

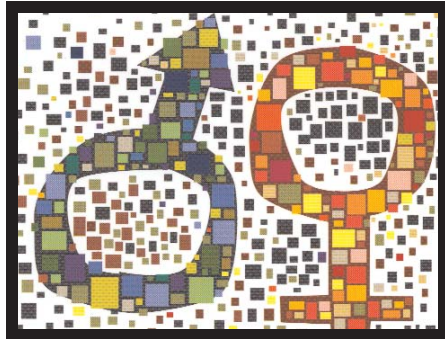
Addressing violence against women and achieving the Millennium Development Goals



2005

For further information:
Department of Gender, Women and Health
Family and Community Health
World Health Organization
Avenue Appia 20
CH-1211 Geneva 27
Switzerland
E-mail: genderandhealth@who.int
<http://www.who.int/gender/en>





Addressing violence against women and achieving the Millennium Development Goals



Department of Gender, Women and Health
Family and Community Health

2005

© World Health Organization 2005

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, Avenue Appia 20, 1211 Geneva 27, Switzerland (tel: +41 22 791 2476; fax: +41 22 791 4857; email: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; email: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in Switzerland

Acknowledgements This publication was produced under the overall direction of Dr Claudia García-Moreno, Department of Gender, Women and Health (GWH) of the World Health Organization. GWH would like to thank Melissa Rendler-García, Susan Timberlake and Andrew Wilson for their work on the document. Useful input and contributions were provided by Shelly Abdool, Andrew Cassels, Alison Phinney and Chen Reis of WHO, and Caren Grown of the International Center for Research on Women (ICRW) in Washington D.C., and are gratefully acknowledged.

Design and layout: Carla Salas-Rojas.

For more information

Readers wishing to obtain more information on any of the subjects covered in this document will find many of the key referenced publications on the World Wide Web. Further information on WHO's work in this area can be found on the web pages of WHO's Department of Gender, Women and Health (GWH) (<http://www.who.int/gender/en>) and the Department of Injuries and Violence Prevention (VIP) (http://ww.who.int/violence_injury_prevention/en).

Written enquiries on this publication may be sent to:
Department of Gender, Women and Health
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland
Fax: +41 22 791 1585
E-mail: genderandhealth@who.int

Addressing violence against women and achieving the Millennium Development Goals

Introduction

Violence is a major obstacle to development. Violence against women in particular hinders progress in achieving development targets. Despite the growing recognition of violence against women as a public health and human rights concern, and of the obstacle it poses for development, this type of violence continues to have an unjustifiably low priority on the international development agenda and in planning, programming and budgeting.

This document highlights the connections between the Millennium Development Goals (MDGs) and the prevention of violence against women by showing how:

- ◆ working towards the MDGs will reduce violence against women; and
- ◆ preventing violence against women will contribute to achieving the MDGs.

The document concludes that many MDG targets will be missed if violence against women – one of the most blatant manifestations of gender inequality is not addressed. It aims to clarify the links between violence against women and the MDGs, and to help translate these links into action.

Who should read this document?

The document is aimed at several audiences. These include:

- ◆ politicians and other leaders who wish to take action to address violence against women; decision-makers and policy specialists working in development, public health, legal reform, social policy and other relevant fields;
- ◆ advocacy groups working to raise the profile of violence against women as well as that of related issues of gender equality and women's empowerment; and
- ◆ programme and policy staff in donor organizations, development and aid agencies.

What does this document cover?

The document begins with a brief discussion of gender and development in the context of the MDGs. This is followed by a short overview of violence against women.

The main body of the document deals with specific MDGs and their links with the prevalence and prevention of violence against women. The final section discusses ways forward, with an emphasis on action.

Women, development and violence

Background

It is estimated that one in every five women faces some form of violence during her lifetime, in some cases leading to serious injury or death. Until recently, most governments have considered violence against women (particularly “domestic” violence by a husband or other intimate partner) to be a relatively minor social problem. Today, due in large part to the efforts of women’s organizations and the evidence provided by research, including that of WHO, violence against women is recognized as a global concern. One of the most pervasive violations of human rights in all societies, it exists on a continuum from violence perpetrated by an intimate partner to violence as a weapon of war **(1)**.

Violence against women is a major threat to social and economic development. This was recognized in the Millennium Declaration of September 2000, in which the General Assembly of the United Nations resolved “to combat all forms of violence against women and to implement the Convention on the Elimination of All Forms of Discrimination against Women” **(2)**. Such violence is intimately associated with complex social conditions such as poverty, lack of education, gender inequality, child mortality, maternal ill-health and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). Although

some of the associated conditions of violence are targeted in the goals set up to guide the implementation of the Millennium Declaration, violence against women is not highlighted in either the targets or the indicators.

What do we mean by violence against women?

Violence against women takes many forms, from the overt to the subtle. WHO has adopted the following definitions of physical and sexual violence to aid in research and programming, concentrating on identifiable acts.

Physical violence means a woman has been: slapped, or had something thrown at her; pushed, shoved, or had her hair pulled; hit with a fist or something else that could hurt; choked or burnt; threatened with or had a weapon used against her. ***Sexual violence*** means a woman has been: physically forced to have sexual intercourse; had sexual intercourse because she was afraid of what her partner might do; or forced to do something sexual she found degrading or humiliating. Though recognized as a serious and pervasive problem, ***emotional violence*** does not yet have a widely accepted definition, but includes, for example, being humiliated or belittled; being scared or intimidated purposefully. ***Intimate-partner violence*** (also called “domestic” violence) means a woman has encountered any of the above types of violence, at the hands of an intimate partner or ex-partner; this is one of the most common and universal forms of violence experienced by women (for a broader discussion see (3)).

What are the MDGs?

The MDGs are currently the highest-level expression of the international community's development priorities. They commit the international community to an action agenda which emphasizes sustainable, human development as the key to fulfilling social and economic progress. All 191 Member States of the United Nations have pledged to achieve these goals by the year 2015.¹ The Goals and their targets and indicators have been widely accepted as a framework for measuring national and global development progress.² Annex 1 provides a complete list of the eight goals, their targets and indicators.

