



# **Gender & Poverty In the context of Human Development, Health, Education and the MDG's**

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**Background Paper on Gender and Poverty  
in the context of  
Human Development, Health, Education and the MDGs**

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## **Gender and Poverty in the context of Human Development, Health, Education and the MDGs**

A range of Declarations aimed at eliminating poverty and hunger, gender disparities as well as engendering human development programmes in southern Africa have been signed since the United Nations Fourth World Conference on Women that was held in Beijing, China, in 1995.

Governments in southern Africa have been setting benchmarks and targets to mitigate gender disparities and enhance human development goals in line with the Declarations which include the:

- 1995 Beijing Declaration and Platform for Action (BDPFA);
- 1997 SADC Declaration on Gender and Development;
- 1998 Addendum on the Prevention and Eradication of Violence Against Women and Children;
- Millennium Declaration and Development Goals (MDGs); and
- New Partnership for Africa's Development (NEPAD).

At the national level, member states in the Southern African Development Community (SADC) have been intensifying efforts to implement their priority areas of concern identified as obstacles to the empowerment of women and addressing gender disparities.

At the sub-regional level, the restructuring of SADC institutions, and the development of the Regional Indicative Strategic Development Plan (RISDP) have provided a broader mandate for the regional body to ensure gender issues are addressed in all its policies, programmes, activities and functions. Targets set in the RISDP are very much in line with the aspirations of the Millennium Declaration and Development Goals. The RISDP identifies gender mainstreaming, the promotion of women's access to and ownership and control over productive resources, and the empowerment of women as crucial to sustainable development and catalytic in maximising its effective impact on regional integration and poverty eradication.

However, like in all sub-regions in Africa, human development in southern Africa is characterised with gender disparities in all areas including in the social, economic, political, and cultural spheres.

This background paper summarises the main issues around gender and poverty in southern Africa in the context of Human Development, Health, Education, and the Millennium Development

Goals (MDGs). The paper concludes with key issues to facilitate discussion.

In summarising the main gender issues in southern Africa, the paper gives an overview of the sub-regional gender situational analysis in the mentioned areas of focus.

Most of the information in this paper is derived from publications and reports compiled through research initiated by the Women In Development Southern Africa Awareness (WIDSAA), the gender programme of the Southern African Research and Documentation Centre (SARDC), as well as from the *Progress Report on the Implementation of the Beijing Platform for Action by the SADC Region* submitted by SADC Secretariat at the Seventh African Regional Decade Review Meeting on the Implementation of the Beijing Platform for Action (Beijing + 10), Addis-Ababa, Ethiopia, 6-15 October 2004.

## Gender situational analysis of southern Africa: An overview

Since 1995, southern Africa has achieved milestones in response to the challenges of policy, institutional and legislative developments. Twelve of the 13 SADC countries now have gender/women's empowerment policies in place. All countries identified critical areas of concern from the BDPFA, and it is significant that a majority identified issues of gender and poverty, women's health (later including HIV and AIDS), economic empowerment, and education as key areas for targeted action.

In the area of health, Angola, Botswana, Lesotho, Mauritius, Mozambique, Namibia, Swaziland, and Zambia identified addressing inequalities and inadequacies in unequal access to health care and related services among their national critical areas.

In the area of education and gender, 11 countries in the sub-region identified the eradication of gender inequalities in education among their national priority areas.

In the political arena, there has been a slow but upward trend of women occupying seats of power in SADC, particularly in politics, where representation in the legislature has risen from an average of 17 percent to almost 20 percent in the last five years.

There have been advances in legislation, particularly on issues of sexual and domestic violence. All SADC countries have now ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and all have adopted, but few have ratified, the Protocol to the African Charter on Human and Peoples' Rights on the rights of women in Africa.

Institutional structures such as gender/women's ministries, departments, units, and gender desks, were either put in place or their mandates expanded to take on the challenge of implementing the ambitious plans to achieve full equality between men and women, and in particular advance women's empowerment.

