

Empowering the Girl Child, Improving Global Health

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ABSTRACT

The health and productivity of a global society is dependent upon the elimination of gender inequities that prevent girls from achieving their full potential. Although some progress has been made in reducing social, economic, and health disparities between men and women, gender equality continues to be an elusive goal. The Millennium Development Goals (2000–2015) and the Sustainable Development Goals (2015–2030) include intergovernmental aspirations to empower women and stress that change must begin with the girl child.

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The health of women, families, communities, and global society are dependent upon the education, empowerment, and well-being of young girls. No nation can achieve its full potential when half of the population is marginalized and disempowered (Gates, 2014). The adequate nutrition, education, safety, and personal development of girls affect more than the health of the individual child. Although some progress has been made to reduce social, economic, and health disparities between men and women in the past 20 years, gender equality continues to be an elusive goal, particularly in the developing world (Davidson et al., 2011). The young female child bears the brunt of discrimination that perpetuates an intergenerational cycle of inequities. The purpose of this article is to discuss extant practices that perpetuate the intergenerational cycle of disempowerment of girls and highlight programs designed to improve the bio-psycho-social and cultural health of the girl child.

Regions around the world face different health challenges because of varied socioeconomic and geographic conditions (Wong et al., 2015) that include the lack of empowerment of girls and women. Nurses are the largest group of health care providers and have the most direct effect on people's health (Wong et al., 2015). In their article on innovations in low- and middle-income countries to empower women and strengthen health systems, Krubiner, Salmon, Synowiec, and

Lagomaron (2016) reported that "women's empowerment and global health promotion are both central aims in the [world's] development agenda, with positive associations and feedback loops between empowerment and health outcomes" (p. 17). Most of the work on connections between health and empowerment has been focused on women as health consumers, but Krubiner et al. (2016) also examined ways that various health programs can empower women as providers, specifically nurses and midwives.

History and Background of the Girl Child Movement

At the turn of the century, global leaders made a historic commitment to eradicate extreme poverty and improve the health of the world's poorest people within 15 years. This commitment was adopted at the Millennium Summit in September 2000 and set forth as the United Nations (UN) Millennium Declaration. The declaration consisted of eight time-bound goals, known as the Millennium Development Goals (MDGs), to be achieved by the year 2015 (UN, 2000). All eight of the MDGs were interdependent and related to the health of women and girls. However, Goal 3: Promote Gender Equality and Empower Women set the stage for the advancement of the Girl Child Movement (Children's Movement, 2012). The Girl Child Campaign was initiated in the 1980s in Namibia, has evolved to become part of

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a larger network in Africa, and was renamed the *Girl Child Movement* in 2006. The Girl Child Movement has expanded to a global phenomenon with the overarching goals of raising awareness and initiating action to alleviate problems experienced by girls at the hands of men.

The UN also declared that October 11 would be the International Day of the Girl Child (UN Women, 2012). The first of these annual celebrations was held in 2012, and each set forth a specific focus for the coming year. The resolution was adopted by the General Assembly in 2011. Themes for each of the celebrations include Ending Child Marriage (in 2012), Innovating for Girls' Education (in 2013), Empowering Adolescent Girls: Ending the Cycle of Violence (in 2014), and The Power of Adolescent Girl: Vision for 2030 (in 2015). The idea for an international day of observance and celebration grew out of Plan International's *Because I Am a Girl* campaign. Plan International initiated the *Because I am A Girl* campaign in 2012 with the intent to ensure that girls learn, lead, decide, and thrive and has expanded to over 500 projects throughout the world (Plan International, 2015).

In the Gender Action Plan (2014–2017), the UN Children's Fund (UNICEF; 2014) places gender equality and the empowerment of girls at the forefront of their strategic plan for the same time frame. Four priorities are targeted in this plan: ending child marriage, advancing girls' secondary education, promoting gender-responsive adolescent health, and addressing gender-based violence. During the first year of the initiative, 75% of UNICEF-supported programs addressed at least one of these targeted priorities (UNICEF, 2015). An increase in commitment of resources, improved data reporting systems, and strengthened staffing have improved the capacity to address gender inequities worldwide.

In September 2015, global leaders examined the positive outcomes of the MDGs. *The Millennium Development Goals Report 2015* (UN, 2015) is based on a master set of data on MDG indicators that were used for periodic assessment of progress toward achievement of the MDGs. In this comprehensive report, the UN outlined achievements and opportunities for future

growth. These opportunities are directly addressed with 17 new Sustainable Development Goals that will guide future global actions. The Sustainable Development Goals now serve as a roadmap to improve health and gender equality by 2030 and assert that women and girls are key figures in the achievement of each. The commitment by UN agencies and UN member states, civil society organizations, and private sector stakeholders to actualizing the potential of adolescent girls in becoming agents for their own empowerment will also promote gender equality and facilitate positive, sustainable advancement of their nations.

Krubiner et al. (2016) developed "hallmarks of empowerment," or the kinds of pathways and inputs that contribute to women's empowerment and consumers and providers of health care: opportunities for greater education and professional training; opportunities for employment and income generation; promotion of autonomy; increased mobility; access to credit; ownership of properties, assets, and businesses; and enhancements to self-esteem and self-efficacy (Krubiner, et al., 2016). Girls will not be able to achieve any of these hallmarks of empowerment if they cannot overcome the barriers described in the next section. Before we can implement strategies to reach gender equality, it is important to examine the barriers that currently prevent girls from achieving their full potential in a global society. Although education and health statistics are readily accessible, measures of empowerment are less tangible and more elusive.

Barriers to Achieving Full Potential

The five barriers that consistently undermine the achievement of gender equity as summarized by UNICEF (2014) include the following: **Q1** women's and girls' lack of safety and mobility; women's and girls' lack of resources and decision making; limited access to information, knowledge, and technology for women and girls; excessive time burden and dual responsibilities experienced by women and girls; and damaging and detrimental masculine and feminine ideals and expectations. The consistent incorporation of these barriers in funding proposals and reported outcomes targets specific data collection for better assessment of current programs and planning of future interventions. Factors that influence the propagation of the barriers include the following.

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