The role of gender equality in the MDGs

Sex, gender and inequality

Sex refers to the biological and physiological characteristics that define men and women. **Gender** refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women. Aspects of sex will not vary substantially between different human societies, whereas aspects of gender may vary greatly. **Gender inequality** results from unequal power relationships between women and men, based on the roles outlined above, and is one of the root causes of violence against women.³

The Millennium Declaration explicitly recognizes that the equal rights and opportunities of women and men must be assured (2) and MDG 3 specifically addresses the promotion of gender equality and women's empowerment. In addition, gender equality is recognized as key in achieving all eight

Goals. As an interim report by the Millennium Project on progress towards Goal 3 points out:

Development policies that fail to take gender inequality into account or that fail to enable women to be actors in those policies and actions will have limited effectiveness and serious costs to societies. The reverse is also true: the achievement of Goal 3 depends on the extent to which each of the other goals addresses gender-based constraints and issues (4).

Although gender equality is visible in the Goals, the continued existence of violence against women is inconsistent with these commitments and with Goal 3 itself **(1)**. The relationship between sustainable development and violence against women is not explicit in the Declaration and Goals and, at first glance, none of the indicators relate directly to violence against women. Closer examination reveals, however, that violence against women – both as an extreme manifestation of gender inequality and a means of perpetuating it – is highly relevant to all of the Goals. Furthermore, the Goals provide powerful arguments and entry points for a variety of approaches to eradicating violence against women.

In the following sections of this document, each MDG is examined separately for its relevance to addressing violence against women and for the strategic opportunities it offers to prevent and eliminate such violence.

How the MDGs connect with prevention of violence against women

While the linkages are not always explicit, the MDGs and their targets afford many options for addressing violence against women.

MDG 1: Eradicate extreme poverty and hunger

Provides an opportunity to ally violence against women with poverty reduction efforts aimed at protecting the poorest and most vulnerable women.

MDG 2: Achieve universal primary education

Can be used to highlight how the drive towards universal primary education can be hindered by gender-based factors – including violence and lack of security – that prevent girls and young women from entering and completing school. Conversely, better education for girls and boys may contribute to the reduction of violence against women.

MDG 3: Promote gender equality and empower women

Provides a solid basis for promoting equality and women's empowerment as a sustainable development strategy, which at the same time is a key strategy for reducing and eliminating violence against women.

MDG 4: Reduce child mortality and MDG 5: Improve maternal health

Provide opportunities to raise the profile of violence against women as a serious obstacle to improving maternal and child health, and as a threat to the health and well-being of all women.

MDG 6: Combat HIV/AIDS, malaria and other diseases

Establishes the value of anti-violence efforts in HIV prevention, highlighting the evidence that violence against women undermines HIV prevention and care efforts, and conversely that preventing this violence contributes to the prevention of HIV.

MDG 7: Ensure environmental sustainability

Opens useful avenues for designing interventions which, in addition to preserving the environment, can empower and protect women in both rural and urban settings.

MDG 8: Develop a global partnership for development

Supports arguments for the participation of women and their representative organizations in policy and programme design, thereby allowing such efforts to include issues important to women, such as violence.

Intersections between violence against women and the MDGs

MDG 1: Eradicate extreme poverty and hunger

Violence against women occurs in all social and economic classes, but women living in poverty are more likely to experience violence. Although more research is needed to fully understand the connections between poverty and violence against women, it is clear that poverty and its associated stressors are important contributors (see reference **(5)** for a review of the evidence). A number of theories about why this is so have been explored. Men in difficult economic circumstances (e.g. unemployment, little job autonomy, low socioeconomic status or blocked advancement due to lack of education) may resort to violence out of frustration, and a sense of hopelessness. At the same time, poor women who experience violence may have fewer resources to escape violence in the home **(6)**.

Efforts to reduce poverty and hunger may help, in and of themselves, to prevent violence against women and should thus be supported. But economic development strategies must be conceived in ways that respond to and address gender inequality. For example, such strategies must:

- ◆ promote increased access to post-primary, vocational and technical education for women;

- ◆ address gender gaps in earnings as well as barriers to accessing credit for women;
- ◆ extend and upgrade childcare benefits to enable women's full participation in the paid labour market;
- ◆ address issues of occupational segregation that often translate into inferior conditions of employment for women; and
- ◆ ensure social protection and benefits for women in precarious employment situations – often those involved in informal employment.

In summary, economic development strategies should aim for decent, productive work for all **(1)**. It should also be recognized that increasing women's educational status and economic independence does not guarantee the elimination of violence. In some cases, this may actually increase women's chances of experiencing violence – at least initially. Improved economic conditions may provide more opportunities to escape and avoid violence, but they are only part of the complete eradication of violence against women. ***Programmes to eradicate extreme poverty and hunger should be designed specifically to promote women's economic participation and independence of women in ways that do not expose them to increased violence.***

Poverty and hunger force many women to migrate as a survival strategy. In many countries, women migrants working in domestic service or factories are at high risk of experiencing abuse by

employers including confinement, slave-like conditions, and physical and sexual assault. Some women may resort to transactional or commercial sex in order to survive, or fall into the hands of traffickers (7).

Efforts to reduce poverty and hunger should be allied with efforts to safeguard female migrants, and to reduce trafficking of women and girls.⁴ Specific measures include creating local economic opportunities for women so that they do not have to migrate, pre-emigration education and counselling (pioneered by the Philippines and since taken up by other countries), and programmes in host countries to protect migrant women's rights (8).

