still high incidence of gender-based violence – an issue that will be explored later in this chapter – which is related to a history of unequal power relations. A large number of women also continue to be unaware of their SRRs, and their access to family planning and health services, to fertility control, or to contraceptive methods is often insufficient.

³ Women's income from work is 30-40% lower than men's. Taking all workers into account, the wage gap narrowed by 14 percentage points between 1990 and 2002 in the LAC region, but the labour income gap narrowed by only 6.5 percentage points. The widest gender gap is found among the most highly educated women. In 2002 their labour income and wage income were only 61.7% and 66.2%, respectively, of the corresponding figures for men (ECLAC, 2005 a: 124). Moreover, informal employment takes up 51% of non-agricultural employment, and it is a source of employment for 58% of the women, in comparison with 48% of the men (ILO, 2002: 7-8).

⁴ The Inter-Parliamentary Union (IPU) (<http://www.ipu.org/wmn-e/classif.htm>, last seen: July 31st, 2006) has published a rank which analyses 187 countries with respect to women's participation in the Legislative Power, on the basis of information provided by National Parliaments until February 28th, 2006. In the LAC region, the rank varies considerably, as some examples may indicate: Argentina (9th), Guyana (17th), Surinamee (26th), Mexico (30th) Peru (55th), Venezuela (59th), Bolivia (63rd), Ecuador (66th), Chile (70th), Colombia (86th), Uruguay (92nd), Paraguay (99th), and Brazil (107th). While Argentina stands out among the first ten countries, Brazil is still far from the world average. Throughout the 1990's, Argentina adopted the "Ley de Cupo Femenino", which is greatly responsible for the increase in women's participation in politics.

“Important as it is for women’s wellbeing and the development of societies, education alone is insufficient to eliminate the wide range of gender inequalities found in many societies. Education may be an important precondition to women’s empowerment, but it does not guarantee that empowerment. For this to occur, women must also enjoy equal rights with men, equal economic opportunities, use of productive assets, freedom from drudgery, equal representation in decision making bodies, and freedom from the threat of violence and coercion.” (UN Millennium Project, 2005 b: 28-29)

The UN Millennium Project’s Task Force on Education and Gender has suggested the following list of priorities based on previous international agreements and conferences:

1. Strengthening opportunities of post-primary education for girls, while simultaneously meeting commitments to universal primary education;
2. Guaranteeing SRH and rights;
3. Investing in infrastructure to reduce women’s and girls’ time burdens;
4. Guaranteeing women’s and girls’ property and inheritance rights;
5. Eliminating gender inequality in employment by decreasing women’s reliance on informal employment, closing gender gaps in earnings and reducing occupational segregation;
6. Increasing women’s share of the seats in national parliaments and local government bodies;
7. Combating violence against girls and women (UN Millennium Project, 2005 b).

The Brazilian MDGR of 2005 goes even further, adding 11 gender-related indicators to the total of 36 additional indicators proposed:

1. Proportion of women employed in the agricultural sector without income, by major regions;
2. Lags in schooling among students aged 7-17, by sex and colour/race;
3. Economic participation rate by sex and colour/race;
4. Distribution of the employed population by sex and colour/race, by position in the occupation;
5. Proportion of domestic servants under signed labour contract, by major regions and colour/race;
6. Proportion of the employed population contributing to Social Security, by sex and colour/race;
7. Relation between income per hour of the employed population by sex, colour, race and years of study.
8. Proportion of women in positions of governors, state deputies, mayors, and city council members by major regions;
9. Distribution of executive functions in the Federal Government, by sex;
10. Number of departments or police stations for women’s issues;
11. Number of offence cases registered by these institutions.

The following discussion of population issues and the achievement of gender equality in the LAC region will be oriented by the following schedule:

- 3.1. Reproductive rights
- 3.2. Gender-based violence
- 3.3. The link between reproductive and economic empowerment
- 3.4. Migration and gender equality
 - 3.4.1. Migration and the empowerment of women
 - 3.4.2. Migration and violence against women

One of the main objectives of this chapter is to present an overview of the relation between the implementation of SRRs and female empowerment. The text explores the fact that ensuring women's control over their reproductive lives is associated with their increased autonomy – not only in emotional relations and household activities, but also in what concerns schooling and the labour market. National policies that recognise the crucial importance of the ability to make strategic life choices for women's empowerment must adopt SRRs concepts within a human rights perspective.

Gender-based violence impairs victims' health and autonomy and perpetuates male power and control. Evidence from several studies points to high incidence of violence against women throughout the LAC region and to the profound effects of violence on women's mental and physical health. The text also analyses the socioeconomic impact of gender-based violence on victims' aggregate income and attendance to school/work. Violence against women is thus considered a multi-dimensional problem.

Women continue to be denied equal employment opportunities in the LAC region. This gender disparity, among other factors, as will be discussed, is linked both to discriminatory practices against women and to insufficient access to SRH services and care facilities. The text investigates the association between contraceptive use and the likelihood of having paid employment. Another question analysed is to what extent investing in SRRs and care facilities may enhance female economic empowerment.

Lastly, migration is also linked to gender relations. The process may either contribute to women's empowerment, by moving from patriarchal schemes, or may result in negative outcomes for them. Sending and administering remittances can bring about transformations in female status, and women may assume a more leading role in the household. A particular feature of LAC female migration, in all types of migratory flows, is the domestic work – which is largely unregulated.

3.1. Reproductive rights

As UNFPA's Executive Director Thoraya Obaid states:

“The ability of women to control their own fertility is absolutely fundamental to women's empowerment and equality. When a woman can plan her family, she can plan the rest of her life. When she is healthy, she can be more productive. And when her reproductive rights (...) are promoted and protected, she has freedom to participate more

fully and equally in society. Reproductive rights are essential to women's advancement.”
(UNFPA, 2005 c: Ch. 3)

“At one level, the argument for greater global investment in reproductive health services should be obvious. The international community has long realized that all couples and individuals have a right to decide whether and when to have children. Yet, hundreds of millions of people worldwide, who want to space their families, lack access to modern contraceptive methods. This is a violation of their human rights, and the consequences are appalling: millions of unintended pregnancies, often resulting in unsafe abortion or maternal or infant death; and continuing rapid population growth in the world's poorest countries.” (UNFPA, 2005 h: 16)

International human rights treaties define provisions that are related to RH and rights.⁵ UNFPA (2005 h) lists three principles that are important keys to the guidance of almost every aspect of service delivery:

1. Individuals have the right to control their sexual and reproductive lives and make reproductive decisions without interference or coercion. This principle is based on the rights to have liberty, to marry and start a family, and to decide the number and spacing of one's children.
2. The right to non-discrimination and respect for differences requires governments to ensure equal access to health care for everyone and to address the unique health needs of women and men.
3. To fulfil individuals' rights to life and health, governments must make comprehensive RH services available and remove barriers to care.

RH services⁶, such as contraceptive services, maternal health services and services related to STIs, are closely related to the implementation of these rights and they have a powerful and even self-explanatory impact on the promotion of gender equity. One of the ICPD PoA's primary goals concerns women's SRRs, making family planning universally available by 2015.

“All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its integration in the reproductive health context, paying particular attention to the most vulnerable and underserved groups in the population. All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law.”
(ICPD PoA, Para. 7.16)

⁵ The publication *Rights Into Action* (UNFPA, 2005 h) presents a more detailed analysis of the interrelation of human rights, reproductive rights and a human rights-based approach, treating the issues of: ensuring voluntary family planning services; reducing maternal mortality and morbidity; preventing HIV/AIDS; the youth; gender issues (and gender-based violence), and so on. Martínez and Ferrer (2006) are also noteworthy for their comprehensive analysis of intersections among population issues, development, and human rights. The article also proposes frameworks for population issues (fertility, mortality, migration) from the perspective of human rights treaties, taking into consideration both constitutive and instrumental aspects.

⁶ The ICPD markedly presented an international definition for Reproductive Health, which stands for 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 (Para. 7.2).

