

If we want women's economic empowerment, then let's talk about sex(ual and reproductive health and rights)

INTRODUCTION

Oxfam's definition of women's economic empowerment (WEE)¹ asserts that "effective empowerment occurs when women enjoy their rights to control and benefit from resources, assets, income, and their own time....[and] the autonomy and self-belief to make changes in their own lives, including having the agency and power to organize and influence decision making, while enjoying equal rights to men and freedom from violence."²

Inherent in this definition is a recognition that sexual and reproductive health and rights (SRHR) are fundamental to the achievement of women's economic wellbeing and empowerment.³ Ensuring that women, girls and people of diverse sexual orientation and gender identity and expression (SOGIE) have full autonomy over their lives and bodies is necessary for improved health and education outcomes as well as their freedom to participate in all aspects of economic life.⁴ Advocates of a comprehensive SRHR agenda identify that for women to participate fully and positively in economic life, actions to change social norms, laws and policies to uphold human rights are among the most crucial reforms, as are those that promote gender equality and enable women to exercise greater control over their bodies and lives.⁵

There is no such thing as a single-issue struggle because we do not live single-issue lives.

- Audre Lorde.

Policy-makers interested in WEE must recognize that women require control over their most important productive asset: their bodies. Without this bodily autonomy, and the associated labour that it produces, economic empowerment is unachievable. While there is plenty of evidence of the economic benefits of investing in a comprehensive SRHR agenda, policy and programming on WEE too often fail to reference and acknowledge SRHR. For example, the UN High Level Panel on Women's Economic Empowerment only references SRHR once. Global Affairs Canada's 'Growth that Works for Everyone' policy, does not mention SRHR despite Canada's commitment to a feminist approach and global leadership on SRHR. Future guidance notes on WEE should explore these linkages, as this would strengthen Canada's SRHR leadership, the Feminist International Assistance Policy and the outcomes of the WEE programs themselves.

WHY SRHR MATTERS TO WEE

Some women are unable to advance their sexual and reproductive rights due to health systems that fail to provide essential services, such as contraceptives and family planning. Conversely for others, starting a family is challenging or impossible given economic barriers such as poverty wages, poor-quality and low paying jobs or an absence of childcare.⁶ Without access to SRH services and the realization of those rights, women and people of diverse sexual orientation and gender identity and expression struggle to stay healthy, participate in economic life and education and live free from violence.

Globally, female labour force participation decreases with each additional child by about 10-15 percent among women ages 25-39. It is not only the total level of fertility that affects labour supply but also the spacing of births.⁷ Continuous pregnancy restricts health and stops schooling.⁸ Studies in Indonesia, Bangladesh and Thailand have found that women living in poverty are more likely to work in informal employment as a result of their lack of access to reproductive and care services and their ability to plan the timing and spacing of their pregnancies.⁹ This is a global issue that affects low income women in all parts of the world, including in industrialized countries.

Research also shows that access to reproductive health services extends life expectancy for mothers and children, increases incentives to invest in education, contributes to labour force participation and increased productivity, and leads to higher incomes and higher levels of asset accumulation.¹⁰

Access to the labour market is one thing, access to decent jobs is another. If women lack power in decision-making and control over if and how many children to have, and when, do not have access to quality childcare, or suffer from workplace violence, they are less likely to have access to good, well-paid jobs. Research by the Guttmacher Institute found that women's early access to contraception is linked to post-secondary education and employment, increased earning power and narrowing of the gender pay gap. They further found that teen pregnancy interferes with women's ability to graduate from high school and that delaying a birth can reduce the "motherhood gap" or the pay gap between mothers and their childless peers.¹¹

Women's entry into the labour force can be empowering and improve well-being, but this is often not the case, and this relationship is nuanced and complex.¹² It typically depends on the context, the reasons for women's economic participation, the existence of regulatory frameworks to support their participation, and the type and conditions of the work.¹³ It is simplistic to assume that educating girls and getting women into the labour force will automatically lead to quality, decent work free from exploitation.

WHO CARES? LINKING UNPAID CARE AND DOMESTIC WORK, SRHR AND WEE

Unpaid care work is largely done by women around the world and this care burden affects their ability to find and stay in work.¹⁴ Each day, women undertake 16.4 billion hours of unpaid care work. The level of unpaid care work that women do affects their access to sexual and reproductive health services. When women and girls shoulder a significant share of care work in the home, they may not have the time or the resources to go to a clinic, to access contraceptives or to receive critical pre and post-natal services.¹⁵ Maternal and child health professionals have documented the negative impact of a lack of affordable childcare, and lack of sick leave on women's health.¹⁶ Without access to contraceptives and safe abortion services, women cannot choose if and when and how many children to have which can increase their care burden and exacerbate already existing inequalities in women's share of care-giving. This further affects the health and economic consequences that result from unplanned and/or frequent pregnancies.

