

Ending Gender Discrimination Makes Good Health Sense

USAID Global Health



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In many societies around the world, women have unequal control over key household resources, access to information, and the authority to make decisions regarding their health and well-being. Gender inequities and rigid gender norms, often steeped in culture and tradition, may exacerbate women's risk of poor health, including contracting HIV/AIDS or experiencing unintended pregnancy and violence.

Gender-based violence (GBV): GBV can take many forms – sexual abuse, physical violence, emotional or psychological abuse, verbal abuse, economic abuse, or beatings during pregnancy. USAID supports programs that integrate anti-GBV activities and messages into broader health efforts. Emphasis is placed on prevention interventions, such as community mobilization and behavior change communication activities, to transform the underlying norms that perpetuate GBV. By addressing GBV, health programs may be able to enhance their effectiveness, enable women who have experienced violence to benefit from existing programs, and prevent future violence. USAID recognizes the importance of policy and advocacy initiatives to ensure that plans and policies are informed by relevant GBV data and to allocate needed resources for education activities and services.

Early age of marriage: Many impoverished families around the world turn to early marriage because of severe economic and social pressures. Research shows that one in seven girls in the developing world marries before the age of 15. Early marriage robs young girls of their childhood and their chances for education, and can increase their vulnerability to serious health threats. By addressing underlying social norms that can perpetuate child marriage, USAID programs focus on delaying the age at which young girls are married. When girls are married at a young age, they are unable to make decisions regarding their sexual health and are often exposed to risks such as sexually transmitted infections and HIV/AIDS, social exclusion, GBV, marital rape, and early pregnancy. Additionally, early marriage has been shown to lead to poor reproductive health, including maternal health complications, such as prolonged or obstructed labor and obstetric fistula.

HIV/AIDS: Gender influences the vulnerability of women, girls, men, and boys to HIV and its effects. It also influences how societies respond to the epidemic. For example, gender norms may discourage women from asserting control over the timing and circumstances of sex, including negotiating protection against HIV and other sexually transmitted infections. USAID and the U.S. President's Emergency Plan for AIDS Relief work together to integrate gender across HIV/AIDS prevention, treatment, and care programs, and support gender transformative interventions, emphasizing:

- Increasing gender equity in HIV/AIDS programs and services
- Reducing violence and coercion
- Addressing male norms and behavior
- Increasing women's legal protection
- Increasing women's access to income and productive resources

Female Genital Mutilation/Cutting (FGM/C): FGM/C is a traditional cultural practice that can range from cutting to total removal of the external female genitalia. Millions of girls and women have undergone FGM/C for reasons, such as beliefs about health, hygiene, and women's sexuality, and adulthood and community initiation rites. FGM/C causes serious pain, trauma, and frequently severe health and physical complications. USAID has incorporated eradication of the practice into its development agenda and adopted a policy that defines FGM/C as a violation of "the health and human rights of women (that) hinders development." USAID works to change the policy environment to support transformative social mores.

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Web site

http://www.usaid.gov/our_work/global_health/pop/techareas/gender/gbv_info.html

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