The Fifth APPC Plan of Action, the ICPD Programme of Action and the Millennium Development Goals: Linkages, Progress and Challenges

The high priority accorded to gender equality in all three documents represents a universal affirmation of women’s empowerment and women’s rights as core values of development. Gender equality, unlike other goals, is not specific to any particular sector or issue since it strongly cuts across and underpins all other goals.

By Rene Desiderio*

The Fifth Asian and Pacific Population Conference (APPC) convened in December 2002 by the United Nations Economic and Social Commission (ESCAP) reviewed the progress accomplished by countries in the implementation

* Social Affairs Officer, Social Development Division, ESCAP, e-mail:desderio@un.org
of the recommendations contained in the Bali Declaration on Population and Sustainable Development adopted at the Fourth APPC, held at Bali, Indonesia in 1992 as well as the objectives and goals of the Programme of Action adopted at the International Conference on Population and Development (ICPD), held at Cairo in 1994.

In line with the overarching theme of the Millennium Declaration adopted by Heads of State and Government in 2000 on poverty eradication, the Fifth APPC adopted a Plan of Action on Population and Poverty (ESCAP, 2004) containing strategic recommendations intended to address the twin challenges of population concerns and poverty alleviation. The Plan of Action identified 12 issues and priority areas for action, namely: population, sustainable development and poverty; international migration; internal migration and urbanization; population ageing; gender equality, equity and empowerment of women; reproductive rights and reproductive health; adolescent reproductive health; HIV/AIDS; communications and information technology; data, research and training; and partnerships and resources. The Fifth APPC Plan of Action also reaffirms the principles and recommendations of the ICPD Programme of Action.

All 12 issues included in the APPC Plan of Action were addressed by the comprehensive 20-year ICPD Programme of Action on Population and Development, which had been adopted by more than 180 States at the ICPD some eight years earlier. Acclaimed as a landmark agreement, the ICPD Programme of Action underscores that population, development and poverty are inextricably linked. The theme of the Fifth APPC on population and poverty resonates the ICPD Programme of Action’s emphasis on efforts to slow down population growth, reduce poverty and achieve economic progress that are mutually reinforcing. However, it also delved into other specific areas which were of particular concern to the Asian and Pacific region, such as internal migration, urbanization and population ageing.

At the historic Millennium Summit held at the turn of the century, Heads of State and Government adopted a set of inter-connected and mutually reinforcing goals, the Millennium Development Goals (MDGs)
, relating to poverty, education, gender, child and maternal health, HIV/AIDS, environment and partnerships that are closely linked to those contained in the ICPD Programme of Action. These added time-bound, quantifiable and measurable targets and indicators to help monitor progress in achieving the goals.

The Fifth APPC, which was convened just two years after the 2000 Millennium Summit, took into account the recommendations adopted in the above Summit, as well as those of the ICPD Programme of Action and the five-year
review report on the implementation of the ICPD. It reaffirmed them based on the specific situation and context of the region. The strategic recommendations contained in the Fifth APPC Plan of Action were intended to create a fresh vision to guide future actions in addressing the regional challenges and at the same time contribute in a concrete and action-oriented manner to the larger goals of the ICPD and the Millennium Declaration.

The MDGs are the result of decades of experience in development work. They build on the outcomes of a series of international conferences convened during the 1990s on issues related to children, the environment, human rights, population and development, women and social development and whose goals and recommendations have been captured into a global agenda for development set to be reached by 2015. The targets developed under the various goals are closely interrelated and reversals in any of them tend to have implications for the progress on the others. The MDGs serve as the overarching international framework for eradicating extreme poverty and hunger and for achieving sustainable development.

The ICPD shed new light on the linkages between reproductive health and rights, gender equality and women’s empowerment and other aspects of development laying the foundation for subsequent international forums, including the Fourth World Conference on Women held in Beijing in 1995 and the Millennium Summit convened in New York in 2005. The ICPD Programme of Action’s major emphases on education, especially for girls, child and maternal mortality, the environment and prevention and control of HIV/AIDS resonated and were clearly underscored in the MDGs. The pursuit of the ICPD objectives and goals are not only an important contribution to the MDGs — they are also central and absolutely essential to their achievement.

In his message to the Fifth APPC, the United Nations Secretary-General clearly stated that the MDGs “cannot be achieved if questions of population and reproductive health are not squarely addressed” (ESCAP, 2004). At the 2005 World Summit, world leaders reaffirmed the importance of reproductive health adding universal access by 2015 as a target under MDG 5 on improving maternal health. Indicators for this particular Goal include contraceptive prevalence rate, adolescent birth rate, antenatal care coverage and unmet need for family planning.

The ICPD and the MDG goals are interlinked and mutually reinforcing as poverty cannot and will not be eradicated without the objectives and goals of the ICPD being achieved. For instance, universal access to education and reproductive health care are critical steps that can help individuals break out of
cycles of poverty. Annex I and the figure illustrate the shared goals and distinctive features of the three approaches: ICPD, MDGs and Fifth APPC Plan of Action.

**Common issues and goals**

While environmental sustainability-related issues are prominent in the MDG and ICPD Programme of Action, they were not among the core issues raised in the Fifth APPC Plan of Action. This is mostly owing to the fact that environmental issues were thoroughly discussed during the earlier and Fourth APPC held in Indonesia in August 1992, which had specifically focused on the interrelationships between the environment, population, resources and development.

The Bali Declaration on Population and Sustainable Development drew attention to environmental degradation as an issue requiring priority consideration, with environmental problems, such as land degradation, deforestation, air and water pollution, threats to biological diversity from habitat destruction and rising sea levels due to the greenhouse effect being underlined (United Nations, 1992). It called for more research to improve understanding of the complex synergy between population, resources and environment and underscored the need to further develop analytical tools and indicators. Governments were urged to strengthen methodologies for collecting quality data and improve efficiency in the processing and analysis of data for policy formulation, strategy development and programme implementation.

**Thematic issues in the Fifth APPC Plan of Action, ICPD Programme of Action and the Millennium Development Goals**
As can be seen from the figure, a number of thematic issues are covered both in the ICPD Programme of Action and the Fifth APPC Plan of Action, yet are not being directly and explicitly addressed in the MDGs. For example, they include emerging and persistent issues facing the region such as migration, urbanization and population ageing. Other concerns focus on programmatic and operational issues, such as resources, behaviour change and communication (BCC) and information and communication technology (ICT), and data, research and training.

All three documents recognize that widespread poverty remains one of the major challenges impeding development. Both the ICPD and the Fifth APPC documents note that countries that have been most successful in reducing poverty are also those that have done the most in reducing the levels of population growth and balancing population and development dynamics. The documents emphasize that pro-poor targeting in population, reproductive health and gender-related activities, linked to other human development inputs, not only reduces poverty in the short-term but also plays a vital role in enhancing the ability to avoid falling into poverty over a life-course, especially for young women and their families.

The high priority accorded to gender equality in all three documents represents a universal affirmation of women’s empowerment and women’s rights as core values of development. Gender equality, unlike other goals, is not specific to any particular sector or issue since it strongly cuts across and underpins all other goals. Achieving the ICPD and MDG goals without promoting gender equality will decrease the likelihood of achieving other goals. For example, to achieve universal primary education, the gender gap must be closed. The related MDG target is to eliminate gender disparity in primary and secondary education and in all levels of education by 2015. In addition, the ICPD and Fifth APPC underscored, among others, the need to promote greater male involvement and participation in improving gender equality, the elimination of all kinds of violence against women and making available sex-disaggregated data for all levels of policy-making and programming.

All three documents call for efforts to reduce child and maternal mortality, particularly where levels are persistently high, and to meet the internationally agreed goals through appropriate national policies for making pregnancy safer. Child mortality is highest among families with large number of children and in the poorest countries where primary health-care systems tend to be inaccessible or unavailable.

With half a million women dying and many more suffering ill-health during pregnancy or childbirth each year (WHO, UNICEF, UNFPA and the World Bank, 2007), the MDG target is to reduce by three quarters the maternal mortality ratio by the year 2015. The ICPD and the Fifth APPC have pointed out that access to family planning alone can reduce unwanted pregnancies, unsafe abortion and maternal death...
and disability, saving women’s lives and the lives of their children. Also underscored is the need to address the reproductive health needs and rights of adolescents, especially those disadvantaged and marginalized who may also be living with a disability, facing discrimination, violence and lack of schooling, among others.

In high prevalence settings, HIV/AIDS has led to major declines in life expectancy and population growth. Hence, the MDG related target is to halt and begin to reverse the spread of the epidemic. Considering the mounting impact imposed by HIV/AIDS in the Asian and Pacific region, the Fifth APPC underscored the importance of addressing the epidemic in all its aspects, including age and gender dimensions, by scaling up programmes to prevent infection, provide treatment and care and mitigate the demographic, economic, health and social impacts of the pandemic, particularly at the community and family levels.

The Millennium Declaration and the ICPD Programme of Action recognize that environmental sustainability, poverty reduction and development are inextricably linked and that the most fragile environmental conditions are usually found in poor countries, which have the least capacity to cope and often, limited financial means and managerial resources to address the challenges. The above documents also point out that environmental crises, including those brought about by climate change, have the greatest impact on the poor and vulnerable sections of the population. Likewise, the need to improve sustainable access to safe drinking water and basic sanitation – a critical issue in many developing countries, especially where poverty and environmental degradation are endemic – was also stressed.

Recognizing that population ageing is occurring rapidly in developing countries due to fertility decline and increase in longevity yet at a lower level of development compared with developed countries, the ICPD Programme of Action and the Fifth APPC Plan of Action highlighted the need to address the challenges posed by this phenomenon, not only for older persons and their families but also for the community and society at large. Actions recommended by the latter include development of policies and plans as integral part of national development and poverty reduction strategies and integrating the special concerns of older women, who outnumber men and are often disadvantaged, into those policies, plans and programmes.

Migration is increasingly being recognized as a force that can contribute to development and as an integral aspect of the global development process. Although migration does not feature prominently in the MDG framework, it is inextricably bound up with the achievement of the MDGs, particularly with goals relating to poverty reduction, gender equality, prevention of HIV/AIDS, environmental sustainability and global partnerships for development. The ICPD Programme of Action and the Fifth APPC Plan of Action emphasize the link
between migration and socio-economic development and the right of freedom of movement. The magnitude and complexity of international migration makes it a high-priority issue for both sending and receiving countries. By contrast, internal migration within countries is on the rise and the massive movement of people from rural to urban areas has contributed to the explosive growth of cities. Half of all migrants are women who are exposed to a much higher risk of exploitation, such as trafficking, violence and abuse. At the regional level, the Fifth APPC has stressed the need to strengthen cooperation to better manage the flow of all types of migration for the benefit of the sending and receiving countries and the migrant themselves and to promote research on the interrelationship between migration and other population dynamics and the interconnections between internal and international migration. At the national level, addressing the evolving dynamics between internal migration and urban development maximizing the benefits while mitigating adverse impact was emphasized.

To achieve and accelerate progress towards the MDGs, all three documents stress that a global partnership for development is vital to address the challenges involved and realize the benefits for all. The Fifth APPC Plan of Action called for increased cooperation and partnerships between governments, non-governmental and inter-governmental organizations, the private sector and civil society to consolidate past gains and further promote collaboration within a framework of shared responsibility. It also underlined the importance of partnerships with parliamentarians to create an enabling environment for the speedy implementation of the Plan of Action and the ICPD Programme of Action. The importance of South-South collaboration was pointed out to strengthen national programmes.

While developing countries remain primarily responsible for driving their own development processes, international community and donor country assistance is critical to reach the ICPD and MDG goals. The Fifth APPC Plan of Action noted that financial constraints remain a major obstacle to the implementation of the internationally agreed goals and urged that mobilization of resources for population and development must be high on the development agenda. In the allocation of resources, it called on Governments to consider creative ways of mobilizing resources to ensure that the poor have access to reproductive health care.

**Progress achieved in Asia-Pacific**

Over the last few years, the Asia-Pacific region has been forging ahead on many of the issues and goals of the Fifth APPC, ICPD and the MDGs. Although gender parity in primary education and reduction in extreme poverty have been remarkable the latter due largely to extraordinary economic success in most of
Asia, progress has not been uniform across the regions or across the goals. There are disparities between and within countries. The region’s greatest challenges lie in addressing issues relating to child and maternal mortality, provision of access to safe drinking water and basic sanitation, primary school completion, natural disaster management and the adverse impacts of climate change. Moreover, the environment for achieving the goals has become even more challenging in light of the recent food and fuel price shocks that have been compounded by the pressures emanating from the current global financial crisis.

**Poverty reduction**

A remarkable achievement of the Asia-Pacific is the significant reduction in poverty for which the region as a whole is likely to meet the 2015 MDG target of halving the proportion of people living in income poverty. This is due in part to rapid economic growth in many countries. Between 1990 and 2004, the proportion of people living on less than US$1 purchasing power parity a day fell from 32.3 to 17 per cent. During the same period, the absolute number of poor people also fell; in just two years, between 2002 and 2004, the number of people living in extreme poverty fell by 82 million. Data based on national poverty lines also show a decline in poverty (ESCAP, 2004).

China has been one of the region’s great success stories with the incidence of extreme poverty declining from 33 to 10 per cent between 1990 and 2004. Sharp reductions have also occurred in Azerbaijan, Indonesia and Thailand.

While many countries have made huge strides in reducing poverty, the region remains home to millions of working poor unable to lift themselves and their families above the poverty line. The proportion is around one in five in the Philippines; in Cambodia and the Lao People’s Democratic Republic it is more than one in three workers (ILO, 2007). The situation in the least developed countries is even less positive; at 34 per cent, the poverty rate in those countries is not far from that of sub-Saharan Africa (ILO, 2007: p. 26).

Progress in the region has not only been unevenly distributed but some countries, such as Bangladesh, Cambodia and Nepal, have experienced sharp increases in inequality. An Asian Development Bank (ADB) study showed that between 1993 and 2003, the aggregate Gini-coefficient increased from 47 to 52 (ILO, 2007).

In addition to the equity issue, an equally important challenge that faces the region is embracing a broad-base, inclusive and participatory economic growth that takes into account the views of minorities, the most vulnerable and those facing all types of discrimination.
Universal primary education and gender equality

Another major achievement of the region is the net primary enrolment where nearly all countries have ratios above 90 per cent. However, the performance is less impressive when it comes to repetition and completion with many children, mostly from poor households, either repeating classes or dropping out of school before reaching grade five.

Data show that in several countries, fewer girls than boys enroll in primary school. In Afghanistan, for example, the proportion is 47 per cent, in Pakistan it is 29 per cent and in Cambodia, Lao People’s Democratic Republic and Nepal the difference is around 10 per cent. Gender disparity in primary education leads not only to lower literacy rates for girls but low enrolment in secondary and tertiary education.

Women make up at least half of the paid non-agricultural workforce in some countries in the region, such as Cambodia, Kyrgyzstan, Mongolia and the Russian Federation. However, even when women are working they are predominantly employed in labour-intensive, low value-added manufacturing service sector jobs that are vulnerable to domestic and global shifts in demand (ILO, 2007: p.22).

In Asia and the Pacific, as in other geographic regions, women are less likely to hold positions of political power. Only in New Zealand do women hold more than 30 per cent of parliamentary seats. In Timor-Leste in 2007, women won 28 per cent. Some countries, however, are taking measures to improve women’s representation. In Bangladesh, for example, the number of seats reserved for women was raised in 2004 from 30 to 75 (ILO, 2007).

Child mortality

While globally child mortality has fallen to a record low, it remains a great concern in the Asia-Pacific region. Despite progress, the absolute numbers of death in the region is still high. Of the 9.7 million children who died before their fifth birthday in 2006 in the world, more than 40 per cent or approximately four million were from the region. China, India and Pakistan are three of six countries that globally account for half of all deaths of children under-five. The United Nations Children’s Fund has estimated that if current trends in child survival persist, one million child deaths in Asia-Pacific will occur in 2015 that could have been averted that year alone had MDG 4 on child mortality been met (UNICEF, 2008).

On average, a child born into the poorest 20 per cent of households in South Asia is twice as likely to die before his or her fifth birthday, and three times more likely to die in the rest of the region than a child born into the richest quintile of the population (UNICEF, 2008).
Around half of child deaths are linked to under-nutrition and many children are still dying from diseases for which there are effective immunizations, such as against measles. The regional average immunization rate at 75 per cent is quite low and has not increased over the last two decades. Moreover, the prevailing patriarchal norms in several countries have resulted in preferential treatment for boys over girls whose health and nutrition are often neglected.

**Maternal mortality, reproductive health and adolescent reproductive health**

Around a quarter of a million women across the Asia-Pacific region die each year during childbirth or from pregnancy-related complications and many are left chronically ill or disabled. The region accounts for almost half of the global maternal deaths.

Afghanistan’s rate is one of the highest in the region and in the world and there are other alarming figures in many countries of South and South-East Asia. However, there are also countries that have achieved ratios that are relatively low for developing countries: Thailand, 44; China, 56; and Fiji, 75 (ESCAP, UNDP and ADB, 2007).

Although the situation varies from country to country, a number of common problems that contribute to maternal death include gender discrimination in access to reproductive health services, lack of emergency obstetric care, poor quality of reproductive health services and shortage of skilled health personnel and community-level field workers.

Many countries in the region have low rates of contraceptive use resulting in high levels of adolescent fertility, which is also a cause of high maternal mortality. The Lao People’s Democratic Republic, for example, has a contraceptive prevalence rate below 32 per cent and also has a high adolescent fertility rate at births per 1,000 women (ESCAP, 2007).

In many parts of the region, including the Commonwealth of Independent States (CIS) countries and many in the Pacific islands, the proportion of births with the support of a skilled birth attendant is quite high – close to 100 per cent. However, in countries with the highest maternal mortality ratios, the proportion of women who get this kind of assistance is often far lower. It is estimated that if all births took place in the presence of skilled attendants and with access to emergency obstetric care, maternal mortality could be cut by 75 per cent (ESCAP, UNDP and ADB, 2008).

While many countries in the region have made efforts to improve reproductive health services, including provision of emergency obstetric care and skilled attendants, funds have been largely insufficient that have adversely affected the availability and quality of services.
In 2005, there were 1.2 million adolescents (10-19 age group) in the world, of whom 48.6 were females. Over three fifths (61.7 per cent) of these adolescents were in the ESCAP region. The largest number resided in South and South-West Asia (47 per cent) followed by East and North-East Asia (32 per cent) and South-East Asia (15 per cent) (United Nations, 2007).

Adolescent reproductive health issues have emerged as important concerns in the region. Demographic trends have revealed a widening gap between sexual maturity and age at marriage, which results in premarital sexual activities among adolescents. Data also show a continuing prevalence of adolescent marriage.

Early sexual activity, marriage, pregnancy and childbearing, and the risks associated with early and unprotected sexual activity, including early and unwanted pregnancy, HIV/AIDS and other sexually transmitted infections, have adverse consequences that include impediment to improvements in the educational, economic and social status of women.

While many Governments have increasingly recognized the importance of sexual and reproductive health issues for adolescents, programmes have remained limited in many countries. The challenges facing Governments and civil society organizations in the region remain, which include development of sound policies and strategies, provision of youth-friendly and appropriate reproductive health services and development of social and community support systems.

**HIV/AIDS, malaria and tuberculosis**

Although HIV prevalence is lower in the Asia-Pacific region than it is in some other geographic regions at 0.3 per cent, it translates into about 6 million people who are affected by the virus. The number of infections is rising fast in a number of other populous countries, such as Bangladesh, China, Indonesia, Nepal, Pakistan and Viet Nam, as well as some of the CIS countries. The most common way to acquire HIV across the region is through injecting drug use and unprotected sex (ESCAP, UNDP and ADB, 2007).

Given the diversity of populations and geographical conditions in the region, some areas are experiencing many more times the national prevalence rates. This is especially true for sex workers, injecting drug users, young people and migrant workers. The implications for the labour force are considerable considering that the majority of the infected population is of working age. Between 1992 and 2004, for example, the loss in both Cambodia and Thailand was approximately US$500 million in annual GDP. If left unchecked, HIV/AIDS could have a devastating impact slowing economic growth and undermining social gains (ILO, 2007).
Two other diseases – malaria and tuberculosis – affect large numbers of people in the region. Malaria remains a major public health concern in many areas and in some places appears to have become drug resistant. In terms of global malaria burden, Asia accounts for around 38 per cent. Although the prevalence has been declining in many countries since 1990, the region still accounts for 10 per cent of global deaths.

Tuberculosis is another major disease of concern across the Asian and Pacific region, causing the death of an estimated 925,000 persons each year. While there has been some progress between 1990 and 2003 with the number of people infected declining from 12.8 million to 10.3 million, globally, two out of three persons with tuberculosis live in the region (ESCAP, ADB and UNDP, 2007).

Climate change and environmental sustainability

Climate change and environmental sustainability are becoming increasingly critical issues for the Asian and Pacific region. Many countries face mounting environmental stress and the threats of climate change that will have a serious impact through rising sea levels and changing weather patterns heightening problems of food insecurity and loss of livelihoods, especially for the poor. Rapid economic growth has been achieved at a huge environmental cost that includes deforestation and destruction of wetlands, as well as increased CO₂ emission and water and air pollution.

For many of the people living in environmentally fragile and marginal areas, poverty has been exacerbated by natural disasters that have hit the region and have become more frequent over the last few years. These include floods, cyclones, earthquakes, drought, storm surges and tsunamis. Globally, the region accounts for a majority of the total number of deaths caused by natural disasters. In 2006, the region accounted for over 74 per cent of the estimated 21,000 casualties due to natural disasters throughout the world, noted a press release published by ESCAP on 20 March 2008. The 2004 tsunami claimed the highest number of lives in recent history (an estimated 225,000 persons died) and more recently, in 2008, disasters like Cyclone Nargis in Myanmar and the earthquake in Sichuan Province, China, have also had devastating impacts.

Across the region, some 659 million people do not have access to clean drinking water. Despite its strong economic growth, South-East Asia accounts for about a quarter of these people. Providing access to improved sources of water to urban households has been challenging, particularly in keeping pace with the rapidly growing populations, including those living in slum and marginalized areas (ESCAP, 2007).
In rural areas, lack of access to improved water sources is affecting over 560 million people and is a particular burden for women and girls who are often responsible for collecting water. Studies have shown that lack of clean water is the largest single cause of child mortality due to diarrhoeal disease and is causing many children to grow up sick or undernourished (ESCAP, UNDP and ADB, 2007).

The situation with regard to basic sanitation is worse. Three quarters of the world’s population without access to basic sanitation, or about 1.9 billion people, live in the Asia-Pacific region. China accounts for one third and another third are in India. A study by ADB reveals that achieving the MDG targets for water and sanitation would reduce the number of episodes of diarrhoea by 275 million cases (ESCAP, 2007).

Population ageing

As in other geographic regions of the world, population ageing in Asia and the Pacific has emerged as an important concern. The rates of increase in older population, defined as those aged 60 years and over, in East and South-East Asia are projected to be among the highest in the world. Population ageing has a direct impact on the age structure of the population. The upward shift in the population age distribution has profound implications in terms of support base for older persons, such as requirements for long-term care facilities and provision of welfare benefits (UNFPA, 2006).

Many countries, especially those where the proportion of older persons in their population is already high, recognize the need to address the issue of ageing. Women, who constitute a majority of the older population, are often in a more vulnerable situation than older men. They face a higher incidence of disability and have fewer opportunities of productive employment. The Fifth APPC and the ICPD have emphasized their vulnerabilities and the need to take them into account in the formulation of relevant policies and programmes.

While national capacity and the institutional framework for the care of older persons are still at a nascent stage in many countries of the region, there has been a marked progress in the policy response to population ageing, particularly among the East and South-East Asian countries. More industrialized countries tend to assume a higher degree of government responsibility while less industrialized countries tend to leave elderly care to the family and informal community-based channels. The resources needed to meet the needs of older persons are severely limited in many less developed countries (UNFPA, 2007, p. xii).

International migration

There is an increasing flow of migrants within the region and it is likely to continue in the years to come. Intra-regional migration has helped address the
labour shortage in the receiving countries, contributing to both increased productivity and economic growth. Governments recognize that the mobility of human resources can become a unique comparative advantage in an increasingly competitive global marketplace. However, the large and growing numbers of irregular migrants has raised questions related to managing migration and ensuring the protection of migrants.

Women constitute a large and increasing proportion of the region’s migrant workforce. In 2004, 81 per cent of Indonesian migrants who registered before leaving to work abroad were women. In the Philippines, 72 per cent of workers newly deployed to all destinations in 2006 were women (ILO, 2007). Given the rapidly growing demand for service-sector workers, especially health workers – as a consequence of population ageing in some major destination countries – the dominance of women in labour migration flows is likely to intensify in the future.

Female labour migration is largely concentrated in a limited number of female-dominated occupations associated with traditional gender roles. While the jobs do not necessarily have to be exploitative, the circumstances of the jobs themselves could subject women to abuse and exploitation.

It is projected that migration flows from developing countries may slow as a result of the global growth slowdown but the stock of international migrants from developing countries is unlikely to decrease. However, remittance flows from host to developing countries, which depend significantly on exchange rates, are expected to start slowing down in the latter half of 2008 in response to the global financial crisis. The slowdown is projected to deepen further in 2009 but remittances are expected to be resilient and not to fall as much as private flows and official aid to developing countries (World Bank, 2008a).

Challenges: The global financial crisis and other threats to development

While the Asian and Pacific region has forged ahead in achieving common APPC-ICPD-MDG goals, the global financial crisis compounded by the food-fuel crises and climate change have exposed the region to enormous human and environmental costs and unprecedented threats. The convergence of these crises has not only created an environment that threatens progress but has made it more difficult to address persistent issues that pose the greatest challenges for the region, especially with shortfalls in resources.

Global financial crisis

The global financial crisis occurred on the heels of a major shock from high food and fuel prices that has imposed a heavy economic burden on many
developing countries in the region and has increased the incidence of poverty and vulnerability. Growth will not only slow down with the convergence of these crises and their compounding impact but will certainly sharply weaken it, setting back remarkable efforts against poverty in recent years. Furthermore, the compounding impact will disproportionately affect low-income groups who lack access to any form of social protection.