Most of these structures, however, are inadequately resourced and skilled, and thus remain relatively weak and unable to implement gender policies and plans adequately.

While milestones have been achieved, there have also been setbacks, and new issues have emerged. One of the greatest threats to human, and in particular women's development, is HIV and AIDS. There are an estimated 14 million HIV-infected people in the SADC region, representing approximately 37 percent of the global total, women and girls being the hardest hit as both the infected and affected. The pandemic has placed a heavy toll on women's labour through increased unpaid care work, as well as further compromising their sexuality rights by virtue of the imbalance of power intersecting with negative cultural beliefs and practices socially and in intimate relationships.

The challenge to **eradicate poverty; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV and AIDS, malaria and other diseases** remains critical on SADC's agenda "to achieve development and economic growth" in the region.

## **Gender and poverty: Inequalities in access to and control of assets**

The first seven goals of the MDGs are mutually reinforcing and are directed at reducing poverty in all its forms as a response to the challenge that poverty poses to human development. Goal number of the MDG focuses on eradicating poverty and hunger and targets to halve the proportion of people who suffer from hunger between 1990 and 2015. In southern Africa, poverty is gendered. Gender inequality in access to and control of a wide range of human, economic, and social assets persists and constitutes a key dimension of poverty. Women experience a general subordinate legal status, limited access to productive resources such as land, technology, credit, education and training, formal employment, as well as susceptibility to HIV and AIDS.

Although both men and women play substantial roles in southern African economies, they are not equally distributed across the productive sectors, nor are they equally remunerated for their labour. These gender-based inequalities directly and indirectly limits economic growth in southern Africa, and diminish the effectiveness of poverty reduction efforts.

Low levels of education and literacy combined with insufficient incomes among women have a direct correlation to high infant mortality and morbidity rates, high under five-mortality rate and high HIV infection rates among women, thereby obstructing efforts to eradicate poverty and hunger. Women in the region also continue to carry the burden of the reduction of budgetary allocations in the social sectors and unemployment due to social and economic reforms imposed by global macro-economic policies

### ***Land***

The vast majority of the populations in southern Africa rely on land and land-based resources for their livelihoods. Thus having access rights to land and other land-based resources is a crucial factor in determining how people ensure their basic livelihood. While an enormous variety of rights to natural resources exist in countries and communities throughout southern Africa, these rights are firmly embedded in complex socio-economic, cultural, and political structures. Generally, women's rights to arable land are weaker than those of men. Women mostly enjoy use rights to land owned by husbands or sons.

### ***Capital or financial services***

Available estimates suggest that women and the poor have less access to capital or financial services than men. In southern Africa, women face gender-specific barriers in accessing financial services, including lack of collateral (usually land or property); low levels of literacy, numeracy, and education; and they have less time and cash to go to a credit institution. While women form the largest percentage of those reached by micro finance, they receive very small loans (quantities), and in aggregate the fewer men reached by micro finance receive a higher proportion of loans than the many women put together.

### ***Labour and women's unpaid work***

Men and women have different access to paid labour, while husbands often control family labour, including that of women. The majority of women spend a lot of their time performing reproductive roles, and work in the informal sector, with low levels of productivity and small returns.

Such disparities contribute to a high level of under utilisation of the potential human resource for productive work, which if well utilised could contribute significantly to increased economic growth, national GDP, poverty reduction as well as reduction of gender inequalities. Women are more likely than men to be unemployed in the formal sector, and to dominate in unpaid family labour, like in agricultural production.

All monetary economies in the region are heavily dependant on women's reproductive and care-giving work for the health, yet much of women's burden of work and poverty remains invisible in the national economic figures.

### ***Time***

Analysis of men and women's time allocation captures the interdependence between the "market" and the "household" economies. Throughout southern Africa women work longer hours than men, and this clearly demonstrates the time pressures faced by women.

