

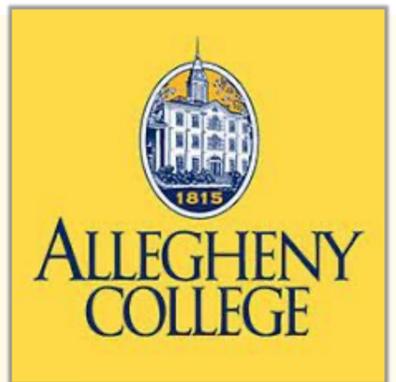


GLOBAL CITIZEN SCHOLARS COHORT IV

EMPOWERING WOMEN

DR. SINHA ROY (MEDIA & CULTURAL STUDIES) AND
DR. WAGGETT (GLOBAL HEALTH)

Richard J Cook – Teresa M Lahti Scholars Symposium (Spring 2022)



ABOUT GLOBAL CITIZEN SCHOLARS

Allegheny College's Global Citizen Scholars (GCS) 4th Cohort was taught by Profs. Sinha Roy & Waggett. Participants were selected from incoming students and required to:

- Explore a complex global theme through interdisciplinary coursework and experiential fieldwork across their first three academic years;
- Work on local and global projects that center on the program's learning goals;
- Learn a foreign language; and
- Use the financial award, upon successfully completing the Program, to study abroad.

ABOUT GCS COHORT IV

The collection of posters in this student exhibit captures some of the learning from INTDS 390 – the last seminar in a sequence of four seminars – completed by students from Cohort IV (2020-23), on the theme of "**Empowering Women.**" Our cohort theme is linked to **UN Sustainable Development Goal 5 -- achieving Gender Equality.**

In Spring 2022, GCS Cohort IV scholars connected with social transformation agencies from three countries (India, Ghana, Costa Rica) who work with their local communities on issues of women's empowerment across a variety of sectors.

The case studies from these countries provided insights into how women are negotiating agency, resources and outcomes that can uplift entire communities.

This is also a unique opportunity to explore how *different* cultural contexts can provide insights and approaches to address *universal* challenges that are linked to the U.N. Sustainable Development Goals.

OUR INTERNATIONAL PARTNERS

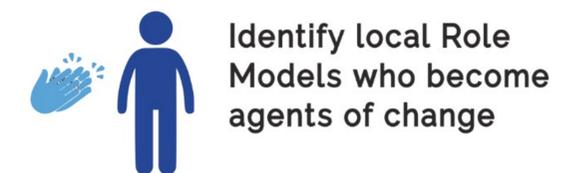
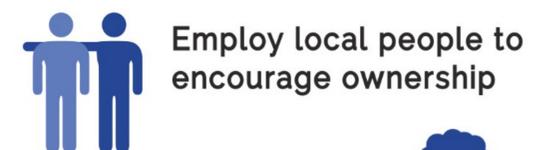
- Swami Vivekananda Youth Movement, India
- Child Family Health International, Ghana
- The InterAmerican Center for Global Health (CISG), Costa Rica



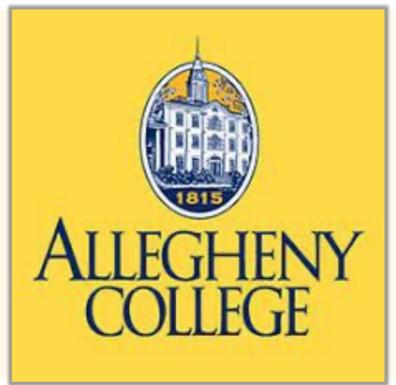
Empowering Women Worldwide



ALLEGHENY COLLEGE GLOBAL CITIZEN SCHOLARS
2020-2023



www.gcs2020.com



GOAL 5: GENDER EQUALITY

Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous and sustainable world.

Why should gender equality matter to me?

Gender equality is a fundamental human right, embedded in the founding charter of the United Nations upon its creation.

Advancing gender equality is critical to all areas of a healthy society, including:

- Poverty reduction
- Promoting the health, education and wellbeing of all children

What can we do to fix these issues?

- Educate girls and ensure that they have the means and ability to remain in school
- Provide access to sexual and reproductive health services
- Address unconscious biases and implicit associations that form unintended and often invisible barriers to equal opportunities
- Embrace and support health, respectful relationships



GENDER EQUALITY: WHY IT MATTERS

What's the goal here?

To achieve gender equality and empower all women and girls

Why?

- Women and girls represent half the world's population...
- ...and half of its potential
- Gender inequality persists everywhere and stagnates social progress
- Women are underrepresented at all levels of political leadership
- Across the globe, women and children perform a disproportionate share of unpaid domestic work
- Inequalities faced by girls can begin at birth and follow throughout their lives
- In some countries, girls are deprived of access to health care or proper nutrition, leading to higher mortality rates



How does gender inequality affect women?

- Disadvantages in education translate into lack of access to skills and limited opportunities in the labor market
- Women's and girls' empowerment is essential to expand economic growth and promote social development
- The full participation of women in the labor force would add percentage points to most national growth rates,



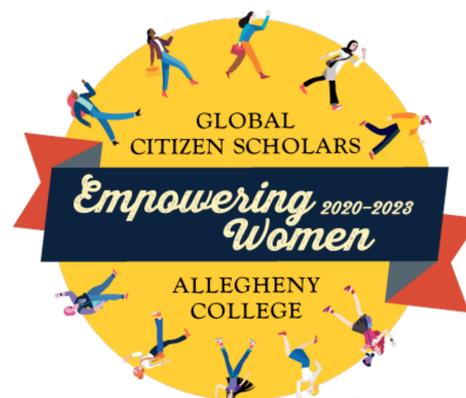
Every Woman Matters



EMPOWER WOMEN AND GIRLS AND ENSURE THEIR EQUAL RIGHTS.

