

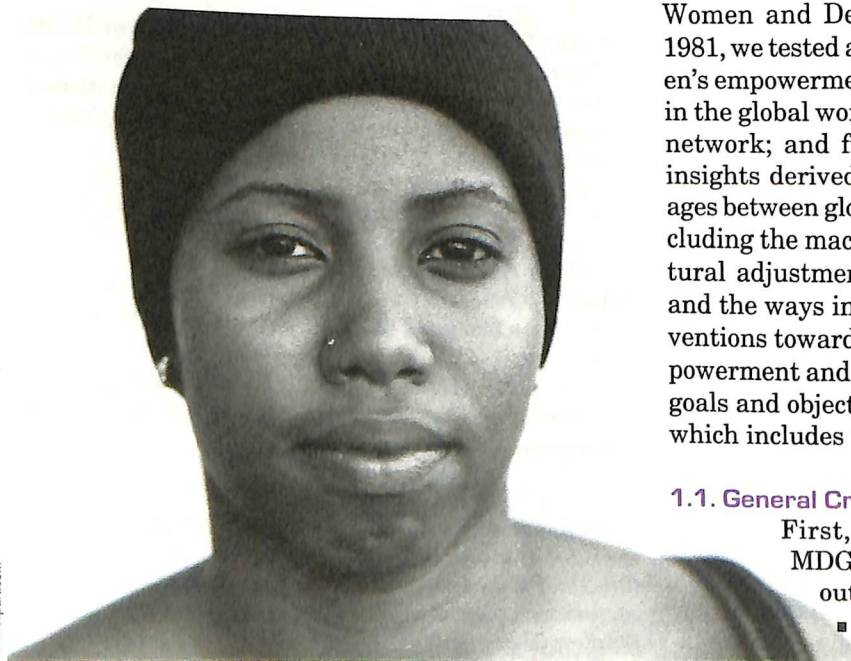
Gender Equality in the New Millennium: Goal or Gimmick?

By Peggy Antrobus, DAWN Caribbean

I want to introduce my discussion by making three points:

(i) I do not believe in the MDGs.¹ I think of them as Major Distraction Gimmicks—a distraction from the much more important Beijing Platform for Action (BPA) with its 12 Priority Areas of Concern,² which represent a much closer approximation of the complexity of the relationships between women's equality and empowerment (MDG Goal #3), and other MDGs and targets, particularly:

- MDG #1: Eradicating extreme poverty and hunger,
- Universal primary education (MDG #2),
- Reducing child mortality (MDG #4),
- Improving maternal health (MDG #5),
- Combating HIV/AIDS, malaria and other diseases (MDG #6), and
- Ensuring environmental sustainability (MDG #7 (including Target #10, Access to safe water).



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(ii) However, since I have accepted UNIFEM's invitation to present this analysis I will try to take them seriously and address the question of how they can be made to work to promote women's equality and empowerment in the Caribbean Community (CARICOM) region. So in this session, I will not limit myself to Goal #3, but try to highlight the gender dimensions of some of the MDGs that I consider particularly closely related to women's equality and empowerment—as a means and as an outcome.

(iii) Finally, my analysis and suggestions in relation to strategies "to ensure that gender inequalities are identified and addressed in the MDG monitoring process and in national policy responses from governments" will focus on Caribbean realities, including my own experience of working in this field for over 30 years—first, within the bureaucracy as Director of the Jamaican Women's Bureau; then as the head of what used to be UWI's major outreach programme for women (the Women and Development Unit, WAND) where, in 1981, we tested a pilot project aimed at promoting women's empowerment; also, as a feminist activist involved in the global women's movement as part of the DAWN network; and finally, drawing on the findings and insights derived from my doctoral study on the linkages between global trends, development strategies (including the macroeconomic policy framework of structural adjustment) and their impact on poor women, and the ways in which we might now approach interventions toward the goal of women's equality and empowerment and all that goes with that — meaning the goals and objectives of the Beijing Platform of Action, which includes the MDGs.

1.1. General Critique of MDGs

First, what can be said in favour of the MDGs? As UNIFEM and many others point out,

- Viewed within the context of "the new aid agenda," the MDGs provide a

common framework agreed to by all governments, complete with measurable targets and indicators of progress, around which governments, UN agencies, international finance institutions and civil society alike could rally.