While the direct impact of the financial crisis is likely to be more limited in the region’s low-income countries since their financial sectors are less integrated into the global financial markets, they will still be significantly impacted by the crisis through slower export growth and the potential for reduced remittances and donor assistance.

The impact of the global financial crisis on vulnerable employment, especially in the informal economy, will adversely affect women constituting a disproportionately large share of the workers. The estimated proportion of informal employment in total employment ranges from around 80 per cent in Cambodia and Viet Nam to 53 per cent in Thailand. The massive growth of the informal economy in the region, coupled with the continued existence of gender inequities, has raised questions about the stability and sustainability of development (ILO, 2007).

A reduction in private investment flows would make already weak economies even less able to cope with internal vulnerabilities and development needs. A slow or negative growth is likely to cut into government revenues and expenditures on social services, including education, child and maternal health, sexual and reproductive health and other basic services that are critical to achieving the APPC-ICPD-MDG goals. The adverse consequences will fall hardest on the poorest and most vulnerable groups (World Bank, 2008b).

Food and fuel price volatility

As a result of the food and fuel crises, the World Bank estimated that the number of extremely poor have increased by at least 100 million. Equally worrisome was that many of those already poor have been slipping even more deeply into poverty. Recent estimates of poverty depth – which is the gap in consumption between the average poor household and the poverty line – have shown that poverty is deepening, with the extreme poor being hit hardest. Eighty-eight per cent of the increase in urban poverty depth from rising food prices is from poor households becoming even poorer and only 12 per cent from households falling into poverty (World Bank, 2008b).

Rising food prices may lead to income gains for net food producers who live in rural areas but many poor small-landholders who are net food buyers are under mounting pressures. It is the landless rural poor and the growing urban poor who
appear to be the hardest hit (ILO, 2007). Over the longer run, however, higher food prices that boost farm income may also increase other rural incomes by boosting employment and wages among the landless rural poor. Thus the impact of rising food prices on poverty can differ substantially between urban and rural areas (World Bank, 2009).

Even if the high and volatile food and fuel prices were to decline, problems facing the poor would not necessarily all disappear. Reducing consumption from already very low levels, even for a short period, can have important long-term consequences for the very poor. Reducing the quantity and quality of the food, schooling and other basic services could lead to irreparable damage to the health and education of children. Countries most exposed to food and fuel price volatility are those with already high pre-existing levels of malnutrition, such as Timor-Leste, which is among the ten most affected countries in terms both of stunting and wasting indicators (World Bank, 2008b).

With the surge in food prices and growing apprehension about food security, there has been a renewed focus on agriculture and rural development, especially in countries with a high share of workers still engaged in agriculture. Boosting agricultural productivity could put downward pressure on food prices and increase agricultural output thereby improving rural incomes, raising living standards and helping to reduce poverty in the region (ILO, 2008).

**Climate change and natural disasters**

Developing countries in the Asian and Pacific region, particularly the poorest and most vulnerable people within them, will be the most severely affected by the adverse impacts of climate change. Moreover, these impacts will exacerbate vulnerabilities and population displacement problems and impede development efforts. Small islands and mega deltas, in particular, are especially vulnerable because of their high exposure to the effects of climate change and the limited capacity of the population to adapt to their consequences.

In the long term, the sustainability of economic growth and prospects for achieving social progress will depend on the region’s ability to protect the environment and cope with the consequences of climate change. Without serious actions to mitigate climate change, efforts to achieve the Fifth APPC and ICPD goals and the MDGs will be in jeopardy. For example, resources and appropriate technology are needed for a smooth transition to climate-resilient and low-carbon growth, especially in developing countries.

In the disaster-prone Asia and Pacific region, natural disasters are setting back efforts in development destroying infrastructure and impacting the poor, who are the
least protected and often the worst affected. The loss of human lives and property and the instant poverty caused by natural disasters are among the most devastating.

Natural disasters exert an enormous toll in terms of social and financial costs. The losses are particularly damaging because they deprive countries of resources that could otherwise be used for development. Investing in disaster preparedness measures, like early warning systems, is essential if countries and the region as a whole are to be able to cope with the devastating and escalating effects of natural disasters. Studies have shown that every dollar invested in disaster preparedness not only saves lives, but can also save between US$4 and US$7 in humanitarian relief and reconstruction costs after a disaster happens (ESCAP, 2008a).

**Way forward**

While the primary and ultimate responsibility for achieving the APPC-ICPD-MDG goals lies with national governments and organizations, the support of international organizations, regional development banks and bilateral donors is crucial. At the Sixty-Third session of the ESCAP Commission in May 2007, a “regional road map” was endorsed that clearly spelled out priority areas and strategies that can be effectively delivered through a regional partnership (ESCAP, 2008b).

At the regional and country level, targeted interventions must balance economic considerations and social responsibility and address both short- and long-term challenges to prevent and mitigate the potential negative impacts of the triple financial-food-fuel crises, particularly on those living at the margin.

Regional coordination efforts should focus on the salient features of the financial crisis that are most disruptive and most conducive to concerted action. Increasingly, many challenges like HIV/AIDS, bird flu, human trafficking, natural disasters and climate change are trans-boundary in nature and can be more effectively addressed through a concerted regional response. For example, in a recent meeting that brought together environmental decision-makers from the private sector, government, civil society and international organizations, ESCAP proposed the establishment of an Asian-Pacific business network to devise business solutions to combat climate change (ESCAP, 2009).

ESCAP and the United Nations Population Fund (UNFPA) should pursue their strategic partnership to further scale up implementation and accelerate progress towards the achievement of the Fifth APPC and ICPD goals. Over the years, ESCAP, in close cooperation with UNFPA, has played a pivotal role in enhancing awareness in the region on population issues and their impact on development. However, the need for evidence-based, high-quality and action-oriented information essential for
policy creation and programming continues to be a challenge. In view of the centrality of the APPC and ICPD goals to the achievement of the MDGs, ESCAP in collaboration with UNFPA, should continue policy support, advocacy and strengthened knowledge sharing activities.

A coordinated regional response is not only necessary to tackle critical transboundary concerns but also to build regional capacity. Other benefits would be the pooling of scarce resources, reduction in administrative costs and a more efficient effective implementation of programmes and delivery of services across national borders.

In the wake of the financial crisis it is imperative that donor countries meet their commitments and protect especially aid-dependent countries vulnerable to disbursement shortfalls. More resources are needed to further implement the Fifth APPC Plan of Action, the ICPD and MDG goals through conventional and innovative financing, debt relief and more effective multilateral and bilateral donor efforts.

Developing countries must ensure that resources are put to their best and most efficient use, including by putting in place well-targeted social safety nets and improving the targeting of resources provided to the poor. Countries like China, Philippines and Thailand, for example, are using fiscal stimulus to boost the economy by spending on basic social services, such as health care and schools.

In the midst of the current global financial crisis, the region’s big challenge is consolidating the gains achieved in meeting the APPC-ICPD-MDG goals. A bigger challenge yet is addressing other threats, such as climate change that would not only affect all countries but particularly poor countries and poor people. The United Nations has been at the forefront in stressing the importance of public investments in new technologies and in green jobs to counteract falling private demand and to limit climate change successfully. It argues that targeting a substantial part of the needed public spending to these needs will help withstand the short term crisis, while laying the foundation for a longer-term and sustainable growth.

While there have been significant advances in meeting the APPC-ICPD-MDG goals in the Asian and Pacific region, in light of the current global crises, renewed commitment, political will, stronger partnerships and coordinated efforts are critical than at any other time to weather the threats and challenges facing the region.

Endnotes
**Annex I: Common goals of the Fifth APPC plan of Action**

The ICPD Programme of Action and the MDGs

<table>
<thead>
<tr>
<th>Millennium Development Goals and Targets</th>
<th>ICPD Goals and Objectives</th>
<th>Fifth APPC Plan of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1: Eradicate extreme poverty and hunger</strong></td>
<td>. . . raise the quality of life through population and development policies and programmes aimed at achieving poverty eradication, sustained economic growth in context of sustainable development [para. 3.16]</td>
<td>Ensure demographic and population factors are fully integrated . . . into planning, in particular addressing the needs of the poor and the disadvantaged [A1] Promote research and strengthen the data and information base on . . . poverty [A3]</td>
</tr>
<tr>
<td>Targets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Halve, between 1990 and 2015, the proportion of people who suffer from hunger</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goal 2: Achieve universal primary education</strong></td>
<td>. . . countries should further strive to ensure complete access to primary school or equivalent level of education by girls and boys as quickly as possible, and in any case before 2015 [para. 11.6]</td>
<td>Improve access to education . . . through policies aimed at ensuring the retention of girls in schools [E4]</td>
</tr>
<tr>
<td>Target:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goal 3: Promote gender equality and empower women</strong></td>
<td>Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women’s ability to control their own fertility, are cornerstones of population and development-related programmes [Principle 4]</td>
<td>Ensure . . . legislative and programmatic responses to violence against women and exploitation including trafficking, and ensure their effective enforcement [E3] . . . make available sex-disaggregated data for all levels of policy-making and programming [E2] Formulate policies to promote greater male involvement and participation in improving gender equality, equity and empowerment of women [E7] Strengthen efforts to comply with paragraphs 4.15 and 4.16 of the ICPD Programme of Action regarding prenatal sex selection [E10]</td>
</tr>
<tr>
<td>Target:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Asia-Pacific Population Journal, April 2009 29
### Millennium Development Goals and Targets

<table>
<thead>
<tr>
<th>Goal 4: Reduce child mortality</th>
<th>ICPD Goals and Objectives</th>
<th>Fifth APPC Plan of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target:</strong> Reduce by two thirds, between 1990 and 2015, the under-five mortality rate</td>
<td>By 2015, countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 per 1,000 [para. 8.16]</td>
<td>Intensify efforts to reduce . . . infant mortality and morbidity, particularly where levels are persistently high [F3]</td>
</tr>
</tbody>
</table>

### Goal 5: Improve maternal health

| **Target:** Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio |
| **Target:** Achieve by 2015, universal access to reproductive health |
| Countries should strive to effect significant reductions in maternal mortality by 2015: reductions by one half of 1990 levels by 2000 and further one half by 2015 [para. 8.21] | Intensify efforts to reduce maternal . . . mortality and morbidity, particularly where levels are persistently high, meet the internationally agreed goals for making pregnancy safer [F3] |
| Develop functional systems to increase access to prenatal, maternal, postnatal care, delivery by skilled birth attendants, . . . prompt management of delivery complications, [and] comprehensive essential obstetric care [F4] |
| Strengthen reproductive health policies and implement comprehensive integrated reproductive health care, including family planning services through out the health-care system [F2] |
| Adopt economic and social policies on health care with due emphasis on reproductive health concerns, including family planning [F1] |

.../
### Annex I (Continued)

<table>
<thead>
<tr>
<th>Millennium Development Goals and Targets</th>
<th>ICPD Goals and Objectives</th>
<th>Fifth APPC Plan of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 6: Combat HIV/AIDS, malaria and other diseases</strong>&lt;br&gt;Targets:&lt;br&gt;• Have halted by 2015 and begun to reverse the spread of HIV/AIDS&lt;br&gt;• Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</td>
<td>By 2005, ensure at least 90 per cent, and by 2010 at least 95 per cent, of 15-24 age group has access to IEC and services to develop life skills required to reduce their vulnerability to HIV infection; that by 2005 prevalence is reduced globally, and by 25 per cent in the most-affected countries [ICPD+5 para. 70]</td>
<td>Develop and implement national HIV and AIDS policies and action plans [H2]&lt;br&gt;Establish comprehensive surveillance systems for closely assessing and monitoring situation . . . [H1]&lt;br&gt;. . . integrate HIV prevention programmes and BCC interventions into reproductive health programmes, including STI case management . . . [H5]&lt;br&gt;Support community-based service delivery through grass-roots mobilization . . . [H7]</td>
</tr>
</tbody>
</table>

| **Goal 7: Ensure environmental sustainability**<br>Targets:<br>• Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources<br>• Halve, by 2015, the proportion of people with out sustainable access to safe drinking water and basic sanitation<br>• By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers | . . . population issues should be integrated into formulation, implementation, monitoring and evaluation of policies and programmes relating to sustainable development [para. 3.5] | /* */

Asia-Pacific Population Journal, April 2009 31
## Goal 8: Develop a global partnership for development

- Address the special needs of landlocked countries and smaller island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of General Assembly)
- In cooperation with developing countries, develop and implement strategies for decent and productive work for youth
- In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

### ICPD Goals and Objectives

...strengthen the partnership between governments, international organizations and the private sector in identifying new areas of cooperation [para. 15.15a]

### Fifth APPC Plan of Action

- Promote South-South collaboration and networking to exchange experiences and learn from best practices in order to strengthen national programmes [K6]
- Support partnerships with parliamentarians and other elected representatives to create an enabling environment for speedy implementation of the ICPD Programme of Action and the Fifth Asian and Pacific Population Conference Plan of Action and resource mobilization [K5]
- Where appropriate, [Governments are urged to] involve NGOs in the planning and implementation of programmes relating to development [K4]
References


_______(2008b). “Global Financial Crisis and Implications for Developing Countries” G-20 Finance Ministers’ Meeting, 8 November 2008, São Paulo, Brazil.

Population and Environment in Asia and the Pacific: Trends, Implications and Prospects for Sustainable Development

Increased consumption due to population growth and affluence has severe implications for sustainable development. Energy consumption in Asia and the Pacific is growing faster than any other region of the world. Food consumption is also on the increase, with a shift to more resource-intensive protein sources.

By Kerry Richter, Akompab Ebainjuiayuk Benjamin and Sureeporn Punpuing*

The Bali Declaration on Population and Sustainable Development adopted by the Fourth Asian and Pacific Population Conference held at Bali, Indonesia from 19-27 August 1992 stated that,

* Kerry Richter, Assistant Professor; Sureeporn Punpuing, Director, Institute for Population and Social Research, and Akompab Ebainjuiayuk Benjamin, Faculty of Environment and Resource Studies, Mahidol University, Salaya, Nakhon Pathom, Thailand, e-mail: krichter99@gmail.com and ebai26@yahoo.com.co.uk.
“among the ultimate objectives of sustainable development are to achieve a balance between human needs and aspirations in balance with population, resources and the environment and to enhance the quality of life today and in the future”.

The challenge in sustainable development is to meet these human needs, especially those of the poorest and most vulnerable population, while still preserving a healthy and resource-rich environment. In the Asian and Pacific region, where half of the world’s population lives on less than one third of its arable land, the challenge is particularly demanding. The balance between needs and aspirations is a critical component of the above objective in a region where rapid economic growth leads to unsustainable consumption by some, while others who live in poverty are most severely affected by resource depletion, climate change and pollution.

At the International Conference on Population and Development (ICPD) in 1994, specific actions were recommended to contribute to the achievement of Agenda 21, the comprehensive agenda put forth by the United Nations Conference on Environment and Development held in Rio de Janeiro two years earlier. These include measures to eradicate poverty, particularly among the rural poor; to utilize demographic data for sustainable resource management and integrate demographic factors into environmental impact assessments; and to develop policies that effectively counter unsustainable consumption and production patterns; and that address population pressure in ecologically-vulnerable and urban areas.

The Millennium Development Goals and related targets on population and environment in Asia and Pacific (United Nations, 2001a) are ambitious, and the success in reaching them by 2015 is dependent on the commitment of individual countries in the region. As shown below, they require resource mobilization on a large scale, as well as an awareness that economic growth cannot continue without attention being paid to its long-term consequences.

<table>
<thead>
<tr>
<th>Goal 7: Ensure environmental sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</td>
</tr>
<tr>
<td>Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</td>
</tr>
<tr>
<td>Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</td>
</tr>
<tr>
<td>Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</td>
</tr>
</tbody>
</table>
The basic elements of the relationship between population and the environment may be described as pressure on the environment resulting from population, per capita consumption and technology (UNFPA, 2001). The IPAT model (from Impact on Environment, Population, Affluence, Technology) conceptualizes that environmental impact results from the interaction of population, affluence and technology, and can be measured in terms of resources utilized for producing one unit of consumption. This simple model contributes to our understanding of these interrelationships, but does not adequately explain the multiplicity of factors that contribute to the equation. Particularly in a period of rapidly changing global economic forces, it is difficult to isolate the key factors needed for a basic understanding of population and environment dynamics and status.

This paper provides a brief overview of the major population and environment interrelationships for Asia and the Pacific. It describes recent trends in population and consumption observed in the region and attempts to assess progress achieved in meeting the environment-related Millennium Development Goal. The major issues facing the region regarding sustainable development are outlined by describing the consequences of population growth in the region in recent years. Implications of the current global financial-fuel-food crises on the environment are also discussed within the context of rapid change in these interrelationships. Finally, conclusions are drawn and the way forward discussed to further the implementation of the Bali Declaration and ICPD and MDG goals for environmental sustainability.

**Population growth and sustainable development**

**Recent trends in population growth in the region**

The Asian and Pacific region has made considerable progress in slowing population growth in recent years. As seen in figure 1, fertility rates dropped in the 1990-2005 period in all subregions, with particularly steep drops observed in Central Asia (from 3.3 to 2.4 children per woman) and South Asia (from 4.1 to 3.3). With regard to the two largest countries in the region, the already low fertility rate of China dropped even further (from 1.9 to 1.7) and the rate of India, while still high, declined steadily (from 3.9 to 3.1).

When looking at trends in annual population growth over the past five years, which include migration as well as natural increase, only the smallest subregions (North and Central Asia and the Pacific) show an upward trend (figure 2). For the North and Central Asia, negative growth in 2003 leveled off to zero population growth by 2008 (with natural increase balanced by out-migration). South Asia and particularly India experienced the biggest decline in growth during the past five years.
Figure 1. Fertility rate trends for ESCAP regions, China and India

Source: ESCAP Statistics Division Data Centre.
Abbreviations: ASEAN, Association of Southeast Asian Nations; ESCAP, Economic and Social Commission for Asia and the Pacific; SIDS, small island developing States; SAARC, South Asian Association for Regional Cooperation.

Figure 2. Annual population growth rate trends for ESCAP subregions, China and India

Abbreviations: ESCAP, Economic and Social Commission for Asia and the Pacific; ENA Asia, East and North-East Asia; SE Asia, South-East Asia; SSW, South and South-West Asia; NC Asia, North and Central Asia.
Despite this recent progress, it should be remembered that the population of the region more than doubled in the latter half of the twentieth century, from 1.7 billion in 1960 to 3.6 billion in 2004. Projections by the United Nations put the population of the region at 5 billion by 2025 (ESCAP, 2001). Increased number of people due to population momentum means that population density – and pressure on land and other resources – continues to increase (figure 3). Population density ranges from 18 people per square kilometre in Central Asia to 295 in South Asia in 2005. Due to the continued growth explained above, South Asia also shows continued increases in density, while the Central Asian and Pacific regions have low and fairly stable population density.

**Figure 3. Population density, trends for ESCAP regions, China and India**

![Figure 3. Population density, trends for ESCAP regions, China and India](image)

*Source:* ESCAP Statistics Division Data Centre.

*Abbreviations:* ESCAP, Economic and Social Commission for Asia and the Pacific; SIDS, small island developing States; ASEAN, Association of Southeast Asian Nations; SAARC, South Asian Association for Regional Cooperation.

**Recent trends in consumption in the region**

While the rate of population growth is declining in the region, consumption of major commodities – both on a total and per capita basis – continues to increase. This is due to population growth but also to continued economic growth and affluence in the region. This section discusses major trends in consumption of energy and food as a consequence of population growth and increased per-capita consumption. Natural resource consumption is discussed in the next section.

**Energy**

By the mid-2000s, energy consumption in the ESCAP region had reached 40 per cent of the world’s total; total final consumption grew at 5.4 per cent per year
during the 2000-2005 period, compared with a 4.4 per cent globally (ESCAP, 2008). As seen in figure 4, East and North-East Asia was by far the largest consumer of energy, and particularly of solid and liquid fuels. On a per capita basis however, the Pacific region and the North and Central region were the largest consumers, with the latter being a particularly large consumer of electricity (see figure 5).

**Figure 4. Total final energy consumption million tons of equivalents (Mtoe) for ESCAP subregions, 2005**

![Bar chart showing total final energy consumption for ESCAP subregions, 2005.](chart)

**Source:** ESCAP, 2008.

**Abbreviations:** ESCAP, Economic and Social Commission for Asia and the Pacific; ENA Asia, East and North-East Asia; SE Asia, South-East Asia; SSW, South and South-West Asia; NC Asia, North and Central Asia.

**Figure 5. Per capita total final energy consumption in tons of oil equivalent (toe) per 1 000 for ESCAP region and subregions, 2005**

![Bar chart showing per capita total final energy consumption for ESCAP subregions, 2005.](chart)

**Source:** ESCAP, 2008.

**Abbreviations:** ESCAP, Economic and Social Commission for Asia and the Pacific; ENA Asia, East and North-East Asia; SE Asia, South-East Asia; SSW, South and South-West Asia; NC Asia, North and Central Asia.
While per capita energy consumption in Asia remained below the global average, it has been growing more rapidly than other regions in recent years. Industrialization and increased household demand are the two major contributors to this growth. The transport sector has also accounted for a higher share of energy, due to increases in the transport of manufactured goods and an increased number of private vehicles (ESCAP, 2008). The number of vehicles in Asia is now doubling every seven years (Mishra, 2002).

Food

Affluence leads to higher per capita food consumption, and also to the consumption of higher quality food as protein sources are substituted for grain. This pattern is seen in figures 6 and 7 which show the trends in per capita rice and meat consumption in five countries. Per capita meat consumption was only slightly higher than that of Thailand in 1990, but has risen sharply in recent years. By 2003 meat consumption in China was more than twice as high as that of Thailand and more than five times higher than that of Indonesia. Meat consumption in Thailand dropped after the economic crisis of 1996-1997 and remained lower than before the crisis in 2003. Both India and Indonesia saw only slight increases in meat consumption during this period. In figure 7 it can be observed that the trend in per capita rice consumption is downward in all four countries with the sharpest declines observed in Indonesia in recent years. While the shift from grain consumption to meat consumption indicates better nutrition, it should be remembered that meat requires more energy to produce than rice, with more resource-intensive inputs.

**Figure 6. Trends in per capita meat consumption China, India, Indonesia and Thailand**

Environmental consequences of population growth

Concerns about the environmental impact of population growth are certainly not new. Thomas Malthus warned of the unsustainability of unchecked population growth over two centuries ago, arguing that human population has the tendency to exceed the ability of the environment to provide subsistence. A population that grows far above the capacity of the natural environment (i.e. carrying capacity) will severely degrade the quality of the environment. In the Asian and Pacific region, environmental disruptions can be observed in the form of increasing atmospheric pollution, destruction of biological diversity, degradation of natural resources, increasing loads of municipal, industrial and hazardous wastes, depletion of aquifers, and pollution of aquatic and marine ecosystems. This section analyses the consequences of population growth on the environment, focusing on pressure on natural resources, climate change and natural disasters. Analysis of these consequences is critical to enhancing environment sustainability and ensuring regional development.

Pressure on natural resources

Natural resources in Asia and the Pacific are extensively diverse and consist of mountains, tropical rain forests, extensive grasslands, and large oceans such as the Indian and the Pacific. The interplay between population growth and natural resource depletion in the region is evidenced by reduced diversity of resources.
According to a joint report by the Economic and Social Commission for Asia and the Pacific (ESCAP) and the Asian Development Bank (ADB), the tropical forests and the marine and coastal environments of Asia and the Pacific are the most productive in the world, supporting two thirds of the world’s coral reefs and two fifths of its mangrove habitats (ESCAP and ADB, 2000). But those rich and diverse natural treasures have faced increasing pressure over the last decades.

At the core of concern is the fact that population growth, redistribution, and the changes inherent to urbanization severely impact forests, wetlands, agriculture land and fresh water. According to the ICPD Programme of Action on Population and Development demographic factors combined with poverty and lack of access to resources exacerbate problems of environmental degradation and resource depletion, and thus inhibit sustainable development (United Nations, 2001b).

**Land resources**

Land utilization in the region consists mainly of cultivation, grazing, permanent pastures, forest and woodland. The availability of land together with measures to reverse current trends in land degradation has been influenced by the quest for food security, as expansion in agricultural intensification follows population pressure. The land use pattern has witnessed major transformation over the past few years with a high demand for crop land, resulting in a decline in the forest land (figure 8) and deterioration of soil quality. It is estimated that roughly 40 per cent of the land that can support closed tropical forest is now devoid of forest cover, with human actions causing a decline in forest cover of about 1 per cent per year (ADB, 2001). This results in the utilization of land areas with low potential for production. In the Asian and Pacific region, it is projected that the amount of land that will be converted to agriculture will be approximately 28 per cent by 2015 (UNEP, 2001).

The impact of land expansion is severe as woodlands and forests are destroyed for shifting cultivation. Deforestation causes fragmentation of the natural ecosystem and biological diversity. The situation is made worse as unsustainable land practices cause an accelerated rate of erosion; soil is lost faster than it is formed, reducing the retention of moisture and desertification. Desertification occurs in many forms in the region; out of a total of 4.3 billion hectares of land approximately 1.7 billion hectares are arid, semi-arid and dry sub-humid. The most severe cases of land degradation are reported in Central Asia where degradation from water and wind erosion, salinization, water logging, compaction and land pollution has caused 7 per cent severe and 34 per cent moderate desertification.1
Land productivity decline has been one of the major factors in the migration of subsistence farmers and pastoralists – often called “environmental refugees” – to slums of major cities. As the availability of land continuously faces a decline, questions are raised about the sustainability of the rice-wheat system of South-East Asia and South Asia to meet the growing demand of the population. Without conservation measures, the total area of rain-fed cropland in Asia will shrink over the long-term because of soil erosion and degradation. Pressure on land in Asia is the most severe in the world, particularly affecting the rural poor who are dependent on agricultural activities. Many countries in the region are already facing acute shortages in productive land resources. About 1.3 billion people – equivalent to 39 per cent of the total population in the region – live in areas prone to drought and desertification (ADB, 2001).

