

# Empowering women in the EU and beyond

## Education and reproductive health

In the EU, gender equality in education and several other policy areas is protected by law. In practice, however, full gender equality has still not been achieved. Beyond the EU, the United Nations Educational, Scientific and Cultural Organization (UNESCO) has found that [millions of girls](#) are still being denied an education. Therefore, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) is [calling](#) for all countries to repeal discriminatory laws that create barriers for women and girls not only in education, but also in access to healthcare, decent jobs and equal pay. The right to sexual and reproductive health (SRH) is not only an integral part of the general right to health but is also [fundamentally linked](#) to the enjoyment of many other human rights, according to UN experts.

The UN [Guidelines on Reproductive Health](#) define reproductive health as a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life. The [Convention on the Rights of the Child](#) (CRC) guarantees children (0-18 years) the [right to information and services to survive](#), and to grow and develop to their full potential. Children in many countries still do not have access to education, [guaranteed either in law](#) or in [practice](#). Increasingly, adolescent girls also face economic and social demands that [further disrupt](#) their education. Providing girls with an education helps break the cycle of poverty: educated women are less likely to marry early and against their will, less likely to die in childbirth, more likely to have healthy babies, and are more likely to send their children to school. When all children have access to a quality education rooted in human rights and gender equality, it creates a [ripple effect](#) of opportunity that influences generations to come.

The [1994 Programme of Action](#) of the International Conference on Population and Developments stressed the importance of universal access to sexual and reproductive health and called on governments to provide education on how to achieve it. The Committee on Economic, Social and Cultural Rights (CESCR) and the [Committee on the Elimination of Discrimination against Women](#) (CEDAW) have [both indicated](#) that women's right to health includes their sexual and reproductive health. However, this remains a distant goal for millions of women [throughout the world](#). Even in the EU, the situation is still not satisfactory. Only [20 EU Member States](#) have made SRH education mandatory and many women still do not have adequate access to [contraception](#). According to [Education International](#) (EI), studies conducted at national and international level [have shown](#) that the lack of education in general, and in particular on reproductive health and HIV prevention, increases the vulnerability of women and girls who then have little power to decide on fundamental aspects of their lives. Schools could play a 'protective role'. Comprehensive sexuality education (CSE) as part of the overall education programme is, furthermore, key to gender equality and reproductive health.

**70 % reduction**

**IN MATERNAL DEATHS**

and 50 000 lives saved if all women completed primary education in sub-Saharan Africa

**10 % fewer girls**

**PREGNANT UNDER 17 YEARS**

in sub-Saharan Africa and South and West Asia if they had primary education

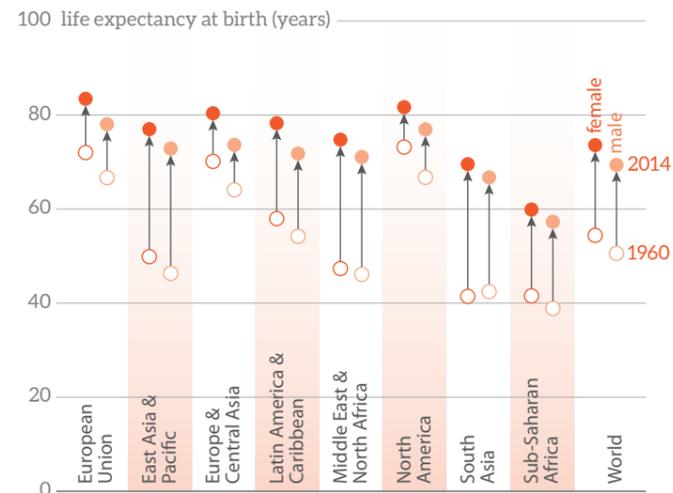
Source: [UNESCO](#) estimates, 2013.

This briefing is part of a series 'Empowering women in the EU and beyond'. The others cover [the labour market, leadership and conflict resolution and economic and financial power](#).

### Life expectancy

Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.