- They provide a “strategic talking point for assessing what the barriers to the achievement of goals are, and provide a tool with which to hold both donor agencies and governments accountable. (White, 2001, 2002, cited by Ramya Subrahmanian, 2002:3)
- Regarding the goal on “gender equality and empowerment of women,” some would say it “can be celebrated as symbolic of the significant impact of feminist advocacy over years in making the case for gender-aware development (Ramya Subrahmanian, 2002:1), despite the fact that we know the emptiness of rhetorical statements on ‘gender.’

On the other hand, there is evidently widespread awareness of the limitations of the MDGs:

- their inadequate targets and indicators;
- their restriction to indicators that are quantifiable when much of what is most important, such as women’s equality and empowerment, is not easily quantifiable;
- their omission of important goals and targets, such as violence against women and sexual and reproductive rights;
- their silence on the context and institutional environment in which they are to be met.

I could go on...

I first heard of the MDGs in the outraged response of the global feminist community when the hard-won goal of women’s sexual and reproductive rights was excluded from the list. This is even more inexcusable given that women’s sexual and reproductive rights are not only a goal but a crucial target and/or indicator of progress under at least four goals—goal #3 (women’s equality and empowerment), goal #4 (child mortality), goal #5 (maternal health) and goal #6 (combating HIV/AIDS). The deliberate exclusion of this fundamental indicator of women’s human rights and empowerment from the MDGs symbolizes both the lack of sincerity on the part of the majority that voted on them, and the struggle that lies ahead for anyone who seriously seeks equality, equity and empowerment for women.

In fact, a major problem of the MDGs is their abstraction from the social, political and economic context in which they are to be implemented—the ‘political economy’ of the MDGs.

1.2. The Political Economy of the MDGs

Specifically, the exclusion of the goal of women’s sexual and reproductive rights reflects the power of the forces of religious fundamentalism that emerged from the processes surrounding the 1994 International Conference on Population and Development, that continued to gain strength in the context of the ongoing economic struggles of the South against the spread of neo-liberalism in the late 1990s, and that have received a boost from the right-wing control of the current US administration.

In the Caribbean, the impact of the ‘male marginalisation’ thesis—the regional equivalent of the worldwide backlash against advances in women’s rights—reinforces the opposition to women’s sexual and reproductive rights and serves to inhibit women’s activism.

In addition to the political context of the spread of religious fundamentalism and the male backlash against women’s rights, there is the spread of economic fundamentalism in the form of the neo-liberal agenda through the World Trade Organization (WTO)-enforced trade liberalization. In fact, the major limitation of the MDGs lies in the absence, in the official literature on these goals, of acknowledgement of the extent to which the neo-liberal policy framework, starting with the 1980s macroeconomic policy framework of the Washington Consensus (including structural adjustment policies), served to halt and reverse progress toward the achievement of these goals (with the possible exceptions of goals #3 and #7). There was widespread consensus of such a finding in the UN Development Decades of the 1960s and 1970s—in other words, until the election of Ronald Reagan in the USA and Margaret Thatcher in the UK as the 1970s came to an end.

This policy framework, with its ‘marketisation of the state’ and its emphasis on privatization and reforms that diminish the role of the state, has been reinforced by trade liberalization and the new trade agreements enforced by the WTO. A consequence of trade liberalization that has immediate relevance to the implementation of the MDGs in the Caribbean is

the loss of government revenues resulting from tariff reductions and the sale of profitable government assets. For example, estimates were that in Grenada, over 50% of government revenues were derived from import duties. How are governments now to finance primary health care and basic education when they are under pressure to reduce their sources of public finance?

To the extent that all the goals relate to the role of the state, one must ask how feasible it is that states weakened by the requirements of neo-liberalism and whose revenues are reduced by privatization and trade liberalization can be expected to achieve the goals and targets of the MDGs?

2. Women and the MDGs

From the perspective of women, the context in which these MDGs are discussed contains the twin demons of religious and economic fundamentalism, which both have, at their core, the subordination and exploitation of women's time, labour and sexuality for the benefit of patriarchal power on the one hand, and capitalism on the other. I cannot imagine a less 'enabling environment' for the promotion of policies and programmes for the achievement of women's equality and empowerment—as well as for all MDGs, dependent as they are on this central goal.