The implementation of SRRs gives women autonomy and the opportunity to balance the size of their families with their needs, desires, and goals. SRRs thus increase life opportunities for women, as far as schooling and the labour market are concerned. Among other effects, it delays the first pregnancy and marriage, allowing women to participate in activities and careers conventionally seen as difficult to reconcile with gestation, childbirth, or breastfeeding. A study by Eloundo-Enyegue and Stokes (2004), referred to in the chapter on MDG 2, estimated the increases in secondary education completion ratios between females and males that were to be expected if pregnancy-related school dropouts were completely eliminated. The results were: from 0.745 to 0.850 in Bolivia (1998), from 1.107 to 1.274 in Brazil (1996), from 0.995 to 1.112 in Colombia (1995), from 1.101 to 1.193 in the Dominican Republic (1995), from 0.763 to 0.811 in Guatemala (1998/99), from 1.003 to 1.184 in Nicaragua (1997-98), and from 0.958 to 1.137 in Peru (1996).

Moreover, the ability to make decisions about sexuality and fertility allows women to seek additional education and training that may result in employment opportunities and greater financial security. Oppenheim goes as far as stating that giving women full control over their reproductive lives is a *sine qua non* for their empowerment:

“If one takes a broad historical view, or focuses on the countries where women’s control of their reproduction remains tenuous, then it is much more plausible to think that the first and most important step to empowering women may be to enable them to control their reproduction.” (Oppenheim, 2004: VIII-5)

“Poverty is not just about lack of money, but even more about lack of choice. This is particularly evident in people’s – especially women’s – sexual and reproductive lives. Few choices are more fundamental in life as the decision about marriage, and about when and how many children to bring into the world. When people are denied choice they are denied options for improving their lives and the lives of their loved ones. Giving such opportunities is a key obligation.” (Brundtland, 1999)

SRRs form an important basis for the enjoyment of other rights, and they may revert into economic and psychological benefits. The disregard for women’s SRRs severely limits their prospects in public and private life, including participation in education, the economy and politics, as well as their involvement in social and cultural life.

“Having the ability to make strategic life choices is central to empowerment. Whether to have children, when to have them, how many to have, and which sexual partners to have are central choices in everyone’s life, but particularly in women’s lives because they bear the responsibility for biological and social reproduction. (...) Without this right, women cannot realize their other rights – whether to obtain an education, work outside the home, run for office, or participate in the cultural life of their community.” (UN Millennium Project, 2005 b: 55)

UN Millennium Project documents, such as the Millennium Project Task Force reports, emphasize the importance of taking SRH into account for the achievement of the MDGs. Ensuring universal access to SRH information and services, including voluntary family planning, is widely considered to be a crucial and urgent policy issue:

“Goal 3 cannot be achieved without the guarantee of sexual and reproductive health and rights for girls and women. A large body of evidence shows that sexual and reproductive health and rights are central to women’s ability to build their capabilities, take advantage of economic and political opportunities, and control their destinies.” (UN Millennium Project, 2005 b: 6)

“... the MDGs cannot be achieved in low income countries without attention to population issues and access to SRH services. By placing such emphasis on SRH issues in its recommendations, the UN Millennium Project hopes these issues will become properly entrenched in programs to achieve the MDGs.” (UN Millennium Project, 2005 d: vi)

“Improved sexual and reproductive health directly underpins goals 3–8 and indirectly affects the achievement of goals 1 and 2.” (Singh et al., 2003: 6)

SRRs empower women to make decisions about their sexual behaviour and about their female roles. Oppenheim (1994), for example, attributes the significant shift in gender roles in the developed countries during the second part of the 20th century to the advent of oral contraception and its widespread adoption by women in the 1960s. SRRs contribute toward improving women’s position in the relationship: women who enjoy the right to control their fertility and to contribute economically to the household may have more confidence and decision-making power (Malhotra, 2003). On the other hand, the deprivation of SRRs relegates women to a lower status in their relationships, which limits their opportunities.

SRRs are also related to an increase in women’s access to social spaces and to extra-familial groups and social networks, which may contribute to changes in gender stereotypes and in patriarchal norms (Malhotra, 2003):

“Traditional societies tend to be strongly differentiated in gender roles, with women always getting the short end of the deal. In settings where the total fertility rate - the average number of children per woman - is typically at least five, and often much higher, women spend most of their adult lives rearing children. Traditionally homebound, women live lives of backbreaking labour on the farm, endless walking to collect fuel wood and water, and child rearing (...) The changes in living conditions and economic activities lead to new realities in family structure as well. The age of marriage is typically delayed, and sexual relations are transformed, with greater sexual freedom much less directly linked to childrearing. Fewer generations of family members live under one roof. And crucially, the desired number of children changes remarkably as families move from rural to urban settings.” (Sachs, 2005: 37)

As Molesworth (2006) and the UN Millennium Project (2006) observe, various cultural groups have different understandings and positions on SRH, since matters related to sexuality and reproduction frequently involve highly embedded practices and social taboos. Therefore, SRRs often face constraints arising from cultural traditions.

“Strong passions and intensive debates continue on a range of issues: abortion, adolescent SRH, and even family planning. These issues elicit renewed discussion at every relevant intergovernmental conference.” (UN Millennium Project, 2006: 5)

Nevertheless, the inclusion of SRRs concepts, within a human rights framework, certainly has some impact on the broadening of governments’ attention to these issues and their overall visibility. Their very significance is expressed, for instance, by the fact that, since the adoption of this common language, 131 countries have carried out changes in national laws or public policies to explicitly recognise SRRs (UN Millennium Project, 2006). The importance of SRH and rights for MDG 3 is increasingly recognised by national MDGRs:

“Although this section does not deal with health indicators, since these are the object of Goals 4, 5 and 6, women’s health, particularly sexual and reproductive health, is a fundamental aspect to reach the goal of gender equity. Among the main challenges faced by the country in the area of sexual and reproductive health is the prevention of unwanted and high risk pregnancy, as in adolescents under 15 years of age. To that end, it is necessary to improve and widen the coverage of preventive actions in sexual and reproductive health, delivering information, education and access to fertility regulation methods and methods to prevent sexually transmitted infections, directed to the persons who require them, independent of their age and socioeconomic condition, and with special emphasis on young people.” (Chile, 2005: 69)

“With respect to the issue of reproductive health, decision making is fundamental for women’s empowerment and autonomy. In this sense, the family planning and reproductive health programs of the Health Secretariat and the National Population Council have had some impact during the last decades. Nevertheless, in 2003, one still observes a significant number of couples in whose relationship it is the man who decides when to have sexual intercourse (19.5%) and who is to use contraceptive devices (12.8%).” (Mexico, 2005: 59)

3.2. Gender-based violence

Although both men and women can be victims as well as perpetrators of violence, the violence committed against women presents some critical particularities. Women are more likely to be physically assaulted or murdered by someone they know and to be sexually assaulted, coerced, or exploited (Morrison et al., 2004). Violence against women must be considered a factor that impairs the victims’ personal autonomy, security, and health (ECLAC, 2005 a). In order to exercise autonomy, women must live without the fear of coercion and violence (UN Millennium Project, 2005 b).

As Heise et al. (1994) observe, societies define standards of acceptable behaviour, for men and women, by a variety of mechanisms – from oral tradition to formal educational and legal systems – which suggest that the male are dominant and that violence is an acceptable way of asserting power and resolving conflict. Unequal gender relations, attitudes and beliefs, and

women's subordinate status in society, constitute a major factor in explaining domestic violence. A cross-cultural study of 90 countries showed that societies with high levels of gender-based violence were also societies with authoritarian household norms, where men are dominant and where there is social acceptance of the use of physical violence (Levinson, 1989).

