Why health services alone will not protect women’s reproductive rights

By Julia Newton-Howes and Helene Gayle

This week, a global team of CARE representatives, including representatives from CARE Australia, will be part of the several thousand people congregating in Kuala Lumpur for the 2013 “Women Deliver” conference. This bold event will drive efforts to keep the health and rights of girls and women at the forefront of global
humanitarian and development agendas. The thousands of participants will be representatives from leading NGOs, UN agencies, advocacy groups, governments and philanthropic foundations (with a touch of glamour added via Hollywood reproductive rights ambassadors, such as Mandy Moore, and star academics, including Peter Singer.)

Why is “Women Deliver” so important? Conferences like these play a critical role in keeping global attention focused on the issues that are core to empowering women – which is the key to fighting poverty. But women’s empowerment cannot be achieved unless women’s sexual and reproductive health rights are protected.

The first Women Deliver conference in 2007 helped to spark unprecedented global commitments to sexual and reproductive health for women and girls. Real progress has been made: maternal mortality worldwide has decreased by 47% in the last 20 years.

That’s the good news. Unfortunately, progress remains unbalanced. Global trends mark sharp health inequities within countries. In some parts of sub-Saharan Africa, there has been minimal to no progress, or the situation has worsened. So, what will it take to deliver on our commitments to women and girls?

CARE’s experience shows that the sexual and reproductive health and rights of girls and women cannot be achieved through the provision of health services alone. Real change requires addressing underlying and systemic factors, including the pervasive gender inequality and violence that undermines the health of women and girls throughout their lives. Women must also be empowered to engage with health care systems and claim their equal rights to high-quality, responsive health care.

Transforming restrictive gender roles and addressing deeply rooted power inequities can be a slow and gradual process. Nevertheless, our work on the
ground indicates that critical shifts in gender norms and power dynamics can be achieved in a relatively short time, leading to significant, measurable improvements in the lives of women and their families.

In Uttar Pradesh, India, a CARE-supported maternal health program is bringing women’s empowerment activities into traditional prenatal and maternal care services, enabling important shifts in gender norms. Female participants were significantly more likely to have the freedom to go out alone and to spend their own money, as well as to believe in their right to refuse unwanted sex. Couples were more likely to discuss sexuality and make household decisions together. The proportion of women using family planning rose from 7% to 35%, and the number of women delivering their babies with a trained provider more than doubled. These increases were much greater than those among women who only received standard health services.

In one of the poorest regions of Peru, CARE partnered with a network of indigenous women to identify barriers to life-saving emergency obstetric care. Both women and healthcare workers learned about women’s health rights. Facilities made improvements to their referral systems and adopted more respectful practices. The number of women seeking life-saving maternal care increased. The results were staggering: maternal deaths fell by 49% in just four years.

Women Deliver is a reminder to us all that women’s empowerment, gender equality and human rights must be at the core of any meaningful development framework for women’s health. We must not only tackle technical and logistical barriers that hinder women’s health, but also challenge restrictive gender norms and empower all women to claim their right to responsive, high-quality healthcare.

One woman dies a preventable death from pregnancy or childbirth every minute.

Link:
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CARE is working to ensure that Women Deliver creates the political and financial commitments needed to end this massive humanitarian disaster.

*Julia Newton-Howes is Chief Executive Officer of [CARE Australia](https://devpolicy.org/why-health-services-alone-will-not-protect-womens-reproductive-rights-20130529/). Helene Gayle is President and Chief Executive Officer of [CARE USA](https://devpolicy.org/why-health-services-alone-will-not-protect-womens-reproductive-rights-20130529/).*

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