### **Engendering national budgets**

National budgets world-wide are often assumed to affect everyone more or less equally, and have been instrumental in perpetrating and reproducing gender biases, yet they also hold the possibility for transforming existing gender inequalities. Only South Africa, Tanzania, and Zimbabwe have made notable progress in engendering budgets and budgetary processes. In the rest of the countries in the region much still needs to be done, as their budgetary processes face a number of challenges.

The process of engendering budgets identifies the implications and impacts of the budgets on women and girls as compared to men and boys, and aims to highlight the gap between policy statements and the resources committed to their implementation, including ensuring that public money is spent in more gender equitable ways. Research by SARDC WIDSAA reveals that national budgets in most of the countries in the region do not analyse budgetary allocations on who benefits, how spending and revenue are distributed, the implication in the short and long term for the gender distribution of resources including paid and unpaid work, and whether the provisions are adequate to the needs of women and men.

Regular discussions and consultation between the state and civil society partners throughout the national budgetary planning cycle has proved to be an effective strategy to realise gender sensitive budgets in countries such as South Africa and Tanzania. The consultations increased participation in the budget process by citizens, and particularly women.

In Tanzania for instance, the Tanzania Gender Networking Programme (TGNP), has been pioneering a Gender Budget Initiative (GBI) since mid-1997 in close collaboration with other NGOs who comprise the Feminist Activism Coalition (FemAct). To date, the GBI in Tanzania has influenced and transformed planning and budgetary processes to take into account the practical and strategic needs of marginalized communities, particularly women, poor men, and youths.

In Zimbabwe, the Zimbabwe Women's Resource Centre and Network (ZWRCN) and Women's Action Group (WAG) with assistance from the United Nations Development Fund for Women (UNIFEM) are spearheading campaigns to ensure that gender concerns are considered in the budgeting processes. Efforts to engender budgets are also unfolding in Botswana, Malawi, Mauritius, Mozambique, Namibia and Zambia, albeit at a very slow pace.

## **Gender and health**

Southern African men and women face various health problems, though their needs and priorities are different. Women in southern Africa generally report an ideal family size of five or six children. Maternal mortality rates in southern Africa remain among the highest in the world, ranging from 300 to 1000 maternal deaths for every 100,000 births for most countries. Gender differences and inequalities are a major cause of inequity in health and health care.

Infants and children also suffer because of poor maternal health. The same factors that cause maternal mortality and morbidity, including complications and the associated poor management of pregnancy and childbirth, contribute to stillbirths and newborn deaths each year. In the United Republic of Tanzania, children whose mothers died were likely to have to leave school to take on household tasks.

## **HIV and AIDS**

In keeping with the MDG on combating HIV and AIDS, malaria and other diseases southern African leaders adopted the Maseru Declaration on HIV and AIDS in July 2003. It focuses on reducing infection rates, especially for the vulnerable groups (including women), tackling the socio economic fallout of the pandemic, ensuring that policies and legislation are harmonised for better treatment, prevention, care and support, as well as resource mobilisation targeted at supporting multi sectoral responses to the problem.

HIV and AIDS is a significant, and worsening, health, economic, and social issue for southern Africa. Its impact continues to deepen and is one of southern Africa's worst disasters, threatening human and economic development. Recent research points to complex interlinkages between poverty, inequality, (and, in particular, gender inequality) and the AIDS pandemic.

Data for many countries in the region indicate that HIV prevalence is twice as high among women aged 15-24 than among men of the same age. In particularly affected countries in



southern Africa, human development gains achieved over the last decade are being reversed.

The high incidence of HIV and AIDS means that women take on additional care activities related directly to the pandemic. These include bathing the sick, hand-feeding those too sick to feed themselves, providing emotional support, as well as purchasing and administering drugs or remedies. Women provide this care without pay, often in resource-limited settings, and without access to clean water and sanitary supplies.