“Violence against women has evolved in part from a system of gender relations which posits that men are superior to women. The idea of male dominance – even male ownership of women – is present in most societies and reflected in their laws and customs. Thus violence should not be considered an aberration, but an extension of a continuum of beliefs that grants men the right to control women's behavior.” (Heise et al., 1994: 2)

“Gender-based violence, which stems from the perceived social inferiority of women, makes it impossible for women to build their capacities and exercise their rights. Women who suffer such violence cannot escape from poverty, as they are subjected to degrading relationships that undermine their standing in both the private and the public spheres, thereby making them vehicles for the intergenerational transmission of poverty.” (ECLAC, 2005 a: 132)

The ICPD PoA postulates the eradication of gender-based violence as one of its core targets, and recommends that nations take preventive actions with respect to sexual harassment, abuse, exploitation, and rape, as well as battering, dowry-related violence, forced sterilisation and forced abortion, female infanticide, and prenatal sex selection. In addition, the document recognises the need for the banning of degrading practices, such as the trafficking of women and girls and the exploitation of children and adolescents in prostitution. Towards that end, mechanisms for cooperation should be put into place to ensure that measures are implemented. Another priority must be the development of programmes and policies which focus on the rehabilitation of victims.

“Countries should take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and children. This implies both preventive actions and rehabilitation of victims. Countries should prohibit degrading practices, such as trafficking in women, adolescents and children and exploitation through prostitution, and pay special attention to protecting the rights and safety of those who suffer from these crimes (...)” (ICPD, Para. 4.9)

“Violence against women has serious health and development impact and is a gross violation of women's rights. Its continued existence is thus fundamentally inconsistent with Goal 3. However, violence against women is prevalent in epidemic proportions in many countries around the world.” (UN Millennium Project, 2005 b: 15)

“Gender-based violence directly jeopardizes the achievement of the MDGs related to gender equality and the empowerment of women, infant and maternal health and mortality, and the fight against HIV/AIDS.” (UNFPA, 2005 c: 68)

Most often the abusers are members of the women's own families, in particular the husband or another intimate male partner (ECLAC, 2005 a), thus challenging the social image of the family as a haven of love and support (Heise et al., 1994). Worldwide, an estimated 40% to over 70% of homicides against women are committed by intimate partners, often in the context of an abusive relationship (Johns Hopkins School of Public Health, 1999). WHO (2005 a) estimates that 25-50% of the women worldwide have been victims of sexual violence by an intimate partner. In the Americas, 20-60% of the women live in situations of psychological or physical violence (Heise et al., 1994).⁷ A particular kind of sexual violence is associated with adolescence. According to the WHO statistics, a surprisingly high percentage of adolescents report having been sexually initiated by force. In the Caribbean sub-region, this situation was reported by 47.6% of the girls (including situations where initiation was considered "somewhat" forced) and, even more surprisingly, 31.9% of the boys. In Lima, Peru, the percentages were 40.0% and 11.0%, reflecting a more typical difference between boys and girls (Krug et al., 2002: Table 6.3).

Table 3.2: Violence against women in the LAC region by type - selected studies

Country/City	Findings
Barbados (1990)#	30% physical
Bolivia, three districts (1998)*	17% physical
Brazil, São Paulo (2000)#	10.1% sexual
Brazil, Pernambuco (2000)#	14.3% sexual
Santiago, Chile*	33.9% psychological 10.7% physical (severe violence) 15.5% physical (less severe)
Colombia (1990)+	33.9% psychological 20% physical 10% sexual
Colombia (1995)#	19% physical
San José, Costa Rica (1994)+	75% psychological 10% physical
Sacatepequez, Guatemala (1990)+	49% abused 74% of them by an intimate male partner
Haiti (1996)+	70% abused 36% of them by an intimate male partner
Monterrey, Mexico (1995)+	45.2% abused 17.5% physical and sexual 15.6% physical and psychological
Monterrey, Mexico (1996)#	16% physical
Guadalajara, Mexico (1997)*	13% physical
Leon, Nicaragua (1995)#	40% physical
Paraguay (1996)#	9.4% physical 31.1% psychological
Lima, Peru (1997)*	31% physical
Lima, Peru (2000)#	22.5% sexual
Cusco, Peru (2000)#	46.7% sexual
Uruguay, two regions (1997)*	10% physical

* during the past year

during woman's life time

+ unspecified period

Source: Buvinic, Morrison & Shifter, 1999; Krug et al., 2002

⁷ For some recent studies, see Campbell (2002); ECLAC (2004 a); García-Moreno & Watts (2000); Greene & Biddlecom (1997); Heise, Ellsberg & Gottemoeller (1999); Jewkes (2002); Kabear (2003); Olavarría & Madrid (2005); Traversa (2001); Watts & Zimmerman (2002).

The national MDGRs increasingly mention violence as a policy issue under the heading of MDG 3, for example in the recent reports of Honduras (2003), Uruguay (2003), the Dominican Republic (Republica Dominicana, 2004), Peru (2004), Chile (2005), Colombia (2005), and Mexico (2005).⁸ Colombia has even established additional national targets under MDG 3 for the eradication of gender violence.

Gender-based violence jeopardises women's health, and it may have profound effects on their sexual and reproductive lives, such as chronic pain syndromes, muscle aches, pregnancy complications, unwanted pregnancies, unsafe abortion, STIs (including HIV), gastrointestinal and gynaecological disorders, headaches, asthma, psychological problems, drug and alcohol abuse (UNFPA, 2005 c; Heise et al., 1994). Physical and sexual abuse often lead to vaginitis, colpitis and pelvic inflammatory diseases, which might lead to chronic conditions and infertility. It is also known that in several countries, chronic pelvic pain accounts for up to 10% of all visits to gynaecologists and one quarter of all hysterectomies (UNFPA, 2000).

Women who have experienced physical or sexual abuse are at greater risk of subsequent health problems, and women who suffered maltreatment in childhood have more sexual and RH problems, poorer physical functioning, more sexual risk behaviour, and more physical symptoms than non-abused women. A recent study by WHO (2005 a) among 24,000 women in ten countries found that abused women were more than twice as likely as non-abused women to have poor health, including reproductive health, and both physical and mental problems. These women also had an increased risk of contracting STIs, including HIV. Traumatic consequences of violence can persist for many years and may have serious long-term psychological effects. In some instances, violence may result in death – both by homicide and suicide.

Women who suffer gender-based violence certainly may be vulnerable in ways that concern not only physical and mental wellbeing, but also self-confidence, education and school attendance, or employment opportunities. Violence is thus related to significantly lower earnings and lower rates of labour force participation (Morrison & Orlando, 2004). Conversely, Biehl (2003) reports much higher percentages of severe abuse among women that do not work than among those that do. In Canada, 43% of the women injured by their partners had to receive medical care, and 50% of those injured had to take time off from work (Johns Hopkins School of Public Health, 1999). They may also be incapable of establishing partnership or quality relations, not having equal voice in decisions that affect their bodies and lives. Violence against women is thus a multi-dimensional problem, in terms of both its causes and its consequences.

Most women who suffer any physical aggression generally experience multiple acts over time, resulting in the intensification or perpetuation of physical and mental health

⁸ Bermúdez (2006) analyses gender-based violence, violations of human rights (mainly in Peru), and presents lessons learned. Under the conclusions, she emphasizes the importance of a human rights-based approach and gender transversality in policies and programs, as well as the strengthening of the international human rights protection of SRH (for example, by way of a special Convention regarding this matter).

problems. In a study in León, Nicaragua, for instance, 60% of the women abused in the previous year were abused more than once, and 20% experienced severe violence more than six times (Johns Hopkins School of Public Health, 1999).

Some husbands become more violent during the wife's pregnancy, and unintended pregnancies put women at greater risk of depression and physical abuse (Nass & Strauss, 2004; Heise et al., 1994). These women run twice the risk of miscarriage and four times the risk of having a low birth weight baby (Johns Hopkins School of Public Health, 1999). Violence may be a more common problem for pregnant women than pre-eclampsia, gestational diabetes, or placenta previa, conditions for which pregnant women are routinely screened and evaluated (Gazmararian et al., 1996). In addition, it has been reported that infant and child mortality is more than six times greater in Nicaragua if a mother is exposed to physical and sexual violence (Morrison & Orlando, 2004).