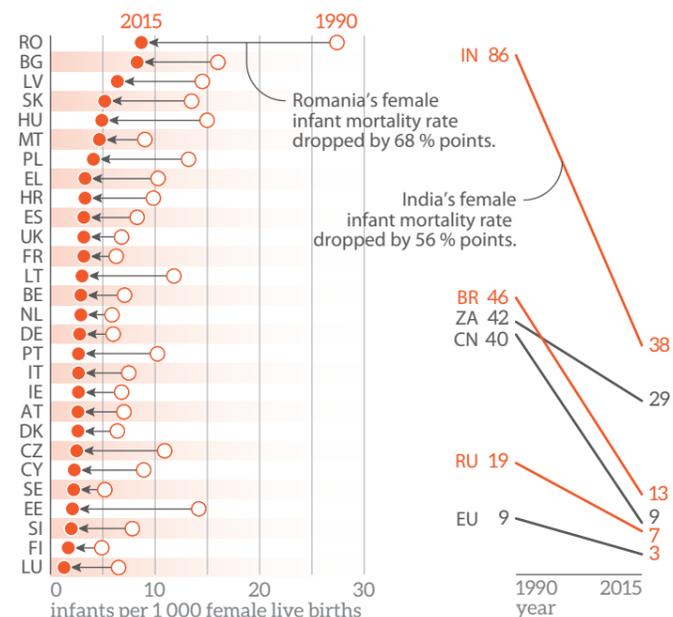
While female life expectancy in the EU increased by 11 years from 1960 to 2014, that in South Asia rose by 28 years over the same period, despite still being relatively low at under 70 years.



### Female infant mortality

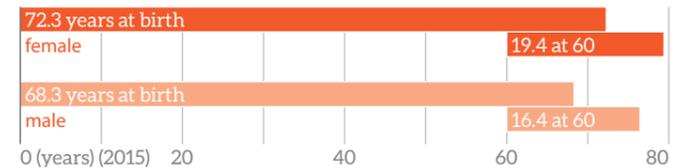
The infant mortality rate is defined as the number of infants dying before reaching one year of age per 1 000 female live births in a given year.

Mortality rates have declined across the world since 1990, but on a much different scale in some of the BRICS than in today's EU Member States.



### Healthy life expectancy

Healthy life expectancy (HALE) describes the average number of years that a person can expect to live in 'full health' by taking into account years lived in less than full health owing to disease and/or injury. As is the case for life expectancy, HALE in the EU in 2015 was higher among females than among males, both at birth and at age 60.

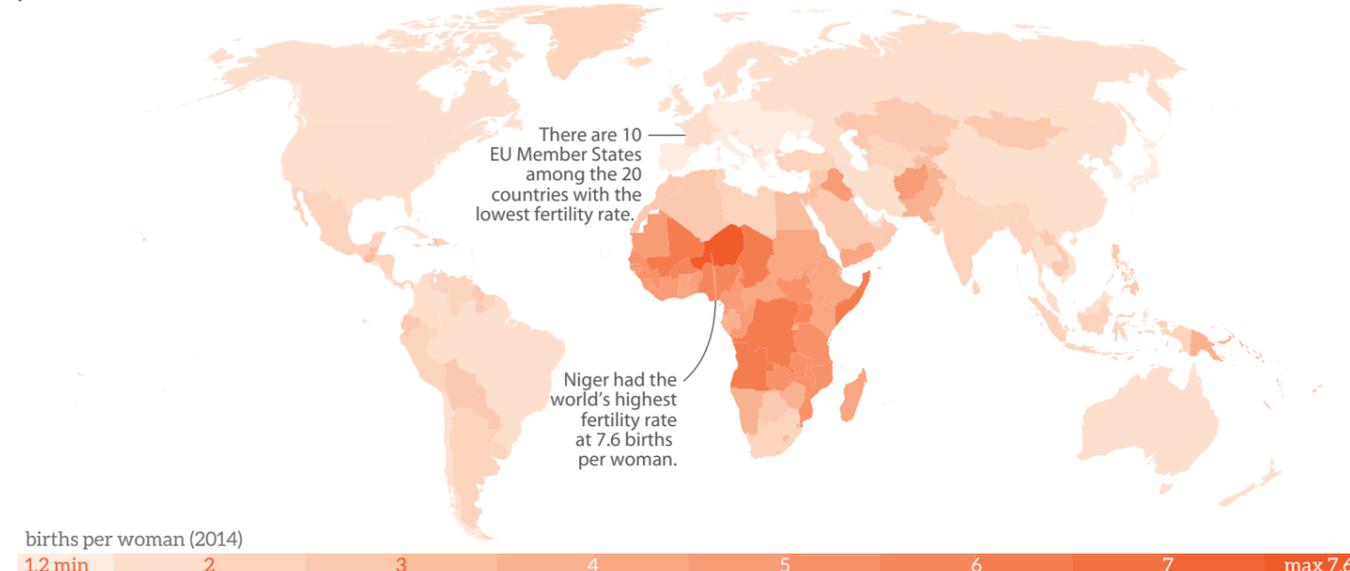


Nine of the ten countries with the highest increase in female HALE at birth between 2000 and 2015 are sub-Saharan African (from 11.7 to 16.9 years). Syria is the only country in which it dropped (by 3.9 years). Iraq, Guyana, Saudi Arabia and Venezuela join Syria at the bottom of the list. By way of comparison, the average for women in the EU increased by 4.2 years over the same period. Butan and Mali are the only countries in which males had a higher HALE at birth than females in 2015.

