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‘Accelerating the achievement of gender equality and the empowerment of all women and girls by addressing poverty and strengthening institutions and financing with a gender perspective’

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Sexual and reproductive health and rights: a key pillar to addressing poverty from a gender perspective



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Introduction

The International Conference on Population and Development (ICPD) in 1994 recognized that advancing gender equality and the empowerment of women and ensuring women’s ability to control their own fertility must be at the heart of population and development related programmes. The ICPD drew historic attention to women’s fundamental right to make choices about their bodies. This is a right that underpins many others—to learn, to work, to move freely in public and private spaces, to enjoy free time. The Programme of Action says: “Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so”.¹

This brief summarizes key points on the relationship between sexual and reproductive health and rights² (SRHR) and the feminization of poverty.³

Section one demonstrates the ‘gendered’ nature of poverty by reflecting on various indicators such as income levels, labour force participation, wage gaps and how these are impacted by pregnancy and the birth of a child. It then shows how SRHR and poverty are interconnected - while poor reproductive health can contribute to poverty, living in a situation of poverty impedes access to SRHR.

Section two, citing latest evidence, contends that improvements in reproductive health are positively associated with empowerment. Sexual and reproductive health and rights should be viewed as an important component to the reduction of poverty and to advance the rights of women and girls in all their diversity.

Section three offers recommendations that advance the empowerment of women and girls, in all their diversity, including through strengthened SRHR.

¹ *Programme of Action Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations Publications, Sales no. E.95.XIII.7) See Principle 8.

² This paper adopts a comprehensive approach to SRHR. This entails adopting the full definition of SRHR and providing an essential package of SRHR interventions with a life course approach, applying equity in access, quality of care, without discrimination, and accountability across implementation. For more information on the definition see: Starrs and Others (2018). *Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission*. Lancet, vol. 391, pp. 1642–92.

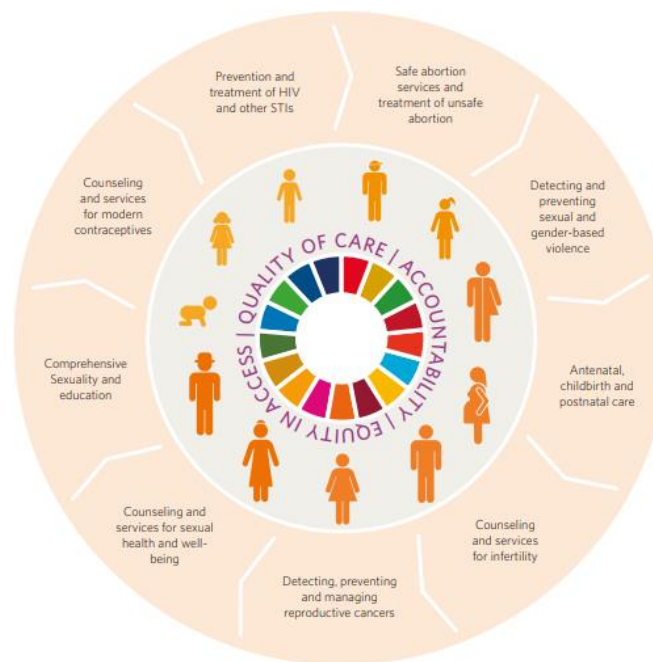
³ First noted by Diana Pearce in the 1970s, ‘feminization of poverty’ is a concept that is used to examine trends in men's and women's poverty rates in order to explore how economic status may be affected by gender. In this paper, we treat the concept as an entry point to examine the connections between SRHR and poverty among women. Source: “Feminization of Poverty - an Overview | ScienceDirect Topics.” n.d. Accessed November 8, 2023.

<https://www.sciencedirect.com/topics/psychology/feminization-of-poverty>.

1. Situating poverty and sexual and reproductive health and rights

Poverty has a decidedly female face. Poverty is multidimensional in nature and its impacts are likely to be disproportionately worse for women than for men. Globally, women between 20 and 34 years of age are more likely to be poor than men of the same age group. Households with children are among the poorest, while single parents with children, and predominantly single mothers with children, face a higher risk of poverty.⁴ There is a large gender gap in economic participation - ILO estimates show that global female labour force participation is at 53 per cent, while male labour force participation is at 73 per cent.⁵ In developing countries, women are over-represented in vulnerable employment with no access to social protection.⁶ In general, women only make 77 cents for every dollar made by a man. This gender wage gap is exacerbated by the presence of children. Gender pay gap for women with children in Sub-Saharan Africa and South Asia is 31 per cent and 35 per cent, respectively, compared to 4 per cent and 14 per cent for those without children.⁷