1 in 3 women has experienced physical and/or sexual violence.

Goal 5: Gender Equality



Universal & Maternal Healthcare in Costa Rica

Erik Jonsson, Alex Henne, Joel Pszczolkowski

Global Citizen Scholars Program (Cohort IV)

Profs. Sinha Roy & Waggett

Richard J Cook – Teresa M Lahti Scholars Symposium (2022)

Universal Healthcare

Costa Rica has a universal healthcare system (CCSS - Costa Rica Social Security Agency), so there is 100% coverage for medical procedures and drugs. The public healthcare system has 30 hospitals and 250 clinics throughout the country making it easier to have access to healthcare, especially in rural areas (Comparative Health Policy Library, 2022).

- CCSS manages three different regimes: Illness and Maternity insurance (SEM), the disability, old age, and death regime (IVM), and the non-contributive regime. (Comparative Health Policy Library, 2022).
- SEM - covers the wage-earning population and individuals who are financially dependent on that person earning the wages (Comparative Health Policy Library, 2022).
- IVM - coverage and pensions for people of old age, those with a disability, orphans, or those who are a widow/widowers (Comparative Health Policy Library, 2022).
- Non-contribute regime - covers individuals who are unable to contribute to society, such as low-income or disabled populations (Comparative Health Policy Library, 2022).

Current Status of Maternal Health in Costa Rica

Due to the access to a universal healthcare system the status of maternal healthcare in Costa Rica is in a better spot than in other Pan American countries. There are still disparities between those that have an education and those that don't. Examples of this are, (Vulanovic, 2016)

- Access to contraceptive means is over twice as high for those that have secondary education compared to those without higher education, though the need still stands.
- Accessibility to antenatal care in lower-income households can lead to an increase in infant mortality.
- This includes access to vaccinations such as DPT3 coverage which includes a plethora of diseases deadly to infants, though Costa Rica has a higher percentage compared to other LAC countries
- Despite these facts, Costa Rica has improved in closing the gap between its poorest and richest populations (Vulanovic, 2016)



HEALTHCARE SYSTEM IN COSTA RICA

Entities that are part of the Health National System



Women's Access to Healthcare

Women in Costa Rica are able to have full coverage of maternal health due to Costa Rica's Universal Health Care system. Costa Rica's healthcare system also provides programs and services for those who have a disability, such as the Education Ministry which works with education centers to help those with a disability (Angloinfo, 2022).

Some of the limitations:

- 11% of indigenous people do not receive Antenatal Care, which is when practitioners identify high-risk pregnancies and educate women so they may experience a healthier delivery and outcome (Indigenous Women's Maternal Health and Maternal Mortality, 2016).
- Some indigenous populations in rural areas in Costa Rica can have a difficult time being able to afford the transportation necessary to access hospital care. The language barrier can also play a role as it might be difficult to be able to communicate with healthcare professionals and receive what they need (Costa Rica Panel, 2022).
- Although Costa Rica provides universal health care, there can be long wait times for patients.

Demographics

- **87%** Postnatal care for mothers - percentage of women (aged 15-49 years) who received postnatal care within 2 days of giving birth (Female)
- **92%** Antenatal care 4+ visits - percentage of women (aged 15-49 years) attended at least four times during pregnancy by any provider (Female)
- **99%** Skilled birth attendant - percentage of deliveries attended by skilled health personnel (Female)
- **28%** C-section rate - percentage of deliveries by cesarean section
- **13%** Early childbearing - percentage of women (aged 20-24 years) who gave birth before age 18 (Female)
- **27%** Maternal mortality ratio (number of maternal deaths per 100,000 live births) (Female) (Per 100000 live births)
- **97%** Postnatal care for newborns - percentage of newborns who have a postnatal contact with a health provider within 2 days of delivery

("Costa Rica (CRI) - Demographics, Health & Infant Mortality", 2022)

Universal & Maternal Healthcare in Costa Rica

Erik Jonsson, Alex Henne, Joel Pszczolkowski

Global Citizen Scholars Program (Cohort IV)

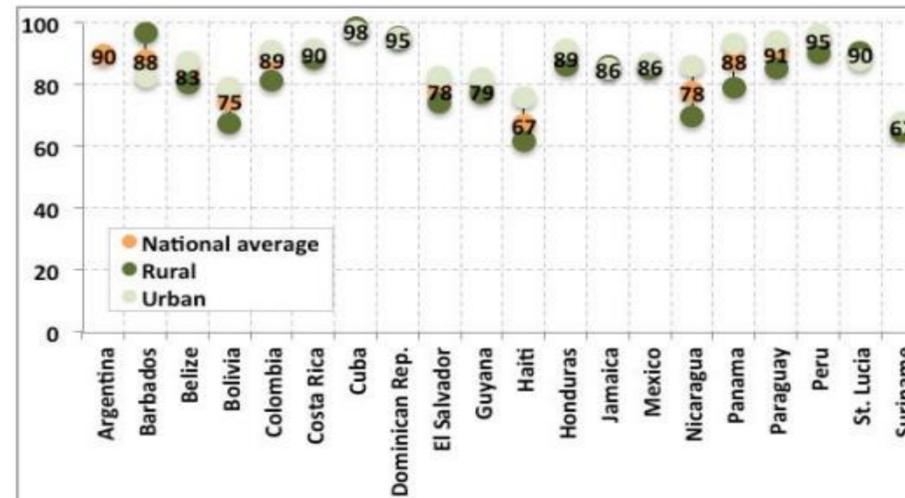
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Challenges of Maternal Health in Costa Rica