**11 years**  
HIGHER LIFE EXPECTANCY FOR EUROPEAN MEN AND WOMEN  
and 19 years worldwide (2014 compared to 1960)

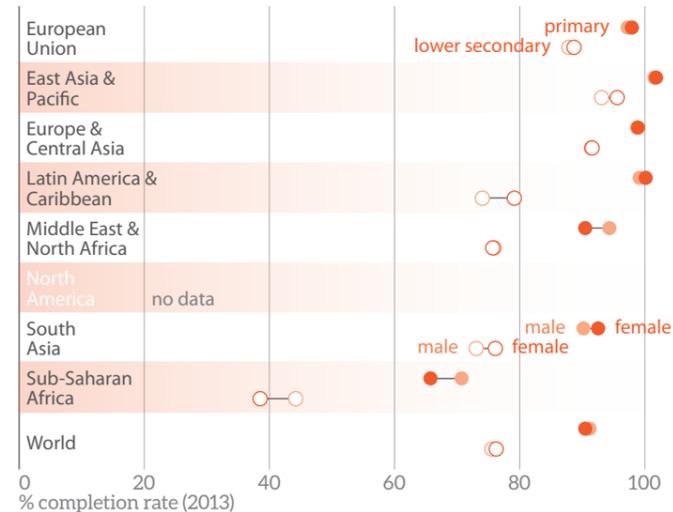
### Fertility rate

The fertility rate indicates the number of children that would be born to a woman were she to live to the end of her childbearing years.

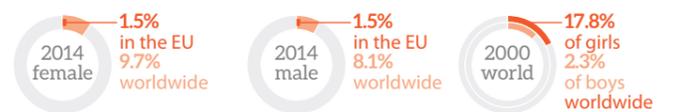


### School completion and enrolment

The school completion rate describes the number of pupils having entered the last grade of primary/lower secondary education as a share of the population of the appropriate age.



The percentage of primary-school-age children who are not enrolled in primary or secondary school is highest in sub-Saharan Africa, where the number of girls is almost twice as high as that of boys.



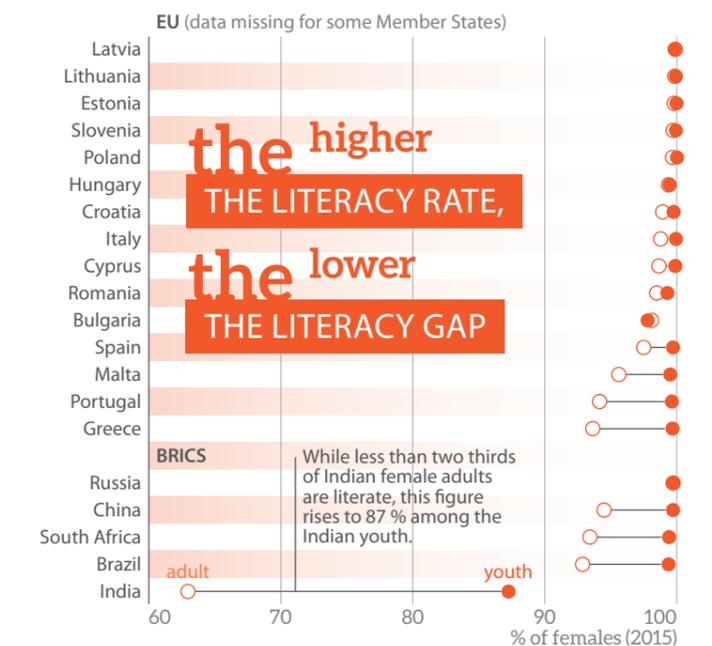
The 15 countries with the highest fertility rates in 2014 were African, while all 28 EU Member States are among the bottom 71 countries.

### Literacy

The literacy rate of young people (15 to 24 years of age) and adults (aged 15 and above) depicts the percentage of people who can both read and write with understanding a short simple statement about their everyday life.

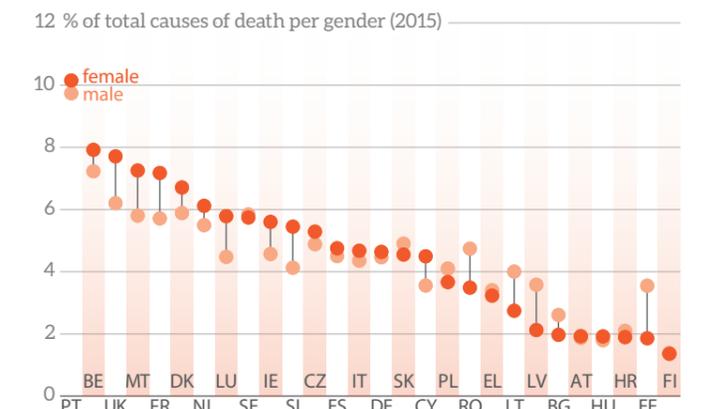
While the gender gap in literacy among young people has practically disappeared in Europe and across the globe, stark differences remain among adults, particularly in India and, to a lesser extent, in China.

