



## MDGs 3, 5 and 6: Filling the Gaps in Africa, Asia and Latin America and the Caribbean

As representatives of 43 international and regional networks from Africa, Asia Pacific and Latin America and the Caribbean from the fields of HIV/AIDS, Sexual and Reproductive Health and Rights, Human Rights and especially Women's Rights, PLWHA, LGBTT, youth, Sex Workers and people who use drugs, working together as "**Strategies from the South: Building Synergies in HIV/AIDS and Sexual and Reproductive Health and Rights**," we consider women's empowerment and gender equality to be cross-cutting issues necessary for making progress on all the Millennium Development Goals (MDGs), and especially important in achieving the health related MDGs 5 and 6. Improving maternal health or halting the HIV/AIDS epidemic cannot be achieved without guaranteeing the basic conditions that will allow women to exercise their fundamental human rights, including sexual and reproductive rights.

**In this framework, we urge governments to strengthen and accelerate their commitments to MDGs 3, 5 and 6 by adopting a more comprehensive approach through the following actions:**

**1. Promote a comprehensive, qualitative approach to measuring gender parity in education, contemplating not only enrollment but also quality and segmentation of education.** There are no statistics available to evaluate these aspects of gender parity in education. Even the statistical data that does exist regarding the elimination of gender disparity reveals that special effort is still needed, especially in secondary education in Africa where, if trends continue, the target will not be reached.<sup>1</sup> Gender parity has not been reached in primary education in Africa or in secondary education in many Asian countries, although both are on track.<sup>2</sup> A continued effort needs to be implemented to reach the 2015 goal in both regions. In Latin America and the Caribbean (LAC) the primary focus must be centered on improving the quality of education, and, in all three regions, governments must take effective measures to eliminate school fees.

**2. Work with women's, sexual and reproductive health and rights and youth organizations to develop, institutionalize and deliver in national primary and secondary educational curriculums comprehensive and facts-based sexuality education for young people.** Although Asia has made progress on eliminating gender disparity in education, they have not done so in providing **comprehensive sexuality education (CSE)** to their young people. Where sexuality education is made part of government-approved school curriculums, the content and implementation prove problematic. One positive example in the region, however, is Thailand, which has seen improvements in CSE curriculum, due to the work of NGOs with the government. Nonetheless, access to CSE in primary and secondary education is not guaranteed around the world, even in many of the countries where it is mandated by law. This overall lack of CSE is reflected in the number of young people (15-24 years of age) without **comprehensive correct knowledge of HIV/AIDS**. In developing countries worldwide, only 31% of young men and 19% of young women have correct knowledge. Northern Africa has the lowest rate, with only 8% of young women with correct knowledge, while Sub-Saharan Africa also lags behind the average, with 24% of young women and 30% of young men with correct knowledge. In Asia, the subregions that lag farthest behind and need special focus are Southeast Asia, where only 18% of young women and 17% of young men have correct knowledge, and South Asia, where, excluding India, only 3% of women have this knowledge.<sup>3</sup>

**3. Ensure availability of data, and especially sex-disaggregated data, on gender parity in wage employment in the non-agricultural sector in Asia Pacific, Africa and LAC and evaluate the nature of the employment opportunities for women in this sector to guarantee that they constitute decent work and working conditions.** There is a significant lack of data regarding women's empowerment through non-agricultural, wage employment, especially in Africa and Asia Pacific, making it difficult to measure progress. Where data is available, parity has not been reached in any of the three regions. India still shows a low share at 18% and even in countries where women are working "they are predominantly employed in labor-intensive, low-value-added manufacturing and service sector jobs".<sup>4</sup> Although LAC is the region that has showed the most progress, increasing from 30% to 42% between 1990 and 2004, even those countries with the highest share did not reach parity in 2007.<sup>5</sup>

<sup>1</sup> ECA (2009). "Assessing Progress in Africa Toward the Millennium Development Goals. MDG Report 2009".

<sup>2</sup> UNESCAP, ADB, UNDP (2010). "Achieving the Millennium Development Goals in an Era of Global Uncertainty. Asia Pacific Regional Report 2009/10".

<sup>3</sup> United Nations (2009) "The Millennium Development Goals Report 2009. Statistical Annex".

<sup>4</sup> UNESCAP (2008). "A Future within Reach 2008. Regional Partnerships for the MDGs in Asia and the Pacific".

<sup>5</sup> United Nations (2007). "Objetivos de Desarrollo del Milenio. Informe 2006".