The care economy bridges both the formal and informal sectors. When women have significant unpaid care responsibilities at home, they are often unable to enter the formal economy. Their care responsibilities require more flexibility in work hours and locations, and therefore they may find themselves with more insecure and precarious jobs. Where a woman is able to enter full time and formal employment, there is often a compounding effect when she is unable to fulfil her domestic care duties. She then purchases another woman's labour and creates care roles for other women as cleaners, caregivers and child care providers, often from poorer households locally or from abroad. This "global care chain" is dominated by women and girls and generally undervalued or underpaid. Class and race play a role too, because women living in poverty or racialized women are disproportionately hired to replace the care of wealthier, higher class/caste or white women.¹⁷ The global care chain trades in domestic care services, with increasing demand for migrant domestic workers, who are some of the most exploited and abused workers, in wealthier countries and a supply of domestic workers in poorer countries.¹⁸ Domestic and migrant workers' rights groups around the world have long been fighting for better recognition that their work be recognized as valuable, and that their rights be fulfilled.

Social protection systems are generally designed around the model of a male breadwinner and assume an uninterrupted and full-time career in the formal economy. Women generally receive substantially lower coverage rates and benefit levels. Maternity leave throughout the world is particularly inadequate: 69% of mothers of newborns receive no benefit of any kind.¹⁹ Lack of access to affordable childcare further penalizes women by confining them to care-giving which in the long run keeps them out of employment and well-paid quality jobs. Given these intersecting inequalities, women often reach older age with few economic assets, resulting in an urgent need for their social protection. The irony being that their provision of caring labour has supported and subsidized market systems and compensated for inadequate social protection systems most of their lives.²⁰

In addition to the relationship between care work and women's ability to access their sexual and reproductive rights and services, both care and sexual and reproductive rights are fundamental facilitators of gender equality. A reproductive justice approach to WEE requires us to look at how other systems of oppression influence these relationships and a person's ability to realize their sexual and reproductive rights.

REPRODUCTIVE JUSTICE: PART OF A FEMINIST APPROACH TO WEE

For progress in women's economic empowerment, we must invest in sexual and reproductive health and rights. This requires grounding our approach to WEE in bodily autonomy and reproductive justice, with the goal of removing the systemic and structural barriers that women, especially marginalized women, face. Feminists have long argued for a comprehensive approach to achieving gender equality and women's rights that takes into account power and the elimination of mutually reinforcing structural barriers that hinder women's health and wellbeing. A comprehensive and feminist approach seeks to integrate a wide range of policy interventions and norm change that may appear unrelated but are in fact interconnected, critical parts of the same puzzle.

BOX 1: FURTHER INTERSECTIONS BETWEEN WEE AND SRHR

COMPREHENSIVE SEXUALITY EDUCATION (CSE)

helps advance gender equality, WEE, overall economic growth and fight against poverty.²¹ Investing in CSE helps decrease early marriage, early pregnancy and early motherhood – all critical for increasing women's agency, autonomy, and access to economic opportunities.²²

MATERNAL MORTALITY, MORBIDITY, INJURY AND DISABILITY

have an impact on women, and their households, in striving for economic security and opportunity. Evidence from Bangladesh has shown that women who experience severe complications of pregnancy also experienced a loss of productivity at work.²³ Maternal mortality and morbidity also means that family members, generally female family members, need to absorb the work done by women inside the home, which might reduce their own ability to access outside economic and educational opportunities.²⁴

SEXUAL HARASSMENT AND VIOLENCE AGAINST WOMEN

impacts women's economic empowerment. Research shows that women who are exposed to intimate partner violence are employed in higher numbers in casual and part-time work, and their earnings are 60 percent lower compared to women who do not experience such violence.²⁵ Economic empowerment program interventions must also analyze the risk of violent backlash that may accompany greater opportunities and empowerment. They must ensure that changes in economic status or access for women does not expose women to violence, and ensure referral services and safeguards are in place if this does occur.²⁶

Poor sexual and reproductive health can have **INTERGENERATIONAL EFFECTS**. The most extreme impacts arise when a woman or her baby dies in childbirth, but maternal ill-health can also affect her children's well-being and schooling.²⁷

BOX 2: DEFINING REPRODUCTIVE JUSTICE

Reproductive justice is when all people have the social, political and economic power to enjoy their right to bodily autonomy and sexual and reproductive self-determination. It is the realization of economic, social and cultural rights and freedoms, and the ability to make and exercise choices not limited by oppression, discrimination, stigma, coercion or violence. It aims to transform power imbalances and address systemic change.²⁸ The term was coined in 1994 in the lead up to the Cairo International Conference on Population and Development recognizing that Indigenous women, racialized women and trans people need their own movement for justice that meets their specific needs (See www.sistersong.net).