Generally speaking, the higher the literacy rate, the less significant the literacy gap between genders.



### Communicable disease

Genders are differently affected by communicable, maternal, perinatal and nutritional conditions. While they constitute no more than 10 % of causes of death per gender, this figure rises to about 30 and over 40 in India and South Africa, respectively.



The [1948 Universal Declaration of Human Rights](#) is the overarching frame of reference for the goal of gender equality. There have been several salient points in the struggle for gender equality over the years and much has been achieved. In September 2015, the UN General Assembly adopted a resolution on the [2030 Agenda for Sustainable Development](#), including a set of [Sustainable Development Goals](#) (SDGs). One out of the 17 SDGs specifically addresses gender equality (SDG 5). SDG 5 [target six](#) specifically commits to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the [Programme of Action of the International Conference on Population and Development](#) and the [Beijing Platform for Action](#) and the documents that arose from their review conferences. Indicators for the successful implementation of this target in the run-up to 2030 include: the proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive healthcare; and the number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive healthcare, information and education.

WHO/Europe, in its [Action Plan](#) for SRH and Rights 2017-2021, has three closely interlinked goals: 'Enable all people to make informed decisions about their sexual and reproductive health and ensure that their human rights are respected, protected and fulfilled', 'Ensure that all people can enjoy the highest attainable standard of sexual and reproductive health and well-being', and 'Guarantee universal access to sexual and reproductive health and eliminate inequalities'. UNESCO, in its 2015 [report](#), sets out clear guidelines to strengthen the delivery of a comprehensive sexual education to young people from ages 10 to 24, including those living with HIV and with disabilities, by increasing access to high quality, age-appropriate sexuality education and services. Despite these global objectives, it is notable, as underlined in a European Parliament 2016 [study](#), that in some EU Member States, SRH policy has shifted toward more socially conservative approaches in recent years.

## European Parliament position

The European Parliament's [resolution](#) of 14 December 2016 on the 'Annual Report on human rights and democracy in the world and the European Union's policy on the matter 2015' welcomes the adoption by the Council of the EU of the Action Plan on Gender Equality and Women's Empowerment: Transforming the Lives of Girls and Women through EU External Relations 2016-2020 ('[Gender Action Plan 2016-2020](#)'), as it [improves the situation of women](#) with regard to equal rights and empowerment. The resolution calls upon the EU to step up its support in the area of women's rights regarding access to education and health as a basic human right, and the protection of sexual and reproductive rights, especially in ensuring that all necessary and safe, medical and psychological assistance and services are provided for female war rape victims.

On 6 February 2017, the Parliament's Women's Rights and Gender Equality Committee (FEMM) adopted [an own-initiative report](#) 'Equality between women and men in the European Union in 2014/2015' which will be debated in plenary on 13 and 14 March 2017 to celebrate International Women's Day. The report emphasises that sexual and reproductive health and rights are fundamental rights and an essential element of gender equality and self-determination. This report complements other previous work by the Parliament in this field, such as its [resolution](#) of 10 December 2013 on sexual and reproductive health and rights, and also its [resolution](#) of 8 March 2016 on the situation of women refugees and asylum seekers in the EU.

**Country codes:** EU-28 - Belgium (BE), Bulgaria (BG), Czech Republic (CZ), Denmark (DK), Germany (DE), Estonia (EE), Ireland (IE), Greece (EL), Spain (ES), France (FR), Croatia (HR), Italy (IT), Cyprus (CY), Latvia (LV), Lithuania (LT), Luxembourg (LU), Hungary (HU), Malta (MT), Netherlands (NL), Austria (AT), Poland (PL), Portugal (PT), Romania (RO), Slovenia (SI), Slovakia (SK), Finland (FI), Sweden (SE), United Kingdom (UK); BRICS - Brazil (BR), China (CN), India (IN), Russia (RU), South Africa (ZA)

**Data sources:** Life expectancy (UNDESA, World Development Indicators), Healthy life expectancy (WHO, Global Health Observatory), Infant mortality (UNICEF, WHO et al., World Development Indicators), Fertility rate (UNDESA), School completion and enrolment (UNESCO, World Development Indicators), Literacy (UNESCO, World Development Indicators), Communicable disease (WHO, World Development Indicators)

**Notes:** GlobalStat is a project developed by the European University Institute's Global Governance Programme (Italy) and the Francisco Manuel dos Santos Foundation (Portugal).

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