On the other hand, since all the goals (with the exception of the last) relate to biological and social reproduction, women's equality and empowerment are critical to their achievement. This provides women with a strategic opportunity for engaging in the policy dialogue around goals that have come to occupy a privileged position in the processes of socio-economic planning and in the policy dialogue between governments and donors. The inclusion of goals and targets of major interest to women in the MDGs provides a strategic talking point for assessing the barriers to the achievement of these goals, and to the extent that women's subordination and exploitation represents a major barrier to the achievement of most of the goals and targets, the MDGs can be a tool with which to hold both donor agencies and governments accountable.

With all their limitations, therefore, women's advocates inside and outside the bureaucracies of governments and donors ought to use the opportunities they provide for advancing our agenda.

2.1. Gender Equality and Women's Empowerment

Goal #3, gender equality and women's empowerment, is the goal to which women are expected to pay greatest attention. Time does not permit me to go into detail about the problems associated with this goal, and in particular, its totally inadequate target (for the Caribbean) of "Eliminating gender disparity in primary and secondary education" and indicators of

- ratio of girls to boys in primary, secondary and tertiary education (indicator #9);
- ratio of literate women to men in the 15-24 age group (indicator #10);
- share of women in wage employment in the non-agricultural sector (indicator #11); and
- proportion of seats held by women in national parliaments (indicator #12).

The inadequacy of these indicators in advancing the rights of Caribbean women is plain to see, because apart from the indicator on "women in parliaments," women in CARICOM countries have already achieved this target! As they say, we've "been there, done that," yet we can hardly speak of equality, equity and empowerment in a situation where

- poverty persists,³
- violence against women continues unabated,⁴
- there is increasing hostility against women (possibly generated by these very achievements in education and employment),
- the spread of HIV/AIDS is the second highest after Sub-Saharan Africa and spreading most rapidly among women,⁵ and
- only two CARICOM countries (Barbados and Guyana) provide for abortion services that are accessible, safe and affordable.

So, while the indicators on education and literacy represent major achievements for women everywhere, the Caribbean experience shows how inadequate they are as indices of empowerment. Here in the Caribbean, they certainly have not translated into improved access to employment, incomes and decision-making positions in the public domain, or political office. Moreover, despite efforts to change this, there is still a great deal of sex-role stereotyping in the school curriculum that limits the options of girls.

Regarding the indicator on the number of women in parliaments, I would say that whether this is an indicator of women's empowerment depends on the

circumstances under which women candidates take part in parliamentary elections. In CARICOM, with few exceptions,⁶ the women who run and win owe their victories to the men who make the decisions within the political parties. And, women who challenge male privilege are not likely to be among these. More important, once in office, women (and men) tend to cede their own power to that of government and are unlikely to have the freedom to “make definitions about their lives and act upon them”—that is, to demonstrate empowerment and agency, especially in relation to gender issues.

UNIFEM has proposed additional indicators,⁷ and the addition of indicators on women’s economic equality in relation to

- tracking women’s participation in informal wage work,
- developing a decent-work indicator
- creating a target to end gender disparity in wages, and
- measuring the extent to which women are paid a living wage.

These are useful, but they are still not adequate for a region that has one of the highest levels of literacy, education and labour force participation rates in the world. The indicators of women’s equality and empowerment in the Caribbean would have to include indicators on

- the incidence of rape and domestic violence,
- access to health services that respect women’s sexual and reproductive rights and embody the principles of the Programme of Action from the International Conference on Population and Development,
- access to and control of land, access to credit, and
- equality before the law.

Nevertheless, in my view CARICOM women should pay as much attention to the gender dimensions⁸ of the other goals as they do to this one. We have much more to gain from this approach than to one that concentrates on the goal of gender equality.

2.2. Other Important Goals for CARICOM Women

For women in CARICOM countries, goals #1 (eradication of extreme poverty) and #6 (combating HIV/AIDS) should be of much greater concern, although the “extremes of poverty” suggested by a Purchasing Power Parity (PPP) of \$1 a day are probably

uncommon in the CARICOM. However, there are problems with these goals as well. An obvious problem with the targets and indicators of these goals is that they are not disaggregated by gender, although the gender dimensions of all are clear.

True, disaggregation is not without its problems. As Diane Elson warns, “The basic problem with disaggregation is that it focuses on the separate characteristics of men or women, rather than the social institutions of gender as a power relation.” (Elson, 1998:160). Despite this, the recognition of the disparity between men and women in terms of poverty or the incidence of HIV/AIDS is an important starting point in designing policies, programmes and strategies that address the specific problems of women in these areas. Moreover, to the extent that both areas represent priorities for most CARICOM governments—in the way that gender equality and women’s empowerment certainly does not—a focus on these goals can be an especially useful for CARICOM women.