Forest resources

In Asia and the Pacific, communities have co-existed with the forest for decades, as the forest’s diverse functions take a leading role in mainstream economic and social development. The region is endowed with natural forests estimated to constitute approximately 14 per cent of the world’s forest cover (548 million ha), including both temperate as well as tropical forests. China and Indonesia are among the seven countries in the globe with greater than 60 per cent of the world’s forests (ESCAP and ADB, 2000). Among subregions, South-East Asia has the largest forest area while North-Central and South Asia follow, respectively. Mangrove tropical forest, tropical moist deciduous forest, tropical
dry forest, sub tropical humid forest, non-tropical and sparse lands are some of the major forest ecosystems in the region. These forests perform important ecological functions such as the stabilization of microclimate, improvement of water quality, and carbon capture ensuring the long-term sustainability of both plant and animal species. Primary forest in the region experienced a decrease from 1990 to 2005 (figure 9).

**Figure 9. Primary forest area by region**

![Graph showing primary forest area by region](image)

*Source: GEO data portal compiled from FAO, 2001.*

The problem faced by forests in the region comes from the loss of forest through illegal logging and degradation of natural forest areas. It is estimated that 4.4 million hectares of natural forest were lost from 1980 to 1990 (ESCAP and ADB, 2000). About 1.6 million ha of forest were converted to non-forest lands per year, while about 2.2 million ha was converted to other wooded land during the same period. Forest loss is not only detrimental to population but also to wildlife. With the continued destruction of the forest, many of the animal species are pushed to the brink of extinction.\(^2\) Viet Nam and the Philippines have experienced a loss of mangrove forest estimated to about 50 and 70 per cent, respectively, while about 75 per cent of Asia’s marine protected areas are considered to be under severe pressure from coastal development (WRI, 1998). Losses at the community level cause severe hardships and social disruptions for forest-dwelling and forest-dependent people.
Table 1. Change in forested area

<table>
<thead>
<tr>
<th>Subregion</th>
<th>Area (1,000 ha)</th>
<th>Annual change (1,000 ha)</th>
<th>Annual change (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Asia</td>
<td>208 155</td>
<td>225 663</td>
<td>244 862</td>
</tr>
<tr>
<td>South Asia</td>
<td>77 551</td>
<td>79 678</td>
<td>79 239</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>245 605</td>
<td>217 702</td>
<td>203 887</td>
</tr>
<tr>
<td>Oceania</td>
<td>212 514</td>
<td>208 034</td>
<td>206 254</td>
</tr>
<tr>
<td>Total Asia-Pacific</td>
<td>743 825</td>
<td>731 077</td>
<td>734 243</td>
</tr>
<tr>
<td>World</td>
<td>4 077 291</td>
<td>3 988 610</td>
<td>3 952 025</td>
</tr>
</tbody>
</table>


Water resources

Water serves as a critical resource for most production systems and for attaining sustainable growth and poverty reduction. In the Asian and Pacific region, water is also a very important source of livelihood. The region is endowed with many lakes and river sources, including 400 major rivers in India, 200 in Indonesia, 108 in Japan, 50 in Bangladesh, and 20 in Thailand (ESCAP and ADB, 2001). There also exist rivers in the region which cut across international boundaries, such as the Mekong which cuts across Viet Nam, the Lao People’s Democratic Republic, Cambodia, Myanmar and Thailand. The Ganges, Brahmaputra and Meghna also are rivers of international recognition shared by countries like India, China, Nepal, Bangladesh and Bhutan. The availability of water and the rate at which water is consumed between individual regions depend on physical topography, size, climate, the state of development of the country in question and other characteristics of the catchment area.

Unlike the North-Western part of the region which is dry – getting less than 200 mm of precipitation per year – the southern slopes of the Himalaya, the western slopes of the Indian mountains, Indo-China and islands of Indonesia all receive from 1,500 mm to 3,000 mm of rainfall every year (United Nations, 2001b). The availability of water also varies with seasons. Many river basins face water shortages in the dry season while the wet seasons are accompanied by seasonal floods, with runoff in the region estimated at one third of the global total of 13,260 km³ (ESCAP, 1997).

Despite the availability of these sources of water, a water crisis still persists in the region. The current population in the region is estimated at 3.7 billion; the
overall average water per capita consumption has been estimated to be about 3,700 m$^3$ per year (United Nations, 2001b). Increasing extraction of water causes imbalances with respect to the supply of water. This creates many opportunities for conflict due to the competing demand for water by agriculture, households and industry (figure 10). With the continued growth of the region’s population, water utilization for irrigation remains the main use, accounting for 60 to 90 per cent of water withdrawal per year. The highest levels occur in South Asia (92 per cent) and in the islands of the South Pacific (90 per cent of the total consumption).

**Figure 10. Average fresh water use by sector in the period 1998-2002**

![Average fresh water use by sector in the period 1998-2002](image)

*Source: Geo Data portal, compiled from FAO AQUASTAT, 2007.*

Water for domestic use comes from groundwater, which supplies more than 50 per cent of the requirements for most countries in the region. ADB estimates that with the present rate of population growth, increases in water demand for domestic purposes are expected to lie in the range between 70 and 345 per cent between 1995 and 2025 (ADB, 1998). In addition to water utilization for agriculture and domestic purposes, the use of water for industrial activities is estimated to be about 40 per cent of total water consumption. Compared with any other region around the globe, the utilization of fresh water in Asia in the past decades is unprecedented. Threats to the fresh water supply have been identified as the most severe environmental problem in the region, creating health problems and hindering sustainable development.

**Population growth and climate change**

Understanding the scientific evidence for the human influence on climate change is an important starting point in seeking measures to address the climate problem. With over two decades of public debate about the certainty of climate
change, there is little residual scepticism about the human dimensions of this environmental crisis. Evidence of the existence of climate change is explained by the unprecedented rise in the concentration of greenhouse gases since the industrial revolution. In the past few years, the Intergovernmental Panel on Climate Change has taken a leading role in identifying the security dimensions of the issue and bringing it into a clearer focus. Just as in any other region around the world, current debate in Asia and the Pacific centres on population growth and its associated environmental impact as the root cause of climate change. In the Asian and Pacific region, climate change results mainly from escalating energy consumption due to economic growth (including increasing use of automobiles), forest fires, and the use of traditional solid fuels. According to the United Nations Environment Programme (UNEP) (2001), CO₂ emissions from Asia were at least 50 per cent higher than those of North America, Africa and Latin America. Carbon dioxide emissions have continuously increased from 1990 (figure 11) and are projected to steadily rise to 3,400 million metric tons equivalent in 2020.

**Figure 11. Growth of carbon (CO₂) emissions in Western Europe, North America and Asia, 1990-2020**


Past and present climate trends and variability in Asia are characterized by increasing surface air temperatures, more pronounced in winter than in summer. Increasing temperature trends have been observed among all seven subregions of Asia; some observations range between less than 1°C and 3°C in the past century. Mean annual rainfall exhibits increasing trends in western China, and along the south-eastern coast of China, in Bangladesh and along the western coast of the Philippines. Climate change has been associated with the decline of rice, maize and wheat production in Asia due to increasing water stress (Cruz and others, 2007).
Rapid thawing of permafrost and decrease in the depth of frozen soils due to increased temperature threatens cities and human settlements, causing many landslides and degradation of forest ecosystems. In some parts of China, the rise in temperatures has caused water shortages that led to the drying up of lakes and rivers (Bates and others, 2008). In Bangladesh, India and Nepal, water shortages have been attributed to population growth associated with rapid urbanization, industrialization and inefficient water use. Over 34 per cent of the vast coral reefs, which have much ecological and economic importance to the region, are reported to have been lost in 1998 owing to coral bleaching introduced by the El Niño event. A vast portion of the mangroves in the regions of South and South-East Asia has been reported lost in the last 50 years as a result of human activities (Cruz and others, 2007).

Considering past and present trends in climate change in the region, future scenarios forecast even more severe consequences, which would be disproportionately damaging to the region. The World Health Organization revealed that the increasing demand for water could adversely affect more than a billion people in the year 2050. Increasing withdrawal rates of ground water and decreasing recharge time of aquifers will accelerate the water crisis in dryer areas (Gosian and others, 2006). Estimates in South Asia, for example, show that there will be an increase in water availability (runoff) estimated at 10-20 per cent for a temperature rise of 2°C and double for a rise of 4°C (Stern, 2006, p. 62). As the water cycle intensifies, billions of people will either gain or lose water while others will risk themselves becoming newly or further water stressed. Rising sea levels will leave millions of people flooded each year with a net warming of 3°C to 4°C, and serious risks and increasing pressure for coastal protection in South-East Asian countries such as Bangladesh and Viet Nam, small islands in the Pacific and large coastal cities such as Tokyo; Shanghai, China; Hong Kong, China; Mumbai and Calcutta, India; and Karachi, Pakistan. Climate change also poses serious health-related risks from vector born diseases, such as dengue fever and malaria, and widespread deaths from malnutrition and heat stress. In the agricultural sector, there will be marked decrease in agricultural production. In Bangladesh for example, production of rice and wheat is projected to drop to 8 and 32 per cent, respectively, by 2050 (Cruz and others, 2007). Recent studies suggest a 2-5 per cent decrease in yield potential of wheat and maize for a temperature rise of 0.5°C to 1.5°C in India, while net cereal production in South Asian countries is projected to decline by at least 4-10 per cent by the end of the century (Aggarwal, 2003).

**Natural disasters**

The threats posed by disasters such as tsunamis, earthquakes, cyclones and others are as old as the world may be, but the Asian and Pacific region has
witnessed constant changes over the past few years. While the link between climate change and natural disasters is now well understood, the recent cyclone in Myanmar and floods throughout the region are stark reminders that despite major advances in the detection and mitigation of natural disasters, many people in Asia and the Pacific live under threat (IPCC, 2007). Despite declining fertility rates, the region’s population continues to increase with a very fast rise in some disaster-prone areas in the region. Natural disasters cause major and widespread loss of life and property damage, depriving people of resources which could be used for economic and sustainable development.

Besides major disasters such as the 2004 Indian Ocean tsunami, the Pakistan earthquake in 2005 and the 2006 landslides in the Philippines, there is evidence of major increases in the frequency as well as the intensity of extreme weather events as part of climate change in the region. These include heat waves, tropical cyclones, prolonged dry spells, intense rainfall, tornadoes, snow avalanches, thunderstorms, and severe dust storms (Cruz and others, 2007). The consequences of such disasters range from hunger and exposure to diseases, to loss of income and livelihood (table 2). The extreme weather events in China in 2006 included major storms and flooding in the east and south as well as heat and drought in central, western and north-eastern regions, killing more than 2,700 people and causing approximate $20 billion in damage (UNFCCC, 2007).

<table>
<thead>
<tr>
<th>Table 2. Natural disasters: casualties, per 100,000 populations affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESCAP least developed countries</td>
</tr>
<tr>
<td>ESCAP small island developing States</td>
</tr>
<tr>
<td>Association of Southeast Asian Nations</td>
</tr>
<tr>
<td>South Asian Association for Regional Cooperation</td>
</tr>
<tr>
<td>ESCAP Central Asia</td>
</tr>
<tr>
<td>ESCAP Low-income</td>
</tr>
<tr>
<td>ESCAP Middle-income</td>
</tr>
<tr>
<td>ESCAP High-income</td>
</tr>
</tbody>
</table>


The current consensus is that the major cause of increasing natural disasters is human activities. The driving force includes population growth and urbanization with spectacular growth of megacities over the last few decades. An example is in Tehran, which is built on an active fault system associated with springs.6
The consequences of natural disasters on the environment include, among others, destruction of the ecosystems such as forests and marine life, loss of biological diversity and water pollution.

**Ecosystems and biodiversity**

The Asian and Pacific region ranks as one of the biologically richest regions on the globe, with a high degree of taxonomic diversity. The region has a huge diversity of plants used by people for generations (Grain and Kalpavrksh, 2002). It also encompasses parts of three of the world’s eight biogeographic realms and includes the world’s highest mountain system, the second largest rainforest complex, more than half the world’s coral reefs, as well as grasslands, wetlands and seas. Out of the 12 “mega-diverse” countries identified, five are located in the region. The rainforests of South-East Asia contain more than 25,000 species of flowering plants, equal to about 10 per cent of the world’s flora. Animal diversity includes a large number of endemic vertebrates (mammals, amphibians, birds and fish). But the rich biological diversity present in the region has been under serious threat from a variety of human-induced factors which are measured by the loss of species, reduction of the number of habitats and depletion of genetic diversity.

**Table 3. Change in mangrove area by subregion**

<table>
<thead>
<tr>
<th>Subregion</th>
<th>1990 (km²)</th>
<th>2000 (km²)</th>
<th>Annual change 1990-2000 (per cent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North-East Asia</td>
<td>452</td>
<td>241</td>
<td>80</td>
</tr>
<tr>
<td>South Asia</td>
<td>13 389</td>
<td>13 052</td>
<td>0.2</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>52 740</td>
<td>44 426</td>
<td>1.6</td>
</tr>
<tr>
<td>South Pacific</td>
<td>6 320</td>
<td>5 520</td>
<td>1.3</td>
</tr>
<tr>
<td>Australia and New Zealand</td>
<td>10 720</td>
<td>9 749</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>83 621</strong></td>
<td><strong>73 288</strong></td>
<td><strong>1.3</strong></td>
</tr>
</tbody>
</table>

*Source: UNEP, 2007.*

This has led to severe environmental degradation due to over-exploitation of resources important to the development of the region and caused a decline in ecosystem functions. The rate of loss of coral reef and mangrove habitat in the region are amongst the highest in the world (table 3). Estimates show that Thailand alone has lost more than 0.2 million hectares of mangrove forest since the 1960s. It is estimated that as much as 70 per cent of major vegetation types in the Indo-Malayan realm have been lost with an associated loss of up to 15 per cent of terrestrial species (UNEP, 2001). Analysis from the World Resources Institute...
suggest that forests in Asia and the Pacific serve as an important habitat for animal species, birds and insects and are home to about 50 to 90 per cent of the world’s terrestrial species (WRI, 1999). However the forest has been under serious human pressure from activities such as agricultural development with an average loss of about 4 million hectares per year (table 4). Dry and moist forests have suffered 73 and 69 per cent losses, respectively (UNEP, 2001).

**Table 4. Area of forest designated primary for conservation**

<table>
<thead>
<tr>
<th>Subregion</th>
<th>Area (1 000 ha)</th>
<th>Annual change (1 000 ha)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Asia</td>
<td>10 338</td>
<td>10 847</td>
</tr>
<tr>
<td>South Asia</td>
<td>14 911</td>
<td>16 966</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>31 814</td>
<td>35 574</td>
</tr>
<tr>
<td>Oceania</td>
<td>6 709</td>
<td>7 968</td>
</tr>
<tr>
<td>Total Asia and the Pacific</td>
<td>63 772</td>
<td>71 355</td>
</tr>
<tr>
<td>World</td>
<td>298 424</td>
<td>361 092</td>
</tr>
</tbody>
</table>

*Source: FAO, 2007*

**Table 5. Threatened species by region**

<table>
<thead>
<tr>
<th>Subregion</th>
<th>Mammals</th>
<th>Birds</th>
<th>Reptiles</th>
<th>Amphibians</th>
<th>Fishes</th>
<th>Mol-luscs</th>
<th>Other invertebrates</th>
<th>Plants</th>
</tr>
</thead>
<tbody>
<tr>
<td>North-East Asia</td>
<td>175</td>
<td>274</td>
<td>55</td>
<td>125</td>
<td>153</td>
<td>28</td>
<td>32</td>
<td>541</td>
</tr>
<tr>
<td>South Asia</td>
<td>207</td>
<td>204</td>
<td>64</td>
<td>128</td>
<td>110</td>
<td>2</td>
<td>78</td>
<td>538</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>455</td>
<td>466</td>
<td>171</td>
<td>192</td>
<td>350</td>
<td>27</td>
<td>49</td>
<td>1 772</td>
</tr>
<tr>
<td>Central Asia</td>
<td>45</td>
<td>46</td>
<td>6</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>South Pacific</td>
<td>119</td>
<td>207</td>
<td>63</td>
<td>13</td>
<td>186</td>
<td>99</td>
<td>15</td>
<td>534</td>
</tr>
<tr>
<td>Australia and New Zealand</td>
<td>72</td>
<td>145</td>
<td>51</td>
<td>51</td>
<td>101</td>
<td>181</td>
<td>116</td>
<td>77</td>
</tr>
<tr>
<td>Total</td>
<td>1 073</td>
<td>1 405</td>
<td>410</td>
<td>509</td>
<td>919</td>
<td>337</td>
<td>301</td>
<td>3 466</td>
</tr>
</tbody>
</table>

*Source: UNEP, 2007.*

Fresh water habitats have been degraded by a combination of factors that relate to water use, pollution, and physical disturbance. In addition to over abstraction of water, the water systems have also been depleted by the construction of dams, drain of wetlands and from pollution of chemical and thermal sources. An example of the impact of biodiversity from fresh water degradation is in the Aral Sea in Central Asia. In this area, receding water levels in the latter half of the
last century reduced the number of nesting birds in the delta of Amudarya River from 319 to 168 and the number of mammals species from 70 to 30 (UNEP, 2001). Table 5 illustrates the extent of threatened species by region

**Environmental consequences of migration and urbanization**

Migration in the Asian and Pacific region is dominated by rural-urban movement and its resulting urbanization. For generations, people have migrated from villages to cities to seek non-agricultural employment in the hope of improving their standard of living. The cycle continues as many rural areas of the region have experienced unprecedented weather conditions such as droughts and floods that adversely affect rural livelihoods. A typical example is China, where each day, about 1,000 people leave their homes to seek a new life in large coastal cities (Wong, Thong and Leung, 2006). Asia is considered as being very urbanized, with 37 per cent of population living in urban areas. It is estimated that Asia has 11 out of the 19 megacities in the world and approximately 12 per cent of its urban population lives in mega cities (Guest, 2003).

The United Nations Department of Economic and Social Affairs estimated that Asia is also expected to experience rapid rates of urbanization from 2000 and 2030 at which point 55 per cent of inhabitants is expected to live in urban areas. Estimates in 2003 showed that, the combined number of urban dwellers in Europe, Latin America and the Caribbean, North America and Oceania (1.2 billion) is smaller than the number in Asia (1.5 billion), the least urbanized areas of the world (United Nations, 2004). The Asian and Pacific region, with more than two thirds of the world’s population, already has more than 1 billion city dwellers and it is estimated that Asia will have higher numbers of urban dwellers than any other area in the world by 2030 (UNDP, 2001b). There are already more than 100 cities in Asia and the Pacific with populations over 1 million and over 14 cities with population over five million. At the current rates of population growth, it is clear that the majority of people in the region will be living in urban areas by 2030. While many migrate due to economic reasons, such as to benefit from urban jobs, it should be noted that some urban migrants are “environmental refugees” who can no longer sustain a living on degraded agricultural land or who are the victims of natural disasters.

Rapid urbanization poses serious threats to the immediate and adjacent environment. High levels of pollution and land degradation put an even heavier burden on social, health, housing and sanitation services. Urbanization cause environmental problems on a different scale with typical problems ranging from air and water pollution to solid waste production. Other problems include lack of water supply, contamination of ground water resources, saline intrusion of fresh

---

Asia-Pacific Population Journal, April 2009 53
water supplies and land subsidence (Wong, Thong and Leung, 2006). While ambient air pollution impairs the health of all urban residents in many cities, indoor air pollution is particularly hazardous for women and children of low-income households, as they are regularly exposed to higher concentrations of air pollution from cooking and heating sources in houses that are poorly ventilated. Waterborne diseases are most common in low-income neighbourhoods owing to inadequate sanitation, drainage and solid waste collection services. Productivity in many cities is affected by traffic congestion and water pollution.

Severe health consequences originate from uncollected and improper handling and treatment of solid waste, causing blockage in drainage systems and contamination of ground water systems. For example in the Ganges basin, which receives more than half of waste water generated in India in major basins, and in about 80 cities, less than a quarter of the waste water collected is treated (Bowonder, 1995). In many cities, particularly those in Pacific island countries, it is difficult to secure land for waste disposal facilities, especially onshore landfill sites. Most cities in the region are also unable to manage the increasing amounts of hazardous wastes generated by rapid industrialization (Masakazou, 2003). Environmental consequences such as the conversion of agricultural land and forest as well as the reclamation of wetlands for urban expansion are related to the removal of vegetation to support urban ecosystems and put more pressure on ecologically sensitive areas. In coastal areas, urbanization alters coastal hydrology with the destruction of nature mangrove, swamps reefs and beaches that act as a break to erosion.

**Implications of the current global financial, fuel and food crises for the environment**

While the link between environmental degradation and poverty is well established, the economic instability experienced globally in recent months is unprecedented and its impact still unclear. Moreover, the interrelationships between the financial, fuel and food crises are complex and continually changing, with their potential impact on the environment subject to debate. Since 2000, food prices have risen in Asia and the Pacific and throughout the world, with particularly sharp increases from 2007-2008. The causes of those steep increases include increased demand, decreased supply and the impact of government policies. As China, India and other emerging economies prosper, they create an increased demand for food in general – but also for higher protein foods such as meat and dairy products, which require greater amounts of grain to be produced. At the same time, the demand for biofuels has diverted grain commodities away from the food market. Several factors have concurrently driven decreases in the supply of food, including urbanization, industrialization, increased land costs and
long-term underinvestment in agriculture by developing countries. These long-term structural changes in the supply of food mean that the market is not responsive to increases in demand in the short run; in other words, there is a time lag before price increases stimulate increased food production. Many countries instituted crisis policies in the past two years – such as restricting exports of food – that increase price instability globally. At the same time, turbulence in the financial sector has sharply affected food prices; financial failures in banking, investment and insurance have led to increased trading in commodity markets, driving food prices upward (ADB, 2008a; Bowonder, 1995; FAO, 2008a; Helbling, Mercer-Blackman and Cheng, 2008; IMF, 2008; Ivanic and Martin, 2008; Paloski, 2008).

The steep rise in food prices worldwide was termed “the silent tsunami” in connection with its effect on world hunger. Attempts to measure the impact of higher food prices on poverty include one estimate that the poverty headcount will increase by 4.5 per cent globally, but another study found that an increase in the price of rice would cause an overall increase in incomes for poor households in India. As prices peaked in 2008, projections showed that increases in the poverty headcount would likely be severe, eliminating much of the progress in poverty reduction that had been made in recent years (Ivanic and Martin, 2008; ADB, 2008b; Valero-Gil and Valero, 2008).

But in the final months of 2008, food and fuel prices dropped as part of the global financial crisis and overall economic downturn. To some extent, the food crisis was seen to lessen, as markets returned to equilibrium and prices normalized. However, lower grain prices increased the likelihood that cultivation would be diverted to fuel rather than food, continuing the grain shortage. Most of the benefits of the higher prices did not reach subsistence farmers, who faced higher prices for agricultural inputs. Prospects for poverty reduction continue to be bleak, as the economic downturn means that agricultural capital will be further reduced, as will income and employment opportunities for the poor (Biello, 2008; FAO, 2008b).

Yet the current economic crisis may actually lead to environmental benefits. It has been seen by many as an opportunity to stimulate growth in green initiatives, to adjust the misalignment between subsidies for the agricultural sector and decreasing food supply in some areas, and to invest in new technologies that reduce reliance on fossil fuels. The ESCAP “green growth” initiative, arising from the Fifth Ministerial Conference on Environment and Development in Seoul in 2005, has prioritized sustainable economic growth for some time. It focuses on both production and consumption by promoting economically sustainable decisions through market incentives. Green growth initiatives are designed to be
“eco-efficient”, creating more value with fewer resources and less impact. The "new green economy" initiative by UNEP will also increase economic opportunities for the poor by generating green jobs, developing rural energy initiatives, including renewables and sustainable biomass, and investing in sustainable agriculture, including organic agriculture. China and India are key focus countries of the UNEP initiative (UNEP, 2008). The United Nations Global Compact also sees the current financial crisis as an opportunity for global business leaders to focus their attention on longer-term non-financial issues such as climate change and sustainability. Such focus can be a way to increase corporate responsibility and rebuild trust (United Nations News Centre, 2008).

The implications of the current “triple crisis” for the achievement of sustainable development goals cannot be stated with certainty. It is a tendency in times of economic crisis to slip back to traditional ways of stimulating economic growth – with the rationale that the resulting growth will occur more rapidly and hence avert the immediate crisis, especially for those living at the margins. Legislation being introduced in the United States of America to reduce carbon emissions by raising the cost to industries has been criticized as being too expensive in a recessionary economy. Most notably such policies are perceived as contributing to increased energy prices and reduced economic growth at a time when the Government is seeking to increase consumption. Others maintain that a two-pronged approach is needed, with green growth strategies – incentives for developing and using alternative forms of energy – adopted at the same time. Politically, the need for Governments to show concrete results in bringing national economies out of recession may predominate, unless the benefits of more innovative green growth initiatives can be effectively advocated.

Progress in achieving MDGs on environmental sustainability

The Asian and Pacific region presents a mixed picture of progress towards the attainment of the Millennium Development Goals (figure 12). Much of the overall progress results from rapid developments in China and India, the two most populated countries in the world (UNDP, 2005). The seventh Millennium Development Goal includes a target on integrating sustainable development into country policies and programmes and reversing the loss of environmental resources. However, this target is far from being implemented in the region as many countries do not give high priority towards its attainment (ESCAP, UNDP and ADB, 2007).

Measurements of progress in preparing national sustainable development strategies show that of the 55 Asian and Pacific developing countries, only 5 are early achievers and an additional 10 are seen to be on track. The deterioration of the
natural environment associated with lack of access to clean water, sanitation and deforestation remain major challenges in the region as these are closely linked to poverty. In many countries such as Cambodia, Indonesia, Myanmar, the Philippines, Malaysia and Thailand, economic growth has taken place at the expense of forest loss. Most countries suffered from a net loss of forest cover between 2000 and 2005 but with some reforestation efforts in countries like China and Viet Nam, the region experienced a slight increase in forest cover. The proportion of terrestrial and marine protected areas has witnessed an increase in Eastern Asia from 7 per cent in 1990 to 10.9 per cent in 2007, while protected areas in Western Asia have also increased immensely from 3.7 to 17.8 per cent from 1990 to 2007, respectively (United Nations, 2008b).

