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Gender inequality and the MDGs: What are the missing dimensions?

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As world leaders meet in New York in September 2010 to review progress towards the Millennium Development Goals (MDGs) there will be an opportunity to reorient and re-energise global efforts to meet these important targets. While there has been significant progress in some areas, ongoing gender inequality continues to hamper momentum on all the goals, not just MDG 3. Furthermore, there is growing recognition that MDG 3 is too narrow and fails to capture the full range of gender inequalities, and there has also been a failure to adequately recognise the gender dimensions in several of the other MDG targets.

Using the Social Institutions and Gender Index (SIGI), new research by the OECD Development Centre finds that looking at women's control over resources, their level of decision-making power in the family and household, and their degree of control over their own physical security can shed light on the bottlenecks that hamper further progress across all the MDG targets.

We find that countries where social institutions are highly discriminatory towards women tend to score poorly against the human development targets used to track progress towards achieving the Millennium Development Goals (MDGs). Better understanding of how these discriminatory institutions relate to development outcomes could enhance aid effectiveness and inform development programming, as both donor and partner countries assess progress and remaining challenges in September 2010.

This issues paper explores the relationship between discriminatory social institutions and the MDG targets by looking specifically at three MDGs, focusing on the missing dimensions of each, as outlined in Box 1.

Box 1: The missing dimensions of the Millennium Development Goals

The Social Institutions and Gender Index (SIGI) measures how social institutions, defined as long-lasting codes of conduct, norms, traditions, and formal and informal laws, impact on gender equality. SIGI measures twelve key variables grouped into five clusters. Several of these variables have been found to be particularly relevant to the outcomes used to measure MDG progress, as outlined below.

MDGs	Targets	Indicators	The missing dimensions?
MDG 1: Eradicate extreme hunger and poverty	1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8: Prevalence of underweight children under five years of age	Women's control over resources: access to land and credit
MDG 2: Achieve universal primary education	2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.2: Proportion of pupils starting grade 1 who reach last grade of primary	Women's decision-making power: percentage of women married, aged 15-19 years
MDG 5: Improve maternal health	5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1: Maternal mortality ratio	Women's physical security: level of violence against women and female genital mutilation





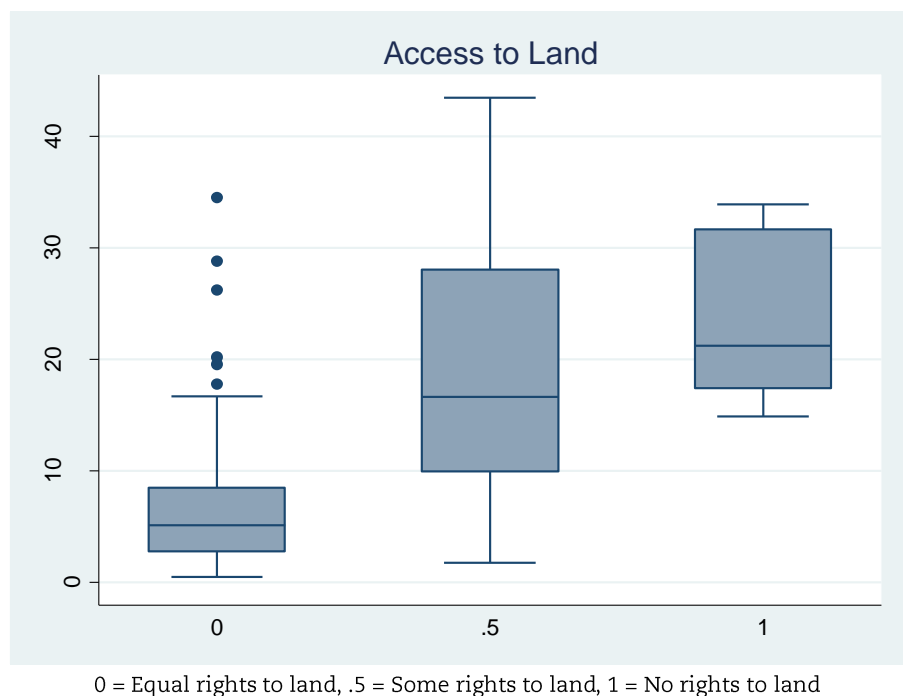
MDG 1: How does women's control over resources impact on poverty and hunger?