Fig 1. A comprehensive definition of sexual and reproductive health and rights



Source: UNFPA.2019. *Sexual and Reproductive Health and Rights: An essential element of universal health coverage*. [https://www.unfpa.org/sites/default/files/pub-pdf/SRHR an essential element of UHC SupplementAndUniversalAccess 27-online.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/SRHR_an_essential_element_of_UHC_SupplementAndUniversalAccess_27-online.pdf) (accessed 11/3/2023) p.9

⁴ Munoz Boudet, Ana Maria; Buitrago, Paola; De La Briere, Benedicte Leroy; Newhouse, David; Rubiano Matulevich, Eliana; Scott, Kinnon; Suarez-Becerra, Pablo. 2018. “Gender Differences in Poverty and Household Composition through the Life-Cycle: A Global Perspective”. *Policy Research Working Paper*, No. 8360, World Bank, Washington, DC. <http://hdl.handle.net/10986/29426>

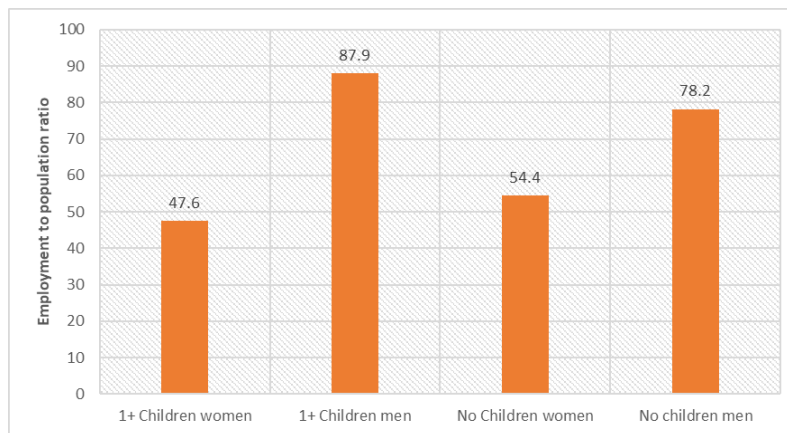
⁵ “Labor Force Participation Rate (% of Population) - World Bank Gender Data Portal.” n.d. Accessed November 8, 2023. <https://genderdata.worldbank.org/indicators/sl-tlf-acti-zs/?age=15-64&view=trend>.

⁶ OECD. 2022. “Why Women Are Made to Rely on Vulnerable Work.” *Development Matters*. January 14, 2022. <https://oecd-development-matters.org/2022/01/14/why-women-are-made-to-rely-on-vulnerable-work/>. The article finds that in developing countries, 57 per cent of the working women are engaged in vulnerable employment, compared with 48 per cent of working men.

⁷ UN Women. n.d. “Women in the Changing World of Work - Facts You Should Know.” Accessed November 8, 2023. <https://interactive.unwomen.org/multimedia/infographic/changingworldofwork/en/index.html>.

Parenthood deepens gaps. There is a persistent employment gap among women and men that deepens with parenthood. The disproportionate shouldering of reproductive labour⁸ or unpaid care work by women, which increases markedly with the presence of young children in the household, has spillover effects on women’s labour force participation resulting in the ‘motherhood penalty’. ILO reports that in 2018, mothers of children aged 0-5 years accounted for the lowest employment rate, compared with fathers, and men and women without young children.⁹ (See fig below)

Fig 2 Employment-to-population ratios of women and men with children aged 0 to 5 and of women and men without children aged 0 to 5, latest year



Source: Laura Addati, Umberto Cattaneo (2018). *Care Work and Care Jobs for the Future of Decent Work*. www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm (accessed 10/30/2023)

Poverty impedes access to SRHR. Women in the poorest households may find themselves with limited or no access to sexual and reproductive health care, leading to unintended pregnancies, and lack of skilled birth attendance meaning no assistance of a doctor, nurse or midwife during delivery, which leads to higher risks of illness or death from pregnancy or childbirth. For these women, their poor sexual and reproductive health can limit their opportunities and potential, and deepen their economic disadvantages.¹⁰

Indicators show that there are vast differences among wealth quintiles for many critical sexual and reproductive health services. For example, in the majority of developing countries, the proportion of the demand for family planning that is met through modern contraception, the access to adequate antenatal care, and the likelihood of giving birth with assistance is dramatically lower among the poor than it is among wealthier households.¹¹ (See fig 3)