Some of the challenges of receiving maternal healthcare are:

- Migrants, especially those from Nicaragua, are not receiving the full range of healthcare benefits, making it difficult for women going through pregnancy to receive medical care (Voorend et al., 2021).
- Money can also be a factor, especially for migrants if they are not citizens of Costa Rica, so they are unable to receive Costa Rica's healthcare and do not have enough money to pay for medical treatment (Voorend et al., 2021).
- Environmental issues, such as carbon emissions and pesticides from pineapple harvests, can affect pregnant women negatively and can harm newborn babies (Costa Rica Panel, 2022).
- Problems relating to infant mortality are linked to the HIV/AIDS virus as well with 10% of children dying before reaching the age of 5 (Humanium, 2022).



Percentage of women aged 15–49 years with a live birth in the last 2-5 years with at least four antenatal visits by any provider in Latin American and Caribbean countries, by wealth, place of residence and educational attainment, household surveys 2008-2014 (UNICEF, 2016)

SDG 5 in Costa Rica

The National Women's Institute or INAMU has been working to promote equity and equality in Costa Rica since 2007. This work cannot solely be done by the Women's Institute and must include efforts from all branches of the government. Current Policy interventions are:

- National Policy for Effective Equality among Women and Men (PLANOVI, 2017-2032)
- National Policy for the equality of women and men in job training and use of the products of Science, Technology, Telecommunications, and Innovation (PIEG, 2018-2030)

(SDG, 2020)

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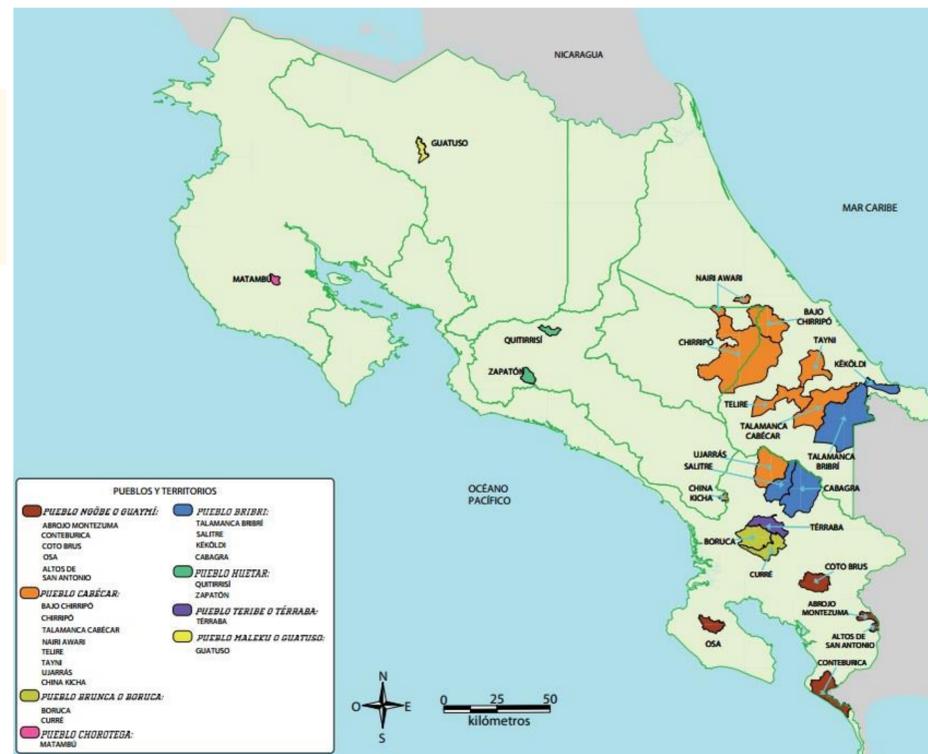
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Costa Rican Social Security Agency (CCSS)

- The CCSS which runs Costa Rica's public hospitals has been working to drastically improve maternal healthcare. Hospitals have started using a procedure called "tamizaje", used to detect congenital diseases.
- The hospitals have also been working to buy better equipment and improve infrastructure through the country.
- The Calderon Guardia Hospital has been implementing a progesterone treatment to control prematurity for those at-risk, as well as special delivery rooms.
- These efforts made by the Costa Rican Social Security Agency and local hospitals have significantly increased the quality of maternal care in Costa Rica.