MDG 7 makes clear the link between environment and poverty. However the region has witnessed improvements in water supply, as the proportion of improved sanitation faculties has risen from 48 to 65 per cent from 1990 to 2006 in Eastern Asia and from 50 to 67 per cent in South-East Asia (United Nations, 2008b). Though access to safe drinking water remains a major challenge, progress in ensuring the availability of safe drinking water is most pronounced in East Asia where 400 million people have gained access to improved drinking water sources and coverage has grown to 20 per cent since 1990.

**Figure 12. Country groups in the Asia-Pacific region on and off track for MDGs**

<table>
<thead>
<tr>
<th>Goal</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Asia and Pacific Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excluding PRC and India</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South-East Asia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Asia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excluding India</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Islands</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIS in Asia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LCDs in the Asia and Pacific Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


*Notes: PRC = People’s Republic of China, CIS = Commonwealth of Independent States, LCDs = Least developed countries; The table above indicates (a) Countries that have already achieved the 2015 targets (dots), (b) countries expected to meet the 2015 targets (upward triangle), (c) offtrack countries that may, however, meet the MDG targets after 2015 (square), and (d) offtrack countries with progress or regressing in MDG targets (downward targets). The data relates to 55 developing countries in Asia and the Pacific region.*
However the lack of improved sanitation and water facilities are two of the four defining characteristics of urban slums. Out of the estimated 641 million people in the region surviving on less than 1 US$ per day, about half live in areas of urban slums, in dry lands, in floods or disaster prone regions, remote uplands or mountainous areas or in coastal zones where they depend on depleted natural resources (ESCAP, UNDP and ADB, 2007).

Conclusions and recommendations

This paper has outlined the current status and recent trends in major population, environment and development interrelationships in Asia and the Pacific. The authors have highlighted the dynamics between sustainable development efforts, poverty and environmental degradation. Many of the negative trends that have been discussed, such as increased CO₂ emissions and fresh water extraction, stem from affluence and its resulting high consumption patterns. Ironically, the current global financial crisis may help to curb these trends. If efforts in the region to address the crisis through economic stimulus programmes are channeled towards innovations in energy sources and environmental sustainability, the direction of development can be shifted from degradation and waste to revitalization and sustainability.

The main conclusions the authors have drawn are as follows:

- Population growth in the region has slowed, and the trend to lower fertility is expected to continue. However, the region will continue to experience positive growth, and corresponding increases in density, for the foreseeable future. Redistribution of the population in the form of urbanization also continues to increase, some due to environmental push factors.

- Increased consumption due to population growth and affluence has severe implications for sustainable development. Energy consumption in Asia and the Pacific is growing faster than any other region of the world. Food consumption is also on the increase, with a shift to more resource-intensive protein sources.

- Population growth is the most severe driver of environmental change. Land productivity decline, deforestation, declining fresh water supplies, climate change and increased numbers of natural disasters are all evidence of the impact of population pressure on the environment in the region.

- The recent food-fuel-financial crises have complex and interrelated impacts on sustainable development. In the past few years, the agricultural sector has been at the mercy of economic forces in other
areas, as food prices spiked partly in result of conversion of food to fuel and the fact that agricultural commodities were the focus of speculators as other markets failed. Yet the impact on poverty and the environment of those global shocks is yet to be fully measured.

- Progress on the MDG indicators on environmental sustainability in Asia and the Pacific is mixed. In many countries. Economic development has taken place at the expense of forest loss and increased CO₂ emissions. Many countries, however, have reached their goals in providing clean water and improved sanitation to a higher proportion of the population.

Achievement of the MDGs cannot occur without increased commitment to the recommendations put forward by the Fifth APPC Plan of Action in 2002. These include population, sustainable development and poverty, international migration, internal migration and urbanization, and partnerships and resources, among others. In this context, the following draft recommendations were proposed as priority actions to the Expert Group Meeting held in February 2009 to assess the progress in the implementation of the Plan of Action on Population and Poverty adopted at the Fifth APPC:

- Governments must pay greater attention to development of the agricultural sector. Investing in new agricultural technologies and reconciling land and food prices is a vital issue for sustainable development in general and for addressing the current financial crisis in particular. Benefits of such action include poverty reduction, slowed urbanization, and a slowing down/reverse of current environmental degradation occurring in rural areas. Initiatives that have proven successful in this area include participatory forest management, implementing proper agricultural input techniques, and the use of new energy sources.

- A global commitment to the ESCAP “Green Growth” initiative and the UNEP “Green New Deal” represents an opportunity to use the current financial crisis to work towards environmental sustainability. Investments in new energy technologies and natural infrastructures, such as forests and soils can reverse current patterns of resource-intensive economies and address the environmental issues associated with poverty.

- A regional approach is necessary to achieve the ICPD, Fifth APPC and MDG goals. Integrated Environmental Assessments (IEA) for example is a viable approach in assessing and managing environmental impacts by strengthening the ability to institutionalize regional environmental policies, and increase focus on developing regional, national and local partnerships.
Endnotes

1. See www.adb.org/environment/desertification.asp. This situation feeds back into a cycle of declining productivity and irreversible degeneration of marginal land (ADB, 2001).

2. An estimated 70-90 per cent of the original wildlife habitat was lost to agriculture, infrastructural development and land degradation; severe losses occurred in countries such as Bangladesh, India, the Philippines, Sri Lanka and Viet Nam (ADB, 2001).

3. The Association of British Insurers estimated that the damage caused by intense cyclones have risen drastically in countries and areas such as India, China, Philippines, Viet Nam, Cambodia, the Islamic Republic of Iran and the Tibetan plateau (ABI, 2005).

4. See www.searo.who.int/EN/Section260/Section2468/Section2500_14162.htm#_ftnref3.

5. The Stern Review also estimates that about 1-5 billion people mostly in South Asia and East Asia may experience flooding due to climate change. Contrarily, more severe problems will be encountered by people who depend on water from glacier melt for agriculture during the dry season including large parts of India and about 250 million people in China (Stern, 2006).

6. The mega city of Tehran estimated at 2 million inhabitants in 2006 has been destroyed by an earthquake on four occasions over the last centuries when it was a small provincial town with no political importance. The buildings in Tehran are similar to those of other Iranian cities which have been devastated by earthquake with high mortality rates (60 to 80 per cent of resident population being killed) (Huppert and Sparks, 2006).

7. See www.wri.org/.

8. The United Nations World Food Programme estimated at one point that it needed an additional $700 million to keep up with current levels of food aid (The Economist, 2007; Polaski, 2008).
References


_______(2001). Asian Environmental Outlook, Manila.


_______(2007). Statistical Yearbook for Asia and the Pacific (United Nations publication, Sales No. B.08.II.F.1).


Population and Poverty: The Situation in Asia and the Pacific

In any event, when it is found that a significant proportion of poor women in many ESCAP countries say they do not want more children, then providing them the information and means to avoid pregnancy could make a clear contribution to countering poverty.

By Gavin W. Jones*

The main objective of this paper is to analyse the linkages between demographic dynamics and various dimensions of poverty and to suggest population-related policy options to minimize the adverse impacts, and strengthen the positive impacts, of demographic dynamics on socio-economic development including poverty reduction. The paper will begin by considering the dimensions of poverty and different ways of viewing poverty. It will then examine trends in poverty in the ESCAP region. Then the linkages between demographic dynamics and various dimensions of poverty will be discussed, and some resultant policy challenges highlighted.

* Professor, Asia Research Institute, National University of Singapore, e-mail: arigwj@nus.edu.sg.
Concepts of poverty and disadvantage

The most frequently used and commonly understood concept of poverty is inadequate income to sustain a minimally acceptable quality of life. A convenient but rough measure of extreme poverty is an income of less than one dollar a day. However, poverty is a multidimensional concept, all the more so if its meaning is broadened to incorporate concepts of disadvantage. Sen (1997: p. 87) in arguing for widening the concept of poverty to encompass “capability deprivation”, notes that income is not the only instrument in generating capabilities. And as argued in a recent report on rural poverty reduction,

“Poverty is not only a lack of income and productive assets (fertile land, security of land tenure, housing, irrigation), but also a lack of access to essential social and economic services (such as education, health care, water and sanitation, information, technology and markets) and a lack of power, participation and respect. Access to information is important, because “information is power”. These dimensions of poverty are interrelated and need to be addressed simultaneously to make a significant impact.” (ESCAP, 2007: p. 19)

To capture the dimensions of poverty more fully, then, income and consumption measures need to be supplemented by some indicators of “poverty of access”, including those indicating access to education and health care. Education is both one of the dimensions of non-income poverty, and has a direct bearing on income generation and hence on income poverty through labour productivity. The educational achievements of countries are generally negatively associated with their population growth rates. In the ESCAP region, the education index (a component of the human development index) shows a negative relationship with population growth that is much stronger than the negative relationship between the overall human development index and population growth (ESCAP, 2003a: p. 19).

Health conditions also contribute significantly to non-income poverty and have a direct impact on labour productivity. Population growth rates are generally negatively associated with levels of health in the population. As with education, countries with high population growth rates face the dual challenge of improving services supplied to the existing population as well as meeting the demand of the growing population.

The concept of disadvantage is less frequently utilized in discussions of poverty, but can contribute to achieving a better-rounded understanding of the dimensions of poverty. The philosopher Nussbaum’s “capabilities approach” proposes that there is a set of minimum social, political and material conditions
necessary to enable a person to live a “truly human” life (Nussbaum, 2000). The
notion of social exclusion has been gaining in popularity in European Union
countries. It emphasizes the multidimensional aspects of disadvantage, and focuses
particularly on relational issues, such as inadequate social participation, lack of
social integration and lack of power (Whiteford, 1998).

Absolute and relative poverty

Definitions can sometimes serve to obfuscate, and this is certainly the case
with poverty. The distinction between absolute and relative poverty is important.
Absolute poverty is measured by the cost of the minimum necessities needed to
sustain human life – frequently considered to be approximately US$ 1 a day in
1993 purchasing power parity, and recently recalibrated by the World Bank at
US$ 1.25 a day, using new data on purchasing power parities (World Bank, 2008).
This indicator has helped people in wealthier countries to understand something
about what it means to live in poverty. However, countries that measure poverty
through this measure can be lulled into a false sense of achievement if, for
example, the proportion of the population living on less than US$ 1 a day falls
from 20 to 15 per cent. If the cut-off level for poverty is raised to US$ 2 a day, still
an extremely low income level, the proportion of the population recorded as
falling below the poverty line may increase to, say, 38 per cent – a figure likely to
cause a greater sense of urgency among planners and politicians.

The concept of relative poverty is also important. Relative poverty is measured
by the minimum economic, social, political and cultural needs to maintain an
acceptable way of life in a particular society. What this “acceptable way of life”
consists of is of course contestable. It can be argued that people’s perceptions of their
own poverty are strongly conditioned by comparing themselves with others. Relative
to the middle class car owner, the motorcycle owner may consider himself poor, but
he would not be considered poor by his neighbour who cannot afford even a bicycle.
Given rising levels of inequality in many ESCAP countries in this era of globalization,
levels of poverty as perceived by lower-income groups may well be rising.

Poverty alleviation as a key Millennium Development Goal

It has long been accepted by most international agencies, including the
United Nations system, that “development” cannot be considered to have really
taken place unless the incidence of poverty has been reduced. Thus poverty
reduction is one of the most-cited Millennium Development Goals (MDGs). The
Millennium Declaration (see General Assembly resolution 55/2), adopted by
world leaders at the Millennium Summit convened in New York by the United
Nations from 6 to 8 September 2000, included the following statement:
“We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected. We are committed to making the right to development a reality for everyone and to freeing the entire human race from want.” (Chap. III, art. 9)

The Declaration recognizes the complexity of the conditions needed to make progress in eliminating poverty. It notes the need for a fair international multilateral trading and financial system, good governance at the national level, specific efforts to deal with the problems of the least developed countries, small island developing States and landlocked countries, and measures at national and international levels to make the debt payment of low- and middle-income countries sustainable. In relation to the specific goal of eradicating extreme poverty and hunger, two specific targets were set, covering the period between 1995 and 2015:

- to halve the proportions of the world’s people whose income is less than US$ 1 per day
- to halve the proportion of people who suffer from hunger

Other elements of poverty were also recognized in the targets: the need to halve the proportion of people without sustainable access to safe drinking water and basic sanitation; increasing access to schooling; lowering maternal and child mortality; halting and reversing the spread of HIV/AIDS, malaria and other diseases; and improving the lives of slum dwellers.

It is the task of the present paper to discuss the links between population trends and poverty in the ESCAP region. As a necessary background to this discussion, the evidence about trends in poverty in the region since the MDGs and the Fifth APPC Plan of Action were adopted in 2000 and 2002 respectively will be briefly summarized.

Trends in poverty in the ESCAP region: the evidence

Many countries in the ESCAP region have experienced strong economic growth over recent years, notable among which are the region’s most populous countries, China and India. Related to this, the progress in reducing extreme poverty in the ESCAP region has been quite impressive. Between 1990 and 2004, the number of people living in extreme income poverty was reduced from 1.009 billion to 641 million, owing mainly to rapid reductions in South-East Asia and China (ESCAP, 2008: p. 14). This means that the first goal of eradicating extreme poverty and hunger and specifically the related target of halving the proportion of people in the region
whose income is less than US$ 1 per day by 2015 is on track to be met. While this is very encouraging, three points need to be made. First, the number of people living on less than US$ 2 a day is much greater than this. To live on less than US$ 2 a day in the region may not indicate extreme poverty, but it certainly does indicate poverty. Second, a very large part of the reduction in poverty in the region is attributable to China. If China is excluded, achievements in reducing poverty in the region are less impressive, though still considerable. Third, the global economic downturn that accelerated in late 2008 and early 2009 will slow economic growth in the region\(^1\) and raise numbers living in extreme poverty. It is not yet possible to say just how many will fall into poverty or over how long a period, but the economic crisis does serve to underline the fragility of gains made in reducing poverty.

<table>
<thead>
<tr>
<th>People living on less than US$ 1.25 a day</th>
<th>Number (in millions)</th>
<th>Percentage</th>
<th>1990</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Asia and Pacific</td>
<td>873 316</td>
<td>54.7 16.8</td>
<td>54.7</td>
<td>16.8</td>
</tr>
<tr>
<td>China</td>
<td>683 208</td>
<td>60.2 15.9</td>
<td>60.2</td>
<td>15.9</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>.. 18</td>
<td>.. 21.5</td>
<td>..</td>
<td>21.5</td>
</tr>
<tr>
<td>Indonesia</td>
<td>.. 48</td>
<td>.. 21.4</td>
<td>..</td>
<td>21.4</td>
</tr>
<tr>
<td>South Asia</td>
<td>579 596</td>
<td>51.7 40.3</td>
<td>51.3</td>
<td>41.6</td>
</tr>
<tr>
<td>India</td>
<td>435 456</td>
<td>51.3 41.6</td>
<td>51.3</td>
<td>41.6</td>
</tr>
<tr>
<td>Pakistan</td>
<td>.. 36</td>
<td>.. 22.6</td>
<td>..</td>
<td>22.6</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>.. 76</td>
<td>.. 49.6</td>
<td>..</td>
<td>49.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People living on less than US$ 2.00 a day</th>
<th>Number (in millions)</th>
<th>Percentage</th>
<th>1990</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Asia and Pacific</td>
<td>1 274 729</td>
<td>79.8 38.7</td>
<td>84.6</td>
<td>36.3</td>
</tr>
<tr>
<td>China</td>
<td>961 474</td>
<td>84.6 36.3</td>
<td>84.6</td>
<td>36.3</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>.. 41</td>
<td>.. 48.4</td>
<td>..</td>
<td>48.4</td>
</tr>
<tr>
<td>Indonesia</td>
<td>.. 122</td>
<td>.. 53.8</td>
<td>..</td>
<td>53.8</td>
</tr>
<tr>
<td>South Asia</td>
<td>926 1 092</td>
<td>82.7 73.9</td>
<td>82.6</td>
<td>75.6</td>
</tr>
<tr>
<td>India</td>
<td>702 828</td>
<td>82.6 75.6</td>
<td>82.6</td>
<td>75.6</td>
</tr>
<tr>
<td>Pakistan</td>
<td>.. 95</td>
<td>.. 60.3</td>
<td>..</td>
<td>60.3</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>.. 124</td>
<td>.. 81.3</td>
<td>..</td>
<td>81.3</td>
</tr>
</tbody>
</table>


The World Bank in its 2008 World Development Indicators presented new estimates of global poverty. These confirmed the substantial reduction in poverty recorded in the ESCAP region, especially in East Asian countries (see table 1). In East Asia and the Pacific, the proportion of people living on less than US$ 1.25 a day fell from 54.7 per cent in 1990 to 16.8 per cent in 2005, largely as a result of
dramatic reductions of poverty having occurred in China. In South Asia, progress was more modest – a reduction from 51.7 to 40.3 per cent over the same period. Unfortunately, because of substantial population growth, the absolute numbers living in poverty in South Asia increased. Using a US$ 2 a day cut-off, progress in East Asia and the Pacific was also outstanding – a decline from 79.8 to 38.7 per cent over the 1990-2005 period, but again progress in South Asia was only modest – a decline from 82.7 to 73.9 per cent over the same period. The fact that three quarters of the population of South Asia continues to live on less than US$ 2 a day underlines the immensity of the task of reducing poverty in the region. Figure 1 shows the proportion of population living on below US$ 1.25 per day in various ESCAP countries around 2004. It is evident from this figure that poverty in the ESCAP region is heavily concentrated in South Asia. Although three South-East Asian countries – Timor-Leste, Cambodia and the Lao People’s Democratic Republic – are amongst the poorest with regard to income poverty, they are not populous countries. However a number of very populous South Asian countries feature amongst the poorest: Bangladesh, India and Pakistan. Afghanistan would certainly be included in this group if data were available.

**Figure 1. Population below US$ 1.25 per day, around 2004 (percentage)**

In most countries, differentials in poverty are found not only between families with different characteristics but also between regions. Certain regions have large concentrations of rural poor, who find it difficult to rise from poverty because agriculture has experienced only weak growth in wage employment and productivity is low. Examples in India are the states of Orissa and Chhattisgarh (ESCAP 2008, Box 1-4), and in Indonesia the provinces of Papua, Papua Barat, Maluku, Nusatenggara Timur and Gorontalo (Badan Pusat Statistik, 2007).

**Links between population trends and poverty**

**Population trends, economic growth and poverty**

The vast literature on relationship between population and economic development is relevant here, because the main way in which the incidence of poverty is to be lowered is through more rapid economic development. Of course, distribution of economic gains is important, and some people remain in poverty in high income countries because of mal-distribution of income. However, the basic point that must not be overlooked is that redistribution cannot achieve much if there is little to redistribute. The low incidence of poverty in the wealthier countries of the ESCAP region, evident in figure 1, is the clearest evidence of the relationship between economic growth and poverty reduction.

The scatter diagram (figure 2) shows the relationship between fertility levels and incidence of poverty in the early twenty-first century. Though this is a relationship at one point in time, we know that the declining incidence of poverty in the ESCAP region over the past decades has correlated with rapid fertility declines and lowered rates of population growth. As noted in the Plan of Action of the Fifth Asian and Pacific Population Conference in 2002, “countries that have been most successful in reducing poverty are also those that have done the most in reducing high levels of population growth and balancing population and development dynamics as well as meeting reproductive health needs” (ESCAP, 2003b: p. 17). Drawing causal relationships from such correlations is risky. Many other trends have also correlated with the reduction in poverty, notably declining mortality, advances in education, increasing urbanization, changing patterns of women’s participation in the workforce, rapid increases in telecommunications and Internet usage, changes in world trading systems and the changes in international business and finance that are usually subsumed under the term “globalization”. From a more theoretical perspective, there are clearly multiple causes of poverty, and therefore any discussion of the impact of demographic trends on poverty must view demographic trends as just one element in a complex web of causation. From a policy point of view as well, a comprehensive attack on poverty must maintain this broad perspective.
This preamble is not meant to imply that demographic factors are marginal or negligible in their effect on poverty, though their importance is contested. In general, the positive impact of lowered fertility levels in raising rates of economic growth and contributing to poverty reduction is most salient in countries with high levels of fertility. As shown in table 2, the number of such countries is shrinking as more countries are graduating into the low fertility category. According to the latest estimates, only nine countries in the ESCAP region with populations exceeding one million now have total fertility rates (TFRs) above 3. It should be borne in mind, however, that the group still includes populous countries including Pakistan, the Philippines and, to a lesser extent, Nepal, and that United Nations medium projections for those three countries show their populations increasing by two thirds or more (in fact, 84 per cent in Pakistan and 92 per cent in Nepal) between 2005 and mid-century. And some large states of India – notably Uttar Pradesh, Rajasthan and Madhya Pradesh – still have TFRs exceeding 3. The problems of poverty facing smaller countries with high fertility rates, including Melanesian countries such as Papua New Guinea and the Solomon Islands, should also not be ignored.
Table 2. Estimated total fertility rates in countries and areas of the ESCAP region, 1990-1995 and around 2007

<table>
<thead>
<tr>
<th>High fertility – 3 and above</th>
<th>Medium fertility – 2 to 2.9</th>
<th>Low fertility – below 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mongolia 3.4</td>
<td>Democratic People’s Republic of Korea 2.4</td>
<td>China 1.9</td>
</tr>
<tr>
<td>Afghanistan 8.0</td>
<td>Kazakhstan 2.6</td>
<td>Hong Kong, China 1.3</td>
</tr>
<tr>
<td>Bangladesh 4.1</td>
<td>Sri Lanka 2.5</td>
<td>Japan 1.5</td>
</tr>
<tr>
<td>India 3.9</td>
<td>Indonesia 2.9</td>
<td>Republic of Korea 1.7</td>
</tr>
<tr>
<td>Iran (Islamic Republic of) 4.3</td>
<td>Thailand 2.0</td>
<td>Singapore 1.8</td>
</tr>
<tr>
<td>Kyrgyzstan 3.6</td>
<td>New Zealand 2.1</td>
<td>Australia 1.9</td>
</tr>
<tr>
<td>Nepal 5.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakistan 5.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tajikistan 4.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkmenistan 4.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uzbekistan 3.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia 5.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lao People’s Democratic Republic 5.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaysia 3.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myanmar 3.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philippines 4.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timor-Leste 5.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viet Nam 3.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Papua New Guinea 4.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2008</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High fertility – 3 and above</td>
<td>Medium fertility – 2 to 2.9</td>
<td>Low fertility – below 2</td>
</tr>
<tr>
<td>Cambodia 3.4</td>
<td>Indonesia 2.2</td>
<td>China 1.7</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic 3.2</td>
<td>Malaysia 2.6</td>
<td>Democratic People’s Republic of Korea 1.9</td>
</tr>
<tr>
<td>Philippines 3.2</td>
<td>Myanmar 2.1</td>
<td>Hong Kong, China 1.0</td>
</tr>
<tr>
<td>Timor-Leste 6.5</td>
<td>Viet Nam 2.1</td>
<td>Japan 1.3</td>
</tr>
<tr>
<td>Afghanistan 7.0</td>
<td>Bangladesh 2.8</td>
<td>Mongolia 1.9</td>
</tr>
<tr>
<td>Nepal 3.1</td>
<td>India 2.8</td>
<td>Republic of Korea 1.2</td>
</tr>
<tr>
<td>Pakistan 3.5</td>
<td>Iran (Islamic Republic of) 2.0</td>
<td>Singapore 1.3</td>
</tr>
<tr>
<td>Tajikistan 3.3</td>
<td>Kazakhstan 2.3</td>
<td>Thailand 1.5</td>
</tr>
<tr>
<td>Papua New Guinea 3.7</td>
<td>Kyrgyzstan 2.5</td>
<td>Sri Lanka 1.9</td>
</tr>
<tr>
<td></td>
<td>Turkmenistan 2.5</td>
<td>Australia 1.8</td>
</tr>
<tr>
<td></td>
<td>Uzbekistan 2.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New Zealand 2.2</td>
<td></td>
</tr>
</tbody>
</table>

Note: Restricted to countries with populations exceeding 1 million.
Although high population density per se is clearly not a barrier to achieving high income levels, as witnessed by wealthy countries such as Singapore or the Netherlands, rapid population growth in densely populated, largely rural settings such as Bangladesh or the Red River delta in Viet Nam clearly poses major challenges to countries trying to reduce poverty in their populations, because of the difficulty of shifting large numbers of workers from low productivity work into higher productivity pursuits, not to mention the added difficulty of expanding and upgrading the educational and health systems needed to produce the healthy and skilled workers needed to fill higher-productivity jobs. The Governments of Bangladesh and Viet Nam are well aware of the relationship between population growth and the elimination of poverty, and have vigorously pursued policies to reduce population growth rates.

The poor in the ESCAP region are concentrated in rural areas, and the out-migration of many young people to the cities – while it is consistent with the need to shift the centre of gravity of these economies to higher-productivity sectors – does in many cases impede productivity of the agricultural sector by removing the potentially most dynamic part of the rural workforce. Whether it also places more of the rural elderly in a vulnerable situation depends on the strength of family ties and the size and continuity of remittance flows from absent migrant family members.

The literature on population and economic growth has in recent years focused on the “demographic dividend” or “window of opportunity” opened by the age structure changes stemming from lowered fertility rates (Williamson and Higgins, 2001; Mason, 2001; Bloom and Canning, 2003; Merrick, 2002). As countries move to lower levels of fertility, age structure changes in such a way that the proportion of the population in the working ages increases for a period of some decades, thus providing an opportunity to achieve faster increases in levels of per capita income. In East Asian countries, this demographic dividend may have contributed up to one quarter or one third of the rapid growth in per capita incomes, or even more. The benefit does not flow automatically, however. Effective seizure of this opportunity requires that countries invest appropriately in education, and follow policies that widen employment opportunities. Otherwise, the bulge of young workers moving up through the age structure can become a nightmare rather than a blessing.

The timing of the opening of the window of opportunity is also crucial. Those countries where fertility decline has been delayed will benefit from favourable age structure changes at a time when dependency ratios are rising again in the countries where fertility declined earlier. The inference is sometimes drawn from this that these countries are advantaged over those where fertility decline began earlier. (For example, India is said to face a brighter future than China because its labour force
will be growing at a time when China’s will be shrinking). This line of argument ignores the substantial benefits that the country with the earlier decline in fertility reaped from slower population growth and favourable trends in age structure, enabling greater investments in human capital development, among other things, thus enabling it to have developed a stronger economic base at present, compared with the country where fertility decline was delayed. The fact that age structure changes will soon become favourable in the latter country is small compensation for the lost opportunities as a result of a protracted high fertility regime.

