Testing the impact of gender equality on reproductive health: An analysis of developing countries

Guang-zhen Wang

Department of Sociology, College of Social and Behavioral Sciences, University of Texas – Pan American, 1201 West University Drive, Edinburg, TX 78541, USA

Abstract

This paper proposes a conceptual framework to explore the impact of gender equality on women’s reproductive health with economic and political development as background factors. The data for the study are obtained from 136 developing countries. Structural equation analysis is used to test the hypotheses. The proposed model of women’s reproductive health is basically supported by the empirical findings from the developing countries. First, the findings underscore the proposition that gender equality has a pivotal role to play in the promotion of women’s reproductive health. The second finding points to the importance of economic development in predicating women’s reproductive health. Finally, a positive and statistically significant relationship is found between economic development and gender equality. The results reinforce the Cairo Program of Action that women’s reproductive health is contingent upon development policies and gender equality in society.

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1. Introduction

Reproductive health is a relatively new concept in the international discussion on health and population (Ashford, 2001). About two decades ago, much of the world’s attention centered on the demographic goal of reducing population size especially in developing countries. The global women’s rights movement in the 1990s changed the discourse on population and health fields by recognizing that women’s health is contingent upon the social environment and the power relations between women and men (Mann, 1996, 1997). The ICPD Program of Action (1994, 2004), the Beijing Platform of Action (1995), and the United Nations Millennium Declaration (2000) have all reiterated the international obligations to the advancement of
women’s reproductive health. Reproductive health is defined as “a state of complete physical, mental, and social well-being, and not merely the absence of diseases or infirmity, in all matters relating to the reproductive system and to its functions and processes.” (Chapter VII, ICPD, 1994).

In spite of the changes in approach and the global effort to improve women’s reproductive health through the enhancement of women’s rights and gender equality, very few studies are grounded on empirical evidence (Villarreal & Guerny, 2000). Empirical research on the relationship between women’s reproductive health and social-structural variables is lacking (Bird & Bauman, 1995; Mann, Gostin, Gruskin, Troyen, & Fineberg, 1999; Stivens, 2000; Wittrock, 2000). Lane (1994) considers research on reproductive health and women’s human rights to be “a neglected area.” (p. 1310).

Current research on reproductive health suffers certain drawbacks. First, social science research on reproductive health is mostly descriptive and focuses on behavioral correlates among individuals (Matthews, Ribar, & Wilhelm, 1997; Parker, 2001, 2002). Second, methodological issues related to the measurement of reproductive health and gender equality have not been adequately addressed. Jacobson (2000) points out that one of the obstacles that have hindered the progress of women’s reproductive health is the lack of the conceptual and operational meanings of key concepts. Sen, George, and Ostlin (2002) argue for a quantitative research methodology with variables defined and measured.

Differing from the existing bioscience and public health models, this paper proposes a conceptual framework to examine the impact of gender equality on women’s reproductive health in the context of economic and political development. The proposed model links women’s reproductive health to gender equality measures and development policies (Birn, 1999; Chatterjee & Riley, 2001; Klitsch, 1999). The data for the study are obtained from 136 developing countries.

2. Conceptual framework

Recent health literature suggests several social and economic antecedents of reproductive health (Adler et al., 1994; Fathalla, 1992; Pappa, Green, Hadden, & Fisher, 1993; Orubuloye, Oguntimehin, & Sadique, 1997; Roberts, 1997). In this study, economic development, political development, and gender equality are hypothesized to influence women’s reproductive health.

2.1. Gender equality and women’s reproductive health

The status of women is a major issue in social and policy studies (Bradley & Ramirez, 1996; Forsythe, Korzeniewicz, & Durrant, 2000; Ramirez, Soysal, & Shanahan, 1997). Social scientists point out that one of the most important preconditions for women to achieve reproductive health is the socioeconomic and political environment where women are able to acquire their claims to reproductive health and the control over the circumstances under which they live (Dixon-Mueller, 1993; Hartmann, 1987; Howard, 1995; Orloff, 1993; Petchesky, 2000; Sims & Butter, 2000). Sen (1994) argues that the existing social, economic, and political systems tend to favor men in two ways. First, structural obstacles restrain women from obtaining social resources. The employment structure, for example, tends to increase women’s economic
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