Women and girls often bear the brunt of conflicts (9,10). It is estimated that at least 65% of the millions of people displaced by conflict are women and girls who face daily deprivation and insecurity. Violence against women is increasingly documented in crises associated with armed conflict, with rape and other forms of sexual violence used to humiliate and intimidate civilians and as tactics in campaigns of ethnic cleansing (11,12). Women living in conflict situations, or in camps for refugees or displaced persons are already very vulnerable to extreme poverty, hunger and illness. Their situation is frequently made even worse by the high rates of physical and sexual assault against them, including by intimate partners, which have been documented in such circumstances (13,14). In some cases, women and girls are forced to submit to sexual

abuse in order to obtain food and other basic necessities such as fuel and water (15,16). ***Humanitarian relief programmes should be designed to protect women and girls in situations of war and displacement, and to ensure that their basic needs are met.***⁵

MDG 2: Achieve universal primary education

More education empowers women by giving them greater self-confidence, wider social networks, and greater ability to use information and resources, and attain economic independence (5).⁶ Alarming, 65% of the world's children who do not attend school are girls, and two thirds of the world's illiterate people are women (17). ***Policies and programmes aimed at universal primary education should promote education for girls and women as a means of empowering and protecting them, and of achieving gender equality in society.***

There is evidence that women with less education are generally more likely to experience violence than those with higher levels of education. Enrolment in and completion of secondary education is also a critical area of concern as it is clearly associated with employment opportunities and women's empowerment. The relationship between educational attainment and its protective effect is complex. Some men may react violently to women's empowerment through education, particularly if educated women then challenge traditional gender roles. Thus, in some societies there

is actually increased risk of violence for some women until a sufficient number of them reach a high enough educational level and gender norms shift to allow its protective effects to operate.

Schools, however, are an important site for normative change and should be seen to offer strategic opportunities for addressing gender inequality. As the task force for MDG 3 points out, “Girls and their families may find little reason to attend school if the curriculum or their teachers or counsellors convey the message that girls are less important than boys or if the school tracks girls into fields of study or training for low-paid occupations considered appropriate for females” (1). ***Educational programmes should include measures that enable girls and women to benefit from their increased educational level without fear of violence. This may include efforts to involve or sensitize the partners of women in education programmes, as well as broader awareness programming.***

Girls face many barriers to education, some of which involve violence or make them more vulnerable to it. For example, many families place little value on educating girls, and prefer to keep them working at home or for wages elsewhere. Some poor families can only afford to send one child to school, and the selected child is usually a boy. Poor girls who want to attend school, but whose families cannot afford tuition fees or supplies, can be pressured into exchanging sex for

school fees, uniforms, books, and lunches. Early marriage can also cut short a girl's education. ***Social and educational policies should seek to eliminate harmful gender norms that devalue the education of girls, together with practices such as child labour and early marriage.***

For some girls, lack of safety in or around schools is the chief obstacle to getting an education. In some countries, there are high levels of sexual violence and harassment from teachers and male students including rape, assault, and physical and verbal harassment **(18)**. ***Educational authorities must ensure that schools are safe places for all students, with special attention to the security of girls.*** A number of preventive interventions can be carried out. For example, curricula can be designed to change attitudes towards violence in general and violence against women in particular, and school facilities can be designed to reduce opportunities for physical assaults. At the same time, schools must adopt clear policies, including the enforcement of sanctions for perpetrators of violence (teachers as well as students) **(19)**.

MDG 3: Promote gender equality and empower women

Combating violence against women is central to the Goal 3, that of promoting gender equality; at the same time, achieving gender equality and women's empowerment is central to the elimination of violence against women. Since violence against women has such serious impacts on women's lives and their health, productivity and well-being, it must be addressed as a cross-cutting

issue if Goal 3 is to be achieved. ***The attainment of MDG 3 will require a comprehensive approach to overcome not only violence against women, but also gender-based discrimination in laws and policies, and deeply embedded social and cultural norms that perpetuate gender inequality (1).***⁷

Violence against women and gender inequality result from a complex array of interwoven factors. These include harmful gender norms and traditions, and social acceptance of violence as an accepted means of conflict resolution. Violence against women is often embedded in social customs that allow it to be perpetrated with impunity – even, in many cases, without being considered as violence, let alone a crime. In many parts of the world, women have no social or legal recourse against violence by their husband or partner. Harmful gender roles can be reinforced by traditional practices such as widow-cleansing, wife inheritance, child marriage and female genital mutilation. Dowry and bride-price can become a basis for demands, resentment, threats and abuse by husbands and in-laws, and women who try to leave abusive marriages may be murdered or driven to suicide. Women and girls are killed because they are thought to have tarnished the honour of their husbands or families. Since such murder is considered justified, the perpetrators face no consequences. ***Efforts to empower women must address current norms and traditional social customs that legitimize violence against them,***

as well as legislation and enforcement of laws that discriminate against them.

A wide variety of tools and strategies will be required to overcome deeply embedded gender norms and systemic discrimination against women. These include visible and sustained leadership by politicians and other key figures in society, communication campaigns aimed at changing norms and attitudes, law reform on issues such as property rights, divorce, and political participation, and credit and skills-building programmes to increase women's economic independence.

Greater equality and empowerment will help many women to avoid violence. But the violence will never disappear unless men also change their attitudes and reject violence against women as acceptable behaviour in any context, including in the home.

Most of the violence experienced by women is perpetrated by someone they know – most often, their husband or partner. A review of nearly 50 population-based surveys from around the world found that between 10% and 50% of women reported being hit or physically abused by an intimate male partner at some point in their lives **(9)**. However, a significant amount of violence is perpetrated by strangers, as well as authority figures such as the police or men in government, and by combatants during armed conflict. The effects on women range from death and injury to psycholog-

ical trauma, chronic ill-health, and reproductive health consequences such as sexually transmitted diseases (STIs), unwanted pregnancy, miscarriages, and increased numbers of induced abortions **(3)**. ***Initiatives to promote gender equality must deal openly and vigorously with the issue of partner violence, because women will never be equal in their public lives until they are equal at home.***

A mix of interventions specifically aimed at reducing violence and protecting women will be required. These interventions include enactment and enforcement of sanctions against men who perpetrate violence against women; training of judiciary, police and health care workers to recognize and deal appropriately with violence against women; and services for women experiencing violence such as shelters, telephone hotlines; psychological and legal advice, and support networks **(1)**. Continuous monitoring of such initiatives is important. ***Governments should ensure that statistics on violence against women, including on prosecution and conviction rates, are regularly collected and disseminated and that interventions to address violence are properly evaluated.***

Does MDG 3 need additional targets related directly to violence?