2.3. Poverty Eradication

Along with violence against women (not included as a target or indicator in the MDGs), poverty is one of the leading concerns identified by Caribbean women. The gender-blindness of the goal on income-poverty eradication is particularly problematic especially as poverty is recognized as a “highly gendered phenomenon, and in ways that are not captured by income or headcount measures.” (Ramya Subrahmanian, 2002:10)

For Caribbean women it is particularly important to recognize that the “outcomes of poverty are embedded in processes and relations of gender” and that poverty reduction programmes must take these into account. For example, poverty reduction programmes must provide for a range of services, including low-income housing; access to water and sanitation; health services that integrate primary health care, maternal and child health, family planning, cancer detection, services for the detection and treatment of sexually transmitted diseases and HIV/AIDS; free and compulsory primary education; day care programmes; and access to credit, land and skills training. They must also ensure that the minimum wage legislation extends to domestic workers and other categories of low-income work.

Because of the primary responsibility most women have in the care of children, the elderly, and the sick and disabled, their income-earning capacity is more limited than the men's. This also means that the incidence of poverty among women is higher. Moreover, in the Caribbean, given the characteristics of the majority of families,⁹ the earnings of women also affect the wellbeing of the entire family, especially the children and the elderly. Women's poverty is therefore more severe than men's, and has more serious consequences on vulnerable groups.

However, while poverty is a major concern for women, women advocates should be aware of the tendency of governments and donors alike to "collapse gender concerns within the wider category of poverty as it enables the use of a fairly depoliticised and needs-based discourse as requiring focus on women within poor households, rather than gender disadvantage *per se*." (Ramya Subrahmanian, 2002:11). This masks the uneven distribution of power and resources within households, especially when there are men¹⁰ Caribbean women know only too well that the men of the household receive the major share of food, and their needs take priority over those of the other household members. The assumption (often accepted by the women themselves) that men are the "heads" of the household could work against the interests of women who indeed carry the main responsibility for the care and maintenance of households.

Finally, the link between gender equality, women's empowerment and food security is critical in poor households: while Caribbean men can (and do) walk away from household responsibilities when they are not in a position to offer financial support, women stay and will do whatever it takes to "put food on the table."

2.4. Combating the Spread of HIV/AIDS

The lack of attention to gender in the goal and indicators on the spread of HIV/AIDS is especially problematic. As in the case of poverty, HIV/AIDS is a highly gendered phenomenon. Central to the spread of the disease is the issue of sexuality and women's sexual and reproductive rights. No amount of education can protect a woman from exposure to the virus if she cannot negotiate safe sex. As Sheila Stuart points out, young women and girls are particularly vulner-

able when they engage in sex with older men, especially those in positions of authority, such as clergymen, teachers and employers. In the Caribbean, there is also a high incidence of incest and the exposure of young girls to sexual assault by the male partners of their mothers is common. The figures confirm this. According to a UNAIDS Fact Sheet dated February 2001, in Trinidad & Tobago, HIV rates are five times higher among girls than boys aged 15-18 years, and this is probably true of other countries in the region.

These are issues that should be discussed as part of any programme for combating the spread of HIV/AIDS in this region, and it is up to women to raise these questions. Unfortunately, the hostility and resentment shown by men toward women that underlies the 'male marginalisation' thesis in this region makes an open discussion of these issues especially difficult and hardly conducive to the kind of mutual respect and consideration necessary for the exercise of sexually responsible behaviour.

The indicators of prevalence rates among pregnant women 15 to 24 years old, as well as those of condom use, are especially appropriate for the region. According to the same UNAIDS Fact Sheet: (i) at one surveillance centre for pregnant women in Jamaica, girls in their late teens had almost twice the prevalence rate of older women, and (ii) a large survey of men and women in their teens and early 1920s in Trinidad and Tobago shows that less than one-fifth of the sexually active respondents always used condoms, and two-thirds did not use condoms at all.

Although the ratio of male to female in adult AIDS cases is 2:1 in the region, the rapid increase in HIV/AIDS among women can be gauged by the increase from 5:1 in Barbados when the disease was first detected to the current 1:1.