(Anders, 2022)





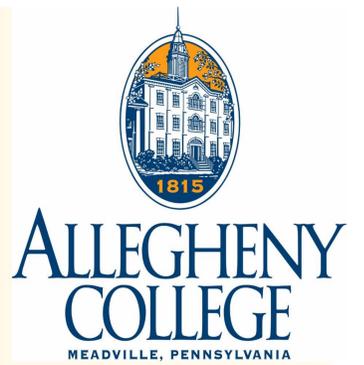
Maternal + Child Health in Ghana

Maya Francisco, Samantha Minor, Clarissa Miller

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Profs. Sinha Roy & Waggett

Richard J Cook – Teresa M Lahti Scholars Symposium (2022)



UN SDG 1



Burdens of adolescent/teenage pregnancy in Low-Middle Income Countries:

- Decreased access to proper anatal care due to lack of income and autonomy
- Social stigmatization for adolescents
- Lack of support from parents or partners
- The discontinuation of education

Potential solutions can include:

- Implementation of comprehensive sexual education
- Creation of communal support programs
- Opportunity for continued education access through or after pregnancy

UN SDG 5



Empowerment of women in different regions of the world has many faucets because of cultural differentiations. Eastern Ghana has the Dipo Ceremony which includes many positive aspects for female empowerment.

The Dipo Ceremony is a celebration of a young girl's first menstruation. It has a large aspect of community as the elder women of the region teach the young girls going through the ceremony the roles and responsibilities of womanhood. It creates a space for young girls to be celebrated and empowered through their transition into womanhood. Young woman are tested for their virginity on the sacred stone and often are married shortly after.

Potential ways to continue this important cultural practice while protecting young girls can include:

- Discontinuation of the virginity test to take away the stigmatization of premarital sex
- Prevention of marrying adolescents and teenage girls even after they have completed the ceremony
- Increase of economic support to decrease the negative effects of impoverished families

UN SDG 3



Joint Monitoring Programme for Water Supply, Sanitation and Hygiene

Estimates on water, sanitation, hygiene, health care waste services and environmental cleaning in health care facilities in

PEDIATRIC PREGNANCIES

PEDIATRIC PREGNANCIES:

Age range for Adolescents and Teenagers: 10 -19 years old

Within Ghana, 12 million girls between the ages of 15 to 19 years give birth each year (Nwobu 2022). 777,000 girls under the age of 15 years old give birth annually. component holds value for the successful completion of the course (Nwobu 2022).

Marginalized communities, such as low- and middle-income countries, are disproportionately affected by teenage or adolescent pregnancies (Nwobu 2022).

BURDENS OF PEDIATRIC PREGNANCY

Complications that can arise from adolescent pregnancy:

- Pre-eclampsia
- Endometriosis
- Systemic infections
- Low birth weight in child
- Necessity of a preterm delivery (C-section)

WOMEN EMPOWERMENT

WHY IS UNDERSTANDING WOMEN'S HEALTH IN GHANA VITAL TO EMPOWERMENT?

- Over half (51%) of women face at least one barrier in getting adequate access to healthcare (Seidu et.al 2020).
- Women who are married, have had higher educational attainment, and who are wealthy still disproportionately have access to healthcare in relation to those who do not fall into these categories (Seidu et. al 2020).
- Mothers and children often fall into those categories who struggle with access to healthcare.
- Improving healthcare access improves the quality of life for women and children throughout the country.



Above: Initiates of the Dipo ceremony.

MATERNAL AND CHILD HEALTH

MATERNAL HEALTH

Fertility rates are abnormally high for adolescent women who lack access ways to control their fertility (Ahinkorah 2021). It's shown among adolescent girls who are poor, uneducated, rural residents, fertility rates are higher (Ahinkorah 2021).

CHILD HEALTH

Birth complications, trauma, pneumonia, and malaria are all leading causes of death for children within this region (Nwobu 2022). Children often die because of the lack of resources being afforded to their mothers (Nwobu 2022).. The leading causes in children could be prevented with correct economic support and education (Nwobu 2022).. This includes:

- Immunizations
- Proper nutrition
- Access to clean water
- Healthcare

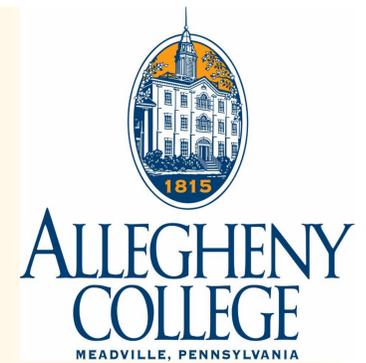
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Ghana Contextual Background

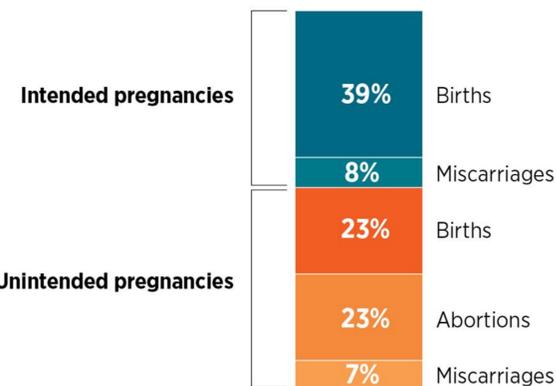
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PREGNANCIES

More than half of pregnancies in Ghana are unintended

1.4 million pregnancies, by outcome, 2017



guttmacher.org

Above: Graph showcasing the amount of pregnancies in Ghana that are intended and those that are not.

This graph speaks to the lack of access to family planning going into births in Ghana. More than half of pregnancies in Ghana are not intended, and yet, 23% off pregnancies become abortions as a result of mothers who are likely unable to provide for those children.

Demographics

Child Marriage Statistics Comparison (Female vs Male)

Female children married by age 15 (2018): 5% (Central Government Agency 2022).

Female children married by age 18 (2018): 19.3% (Central Government Agency 2022).