While the targets and indicators under MDG 3 recognize that education, literacy, wage employment and political participation are important indices of women's empowerment, their achievement – in and of themselves – does not directly address violence against women. This has led the Millennium Project Task Force on Education and

Gender Equality to suggest that other country-level targets and indicators be included for this MDG. One of the targets suggested is that the life-time prevalence of violence against women be reduced by 50% by 2015 **(1)**.

MDG 4: Reduce child mortality

Child mortality is affected by violence against women in several ways. The most direct is through death and injury inflicted on girls and infants through both physical and sexual violence.

Female infanticide is still practised in many parts of the world, sometimes through direct violence, but also by intentional neglect or starvation. This is particularly the case where male children are considered more valuable than females. This attitude may also be manifested in traditions such as costly dowry obligations placed on the families of prospective brides **(20)**. ***Efforts to reduce child mortality must include efforts to eradicate female infanticide and discrimination against girls. Such efforts must address underlying harmful gender norms and biases, and prohibit practices that economically burden the birth of females.*** They should also include measures to support women's right to choose when and whether they want to have children, including family planning programmes and better access to quality contraception.

Violence against women by an intimate partner has been shown to be associated with – among other things – mortality in children aged under

5 years **(21,22)**. In addition, although pregnancy may be a protective factor against violence in some societies, violence during pregnancy is widely prevalent **(23)**. It is estimated that one in four women worldwide is physically or sexually abused during pregnancy, usually by her partner **(6)**. As well as traumatic injury to the fetus, violence against pregnant women is associated with a risk of miscarriage, premature labour, and fetal distress, and may be related to low-birth-weight **(24,25)**.⁸ ***Efforts to reduce infant and child mortality should include measures to reduce partner-violence against women.***

Efforts to address gender-based child mortality are severely limited by lack of information. ***To better monitor gender-based infant and child mortality, all statistics collected on the health of under-5-year-olds should be disaggregated by sex and age.***

MDG 5: Improve maternal health

Partner violence during pregnancy is widespread and has significant consequences for maternal health. A review of research on the prevalence and consequences of abuse during pregnancy published in 2004 found that prevalence ranged from 4% to 32%, with rates being considerably higher in developing countries **(23)**. The review found that in at least two industrialized countries with low overall maternal mortality rates, the United Kingdom of Great Britain (UK) and the United States of America (USA), partner violence was a significant cause of maternal death – in fact, in three major

cities in the USA, it was the leading cause, responsible for as many as 20% of maternal deaths (23).

In addition to death, the consequences of partner violence may have both short- and long-term physical and psychological impacts (24). Whereas physical injury can be an immediate and visible consequence of violence, STIs and gynaecological problems, including for example, chronic pelvic pain are consistently associated with abuse. Mental health problems resulting from violence that would affect maternal health include depression, post-traumatic stress syndrome, feelings of helplessness, and alcohol and substance abuse (3,24). ***Efforts to improve maternal health should include measures to reduce partner-violence against women.***

Reproductive health services, particularly antenatal clinics, are the most widely used points of contact between women and health systems in many parts of the world. Given that the prevalence of violence against pregnant women is higher than that of other conditions (e.g. pre-eclampsia) for which pregnant women are routinely screened, such services offer important opportunities for identifying possible signs of intimate-partner violence and for beginning the process of identifying, supporting and referring women who are being abused to appropriate services. ***Providers of reproductive health care should be trained to recognize signs of violence against women, and referral systems put in place to ensure that appropriate care, follow-up and support services are available.***

MDG 6: Combat HIV/AIDS, malaria and other diseases

As of 2003, women and girls represented approximately 50% of those living with HIV/AIDS globally. In sub-Saharan Africa, 57% of adults infected with the virus were women, and 75% of infected young people were women and girls *(26)*. Traditional prevention strategies that rely on male compliance, such as condoms, do not always protect women and girls. This is especially true in societies where violence against women is condoned and where gender norms restrict or deny sexual autonomy for women and girls. Abused women and girls have a greater risk of contracting HIV infections and other STIs because they lack autonomy to decide when, with whom and under what circumstances they will have sex. Fear of violence can prevent women suggesting that their male partner use a condom, still less insisting on it *(27,28)*. Violent or forced sex, especially among adolescent girls, may be more likely to lead to transmission of the virus through tears in the vagina or anal canal. Thus, violence against women is a significant factor impeding effective prevention of HIV in women and young girls.

Married women and women in other long-term partnerships can be at high risk in countries where HIV transmission is mainly through heterosexual sex *(29)*. In Cambodia, India and Thailand, for example, studies have found that husbands represent the primary source of HIV infection for women. Risk in marriage is especially relevant where cultural norms condone male promiscuity or where husbands control the couple's sexual activity. The majority of countries have no laws

against marital rape (30). A study in South Africa found that women who had violent or controlling partners had an HIV infection rate 50% higher than that of other women, and that abusive men were more likely to be infected than non-abusive men (31). Similarly, a study in India found that sexual violence by men against their wives was associated with increased rates of STIs, as well as a greater likelihood of extramarital partners (32). ***National HIV prevention strategies should include components that aim to reduce violence against women, challenge social norms that condone such violence and empower women and girls to protect themselves against unwanted or forced sex.***

Violence against women in the form of childhood sexual abuse has been shown to increase the probability of risky sexual behaviour later in life. Such behaviours include consensual sex at an earlier age, multiple partners, transactional sex, and heavy use of alcohol or drugs (6). These behaviours also increase the risk for HIV, other STIs and unintended pregnancies. ***HIV/AIDS awareness campaigns should include information about the relationship between violence against women and HIV/AIDS, and the HIV-related health risks of harmful traditional and formal practices.***

Fear of violence is a reason why many women do not seek testing for HIV (33). In some cases, women whose positive status becomes known may be beaten, abandoned or thrown out of the home by their male partner or family. Since test-

ing is a prerequisite for access to antiretroviral treatment, it is essential that women can be tested without fear of violence *(34)*. ***AIDS treatment initiatives should address intimate-partner violence as an obstacle to both testing and treatment, and ensure confidentiality and support for women who seek either.***

MDG 7 Ensure environmental sustainability

Superficially, the Goal of environmental sustainability has little to do with violence against women. Yet Targets 9, 10 and 11 all have direct links to the issue.

