

POST 2015

GENDER EQUALITY IN THE FUTURE WE WANT



*Inter-agency Group on Gender Equality and
Women's Empowerment for Latin America and the Caribbean*

**Inequality and Gender
in Latin America and
the Caribbean**

**Population Dynamics
and Gender**

Education and Gender

**Employment, growth
and gender equality**

**Democratic Governance
and Gender Equality**

**Disaster Risk
Reduction and Gender**

Health and Gender

Health and Gender

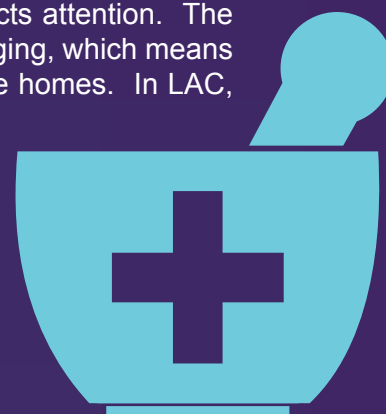
UNFPA and PAHO

A. REGIONAL TRENDS

As of the Alma Ata Declaration in 1978, the reduction of inequalities regarding health has been identified as an international priority, endorsed in the action platforms of the International Conference on Population and Development (1994) and the International Conference on Women (1995), and reconfirmed by the World Health Organization Commission on Social Determinants of Health in 2010. However, in Latin America and the Caribbean (LAC), the agenda to reduce gender-based health inequalities is still incomplete.

The Latin American population grew from 167 million in 1950 to more than 590 million in 2010 and the projection is for it to reach 729 million in 2050¹. The demographic situation is characterized by a state of transition, with low population growth and fertility rates, decrease in mortality and a high degree of urbanization. There are important differences between one country and another and within each country, which are associated with profound socioeconomic inequalities.

Currently in the region, 105 million people are young, one out every five people in the region, and it is estimated that the numbers will reach their peak in the next five years². At the same time, in the last 50 years the population in LAC of those aged 65 and older has increased fivefold. It is a known fact that women live longer than men but with more disabilities and social exclusion, especially after they turn 60 years old. In the demographic sphere, the aging of the population is a theme that attracts attention. The greatest prevalence of chronic-degenerative illnesses is linked to this aging, which means a higher demand for care services, mainly carried out by women in the homes. In LAC, 90% of all the unpaid domestic care is provided by women.



¹ ECLAC CELADE, (2011). Demographic Observatory No. 11: Long-term population projections. Santiago de Chile.

² ECLAC, UNFPA (2012). Regional Population Report for Latin America and the Caribbean: Investing in Youth: A rights and inclusion imperative. Panama.

B. MAIN CHALLENGES

Recently, there has been an epidemiologic transition of the communicable to the non-communicable diseases (NCD), with important differences between men and women's health. In LAC, the data for 2008 reflect that approximately 70% of all deaths are related with NCD, 48% of which occurred before the age of 70 years old. For women, the deaths attributable to NCD were 76% of all deaths, compared to 66% for men. Of these high figures, 57% and 41% respectively, occurred before the age of 70 years old, deaths which otherwise would be known as premature deaths.³⁴⁵⁶⁷

The agenda to reduce maternal morbidity and mortality and the achievement of universal access to reproductive health is an incomplete agenda and depends on addressing the inequality gap and achieving gender equality and reproductive rights. The fact that maternal mortality has decreased in the last decade is not sufficient to achieve objective 5 of the MDG.⁸ It is important to point out that most of the maternal deaths occur in indigenous and Afro-descendant populations, women living in rural areas, adolescents and girls, women with low education levels and the poorest of the poor.⁹

Sexual and reproductive rights still have not been achieved for many segments of the population, and the unmet need for family planning is higher among adolescents and young people, indigenous people and other excluded populations.¹⁰ Additionally, the region has high fertility rates among adolescents; adolescent women giving birth represent 18% of the total pregnancies.¹¹

Sexual violence and gender-based violence continue to be prevalent and constitute a pending problem on the women's and girls' human rights agenda. In a comparative analysis of 12 countries in LAC, a high percentage of women who have been married at one time or are living with a partner informed they had experienced physical or sexual violence at the hands of an intimate partner, with rates between 17% in the Dominican Republic to a little over half (53%) in Bolivia in 2003. Most of the surveys found that between one fourth and one half of the women reported having experienced violence at the hands of an intimate partner.¹²

The consequences of this violence can be long-term and extensive, making violence against women an important cause of morbidity, and in many cases, of death. Some studies suggest that violence against women has many negative effects on health, including physical lesions, unwanted pregnancies, abortions, sexually transmitted infections (including HIV/AIDS), maternal mortality, depression, suicide, and others.

³ World Health Organization, (2009). Women and health: today's data, tomorrow's agenda. (http://www.who.int/gender/women_health_report/es/index.html).

⁴ Towfighi A, Zheng L, Ovbiagele B. Sex-specific trends in midlife coronary heart disease risk and prevalence. *Archives of Internal Medicine*, 2009, 169:1762–1766.

⁵ Singer LT et al. Social support, psychological distress, and parenting strains in mothers of very low birthweight infants. *Family Relations*, 1996, 45:343–350.

⁶ WHO, (2011) Global Status Report on non-communicable diseases 2012: Description of the global burden of NCDs, their risk factors and determinants. Geneva. Available at: http://www.who.int/nmh/publications/ncd_report2010/spa/, accessed 2 August 2012.

⁷ Pan American Health Organization, (2012) Regional Health Observatory: Premature NCD Deaths. Washington, Available at: http://new.paho.org/hq/index.php?option=com_content&task=view&id=5542&Itemid=2391, accessed 2 August 2012.

⁸ United Nations, (2012). Millennium Development Goal Report 2012, New York

⁹ ECLAC, (2010). Population and Health in Latin America and the Caribbean: Pending challenges and new challenges, Chile

¹⁰ United Nations, (2010). Millennium Development Goals: Achieving the Millennium Development Goals with Equality in Latin America and the Caribbean: Progress and Challenges, Chile

¹¹ ECLAC, UNFPA (2012). Regional Population Report 2012. Investing in Youth: a rights and inclusion imperative

¹² Bott, S., Guedes, A., Goodwin, M., & Mendoza, J. (Forthcoming). Violence against women in Latin America and the Caribbean: A comparative analysis of population-based data from 12 countries.

C. IN 2015

There are three years left until the deadline for achieving the Millennium Development Goals. It is everyone's responsibility, but especially that of those who are in decision-making positions, to do something to make a substantive difference. If we take the necessary measures to face the challenges related with gender equality and health, we can imagine a future where...

- Health related public policies address gender equality and diversity as a priority, acting against the epidemiologic transition and reducing the number of premature deaths among men and women in the region.

- Maternal morbidity and mortality has been considerably reduced and access to reproductive health is universal.

- The health sector is committed to the prevention and mitigation of harmful effects in health caused by sexual and gender-based violence.

D. RESOURCES

International Conference on Population and Development, Cairo Programme of Action, chapters IV, VII, VIII (1994)

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd_eng.pdf

Alma Ata Declaration

http://www.who.int/social_determinants/tools/multimedia/alma_ata/en/index.html#

Regional Information System on Mortality. Pan-American Health Organization, 2012

