

GENDER EQUITY

Position Statement

NASW, Iowa Chapter, supports the United Nations Declaration of Human Rights (1948) which, affirms the right of all women and men to live without discrimination in all spheres of life, including access to education and health care, and equal remuneration for equal work.

Discussion

Increased access to education:

According to a report by Dr. Sunhwa Lee (2004) nearly one-third of low-income women work in service jobs that are concentrated in food services (e.g., waitresses or cooks), health services (e.g., nursing aides), and cleaning services (e.g., maids or janitors). These are all areas where there is little room for advancement in order to increase wages or access to benefits such as health insurance. The majority of women who are employed in the service industry are there because they have a lower educational status.

Having at least some college education significantly improves low-income mothers' chances of obtaining a better-paying job, for example, with substantial wage growth (25% or more). High school graduates, compared to those with less than a high school education, also experience some wage increases (about 10 percent or more), but this level of education does not lead to increases as substantial as those associated with having some college education. Those without any college earned an hourly wage of \$7.60 compared with \$14.10 for those with some college education (Lee, 2004). "This increased earning power benefits not only the individual degree holder, but also the state and the public at large through increased tax revenue, additional investment capital, greater charitable giving, and increased consumer spending. Higher education is clearly a means of bettering economically both the individual citizen and the state as a whole." (Midwestern Higher Education Compact, 2005, p. 32). In Iowa, bachelor's degree holders are 76% less likely to be unemployed than are high school graduates (2005).

If some level of college education is needed to raise both men and women out of poverty, it looks as if we still have a long way to go before women have access to these educational opportunities. According to a 1999 study by the National Center for the Study of Adult Learning and Literacy, 76% of TANF recipients test in the lowest two levels of literacy, with 35% scoring in the lowest level (Levenson et al., 1999). This negative trend falls in line with the findings of Lee's study of low-income working mothers. Nearly two-thirds of low-income working mothers (62 percent) have only a high school education or less, compared with less than one-third of higher-income working mothers (32 percent). Only 38 percent of low-income working mothers have some college education or more, whereas two-thirds (68 percent) of higher-income working mothers do (Lee, 2004).

While higher education becomes a crucial factor to obtaining a decent job in America; it becomes unattainable to even more families and individuals. Between 1999 and 2005, undergraduate tuition at Iowa's four-year public universities rose by 80.0%, from \$2,988 to \$5,396 (Midwest Higher Education Compact, 2005, p.2). This is the highest percentage increase among the surrounding 12 Midwestern states. Iowa used to be known for offering affordable college education to Iowans. However, after the dramatic increase Iowa is now above the national average. In Iowa tuition and fees total \$5,407 compared to the national average of \$5,038 (Facts & Stats: Education & Iowa, n.d.). There is already discussion about another tuition hike for the coming year, making a college degree a distant dream not only to the working poor, but to middle class families as well.

Equal access to healthcare:

The United Nations International Covenant on Economic, Social and Cultural Rights recognizes that all women and men have the right to the highest attainable standard of health. The World Health Organization's Constitution states that: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (p. 2). We have seen the benefits of providing quality public health programs for at-risk and uninsured men and women. These benefits should be extended to include

low-income men and women who are not eligible for Medicaid, but still in need of public services. Providing interventions before crisis occurs saves the local community and the state monies in decreasing the use of emergency room care and helps lower-income Iowans become healthy, contributing members of society. The lack of coverage for health insurance in our state must continue to be addressed until all Iowans have access to coverage that best meets their needs.

Dr. Sunhwa Lee's report shows more than one-quarter of low-income mothers (28%) do not have any type of health insurance despite the fact that they are working, compared with only 5% of higher-income working mothers. About one third of low-income working mothers (34%) have health insurance coverage from employers in their own name, while more than half of higher-income working mothers (52%) have their own employer-provided coverage. Mothers with employer-provided health insurance are nearly three times more likely to stay on the job compared to mothers with other types of health insurance (2004, p. 3).

While health insurance is a major necessity for working mothers, paid leave, sick time and prescription benefits are also crucial for raising a family. The AFL-CIO Ask a Working Woman 2006 Survey, which included 26,000 responses, showed a third or more of survey-takers were in jobs that did not provide retirement benefits or prescription coverage. Nearly a third said they did not have paid sick leave. More than half said they did not have equal pay or control over their work hours. And nearly two-thirds said they were not provided paid family leave (2006). In Iowa, 264,000 Iowans, or 9.1% of all Iowans, were without health insurance in 2004-05. The percentage of Iowans without health insurance is statistically unchanged since 2000-01 (Poverty on the rise, 2006, p. 1). The Iowans who do have insurance are less likely to have employment-based health insurance benefits than they were at the beginning of 2000. This is concerning as the source of health insurance has increasingly shifted from employment-based to public health insurance plans. The share of Iowans with job-based health insurance fell to 66%, down from 69.5% five years ago. The number of Iowans with job-based coverage declined by 67,500 individuals from 2000-01 to 2004-05, while the number of Iowans dependent on public health insurance has increased 17% since 2000-01 (p. 2).

All women, regardless of class, will be impacted by limitations on women's health care options. Women have unique health care needs and these must be addressed with the same level of neutrality and seriousness that we address men's health care needs. "The health and safety risks of abortion are significantly reduced when it is legal. Access to abortion is essential to the economic well-being of women and girls, and the ability of women to control their reproductive lives influences educational and employment options thus impacting their ability to escape or avoid poverty." (Bruce & Benatar, 2003, p. 3). Roe V. Wade is fundamental to the protection of the health and economic well-being of women and must be upheld. A supplemental effort is needed to support the development of public policies to reduce the number of unintended pregnancies. This can be accomplished in large measure through education and increased access to and use of contraception. This includes supporting over the counter access to emergency contraception.

Recommendations:

- Increase access to tuition assistance to working and middle class families through the use of grants, scholarships and access to low interest loans.
- Create loan forgiveness programs to students who stay in Iowa.
- Continue to expand provisions that give small businesses the opportunity to pool efforts and collectively offer more affordable health insurance options."
- Continue to support a woman's right to choose and increase access to a variety of contraceptive options including emergency contraception known as the "morning-after pill." This also incorporates affirming the right for both men and women to fill their prescriptions at the pharmacies of their choice without unnecessary interference by pharmacists.
- Expand public health programs to reach a wider range of at-risk and uninsured women, including non-English speaking and low-income women not eligible for Medicaid but still in need of public funding.
- Increase women's earnings by strengthening support for the enforcement of equal opportunity laws.
- Expand paid parental and dependent-care leave policies to include both men and women and increase access to the lowest-paid workers.

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