Women's Health in Overseas Aid Programs

Policy Position Statement

Key messages:

The health of women in low- and middle-income (LMICs) countries can only be improved through addressing the social determinants of health and providing improved access to quality health care. Women need to be empowered through education, employment opportunities and greater participation in decision making.

Australian aid programs should reflect the needs identified by women and address a range of factors impacting health outcomes.

Key policy positions:

1. Renewed commitment to, and resourcing of, gender mainstreaming and equality is required across all Department of Foreign Affairs and Trade (DFAT) policies and programs.
2. Specific actions required include: gender sensitive health professional training, including men in achieving gender equality, accessible and appropriate health infrastructure, women's sexual and reproductive health and rights, disaggregated gender sensitive data collection, and inter-sectoral collaboration.
3. DFAT should monitor and evaluate the implementation of gender policies and report on these to Parliament.

Audience: Federal, State and Territory Governments, DFAT, policymakers and program managers, PHAA members, media.

Responsibility: PHAA International Health Special Interest Group

Date adopted: September 2022

Citation: Women's Health in Overseas Aid Programs: Policy Position Statement [Internet]. Canberra: Public Health Association of Australia, 2006, updated 2022. Available from: https://www.phaa.net.au/documents/item/2826

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PHAA affirms the following principles:

1. Two of the fundamental principles guiding activities of the Australian development assistance program are the principles of gender equity and women's empowerment, and development policies of DFAT should reflect this principle.
2. Emphasis must be placed on providing holistic, effective and equitable sexual and reproductive health services for women and girls within the DFAT humanitarian aid framework.
3. The investment in education, with a special focus on girls, and the promotion of improved health outcomes for women through quality maternal and child health and family planning services are outlined in Australia's aid policy.

PHAA notes the following evidence:

4. The health of women in LMIC countries is severely undermined by social, economic, legal and political inequities. Several international conventions and policies have identified gender equality as a major development issues. These include – the UN Women's Strategic Plan2022–2025, Sustainable Development Goals (SDGs), the *Convention on the Elimination of Discrimination against Women* (CEDAW), the *Beijing Platform of Action, UN Security Council resolution 1325 on women, peace, and security*,[1] and the *International Conference on Population and Development* declaration.[2]
5. The Australian Government's development policy aims to build an aid program effective in promoting economic growth, human development, and poverty reduction.[2] DFAT's strategy supports initiatives which promote gender equality and empowerment of women and girls and will invest in health - particularly health systems, so that women, men and children can access better health and live productive lives.[3, 4]
6. Further affirmative action is evident in the strategic goals of the Government's aid policy, *Gender Equality and Women's Empowerment Strategy*, to promote gender equality and women's empowerment through the enhancement of women's voices in decision-making, leadership, and peace-building; encouragement of women's economic empowerment; peace building; ensuring educational opportunities and health; and ending violence against women and girls. [5]
7. Gender inequality in education impacts both health and economic growth and child mortality rates. Illiteracy reduces employment opportunities and contributes towards sustaining the low status of women, which inhibits women in LMIC countries from asserting their basic health needs.[3] Although literacy rates have increased on a global level since 2014, approximately two thirds of the world's 750 million illiterate adults are women.[6]
8. Women's lack of access to, and control over, resources limits their economic autonomy and increases their vulnerability. Women often work in employment with low or no cash returns, and

disproportionately undertake unpaid domestic tasks. Further, existing statutory and customary laws limit women's access to land and property rights in half of all LMIC countries. Specifically, one third of LMIC countries do not guarantee women inheritance rights, and one half of counties have discriminatory customary practices against women. A significant proportion of married women have no say in how their earnings are spent and do not participate in household decision-making. Notably, older women in developed countries are more likely to be poor when compared to men.[7]

9. There is the need for social protection systems pertaining to women to account for the diverse issues surrounding gender inequality.[6] Australia has placed women and girls at the centre of its foreign policy initiative to support gender and its impact on economic growth, security, peace, and stability.[8] This is important as because health needs are compounded with increasing age, and globally women are being overrepresented among the older poor.[9]

10. Maternal health complications remain a major cause of death and illness for women. Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth with 99% of all maternal deaths occurring in fragile, humanitarian settings in Africa and Asia.[10]

11. The SDGs aim to reduce global maternal mortality to less than 70 maternal deaths per 100,000 live births by 2030. Currently, the maternal mortality rate in LMIC countries is 239 maternal deaths per 100,000 live births.[11]

12. An estimated 200 million women in the developing world do not use a modern method of contraception but would like to prevent pregnancy. Globally, this results in 80 million unintended pregnancies, 30 million unplanned births and 20 million unsafe and life-threatening abortions.[9] Globally, there has been an increase in the prevalence rate for contraceptive use since 2014. Worldwide, the prevalence is approximately 63%, but in the least developed countries contraceptive prevalence is only 40.1%.[12]

13. Lack of access to sexual and reproductive health services disproportionately impacts impoverished women and adolescent girls and contributes to maternal mortality and morbidity. "Traditional" or "moral" values are sometimes used to deny women's sexual and reproductive health services.[13]

14. Globally women continue to experience a wide range of sexual violence, coercion and deprivation of protections, which is a gross violation of their human rights, threatening their social and economic well-being, particularly in times of war and complex humanitarian situations. Poverty and unstable political situations increase women's and adolescent girl vulnerability to being trafficked and to engage in high-risk occupations, including commercial se work.[v,ix]

15. Female Genital Mutilation (FGM), one of the most harmful cultural practices against women. Although in decline, FGM is still practiced in a number of countries, and measuring it is a challenge due the sensitivity of the topic and cultural and societal barriers. Today it is estimated that more than 125 million girls and women have been subjected to FGM in the 29 practicing countries.[v]

16. HIV/AIDS is the second leading cause of mortality among women aged 15 to 29 globally.[v] HIV and sexual and reproductive health are intimately related, with 80 per cent of HIV cases globally transmitted sexually and 10 per cent transmitted during pregnancy, childbirth or breastfeeding. The majority of HIV-positive adults in are women.[14]

Sustainable Development

17. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goal 3 – Good Health and Wellbeing.

PHAA seeks the following actions:

18. The health of women in LMICs countries can only be improved through addressing the social determinants of health and providing improved access for all women to appropriate quality health care. Access to basic education for girls and women should continue to be a priority in development assistance programs.[xi]

19. Investments in women's and girls' education and health yield some of the highest returns of all development investments, including reduced rates of maternal mortality, better educated and healthier children and increased household incomes.[15, 16]

20. Australian aid programs must reflect needs identified by women and should address:

    - access to women-centred sexual and reproductive health services and methods
    - women- friendly health infrastructure
    - health care workers trained in gender sensitive practices
    - women's role as care givers and heads of households
    - the role of women as agents of primary prevention
    - enhancing women's voice in decision-making, leadership, and peace-building
    - Promoting women's economic empowerment
    - ending violence against women and girls [xvi]

21. DFAT's gender equality and women's empowerment policies should continue to include:

    - Human rights as an underpinning principle
    - Gender sensitive training for health care workers and program managers
    - Women's sexual and reproductive health and rights
    - Gender sensitive data collection and analysis
    - Inter-sectoral collaboration
    - Women's empowerment into trade, investment, and economic diplomacy policies[17]

22. DFAT continue to monitor, evaluate and report on the implementation of gender, empowerment and health policies to Parliament as part of the CEDAW and SDG reporting framework.

PHAA resolves to:

23. PHAA will advocate for gender and health to be adequately addressed in all aid programmes.

REVISED September 2022

(First adopted 2006, revised 2009, 2012, 2015, and 2018)

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