As said before, there is some evidence of an association between unwanted pregnancies and domestic violence against women. In Colombia, for instance, Pallitto and O'Campo (2004) found a moderate relationship between the two, based on data from the 2000 DHS, which was significant in the Central and Atlantic regions of the country. Like most authors who have written on the subject, they interpret the association as the expression of a causal link in the direction from domestic violence to unwanted pregnancy. The opposite causality, however, might also apply. It is even possible that both phenomena are the result of a third factor, like the existence of marital conflict. Without further research, it is difficult to make any definite statements on the nature of the relationship.

Abused women tend not to use family-planning services, for fear of reprisals from husbands. As the Population Council (1994) reports, abused women in Peru and Mexico, who participated in focus group discussions, said they did not discuss contraceptive use with their husbands for fear of their violent reaction, and in families in which the man controls the finances, the woman may also have great difficulty to buy contraceptives. Moreover, women who live in abusive relationship environments are less likely to be able to negotiate in sexual relationships or suggest condom use (Chege, 2005). Unprotected sex puts women at risk of acquiring STIs, including HIV, and of experiencing unintended pregnancies, which in the LAC region often end up in illegal abortions with high risks of hemorrhaging or infection. They can also evolve into a pelvic inflammatory disease, tubal obstruction, sterility, ectopic pregnancy and chronic pelvic pain (Andalaf & Faúndes, 2001). Up to 30% of the women raped in the US every year, for instance, develop STI as a result (UNFPA, 2000). Another study, in Rio de Janeiro, reported that a statistically significant relation was observed between not using condoms and the categorical variables revealing aggressiveness in emotional relations; violence in the relationship is related, for example, to the impossibility of the negotiation of condom use (Ruzany et al., 2003).

“Physical and sexual abuse lie behind unwanted pregnancies, sexually transmitted infections, including HIV/AIDS, and complications of pregnancy. Studies around the world have found that one woman in four is physically or sexually abused during

pregnancy. (...) Violence may also be linked to a sizable portion of maternal deaths.”
(UN Millennium Project, 2005 b: 15-16)

Domestic violence has significant repercussions both in women's empowerment and the broader social and economic growth in the LAC region. In Nicaragua, for instance, a study about the socioeconomic impact of violence against women, funded by IADB, concluded that violence reduced the victims' aggregate incomes by 1.6% of the 1996 GNP (US\$ 29.5 million), and that women who suffer from severe violence earn only 57% of what women who do not suffer violence earn. Similar computations in Chile came out to a total income loss of US\$ 1.56 billion, or slightly over 2% of the GNP.⁹ Also, the study revealed that women in Managua (but not in Santiago) who suffer domestic violence use health services twice as much as women who do not suffer violence, since victims of abuse average more surgeries, medical visits, hospital stays, and mental health consultations (Morrison & Orlando, 1999).

In the last two decades, 28 countries in the LAC region have adopted legislation against domestic violence and reformed laws on rape (UN Millennium Project, 2005 b). Also, the health system is a central institution to care for and support the victims, and it also registers domestic violence cases, since it is often the first point of entry and women often avoid or resist contact with the police or other services. The former can provide not only medical treatment, but also counselling services and/or referrals to those women who disclose violence. These actions may serve as a way to modify the concept of violence as an exclusively private matter, giving support to women who wish to report assaults they suffered. As part of its work to counter gender-based violence, UNFPA has supported the training of medical professionals to make them more sensitive towards women who may have experienced violence. Pilot interventions have been tested in 10 countries – Cape Verde, Ecuador, Guatemala, Lebanon, Lithuania, Mozambique, Nepal, Romania, Russia, and Sri Lanka. Raising awareness amongst public sector officials and in the health system is an urgent need, which is expressed by the ICPD PoA. Campaigns, education, and support groups all serve to educate and promote change.

3.3. The link between reproductive and economic empowerment

Gender equality is interrelated with the promotion of women's opportunities to obtain decent and productive work, now recognised as a Target under MDG 1. DANIDA (2006) puts it as follows: “reducing the burden of pregnancy and child care on women allows them to engage in income producing activities to a greater extent, thereby contributing to both the household and macroeconomic levels.”

⁹ These losses capture only the impact on women's earnings; they do not include effects on the labour force participation or absenteeism, nor do they take into account economic multiplier effects. On the other hand, the estimates are subject to some strong methodological assumptions, particularly the assumption that the lower wages of abused women are caused by their status as victims. This is not at all obvious, and although the authors made an attempt to demonstrate, through econometric methods, that the causal relationship indeed points in this direction, the possibility that the lower income pre-dated the situation of domestic violence cannot be entirely discarded.

Gender inequalities in the workforce remain a reality in the LAC region. A study in Brazil analyses the gender difference in the length of time for an employee to be promoted in national business firms, and it indicates that women wait about 35% longer than men. According to the study, this outcome is related to two main causes: female discrimination – by which women are considered less productive than men, and men are resentful about having a female boss, for example –, and also to the difficulty women face to get involved in work while sharing their job duties with other responsibilities – especially family duties (Coelho, 2006). In Belize, the 2005 national MDGR made a comment that can be generalised to most of the English-speaking Caribbean:

“Despite better educational qualifications, women continue to be denied equal opportunities in employment: in recruitment, promotion, salary rates and employment benefits. Short of adopting gender employment quotas or implementing affirmative action provisions, there is a need to closely monitor employer practices and enforce equality of treatment in the labour market.” (Belize, 2005: 15)

For such disparities to change worldwide, ICPD is very emphatic regarding the need to reconcile maternity and work. Women who enjoy both the rights to fully exert maternal responsibilities and to keep their jobs are less vulnerable to gender inequalities. Eliminating discriminatory practices against women by employers, like those based on proof of contraceptive use or pregnancy status, and also making it possible, by way of laws and other regulations, for women to combine the roles of childbearing, breastfeeding, and child-rearing with participation in the workforce may provide crucial support for women’s empowerment.

The link between contraceptive use and the likelihood of having paid employment: the example of Bolivia

Bolivia is an example of the association of employment with contraceptive behaviour, as an analysis on micro-data of the 2003 DHS survey indicates. With effective contraception, women may engage in work activities without the interruption of unplanned childbearing. They may also have the burden of household responsibilities lightened. Table 3.3 shows that paid employment varies significantly with age, headship, marital status, urban/rural residence, and with the number of children under age 7 that the woman has given birth to, but even after controlling all of these factors, women who have ever used modern contraception are characterised by a regression coefficient of 0.334, making them 39.7% more likely to have paid employment than the average. As is often the case, the existence of a relationship that persists after controlling other factors does not provide any definitive evidence about the direction of causality. In this case, it is quite possible that it is the work experience outside the home that causes women to use modern contraceptive methods. Without longitudinal data, it is hard to know. Nevertheless, it is probably fair to conclude that without access to modern contraceptive methods, women would find it considerably harder to remain economically active.

Table 3.3: Logistic regression coefficients and significance levels for several explanatory factors of whether Bolivian women aged 15-49 have paid employment outside the family

	Logistic regression coefficients	Significance
Age 15-19	-2.358	0.0%
Age 20-24	-1.096	0.0%
Age 25-29	-0.399	0.0%
Age 30-34	-0.193	1.0%
Age 35-39	0.091	25.6%
Married/in union	-0.206	0.0%
Quechua	-0.022	62.6%
Aymara	0.341	0.0%
Head of household	0.098	0.0%
Years of education	-0.031	5.1%
Rural residence	-0.446	0.0%
Children under age 7	-0.147	0.0%
Poorest quintile	-0.172	8.7%
Second poorest quintile	0.106	19.9
Middle quintile	0.063	32.8
Fourth quintile	0.085	12.7
Ever used modern contraception	0.334	0.0

Source: Analysis on micro-data of 2003 DHS survey Bolivia

Ensuring women's autonomy and control over their reproduction and fertility is an important way to guarantee their decision-making power and life-choice opportunities. This requires access to contraception and to family planning. In the words of LAC regional Director Marcela Suazo:

*"In order to enable women to enjoy equal opportunities in labour markets, access to reproductive health and family planning must be ensured, allowing women and their partners to make responsible and voluntary decisions to balance their productive and reproductive roles. The countries of Latin America and the Caribbean are currently heading towards the X Regional Conference on Women, to be celebrated in Ecuador in early August. One of the main emerging issues discussed during the preparatory sub-regional meetings is the link between the exercise of reproductive rights and access for women to income and poverty reduction."*¹⁰

The International Family Health Women's Studies Project documented specific improvements in women's empowerment and quality of life, of reproductive rights, and stressed, for instance, that Bolivian women using modern contraceptives were more likely to have paid jobs (Barnett & Stein, 1998). This conclusion might, of course, be conditioned by that fact that women who use modern contraceptive methods also distinguish themselves in other ways that are favourable to wage employment, but a multivariate analysis based on the 2003 DHS of Bolivia suggests that the relationship persists even if other relevant factors are controlled (see Table 3.3).