Despite progress on many of the targets, our research finds that in the 21 countries where social institutions discriminate against women the most (those ranked in the top SIGI quintile), primary school completion is on average more than 15% lower, nearly twice as many children suffer from malnutrition, and maternal mortality rates are twice as high when compared with other developing countries.

Ownership rights are critical to securing a sustainable livelihood and income, and the lack of these rights is one of the main sources of women's economic insecurity. When women own and control resources and family assets, they have increased decision-making power in the household and are more likely to allocate resources to support the welfare of all family members, including by reducing poverty and hunger.

Discriminatory attitudes and practices regarding the role of women in society, such as the low status of female-headed households or the limited inheritance rights accorded to women, are significant barriers to their control over resources. Countries where women lack any right to own land have on average 60% more malnourished children. Where women lack any access to credit the number of malnourished children is 85% above average. Control over resources is therefore directly relevant to MDG 1, since in countries where obstacles to women's ownership rights are widespread, the levels of hunger and malnutrition are also high, as illustrated in Figures 1 and 2.

Figure 1: Control over resources (land) and malnutrition prevalence

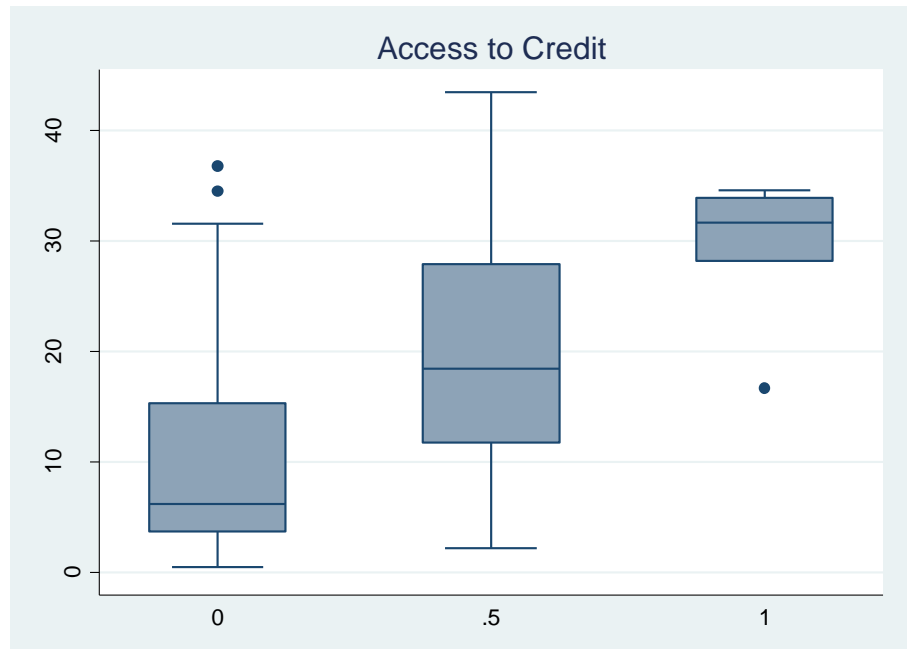


Source: World Bank World Development Indicators (2009), OECD Gender and Institutions Database (2009)





Figure 2: Control over resources (credit) and malnutrition prevalence



0 = Equal access to credit, .5 = Some access to credit, 1 = No access to credit

Source: World Bank World Development Indicators (2009), OECD Gender and Institutions Database (2009)

In Ethiopia, women have limited control over resources and access to ownership rights, placing them in a vulnerable position and compromising their ability to care for the health and welfare of their children. It is estimated that over one-third of Ethiopian children under the age of 5 are malnourished. Although 75% of all economically active women work in agriculture and they account for nearly 45% of the total agricultural labour force, they still have less access to land, credit and other property than men. This means that they have little control over household wealth and little say in how resources are allocated. Even though women are often the main producers of food, they rarely own or control the land on which it is produced.