At the macro level, a key challenge is integrating a rights perspective into HIV and AIDS policies, addressing legal and ethical issues, as well as revitalising community-based economic initiatives to respond to the impact of HIV and AIDS, including socio-economic support for a large number of orphaned children.

## **Gender and education**

The gender gap in the formal education at the primary and secondary school levels is closing in most southern African countries. Enrolment has generally improved more for girls than for boys. Nevertheless, the gap is still wide in the tertiary and other higher learning educational levels.

At least four countries (Botswana, Lesotho, Mauritius and Namibia) have so far achieved the target to eliminate gender disparities in secondary enrolment according to the 2002 UNIFEM report on the *Progress of the World's Women* in relation to the MDGs.

Education of women and girls is an essential ingredient for ensuring child health and welfare, reducing maternal mortality, and breaking the cycle of intergenerational poverty. Goal three of the MDGs which focuses on eliminating gender disparity in primary and secondary education by 2005 and in all levels of education no later than by 2015 is therefore critical as gender is highly relevant to achieving all the MDGs.

However, the interlinked dynamics of escalating levels of poverty, and the effects of HIV and AIDS on women and girls especially, threatens to reverse most of the progress if mechanisms are not put in place to protect what has been achieved so far.

## **Key Issues**

- Investment in basic education and literacy, especially for girls, is paramount, as is appropriate investment in health care, especially reproductive, maternal, and child health.
- The HIV and AIDS pandemic is forcing more girls than boys out of school to become care-givers to family members, thereby contributing to the unsatisfactory levels of attendance rates of girls, especially in secondary schools.
- Public investment in primary health care in most southern African countries has been shrinking as a proportion of government expenditures since the 1990s, and costs were shifted

to clients. Poor people, especially women who cannot afford fees and depend on public services suffer the most.

- Most national budgeting processes in the region do not assess the gender distribution of public spending, revenues, services, outputs and impacts on men and women, and as a result the majority of women and poor people's needs and priorities are inadequately catered for.
- A lot of work and sensitisation needs to be done in many countries to ensure that they produce and implement national budgets that are gender sensitive. Government and all stakeholders in budget preparations need to be aware of the scope of gender issues and should be empowered with the skills to be able to search out for more hidden aspects of gender inequality.
- The lack of gender-disaggregated data, and unavailability of trained personnel including inadequate accountability and transparency by most legislatures in developing and implementing the budgets are among the key challenges that southern African countries face in the quest to realise gender sensitive budgets.

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- Institutional structures such as gender/women's ministries, departments, units, and gender desks, that were either put in place or their mandates expanded to take on the challenge of implementing the ambitious plans to achieve full equality between men and women, are inadequately resourced and skilled, and thus remain relatively weak and unable to implement gender policies and plans adequately.
- There is need to enhance visibility of gender issues in data and analysis. Statistics and indicators on the situation of women and men in all spheres of society are an important tool in promoting gender equality. Gender statistics have an essential role in the elimination of stereotypes, in the formulation of policies, and in monitoring progress toward full equality. To be able to effectively produce and implement gender sensitive national budgets, governments need to have statistics disaggregated by sex, and to be sensitive to gender segregation, cultural practices and gender norms.
- There is a challenge to integrate a rights perspective into HIV and AIDS policies, address legal and ethical issues, as well as revitalise community based economic initiatives to respond to the impact of HIV and AIDS, including socio-economic support for a large number of orphaned children.
- The central issue of nutrition must be addressed in relation to HIV and AIDS care, and health in general.
- An approach to "living positively" with HIV should be adopted.
- Governments and communities must render adequate attention and support to the value of the time and energy spent to perform care work by women and girls, as the work they

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perform is critical to the overall national economy and society in general.

- Men and boys must be encouraged to share the burden of care-giving to HIV and AIDS patients in their families, to lessen the burden on women and girls.
- Southern Africa countries must devise ways of accounting for, and making provisions for women's contribution to the national economies.

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