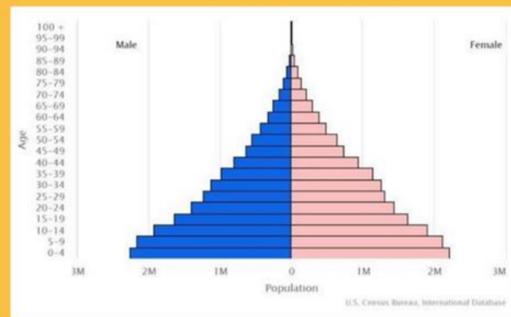
Male children married by age 18 (2018): 3.9% (Central Government Agency 2022).

Ethnic Groups

45.7% are Akan
 18.5% are Mole-Dagbani
 12.8% are Ewe
 (Central Government Agency 2022).



Age Population



Above: CIA 2022 population pyramid

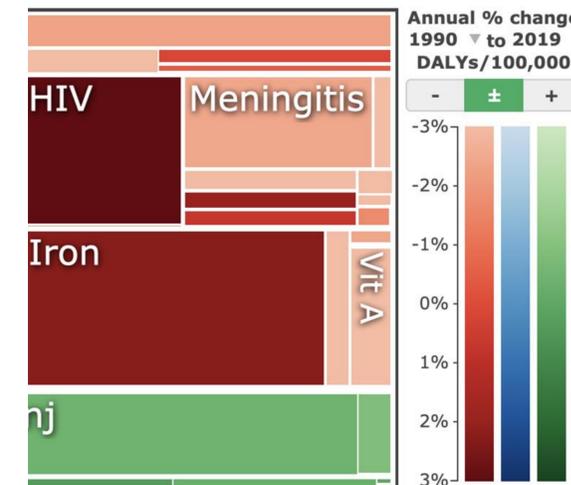
57% of the population are within the age range of 0-14 years old & 25 -34 years old. (Central Government Agency 2022).

Citations

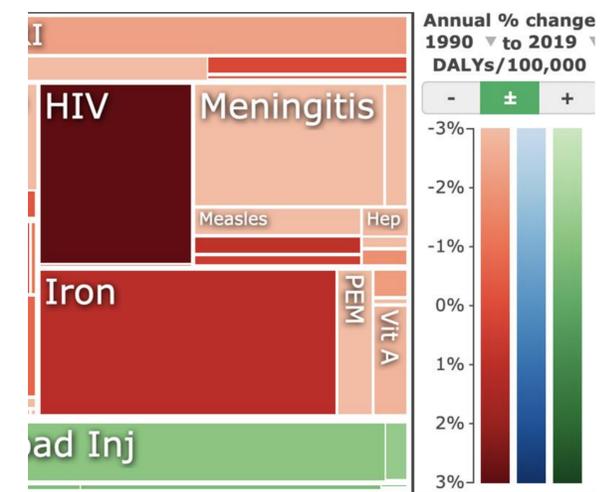
Central Intelligence Agency. (2022, March 9). Central Intelligence Agency. Retrieved March 26, 2022, from <https://www.cia.gov/the-world-factbook/countries/costa-rica/>

HIV

From 1981 to the year 2021, Ghana has seen progress in treatment for HIV/AIDS including pan every day pill known as prophylaxis in 2015 (C. Nwobu 2022). It is a preventative measure to help mitigate the risk HIV (C. Nwobu 2022). The graphs below reveals the imbalance of HIV's effect in females versus males. as well as some other health indicators Meningitis. It is necessary to consider the HIV data as can be inherited from mothers.



Above: GBD health in men, specifically HIV



Above: GBD health in men, specifically HIV

CITATIONS:

Central Intelligence Agency. (2022, March 9). Central Intelligence Agency. Retrieved March 26, 2022,

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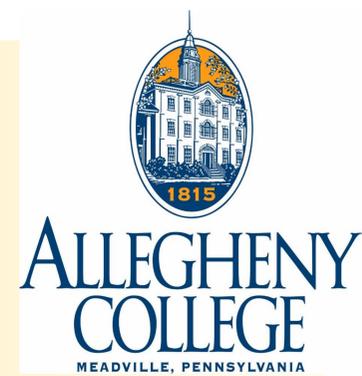
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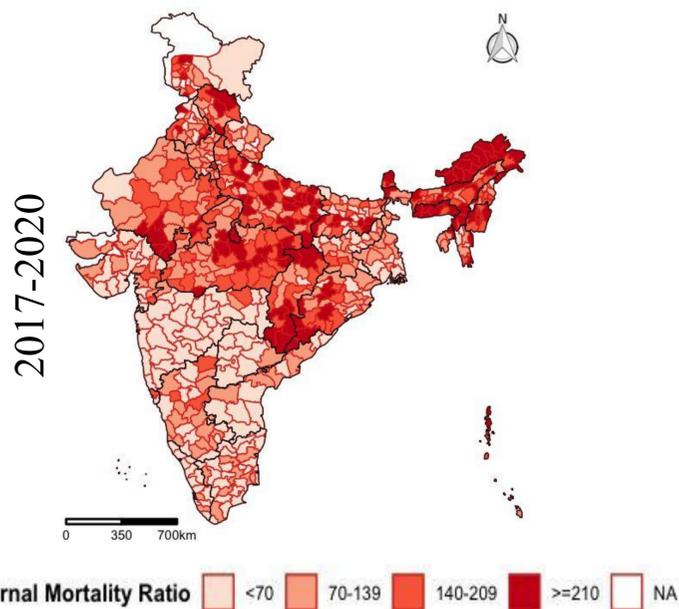
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MATERNAL HEALTH AND GENDER NORMS IN INDIA