Poverty, and the effect of demographic variables on poverty, can be studied at both macro- and micro-levels. If demographic factors make for lower rates of economic growth or adversely affect income distribution, this can flow through to impact poverty levels. This is the macro perspective. The poverty of individual households is, in turn, affected by those macro trends. The microperspective, by contrast, stresses the impact at the household level of demographic behaviour of that household. For example, in Malaysia, poor families have more children (Leete, 2007: pp. 146-147). Similar relationships are found in other countries with much higher poverty levels. The poorest 10 per cent of households in Pakistan had on average 7.7 members in 1984, compared with the national average of 6.1. Similar findings emerge for India and Thailand. In the Philippines, 56 per cent of six-member households are poor, whereas 24 per cent of households with three or fewer members are poor (ESCAP, 2003a: p. 11). Because poor families cannot afford to invest enough in the nutrition, health and education of each of their children, there tends to be an intergenerational perpetuation of poverty; impoverishment leading to high fertility in the next generation. Of course, large family size may be a result of, as well as a cause of, poverty. The poor may be having more children because they experience higher child mortality, lower child-rearing costs, need for income from child labour, and the hope that children will provide security in old age.

One element of demographic change that has emerged to a marked degree in some ESCAP countries since the beginning of the twenty-first century is the decline in fertility rates to unprecedentedly low levels, and the signs that other ESCAP countries are likely to join the group of very low fertility countries (those with TFRs below 1.5). While in the past, it has been appropriate to stress the contribution that lowered fertility rates can make to poverty reduction as countries move from high fertility levels to replacement level, the question must be raised as to whether further reduction to ultra-low levels could lead to increases in poverty. That they have adverse impacts on economic growth in a country such as Japan seems clear enough, through the decline in labour force, particularly the younger workers, and the increased burden of supporting an ageing population. While this does require serious attention, it must be kept in mind that those countries with very
low fertility have very low incidence of poverty at this stage, and slow economic growth is unlikely to raise poverty levels. Only if economic growth were to turn negative on a sustained basis would poverty levels be likely to rise much. While negative economic growth is likely in the short term in a number of countries including these low-fertility ones as a result of the world economic crisis, sustained negative growth appears unlikely.

Aggregate relationships between population trends and poverty reduction remain controversial largely because of the wide range of possible interactions and uncertainty about the strength, or even the direction, of many of these interactions. In the remainder of this paper, some of the underlying mechanisms and specific relationships linking particular aspects of demographic change and human well-being will be discussed.

Education and poverty

Although ending poverty requires multidimensional approaches, no single factor is likely to be more important than access to education. Education is the key to higher earnings, as well as to coping with the needs of living in the modern world. Educational and health improvements are closely related: In the slums of Dhaka, education of the mother was found to be a more important predictor of child death than income or possessions (Caldwell, Pieris and Khuda, 2001).

The lowering of fertility levels has been a crucial factor in enabling the countries of the ESCAP region to make impressive gains in educational enrolments over recent decades. Country after country has reached the point where numbers reaching and moving through the ages of primary and secondary education have leveled off and, in many cases, subsequently declined. Once universal primary education has been reached, this has enabled educational expenditures to be targeted more to raising enrolment rates at the secondary level and to improving the quality of primary education. Countries such as Thailand and Sri Lanka have long been benefiting from such trends, joined in more recent times by countries such as Indonesia and Viet Nam. But in some countries, the burden of increasing numbers at these ages remains. Over the period 2005-2020, the population aged 10-19 in Pakistan, the Philippines and Nepal are each expected to increase by about 15 per cent.

While education holds great promise for the alleviation of poverty, both through its effect on overall macroeconomic growth (which should affect the economic welfare of those on all points of the income distribution scale, though not necessarily to the same extent for the poor as for other groups), and on the economic welfare of individual families, there is less certainty that, given the way education is being
Provided in many countries of the region, it is contributing as much as it should to the elimination of poverty. This is because the hard core poor are frequently missing out on the benefits of education, either because they cannot afford to keep their children in school, or because the schools to which they could send their children are too far away, or provide very poor quality education. It is well known to anyone with experience of educational systems in the region that the poorest quality school facilities and teachers are to be found in the poorest and most isolated rural areas (Weiner, 1991; Jones and others, 1998; Jones and Hagul, 2001). In the cities, the worst schools are those serving slum and squatter populations.

Moreover, public educational expenditures are frequently skewed to serving the needs of the better-off sections of the population, whether through the geographical location of expenditures or the overall structure of public educational expenditures, which are often biased towards higher levels of education - those which most children of the poor never reach (Tan and Mingat, 1992). There is an urgent need to orient educational expenditures to helping the poorest groups receive education and lift themselves out of poverty.

**Employment and poverty**

Employment is closely linked to poverty; households need a reliable source of income that is provided by the employment of one or more household members. Unemployment is the most basic cause of household poverty. But employment per se does not guarantee freedom from poverty. In the poorer countries of the ESCAP region, many in the workforce work long hours at very low productivity tasks. Examples are agricultural labour provided on a seasonal basis by the landless, street vending, providing labour-intensive transport services such as trishaw pedalling or moving goods on pushcarts, providing personal services such as barbering on the streetside, and providing unskilled labour on a casual basis. Underemployment and disguised unemployment characterize these activities. Higher productivity work is what is required, and this requires training and capital. In turn, training depends on the success of the nation’s education system and on-the-job training systems in educating those who will be entering the workforce or are already in the workforce, and capital widening and deepening depends on raising savings rates and investing those savings productively.

In some countries, a substantial share of the potential workers are kept out of the workforce because of conventions about female work. This is particularly true of some countries in South Asia. Evidence on trends in labour force participation of females in these countries is mixed (ESCAP, 2003a, table 6), but it is clear that these rates remain low by world standards. When countries of the ESCAP region are arrayed in terms of the share of women in non-agricultural employment, five
countries of South Asia – Pakistan, Nepal, India, Bhutan and Bangladesh – occupy the lowest five places (ESCAP, 2008, figure 1-12). This represents a tremendous wastage of human resources and an obstacle to poverty eradication. Income levels are held down by the non-participation of females in the workforce; ESCAP having estimated that the cost to the region of continuing gender discrimination could reach US$ 80 billion per year (ESCAP, 2008: p. 22). Low participation of women in the non-agricultural workforce is closely linked to low levels of female education. Raising female participation in secondary and higher education will help raise female workforce participation, because the opportunities of finding productive work are greater for educated girls.

Health and poverty

Poor health contributes to poverty, and poverty, in turn, contributes to poor health and higher mortality. “Health is a crucially important economic asset, particularly for poor people. Their livelihoods depend on it. When poor people become ill or injured, their entire household can become trapped in a downward spiral of lost income and high healthcare costs” (OECD Policy Brief, 2003). By the same token, children who are able to escape the cognitive and physical consequences of childhood diseases do better in school, are less likely to suffer disability and impairment in later life and are more likely to achieve their earning potential.

Table 3. Infant mortality levels by wealth quintile, ESCAP region (per 1 000 live births)

<table>
<thead>
<tr>
<th>Country/Region</th>
<th>Poorest</th>
<th>Second</th>
<th>Third</th>
<th>Fourth</th>
<th>Richest</th>
<th>National average</th>
<th>Poorest/richest</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Asia</td>
<td>56.6</td>
<td>46.6</td>
<td>40.1</td>
<td>30.5</td>
<td>20.4</td>
<td>41.0</td>
<td>2.7</td>
</tr>
<tr>
<td>South Asia</td>
<td>97.6</td>
<td>105.2</td>
<td>99.9</td>
<td>83.7</td>
<td>56.8</td>
<td>90.7</td>
<td>1.8</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>42.8</td>
<td>43.2</td>
<td>35.2</td>
<td>27.2</td>
<td>16.9</td>
<td>34.8</td>
<td>2.5</td>
</tr>
<tr>
<td>Philippines</td>
<td>48.8</td>
<td>39.2</td>
<td>33.7</td>
<td>24.9</td>
<td>20.9</td>
<td>36.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Indonesia</td>
<td>78.1</td>
<td>57.3</td>
<td>51.4</td>
<td>39.4</td>
<td>23.3</td>
<td>52.2</td>
<td>3.4</td>
</tr>
<tr>
<td>India</td>
<td>109.2</td>
<td>106.3</td>
<td>89.7</td>
<td>65.6</td>
<td>44.0</td>
<td>86.3</td>
<td>2.5</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>96.3</td>
<td>98.7</td>
<td>97.0</td>
<td>88.7</td>
<td>56.6</td>
<td>89.6</td>
<td>1.7</td>
</tr>
<tr>
<td>Nepal</td>
<td>96.3</td>
<td>107.2</td>
<td>103.6</td>
<td>84.7</td>
<td>63.9</td>
<td>93.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Pakistan</td>
<td>88.7</td>
<td>108.7</td>
<td>109.3</td>
<td>95.7</td>
<td>62.5</td>
<td>94.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>35.1</td>
<td>43.7</td>
<td>44.3</td>
<td>50.2</td>
<td>29.1</td>
<td>40.7</td>
<td>1.2</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>49.5</td>
<td>43.8</td>
<td>41.5</td>
<td>33.6</td>
<td>46.8</td>
<td>43.5</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Source: Adapted from Bernstein, 2002, tables 1 and 2.

The relationships between poverty and ill health are quite strong, although they are not very satisfactorily proxied by the infant mortality rates shown in table
3, which are higher among the poorer wealth quintiles of Asian populations. In South Asian countries, which have the highest infant mortality rates in the region, the gap between the richest and the poorest is narrower than in South-East Asian countries. This indicates a need for the South-East Asian countries to deal better with the higher mortality rates among their low-income groups. However, to keep the issue in perspective, it should be noted that the infant mortality of the poorest quintile in Viet Nam or the Philippines is considerably lower than that of the richest quintile in Bangladesh or Pakistan. Poverty is apparent into the second and third income quintiles in the South Asian countries, and this is probably the reason why it is only in the fourth and fifth quintiles that mortality rates drop off much.

Health is high on the international agenda, and three of the MDGs call for specific health improvements by 2015. Health is also increasingly seen as fundamental to the first MDG, eradicating poverty and extreme hunger, partly because of increasing recognition of the link between health and economic development.

Some of the widest gaps between richer and poorer countries, and also within countries, are in the area of reproductive health. The risk of a woman dying in pregnancy and childbirth in the poorer countries of the ESCAP region is hundreds of times higher than in the more developed countries. This reflects both higher levels of unwanted fertility in these countries and higher levels of maternal morbidity. In particular, large populations in these countries lack efficient mechanisms for dealing with complications related to childbirth, owing to limited access to health facilities, lack of information, lack of funds, lack of community and family support, transportation difficulties and quality of health providers. (For an assessment of factors leading to maternal deaths in Dhaka, see Caldwell, 2005).

**Gender and poverty**

Gender relations affect poverty in a number of ways. First of all, as noted above, discrimination towards girls in education and conventions regarding women’s work can serve to hold household income down. Consigning women to bearing and rearing large numbers of children can also hold down family income, if the children cannot be schooled and the mother cannot contribute to the family’s income. Breakup of marriages can lead to poverty of the female-headed household. As noted by Bernstein (2002: p. 35):

“Gender inequality presents one of the most pervasive examples of exclusion of the disadvantaged. Reducing gender inequality can accelerate economic growth and have a powerful impact on poverty. Comparing East Asia and South Asia between 1960 and 1992, South
Asia started with wider gender gaps in health and education and closed them more slowly. If gender gaps had closed at the same rate in the two subregions, South Asia would have increased its real per capita annual growth in gross domestic product (GDP) by 0.7 to 1.0 per cent.” (Klasen, 2001)

**Poverty and unmet need for family planning**

The earlier discussion about the relationship between larger family size and poverty raised the key issue of what causes what. Does the high fertility lead to poverty, or do poor families find that having more children makes sense, in terms of aspects like economic and physical security? (Cain, 1983; Oberai, 1993). Actually, it must be recognized that families or households are made up of different individuals, and “family decisions” may be arrived at in more autocratic or more consensual ways. Not everyone in the household necessarily benefits or suffers to the same degree from high fertility. It follows that in some circumstances, decisions that lead to greater poverty for the household as a whole may nevertheless be seen by key decision makers in the family to be in their own interest. This may be relevant for understanding the reasons why in some countries a substantial proportion of women report themselves as having unwanted fertility. This could be the result of limited availability of contraceptive advice and supplies, but it could also result from intra-family tensions over family roles and desirable number of children.

In any event, when it is found that a significant proportion of poor women in many ESCAP countries say they do not want more children, then providing them the information and means to avoid pregnancy could make a clear contribution to countering poverty. Based on analysis of data from Demographic and Health Surveys, it is estimated that 11 per cent of women in South and South-East Asia had an unmet need for contraception during the 2000-2005 period. Happily, this was a significant reduction over the figure of 18 per cent in the 1990-1995 period, and well below the figure of 24 per cent for sub-Saharan Africa (Sedgh and others, 2007). Nevertheless, it represents an enormous number of mostly poor women who want to avoid a birth but are at risk of having that birth. Meeting unmet need for contraception will contribute unequivocally to human welfare, not least through its effect in lowering stubbornly high rates of maternal mortality in the region.

**The challenge of making education and health systems work for poverty reduction**

The reality must be faced that in most countries of the ESCAP region, political leadership and government bureaucracies are the preserve of the upper
middle class. The perspective of planners and bureaucrats on the needs of the poor are perspectives of people who themselves, on the whole, have not experienced poverty. This does not mean that they cannot empathize with the needs of the poor, but it does mean that class interests and biases frequently colour planning decisions and the way they are carried forward, not to mention the way the poor are being treated by service providers, for example in health systems.

An objective assessment of the provision of public facilities for education and health in many countries of the ESCAP region would have to conclude that such provision not only does not serve to narrow the wide gaps between the welfare of the poor and that of other sections of the population, it actually serves to widen them. It is in poor rural areas that provision of schooling is most inadequate, whether measured by availability of schools, the standard of school buildings, the facilities provided, the quality of the teachers and teacher absenteeism rates. In urban areas, where more facilities are provided, the poor frequently cannot afford the school fees and other expenses of keeping children in school, not to mention the bribes frequently required to secure a place in more desired schools. Substantial proportions of tax-funded educational budgets are devoted to upper secondary and higher education, levels of education rarely reached by the children of the poor. Basically, the odds are stacked against the poor, and to redress this situation, a restructuring of public educational expenditures is needed.

The unfinished task: good governance, human-centred development and poverty alleviation

In seeking policy recommendations to ensure progress in reducing poverty, the most basic needs may be those which are most difficult to meet in practice, for example the need for wealthy countries to increase their development assistance grants, the need for an open trade regime, the need for good governance in poor countries (see Sachs, 2005). However, in recommending policies that meet two criteria – that they are in some way related to population trends, and are not mere platitudes – it might be suggested that the underlying emphasis should be placed on a “pro-poor” approach, one that opens up options for poor people to take decisions and actions that will improve their life chances. Some particular instances are as follows:

(a) A pro-poor approach in education. This would involve orienting educational budgets to ensuring that all children not only spend time in primary school but finish this level of education; that the quality of primary education be improved, with special emphasis on schools serving the poor; and to make nine years of schooling compulsory for all children as soon as possible, partly by ensuring that school places are provided for all children at the lower secondary
level, and that school fees and other hidden costs are minimized. Such an orientation would squeeze funds for upper secondary and tertiary education, which could be adjusted by increasing education’s share of government budgets and/or relying on an increasing role of the private sector at these levels of education, with targeted scholarships for students in financial need.

(b) A pro-poor approach in health. This would focus on providing quality public health services with equitable financing mechanisms. The focus should be on those diseases that affect the poor disproportionately (malaria, tuberculosis, HIV/AIDS), also on reproductive health and non-communicable diseases, such as those linked to tobacco. It should be complemented by strategies to reach out to poor and vulnerable groups, measures to stimulate demand for health services in poor communities and increase the accountability of service providers to poor communities. Equitable financing systems must protect the poor from the catastrophic cost of ill health. Initiatives are also needed to move health research funding in pro-poor directions. Currently, diseases or conditions that account for 90 per cent of the global disease burden receive less than 10 per cent of global funding of health research (OECD Policy Brief, 2003: p. 5).

(c) A pro-poor approach for women. Because of the particular disadvantages faced by the poor, especially women, some specific pro-poor women policies are needed. Related to the pro-poor educational and health approaches noted above, particular attention needs to be paid to increasing educational opportunities for girls, particularly those from poor families, in countries where female educational enrolments lag behind those of males. In health services, particular attention needs to be paid to those aspects of the health services that can contribute to lowering high levels of maternal mortality, as outlined in priority action F.4 of the Plan of Action on Population and Poverty of the Fifth Asian and Pacific Population Conference. In employment policy, strategies to increase women’s employment would be linked with those to keep girls in school longer, and also with public information programmes stressing women’s rights and working women’s contribution to the economy.

(d) Meeting unmet need for family planning. Poor women disproportionately suffer from unmet need for family planning. They need to be given improved access to as wide as possible a range of contraceptive methods, and the information, education and communication necessary to give reality to this access. In addition to its direct benefit in countering poverty, meeting this unmet need would result in a lowering of population growth rates in countries where fertility is high and unmet need for contraception considerable.
Endnotes

1. Economic growth of 9.0 per cent in developing countries of Asia in 2007 was the highest in almost two decades. However, in August 2008 the Asian Development Bank (ADB) forecast a slowing of growth to 7.5 per cent in 2008 and 7.2 per cent in 2009 (Asian Development Bank, 2008). Those forecasts were further lowered in December 2008 to 6.9 and 5.8 per cent in 2008 and 2009, respectively, as the economic events of the last quarter of 2008 began to be digested by the ADB planners (Asian Economic Monitor, December 2008). Subsequently, ADB’s forecast 2009 growth rate for the region was revised downwards once more to 3.4 per cent. In January 2009, the International Monetary Fund (IMF) revised its earlier world growth forecast for 2009 downwards from 2.2 per cent to just 0.5 per cent, and for Asia from 4.9 per cent to 2.7 per cent, and in a further update in July 2009, the IMF forecast world growth for 2009 at -1.4 per cent.

2. Mason (2001) estimates the contribution as one quarter, Williamson and Higgins (2001) state that, depending on how economic growth is defined, the contribution of the demographic transition accounts for between one third and three quarters of such growth.

3. More recent research has also noted the “second demographic dividend” which will occur if consumers and policymakers respond effectively to coming demographic changes by accumulating capital to substitute for transfer of wealth in providing for old-age support (Mason, 2007).
References


Some New Insights into the Demographic Transition and Changing Age Structures in the ESCAP Region

Although the awareness of two demographic dividends is still fairly limited in developing Asia, their effective use, particularly that of the accumulated second demographic dividend which is likely to remain enormous for the next few decades, appears to provide an attractive policy option for many ESCAP member countries interested in placing their future economic growth on a steady path.

By Naohiro Ogawa, Amonthep Chawla and Rikiya Matsukura*

Over the past few decades, the world population has been ageing at a phenomenal pace. Some demographers claim that population ageing in the twentieth century represents a human success story, and that for the first time in the history of mankind, human populations have the luxury of ageing (Kinsella and Velkoff, 2001).

* Naohiro Ogawa, Professor, Population Research Institute, Nihon University, e-mail: ogawa.naohiro@nihon-u.ac.jp; Amonthep Chawla, Thailand Development Research Institute and Rikiya Matsukura, Population Research Institute, Nihon University.
It should be emphasized, however, that population ageing has been accompanied by a fast growth of elderly populations in various parts of the world, both developed and developing, as shown in table 1. In the case of Asia, the number of persons aged 65 and over has already exceeded more than 50 per cent of the aged population of the world as a whole, and is projected to constitute more than 60 per cent by 2050. Moreover, the number of those aged 65 and over in Asia grew dramatically at 2.7 per cent per annum in the second half of the twentieth century, and the corresponding figure for the first half of the present century is projected to increase annually at almost the same pace, i.e., 2.6 per cent. In addition, the proportion of the elderly in the total population rose from 4.1 to 5.8 per cent over the period 1950-2000, and is anticipated to grow at an astonishing tempo in the years to come and reach 17.5 per cent by the middle of the twenty-first century.

Table 1. Percentage distribution of those aged 65 and over by region, 1950-2050

<table>
<thead>
<tr>
<th>Region</th>
<th>1950</th>
<th>1975</th>
<th>2000</th>
<th>2025</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>More developed regions</td>
<td>49.0</td>
<td>49.3</td>
<td>40.6</td>
<td>31.1</td>
<td>21.8</td>
</tr>
<tr>
<td>Less developed regions</td>
<td>51.0</td>
<td>50.7</td>
<td>59.4</td>
<td>68.9</td>
<td>78.2</td>
</tr>
<tr>
<td>Africa</td>
<td>5.6</td>
<td>5.8</td>
<td>6.4</td>
<td>7.0</td>
<td>9.3</td>
</tr>
<tr>
<td>Europe</td>
<td>34.4</td>
<td>33.9</td>
<td>25.5</td>
<td>17.7</td>
<td>12.3</td>
</tr>
<tr>
<td>Asia</td>
<td>44.0</td>
<td>42.7</td>
<td>51.0</td>
<td>57.6</td>
<td>61.8</td>
</tr>
<tr>
<td>East Asia</td>
<td>22.9</td>
<td>22.5</td>
<td>27.2</td>
<td>29.5</td>
<td>26.5</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>5.2</td>
<td>5.1</td>
<td>6.1</td>
<td>7.4</td>
<td>9.0</td>
</tr>
<tr>
<td>South-Central Asia</td>
<td>14.3</td>
<td>13.2</td>
<td>15.7</td>
<td>18.4</td>
<td>23.0</td>
</tr>
<tr>
<td>West Asia</td>
<td>1.7</td>
<td>1.9</td>
<td>2.0</td>
<td>2.3</td>
<td>3.4</td>
</tr>
<tr>
<td>North America</td>
<td>10.8</td>
<td>10.9</td>
<td>9.3</td>
<td>8.5</td>
<td>6.4</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>4.5</td>
<td>6.0</td>
<td>7.1</td>
<td>8.5</td>
<td>9.6</td>
</tr>
<tr>
<td>Oceania</td>
<td>0.7</td>
<td>0.7</td>
<td>0.7</td>
<td>0.7</td>
<td>0.6</td>
</tr>
</tbody>
</table>


In stark contrast, the proportion of Asia’s young population (aged 0-14) is projected to continuously decline from its peak value of 41 per cent in 1965 to 18 per cent in 2050. Although the actual number of young people more than doubled in the latter half of the twentieth century, it is now expected to decrease from 1.13 billion in 2000 to 0.95 billion in 2050, thus declining at an annual rate of about 0.4 per cent.

As regards Asia’s working-age population (aged 15-64), it is expected to expand more than four times from 1950 to 2050, and its proportion in the total population is anticipated to fluctuate, ranging from 53 to 64 per cent over the same
period. It should be further noted, however, that the age composition of the productive population is projected to undergo a substantial transformation over the period in question. During the period 1950-1985, for example, the proportion of those aged 15-29 in the total population oscillated to a minor extent around 25 per cent. After having recorded a peak (29 per cent) in 1990, however, the proportion of this age group has been and will continue to be on a downward trend, diminishing to 18 per cent by 2050 (United Nations, 2007).

More importantly, within the Asian region, there have been considerable inter-country differences in the level and tempo of population ageing. In a number of countries in Asia, unprecedented changes in age structures are already under way. In some of those countries, the rise in old-age dependency has created a myriad of formidable policy challenges, the response to which is likely to influence their economic growth and incidence of poverty, intergenerational equity, and social welfare for decades to come. In others, the child dependency ratio has been declining rapidly, generating an important demographic bonus.

To address several important aspects of these socio-economic issues related to the changing child dependency ratio and the rising old-age dependency ratio, this paper heavily draws upon a newly-developed analytical framework called the “National Transfer Accounts” (NTA). The NTA provides a comprehensive framework for estimating consumption, production and resource reallocations by age. By taking advantage of a significant amount of analytical information generated by the NTA system, this paper sheds light mainly on the benefits of the youth bulge and on the economic costs and benefits of the growing number of older persons in the region. The paper is structured as follows: (a) brief review of Asia’s changing demographic landscape with emphasis on age structural shifts among selected ESCAP countries, (b) demographic transition and its relationship to the first and second demographic dividends, (c) computed results on the two demographic dividends for selected ESCAP member countries, and (d) policy implications.

**Rapid age structural changes in the ESCAP region: 1950-2050**

In 2005, Asia’s total population exceeded 3.9 billion people, which is more than double the size of that observed in 1965 (United Nations, 2007). The annual growth rate of the population in Asia, however, has been declining continuously during the past four decades; as opposed to its peak value of 2.38 per cent during 1965-1970, the current annual growth rate is estimated at 1.13 per cent. With the emergence of slower population growth in the latter half of the twentieth century, Asia’s demographic outlook of today is substantially different from that only a few decades ago.
Such substantially slower population growth in Asia has been caused chiefly by a significant decline in fertility over the past few decades. In 1965-1970, there was only one country (Japan) with below-replacement level fertility (a total fertility rate of less than 2.1 children per woman). By 2000-2005, the number increased to 15 countries/areas (Armenia; Azerbaijan; China; Cyprus; the Democratic People’s Republic of Korea; Georgia; Hong Kong, China; Japan; Kazakhstan; Macao, China; Mongolia; the Republic of Korea; Singapore; Sri Lanka and Thailand). Moreover, in terms of the population share, as shown in figure 1, only 4.9 per cent of Asia’s population lived in countries with below-replacement level fertility in 1965-1970, as compared with 42.2 per cent in 1990-1995, when China’s fertility rate fell below the replacement level. It is projected that half of Asia’s population will be residing in societies with below-replacement fertility by 2012, and that more than 80 per cent of the Asian population will live in countries with a fertility rate below the replacement level in the late 2020s, when India is projected to attain the below-replacement level of fertility (United Nations, 2007). At present, three Asian countries/areas with below-replacement fertility (Hong Kong, China; Macao, China; and the Republic of Korea) are classified in the category of lowest-low fertility (i.e. those with a TFR below 1.3). In fact, East Asia’s fertility is now the lowest in the entire world (McDonald, 2008; Gubhaju, 2008).