¹⁰ Statement in the ECOSOC Coordinating Segment "The Role of the UN System in Promoting Full and Productive Employment and Decent Work for All", Geneva, 9 July 2007.

Abramo, Berger and Szretter (2005) suggest the existence of a social stereotype that employing women represents an increased cost for employers. Nevertheless, according to the authors, this stereotype do not correspond to the reality of the costs and are based much more on discriminatory values than on objective analysis. They present case studies about Argentina, Brazil, Chile, and Mexico, and show that the direct monetary costs related to female employment represent less than 2% of women's monthly wages. Table 3.4 shows data for the case study countries, based on their labour legislations.

Table 3.4: Labour costs for the employer related to maternity protection and child care, 2000 (ILO elaboration on country labour legislations)

Components	Argentina	Brazil	Chile	Mexico
Wage	100.0	100.0	100.0	100.0
Total maternity/ child-care costs	1.0	1.2	1.8	0.2
Breastfeeding	0.1	0.8	0.5	0.1
Replacement cost	0.1	0.1	0.1	0.1
Costs for the employer	101.0	101.2	101.8	100.2

Source: Abramo, Berger & Szretter, 2005

In practice, however, employers do impute costs to the employment of women, which are reflected in the male-female wage gap. This affects not primarily women who already have children, but rather those who are expected to have children in the near future and may thereby represent costs to employers. At least, this seems to be a reasonable interpretation of the male-female wage gaps found by Artecona and Cunningham (2000) in Argentina (1997), Brazil (1995), and Costa Rica (1995) which, in all three countries, indicated that married women without children are the most disadvantaged group, with a median hourly wage gap of 39% in Brazil, 9% in Costa Rica, and -3% (i.e. a 3% difference in favour of women) in Argentina. The most favourable group is that of single women with children, which shows a gap of 6% in Brazil, -13% in Costa Rica, and -17% in Argentina, most likely because this is the group with the lowest likelihood of having additional children and the highest commitment to a career.

Providing affordable and reliable child care is crucial to women's participation in the labour force, particularly in the formal sector, where returns and benefits are higher. There is evidence to this effect from some studies in developed countries, especially the US (Berger & Black, 1992; Oppenheim Mason & Kuhlthau, 1992; Lee, 2004; Stier & Lewin-Epstein, 2001; Van der Lippe, 2001). A study by Gornick, Meyers, and Ross (1998), based on cross-sectional data from 14 industrialised countries, found major differences between countries in terms of the employment-hampering effect in women of having children aged 0-2 or 3-5. This effect was particularly strong in the UK, Australia, Norway, the Netherlands, and Germany, but weak in Italy, Belgium, France, Sweden, Denmark, Finland, and Luxemburg. It is strongest for children aged 0-2 and then decreases as children are gradually absorbed by the educational system. The authors found that the effects were also significantly associated with policies supporting the employment of mothers with children in these respective age groups, which are strongest in Denmark, Finland, France, Sweden, Belgium, and Italy.

A more recent analysis of prospective work and family history (panel) data in 13 European countries by Uunk, Kalmijn and Muffels (2005) leads to the following conclusions:

1. The degree to which married or cohabiting women withdraw from paid employment after first childbirth differs considerably between countries. Whereas women from Scandinavian countries, Belgium, France, and southern Europe show only modest reductions in weekly working hours after first childbirth (2-5 hours), women from Ireland, the UK, the Netherlands, Germany, and Austria show substantial cut-backs (8-20 hours).
2. Cross-national differences in the impact of children on women's labour supply can to a large extent be attributed to differences in public arrangements supporting the employment of mothers. That policy matters is shown by the strong significant effect of public child care, which explains one third of the observed country differences.
3. The institutional effect of public child care is confounded by the effect of economic affluence. When national affluence levels are taken into account, the effect of public child care on mothers' labour supply appears to be stronger. This is because public child care and economic affluence co-vary and because the latter factor negatively affects mothers' labour supply. Economic affluence appears to suppress the role of institutions.
4. Egalitarian gender role values in a country seem to play a mixed role. More egalitarian gender role values positively affect mothers' labour supply and moderate negative child effects. But a nation's gender role values do not change the impact that institutionally supported child care has on mothers' labour supply. Once gender role values and public child-care provision are modelled simultaneously, the effect of gender role values becomes insignificant, whereas the effect of public child care remains practically unchanged. Gender values may have an effect on women's changes in labour supply, but this effect is explained by the intermediating effect of institutions.
5. Governments affect female labour supply through publicly supported institutions, offering child-care places to children of working mothers. However, governments may also influence female labour supply through the market by subsidising private child-care facilities.

Although there has been theoretical work and policy analysis of reconciliation policies in the LAC region (e.g. Mora, Moreno Ruiz & Rohrer, 2006), not much empirical work has been done on the actual effect of child-care programmes on women's labour force behaviour. Nevertheless, two recent studies on Brazil (Sorj, 2007) and Chile (Valdés, 2007), show that up to 60% of the reasons that women do not enter or leave the labour market are related to reproduction. An unpublished analysis by Project RLA5P201 of data on urban women aged 20-39 from the 2005 National Household Survey (PNAD) of Brazil suggests that most of the disadvantage of women with children in the labour market derives from lower earnings and not from lower labour force participation. Controlling for education, only women with 3 children under age 15 were found to work about 20% less than women without

children, but women with one or two children were not greatly affected. However, when women were matched in terms of years of education and weekly number of hours worked, the over-all loss of income was 18.1%, in the case of one child, 19.1% with two children, and 18.0% with three. The similarity of these numbers suggest is that having children at all is a more significant impediment than the number as such; after the second child, there is even a tendency for the percentages to drop, which persists with four or more children, most likely because older siblings take care of younger ones (see also section 2.4. of the chapter on MDG 1). When women have access to child-care services for infants ages 0-3, it considerably increases their income, especially among the poorest.

Child care and economic opportunities for women in Guatemala and Peru

Not much work has been done on the effect of child-care programmes in the LAC region. One of the few evaluations of programmes and policies is that of the *Hogares Comunitarios* Programme (HCP), established in Guatemala City in 1991 as a government sponsored pilot programme to alleviate poverty by providing working parents with low-cost, high-quality child care. Its specific objectives are to facilitate the integrated development of young children based on community participation. Under the programme, a group of parents selects a woman from the local community to care for up to 10 children under age 7, Monday to Friday from 6 a.m. to 6 p.m., in her home. Children receive food, care, affection, and hygiene and are involved in early childhood stimulation and socialisation activities. The programme provides the caretaker with basic furniture, equipment, educational materials, and supplies; initial training; and menus to guide food preparation. Parents are expected to complement this with a small monthly contribution and to provide basic items like sugar, toothpaste, and toilet paper.