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LEARN OUTSIDE
THE LINES



HISTORY

Although India is rapidly progressing on many fronts, maternal health has unfortunately seen slow advancements. A key indicator to understand maternal health in a country is the Maternal Mortality Rate (MMR) and the World Health Organization estimates that around 1/5 of the global maternal deaths come from India alone (Vora et al.). Data shows that despite the 17 point improvement from 2014-2018 (UNICEF), there are still many challenges to overcome. Firstly, there is a huge gap in personal sexual health as sexual education is almost nonexistent due to lack of resources and cultural barriers (Vora et al.). Moreover, other issues, such as poor maternal and health services, and inadequate transportation to access medical services in rural communities, also play a large role in explaining why maternal health in India is under-served. These interconnected complex challenges explain why pre- and post-natal maternal care is often not prioritized. Most recently, many institutions, as well as governmental agencies such as the Ministry for Family and Welfare, and the Ministry of Women and Child Development, have been working on the implementation of initiatives to address this national issue (Wilson Center). Some of the programs are: Safe Motherhood Initiative, The Pradhan Mantri Surakshit Matritva Abhiyan, and Janani Shishu Suraksha Karyakaram. (Wilson Center).

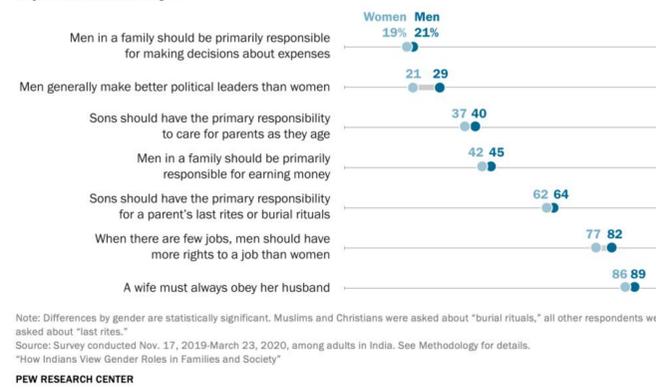
GENDER NORMS

Factors that have influenced gender norms in India:

- Patriarchal norms continue to affect how women view themselves as less important than their family and the larger society (Sivakumar and Manimekalai 427).
- Intersectional factors such as socioeconomic status, culture, caste, religion, and education also continue to influence women's roles in society (Hamal et al.).
- These factors have normalized large-scale misogyny, harassment, and sexual abuse, particularly towards women from poorer, low-caste, and tribal communities in India (Doshi).

Small differences between men and women in India on gender attitudes

% of Indian adults who say ...



How Gender Influences Access to and Caliber of Maternal Health in India:

- Women in India "are 15 percent less likely to own a mobile phone, and 33 percent less likely to use mobile internet services than men" (Nikore and Uppadhayay). Furthermore, data also shows that women who were more exposed to media were more likely to consider antenatal and postnatal care when going to the hospital to give birth (Hamal et al.).
- Due to the historical legacy of gender-based inequities, the health consequences of the gender gap fall most heavily on women, especially poor urban and rural women. These restrictive gender norms undermine the health and wellbeing of pregnant women & mothers and their access to medical care (Gupta 2).

Interventions and Studies on Indian Youth:

- Seema Jayachandran, an IPR economist, facilitated a school-based program in order to guide young minds towards accepting gender equality. This program involved more than 14,000 students from 314 schools (Northwestern University).
- The Population Council conducted the UDAYA (Understanding the Lives of Adolescents and Young People) study in Uttar Pradesh and Bihar in order to understand how young girls and boys differed in multiple aspects of their lives from 2015 to 2019. Some of these aspects were staying in school, learning outcomes, as well as work and early marriage. The study showed that young girls were affected the most in almost all of the categories (Khurana).



SDG 5 IN INDIA

The Sustainable Development Goal 5 is Gender Equality. The UNDP aims to end discrimination towards all women as it is a human right and essential for a sustainable future. With regards to India, it has made a lot of progress through governmental efforts, humanitarian organization efforts, and even individual efforts. After achieving the goal of enrolling 100 girls for every 100 boys in schools, other foci include ensuring universal access to reproductive rights and healthcare for all women. India is also working on women having ownership and control over land and other assets, as well as improving female financial literacy and participation through the implementation of national laws and policies. ("Sustainable Development Goals," "Gender Equality Programs in India," and "Progress SDG 5 in India"). Family planning has been one of the most cost-effective solutions for achieving gender equality and equity by empowering women with knowledge and agency to control their bodies and reproductive choices through knowledge of and access to contraceptive methods (Muttreja and Singh 1).

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ACCESSIBILITY AND FAMILY PLANNING IN INDIA

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FAMILY PLANNING

Family planning contributes greatly to empowering women as it gives them the freedom to choose what they want to do with their body and their reproductive system. India was the first country in the world to launch a national family planning program, however, they have repeatedly underperformed.