Competition for resources is at the heart of much of violent conflict and displacement of populations. As mentioned in the discussion of MDG 1, conflict situations are generally associated with high rates of physical and sexual assault of women. Thus, efforts to reduce environmental degradation can contribute to reducing conflict which will in turn also reduce women's risk from war, civil unrest and involuntary migration. ***Advocacy for sustainable development should emphasize its importance in preventing violent conflict, thereby protecting non-combatant women and children.***

In many societies, both rural and urban, gathering fuel and fetching water are among the most important domestic tasks that women and girls are expected to carry out. Fulfilling these tasks often requires women to walk long distances,

often by themselves, through isolated areas **(15,35,36)**. This can put them at risk of physical and sexual assault. Environmental degradation, such as deforestation and pollution, is making wood for fuel and safe drinking-water increasingly scarce in large areas of Africa and Asia, with the result that women have to walk ever-greater distances and incur increasing risk. ***Efforts to provide sustainable access to drinking-water and fuel should take into account the safety needs of women, both by reducing the distances they have to travel and increasing their security as they make the journey.***

The benefits of increasing security for women not only include reducing violence-based injury and death, but also give women the independence to pursue economic and social activities. Improving policing, including providing training on how to deal appropriately with violence against women (as well as tough sanctions against police who abuse women), can contribute to increasing safety for women in urban areas. Improvements to the environment such as good lighting, and designing streets and buildings to eliminate areas in which assaults can occur without being seen or heard, are also relevant. ***Efforts to improve the lives of slum dwellers should include interventions to reduce the risk of violence against women through designs and services that enhance security in public places.***

MDG 8: Develop a global partnership for development

Development makes little sense if half of the population is excluded from participating, contributing and reaping its benefits. Yet that is exactly what happens when violence – together with harmful gender norms and discriminatory legislation – prevents women from being full partners in development projects **(37,38)**. Such violence usually takes the form of intimate-partner violence through which men control women's work, income, social contacts and mobility. However, violence in the community, the workplace and in conflict situations, all play their part in denying women full access to education, health care, and social services. ***Development strategies should promote women's ability to participate as full social, economic and political partners, unrestricted by harmful gender norms and violence.*** The strategies must include interventions that range, for example, from quotas ⁹ ensuring that women have guaranteed access to certain types of jobs, education or governance positions, to gender-sensitive budgets that support equitable allocation of resources, to laws that do not discriminate against women and health and social services responsive to women's needs **(1,39)**.

Women's organizations of various kinds (e.g. social, cultural, or service-oriented) have played important parts in many aspects of development, particularly those related to health, human rights and social justice. However, female leaders and groups representing women are relatively rare in the national politics of most countries, with the

result that few laws and policies challenge prevailing gender-related attitudes and practices. This must change – as must the structures that exist to exclude women and attention to gender equality. Increasing women’s participation must be accompanied by moves to address and reform the systematic reference to male norms as standards across many systems. Women, alone, should not be responsible for raising awareness about the harmful effects of violence against them and of gender inequality. Men also need to play a key role in promoting gender equality and women’s empowerment and to recognize that they also stand to benefit from such actions. Partnerships with other key stakeholders are required in order for action to be concerted and effective. ***Women must have increased and guaranteed access to decision-making structures and to political participation. These structures must be transformed to allow women’s participation to have an impact and more priority must be given to ensuring that issues such as gender-related violence and harmful gender norms receive the attention and resources they deserve.***

The same is true in the field of development. Although many international agencies, institutions and nongovernmental organizations have endorsed progressive gender policies, such policies are often not translated into gender-sensitive programming and budgets are rarely tied to activities aimed at changing the status of women.

Bodies with decision-making or executive responsibilities in the field of development should specifically include gender equality as a central goal for activities and involve representatives of women's groups, and if necessary this should be a condition for external funding.

Just as the individual targets within this MDG will benefit from women's safe and unrestricted participation, their achievement should help in preventing violence against women.

Opportunities to use and benefit from new information and communication technologies – without the threat of violence if a man or male-dominated society disapproves – will not only offer new employment and social opportunities but will permit women to understand, discuss and ultimately act against the gender norms and institutional discrimination that perpetuate their inferior status in society. ***Policies and programmes aimed at increasing access to new technologies should be designed with provisions to ensure that women can safely access and benefit from the new technological developments.***

Conclusion

As governments and communities mobilize around the MDGs, they should be aware that violence against women not only arises from the conditions being addressed by the Goals, but also hinders their achievement. This underlines the importance of advocacy efforts aimed at connecting development and health with violence against women in the minds of those who make policies and design development programmes.

The MDGs are about creating more dignified living conditions for all, but approaches to development that ignore gender dimensions risk leaving existing inequalities unchanged or only slightly improved for half the world's population. It is imperative that politicians, decision-makers and all other relevant actors remember that women and men live different lives, and that women's lives often include violence for no other reason than that they are women.

In order for the targets and Goals to be reached, comprehensive approaches that acknowledge the links between gender inequality and violence against women must be developed and implemented **(1)**. These approaches and actors will require some additional resources and it is essential that governments, donors and multi-lateral agencies ensure that these resources are

available. Building concrete responses to violence against women into MDG strategies will help to ensure that the new millennium is the time when women no longer endure violence solely because they are women. In addition to working towards Goal 3 on gender equality and women's empowerment, issues of violence against women should be addressed across all Goals. Increased attention must be paid to addressing the risk factors for violent behaviour of men towards women as well as the risk factors for violence shared by men and women. Unless prevention and awareness of violence against women is integrated into all MDGs, sustainable development will continue to suffer – and the ambitious Goals agreed to by the international community will remain unattainable.