A recent government-led initiative to counteract women's financial vulnerability through land certification in Ethiopia has helped to significantly improve their economic and social status, particularly given that less than 20% of women are estimated to be land-holders. Results show that when women have control over their property and have access to a sustainable livelihood they feel more secure, equal and can be productive members of the household and of the community. Empowering women through property rights also had an overall effect on poverty reduction and malnutrition, illustrating the link between the achievement of MDG 1 and women's access to assets.

During the upcoming MDG summit meeting, it should be recognised that women's economic empowerment is not just about wages and employment as highlighted by MDG 3, but it is also affected by women's access to and control over productive resources and financial services, including access to land and credit. Targeting women's lack of access to and control over resources in poverty reduction policies can have a positive impact on economic growth and development, thereby contributing towards MDG 1.



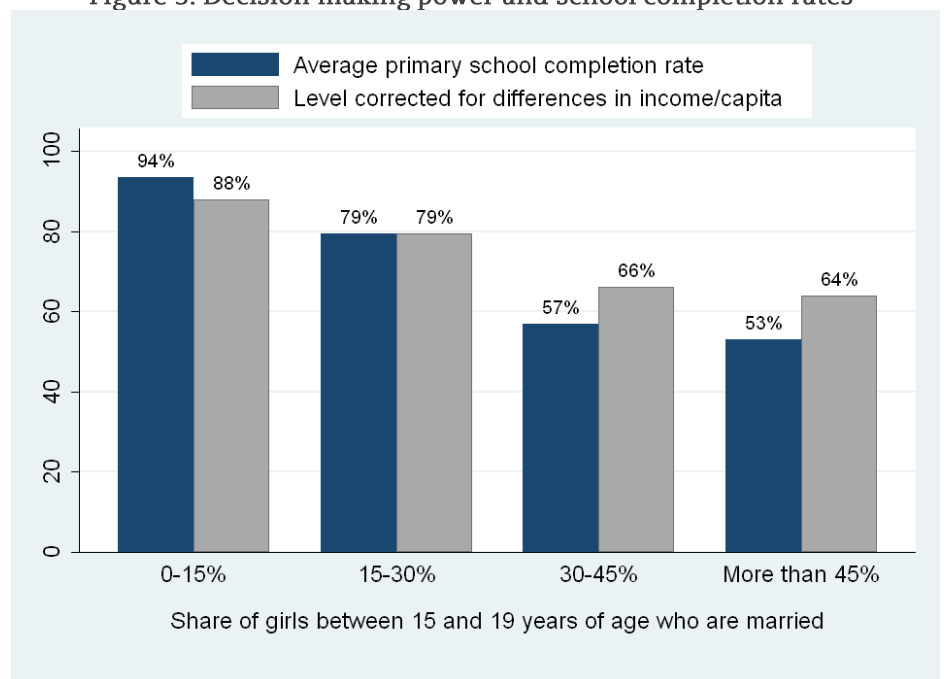


MDG 2: How does women’s decision-making power in the family and household influence education?

The lack of women’s decision-making power in the family and household limits their ability to make choices to safeguard the health, education and welfare of their children. In particular, where women and girls have a very low status in the household, they may have few alternatives or limited negotiation power to avoid social pressure to enter into an early marriage. Early marriage has a negative impact on MDG 2, since it reduces the likelihood that women will be able to ensure that their children receive an education, as well as decreasing the chance that they will attend or complete school themselves.

Net enrolment in primary education is, on average, lower in countries with high levels of early marriage. In the countries where more than half of girls aged 15-19 years are married (Democratic Republic of Congo, Niger, Afghanistan, Congo, Mali), on average less than half primary school aged children are in school. From this evidence, it therefore appears that women’s lack of decision making power in the family and household is associated with lower enrolment in schools. This relationship holds when looking at school completion rates as well, even when controlling for the level of economic development (proxied by income per capita), as illustrated in Figure 3.