⁸ Reproductive labour refers to paid as well as unpaid activities that reproduce society. This includes reproduction of the workforce, culture and contributing to children’s life skills and health status. It also includes daily activities such as cooking, laundry and cleaning as well as community work and caregiving to children and elderly and family members with disabilities. This term is used interchangeably with the terms unpaid care work and care work. See: UNFPA.2023. *Agency, Choice and Access: UNFPA Strategy for Promoting Gender Equality and Empowerment of Women and Adolescent Girls*. https://www.unfpa.org/sites/default/files/pub-pdf/2023_Gender%20Equality%20Strategy.pdf (accessed 11/8/2023) p.7

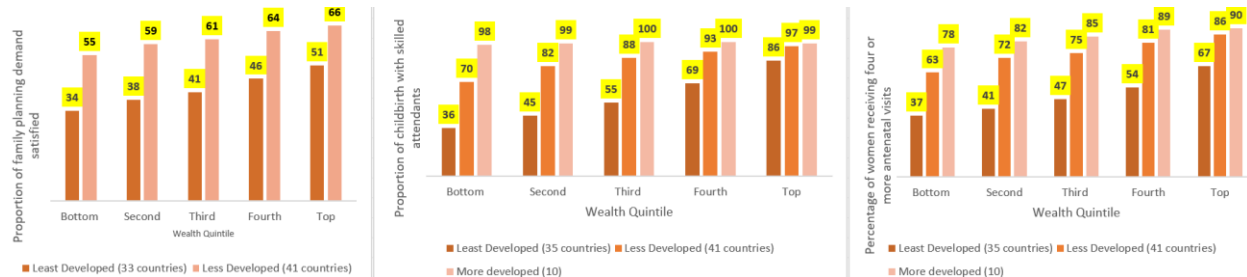
⁹ Laura Addati, Umberto Cattaneo (2018). *Care Work and Care Jobs for the Future of Decent Work*.

www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm (accessed 10/30/2023)

¹⁰ UNFPA.2019. *The Unfinished Business: The pursuit of rights and choices for all*. <https://www.unfpa.org/swop-2019> (accessed 10/30/2023)

¹¹ Ibid.

Fig 3. Proportion of demand for family planning met with modern contraception, by development level and wealth quintile [Left], Percentage of women receiving four or more antenatal visits by development level and wealth quintile [Centre], Proportion of births with skilled attendants, by development level, place of residence and wealth quintile, latest year available [Right]



Source: UNFPA.2019. *The Unfinished Business: The pursuit of rights and choices for all.* <https://www.unfpa.org/swop-2019> (accessed 10/30/2023)

Time poverty compounds reproductive health outcomes for women. Across the world, without exception, women perform three-quarters of unpaid care work or reproductive labour, equivalent to 76.2 per cent of the total hours worked. In no country in the world do men and women provide an equal share of unpaid care work. Women spend more time in unpaid care work than men in every region, ranging from 1.7 times more in the Americas to 4.7 times in the Arab States.¹² The gender based allocation of unpaid care work creates a ‘double duty’ for women who enter the formal labour force, resulting in women having little or no discretionary time. Referred to as time poverty, it creates repercussions for women’s economic empowerment as well as health. There are numerous pathways in which time poverty impacts the health of women and girls.¹³

Reproductive care responsibilities can limit the time women have to seek medical care, or for general well-being.¹⁴ For example, gender roles ascribed to pregnant women living in KwaZulu Natal, South Africa, including the chores of fieldwork and fetching water, has been shown to decrease prenatal care and increased risks and complications during childbirth.¹⁵ Women living in rural areas in Bangladesh face pressure not to work and have their own income, have increased delay in seeking emergency obstetric care, which can pose dire risks for the survival of the mother and the child.¹⁶ This is a common experience among women in many parts of the world.

Lack of SRHR services and poor reproductive outcomes can exacerbate poverty. Poor reproductive health outcomes can have negative effects on overall health, and, under certain circumstances, on education and

¹² Laura Addati, Umberto Cattaneo (2018). *Care Work and Care Jobs for the Future of Decent Work.* www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm (accessed 10/30/2023)

¹³ Hyde, Elizabeth, Margaret E Greene, and Gary L Darmstadt. n.d. “Time Poverty: Obstacle to Women’s Human Rights, Health and Sustainable Development.” *Journal of Global Health* 10 (2): 020313. <https://doi.org/10.7189/jogh.10.020313>. See Table 1 on page 3 for the pathways identified by the authors.