Action-oriented research

While the past two or three decades produced many lessons about violence against women, more research and data are needed to better: (a) understand its root causes, magnitude and consequences, (b) identify solutions, and (c) galvanize social, legal and political change **(40)**.

In response to important gaps in available data, WHO initiated a Multi-Country Study on Women's Health and Domestic Violence Against Women, which was carried out in 10 countries representing different continents, cultures and stages of development. The Study was designed to obtain reliable estimates of the prevalence of violence against women in different countries, using

consistent and standardized methodologies to facilitate comparisons between countries. It documents links between intimate-partner violence and health outcomes, and risk and protective factors in different settings, as well as coping strategies. Scheduled for publication in the autumn of 2005, the Study will provide a valuable resource for the design of policies and programmes aimed at reducing violence against women.

For more information on WHO materials on violence and health, please visit:

Gender, Women and Health (GWH)

<http://www.who.int/gender/en/>

Violence and Injury Prevention (VIP)

http://www.who.int/violence_injury_prevention/en/

Recommendations

MDG 1: Eradicate extreme poverty and hunger

1. Programmes to eradicate extreme poverty and hunger should be designed specifically to promote economic participation and independence of women in ways that do not expose them to increased violence.
2. Efforts to reduce poverty and hunger should be allied with efforts to safeguard female migrants, and to reduce trafficking of women and girls.
3. Humanitarian relief programmes should be designed to protect women and girls in situations of war and displacement, and to ensure that their basic needs are met.

MDG 2: Achieve universal primary education

4. Policies and programmes aimed at universal primary education should promote education for girls and women as a means of empowering and protecting them, and achieving gender equality in society.
5. Educational programmes should include measures that enable girls and women to benefit from their increased educational level without fear of violence.

6. Social and educational policies should seek to eliminate harmful gender norms that devalue the education of girls, together with practices such as child labour and early marriage.

7. Educational authorities must ensure that schools are safe places for all students, with special attention to the security of girls.

MDG 3: Promote gender equality and empower women.

8. The attainment of MDG 3 will require a comprehensive approach to overcome not only violence against women, but also gender-based discrimination in laws and policies, and deeply-embedded social and cultural norms that perpetuate gender inequality.

9. Efforts to empower women must address current norms and traditional social customs that legitimize violence against them, as well as legislation and law enforcement that discriminate against them.

10. Initiatives to promote gender equality must deal openly and vigorously with the issue of partner violence, because women will never be equal in their public lives until they are equal at home.

11. Governments should ensure that statistics on violence against women, including on prosecution and conviction rates, are regularly collected and

disseminated, and that interventions to address violence are properly evaluated.

MDG 4: Reduce child mortality

12. Efforts to reduce child mortality must include efforts to eradicate female infanticide and discrimination against girls. Such efforts must also address underlying harmful gender norms and biases.

13. Efforts to reduce infant and child mortality should include measures to reduce partner-violence against women, and to support women's right to choose when and whether they want to have children.

14. To better monitor gender-based child mortality, all statistics collected on the health of under-5-year-olds should be disaggregated by sex and age.

MDG 5: Improve maternal health

15. Efforts to improve maternal health should include measures to reduce partner-violence against women.

16. Providers of reproductive health care should be trained to recognize signs of violence against women, and referral systems should be put in place to ensure that appropriate care, follow-up and support services are available.

MDG 6: Combat HIV/AIDS, malaria and other diseases

17. National HIV prevention strategies should include components that aim to reduce violence against women, challenge social norms that condone such violence and empower women and girls to protect themselves against unwanted or forced sex.

18. HIV/AIDS awareness campaigns should inform the public about the relationship between violence against women and HIV/AIDS, and the HIV-related health risks of harmful traditional and formal practices.

19. AIDS treatment initiatives should address intimate-partner violence as an obstacle to both testing and treatment, and ensure confidentiality and support for women who seek either.

MDG 7: Ensure environmental sustainability

20. Advocacy for sustainable development should emphasize its importance in preventing violent conflict, thereby protecting non-combatant women and children.

21. Efforts to provide sustainable access to drinking-water and fuel should take into account the safety needs of women, both by reducing the distances they have to travel and increasing their security as they make the journey.

22. Efforts to improve the lives of slum dwellers should include interventions to reduce the risk of violence against women through designs and services that enhance security in public places.

MDG 8: Develop a global partnership for development

23. Development strategies should promote women's ability to participate as full social, economic and political partners, unrestricted by harmful gender norms and violence.

24. Women must have increased and guaranteed access to decision-making structures and to political participation. These structures must be transformed to allow women's participation to have an impact, and more priority must be given to ensuring that issues such as gender related violence and harmful gender norms receive the attention and resources they deserve.

25. Bodies with decision-making or executive responsibilities in the field of development should specifically include gender equality as a central goal for activities and involve representatives of women's groups, and if necessary this should be a condition for external funding.

26. Policies and programmes aimed at increasing access to new technologies should be designed with provision to ensure that women can safely access and benefit from the new technological developments.