**4. Address cultural norms that are obstacles to women's empowerment, such as the minimum marriageable age as established by law, especially in Southern Asia and Western and Central Africa.** For the period of 1998-2004, 49% of 20-24 year old women from Southern Asia were married before age 18. In Western and Central Africa, 44% of women in the same age group were also married.<sup>6</sup> Early and forced marriage goes against the empowerment of women as it often impedes women's freedom to make their own decisions regarding their sexual and reproductive health and life projects and increases their risk of HIV infection. Teenage marriage also contributes to the large number of teenage pregnancies and HIV infections. For example, in some Central African countries (Central African Republic, Chad, Guinea, Mali, Mozambique and Niger), more than half of all women are married by age 18 and more than a third are mothers by that age. In addressing these interlinked issues, legal changes may represent a solid first step towards women's self-determination. For example, in India marital rape is classified as a legal offence when the wife is under the age of 15 or when she is living separately from her husband, and in China, although there is no specific law, marital rape has been recognized in specific cases of forced marriages, during separation or after a divorce has been filed.<sup>7</sup>

**5. Promote measures to guarantee women's integrity and ability to fully exercise their rights, including the implementation of international agreements and national legislation on the prevention and elimination of all forms of violence against women, especially in LAC and Africa.** Violence against women, which is on the rise worldwide, continues to be a key factor in preventing women from being able to exercise even their most basic rights. As gender-based violence continues to have a high prevalence, there will be no chance of achieving women's empowerment. Special focus must be put on eliminating sexual violence. In Swaziland the number of rapes reported has doubled from 2004 to 2009 and in Democratic Republic of Congo there are high levels of sexual violence associated to armed conflict. Around the world, physical and sexual gender-based violence is principally intimate partner or spousal violence. In LAC, the highest physical violence rates by partners or spouses are found in the Andean countries of Bolivia (52.3%, 2003), Colombia (39%, 2005) and Ecuador (31%, 2004), and these countries closely overlap with the highest rates for sexual violence by partners and spouses as well.<sup>8</sup>

**6. Guarantee access to quality health services, including routine obstetric care, emergency obstetric care and the presence of skilled attendants, especially in rural areas, and ensure the necessary conditions for legal, safe and free abortion access in public health systems, in order to reduce the maternal mortality ratio.** These measures must be accelerated to reduce maternal mortality ratios especially in sub-Saharan Africa and Southern Asia, given that the six countries that contributed over 50% of the maternal deaths in 2008 are in these regions (India, Nigeria, Pakistan, Afghanistan, Ethiopia, and Democratic Republic of Congo).<sup>9</sup> Another significant factor in maternal mortality in all regions of the developing world is unsafe abortion. In 2003, 20 million unsafe abortions took place worldwide, 98% of them in developing countries with restrictive abortion laws. That year, unsafe abortions were the cause of approximately 13% of all maternal deaths worldwide.<sup>10</sup> However, it is estimated that the numbers are higher than the official figures indicate, given that many unsafe abortions go unreported. In LAC alone, both Argentina and Jamaica present unsafe abortion as the leading cause of maternal mortality.

**7. Guarantee young people's (15-24 years of age) right to access confidential, gender sensitive and youth-friendly sexual and reproductive health services, including for HIV/AIDS, without the presence of an adult.** These services are necessary for young people to have correct, evidence-based information about prevention of HIV and STIs and to be able to make informed decisions and actions regarding their sexual and reproductive health. Although the ratios and factors of **adolescent birth rate** vary by region, these services are necessary for reducing the figures worldwide. While Asia has decreased its adolescent birth rate significantly since 1990, it has declined very little in Sub-Saharan Africa and LAC. Of the African countries with data available, ten witnessed an increase in the adolescent birth rate, and overall early pregnancies are still common, often due to the very young ages of marriage in many countries. In LAC, adolescent pregnancies are often outside of marriage, and have only declined from 77 to 72 per 1000 women of 15-19 years of age. To accelerate progress on this goal, such services must also guarantee access to free condoms by adolescents in the public health systems without the presence of an adult; however, there is scant information on their availability in any of the regions.<sup>11</sup>

**8. Strengthen and expand family planning programs, including long-term family planning methods and an increase in reproductive choices, and commit adequate funding to guarantee access to supplies.** These programs are necessary to make further progress in increasing the **contraceptive prevalence rate** and to fill **unmet needs for family planning** in all regions. Although LAC, the region with the highest average rate of contraceptive prevalence, ranged between 45% and 75% in 2005, three countries in the region (Bolivia, Guatemala and Haiti) present even lower values and only five countries exceed 75%.<sup>12</sup> In sub-Saharan Africa,

<sup>6</sup> United Nations (2009). "The Millennium Development Goals Report 2009".

<sup>7</sup> CRR and ARROW (2005). "Women of the World East and Southeast Asia".

<sup>8</sup> United Nations (2007). "Objetivos de Desarrollo del Milenio. Informe 2006".