¹⁴Ibid.

¹⁵ McCray, Talia M. 2004. “An Issue of Culture: The Effects of Daily Activities on Prenatal Care Utilization Patterns in Rural South Africa.” *Social Science & Medicine* (1982) 59 (9): 1843–55. <https://doi.org/10.1016/j.socscimed.2004.02.033>.

¹⁶ Nahar, Shamsun, Morsheda Banu, and Hashima E Nasreen. 2011. “Women-Focused Development Intervention Reduces Delays in Accessing Emergency Obstetric Care in Urban Slums in Bangladesh: A Cross-Sectional Study.” *BMC Pregnancy and Childbirth* 11 (January): 11. <https://doi.org/10.1186/1471-2393-11-11>.



household well-being.¹⁷ For example, early childbearing can have devastating effects on the mother's health and education, exacerbating an existing situation of poverty. Research in Mexico shows that early childbearing among poor women is associated with poor living conditions, lower monthly earnings, and decreased child nutrition.¹⁸

In some places, early childbearing presents a significant barrier to obtaining an education, as pregnant girls are often expelled from school and it is difficult to return during motherhood. Consequently, most young mothers work in unpaid and informal sectors as domestic laborers or carry out unpaid care work in the home. The direct health effects of early childbearing and poverty are alarming, with adolescent mothers twice as likely to die from pregnancy or childbirth-related causes in poor countries. Their children are more likely to be stillborn, die within the first four weeks, and be premature.¹⁹

2. Making the case for sexual and reproductive health and rights as a vehicle for the empowerment of women and girls

Women's decision-making power in SRHR is low. The most recent Sustainable Development Goals data reveal that, out of 68 reporting countries, an estimated 44 per cent of partnered women are unable to make decisions over health care, contraception or sex. Twenty four per cent are unable to say no to sex, 25 per cent are unable to make decisions about their own health care and 11 per cent are unable to make decisions specifically about contraception. Together, this means that only 56 per cent of women are able to make their own decisions over their sexual and reproductive health and rights.²⁰

Improvements in reproductive health do lead to improvements in women's economic empowerment. A review of the literature found several causal pathways from reproductive health improvements to economic empowerment.²¹ It was found that contraceptive access and use increased women's decision-making power regarding their fertility (timing and number of children), education, and careers. Women with higher maternal age at first birth or reduced chances of childbearing during adolescence, are more likely to complete their education and partake in the formal labour market. It was also found that having fewer children increases labour market participation.²²

Investing in SRHR has multiplier effects. UNFPA estimates that for every dollar invested in family planning and maternal health in developing countries, the return on investment to families and societies is US \$8.40. From 2022 to 2030, it is estimated that countries will need to spend an additional US \$79 billion to end unmet need for family planning and preventable maternal deaths. If these additional investments are made, it would generate US \$660 billion in economic benefits by 2050.²³ Additionally, another UNFPA study conducted in 12 Arab States showed that every dollar spent on family planning and preventing

¹⁷ "Issue 16: Poor Health, Poor Women: How Reproductive Health Affects Poverty | Wilson Center." n.d. Accessed October 31, 2023. <https://www.wilsoncenter.org/publication/issue-16-poor-health-poor-women-how-reproductive-health-affects-poverty>. In the article, the author analyzes poor reproductive outcomes by looking at early childbearing, maternal mortality/morbidity, and unintended/ mistimed pregnancy.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ UNFPA. 2023. *State of the world population*. See: <https://www.unfpa.org/swp2023/8-billion-strong> (accessed 11/1/2023)

²¹ Finlay, J E., and M.A. Lee. 2018. "Identifying Causal Effects of Reproductive Health Improvements on Women's Economic Empowerment Through the Population Poverty Research Initiative." *The Milbank Quarterly* 96 (2): 300–322.

<https://doi.org/10.1111/1468-0009.12326>. See Table 1 for an overview of the causal pathways from reproductive health improvements to women's economic empowerment. The authors understand a woman to be economically empowered "when she has both the ability to succeed and advance economically and the power to make and act on economic decisions".

²² See references 5-11 in Finlay and Lee, 2018 to find the sources for the studies from which the aforementioned conclusions have been drawn.