**Figure 1. Proportion of the population of countries with below-replacement level fertility in Asia**

Parallel to the rapid decline in fertility, marked mortality improvements have been achieved in the Asian region. Particularly, the Japanese post-war experience is a case in point. When Japan joined the Organization for Economic Cooperation and Development (OECD) in 1964, it still had the lowest life expectancy at birth of any of the OECD countries, but it had the highest among all the OECD member countries by the early 1980s. At present, 26 countries/areas in Asia have life expectancies for both sexes combined higher than 70 years, and almost half (48 per cent) of Asia’s population has already succeeded in meeting the goal of the Programme of Action of the International Conference on Population and Development on reaching a life expectancy at birth greater than 70 years for both sexes in 2000-2005 (United Nations, 1995). In the case of East Asia, three countries/areas (Hong Kong, China; Macao, China; and Japan) have already surpassed the 80-year level.

**Figure 2. Changes in dependency ratios for Asia as a whole, 1950-2050**

As a result of these rapid fertility and mortality transformations, which occurred in the second half of the twentieth century, we have witnessed phenomenal changes in Asia’s demographic landscape in terms of population age distributions, with a relative increase in the number of the elderly and a relative decrease in the number of the young. As illustrated in figure 2, Asia’s total dependency ratio, which is defined as \( \left\{ \frac{(0-14) + (65 \text{ and over})}{(15-64)} \right\} \), reached its peak value (0.804) in 1965, after which its projected long-term trend shows a
U-shaped pattern, reaching its trough value (0.477) in 2015. This implies that in Asia as a whole, the share of the working-age population has been increasing since 1965 to date, and is quickly approaching the end of its growth in 2015. For Asia, these 50 years during which the share of the working-age population continuously rises correspond to the period in which age structural transformations lead to a very direct and favourable impact on growth in per capita called the first demographic dividend – as will be discussed in detail in the ensuing section.

The demographic transition is a singular time period during which fertility and mortality decline from high to low levels in a particular country. In the case of Asia, the broad outlines of the demographic transition are fairly similar to almost every country in the region, although the speed and timing of the transition vary across countries. The age composition of each of the ESCAP member countries has been changing swiftly since the mid-twentieth century (Ogawa, 2003). As shown in table 2, from 1975 to 2000, the total dependency ratio declined substantially in all the five subregions and 18 countries listed. The extent to which the total dependency ratio for each country decreased over this period is closely related to the magnitude with which its fertility has been lowered, as reflected in the inter-temporal change in the young dependency ratio, defined as \[(0-14) / (15-64)\]. Among the 18 countries included in table 2, Thailand had the largest reduction by 0.413 from 0.847 to 0.434, followed by China (0.316), the Republic of Korea (0.313), Indonesia (0.277), the Islamic Republic of Iran (0.269) and Mongolia (0.253). The fact that all of these ESCAP member countries have shown substantial economic progress over the past decade or two seems to suggest that such steep declines in the total dependency ratio have facilitated rapid economic growth in these countries.

The 2006 United Nations population projections, as shown in table 2, indicate that the countries with high total dependency ratios will face a considerable reduction of the burden placed upon the working-age population during the first quarter of the twenty-first century and beyond. In these countries, the declining total dependency ratios are likely to facilitate their developmental process. By contrast, the countries with low total dependency ratios are expected to undergo a substantial increase, mainly owing to a rapid rise in the proportion of the elderly, as represented by the aged dependency ratio expressed as \[(65+) / (15-64)\]. In the countries whose onset of fertility reduction was early, the changes in this aged dependency ratio are most pronounced. Clearly, Japan had the largest gain (+0.136) from 0.116 in 1975 to 0.253 in 2000. Armenia, which belongs to the North and Central Asia subregion, showed the second largest gain (+0.059) from 0.097 to 0.156 over the same period of time, followed by Australia (+0.049), the Republic of Korea (+0.041) and New Zealand (+0.038).
<table>
<thead>
<tr>
<th>Country</th>
<th>1975</th>
<th></th>
<th></th>
<th>2000</th>
<th></th>
<th></th>
<th>2025</th>
<th></th>
<th></th>
<th>2050</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Young</td>
<td>Aged</td>
<td>Total</td>
<td>Young</td>
<td>Aged</td>
<td>Total</td>
<td>Young</td>
<td>Aged</td>
<td>Total</td>
<td>Young</td>
</tr>
<tr>
<td>East Asia</td>
<td>0.740</td>
<td>0.658</td>
<td>0.082</td>
<td>0.464</td>
<td>0.350</td>
<td>0.114</td>
<td>0.477</td>
<td>0.256</td>
<td>0.221</td>
<td>0.660</td>
<td>0.247</td>
</tr>
<tr>
<td>Japan</td>
<td>0.475</td>
<td>0.358</td>
<td>0.116</td>
<td>0.467</td>
<td>0.215</td>
<td>0.253</td>
<td>0.681</td>
<td>0.186</td>
<td>0.495</td>
<td>0.959</td>
<td>0.221</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>0.705</td>
<td>0.644</td>
<td>0.062</td>
<td>0.393</td>
<td>0.290</td>
<td>0.102</td>
<td>0.467</td>
<td>0.180</td>
<td>0.287</td>
<td>0.836</td>
<td>0.191</td>
</tr>
<tr>
<td>China</td>
<td>0.782</td>
<td>0.704</td>
<td>0.078</td>
<td>0.466</td>
<td>0.366</td>
<td>0.100</td>
<td>0.463</td>
<td>0.263</td>
<td>0.200</td>
<td>0.639</td>
<td>0.251</td>
</tr>
<tr>
<td>Mongolia</td>
<td>0.875</td>
<td>0.821</td>
<td>0.055</td>
<td>0.622</td>
<td>0.559</td>
<td>0.063</td>
<td>0.396</td>
<td>0.307</td>
<td>0.089</td>
<td>0.531</td>
<td>0.265</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>0.848</td>
<td>0.781</td>
<td>0.067</td>
<td>0.576</td>
<td>0.499</td>
<td>0.078</td>
<td>0.461</td>
<td>0.329</td>
<td>0.132</td>
<td>0.551</td>
<td>0.278</td>
</tr>
<tr>
<td>Singapore</td>
<td>0.586</td>
<td>0.521</td>
<td>0.065</td>
<td>0.407</td>
<td>0.306</td>
<td>0.101</td>
<td>0.543</td>
<td>0.192</td>
<td>0.351</td>
<td>0.784</td>
<td>0.198</td>
</tr>
<tr>
<td>Thailand</td>
<td>0.847</td>
<td>0.781</td>
<td>0.067</td>
<td>0.434</td>
<td>0.338</td>
<td>0.096</td>
<td>0.489</td>
<td>0.267</td>
<td>0.223</td>
<td>0.642</td>
<td>0.260</td>
</tr>
<tr>
<td>Philippines</td>
<td>0.897</td>
<td>0.838</td>
<td>0.058</td>
<td>0.703</td>
<td>0.643</td>
<td>0.060</td>
<td>0.521</td>
<td>0.423</td>
<td>0.098</td>
<td>0.484</td>
<td>0.292</td>
</tr>
<tr>
<td>Indonesia</td>
<td>0.820</td>
<td>0.760</td>
<td>0.059</td>
<td>0.543</td>
<td>0.468</td>
<td>0.075</td>
<td>0.432</td>
<td>0.303</td>
<td>0.129</td>
<td>0.564</td>
<td>0.273</td>
</tr>
<tr>
<td>Malaysia</td>
<td>0.846</td>
<td>0.777</td>
<td>0.069</td>
<td>0.596</td>
<td>0.534</td>
<td>0.062</td>
<td>0.477</td>
<td>0.348</td>
<td>0.129</td>
<td>0.529</td>
<td>0.279</td>
</tr>
<tr>
<td>South-Central Asia</td>
<td>0.797</td>
<td>0.734</td>
<td>0.062</td>
<td>0.677</td>
<td>0.604</td>
<td>0.073</td>
<td>0.497</td>
<td>0.390</td>
<td>0.107</td>
<td>0.492</td>
<td>0.290</td>
</tr>
<tr>
<td>India</td>
<td>0.771</td>
<td>0.710</td>
<td>0.061</td>
<td>0.655</td>
<td>0.579</td>
<td>0.076</td>
<td>0.482</td>
<td>0.368</td>
<td>0.115</td>
<td>0.485</td>
<td>0.271</td>
</tr>
<tr>
<td>Iran (Islamic Republic of)</td>
<td>0.924</td>
<td>0.856</td>
<td>0.068</td>
<td>0.655</td>
<td>0.581</td>
<td>0.074</td>
<td>0.433</td>
<td>0.331</td>
<td>0.102</td>
<td>0.552</td>
<td>0.276</td>
</tr>
<tr>
<td>Pakistan</td>
<td>0.851</td>
<td>0.787</td>
<td>0.064</td>
<td>0.832</td>
<td>0.765</td>
<td>0.067</td>
<td>0.553</td>
<td>0.466</td>
<td>0.087</td>
<td>0.484</td>
<td>0.324</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0.892</td>
<td>0.837</td>
<td>0.055</td>
<td>0.681</td>
<td>0.626</td>
<td>0.055</td>
<td>0.503</td>
<td>0.415</td>
<td>0.088</td>
<td>0.481</td>
<td>0.308</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>0.717</td>
<td>0.644</td>
<td>0.072</td>
<td>0.500</td>
<td>0.403</td>
<td>0.097</td>
<td>0.505</td>
<td>0.298</td>
<td>0.207</td>
<td>0.629</td>
<td>0.272</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>0.675</td>
<td>0.580</td>
<td>0.095</td>
<td>0.526</td>
<td>0.422</td>
<td>0.104</td>
<td>0.498</td>
<td>0.343</td>
<td>0.155</td>
<td>0.553</td>
<td>0.288</td>
</tr>
<tr>
<td>West Asia</td>
<td>0.872</td>
<td>0.793</td>
<td>0.079</td>
<td>0.662</td>
<td>0.589</td>
<td>0.073</td>
<td>0.507</td>
<td>0.407</td>
<td>0.100</td>
<td>0.523</td>
<td>0.318</td>
</tr>
<tr>
<td>Armenia</td>
<td>0.671</td>
<td>0.574</td>
<td>0.097</td>
<td>0.560</td>
<td>0.404</td>
<td>0.156</td>
<td>0.486</td>
<td>0.253</td>
<td>0.234</td>
<td>0.619</td>
<td>0.230</td>
</tr>
<tr>
<td>Oceania</td>
<td>0.630</td>
<td>0.510</td>
<td>0.119</td>
<td>0.554</td>
<td>0.401</td>
<td>0.153</td>
<td>0.572</td>
<td>0.335</td>
<td>0.237</td>
<td>0.607</td>
<td>0.296</td>
</tr>
<tr>
<td>Australia</td>
<td>0.569</td>
<td>0.433</td>
<td>0.136</td>
<td>0.494</td>
<td>0.309</td>
<td>0.185</td>
<td>0.592</td>
<td>0.279</td>
<td>0.312</td>
<td>0.685</td>
<td>0.275</td>
</tr>
<tr>
<td>New Zealand</td>
<td>0.631</td>
<td>0.489</td>
<td>0.142</td>
<td>0.526</td>
<td>0.347</td>
<td>0.180</td>
<td>0.573</td>
<td>0.282</td>
<td>0.290</td>
<td>0.674</td>
<td>0.270</td>
</tr>
</tbody>
</table>

Figure 3. Age wave for Japan, 1950-2050

Note: The arrow indicates the year in which the size of age group 15-29 is the largest.

Figure 4. Age wave for China, 1950-2050

Note: The arrow indicates the year in which the size of age group 15-29 is the largest.
Figure 5. Age wave for Thailand, 1950-2050

Note: The arrow indicates the year in which the size of age group 15-29 is the largest.

Figure 6. Age wave for Armenia, 1950-2050

Note: The arrow indicates the year in which the size of age group 15-29 is the largest.
In terms of the level of aged dependency ratios, New Zealand had the highest value in the ESCAP region in 1975, closely followed by Australia. However, both of these countries were surpassed by Japan during the last quarter of the twentieth century.

A careful comparison of the index of ageing, however, yields a picture substantially different from the one based upon the aged dependency ratios. Because the effect of fertility decline is immediately reflected in the ageing index, a marked increase in the value of this index is observed among several developing countries under review, as presented in table 2. Obviously, the countries which have shown a large increase in the aged dependency ratio have experienced a marked rise in the value of their index of ageing. These countries include Armenia, Australia, Japan, New Zealand, the Republic of Korea and Singapore. Among these six countries, Japan had the most aged population in 2000. Beside these countries, China, Thailand, Sri Lanka, and Kazakhstan experienced a considerable increase in the index of ageing during 1975-2000, as can be seen by examining table 2.

By 2000, Japan’s index of ageing had already exceeded the 100-level. Over the period 2000-2025, Japan is expected to remain the most aged society not only in Asia but also in the entire world. By 2050, however, the value of the index of ageing for the Republic of Korea is projected to surpass that for Japan by a narrow margin. These two East Asian countries will be followed closely by Singapore.

It seems worth remarking that it is often the case that some of the countries in South-Central Asia and in West Asia show very unique patterns of age structural transformation, considerably different from those observed in other parts of Asia. Among the countries listed in table 2, Kazakhstan and Armenia in North and Central Asia are two salient examples. The values of the index of ageing for these two countries in 1950 were 19 and 25, respectively, which was even higher than the corresponding value (14) for Japan, although the relevant data are not reported in table 2.

The data reported in table 2 cover only the four selected points in time, namely 1975, 2000, 2025 and 2050. It can be easily conceived that the age composition of each country undergoes a considerable transformation and transition. To shed light upon such dynamic aspects of age structural shifts, the following four illustrations have been prepared. Figures 3-6 present inter-temporal waves of six broad age groups (0-14, 15-29, 30-44, 45-59, 60-74, and 75 years and over) over a 100-year time span (1950-2050) in four selected Asian countries, namely, Japan (figure 3), China (figure 4), Thailand (figure 5), and Armenia (figure 6). A brief comparison of these graphs reveals marked inter-country differences in the pattern and the timing of age compositional transformation. Particularly, the age-wave pattern for Armenia is substantially
different from those for the other three Asian countries. It is also important to note that the year in which the size of the youth bulge (those aged 15-29) is the largest varies considerably among these four countries: 1969 for Japan, 1991 for China, 1993 for Thailand, and 1982 for Armenia. As will be shown in the ensuing sections, such relatively abundant young workers in each of these national populations played a vital role in generating the demographic bonus, thus boosting their country’s economic growth performance.

Nexus between age structural shifts and two demographic dividends

Translating demographic changes into economic gains and losses

In the second half of the 1990s, both economists and demographers began to use the term “demographic bonus”. It should be noted, however, that since then, a number of new terms referring to the same or highly comparable demographic-economic nexus has appeared, ranging broadly from such an expression as “demographic gift” to the term “double windows”. Often the definition of the total dependency ratio varies among researchers. Moreover, different criteria have been utilized to judge, on the basis of computed total dependency ratios, whether or not a country has reached the stage of the demographic bonus. For instance, Komine and Kabe (2009) have recently used the conventional total dependency ratio, namely, \[\frac{[(\text{those aged 0-14}) + (\text{those aged 65 and over})]}{(\text{those aged 15-64})}\], regarding the country as being at the stage of demographic bonus when the computed value falls continuously. By contrast, although Cheung and others (2004) employed the same total dependency ratio, they applied a different criterion in assessing whether or not the country is in the state of demographic bonus. That is, for them, the demographic bonus period corresponds to the stage where the computed value remains less than 0.5. In addition, Golini (2004) utilized a total dependency ratio defined in a slightly different manner, i.e., \[\frac{[(\text{those aged 0-14}) + (\text{those aged 60 and over})]}{(\text{those aged 15-59})}\]. In his definition, the country is at the demographic bonus stage when the calculated value is below 0.66. As depicted in figure 7, the period of a demographic bonus differs considerably among the Asian countries listed in the graph, depending upon the approach.

One of the most serious and common shortcomings in these studies lies in the fact that the conventional total dependency ratio and its variants are very crude measures for quantifying the impact of age structural transformations upon the overall economic productivity. In other words, demographic and economic dependency ratios are inclined to be markedly different.

In order to translate the total dependency ratio into the effective size of the labour force, for instance, such information are needed as the educational
composition of each age group, the composition of the labour force by work status (part-time vs. full-time, paid employees vs. self-employed), hours worked, women’s labour force participation, the availability of childcare leave and old-age care leave, age of retirement, the structure of the labour market, etc. In such a context, the methodology to be used for measuring the “first demographic dividend” seems to provide a useful base for overcoming the statistical drawback imbedded in the use of the total dependency ratios as a yardstick for identifying the period of the demographic bonus.

In the computation of the first demographic dividend, the total *effective* number of consumers (calculated from the age-specific profile of private and public consumption) and the total *effective* number of producers (calculated from the age-specific profile of labour income) are all taken into account (Ogawa and others, 2008; Ogawa, Matsukura and Maliki, 2009). A quick glance at the timing and duration of the demographic bonus for various Asian countries computed by the three demography-based approaches and the corresponding value of the first demographic dividend computed by the Japanese team of the National Transfer Account project reveal that there are considerable differences between the two approaches, as shown in figure 7.

**Figure 7. Chart showing period of demographic bonus based on different approaches**

![Chart showing period of demographic bonus based on different approaches](image)
A brief introduction to the National Transfer Accounts System

Since recently, an international collaborative research project is being conducted under the leadership of the East-West Center (Andrew Mason) and the Center for the Economics and Demography of Aging at the University of California, Berkeley (Ronald Lee). A number of collaborating institutions in Asia, Latin America, Europe and Africa are engaged in this international research project.

One of the principal objectives of this international collaborative project is to develop the NTA – a system for measuring economic flows across age groups. These flows arise because in any viable society, dependent members of the population – those who consume more than they produce – are supported by members of the population who produce more than they consume. Societies take different approaches to reallocating resources from surplus to deficit ages, but two methods dominate. One method relies on capital markets. Individuals accumulate capital during their working ages. When they are no longer productive, the elderly can support their consumption by relying on capital income (interest, dividends, rental income, profits, etc.) and by liquidating their assets. The second method relies on transfers from those at surplus ages to those at deficit ages. Some transfers are mediated by the public sector. Important examples for this kind of transfers are public education, publicly financed health-care and public pension programmes. Many transfers are private – among them familial transfers are vital. The material needs of children are provided for mostly by their parents. In Asian societies, familial transfers between adult children and the elderly are also of huge significance. Some of those transfers occur between households, although intra-household transfers are much more important.

The NTA system provides a comprehensive framework for estimating consumption, production and resource reallocations by age. The accounts are constructed so as to be consistent with and complementary to National Income and Product Accounts. Also, the accounts are being constructed with sufficient historical depth to allow for analysis of key features of the transfer system. Sectoral disaggregation allows the analysis of public and private education and health-care spending. The accounts can also be projected to analyse the economic and policy implications of future demographic changes.

The NTA system will provide important new information relevant to the following issues: (a) intergenerational equity and poverty, (b) ageing policy, (c) first demographic dividend, (d) second demographic dividend and (e) childbearing incentives. Among those issues, the first and second demographic dividends are mainly dealt with in the remainder of this paper, although both of them are closely correlated with the other three issues.
Description of the first and second demographic dividends

As has been recently discussed extensively elsewhere (Mason, 2001 and 2007; Mason and Lee, 2006), one of the important linkages between demographic transformations and economic growth is the role of demographic dividends in the process of economic development. As a country advances along the stages of demographic transition, it undergoes considerable age structural shifts. When the country’s fertility begins to fall, the first demographic dividend arises because changes in population age structure have led to an increase in the working ages relative to non-working ages. In other words, the first demographic dividend arises because of an increase in the share of the population at ages during which production exceeds consumption. That is, the first demographic dividend is positive when the support ratio, which is defined as the ratio of effective workers to effective consumers, increases (Mason, 2007).

Using relatively simple mathematical notations, a short description of measuring the first demographic dividend is provided as follows: income per effective consumer \([Y(t)/N(t)]\) – which is a measure of per capita income adjusted for age-variation in consumption – is the product of the support ratio \([L(t)/N(t)]\) and income per worker \([Y(t)/L(t)]\):

\[
\frac{Y(t)}{N(t)} = \frac{L(t)}{N(t)} \times \frac{Y(t)}{L(t)} \tag{1}
\]

Furthermore, \(N(t)\), which represents the effective number of consumers, and \(L(t)\), which represents the effective number of workers, can be expressed as below:

\[
N(t) = \sum \alpha(a)P(a,t) \tag{2}
\]

\[
L(t) = \sum \beta(a)P(a,t)
\]

where \(\alpha(a)\) and \(\beta(a)\) are the age profiles of consumption and production, and \(P(a,t)\) is the population. Hence, the estimates of the demographic dividends are heavily dependent upon the average age profiles of consumption (with both private and public sectors combined) and those of production (in both paid employment and self-employment) of the country under study. However, at the time of writing this paper, the necessary data for each Asian country were not yet available, which is the reason why the authors chose to create the “per capita age-specific profiles for developing Asia” for illustrative purposes, by combining the following four NTA member countries in Asia’s developing region: India in 2004, Indonesia in 2002, the Philippines in 1999 and Thailand in 2004, as shown in figure 8. In addition, the age-specific profiles of consumption and production on a per capita
basis for each of these four countries are listed in figures 9-12. It should be also noted that, to facilitate inter-country comparative analyses, the vertical values for both consumption and labour income have been normalized on the basis of mean labour income for persons aged 30-49.\(^1\)

**Figure 8. A typical Asian economic life cycle: NTA estimates on per capita consumption and labour income for four Asian countries combined*\(^*\)**


It is also important to observe that the crossing ages at which the status of economic independence changes in each of these countries are reported in table 3 for comparison. The age at which net consumers become net producers is 30 in the case of Indonesia, the highest among the four countries. In contrast, Thailand has the lowest crossing age of 26. Both India and the Philippines have a crossing age of 27, and rank somewhere between Indonesia and Thailand. As regards the age at which net producers become net consumers, it is 60 years old in all the developing Asian countries except for Thailand (58). These results imply that an average Indonesian stays in the labour force for 30 years, as opposed to 32 years for Thais and 33 years for both Indian and Philippine workers. In the case of the four Asian countries combined, these ages are 27 and 60 years old, respectively, and the duration of stay in the workforce is 33 years. Hence, computed results pertaining to the first demographic dividend differ to a certain extent, depending upon which age-specific labour and consumption profiles are being employed.
A typical Asian economic life cycle: NTA estimates on per capita consumption and labour income

Table 3. Crossing ages at which the status of economic independence changes in the four Asian developing countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Crossing ages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From net consumers to net producers</td>
</tr>
<tr>
<td>India (2004)</td>
<td>27</td>
</tr>
<tr>
<td>Indonesia (2002)</td>
<td>30</td>
</tr>
<tr>
<td>Thailand (2004)</td>
<td>26</td>
</tr>
<tr>
<td>Philippines (1999)</td>
<td>27</td>
</tr>
</tbody>
</table>

To identify the timing and duration of the first demographic dividend for each country, one needs to discuss inter-temporal changes in the support ratio. Equation (3) can be expressed in growth terms as follows:
The first demographic dividend is the rate of growth of the economic support ratio, which rises or falls, subject to the age compositional transformation in the process of the demographic transition. During the demographic transition when the economic support ratio is rising, income per effective consumer increases given that there is no change in productivity. As the economic support ratio declines, however, income per effective consumer falls and the first demographic dividend disappears. Thus, it should be stressed that the increase in income per effective consumer is transitory. More importantly, the first demographic dividend can be realized only if employment keeps pace with the growth of the working-age population.

Now, let us turn our attention to the second demographic dividend. The second demographic dividend corresponds to the growth rate of productivity or output per effective worker, which is induced by the accumulation of wealth as well as physical and human capital deepening. The second demographic dividend arises when individuals at all age groups increase demand for wealth in some form to support their old-age consumption. One possibility is that old-age economic security might heavily rely on transfers from public pension and welfare programmes or from adult children and other family members. The other possibility is that individuals accumulate capital during their working years, which in turn serves as the source of support for retirement. Both of those forms of wealth can be utilized to support consumption in old age.

Attention should be drawn to the following key point: only capital accumulation will lead to an increase in productivity. Unlike the first demographic dividend, the second demographic dividend is not transitory, and may lead to a permanent increase in capital deepening and income per effective consumer. The second dividend, however, does not occur spontaneously but can be brought about if consumers and policy-makers are sufficiently forward-looking and respond effectively to coming demographic changes – in particular by encouraging the old-age support system that substitutes capital for transfer wealth.

There are two ways in which demographic factors cause an increase in the demand for life-cycle wealth and the second demographic dividend. First, there is a compositional effect, caused by an increase in the share of individuals who have nearly or fully completed their productive years. Second, there is a behavioural effect, caused by an increase in life expectancy and the accompanying increase in the duration of retirement, leading in turn to an increase in demand for wealth.
Demand for life-cycle wealth is mainly concentrated among older working adults who are approaching their peak earnings and have completed their child-rearing responsibilities. Mason (2007) uses the wealth held by those aged 50 and over to measure the effect of demography on life-cycle wealth and the second demographic dividend. Demand for life-cycle wealth is computed as the difference between the present value of lifetime consumption and the present value of lifetime production for adults.

The present value of the future lifetime consumption of the cohort born in year \( b = t - a \) or earlier is:

\[
\bar{C}(t)PV C(<b,t) = \bar{C}(t) \sum_{x=0}^{a-t} e^{(r-g_c)x} N(\leq b,t+x)
\]

(4)

where \( N(\leq b,t+x) \) is the number of effective consumers born in year \( b \) or earlier who are alive in year \( t+x \), \( g_c \) is the rate of growth of the per capita age profile of consumption, \( r \) is the interest rate, and \( \bar{C}(t) \) is consumption per effective consumer in year \( t \).