Other community-based day-care programmes of this kind have been popular throughout Latin America, but few evaluations exist. In collaboration with the Social Work Programme of the Office of the First Lady of Guatemala and the INCAP/PAHO, the IFPRI carried out an evaluation that included an assessment of operational aspects and quality of service delivery, in addition to an evaluation of the programme's impact on its beneficiaries (Ruel & Quisumbing, 2006). Compared to the random control sample, beneficiary mothers tended to be slightly less educated, have lower asset values, and live in more precarious housing. They were also much more likely to be single and had a smaller household size, but a higher mean number of preschoolers and thus a higher dependency ratio than women from the control sample. They were, however, more likely than mothers from the random sample to be employed in the formal sector and to work in factories and to receive work-related social and medical benefits. They worked, on average, close to 4 days more than other working women and their income in the previous month was 30% higher than the income of working mothers from the random sample.

In Peru, Escobal et al. (2005) analysed female income generating opportunities in connection with the Wawa Wasi programme. In urban areas, access to child care facilities

outside the home is associated with improved income-generating opportunities for mothers in households with young children, enhancing their potential income diversification strategies. In rural areas, improving access to day-care facilities to increase mothers' income-generating opportunities needs to be complemented with other interventions aimed at increasing the asset base, especially maternal education. These findings give empirical support to policy or project interventions aimed at increasing income-generating opportunities for Peruvian women with a newborn child. One promising intervention is precisely the Wawa Wasi programme, which has shown important positive impacts but remains under-funded.

Access to child care services may improve the income-generating opportunities of the mother in households with young children. In urban areas, improving mother's education and access to child-care services might be the best strategies for improving income-generating opportunities. In rural settings it was found that the asset base itself is an important factor hindering income diversification. Although availability of child-care facilities (Wawa Wasi) affects the decision to use external child-care services, availability of private and public assets may largely explain most of the households' diversification strategies independently of the availability of child-care services.

According to official statistics, in Peru there are currently almost 4,700 Wawa Wasis, with capacity to care for over 40,000 children aged four or under. Although this number has increased in recent years – starting from less than 12,000 in 1999 – it appears to be insufficient, especially when seen alongside the target population of nearly 2 million children under the age of four living in poverty. In Peru, mothers have few child care options when they wish or need to work; even in urban areas few organisations have such facilities for their employees' children. Most child care appears to be based on social networks of either family or friends, leaving a group of women with an unmet demand. The Wawa Wasi programme is an option that has been positively accepted by mothers in diverse settings. There may be a link between this kind of child-care programme and enhancing the income diversification strategies of the poor. Although in urban settings such a programme may on its own yield a positive outcome in terms of enhancing income opportunities, in rural settings the need to combine it with enhancing mothers' education is critical. This is especially true in areas such as the southern sierra where women's illiteracy continues to be high.

The ICPD PoA also stresses the need for a balance between male and female family responsibilities in order to eliminate some of the gender-based division of labour. In that respect, the specialised literature shows that, in the LAC region, women's educational achievements have not been matched by changes in the distribution of household activities (ECLAC, 2005 a). Women usually spend much time on these duties and end up having too many responsibilities, which weakens their position in the labour market. Therefore, in the LAC region, gender-oriented policies to reconcile productive with reproductive roles,

as the ICPD proposes, become a matter of much significance. Countries must support systems, such as day-care facilities and parental and maternity leaves – issues that make wage discrimination against women easier to overcome. Day-care services also have impact on women's political participation.

“Yet, no single country provides the investment in care services that is required to fully meet the needs of women and their children. Filling this gap is essential for meeting Goal 3.” (UN Millennium Project, 2005 b: 11)

“Whether women work out of need or choice, the focus should be on giving them decent jobs, so that, in the long run, they can work themselves and their families out of poverty. At the same time, child care facilities are a necessary precondition for women to be able to go to work and use their productive potential effectively.” (ILO, 2004 a: 16)

The Mexican MDGR (2005) stresses on the necessity of implementing policies related to child-care facilities. The programme *Mujeres Jefas de Familia*, for instance, supports facilities designed for children under age 6.

3.4. Migration and gender equality

In 2000, women made up 51% of all migrants in the developed world and about 46% in the developing countries, an overall average of 49.6%, in contrast to the 46.6% registered in 1960 (United Nations, 2005 d). In the LAC region in the 1970s and 80s women migrated more than men (Martine, Hakkert & Guzmán, 2001). Although the overall number of migrants is estimated to have declined during the 1990s, by 2000 the number of women was slightly over half of the nearly 6 million migrants in the region (Zlotnik, 2005). In fact, the LAC region was the first in the developing world to reach virtual parity in the male/female migrant ratio, although there are some exceptions, like in Bolivia, Argentina, Colombia, Panama, Peru, and Venezuela. The average sex ratio of migrants from the LAC region in the US shows a predominance of men, resulting from a male majority in the flows from Mexico and Central America. By contrast, Caribbean women have outnumbered males in migration flows to North America during every decade since the 1950s, and are well represented in skilled categories (Thomas-Hope, 2005). They also predominate among migrants from South America, with the tourism industry constituting a major pull factor behind their migration (Martínez-Pizarro & Villa, 2005). The trend toward feminisation is also strikingly apparent among migrants from both Central and South America to Spain, with women representing nearly 70% of all immigrants arriving from Brazil and the Dominican Republic in 2001 (Pellegrino, 2004). Similarly, women predominate in the Latin American migration to Italy, where, in 2000, 70% or more of the arrivals from 13 out of 30 countries of origin were women.

Another relevant feature is that many women have been migrating as heads of families, independently from men. Again, the relationship between migration and gender equality is not single-edged. On the one hand, certain migration situations can expose women

to physical, psychological and financial adversity; on the other hand, they may result in greater autonomy and empowerment (Usher, 2005 b). In other words, migration can both jeopardise and contribute to the Goal of gender equality.

3.4.1. Migration and the empowerment of women

Women who migrate often end up seizing control of their lives and destinies, managing to translate migration into gender empowerment. The role of women in facilitating the entry of their family into the new country helps to assert a renewed gender role. For example, adolescent women who migrate from Nicaragua to Costa Rica are frequently key players in the adaptation phase, joining the labour market as domestic servants and providing the first source of income for the newly arrived household (Cranshaw & Morales, 1998). But the outcomes are not always favourable. In an overview article on the subject, Hugo (2000) found that migration may *enhance female empowerment* by breaking down the isolation and seclusion that women face in traditional societies, by weakening patriarchal authority or through the formation of new groups like unions and sisterhoods. However, he noted that migration may also serve to *entrench the status quo* or even be *disempowering*. The growing practice of trafficking in women migrants is one such example. The impact of migration is not restricted to the migrant only. It is important to assess the status of *women who are left behind* by male family members. In concluding, the author argues that migration policies and programmes have the scope to prevent disempowerment of women migrants.

Rural women living in families rigidly controlled by fathers, brothers, husbands and sons may be empowered by simply moving away from such patriarchal schemes. Studying the female migration from Mexico to the US, Hondagneu-Sotelo (1994) concluded that women gain more than men from migration, in terms of improvement in status. Women may also be empowered by way of the migration of their fathers, husbands, or brothers, for this may launch the women, left behind, into positions of greater authority, or, at least, it may give them more room to exercise their will (Skeldon, 2005). Santillán and Ulfe (2006) estimate, for example, that about 64% of remittances to El Salvador are received by women. This has affected the economic profile of women who are now assuming a more leading role in the household economy (Montes, 1990). Ramírez, Domínguez and Morais (2005: 23) have the following to say on the issue:

“(...) the economic and social roles that women acquire through the sending and/or management of remittances can catalyze transformations in gender relations, and in turn, stimulate social, cultural, economic and political change.”

In a study in 60 areas of the Dominican Republic, Ortiz (1997) found that 21.8% of the 1176 micro and small enterprises surveyed had owners whose households received remittances from abroad. Of these, 46.8% were headed by women. The percentage receiving remittances was higher (26.0%) among the latter than among enterprises headed by men (18.7%). Most of the women (92.8%) used the remittances for family maintenance, rather than as an investment, whereas a smaller percentage (71.3%) of the male owners did so.

Mora (2002) compared levels of independence and decision making of women. Migrant women tend to be more independent and to marry later, which contributes significantly to their autonomy and to gender equality.