Annex 1 Millennium Development Goals

Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1: Halve between 1990 and 2015, the proportion of people whose income is less than one dollar a day	<ol style="list-style-type: none"> 1. Proportion of population below \$1 (PPP) per day^a 2. Poverty gap ratio [incidence x depth of poverty] 3. Share of poorest quintile in national consumption
Target 2: Halve between 1990 and 2015, the proportion of people who suffer from hunger	<ol style="list-style-type: none"> 4. Prevalence of underweight children under five years of age 5. Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 3: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<ol style="list-style-type: none"> 6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15 to 24 year-olds
Goal 3: Promote gender equality and empower women	
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	<ol style="list-style-type: none"> 9. Ratios of girls to boys in primary secondary and tertiary education 10. Ratio of literate females to males of 15 to 24 year-olds 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 5: Reduce by two thirds, between 1990 and 2015 the under-five mortality rate	<ol style="list-style-type: none"> 13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of one year-old children immunized against measles

Goal 5: Improve maternal health	
Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18. HIV prevalence among 15 to 24 year-old 19. Condom use rate of the contraceptive prevalence rate ^b 20. Number of children orphaned by HIV/AIDS ^c
Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures ^d 23. Prevalence and death rates associated with tuberculosis 24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)
Goal 7: Ensure environmental sustainability	
Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	25. Proportion of land area covered by forest 26. Ratio of area protected to maintain biological diversity to surface area 27. Energy use (kg oil equivalent) per \$1 GDP (PPP) 28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons) 29. Proportion of population using solid fuels
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water	30. Proportion of population with sustainable access to an improved water source, urban and rural
Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	31. Proportion of urban population with access to improved sanitation 32. Proportion of households with access to secure tenure (owned or rented)

Goal 8: Develop a global partnership for development

<p>Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</p> <p>Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally</p>	<p><i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked countries and small island developing States.</i></p> <p><u>Official development assistance</u></p>
<p>Target 13: Address the special needs of the least developed countries</p> <p>Includes: tariff and quota free access for least developed countries' exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p>	<p>33. Net ODA, total and to LDCs, as percentage of OECD/DAC donors' gross national income</p> <p>34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)</p> <p>35. Proportion of bilateral ODA of OECD/DAC donors that is untied</p> <p>36. ODA received in landlocked countries as proportion of their GNIs</p> <p>37. ODA received in small island developing States as proportion of their GNIs</p>
<p>Target 14: Address the special needs of land locked countries and small island developing States</p> <p>(through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the Twenty-second Special Session of the General Assembly)</p>	<p><u>Market access</u></p> <p>38. Proportion of total developed country imports (by value and excluding arms) from developing countries and LDCs, admitted free of duties</p> <p>39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>40. Agricultural support estimate for OECD countries as percentage of their GDP</p>
<p>Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p>41. Proportion of ODA provided to help build trade capacity^e</p> <p><u>Debt sustainability</u></p> <p>42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>43. Debt relief committed under HIPC initiative, US\$</p> <p>44. Debt service as a percentage of exports of goods and services</p>

Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	45. Unemployment rate of 15 to 24 year-olds, each sex and total ^f
Target 17: In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	46. Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47. Telephone lines and cellular subscribers per 100 population 48. Personal computers in use per 100 population and Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration signed by 189 countries, including 147 Heads of State, in September 2000 (www.un.org/documents/ga/res/55/a55r002.pdf - A/RES/55/2).

The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries determined, as the Declaration states, "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

Footnotes:

- ^a For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.
- ^b Amongst contraceptive methods, only condoms are effective in preventing HIV transmission. The contraceptive prevalence rate is also useful in tracking progress in other health, gender and poverty goals. Because the condom use rate is only measured amongst women in union, it will be supplemented by an indicator on condom use in high risk situations. These indicators will be augmented with an indicator of knowledge and misconceptions regarding HIV/AIDS by 15 to 24 year-olds (UNICEF – WHO).
- ^c To be measured by the ratio of proportion of orphans to non-orphans aged 10-14 who are attending school.
- ^d Prevention to be measured by the percentage of under-five years of age sleeping under insecticide-treated bednets; treatment to be measured by the percentage of under-five years of age who are appropriately treated.
- ^e OECD and WTO are collecting data that will be available from 2001 onwards.
- ^f An improved measure of the target is under development by ILO for future years.

References

1. Grown C, Gupta GR, A Kes. ***Taking Action: achieving gender equality and empowering women***. UN Millennium Project, Task Force on Education and Gender Equality, London, Earthscan, 2005.
2. Resolution A/RES/55/2. ***The United Nations Millennium Declaration***, New York, United Nations, 8 September 2000 (<http://www.un.org/millennium/declaration/ares552e.htm>).
3. World Report on Violence and Health. Geneva, World Health Organization, 2002.
4. Birdsall N, Ibrahim AJ, Rao Gupta G. Task Force 3 ***Interim Report on Gender Equality***, 1 February 2004. New York, Millennium Project, 2004 (<http://www.unmillenniumproject.org/documents/tf3genderinterim.pdf>).
5. Jewkes R, Intimate partner violence: causes and prevention. *The Lancet*, 2002, 359:1423-1429.
6. Heise L, Ellsberg M, Gottemoeller M. ***Ending violence against women***. Baltimore, MD, Population Information Programme, John Hopkins University School of Public Health, 1999 (Population Reports, Series L, No. 11), p. 13.
7. ***New IOM Figures on the Global Scale of Trafficking in Migrants***. Trafficking in Migrants Quarterly Bulletin, no. 23, April 2001. Geneva, International Organization for Migration, 2001 (http://www.iom.int/DOCUMENTS/PUBLICATION/EN/tm_23.pdf).
8. ***Report on the Global HIV/AIDS Epidemic***. Geneva, UNAIDS, 2002, pp. 116-117.

9. Rehn E, Johnson Sirleaf E. ***Women, War and Peace, Progress of the World's Women***. New York, UNIFEM, 2002.
10. Lindsey C. ***Women Facing War***. Geneva, International Committee of the Red Cross, 2001 (<http://icrc.org/Web/Eng/siteeng0.nsf/iwpList138/8A9A66C7DB7E128DC1256C5B0024AB36>).
11. Amnesty International. ***Lives blown apart: crimes against women in times of conflict***. ACT 77/075/2004 (<http://web.amnesty.org/library/Index/ENGACT770752004>).
12. Jefferson LR. ***In War as in Peace: Sexual Violence and Women's Status***. New York, Human Rights Watch, 2004 (http://hrw.org/wr2k4/15.htm#_Toc58744964).
13. McGinn T. ***Reproductive Health of War-affected Populations: What Do We Know?*** International Family Perspectives, 2001, Vol. 26, No. 4 (<http://www.guttmacher.org/pubs/journals/2617400.html>).
14. ***Seeking Protection: Addressing Sexual and Domestic Violence in Tanzania's Refugee Camps***. New York, Human Rights Watch, 2000 (<http://www.hrw.org/reports/2000/tanzania/>).
15. Evaluation of the Dadaab firewood project, Kenya. Montreal, EPAU, 2001 (<http://www.unhcr.ch/cgi-bin/texis/vtx/research/opendoc.pdf?tbl=RESEARCH&id=3b33105d4>).
16. ***Protection from Sexual Exploitation and Abuse*** (<http://ochaonline.un.org/webpage.asp?Site=sexex>).
17. Girls' education - the barriers to educating girls (www.unicef.org/girlseducation/index_barriers.html).
18. Violence in the Schools (www.hrw.org/reports/2001/children/6/htm).