Figure 3: Decision making power and school completion rates



Source: Author’s calculations based on World Bank World Development Indicators (2009), OECD Gender and Institutions Database (2009)

In Bangladesh, women have a low status within the family and their rights are frequently disregarded. Almost half of all girls are married between the ages of 15-19 years (48%), which is the highest rate of early marriage in Asia. While 88% of children are enrolled in primary school, the completion rate is only 58%, which is a greater gap between enrolment and completion than exists in other Asian countries. Whilst some barriers to access can be explained by geographic or financial factors, discriminatory practices and traditions such as early marriage can also help to explain the low numbers of children staying in education. If mothers have been married young, they may possess more limited decision-making power in the household, decreasing their ability to ensure that their children go to school and complete primary education.





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Where economic factors perpetuate the practice of early marriage, policies can be put in place to provide some socioeconomic security for girls and their households, thereby incentivising the family to keep girls in school. For example, in India, the government instituted a scheme in several states where families received cash transfers on fulfilling specific conditions including birth registration, immunisation and school enrolment if the girl remained unmarried until the age of 18 years.

In addition to ensuring completion of their education, transforming attitudes towards early marriage can have a significant inter-generational impact. Children are less likely to go to school if their mother has not been educated, and this is more likely to be the case if girls are married off young. The lost years of schooling not only impact negatively on the girls themselves who are married young, but also on their community and the next generation. While there are many factors driving early marriage, this research shows that if women are able to exercise greater decision-making power over their lives and resist early marriage, then their children's primary completion rates are likely to be higher.

During the upcoming MDG summit meeting, discussions around education for all must recognise that while progress has been made on getting girls into school, empowering women to make decisions in their households will help to ensure that their children attend and complete their primary education. Addressing the challenge of reducing early marriage, for example through cash transfer schemes, could contribute to increasing the levels of primary education of the next generation, in line with the targets for MDG 2.

MDG 5: How is women's physical security linked to maternal mortality?

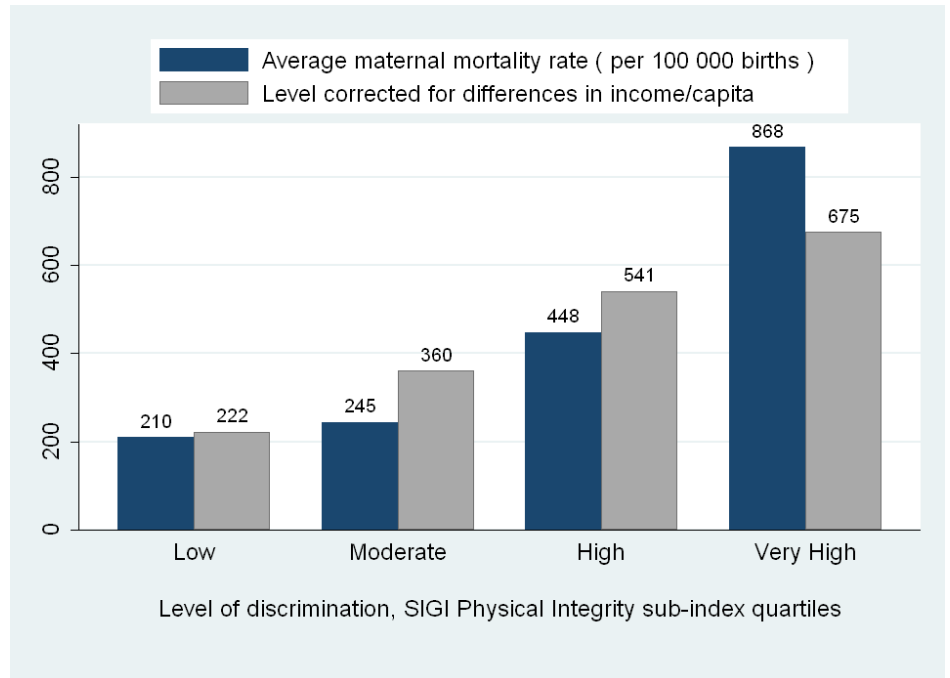
Women's physical security, inside and outside their homes, is compromised by various forms of harmful traditional practices and violence against women throughout the world. Not only does this have physical and psychological consequences for women and girls, but it can also reduce their access to health services, and can limit their ability to negotiate safe motherhood. Where women are victims of violence or are subjected to female genital mutilation (FGM), they are at a much greater risk of experiencing complications or death during pregnancy and delivery.