The ratio of 2:1 also conceals the ratio by age group. When the figures are closely examined, the difference between male and female becomes smaller, and there is evidence that the rate of increase among young women may be higher than that of men in the same age group. Thus, in Barbados in January to June 2002, more girls than boys in the age group 15-19 have AIDS, while in the age group 25-29, the ratio of male to female is about equal, and the ratio between men and

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women in the 35-39 age group is lower than for the other age groups. Women advocates should press for sex-disaggregated data in this area.¹¹

Above all, women's advocates ought to draw attention to the imperatives of women's sexual and reproductive rights as the cornerstone to any effective programme for combating the spread of HIV/AIDS, even if this is presently excluded from the MDGs, targets and indicators.

2.5. Other Goals and Targets of Special Concern to Women

Other goals and targets of special concern to women are

- reduction of under-5 mortality rate (Goal #4)
- improved maternal health (Goal #5)

- access to safe drinking water (Goal #7, Target #10) and
- improvements in the lives of slum dwellers (Goal #7, Target #11)

Statistics are needed to understand the extent of these problems for the Caribbean. For example, while there have been substantial improvements in infant and maternal mortality rates in the 1960s and 1970s in the processes leading up to and following independence, it is important to examine how these reversed in the past two decades with the onset of the HIV/AIDS pandemic, along with the deterioration in public health services.

There are also major problems with the indicators for Goal #5. To limit the indicator of reduced maternal mortality rates by three-quarters to the "proportion of births attended by skilled health personnel" is to ignore the importance of women's access to maternal and child health services, including family planning services. In the context of deteriorating public health services and the hostility of the current US administration¹² to the inclusion of abortion in family planning programmes, and even the use of condoms, this indicator is particularly inadequate.

As in the case of education, CARICOM governments held a record of steady improvements in the provision of public health services throughout the 1960s-1970s. These services are (at) jeopardized, however, by the pressures on states that came with the spread of neo-liberalism. It is important to assess the status of public health services in CARICOM countries at the present time,¹³ especially in the context of pressures to liberalise trade in services (through the proposed General Agreement on Trade in Services).¹⁴

There is a similar risk to public water supplies. A recent document by the European Union indicates its preparedness to pressure governments to privatize water supplies. It is difficult to reconcile the pressure from powerful governments on poor countries to privatize water and liberalise trade in services while appearing to support the goals and targets of poverty reduction, access to safe drinking water and improvements in the lives of slum dwellers.

3. Strategies to Ensure that Gender Inequalities Addressed in the MDG Monitoring Process

According to Jan Vandemoortele (“Are the MDGs Feasible?,” in the forthcoming *Is ‘Development’ Achievable By 2015?*), the world is way off the mark in meeting the MDGs by 2015. Nevertheless, there is value in developing strategies to ensure that gender inequalities are identified and addressed in the MDG monitoring process and in national policy responses from governments. The discussion above suggests some of the areas where gender is crucial.

“The achievement of the MDGs will require broad-based social mobilization, including not only governments and development agencies but also civil society. Women’s organizations will have to be vigilant in international and national monitoring of achievement in assessing progress towards the achievement of Goal #3 and the gender dimensions of all other goals,” UNIFEM’s *Progress of the World’s Women 2002: Volume 2 on Gender Equality and the Millennium Development Goals* (Elson, with Keklik) acknowledged.

Most of the portion “Innovations in Measuring and Monitoring” focuses on improving national statistics, creating alternative indicators and indices, and supporting studies. However, as valuable as these are, they are meaningless without a strong and active women’s movement to monitor those officials mandated to monitor the progress in the MDGs.

I am reminded of a project on gender-sensitive statistics undertaken by the Women’s Desk of the CARICOM Secretariat some years ago. Although the workshops were well-attended by statistical officers from across the region, the data available today hardly improved. The lack of sex-disaggregated data mentioned earlier—in the presentation on HIV/AIDS in the Caribbean funded by CAREC (Caribbean Epidemiological Centre), PAHO/WHO, and the Caribbean Development Bank—represents the norm. There is really no commitment to collecting such data because there is little agreement on the importance of this issue. It seems that for the bureaucracies in the region, it is sufficient for the governments to sign commitments, pledges and conventions. Taking action is an entirely different matter. Even when there is action, it is so ineffective it gives credence to those who dismiss the whole issue of gender equality as a gimmick.