The enabling conditions of reproductive justice include access to health services, education, childcare, housing, decent work and income, a healthy environment, freedom from violence and discrimination, and access to power.²⁹ Ending discriminatory gender and social norms is a further enabler of reproductive justice.

Economic opportunities, income and labour rights are another part of reproductive justice. Women living in poverty, including those that live in rural areas or are indigenous, racialized and immigrant, often earn less than men and other women. This impacts their ability to access and afford birth control, reproductive healthcare, and abortion,³⁰ as well as their ability to have as many children as they want and raise their families with adequate resources. Reproductive justice forces us to look not just at the way that economic empowerment and SRHR are linked, but also how some women may be able to experience increased labour market access and access to SRH at the expense of other women. Economic growth cannot be viewed as an outcome of gender equality if all women do not equitably share the benefits of this growth.³¹

Despite this, WEE policy and programming continues to largely ignore SRHR. Governments, donors and civil

society actors concerned about women's labour force participation or economic emancipation will fall far short of their goals through siloed approaches to WEE without attention to reproductive health and rights.³² Oxfam Canada encourages donors, governments and civil society actors to consider the following important elements of an integrated feminist approach to WEE and SRHR:

INVEST IN GRASSROOTS FEMINIST AND WOMEN'S RIGHTS ORGANIZATIONS AND MOVEMENTS

Feminist and women's rights organizations often work responsively, holistically and intersectionally, recognizing that economic empowerment cannot be achieved without addressing other sources of discrimination. They work with marginalized women who face multiple forms of discrimination, and can strategize, research, mobilize and campaign for policy or norm change over the long term.

USE A RIGHTS-BASED, COMPREHENSIVE APPROACH

For progress in WEE, we must invest in sexual and reproductive *rights* to ensure that women, adolescents and people of diverse SOGIE have full control over their lives and bodies. Bodily autonomy and women's agency should be at the heart of a feminist approach to international assistance.³³ WEE programs should be comprehensive and holistic and address the full range of peoples' rights and needs, including sexual well-being and personal autonomy.

PRIORITIZE NEGLECTED AREAS

Working on SRHR implies addressing deeper issues of sexism, gender inequality and stigma surrounding sexuality. The most neglected areas include adolescent SRHR, including comprehensive sexuality education; comprehensive contraceptive care; safe abortion care; advocacy for SRHR; and SRHR in emergency settings. While other donors have been reluctant to fund work in these areas, Canada has committed to sexual and reproductive health and rights as a priority for the Feminist International Assistance Policy, and to addressing the neglected areas. Canada should go beyond integrating SRHR into its global health programming to integrating SRHR into its work on women's economic empowerment.

INTERSECTIONAL AND INCLUSIVE

A feminist approach also challenges us to investigate how race, ethnicity, religion, class, caste and sexuality influence the way women and people of diverse SOGIE experience inequality and discrimination that further compound and exacerbate economic inequality.

RECOMMENDATIONS

Oxfam Canada's specific recommendations to Global Affairs Canada are as follows:

1. **Better integrate** global SRHR commitments and interventions into policy and programming priorities on women's economic empowerment.
2. Support governments around the world to publicly invest in gender responsive, high-quality **social protection** schemes such as childcare and elder care services, universal access to reproductive health care including contraceptives and adolescent comprehensive sexuality education, as part of their commitment to women's economic empowerment and sexual and reproductive health and rights.
3. Support governments around the world to include sexual and reproductive health and rights in **regulatory frameworks** that support women's access to decent work and that relieve unpaid care responsibilities. Such frameworks includes access to services and benefits - such as parental leave, childcare and access to contraceptives – and should be available for people working in the informal economy.
4. **Address discriminatory gender and social norms**, attitudes and behaviours that prevent women from achieving their economic empowerment and claiming their sexual and reproductive rights. **Support feminist and women's rights organizations to undertake advocacy** on WEE and SRHR.
5. Facilitate better **data collection** on reproductive health, fertility and employment. Current studies rely on the female labour force participation rate which does not capture informal employment, quality of employment and does not disaggregate beyond sex.³⁴

NOTES:

1. For the purposes of the brief, Oxfam Canada often uses the term "women" in addition to including people of diverse SOGIE and an intersectional analysis wherever possible. While often falling short, it is our intention to be truly inclusive of people of diverse sexual orientation and gender identities and expressions (SOGIE), as well as women with intersecting identities – racialized women, Indigenous women, disabled women, etc.
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- 34 For more information, see: S. Gammage et al. (Forthcoming 2019). *The Intersections*.



Oxfam Canada

39 McArthur Avenue
Ottawa, ON K1L 8L7

☎ 1-800-466-9326

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