Maternal mortality is on average higher in countries where women are more discriminated against with regards to their physical integrity. In the ten countries where women's physical integrity is least protected (Mali, Somalia, Sudan, Egypt, Sierra Leone, Ethiopia, Liberia, Guinea-Bissau, Eritrea, Guinea), maternal mortality ratios are on average twice as high as elsewhere. However, the two key measures of women's physical integrity – violence against women and female genital mutilation (FGM) – are overlooked in MDG 5, despite clearly playing a role in the rate of maternal mortality, as illustrated in Figure 4.





Figure 4: Physical security and safe motherhood



Source: Author's calculations based on World Bank World Development Indicators (2009), OECD Gender and Institutions Database (2009)

Maternal mortality in Sierra Leone is reported to be 2 100 per 100 000 live births, one of the highest rates in the world. This can partly be explained by the widespread poverty and limited health services available for much of the population – only 43% of births are attended by midwives or skilled birth attendants. However, evidence shows that there is also a relationship with women's physical insecurity and the high prevalence of both violence against women and harmful traditional practices. FGM is practised widely throughout Sierra Leone, with the incidence reported to be as high as 85%, and it has a negative impact on women's health and welfare; it also contributes to the high level of maternal mortality witnessed in the country. Cultural taboos and a failure to prioritise women's health and safety mean that too often, women are compelled to bear children and give birth at home and without access to adequate healthcare. Widespread violence against women is exacerbated by a weak judicial system and a culture of tolerance for these crimes, although recent legal reforms offer some hope for improving the protection of women's health and rights.

Reducing the incidence of violence against women and FGM can prove to be an effective way to considerably increase the chances of a safe motherhood. For example, FGM and forms of violence against women such as rape can cause obstetric fistula, an injury that occurs due to prolonged and obstructed labour, and that can also lead to stigma and marginalisation within the community. The risks of haemorrhage and infection during childbirth can increase, and other problems such as low birth weight can be more prevalent. Many women also face an increased risk of violence during and after pregnancy, illustrative of the low value placed on women's lives.

Although FGM in particular is linked to deeply embedded cultural traditions and practices, it is possible to transform attitudes and reduce the practice in countries which also have a high maternal mortality ratio. For example in Senegal, a





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community-led initiative, Tostan, has worked with communities to educate, empower and enable them to make decisions about FGM while taking the welfare of girls into account. Over the past decade, more than 70% of the 5000 communities estimated to practice FGM in Senegal have decided to abandon the practice.

In advance of the upcoming MDG Summit, many governments have highlighted maternal health as a priority issue, recognising the links between the survival of women with the health and welfare of their children. While addressing poverty and access to health services are critical to safe motherhood, empowering women to have control over their own bodies and taking firm action to promote their physical security would also be a major step towards realising MDG 5.

What about the other MDGs?

This issues brief has specifically focused on three of the MDG targets: MDGs 1, 2 and 5. However, we have found that discrimination against women is a relevant factor to poor achievement across all the goals. For example, the ratio of female-male enrolment in primary and secondary school (an indicator for MDG 3) is on average lower in countries where the incidence of violence against women and FGM is greatest. Where women's roles and decision-making power in the household are restricted, they have less ability to influence decisions regarding their children's welfare and well-being. This is reflected in the fact that under-5 mortality rates (an indicator for MDG 4) are, on average, higher in countries with family codes that discriminate against women. This low status and limited decision-making power also influences women's ability to control their own bodies and protect of their reproductive rights.