My experience in setting up the Jamaican Women’s Bureau in 1975 was that a three-pronged approach was essential to effective action:

1. A well-placed and well-staffed mechanism within the bureaucracy with access to all government ministries;
2. Political support from the women’s organization within the political parties, especially the governing party; and
3. Strong autonomous feminist-oriented women’s organizations.

Working together, these three groups were able to generate and initiate strategies that ushered in real advances in bureaucratic arrangements, legislation and programmes within a relatively short period of time.¹⁵ The gender affairs bureaus have a crucial role in monitoring and measuring the implementation of MDGs, and this means three things:

- The bureaus should be upgraded and their locations, reviewed;
- Their links with key ministries—health, education, labour, finance and planning, and foreign affairs—should be strengthened; and
- The bureaus have to have a strong relationship with women’s organizations, especially those with an activist orientation.

Another strategy worth examining is one that would link work on MDGs to work on gender budgets. The most effective work on gender budgets takes place at the level of civil society as well as within the bureaucracy. This work is just beginning in the Caribbean, and judging from experience in Latin America and elsewhere, a great deal has to be done to evolve a mechanism that ensures support to this within the bureaucracy. Here again, a link between those working on the inside and those on the outside is essential.

My own work in community development in the 1960s and 1980s and now with the Gender and Trade Network suggests that economic literacy programmes that enable women and men at the community level and in NGOs to understand how policy frameworks are influenced by global trends and agreements is an important base for the construction of proposals of policy alternatives that would lead to goals such as poverty eradication, advances in education, improved health and environmental protection—in other words, the MDGs.

All the MDGs are political issues, none more so than the goal of gender equality and women's empowerment, and they will never be achieved if we continue to treat them as issues that can be addressed by purely technical means. No matter how good the indicators, no matter how accurate the statistics, nothing can be achieved without political will. A women's movement with an analysis of power and a set of carefully thought-out strategies is essential to the achievement of the MDGs.

However, given that the MDGs are weak on the goal of gender equality and that the gender dimensions of the other goals are almost invisible, those committed to the advancement of women's equality and empowerment, starting with UNIFEM and the women/gender desks and divisions of governments and donor agencies, to international and national women's organizations, should consider putting their efforts into developing strategies for monitoring and measuring progress toward the achievement of the Beijing Platform of Action, rather than abandoning it for the MDGs. After all, the BPA is theoretically consistent,¹⁶ includes all the MDGs, and already has a constituency of support in an array of women's organizations and networks, research and training centres, media and communications programmes and international campaigns, not to mention mechanisms within bureaucracies at every level already working on the follow-up to the BPA.

In order to benefit from the high-profile attention received by the MDGs as the new consensus framework for development discourse and assistance, work is needed to link the MDGs to the BPA in terms of targets and indicators. New targets and indicators drawn from the BPA—such as violence, sexual and reproductive rights, gender equality in the labour force, time use, etc.—will have to be added. This construction of new indices is ongoing. In Africa, the UN Economic Commission for Africa (UNECA) is working on a Gender Status Index and an African Women's Progress Scoreboard, while in our own region, UNECLAC (the UN Economic Commission for Latin America and the Caribbean) is working on Indices of Fulfilled Commitments. While I do not know enough about these to know for certain whether they are linked to the BPA, my point is that the BPA is a better framework for addressing all the MDGs. Therefore, instead

of abandoning this for a new project on gender equality, UNIFEM might support work that links the two. Strategically, this means that when others talk MDG, we must think BPA! We must substitute the Best Plan of Action (BPA) for the Most Distracting Gimmick (MDG)! Certainly, in the Caribbean, our resources are far too limited for us to spread them over a number of initiatives that are essentially no different from each other.

One of the problems with global targets is that they are not appropriate or easily applied across the board. As in the case of education in the Caribbean, the target or indicators may already have been achieved in a particular region or country, which makes the other targets or indicators appear "more important." Each region must identify indicators and devise strategies that correspond to the resources and capabilities at its disposal. In the Caribbean, the goals of poverty eradication and halting the spread of HIV/AIDS must be the priority of those who wish to advance gender equality and empowerment.

Moreover, all of this must be done with the awareness of the ways by which neo-liberalism, religious fundamentalism and the male backlash have spread, thereby jeopardizing all the goals. We must develop an approach to the MDGs that allow us to use a redefined goal of women's equality and empowerment as an entry point for addressing all the other MDGs. This way, women's equality and empowerment might be seen for what it is: both an end and the means for making progress in all the MDGs.