Table 3.5: Social control of women by husband/partner

Country		No	Yes
Peru, 2000	Native-Born	76.2%	23.8%
	Migrants	77.7%	22.8%
Nicaragua, 1998	Native-Born	84.7%	15.3%
	Migrants	94.1%	5.9%
Colombia, 2000	Native-Born	68.2%	31.8%
	Migrants	92.4%	17.6%

Source: Mora, 2002

Inasmuch as migration can reduce poverty and induce development, it surely will enhance women's opportunities as well as independence and autonomy from men. A clear path to greater gender equality by means of migration is the increase in the proportion of women in paid employment situations, which empower them economically and enhance their self-esteem. Moreover, the survival and coping skills they develop during the migration process are sources of heightened self-determination and self-esteem. A new gender role for women sets an example to children, who will be raised on a less sexist set of values. Therefore, an intergenerational gender empowerment leap might be expected, as boys and girls grow up witnessing female role models. About this, IOM reports:

"It is not only the money earned but also heightened self-esteem associated with employment, education and knowledge that can make female migrants more powerful in their host and home community." (Usher, 2005 b: XIX-5)

Women living abroad often acquire attitudes, opinions and knowledge that can lead to enhanced family health in the home country. A World Bank study attributes improved child health and lower mortality rates to the health education that female migrants receive while living abroad. This was found to hold true for families in Guatemala, Mexico, and Morocco. Furthermore, these health benefits (including higher birth weights) are more likely to result when mothers migrate, as opposed to fathers (Hildebrandt & McKenzie, 2005). When a male head of household migrates abroad, some women gain a greater say in how household funds are used even though they are still dependent on remittances (Pressar, 2005). In the US, husbands of Dominican migrants were more likely to help with household chores and spend more time at home rather than with friends (Sørensen, 2004). But the process is certainly not free from ambiguities, as is emphasized in the following:

"Frequently, the temporarily absent man continues to be recognised as the head of the family, even though the women take on the everyday responsibilities for the maintenance of the family, child care, and socialisation of the children (Szasz, 1999). When it is the women that migrate, it seems like more opportunities are opened for participation and the redefinition of relationships with themselves and others. However, these are slow

and ambivalent processes which hold the potential of reinforcing the more traditional gender relation patterns (Ariza, 2000).” (Ariza & Oliveira, 2006: 22-23)

In rural Mexico, women tend to stay home whereas their husbands move. As displayed in the Mexican MDGR (2005), the government has assembled temporary job programmes for women and has also been yielding credit lines to assist them in the maintenance of rural properties and in productive activities while their spouses are working abroad. Nevertheless, it must be emphasized that governments should also encourage family reunification of legally admitted migrants, thereby facilitating the admission of wives and welcoming their families. When it is the men who stay behind, the migration of their wives can be an affront to traditional notions of male identity and authority.

Migration (one's own or of family members) may also imply significant costs for women. Although migration can empower women and improve their economic and social status, the influence of cultural and social backgrounds allows for the persistence of inequality patterns even when abroad (Pessar, 2005). In family structures where high dependence on males exist, the absence of the head of the family may perpetuate the existing inequalities instead of allowing for new role opportunities for the wives. In this case, women may have to reside with the male's kin, be monitored by them, and have no control over the husband's remittances. Mahler (2001) records how the threat by husbands living abroad to withhold remittances may be a powerful mechanism to control the behaviour of women depending on these remittances. As a result, out-migration may actually reinforce conventional roles and inequalities. Women's lack of autonomy and their dependence on their husbands' remittances make inequalities persistent but may also stimulate their own out-migration (Grasmuck & Pessar, 2001). The fact that women left behind are called upon to assume roles previously assigned primarily to men (Chaney & Lewis, 1980) may also have negative connotations as women's burdens tend to be increased with new responsibilities.

An important feature of LAC societies is domestic work. Indeed, female migrants in domestic occupations are a striking feature of the LAC female migration in all types of migratory flows, whether internal (rural to urban), regional (Peruvian, Bolivian and Nicaraguan to Chile, Argentina, and Costa Rica, respectively), to the US (Puerto Rican, Mexicans), and to other areas (Spain and Western Europe) (Staab, 2004). The problem is that this occupation is largely unregulated and women suffer with persistent violation of rights regarding wage, access to official social security or insurance, and dependence upon the employer. In contexts of international migration, moreover, dependent domestic workers may become even more vulnerable with the lack of social and cultural connection with their home countries (Daeren, 2000).

It is subject to debate whether female migrants tend to send home a larger or smaller share of their income as remittances. According to the IOM (2003), female migrants have a higher propensity to transfer income. However, studies on male and female migrants from Mexico (Massey & Parrado, 1994; Taylor, 1987) do not support this conclusion. Gammage et al. (1995) found that among Salvadoran migrants in the Washington, D.C. area, men

sent higher amounts of remittances (an average US\$ 231 per month, against US\$ 155 in the case of women), but because female incomes were typically lower, the percentage was higher in the case of women (11% compared to 9%). Regardless of the amounts sent, having the responsibility to decide if, how much, and to whom to remit is, in itself, an independent act and adds power to the female migrant. The social roles of the woman in the household of the country of origin have a great influence on these decisions. According to Ramírez et al. (2005), when LAC women migrate to sustain the family, they tend to work more and undergo more stressful or arduous tasks, as well as to send more money and condition their personal improvements to the economic needs of the family. When they perform autonomous migration, on the other hand, women tend to send less money to relatives and invest in personal improvements. When they migrate as dependents of husbands, their share of remittances tends to be less relevant, but their social and economic contribution in the private sphere tends to be quite significant.

3.4.2. Migration and violence against women

Some of the negative results of female migration are related to deprivation, prejudice, trafficking, and sexual exploitation, all elements of women's disempowerment. These issues are not inherent to being a woman but a condition imposed on gender in specific social contexts and that, therefore, needs to be tackled by authorities, regulated by international law, and to receive due attention from multilateral agencies. Unfortunately, the UN Convention on the Rights of All Migrants and Members of Their Families is not very specific regarding the guarantees and protection of migrant women (Asis, 2005).

Upon arrival in a new country, women have to cope with greater adversity than men. As both women and foreigners, they may face discrimination to enter the labour market in the new country. They are also more vulnerable to sexual exploitation and human trafficking. In fact, of the world's estimated 600,000 – 800,000 (US Department of State, 2005) to 1,225,000 (Belsar et al., 2005) of persons in forced labour as a result of trafficking (annual flows), about 80% are women and 50% are children (Theuermann, 2005).

“Sex trafficking is a growing problem. Some 800,000 people are trafficked across borders each year, and 80 percent of them are women and girls who are bought and sold worldwide mostly for commercial sex. This figure does not include the substantial number of women and girls who are trafficked within their own country.” (UN Millennium Project, 2006: 8)

“Although trafficking has been more broadly defined beyond sex work, most trafficked persons continue to be trafficked for this purpose, and most trafficked persons are women and children. On the supply side, gender inequality can predispose women and girls to be trafficked because they are less valued.” (Asis, 2005: 115)

In these settings of social inequality, undocumented migrant women are vulnerable on three counts: because of their gender, migrant and undocumented status (Caballero et al., 2002). Not infrequently, women resort to prostitution as a means of surviving in the new

land, or even, had originally migrated with that purpose, recruited voluntarily or trafficked by the sex business. Ramírez Bautista (2000) shows that 75% of the women in the sex houses of Frankfurt in 1995 were from LAC. According to the International Association Against Racism and Sexual Exploitation (AGISRA), the major sending countries of sex workers were Colombia, Brazil and the Dominican Republic. According to the author, the little information about their services, lack of knowledge of the language and unfavourable power relations must influence the fact that between November 1993 and January 1994 LAC women accounted for 74% of the STI cases in Frankfurt health centres.

“[Women] are often found in gender-segregated and unregulated sectors of the economy, including domestic work, entertainment and the sex industry, sectors which are often unprotected by local labour legislation.” (UNFPA, 2005 a: 6)

In a context of violence and of precarious work conditions, migrant women are more vulnerable to STIs. Furthermore, access to SHR services is jeopardised when the legal status of migrants is pending.