²³ UNFPA. 2022. UNFPA Strategy for Family Planning. See: <https://www.unfpa.org/publications/unfpa-strategy-family-planning-2022-2030> (accessed 11/2/2023)



maternal deaths between 2022 to 2030 would yield US \$5 in economic returns by the year 2050. Every dollar spent on ending child marriage in 7 high burden countries in the region would yield more than US \$35 by 2050. With an additional US \$35 billion in investments to reduce child marriage, around 58 million child marriages can be averted by 2030.²⁴

SRHR plays an important role in empowering women and girls and families, in all their diversity. Sexual and reproductive health and rights forms an important basis for individuals to lead a dignified, fulfilling life. In policy work related to the empowerment of women and girls, it is critical to acknowledge the importance of SRHR in enabling women to realize that the consequential act of bringing a child into the world - including the timing and circumstances of each birth - is an act of agency, an affirmation of choice and an expression of hope.²⁵

Box 1. Wendy Rivero exercises bodily autonomy!

Sexual and reproductive health and rights are so inextricably linked to gender equality. The ability to control one's own fertility and decide autonomously whether, when, and how many children to have, is empowering and gives women options. The story of [Wendy Rivero](#), a mother of two, who settled in Brazil after fleeing Venezuela, demonstrates how she was able to exercise her bodily autonomy by deciding to use family planning. Wendy said "I dream of stability, a future, and education for my children. My husband and I want to settle here in Brazil for a long time. I want to work and do other things, so I need to make sure not to get pregnant."

UNFPA strives to end unmet need for family planning by 2030. In September 2022, UNFPA obstetric nurse Daniela Souza helped Ms. Rivero, whom she had met at Rondon 1, exchanged her old intrauterine device for a new one. One need down – many millions to go.

Source: "Family Planning Takes Global Stage, Showing Both Major Gains and Gaps." n.d. United Nations Population Fund. <https://www.unfpa.org/news/family-planning-takes-global-stage-showing-both-major-gains-and-gaps>. (accessed 10/31/2023)

Leaving no one behind should be central to efforts to achieve universal SRHR. The High Level Commission on the Nairobi Summit on ICPD25 Follow-up, tasked with carrying forward the momentum achieved at the 2019 Nairobi Summit on ICPD25, has called for countries to achieve sexual and reproductive justice as a precondition to realizing universal SRHR.²⁶ Sexual and reproductive justice, calls for "addressing intersecting oppressions" and focusing on "the experiences of those who have often gone unheard while permitting a systematic analysis of the power and privilege that punitively regulate reproduction".²⁷ Applying it, as has already been done in countries such as South Africa²⁸ implies putting aside fertility targets and ensuring that people, with no exceptions or exclusions, have the best chances to make their own choices. This means providing quality and affordable health services, a liveable income, a clean environment, and safety from violence and stigma, among other core elements.

A sexual and reproductive justice framework affords us the language to meet the sexual and reproductive health needs of those left behind by addressing the root causes of discrimination. For example, UNFPA

²⁴ UNFPA.2023.*Challenges and Prospects Ten Years After the 2013 Cairo Declaration*. <https://www.unfpa.org/press/challenges-and-prospects-ten-years-after-2013-cairo-declaration> (accessed 11/2/2023)

²⁵ UNFPA. 2023. *State of the World Population*. <https://www.unfpa.org/swp2023/8-billion-strong> (accessed 11/1/2023)

²⁶ Luchsinger, Gretchen.2021. "No Exceptions, No Exclusions: Realizing Sexual and Reproductive Health, Rights and Justice for All ". High-Level Commission on the Nairobi Summit on ICPD25 Follow-up. nairobisummiticpd.org/publication/no-exceptions-no-exclusions, accessed 19 January 2023.

²⁷ McGovern, Terry and others.2022. Sexual and Reproductive Justice as the Vehicle to Deliver the Nairobi Summit Commitments. High-Level Commission on the Nairobi Summit on ICPD25 Follow-up. <https://www.nairobisummiticpd.org/publication/sexual-and-reproductive-justice>

²⁸ Ibid.



data reveals that Afro-descendent women and girls across the Americas experience systemic denials of quality care, mistreatment and abuse within the health sector, which can lead to fatal outcomes. In the United States, women and girls of African descent are three times more likely to die during or shortly after childbirth than non-Afro Descendants; in Suriname they are 2.5 times more likely; and 1.6 times more likely in Brazil and Colombia.²⁹ A study conducted by UNFPA, UNICEF, UNWomen, PAHO and NBEC on *Maternal Health Analysis of Women and Girls of African Descent* found that there is a dearth of quality health data disaggregated by race and gender that is collected and analyzed. As a result, any poor maternal and sexual and reproductive health outcomes for women and girls of African descent remain invisible in many countries of the Americas.³⁰