-
19. ***Promoting girls education in Bora Dugda***. New York, UNICEF, Communications Section.
20. Case Study: Female Infanticide (www.gendercide.org/case_infanticide.html).
21. Jejeebhoy SJ. Associations Between Wife-Beating and Fetal and Infant Death: Impressions from a Survey in Rural India. *Studies in Family Planning*, 1998, 29(3):300-308.
22. Åsling-Monemi K, Pena R, Ellsberg MC, Persson LÅ. Violence against women increases the risk of infant and child mortality: a case referent study in Nicaragua. *Bulletin of the World Health Organization*, 2003, Vol. 81, No.1, pp. 10-16.
23. Campbell J, Garcia-Moreno C, Sharps P. ***Abuse During Pregnancy in Industrialized and Developing Countries***. *Violence Against Women*, 2004, 10(7):770-789.
24. Campbell J. ***Health Consequences of Intimate Partner Violence***. *The Lancet*, 2002, 359:1333.
25. Murphy CC, Schei B, Myhr TL, Dumont J. ***Abuse: A risk factor for low-birth-weight? A systematic review and meta-analysis***. *Canadian Medical Association*, 2001, 164(11):1567-1572.
26. UNAIDS 2004 ***Report on the Global AIDS Epidemic***. Geneva, UNAIDS, 2004, p. 22.
27. Maman et al. The Intersections of HIV and violence: directions for future research and interventions. *Social Science and Medicine*, 2000, 50:459-478.
28. Garcia-Moreno C, Watts C. ***Violence against women: its links with HIV/AIDS prevention***. *AIDS*, 2000, 14:5000-8000.
29. Xu et al. ***HIV-1 seroprevalence, risk factors, and preven-***

tive behaviours among women in northern Thailand.

Journal of Acquired Immune Deficiency Syndrome, 2000, 25(4):353-359.

30. ***Not a minute more: ending violence against women.***

UNIFEM, 2003, p. 39.

31. Dunkle et al. ***Gender-based violence, relationship power, and risk of HIV infection among women attending antenatal clinics in South-Africa.*** The Lancet, 2004, 363:1415-1421.

32. Martin S, Kilgallen B, Tsui AO et al. ***Sexual behaviours and reproductive health outcomes associated with wife abuse in India.*** JAMA, 1999, 282(2):1967-1972.

33. ***HIV Status Disclosure to Sexual Partners: Rates, Barriers and Outcomes for Women. A Review Paper:***

Geneva, World Health Organization, 2004

(<http://www.who.int/gender/documents/en/genderdimensions.pdf>).

34. The Impact of Voluntary Counseling and Testing, in UNAIDS/01.32E. Geneva, UNAIDS, 2001, pp. 19-22.

35. ***Women and Water: Development Issue.*** London, WaterAID, 2000 (www.wateraid.org.uk).

36. Fitzgerald MA. Firewood, Violence Against Women, and Hard Choices in Kenya. Washington DC, Refugees International, 1998.

37. Schuler SR, Hashemi SM, Badal SH. Men's violence against women in rural Bangladesh: Undermined or exacerbated by microcredit programmes? Development in Practice, 1998, 8(2):148-157.

38. Schuler SR, Hashemi SM, Riley AP, Akhter S. ***Credit programs, patriarchy and men's violence against women in rural Bangladesh.*** Social Science and Medicine, 1996, 43(12):1729-1742.

39. Balmori HB. *Gender and Budgets: Overview Report*. Institute of Development Studies, University of Sussex, 2003 (<http://www.bridge.ids.ac.uk/reports/spanish-budgets-or-doc>).

40. *Not a minute more: ending violence against women*. New York, UNIFEM, 2003, pp. 64-65.

Endnotes

¹ For more on the Millenium Goals, see:

<http://www.un.org/millenniumgoals>

² About the Goals, see:

<http://ddp-ext.worldbank.org/ext/MDG/homePages.do>

³ See WHO glossary in Gender Policy:

<http://www.who.int/gender/documents/engpolicy.pdf>

⁴ For further information, see: UN Convention against Transnational Organized Crime. Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children; Resolution A/RES/48/158; and International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families; A/RES/58/143. Violence Against Women Migrant Workers.

⁵ For recommendations on the protection of females in war and conflict, see: Rehn E, Johnson Sirleaf E. ***Women, war and peace, progress of the world's women***. New York, UNIFEM, 2002. For the work of UN High Commissioner for Refugees regarding women and children, see: www.unhcr.ch. For a list of relevant materials, see: www.rhrc.org/resources/gbv/.

⁶ The relationship between education and intimate-partner violence is complex: in some cases, women who are becoming more educated and empowered face a greater risk of violence as their male partners try to regain control.

⁷ See Recommendation 6 of the ***World report on violence and health***: “Integrate violence prevention into social and

educational practices, and thereby promote gender and social equality” (Geneva, World Health Organization, 2002).

⁸The findings on the relationship between violence in pregnancy and low-birth-weight are not entirely conclusive, but at least seven studies suggest that violence during pregnancy contribute substantially to low-birth-weight. See reference 25.

⁹Quotas have proven effective for women's political participation, but they have been less so in economic domains. Quotas that seek only to increase numbers of women and not to change the conditions and structures that allow free and full participation (i.e. chilly climates and norms that may promote women's representation when male family members have been exhausted) will have limited success - and may even increase women's burden.