<sup>9</sup> The Lancet (May 2010). "Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5"

<sup>10</sup> WHO (2007). "Unsafe abortion. Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003".

<sup>11</sup> United Nations (2009). "The Millennium Development Goals Report 2009".

<sup>12</sup> United Nations (2005). "Millennium Development Goals: A Latin American Perspective".



although the contraceptive prevalence nearly doubled between 1990, it was still only 22% in 2005, and "among the 17 least developed countries with the lowest levels of modern contraceptive use, all except one are in sub-Saharan Africa".<sup>13</sup> Despite increases in contraceptive prevalence overall, unmet family planning needs remain high in many countries around the world. In LAC the unmet family planning need decreased from 12.5% to 10.5% between 1995 and 2005, yet several countries in the region continued to present much higher levels.<sup>14</sup> In Asia Pacific it remains higher than 10%. Nonetheless, the most progress must be made in sub-Saharan Africa, which presents the highest rates in the world: "one in every four women who is married or in union has an unmet need for family planning, a figure that has remained almost unchanged since 1995".<sup>15</sup>

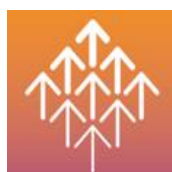
**9. Legislate and implement comprehensive health programs, with a gender and rights-based perspective, that integrate HIV interventions, maternal health care and family planning, and have integrated financing, programming and evaluation.** The integration of sexual and reproductive health services and HIV services is necessary to reduce the number of infections among young women and to guarantee that all women and especially women living with HIV/AIDS have access to care that enables them to have their children safely. In Asia Pacific, although **HIV prevalence** is lower than in some regions of the world, the MDG targets still have not been met. In fact, prevalence is rising among 15-49 year olds in many countries, such as India, Bangladesh, China, Indonesia, Pakistan and Viet Nam. In the region, the most common ways to acquire HIV include injecting drug use and unprotected sex<sup>16</sup>, and even 'low-risk' women in monogamous sexual relationships with their husbands are exposed to HIV risks because significant numbers of men who buy sex are or will get married.<sup>17</sup> Effective means to prevent HIV infections among these women are essential but have not yet been developed. Comprehensive health programs can work to reverse this by educating people about HIV prevention and gender inequalities, which make women especially vulnerable to infection. In LAC, the area of most concern is the Caribbean, with 1.1% prevalence among adults aged 15-49, compared to 0.5% in Latin America in 2007.<sup>18</sup> Globally, the region of highest priority remains sub-Saharan Africa, with 67% of the world's population living with HIV. Women account for half the people living with HIV worldwide, and in Sub-Saharan Africa this statistic rises to 60% and is even higher in some countries, such as Swaziland, where 26% of the population was living with HIV in 2007<sup>19</sup>. One obstacle to reducing the number of new infections is the low level of condom use, especially at high-risk sex, across the globe. Very few countries have presented data in this regard, and the rates that do exist reflect systematically lower usage among women than among men.<sup>20</sup>

**10. Strengthen health systems to ensure Universal Access to prevention, treatment, care and support, especially scaling-up access to antiretroviral drugs. Respect for Human Rights is basic to Universal Access.** Although the number of people who need treatment that are receiving ARV therapy has increased around the world, it continues to be very low: 62% in LAC, 44% in Southeast Asia, 30% in Africa and is especially low in Eastern and Southern Asia (16% and 18% respectively)<sup>21</sup>. Special attention to women must be prioritized, since shortages in supply of and funding for ARV drugs often result in fewer women receiving the drugs. Still testing of pregnant women is low and access to treatment by positive women is insufficient to prevent vertical transmission. Prevention needs to be prioritized to decrease the growth of the epidemic.

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<sup>13</sup> United Nations (2009). "The Millennium Development Goals Report 2009".

<sup>14</sup> United Nations (2007). "Objetivos de Desarrollo del Milenio. Informe 2006"

<sup>15</sup> ECA (2009). "Assessing Progress in Africa Toward the Millennium Development Goals. MDG Report 2009".

<sup>16</sup> UNESCAP (2008). "A Future Within Reach 2008. Regional Partnerships for the MDGs in Asia and the Pacific".

<sup>17</sup> UNAIDS (2008). "Redefining AIDS in Asia: Crafting an Effective Response. Report of the Commission on AIDS in Asia".

<sup>18</sup> ECA (2009). "Assessing Progress in Africa Toward the Millennium Development Goals. MDG Report 2009".

<sup>19</sup> United Nations (2009). "The Millennium Development Goals Report 2009".

<sup>20</sup> United Nations (2009) "The Millennium Development Goals Report 2009. Statistical Annex".

<sup>21</sup> United Nations (2009) "The Millennium Development Goals Report 2009".