The sexual and reproductive justice framework is crucial to reinforce the implementation and accountability for the Nairobi commitments and the Sustainable Development Goals, in particular SDG 1 (ending poverty), SDG 3 (good health and well-being) and SDG 5 (gender equality), while also impacting SDG 4 (education), SDG 10 (reducing inequalities), SDG 13 (climate action), SDG 16 (peaceful and inclusive societies), SDG 17 (partnerships). The framework also aligns with the principles of the 2030 Agenda for Sustainable Development, namely, the principles of human rights, universality, leaving no one behind and reaching the furthest behind first.

3. Recommendations

In 2024, ICPD30 will celebrate 30 years of ICPD achievements and a growing understanding of the importance and significance of human-centred sustainable development, setting the stage for a recommitment to the ICPD agenda and positioning for the post-2030 population and development agenda.

All stakeholders should intensify efforts for the full, effective and accelerated implementation and funding of the ICPD Programme of Action, Key Actions for the Further Implementation of the Programme of Action of the ICPD, the outcomes of its reviews, and the Agenda 2030 for Sustainable Development. Advancing and enhancing SRHR will positively impact women's economic empowerment and contribute to addressing the feminization of poverty.

Some key recommendations for taking this forward are:

- ***Ensure inclusion of SRHR in the provision of Universal Health Coverage.*** Sexual and reproductive health and rights are an essential part of universal health coverage (UHC). Countries moving towards UHC must consider how the SRHR needs of their population are met throughout the life course, from infancy and childhood through adolescence and into adulthood and old age.
- ***Establish gender responsive policies that help recognize, reduce, and redistribute women's disproportionate reproductive labor or unpaid care work burden,*** through financial support for families, quality and affordable childcare and care arrangements for older persons, flexible work arrangements, more equal parental leave provisions for both parents, and measures that promote equitable gender norms including men's participation in care work.

²⁹ "Women of African Descent Continue to Carry the Torch for Justice amid Longstanding Inequities." n.d. United Nations Population Fund. Accessed November 1, 2023. <https://www.unfpa.org/press/women-african-descent-continue-carry-torch-justice-amid-longstanding-inequities>.

³⁰ UNFPA.2023. *Maternal Health Analysis of Women and Girls of African Descent*. https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_MM_Analysis-July2023.pdf (accessed 11/2/2023)

- ***Expand efforts to ensure all women and girls have the power of choice and decision-making*** to realize bodily autonomy and sexual and reproductive health and rights, and live free of gender based violence (GBV) and harmful practices (HP). This includes, in part, increased reproductive rights literacy, lifelong learning and non-formal education, access to life skills' education and comprehensive sexuality education, and ability to access assets related to social, economic, civil, and political spheres.
- ***Innovate and identify approaches, particularly to support, finance and engage women-led organizations***, the feminist movement, including young feminists, to engage in collective action towards a stronger movement for bodily autonomy and rights, leveraging the potential of the ICPD mandate.
- ***Invest in and strengthen evidence informed and rights-based*** policies and programmes that support SRHR and advance gender equality and empowerment of women and girls.
- ***Increase international financing for the accelerated implementation of the ICPD Programme of Action***, to complement and catalyze domestic financing, in particular of sexual and reproductive health programmes, and other supportive measures and interventions that promote gender equality and girls' and women's empowerment.
- ***Use national budget processes to ensure full, effective and accelerated implementation of the ICPD Programme of Action***. This includes gender budgeting and auditing, increasing domestic financing and exploring new, participatory and innovative financing instruments and structures.
- ***Improve collection of data disaggregated*** by sex, gender, disability, ethnicity, and age and cross-analyse it with qualitative research to support more inclusive SRHR programming that can respond to the needs of those furthest behind.

4. Conclusion

This brief discussed the links between gender, poverty, and SRHR. It showed that lack of access to SRHR and poor reproductive health can exacerbate poverty and that living in poverty can hinder access to SRHR. The brief puts forth the proposition that SRHR should be seen as a vehicle to advance the empowerment of women and girls, in all their diversity. In the run up to ICPD30, it is incumbent on all stakeholders to intensify their efforts to accelerate the implementation of the ICPD Programme of Action. To support these efforts, the brief makes policy recommendations that can empower women and girls, including their economic well-being, through improved SRHR.

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