Similarly, if the per capita age profile of production is shifted upward at \( g_y \), the present value of the future lifetime production of the cohort born in year \( b = t - a \) or earlier is:

\[
\bar{Y}(t)PV L(<b,t) = \bar{Y}(t) \sum_{x=0}^{a-t} e^{(g_y-r)x} L(\leq b,t+x)
\]

(5)

where \( L(\leq b,t+x) \) is the number of effective producers born in year \( b \) or earlier who are alive in year \( t+x \), and \( \bar{Y}(t) \) is production per effective producer in year \( t \). Consequently, the ratio of wealth to labour income for those who were born in year \( b \) or earlier \((b=t-a)\) is

\[
w(\leq b,t) = [\bar{C}(t)/\bar{Y}(t)]PV C(\leq b,t)/L(t) - PV L(\leq b,t)/L(t)
\]

(6)

It should be noted that under the golden rule, the ratio is assumed to be 1, and the rate of productivity growth and the rate of growth of equivalent consumption, \( g_y \) and \( g_c \), expected to be constant and equal to each other. Mason (2007) assumes that: (a) the growths of consumption and labour income are exogenously 1.5 per cent per year and the interest rate is 3 per cent; (b) age 50 is the cut-off age when wealth begins to be accumulated; (c) the transfer policy is constant so that the growth rates of the capital and life cycle wealth are equal; (d) the elasticity of
labour income with respect to capital is 0.5 (that is elasticity of output with respect to capital is equivalent to one third). Thus, the second demographic dividend is calculated as half of the growth rate of wealth ratio to income.

**Computed results**

In this section, the computed results pertaining to the two demographic dividends for various developing countries in the ESCAP region will be discussed.

**First demographic dividend**

Before examining country-specific computational results with regard to the first demographic dividend, let us discuss the calculated results for 12 developing ESCAP member countries combined as a showcase. Selected countries are as follows: Armenia, Cambodia, China, India, Indonesia, Malaysia, Mongolia, Philippines, Republic of Korea, Singapore, Thailand and Viet Nam.

With a view to identifying the timing and duration of the first demographic dividend for these 12 developing countries combined, the authors have calculated the change in the support ratio over the period 1950-2050, by applying the computed age-specific results displayed in figure 8 as statistical weights to adjust the entire population of the 12 developing ESCAP member countries in question. At this point, it is worth remarking that the same age-specific profiles of consumption and production plotted in figure 8 have been applied to the 12 populations combined for each year, assuming that these profiles remain unchanged throughout the entire 100-year period under review. This implies that the computational results solely reflect the effect of age structural change on the support ratio. In addition, the 2006 United Nations population projection was used as a source of demographic data for computation.

The computed results are shown in figure 13. As can be easily observed in this graph, the first demographic dividend for the case of these 12 developing countries combined began in 1973, and is projected to come to an end in 2023, after which these combined countries are expected to enter into a phase of population ageing. Thus, the duration of the first demographic dividend amounts to 50 years.

Based upon the same computational procedure and assumptions employed for the above case, an inter-temporal change in the support ratio for 14 Asian countries was also calculated for comparative purposes. The results are listed in table 4. Among these 14 countries, there are marked differences in terms of both the timing and duration of the first demographic dividend. A few points of interest emerge from the results reported in this table. First,
Singapore and the Republic of Korea were the earliest to enter into a phase of demographic dividend. Both began to capture the first demographic dividend in 1967, but Singapore’s first demographic dividend period ended in 2004, while the Republic of Korea is projected to shift from the stage of the first demographic dividend to that of population ageing in 2014. Second, among those 14 countries, Mongolia is expected to have the shortest duration of the first demographic dividend, i.e., 36 years from 1990 to 2026, followed by Singapore’s 37 years. Third, both Bangladesh and the Philippines are projected to experience an extremely long first demographic dividend, i.e., 75 and 79 years, respectively. These two countries entered the period of the first demographic dividend in the 1970s. Fourth, Armenia is a puzzling case and an outlier in the present analysis. As mentioned earlier, Armenia’s age-wave pattern is distinctively different from that of others, as presented in figure 6. There are indeed three relatively short periods of the first demographic dividend and population ageing in Armenia over the period 1950-2050, as shown in figure 14.

Figure 13. Support ratio for 12 developing ESCAP member countries combined*, 1950-2050

*Armenia, Cambodia, China, India, Indonesia, Malaysia, Mongolia, Philippines, Singapore, Thailand, Republic of Korea and Viet Nam.
Table 4. Timing and duration of the first demographic dividend and changes in the total fertility rate in 14 ESCAP member countries

<table>
<thead>
<tr>
<th>Country</th>
<th>First demographic dividend</th>
<th>Total fertility rate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beginning year</td>
<td>Ending year</td>
<td>Duration (years)</td>
</tr>
<tr>
<td>Armenia</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>1974</td>
<td>2049</td>
<td>75</td>
</tr>
<tr>
<td>Cambodia</td>
<td>1982</td>
<td>2043</td>
<td>61</td>
</tr>
<tr>
<td>China</td>
<td>1973</td>
<td>2016</td>
<td>43</td>
</tr>
<tr>
<td>India</td>
<td>1974</td>
<td>2044</td>
<td>70</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1977</td>
<td>2028</td>
<td>51</td>
</tr>
<tr>
<td>Korea, Republic of</td>
<td>1967</td>
<td>2014</td>
<td>47</td>
</tr>
<tr>
<td>Malaysia</td>
<td>1969</td>
<td>2040</td>
<td>71</td>
</tr>
<tr>
<td>Mongolia</td>
<td>1990</td>
<td>2026</td>
<td>36</td>
</tr>
<tr>
<td>Pakistan</td>
<td>1995</td>
<td>2045</td>
<td>50</td>
</tr>
<tr>
<td>Philippines</td>
<td>1970</td>
<td>2049</td>
<td>79</td>
</tr>
<tr>
<td>Singapore</td>
<td>1967</td>
<td>2004</td>
<td>37</td>
</tr>
<tr>
<td>Thailand</td>
<td>1971</td>
<td>2011</td>
<td>40</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>1980</td>
<td>2027</td>
<td>47</td>
</tr>
</tbody>
</table>

Note: * unable to calculate.

For each of these 14 countries, information on the duration of the first demographic dividend is provided in table 4. However, information on the magnitude of the first demographic dividend for each country is not reported. To shed light upon the magnitude of this first demographic dividend, the following four countries have been selected and the following four figures developed, for illustrative purposes: China (figure 15), Viet Nam (figure 16), Mongolia (figure 17), and Bangladesh (figure 18). The difference in the support ratio between the beginning and the end year of the first demographic dividend stage varies considerably among these four countries. The largest magnitude was recorded by Mongolia (0.308), followed by Viet Nam (0.276) and China (0.246). In the case of Bangladesh, its magnitude is expected to amount to a rather low value of 0.239, although the duration of its first demographic dividend was one of the longest among the 14 countries listed in table 4.
Figure 14. Support ratio for Armenia, 1950-2050

Figure 15. Support ratio for China, 1950-2050
Figure 16. Support ratio for Viet Nam, 1950-2050

Figure 17. Support ratio for Mongolia, 1950-2050
Figure 18. Support ratio for Bangladesh, 1950-2050

Figure 19. Relationship between the magnitude of fertility reduction and the duration of the first demographic dividend in 13 developing ESCAP member countries

\[ y = 17.365x - 4.3408 \]

\[ R^2 = 0.6342 \]
Besides the duration of the first demographic dividend for the 14 countries, table 4 also reports the magnitude of the decline of TFR from the beginning year to the final year of the first demographic dividend. In order to gain further insights into the relationship between the magnitude of the decline of TFR and the duration of the first demographic dividend, a relatively simple regression analysis was conducted, covering all the countries listed in table 4, except for Armenia. The variables introduced into the simple regression analysis were: (a) number of years of the first demographic dividend; and (b) absolute amount of fertility decline from the beginning to the end of the first demographic dividend period. The former variable was treated as the dependent variable, while the latter was introduced as the explanatory variable. The computed results shown in figure 19 are statistically significant, thus suggesting that the greater the amount of fertility reduction, the longer the duration of the first demographic dividend.

Another simple regression analysis was also carried out, in which the magnitude of the change in the support ratio from the beginning to the end of the first demographic dividend period was introduced as the dependent variable, while the independent variable was the same as that in the previous case, namely, the absolute amount of fertility decline over the first demographic dividend period. Although the estimated coefficient has a positive coefficient which is in agreement with the authors’ expectation, it is statistically significant at the 10 per cent significance level (but not at the 5 per cent significance level), thus indicating that the relationship between these two variables is rather weak.

Furthermore, one more regression was conducted in which the following two variables were introduced: duration of the first demographic dividend as the explanatory variable, and magnitude of the change in the support ratio as the dependent variable. The estimated results show that although the coefficient has a negative sign, it is not statistically significant at either the 5 per cent or the 10 per cent significance level. In fact, this statistical result is consistent with the one obtained by Mason (2007) who tested the relationship between the duration and the total gain from the first demographic dividend for six subregions (e.g., East and South-East Asia, South Asia, Pacific islands, Latin America, etc.) covering 228 countries and areas in the world. Mason’s empirical work suggested that there is no apparent relationship between the duration and the magnitude of the first demographic dividend when a dividend period lasts 40 or more years. In the present analysis, in most of the 13 countries included in the regression analysis, the first demographic dividend will last more than 40 years, as indicated in table 4.

Before concluding the discussion with regard to the first demographic dividend, it should be pointed out that the sensitivity of the choice of the age-specific profiles of
consumption and production has been examined in estimating the duration of the first demographic dividend. For each of the four Asian developing countries utilized to generate the age-specific profiles for entire Asia, that very country’s own age-specific profiles was applied to calculate the support ratio over the period of 1950-2050. As shown in figure 20 for Thailand as a representative case, the two computed support ratios are highly comparable. Both estimates have the same beginning year (1971), while the ending years are only 2 years apart, i.e., in 2009 in the case of Thailand’s own age-specific profiles and in 2011 in the case of the Asian age-specific profiles. Therefore, those results substantiate the validity of the authors’ approach to calculating the timing and duration of the first demographic dividend for various developing ESCAP member countries, by employing the age-specific profiles for entire Asia combined.

**Figure 20. Support ratio for Thailand, based on two alternative profiles: country profiles and Asian profiles**

Second demographic dividend

By closely following the computational procedure described in the previous section, the second demographic dividend for all the 14 countries listed in table 4 were calculated. The computed results on the second demographic dividend are
presented in table 5. As mentioned earlier, the second demographic dividend corresponds to the growth rate of the wealth-income ratio, or capital stock. All the values reported in table 5 represent the average annual growth rate of capital stock for each successive decade over the period 2000-2050. In order to compare these results on the second demographic dividend with those on the first demographic dividend, the authors have also prepared in table 6 the annual growth rate of the support ratio for each country and each decade under review.

As can be clearly seen from table 5, most of the developing ESCAP member countries are likely to have a sizable second demographic dividend in the years to come. Particularly, the magnitude of the second demographic dividend is substantially larger than that of the first demographic dividend over the period 2000-2050 in all the countries except for Cambodia during 2000-2010. It should be noted, however, that during 2010-2020, Cambodia is projected to record the highest growth rate (10.19 per cent) among all the 14 countries over the 50-year period. In the case of Singapore, the second dividend becomes negative during 2030-2040, although it is expected to turn positive again in the subsequent decade.

Table 5. Second demographic dividend in 14 developing ESCAP member countries, 2000-2050, expressed in terms of the annual growth rate

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>2.26</td>
<td>2.48</td>
<td>0.95</td>
<td>0.85</td>
<td>0.52</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>5.35</td>
<td>5.12</td>
<td>2.98</td>
<td>2.06</td>
<td>1.57</td>
</tr>
<tr>
<td>Cambodia</td>
<td>-4.32</td>
<td>10.19</td>
<td>4.60</td>
<td>1.98</td>
<td>2.43</td>
</tr>
<tr>
<td>China</td>
<td>2.25</td>
<td>1.86</td>
<td>1.14</td>
<td>0.38</td>
<td>0.34</td>
</tr>
<tr>
<td>India</td>
<td>2.87</td>
<td>2.28</td>
<td>1.74</td>
<td>1.32</td>
<td>1.13</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2.60</td>
<td>2.46</td>
<td>1.91</td>
<td>1.29</td>
<td>0.78</td>
</tr>
<tr>
<td>Korea, Republic of</td>
<td>2.23</td>
<td>1.84</td>
<td>1.03</td>
<td>0.34</td>
<td>0.09</td>
</tr>
<tr>
<td>Malaysia</td>
<td>2.85</td>
<td>2.40</td>
<td>1.53</td>
<td>1.13</td>
<td>1.01</td>
</tr>
<tr>
<td>Mongolia</td>
<td>4.09</td>
<td>4.22</td>
<td>2.46</td>
<td>1.64</td>
<td>1.00</td>
</tr>
<tr>
<td>Pakistan</td>
<td>6.18</td>
<td>5.45</td>
<td>2.94</td>
<td>2.47</td>
<td>2.13</td>
</tr>
<tr>
<td>Philippines</td>
<td>4.99</td>
<td>3.46</td>
<td>2.33</td>
<td>1.75</td>
<td>1.35</td>
</tr>
<tr>
<td>Singapore</td>
<td>2.19</td>
<td>1.57</td>
<td>0.40</td>
<td>-0.19</td>
<td>0.10</td>
</tr>
<tr>
<td>Thailand</td>
<td>2.00</td>
<td>2.02</td>
<td>1.31</td>
<td>0.74</td>
<td>0.39</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>2.60</td>
<td>3.09</td>
<td>1.87</td>
<td>1.26</td>
<td>0.85</td>
</tr>
</tbody>
</table>

It should be stressed that these projected results on the two demographic dividends summarized in tables 5 and 6 reflect only the age compositional effect. The relationship between the demographic dividends and income growth is very policy dependent. This point has been emphasized in the previous sections of this paper but bears repeating. The first dividend arises in part because the working age population is growing rapidly. The economic gains can be realized only if
employment opportunities expand as rapidly as the number of persons seeking new jobs. The second dividend arises in part because prime age adults save more to provide for their retirement. Their ability or willingness to save, however, may be undermined by poorly developed financial markets or overly generous, publicly funded pension programmes. It is worth remarking that demographic transformations simply define possibilities, and the outcome is heavily dependent on a large number of non-demographic factors.

Table 6. First demographic dividend in 14 developing ESCAP member countries, 2000-2050, expressed in terms of the annual growth rate

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>0.74</td>
<td>0.47</td>
<td>0.01</td>
<td>-0.15</td>
<td>-0.79</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0.70</td>
<td>0.61</td>
<td>0.41</td>
<td>0.23</td>
<td>0.05</td>
</tr>
<tr>
<td>Cambodia</td>
<td>0.77</td>
<td>1.05</td>
<td>0.61</td>
<td>0.41</td>
<td>-0.02</td>
</tr>
<tr>
<td>China</td>
<td>0.58</td>
<td>0.05</td>
<td>-0.54</td>
<td>-0.49</td>
<td>-0.32</td>
</tr>
<tr>
<td>India</td>
<td>0.55</td>
<td>0.57</td>
<td>0.48</td>
<td>0.28</td>
<td>-0.03</td>
</tr>
<tr>
<td>Indonesia</td>
<td>0.84</td>
<td>0.47</td>
<td>0.10</td>
<td>-0.20</td>
<td>-0.33</td>
</tr>
<tr>
<td>Korea, Republic of</td>
<td>0.49</td>
<td>-0.08</td>
<td>-0.60</td>
<td>-0.84</td>
<td>-0.71</td>
</tr>
<tr>
<td>Malaysia</td>
<td>0.54</td>
<td>0.36</td>
<td>0.25</td>
<td>0.13</td>
<td>-0.14</td>
</tr>
<tr>
<td>Mongolia</td>
<td>1.60</td>
<td>0.97</td>
<td>0.08</td>
<td>-0.31</td>
<td>-0.55</td>
</tr>
<tr>
<td>Pakistan</td>
<td>0.89</td>
<td>0.97</td>
<td>0.55</td>
<td>0.34</td>
<td>0.01</td>
</tr>
<tr>
<td>Philippines</td>
<td>0.58</td>
<td>0.55</td>
<td>0.53</td>
<td>0.40</td>
<td>0.13</td>
</tr>
<tr>
<td>Singapore</td>
<td>-0.07</td>
<td>-0.51</td>
<td>-0.84</td>
<td>-0.63</td>
<td>-0.33</td>
</tr>
<tr>
<td>Thailand</td>
<td>0.46</td>
<td>-0.19</td>
<td>-0.42</td>
<td>-0.34</td>
<td>-0.21</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>1.22</td>
<td>0.74</td>
<td>0.10</td>
<td>-0.22</td>
<td>-0.42</td>
</tr>
</tbody>
</table>

Concluding remarks

In this paper, some of the important impacts of Asia’s age structural changes on the first and second demographic dividends have been analysed, by heavily drawing upon the computed results of the NTA project. The computed results on the demographic dividends for the developing countries in Asia indicate that the size of those two demographic dividends is quite substantial in most of the countries. In addition, it should be stressed that the first demographic dividend is basically transitory in nature, while the second demographic dividend could be permanent, depending upon policies to be implemented.

Although the awareness of these two demographic dividends is still fairly limited in developing Asia, their effective use, particularly that of the accumulated second demographic dividend which is likely to remain enormous for the next few decades, appears to provide an attractive policy option for many ESCAP member countries interested in placing their future economic growth on a steady path.
One crucial question arises: how should Asians make use of their accumulated assets and wealth in the years to come? Depending upon when and where they invest their future financial resources, Asia’s future economic growth performance is likely to differ considerably. Although the formulation and implementation of their old-age pension programmes have recently been an increasingly vital policy issue in many ESCAP member countries, attention should be drawn to their financing methods. Depending upon the choice of financing methods, the amount of the second demographic dividend varies markedly, thus affecting the accumulation of capital to be utilized for boosting their future economic growth. If a country chooses the pay-as-you-go type of financing rather than the provident type of financing, the second demographic dividend may not emerge in that economy.

Moreover, it seems to be particularly essential to observe that the timing of the first demographic dividend in developing Asia varies considerably from country to country, as extensively discussed in the present paper. In an era of globalization, people from Asian countries where the first demographic dividend has already disappeared can invest their assets accumulated in the form of the second demographic dividend in dynamically growing economies in other parts of Asia that are enjoying the first demographic dividend and, by doing so, to bring a sizable amount of financial gains back to their home countries. Obviously, to facilitate such international transactions, proper institutional and legal arrangements need to be developed to protect the investors. Caution should be exercised, however, with regard to the possibility that some of the ESCAP member countries in the phase of capturing the first demographic dividend might attract a large influx of funds from outside, thus making their macroeconomic policy management extremely difficult and complicated.

Acknowledgements

Research for this paper was funded by two grants from the National Institute of Health, NIA R01-AG025488 and AG025247. This work was also supported by a grant obtained by the Nihon University Population Research Institute from the “Academic Frontier Project for Private Universities”, a matching fund subsidy from MEXT (Ministry of Education, Culture, Sports, Science and Technology), 2006-2010. Furthermore, the authors are grateful to the United Nations Population Fund (RAS5P203) and the Japan Medical Association for their financial assistance.

Endnote

1. Those who are interested in obtaining further information on these graphs should view the NTA home page (www.ntaccounts.org).
References


Towards Gender Equality in Asia and the Pacific: Response, Progress and Challenges

With less than a decade to meet the Millennium Development targets, a renewed focus on gender issues is essential. The promotion of gender equality and the empowerment of women do not fall solely within the third MDG. Gender equality is vital to the achievement of each and every goal.

By Trinidad Osteria*

The Fifth Asian and Pacific Population Conference (Fifth APPC) held in Bangkok in December, 2002 recognized that one of the major challenges in linking population to development was related to gender equality – a persistent struggle to equalize opportunities between men and women.

As stated in the Fifth APPC Plan of Action “The improvement in women’s status as reflected in their legal rights, political participation, employment,

* President, Yuchengco Center, De La Salle University, Manila, e-mail: trinost@yahoo.com.
education, health and family decision-making power, has a discernible impact on poverty and development” (ESCAP, 2003: p. 22). In the region, pertinent laws and policies have been promulgated, leading to progress in reducing the gender gap. However, the gains have been uneven and the levels of development, particularly in education, have remained relatively low in many countries.

To address the gender disparity and strengthen efforts to empower women, the Fifth APPC Plan of Action urged Governments, in cooperation with civil society and the international community, to, among other things:

(a) Enhance the capacity of national machineries and focal points in the formulation of policies and in the implementation of programmes and projects in all relevant sectors;

(b) Conduct gender-based research and make available sex-disaggregated data for all levels of policy-making and programming;

(c) Ensure adequate and appropriate legislative and programmatic response to violence against women and exploitation, including trafficking, and ensure their effective enforcement;

(d) Strengthen and sustain initiatives to reduce the gender gap in education and employment;

(e) Reduce marginalization of women in employment through the formulation of policies and programmes that address gender-based discrimination, and also reduce the negative impact of globalization on women’s employment;

(f) Take measures to eliminate exploitation of children through vigorous policy actions and their effective implementation;

(g) Formulate policies to promote greater male involvement and participation in improving gender equality, equity and empowerment of women;

(h) Support the protection and promotion of women’s full enjoyment of all human rights; and

(i) Enhance partnership with non-governmental organizations (NGOs) and civil society in matters related to gender equality, equity and empowerment of women. (ESCAP, 2003: p. 22-23)

This paper charts the progress in attaining gender equality in the region based on the above recommendations, identifies relevant issues that influence the gender track, and assesses the way forward to meet the goal/targets on gender equality as enunciated in the Millennium Development Goals (MDGs) and the Fifth APPC Plan of Action.
Specifically, it aims to:

(a) Take stock of the advances made by the region and its constituent countries in closing the gender gap – with particular focus in areas where little progress has been made;

(b) Assess the extent to which Governments have responded to the concrete actions recommended by the Fifth APPC;

(c) Identify issues and challenges that impact on and impede the pursuit of gender equality;

(d) Posit recommendations on the direction countries may take to close the gender gap and further enhance human development.

Progress towards achieving gender equality

Gender-related development indicators

The gender-related development index (GDI) in the annual Human Development Report published by the United Nations Development Programme presents the level of inequality between men and women based on life expectancy, educational attainment and income. The narrower the gender gap, the closer is the GDI value to one.

Table 1. Gender-related development indices, selected countries, Asia and the Pacific, 2007

<table>
<thead>
<tr>
<th>Region/Country or area</th>
<th>Gender-related development index</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>East Asia and North-East Asia</strong></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>0.776</td>
</tr>
<tr>
<td>Hong Kong, China</td>
<td>0.926</td>
</tr>
<tr>
<td>Japan</td>
<td>0.942</td>
</tr>
<tr>
<td>Mongolia</td>
<td>0.695</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>0.910</td>
</tr>
<tr>
<td><strong>South-East Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>0.886</td>
</tr>
<tr>
<td>Cambodia</td>
<td>0.594</td>
</tr>
<tr>
<td>Indonesia</td>
<td>0.721</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>0.593</td>
</tr>
<tr>
<td>Malaysia</td>
<td>0.802</td>
</tr>
<tr>
<td>Philippines</td>
<td>0.768</td>
</tr>
<tr>
<td>Thailand</td>
<td>0.779</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>0.732</td>
</tr>
<tr>
<td>Region/Country or area</td>
<td>Gender-related development index</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>South and South-West Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0.539</td>
</tr>
<tr>
<td>India</td>
<td>0.600</td>
</tr>
<tr>
<td>Maldives</td>
<td>0.744</td>
</tr>
<tr>
<td>Nepal</td>
<td>0.520</td>
</tr>
<tr>
<td>Pakistan</td>
<td>0.525</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>0.735</td>
</tr>
<tr>
<td><strong>Pacific</strong></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>0.960</td>
</tr>
<tr>
<td>Fiji</td>
<td>0.757</td>
</tr>
<tr>
<td>New Zealand</td>
<td>0.935</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>0.529</td>
</tr>
<tr>
<td>Samoa</td>
<td>0.776</td>
</tr>
</tbody>
</table>

*Source: UNDP, 2007.*

In 2007, in South Asia, the values ranged from 0.520 in Nepal to 0.744 in Maldives. In South-East Asia, the range fluctuated from 0.593 in the Lao People’s Democratic Republic to 0.886 in Brunei Darussalam. In East and North-East Asia, the lowest value was obtained in Mongolia (0.695) and the highest in Japan (0.942). In the Pacific, the level varied from 0.529 in Papua New Guinea to 0.960 in Australia. In general, there has been a trend towards narrowing the gender gap over time (UNDP, 2007).

All of the 24 countries and areas reporting the indicator in the region had values above 0.5. Four had scores of 0.8 and above. Japan was at the upper end of the spectrum with 0.942. Ranked second, third and fourth were Hong Kong, China; the Republic of Korea; and Malaysia, with indices of 0.926, 0.910, and 0.802, respectively. The lowest five places were occupied by Nepal (0.520), Pakistan (0.525), Bangladesh (0.539), the Lao People’s Democratic Republic (0.593) and Cambodia (0.594). In the Pacific, Australia had a GDI value of 0.960 and New Zealand, 0.935 (table 1).

**Empowering women through the Millennium Development Goals**

The third Millennium Development Goal, which is to promote gender equality and empower women (see box), is perceived as being instrumental in alleviating poverty, hunger and disease as well as central to sustainable development. Gender also cuts across all the other Goals.
Most of the countries in East and South-East Asia are making steady progress towards achieving the related targets. The less-developed countries of South Asia and the Greater Mekong Subregion are also moving forward, but at relatively lower levels and paces. However, the national achievements of most countries obscure wide disparities between urban and rural areas, with the least progress found in remote rural areas and disadvantaged ethnic minority groups (ESCAP, UNDP and ADB, 2006).

**Education**

Despite substantial gains in narrowing the gender gaps in education, the region’s overall performance has been mixed with intercountry variability. Most of the countries are on track to narrow their gender gaps with regard to primary school enrolment. As for higher levels of education (secondary and tertiary), the gap widens. While equal access to education is a key component of gender equality, it seems not to be an adequate indicator in itself. There is a need to demonstrate that achievement of close to gender parity in education is linked with high levels of enrolment and completion, which then translate into higher levels of economic and political participation of women (table 2).