Disparities in usage of Contraceptives in Rural and Urban Slum Area

- The unmet need for contraceptives among married women (15-49 years) in a rural area of Davangere *taluk* (principality) in Karnataka was traced a variety of causes in a study by Dr. Rini Raveendran, Government Medical College.
 - The total unmet need was 16.7% with 13.6% of that need related to postponing pregnancies to space children out, and 3.1% related to limiting the total number of children. The most important reason for unmet need was because they wanted a male child in their future spouses, ignorance (41.6%), and fear of side effects (15.8%) (Raveendran 82).
- In Urban slums of Uttar Pradesh the high unmet need was due to inadequate access to formal health services, gender-based violence, and limited autonomous decision-making for women (Yadav et al. 2).
- The highest unmet need was among the 15–19 and 20–24 years age group.
 - “It was found to be present in more than half (55.3%) of the young married women; of which is about 40.9% was for spacing methods and 14.4% for limiting methods” (Yadav et al. 6).

Improvement through increased government involvement

- Until 2015, two-thirds of contraceptive use in India was the terminal method of female sterilization which caused women to be embarrassment and fearful about taking contraceptive.
- However, since 2015, the government of India has introduced three new contraceptive methods - injectable contraceptive, centchroman, and progestin-only pills.
- The huge burden of unintended pregnancy, unsafe abortion, and maternal death can be reduced by increasing and satisfying the demand for family planning (Rana and Goli 6), raising awareness of different contraceptive methods, and educating men as family planning is beyond just a “women” issue.

INTERVENTIONS and PROGRAMS

There are a wide variety of programs in India aimed at intervening to promote maternal health. While many of these are run by the government, others are run nationwide by NGOs while others occur only within certain organizations.

- **Janani Shishu Suraksha Karyakram:** Governmentally run free maternity services, from deliveries to sick newborns, this government and the national program aims to make sure institutional deliveries are accessible (UNICEF)
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):** Ensures that on the 9th of every month, pregnant people in the 2nd and 3rd trimester can receive free, quality, antenatal care at specific governmental institutions and volunteering private ones. It has examined 31 million people since the inception of the program (PMSMA).
- **Every Mother Counts:** Works to help women demand the right to safe motherhood from the government, center marginalized voices, and create training and skill-sharing centers.
- **Community Engagement:** Focused community groups are one of the key methods SVYM uses to engage people. Even medical decisions are often based on connections and trust, and while no medical personnel has the time to build that connection with all potential patients, informed community members with health-related goals, or even community members hired by SVYM, already have the connections made and may be able to convince patients to follow through with treatment.



जोड़ी ज़िम्मेदार
जो प्लान करे परिवार

Family Planning Logo

ACCESSIBILITY

Physical Accessibility

- There is a general shortage of doctors within India. One doctor from SVYM reported treating 70-80 women in a day
- In rural areas distance to care and available methods of travel greatly impact ability to access care.
- Providers may have to travel days to reach tribal villages with Mobile Health Units (SVYM).

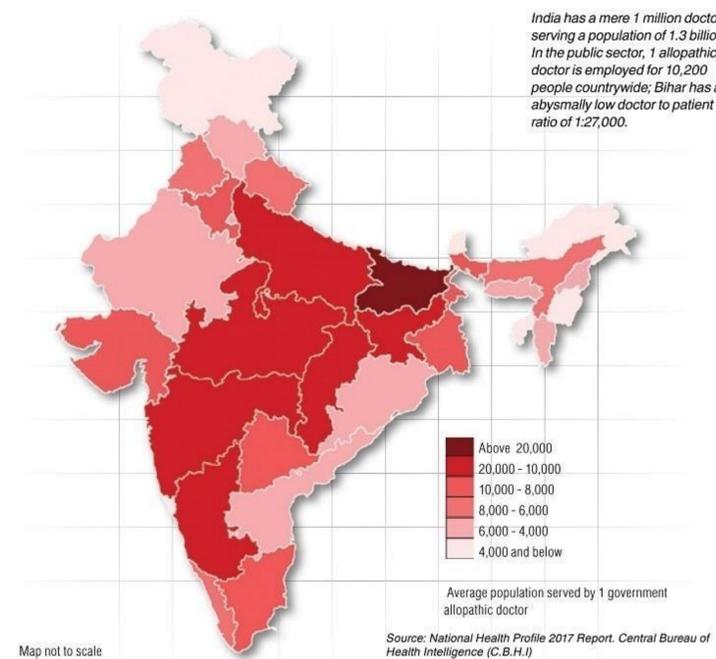
Social and Cultural Accessibility

- Women doctors, especially OBGYNs allow women to feel comfortable seeking reproductive and maternal health aid.
 - Contraceptive use and skilled birth attendance also increases when there is one Lady Medical Officer within a Primary Health Center. However the majority of districts in India, have a Women Medical Officer in less than half of the Primary Health Centers (Bahn et al.)
- The migratory nature of many tribal peoples can make treatment extremely difficult to follow up with (SVYM).
- Cultural apprehension about medical techniques and procedures cause challenges.

Changes & Lessons

- The number of deliveries that occur in institutions has increased from 25% 25 years ago, to 80% nationally, and 96% even in certain rural areas (O’Neil et al.).
- Accredited Social Health Activists can increase community medical presences, distribute contraceptives and help with family planning within rural communities(O’Neil et al.).
- Hiring from within communities allows for better trust and communication (SVYM).