This was the author's presentation to the Working Group on the Millennium Development Goals (MDGs) & Gender Equality during the UNDP Caribbean Regional Millennium Development Goals (MDGs) Conference held in Barbados on 7-9 July 2003. Her e-mail address is <pan@caribsurf.com>.

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Footnotes:

¹ These include: (1) Halving extreme poverty and hunger, (2) Achieving universal primary education, (3) gender equality and empowerment of women, (4) Reducing under-five mortality, (5) Improving maternal health, (6) Combating HIV/AIDS, malaria and other diseases, and (7) Ensuring environmental sustainability.

² These include: (1) Poverty, (2) Education and Training, (3) Access to Health Care and Related Services, (4) The Elimination of Violence Against Women, (5) Women Living in Situations of Conflict and Under Foreign Occupation, (6) Economic Structures and Policies, (7) Sharing of Power and Decision-Making, (8) Mechanisms for the Advancement of Women, (9) Human Rights, (10) Access to Communications Systems, (11) Management of Natural Resources, and (12) Rights of the Girl Child.

³ While I have not had the time to review the data, we might note that the Caribbean Development Bank conducted a series of 'poverty studies' in the late 1990s and that these data were not disaggregated. It would also be interesting to see the data of other 'experts' at this consultation.

⁴ It is notoriously difficult to get accurate data on this. Roberta Clarke's report "Violence Against Women in the Caribbean" prepared for UNIFEM and the Inter-American Commission of Women in 1994 highlights the problem.

⁵ Within three years of the report of the first case of AIDS, female and paediatric cases represented 23% of the total. There is now parity between the number of men and women with AIDS, and the spread of HIV/AIDS among women aged 15-24 is the highest for any age group.

⁶ The exceptions are those women too powerful to be ignored like Eugenia Charles in Dominica, Portia Simpson in Jamaica, and Billie Miller and Mia Mottley in Barbados. However, none of these identified themselves with the political agendas for women's equality.

⁷ See UNIFEM, *Progress of the World's Women*, Volume 2 on Gender Equality and the Millennium Development Goals for an assessment of progress on the MDGs and suggested additional indicators for the goal of Gender

Equality and Women's Empowerment.

⁸ See paper by Ramya Subrahmanian on gender equality and the MDGs.

⁹ For example, the high proportion of families dependent on the income of women, and the high incidence of female-headed households.

¹⁰ A point of interest in the Caribbean is that women with limited resources often fare better in female-headed households than in one headed by a man. A study of women in Jamaica during the economic crisis of the 1980s by Lynn Bolles shows that when the woman is the sole breadwinner, a male partner is less likely to provide assistance in the domestic chores and child-care that the working woman needs. When there is a second woman in the household, she not only assists in household maintenance, but also engages in her own income-generating activities (e.g., small-scale trading, crafts or paid domestic work) to augment the household income.

¹¹ It is disturbing that the presentation highlighting "Eighteen Years of the HIV/AIDS Epidemic in the Caribbean" does not use sex-disaggregated data in its chart tracking the rise of the disease, or in any chart other than a pie chart showing the male-female ratio. This only shows that the data exists but is not used.

¹² The link between the right-wing Christian coalition in the US and the Vatican is clear in these matters.

¹³ Pan-American Health Organization (PAHO) may have information on this. However, to the extent that PAHO, along with other UN agencies, has 'bought into' the ideology of neo-liberalism with its promotion of cost-recovery programmes in public health and the privatization of services as part of health sector reforms, the agency cannot be expected to present an unbiased picture.

¹⁴ The Caribbean Gender and Trade Network (CGTN), which is part of the International Gender and Trade Network, monitors the trade negotiations and is an important source of information. The programme of CGTN also includes research and economic/trade literacy. These are resources available to women's organizations in this region.

¹⁵ Starting with the appointment of an Advisor on Women's Affairs early in 1974, the women within the PNP were able to arrange for post to be converted into a Women's Desk in the Ministry of Social Welfare, and within a year, into a Women's Bureau in the Office of the Prime Minister. A full account of this experience is included in my Lucille Mair lecture delivered at the Mona Campus, UWI, in 2000.

¹⁶ It falls within a theoretical framework of social reproduction, which relates to the realities of women's lives and the ways in which women organize.

Source: <<http://www.dawn.org.fj/regional/docs/peggyndgpaper.doc>>