Our research finds that the prevalence of HIV in the population aged 15-24 years (an indicator for MDG 6) is on average greater in countries where women have few rights in relation to inheritance or parental authority, and where polygamy is more prevalent. The relationship between women's asset ownership and poverty has already been shown in relation to MDG 1, and our research finds that where women have few land rights, the proportion of the population with access to safe drinking water (an indicator for MDG 7) is on average lower as well.

These findings illustrate that simply measuring gender inequality in health, education, political participation or employment outcomes fails to capture the underlying dynamics that influence the likelihood of countries achieving the MDGs.

What are the implications for the 2010 MDG Summit?

With only five years remaining until 2015, it is more critical than ever to identify the bottlenecks, address ongoing obstacles and advance progress on the MDGs. According to this research, factors linked to women's lack of control over resources, their limited decision-making power and status in the family and household, and the violence that compromises their physical security will continue to be obstacles to achieving the MDG targets over the next five years. In short, discrimination against women appears to matter.

Based on the findings contained within this issues brief, the following issues merit attention during the MDG Summit in September 2010:

- MDG 3 alone is not enough. Although it measures important outcomes in education, employment and political participation, it misses critical variables such as violence against women and asset ownership. Others have already called attention to these factors as 'the missing MDGs'. Four out of the eight goals now have at least one indicator relevant to gender equality, but this is still not sufficient to capture the range of gender-related issues that influence the MDGs, and gender equality has yet to be placed at the front and centre of global efforts to reach these targets. This research provides evidence for the role that these missing dimensions play in influencing the development outcomes measured by the MDGs, and points to the need for more efforts to be targeted at addressing them.





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- More data on gender-related issues, particularly pertaining to discriminatory social institutions such as early marriage, violence against women and access to land and credit is needed. Capacity for data collection is weak in many countries, but these issues are also not prioritised and therefore are not being measured. Without better data, tracking progress on achieving the outcomes prioritised by the MDGs will be even more difficult. Sex-disaggregated data across all the MDG indicators would help policy-makers understand how different groups are progressing in relation to the targets, recognising that women may face specific constraints and barriers that need to be addressed. Equity of progress in the MDGs within countries has recently been highlighted as an important issue, and gender equality is a key dimension of this.
- It has been widely documented that the MDGs are least likely to be reached in fragile and conflict-affected countries. In these contexts, there is often a culture of violence that can exacerbate and entrench discrimination against women. More than 50% of the 21 countries ranked in the top SIGI quintile are fragile states. In these countries, infrastructure and service provision can be poor, making it even more difficult to realise the MDGs, with women particularly affected by limited access to healthcare. However, six of these countries are within the top ten recipients of gender-focused aid to fragile countries. There is therefore an urgent need, and opportunity, to target this gender-focused aid more effectively and strategically, in order to transform the social institutions that perpetuate discrimination against women in fragile contexts.

This research is a first step in understanding how discriminatory social institutions impact on women, their communities and the MDGs. Greater emphasis is needed on the documentation and analysis of successful strategies to transform practices that discriminate against women so that policy interventions can be targeted more effectively on the basis of evidence gathered at the regional, national and local levels.

There is a strong argument for ensuring that development aid targets these three missing dimensions of the MDGs more explicitly. Doing so would enable the international community to address the underlying drivers of gender inequalities in global development outcomes. This would not only empower women but would also contribute to the achievement of the MDGs in 2015.

Further information

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www.oecd.org/dev/gender, www.genderindex.org

Related reading

OECD (2010), *Atlas of Gender and Development: How Social Norms Affect Gender Equality in non-OECD Countries*, OECD Publishing. doi: 10.1787/9789264077478-en

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United Nations (2010) *The Millennium Development Goals Report 2010*, UNDESA, New York.

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