Fig. 1: Statewise doctor to population ratio of government allopathic doctors



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Sugar Daddies and the Morality Tale of Women's Education in Ghana

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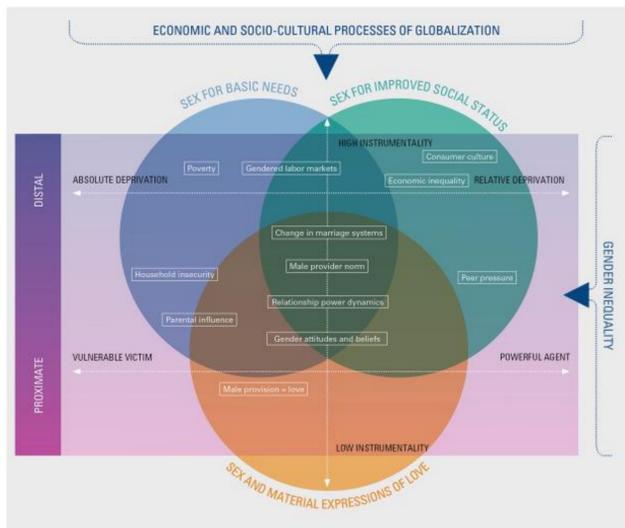
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Transactional Sex

- Transactional sex relationships are non-commercial, non-marital sexual relationships that are motivated by the implicit assumption that sex is exchanged for material goods and other benefits. (McMillan 2018)
- Transactional sex is often mistaken for prostitution, however, unlike prostitution transactional sex takes place in the form of a courtship/authentic romantic relationship. (McMillan 2018)



→ Sex for basic needs

- ◆ Historically women and girls living in poverty have become vulnerable victims who have little to no choice but to exchange sex for money, food, and/or other material items for support. Women depend on men for economic support.
- ◆ Often, unmarried women with children, do not receive financial support from their baby's father and with minimal education/income opportunities, as a result, women resort to using sex to gain resources for themselves and their children.
- ◆ Women are often powerless in relationships. Many women may feel "trapped" and "unable to leave the relationship" because they may not have other alternatives or need the resources the man is providing to survive.
- ◆ But, nowadays women and girls living in poverty, have the opportunity to access education and avoid using sex as a means of survival. (Stoebenau, 2016)

→ Sex for improved social status

- ◆ With increased peer pressure about not being able to afford/maintain the lifestyle of their wealthier friends or those on social media, women resort to extreme measures; such as transactional sex.
- ◆ These women believe having more material items and the latest clothes in fashion will help distinguish them from their poorer rural-based counterparts. (Stoebenau, 2016)

→ Sex for material expressions of love

- ◆ This centers around the expectation of gift exchange in romantic relationships.
 - For instance, benefactor relationships are considered transactional sex because women are exchanging sex for gifts and money.
- ◆ There are cultural expectations that if women provide men sex, men will play the role of being providers. This leads to the expectation that each partner must conform to a specific gender role that is defined partially in terms of exchange. (Stoebenau, 2016)

Impacts

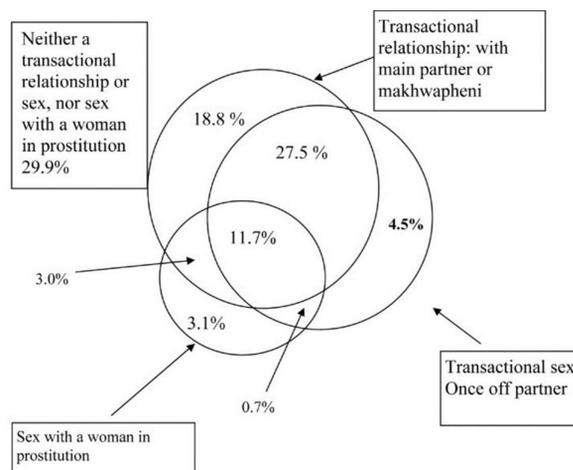
- Access to education has been shown to strongly influence adolescent health across the world as strong relationships with teachers has been found to lead to better academic and psychosocial outcomes for students.
- Low-income countries where adolescents have less access to education and are more likely to experience poor health outcomes, unintended pregnancy and sexually transmitted infections.



Women's Health (HIV)

- HIV infection prevalence in Ghana accounts for almost two-thirds of HIV infections amongst the 15-24 age group globally.
- 75% of the infected are women and girls.
- Extensive studies and research have been conducted into the link between sex work, poverty and HIV/AIDS distribution, but little is understood on the psychological strategies employed for TS to occur.
- Women are at a greater risk of contracting HIV than girls who wait for their first sexual experience to occur when they are older than 19.

Statistics



Empowerment (Education)

- Women can be empowered through education, there are many types of education but the specific kinds that would work to empower women are:
 - Formal education (Curriculum)
 - ◆ Sex education (including sexuality and contraceptives)
 - ◆ The formation of masculinity and femininity.
 - Informal education.
 - ◆ Increasing sense of self-esteem, efficacy, and future life aspirations.
 - ◆ Provide a safe space, foster discussion, and encourage participants to think critically about gender social norms.

SDG 5



→ Ending gender disparities

→ Ending income disparities

→ Eliminating violence against women and girls' lives

→ Securing equal participation and opportunities for leadership

→ Universal access to sexual and reproduction health and rights

Educational Analysis

- Education is one of the most important ways to empower women and help end the traumatic effects of transactional sex (Stromquist, 2022)
- Organizations such as UNESCO see this power and work with schools to build and implement literacy classes with open questions and class discussion.
 - ◆ This can be effective in empowering women when they create a space to develop the personal agency and critical reflection that enable women to recognize the feminized burden of care and domestic responsibilities. (Stromquist, 2022)

Organizations that support SDG 5 in Ghana



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