Obviously, a reduction in the number of trafficked women would prevent one particular infringement on the empowerment of women, stated in MDG 3, but actually a more important mechanism is that empowering women counters their risk of being trafficked by addressing its root causes, such as self-imposed vulnerability and submission to male and family economic interests (Theuermann, 2005). Theuermann suggests that combating the trafficking of women requires a human rights approach, combining both repressive actions against criminals and empowerment strategies for potential victims. Therefore, it is important to tackle the supply side of trafficking, by empowering women and children to escape such situations and to provide them with alternatives. Moreover, it is necessary to reduce the invisibility of exploitation, raising awareness and punishing perpetrators.

Table 3.6.A: Search for help/support before a health centre upon cases of violence

Country		No	Yes
Peru, 2000	Native-Born	99.3%	0.7%
	Migrants	100%	0.0%
Nicaragua, 1998	Native-Born	94.6%	5.4%
	Migrants	100%	0.0%
Colombia, 2000	Native-Born	99.8%	0.2%
	Migrants	100%	0.0%

Table 3.6.B: Search for help/support before the police

Country		No	Yes
Peru, 2000	Native-Born	85.5%	14.5%
	Migrants	88.4%	11.6%
Nicaragua, 1998	Native-Born	83.4%	16.6%
	Migrants	100%	0.0%
Colombia, 2000	Native-Born	91.3%	9.7%
	Migrants	95.7%	4.3%

Source: Mora, 2002 (both tables)

Dependence on employers poses threats to the migrants' physical security, and harassment is not uncommon. Fear and lack of knowledge about official support is common and, many times, the victims do not report abuse and violence, which further hampers their security and health, as shown in the following tables:

In sum, migration still implies more dangers for women than for men. Women are more vulnerable to deprivation, hardship, discrimination, physical, sexual and verbal abuse, when away from their home environment and are more likely to be trapped into trafficking and exploitation. Migrant women often face double or even triple discrimination in the labour market, and their access to employment, social and health programmes can be more limited. Finally, migrant women are especially vulnerable if their legal residence is dependent upon a relationship with a citizen or another migrant (Martin, 2004). But migration also has beneficial effects on gender relations and a great potential to promote gender equality, even for women who stay home, by the absence of their husbands, fathers, or brothers in the household. Migration for women may be a means of earning income, autonomy, independence, self-esteem, and new attitudes and behaviours. Despite the risks of migration to women, the benefits seem to greatly exceed the costs. Longitudinal, male/female, and migrant/non-migrant comparisons related to the labour market and to welfare and social programmes constitute clear indications of the potential of migration to promote gender equality. Indicators of change in the household relationships associated with security, autonomy, and empowerment may be more difficult to capture, but qualitative case studies (e.g. Hondagneu-Sotelo, 1994) point in the same direction.

MAIN IDEAS ON MDG 3:

General conclusions

- The ICPD PoA is broader than the MDG agenda in its proposals for the attainment of gender equality. Both agendas commit societies to challenges such as gender equality in education, elimination of gender disparities in the workforce, equal control over resources, and equal representation in public and political life, but the ICPD PoA raises additional issues about women's SRRs, the eradication of gender-based violence, and migration and trafficking of women. The accomplishment of the Cairo agenda is fundamental for the promotion of gender equality. However, in order to fully account for these contributions, the MDG indicators proposed for Goal 3 are insufficient.
- Target 4 has serious limitations with respect to the LAC region. Being restricted to education, it does not address some key issues of gender equality in the region. The LAC region, unlike other developing regions, does not show major gender inequalities in access to education. In fact, net enrolment rates by level suggest that the LAC region, as a whole, has already met the target on all three levels of education, and that coverage is higher for girls than for boys, especially in secondary

and tertiary education – with the exception of Bolivia, Guatemala, Haiti, Peru, and the Bahamas. Target 4 is thus not the most adequate one to tackle inequalities, since its restriction to education makes it largely irrelevant as a portrayal of the gender disparities that still exist in the region.

- Issues such as female labour force participation, access to credit, violence against women, and SRRs are a much needed complement to Target 4.

1. Reproductive rights

- Respect for SRRs underpins not only MDG 3 but also other MDGs.
- Significant changes in gender roles and relations are broadly related to control over sexual and reproductive lives. SRH services contribute toward improving female social position, since they increase opportunities for women to participate in both private and public spheres, bringing alterations of a social, political, and cultural nature.
- The need for national investments in RH services, in order to guarantee women's decision-making power, is increasingly emphasized in MDGRs, e.g. the national reports of Chile (2005) and Mexico (2005).

2. Gender-based violence

- Gender-based violence impairs the achievement of gender equity. It jeopardises women's health and may have profound effects on their sexual and reproductive lives, such as chronic pain syndromes, muscle aches, pregnancy complications, unwanted pregnancies, unsafe abortion, sexually transmitted infections (including HIV), gastrointestinal and gynaecological disorders, headaches, asthma, psychological problems, drug and alcohol abuse. Traumatic consequences of violence can persist for many years and may have serious long-term psychological effects.
- Most women who suffer any physical aggression generally experience multiple acts over time, resulting in the intensification or perpetuation of physical and mental health problems.
- Domestic violence has significant repercussions both for women's empowerment and the broader social and economic growth in the LAC region. In Nicaragua, for example, a study about the socioeconomic impact of violence against women concluded that violence reduces aggregate income by 1.6% of the GNP.
- MDGRs increasingly mention gender-based violence as a policy issue under the heading of MDG 3, as is the case of Honduras (2003), Uruguay (2003), the Dominican Republic (2004), Peru (2004), Chile (2005), Colombia (2005), and Mexico (2005).
- In the last two decades, 28 countries in the LAC region have adopted legislation against domestic violence and reformed laws on rape.

3. The link between reproductive and economic empowerment

- In Brazil, research indicates gender differences in the length of time for an employee to be promoted, in favour of men.

- Without access to modern contraceptive methods, women may find it considerably harder to remain economically active. DHS analysis suggests that Bolivian women using modern contraceptives are more likely to have paid jobs, a relationship which is maintained even after controlling for other factors. This points to the need of investing in SRRs in order to guarantee women's economic empowerment.
- Even though there is a social stereotype that employing women stands for an increased cost for employers, this stereotype does not correspond to the reality of the costs and is based much more on discriminatory values than on statistical analysis – as a study concerning Argentina, Brazil, Chile, and Mexico asserts.
- Cross-national differences in the impact of children on women's labour supply among 13 European countries can to a large extent be attributed to differences in public arrangements supporting the employment of mothers. That policy matters is shown by the strong significant effect of public child care, which explains one third of the observed country differences. Governments may affect female labour supply through publicly supported institutions, offering child-care places to children of working mothers, or through the market by subsidising private child-care facilities.
- In the LAC region, relatively little empirical work has been done on studying reconciliation mechanisms between the economic and reproductive roles of women. However, the few case studies that exist in countries like Guatemala and Peru confirm that these policies hold the potential to increase the income of poor women, particularly if they are heads of households.

4. Migration and gender equality

- The LAC region was the first in the developing world to reach virtual parity in the male/female migrant ratio, although there are some exceptions in some countries. Many women have been migrating as heads of families, independently from men. Since the relationship between migration and gender equality is not single-edged, the process may either promote empowerment or disempowerment.
- Migration can reduce poverty and induce development, as well as enhance women's opportunities and autonomy. About 64% of remittances to El Salvador are received by women, thereby affecting their economic roles. Migrant women tend to be more independent and to marry later, which contributes to gender equality.
- Some of the negative results of female migration are related to deprivation, prejudice, trafficking, and sexual exploitation, all elements of women's disempowerment. As both women and foreigners, they may face discrimination to enter the labour market in the new country. They are also more vulnerable to sexual exploitation and human trafficking. Combating the trafficking of women requires a human rights approach, combining both repressive actions against criminals and empowerment strategies for potential victims.