**Primary education**

Prospects are good in terms of closing the gender gap in net primary school enrolment, with the ratio of girls’ to boys’ enrolment ranging from 0.78 in
Pakistan to 1.04 in Bangladesh in 2005-2007. There is still a low level of primary school enrolment among girls in many countries (table 2). The net enrolment ratio for girls in some countries in the region remained low in 2005 (59 per cent in Pakistan, 69 per cent in Papua New Guinea, 74 per cent in Nepal, and 81 per cent in Lao People’s Democratic Republic). The corresponding percentages for boys were 78, 77, 85 and 85, respectively (table 3). Countries that demonstrated relatively higher net primary enrolment ratios in favour of girls were Bangladesh (1.04), Mongolia (1.01), the Philippines (1.02), Vanuatu (1.02), Australia (1.01) and Myanmar (1.01) (table 2). The situation, though, is compounded by a relatively low level of completion. For example, 98 per cent of girls in Cambodia were enrolled at the primary level but only 71 per cent completed their schooling. For boys, the enrolment level was 100 per cent and the completion rate 69 per cent. Clearly, the need is underscored to achieve universal primary school enrolment and also ensure its completion with gender parity.

Factors influencing girls’ school attendance include the direct and indirect costs of schooling, opportunity cost of household work, availability of school facilities (water supply and toilet), relevance of teaching methods, accessibility of schools, and parental perception of female education (ESCAP, UNDP and ADB, 2006).

Secondary education

The majority of the countries in the region will meet the gender parity target in secondary school enrolment by 2015. The countries that are relatively far from achieving the goal are: India (0.74), Nepal (0.75) and Pakistan (0.76) in South Asia; Cambodia (0.86) and the Lao People’s Democratic Republic (0.86) in the Greater Mekong Subregion; and Papua New Guinea (0.79) in the Pacific (table 2).

Girls’ secondary enrolment rates in 2005 ranged from 24 per cent in Cambodia to 98 per cent in Brunei Darussalam. The rates for the boys were higher in Viet Nam (77 per cent), India (62 per cent), the Lao People’s Democratic Republic (53 per cent), Nepal (49 per cent), Cambodia (35 per cent), Pakistan (31 per cent) and Papua New Guinea (29 per cent) (table 4). Some of the countries that demonstrated higher net enrolment ratios of girls at the secondary level were: Philippines (1.21), Mongolia (1.11), Maldives (1.09), Bangladesh (1.04), Malaysia (1.10), Western Samoa (1.14), Fiji (1.07), New Zealand (1.03), Australia (1.10), and Vanuatu (1.14) (table 2).

Over three quarters of girls in Cambodia, Pakistan and Papua New Guinea, and about two fifths in the Lao People’s Democratic Republic, Nepal, Myanmar and Vanuatu were not enrolled in secondary school. Several countries that have reached gender parity or reversed the gender gap had also registered low levels of
enrolment. About two thirds of girls and boys in many countries were not enrolled in secondary school. There is also a notably high incidence of girls dropping out of secondary school – a fact which is attributed mainly to distance from school and family responsibility (table 4) (United Nations Millennium Project, 2005).

Table 2. Ratio of girls to boys in primary, secondary and tertiary education, selected countries, Asia and the Pacific, 2005-2007

<table>
<thead>
<tr>
<th>Region/Country or area</th>
<th>Net primary enrolment ratio</th>
<th>Net secondary enrolment ratio</th>
<th>Gross tertiary enrolment ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>East Asia and North-East Asia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>..</td>
<td>..</td>
<td>0.98</td>
</tr>
<tr>
<td>Hong Kong, China</td>
<td>0.95</td>
<td>1.00</td>
<td>1.03</td>
</tr>
<tr>
<td>Japan</td>
<td>1.00</td>
<td>1.01</td>
<td>0.88</td>
</tr>
<tr>
<td>Macao, China</td>
<td>0.97</td>
<td>1.04</td>
<td>0.92</td>
</tr>
<tr>
<td>Mongolia</td>
<td>1.01</td>
<td>1.11</td>
<td>1.56</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>1.00</td>
<td>0.94</td>
<td>0.65</td>
</tr>
<tr>
<td><strong>South-East Asia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>1.00</td>
<td>1.05</td>
<td>1.88</td>
</tr>
<tr>
<td>Cambodia</td>
<td>0.96</td>
<td>0.86</td>
<td>0.56</td>
</tr>
<tr>
<td>Indonesia</td>
<td>0.96</td>
<td>1.00</td>
<td>0.79</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>0.94</td>
<td>0.86</td>
<td>0.68</td>
</tr>
<tr>
<td>Malaysia</td>
<td>1.00</td>
<td>1.10</td>
<td>1.29</td>
</tr>
<tr>
<td>Myanmar</td>
<td>1.01</td>
<td>1.00</td>
<td>1.77(2001)</td>
</tr>
<tr>
<td>Philippines</td>
<td>1.02</td>
<td>1.21</td>
<td>1.24</td>
</tr>
<tr>
<td>Thailand</td>
<td>1.00</td>
<td>1.12</td>
<td>1.23</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>0.96</td>
<td>..</td>
<td>1.26(2000)</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>0.94(2001)</td>
<td>0.92(2001)*</td>
<td>0.72(2000)</td>
</tr>
<tr>
<td><strong>South and South-West Asia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>1.04</td>
<td>1.04</td>
<td>0.57</td>
</tr>
<tr>
<td>Bhutan</td>
<td>1.00</td>
<td>1.01</td>
<td>0.59</td>
</tr>
<tr>
<td>India*</td>
<td>0.96</td>
<td>0.74 (2001)*</td>
<td>0.72</td>
</tr>
<tr>
<td>Iran (Islamic Republic of)</td>
<td>1.10</td>
<td>0.94</td>
<td>1.15</td>
</tr>
<tr>
<td>Maldives</td>
<td>1.00</td>
<td>1.09</td>
<td>2.37</td>
</tr>
<tr>
<td>Nepal</td>
<td>0.95</td>
<td>0.75 (2000)*</td>
<td>0.40</td>
</tr>
<tr>
<td>Pakistan</td>
<td>0.78</td>
<td>0.76</td>
<td>0.85</td>
</tr>
<tr>
<td><strong>Pacific</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>1.01</td>
<td>1.10</td>
<td>1.28</td>
</tr>
<tr>
<td>Fiji</td>
<td>0.99</td>
<td>1.07</td>
<td>1.20</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1.00</td>
<td>1.03(2002)</td>
<td>1.51</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>0.90</td>
<td>0.79</td>
<td>0.54</td>
</tr>
<tr>
<td>Samoa (Western)</td>
<td>1.02</td>
<td>1.14</td>
<td>0.93(2000)</td>
</tr>
<tr>
<td>Tonga</td>
<td>0.97</td>
<td>1.25</td>
<td>1.68</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>1.02</td>
<td>1.01</td>
<td>..</td>
</tr>
</tbody>
</table>

Sources: UNDP, 2005; *ESCAP, UNDP and ADB, 2006; and ESCAP, 2008.
### Table 3. Net enrolment and completion rates in primary education by sex, selected countries, Asia, 2005

<table>
<thead>
<tr>
<th>Country</th>
<th>Girls</th>
<th></th>
<th></th>
<th>Boys</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Net enrolment rate</td>
<td>Completion rate</td>
<td>Net enrolment rate</td>
<td>Completion rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>(percentage)</td>
<td>(percentage)</td>
<td>(percentage)</td>
<td>(percentage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>96</td>
<td>75(2001)</td>
<td>93</td>
<td>71(2001)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia</td>
<td>98</td>
<td>71</td>
<td>100</td>
<td>69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>85</td>
<td>69</td>
<td>91</td>
<td>68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>81</td>
<td>67</td>
<td>85</td>
<td>67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>91</td>
<td>78</td>
<td>89</td>
<td>79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nepal</td>
<td>74</td>
<td>84</td>
<td>85</td>
<td>78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakistan</td>
<td>59</td>
<td>...</td>
<td>78</td>
<td>..</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>86</td>
<td>83(2001)</td>
<td>90</td>
<td>86(2001)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:** ESCAP, UNDP and ADB, 2006; UNDP, 2007; and UNESCO web site http://stats.uis.unesco.org/unesco/Table Viewer/tableView.aspx.

### Table 4. Gross enrolment rates in secondary education by sex, selected countries, Asia and the Pacific, 2005

<table>
<thead>
<tr>
<th>Country</th>
<th>Girls (percentage)</th>
<th>Boys (percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>144</td>
<td>151</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>48</td>
<td>47</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>98</td>
<td>94</td>
</tr>
<tr>
<td>Cambodia</td>
<td>24</td>
<td>35</td>
</tr>
<tr>
<td>China</td>
<td>74</td>
<td>74</td>
</tr>
<tr>
<td>Fiji</td>
<td>91</td>
<td>85</td>
</tr>
<tr>
<td>India</td>
<td>50</td>
<td>62</td>
</tr>
<tr>
<td>Indonesia</td>
<td>63</td>
<td>64</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>40</td>
<td>53</td>
</tr>
<tr>
<td>Malaysia</td>
<td>81</td>
<td>71</td>
</tr>
<tr>
<td>Maldives</td>
<td>78</td>
<td>68</td>
</tr>
<tr>
<td>Mongolia</td>
<td>98</td>
<td>87</td>
</tr>
<tr>
<td>Myanmar</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>Nepal</td>
<td>42</td>
<td>49</td>
</tr>
<tr>
<td>Pakistan</td>
<td>23</td>
<td>31</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>23</td>
<td>29</td>
</tr>
<tr>
<td>Philippines</td>
<td>90</td>
<td>88</td>
</tr>
<tr>
<td>Samoa</td>
<td>85</td>
<td>76</td>
</tr>
<tr>
<td>Thailand</td>
<td>72</td>
<td>69</td>
</tr>
<tr>
<td>Tonga</td>
<td>102</td>
<td>94</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>38</td>
<td>44</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>75</td>
<td>77</td>
</tr>
</tbody>
</table>

**Source:** UNDP, 2007.
Table 5. Gross enrolment rates in tertiary education by sex, selected countries, Asia, 2005

<table>
<thead>
<tr>
<th>Country</th>
<th>Women (percentage)</th>
<th>Men (percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Cambodia</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>India</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Indonesia</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Japan</td>
<td>52</td>
<td>58</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Nepal</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>69</td>
<td>111</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>13</td>
<td>18</td>
</tr>
</tbody>
</table>

*Source: UNDP (2007).*

Tertiary education

The countries that were farthest from the target in terms of gender parity in tertiary enrolment (based on ratios equal to or less than 60 per cent) were Bangladesh (0.57), Cambodia (0.56) and Nepal (0.40) (table 2). These countries had gross enrolment rates below 10 per cent for both males and females. India, Indonesia, the Lao People’s Democratic Republic and Viet Nam also exhibited gross enrolment rates for women below 15 per cent, and that for men, slightly higher (table 5).

Gender ratios in favour of women in tertiary level enrolment were found in Australia (1.28), Malaysia (1.29), Maldives (2.37), Mongolia (1.56), Myanmar (1.77), New Zealand (1.51), Philippines (1.24), Thailand (1.23) and Timor-Leste (1.26) (table 2). Strong patterns of “gender tracking” in the selection of courses at the tertiary level were observed, with women concentrating in education and health courses, and men dominating science and engineering programmes.

Literacy levels

Majority of countries in the region had relatively high female literacy rates (over 90 per cent) and ratios (over 0.90) for ages 15-24 in 1995-2005 (table 6). As expected, the countries with low literacy rates tended to have low primary and secondary enrolment rates (e.g., India, Nepal and Pakistan). In all countries of the region, literacy rates are rising, reflecting the recent substantial increases in primary school enrolment. Four countries in South Asia – Bangladesh (0.90), India (0.80), Nepal (0.75) and Pakistan (0.69) – had female-to-male literacy ratios of 90 per cent or lower (table 6). The figures were much lower in rural areas and
among ethnic minorities reflecting limited access to education, particularly among females (United Nations Millennium Project, 2005).

**Table 6. Ratio of literate women to men, 15-24 years, selected countries, Asia and the Pacific, 1995-2005**

<table>
<thead>
<tr>
<th>Region/Country</th>
<th>Youth literacy ratio (aged 15-24 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>East and North-East Asia</strong></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>99</td>
</tr>
<tr>
<td>Mongolia</td>
<td>101</td>
</tr>
<tr>
<td><strong>South-East Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>100</td>
</tr>
<tr>
<td>Cambodia</td>
<td>90</td>
</tr>
<tr>
<td>Indonesia</td>
<td>100</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>90</td>
</tr>
<tr>
<td>Malaysia</td>
<td>100</td>
</tr>
<tr>
<td>Myanmar</td>
<td>98</td>
</tr>
<tr>
<td>Philippines</td>
<td>103</td>
</tr>
<tr>
<td>Singapore</td>
<td>100</td>
</tr>
<tr>
<td>Thailand</td>
<td>100</td>
</tr>
<tr>
<td><strong>South and South-West Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>90</td>
</tr>
<tr>
<td>India</td>
<td>80</td>
</tr>
<tr>
<td>Maldives</td>
<td>100</td>
</tr>
<tr>
<td>Nepal</td>
<td>75</td>
</tr>
<tr>
<td>Pakistan</td>
<td>69</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>101</td>
</tr>
<tr>
<td><strong>Pacific</strong></td>
<td></td>
</tr>
<tr>
<td>Fiji</td>
<td>100</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>93</td>
</tr>
<tr>
<td>Samoa</td>
<td>100</td>
</tr>
</tbody>
</table>

*Source: UNDP, 2005.*

*Women’s participation in wage employment*

Female participation in wage employment leads to empowerment through economic gains and conferment of status within the family and the community. Women are more likely than men to use their earnings on basic household necessities such as food, clothing and health care. Hence, their paid work provides substantial benefits to the family. Published data cover formal sector employment, while employment of a temporary nature (casual) is not adequately covered in labour participation reports. In general, women’s participation in non-agricultural wage employment was lower than 50 per cent.
In South-East Asia, Cambodia had a participation level of 12.6 per cent and Lao People’s Democratic Republic, 5.5 per cent. In Viet Nam, the share of women in non-agricultural wage employment was 20 per cent and that in Indonesia, 27.5 per cent (table 7).

**Table 7. Percentage of women in non agriculture wage employment among total employed, selected countries, Asia and the Pacific, 1995-2005**

<table>
<thead>
<tr>
<th>Region/Country or area</th>
<th>Percentage of women employed outside of agriculture</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>East Asia and North-East Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Hong Kong, China</td>
<td>50.3</td>
</tr>
<tr>
<td>Japan</td>
<td>48.0</td>
</tr>
<tr>
<td>Mongolia</td>
<td>31.2</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>45.5</td>
</tr>
<tr>
<td><strong>South-East Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>49.7</td>
</tr>
<tr>
<td>Cambodia</td>
<td>12.6</td>
</tr>
<tr>
<td>Indonesia</td>
<td>27.5</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>5.5</td>
</tr>
<tr>
<td>Malaysia</td>
<td>44.5</td>
</tr>
<tr>
<td>Philippines</td>
<td>37.6</td>
</tr>
<tr>
<td>Singapore</td>
<td>50.3</td>
</tr>
<tr>
<td>Thailand</td>
<td>29.9</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>South and South-West Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>20.5</td>
</tr>
<tr>
<td>Maldives</td>
<td>39.9</td>
</tr>
<tr>
<td>Pakistan</td>
<td>17.9</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>29.9</td>
</tr>
<tr>
<td><strong>Pacific</strong></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>48.3</td>
</tr>
<tr>
<td>New Zealand</td>
<td>47.5</td>
</tr>
</tbody>
</table>

*Source: Recomputed from UNDP, 2007.*

Low levels of women’s participation in wage employment outside of agriculture were experienced mostly in South Asia (lower than 40 per cent) ranging from 17.9 per cent in Pakistan to 39.9 per cent in Maldives. Culture and patriarchy have traditionally limited women’s access to education and employment. Bangladesh’s increased female labour participation rate (24 per cent in 2003 compared with 18 per cent in 1990), reflects the expansion of the garment industry which at its peak was employing close to 2 million workers – mostly young women from rural areas. The participation rates in India and Maldives have risen substantially over the last decade, which can be attributed partly to the increase in
information-technology related services in India and the tourism industry in Maldives. Moderate increases in women’s participation in wage employment were shown in many countries of the region (ESCAP, UNDP and ADB, 2006).

**Women’s representation in political decision-making**

Only two countries in Asia registered 20 per cent or more female participation at the ministerial level: the Philippines (25 per cent) and Timor-Leste (22.2 per cent) in 2005. Countries with more than one tenth of ministerial positions occupied by women were: Japan (12.5 per cent), Maldives (11.8 per cent), Viet Nam (11.5 per cent), Indonesia (10.8 per cent) and Sri Lanka (10.3 per cent). In the Pacific, close to one fifth of ministerial posts were held by women in New Zealand (23.1 per cent) and Australia (20 per cent) (table 8).

<table>
<thead>
<tr>
<th>Region/Country</th>
<th>Percentage of total ministerial positions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>East and North-East Asia</strong></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>6.3</td>
</tr>
<tr>
<td>Japan</td>
<td>12.5</td>
</tr>
<tr>
<td>Mongolia</td>
<td>5.9</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>5.6</td>
</tr>
<tr>
<td><strong>South-East Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>9.1</td>
</tr>
<tr>
<td>Cambodia</td>
<td>7.1</td>
</tr>
<tr>
<td>Indonesia</td>
<td>10.8</td>
</tr>
<tr>
<td>Malaysia</td>
<td>9.1</td>
</tr>
<tr>
<td>Philippines</td>
<td>25.0</td>
</tr>
<tr>
<td>Thailand</td>
<td>7.7</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>22.2</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>11.5</td>
</tr>
<tr>
<td><strong>South and South-West Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>8.3</td>
</tr>
<tr>
<td>India</td>
<td>3.4</td>
</tr>
<tr>
<td>Maldives</td>
<td>11.8</td>
</tr>
<tr>
<td>Nepal</td>
<td>7.4</td>
</tr>
<tr>
<td>Pakistan</td>
<td>5.6</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>10.3</td>
</tr>
<tr>
<td><strong>Pacific</strong></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>20.0</td>
</tr>
<tr>
<td>Fiji</td>
<td>9.1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>23.1</td>
</tr>
<tr>
<td>Samoa</td>
<td>7.7</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>8.3</td>
</tr>
</tbody>
</table>

*Source: UNDP, 2007.*
No country in Asia has reached the 30 per cent target in female participation in its national parliament. Countries that had at least 20 per cent in 2007 were: New Zealand (32.2 per cent), Australia (28.3 per cent), Viet Nam (25.8 per cent), Timor-Leste (25.3 per cent), the Lao People’s Democratic Republic (25.2 per cent), Singapore (24.5 per cent), the Philippines (22.1 per cent), Pakistan (20.4 per cent) and China (20.3 per cent) (table 9).

Table 9. Percentage of seats in parliament held by women, selected countries, Asia and the Pacific, 2007

<table>
<thead>
<tr>
<th>Region/Country</th>
<th>Percentage of total parliamentary seats</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>East and North-East Asia</strong></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>20.3</td>
</tr>
<tr>
<td>Japan</td>
<td>11.1</td>
</tr>
<tr>
<td>Mongolia</td>
<td>6.6</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>13.4</td>
</tr>
<tr>
<td><strong>South-East Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Cambodia</td>
<td>11.4</td>
</tr>
<tr>
<td>Indonesia</td>
<td>11.3</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>25.2</td>
</tr>
<tr>
<td>Malaysia</td>
<td>13.1</td>
</tr>
<tr>
<td>Philippines</td>
<td>22.1</td>
</tr>
<tr>
<td>Singapore</td>
<td>24.5</td>
</tr>
<tr>
<td>Thailand</td>
<td>8.7</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>25.3</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>25.8</td>
</tr>
<tr>
<td><strong>South and South-West Asia</strong></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>15.1</td>
</tr>
<tr>
<td>Bhutan</td>
<td>2.7</td>
</tr>
<tr>
<td>India</td>
<td>9.0</td>
</tr>
<tr>
<td>Maldives</td>
<td>12.0</td>
</tr>
<tr>
<td>Nepal</td>
<td>17.3</td>
</tr>
<tr>
<td>Pakistan</td>
<td>20.4</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>4.9</td>
</tr>
<tr>
<td><strong>Pacific</strong></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>28.3</td>
</tr>
<tr>
<td>New Zealand</td>
<td>32.2</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>0.9</td>
</tr>
<tr>
<td>Samoa</td>
<td>6.1</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>0.0</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Several Pacific countries have no women parliamentarians at all. Those that have only one were the Marshall Islands, Papua New Guinea and Tonga. In Bangladesh, as of early 2005, only 2 per cent of parliamentarians were women, which is a substantial reduction from the 13 per cent reported by the Inter-Parliamentary Union in 2001. Asian countries averaged 15 per cent women representation in their national parliaments, while Pacific countries registered 11 per cent (ESCAP, UNDP and ADB, 2006).

Relatively high rates of women’s representation in national parliaments (the Lao People’s Democratic Republic (25.2 per cent) and Viet Nam (25.8 per cent)) were found in countries with a one-party system. The achievement of Timor-Leste (25.3 per cent female participation) by contrast was attributed to the grassroots advocacy of women’s organizations.

**Government response to the Plan of Action adopted by the Fifth APPC**

National machineries and focal points initiatives

By 2000, a number of countries had established or strengthened their national focal points to plan and advocate for gender equality and monitor progress in the advancement of women. The configuration of national machineries varies among the constituent countries. Some established separate ministries and formed national commissions to oversee the development and implementation of gender-based policies and programmes. Others assigned the tasks to existing offices that handle programmes for women and children. Key officials (e.g. deputy ministers or secretaries) of various government agencies and leading members of women’s groups and NGOs became members of national coordinating bodies. Various units in the government serve as focal points for integrating the gender perspective in ministry programmes and policies. To strengthen the coverage of national bodies, many countries established women’s/gender focal points at the provincial, district and township levels (e.g., Viet Nam and Indonesia).

These initiatives were categorized into:

(a) Establishment of ministries of women affairs responsible for policy formulation, planning, coordination and advocacy, e.g., Ministry of Women and Children’s Affairs in Bangladesh; Ministry of Women’s Affairs and Social Security in Maldives; Ministry of Women’s Affairs and Social Welfare in Nepal; and Ministry of Women’s Affairs in Sri Lanka. These offices usually have a cabinet rank;

(b) Formation of National Councils/Committees/Commissions of Women under the office of the Prime Minister/President to provide overall policy guidance
and oversee inter-ministerial coordination (Bangladesh, India, Myanmar, Nepal, Sri Lanka, Thailand, and some countries in Central Asia);

(c) Setting up of specific cells in various ministries and departments to oversee women’s concerns in various sectors (e.g. Bhutan, India and Nepal);

(d) Local level coordination of women’s programmes. District Women’s Affairs Offices at the district and thana (subdistrict) levels in Bangladesh supervise projects related to women’s development, including those implemented by other ministries and NGOs. In Indonesia, the State Ministry for the Empowerment of Women is assisted by the provincial vice governors and heads of subdistricts and villages in the conduct of all women-related programmes implemented by various sectoral ministries as well as NGOs (ESCAP, 2003).

Other initiatives to enhance efforts to mainstream gender in legislation, policies and plans include:

(a) Relocation of focal points to access high levels of power and influence decision-making (the Republic of Korea and Vanuatu have shifted their focal points to the office of the Prime Minister or President);

(b) Upgrading of focal points within the government structure (Malaysia was upgraded into a full-pledged department within the Ministry of National Unity and Social Development under a senior minister in the late 1990’s). In the Republic of Korea, the machinery was relocated to the Presidential Commission on Women’s Affairs during the term of former President Kim Dae-jung (1997-2002). Subsequently, it was upgraded into the Ministry of Gender Equality;

(c) Enhancement of mandates – in the Republic of Korea, the Women’s Development Act consolidates the legal bases for undertaking adequate institutional and financial measures supportive of gender equality. The passage of the 1999 Gender Discrimination Prevention and Relief Act empowered the Presidential Commission on Women’s Affairs to investigate and judge cases of sexual discrimination and sexual harassment. National machineries in Central Asian countries were established through prime ministers’ or presidential decrees;

(d) Establishment of women’s bureaus/divisions in various sectoral ministries and creation of inter-ministerial committees and task forces. Fiji has an inter-ministerial committee with task forces dealing with gender mainstreaming, law, microenterprise development, shared decision-making and violence against women;

(e) Formation of national advisory councils, committees and commissions – some national advisory bodies are the Council for Gender Equality in Japan, the National Advisory Committee on Gender and Development in Tonga, and National Women’s Advisory Council in Fiji (SEARO, 2003);
(f) Inclusion of gender budgeting into national and fiscal plans – these machineries facilitated the incorporation of gender concerns in government policies and plans including budget allocation; addressed gender issues in legislation (e.g., prevention of violence against women); and partnered with non-governmental organizations and civil society in advocacy and development of action plans related to women’s empowerment. However, obstacles stand in the way of maximizing their functions such as the limited extent of incorporating gender concerns in programmes owing to lack of technical skills; weak political commitment as reflected in obscure mandates; inability to shift from a welfare – to a participatory-orientation; resources constraint due to competing national and sectoral priorities of the government; competition instead of cooperation with NGOs and civil society; donor dependence; and lack of congruence between goals, structures and functions.

**Legislative and programmatic response to violence against women**

Despite the recognition that violence against women is a major social problem and a serious violation of human rights, its occurrence prevails. It is often sanctioned under the cloak of cultural practices and norms, especially when the violation takes place in the home, as the abuse is effectively condoned by the tacit silence and passivity displayed by the community and enforcing agencies. The adequate measurement of the prevalence and incidence of violence against women is constrained by the problems of definition and lack of disclosure by the concerned parties. It has been estimated that one tenth to two thirds of the women throughout the world have been physically harmed and psychologically abused by an intimate partner at some point in their lives. Trafficking within and from the South-East Asian subregion has become an area of major global concern, as nearly one third of the global trafficking trade, or about 200,000-225,000 women and children, come from this particular subregion (UNFPA, 2001a).

Three critical measures taken by parliamentarians through legal reform to address the issue were: (a) changing laws that keep women trapped in abusive/exploitative situations, (b) removing barriers to prosecution of offenders, and (c) eliminating aspects of the law that are prejudicial to women.

Countries and areas that have adopted specific laws on domestic violence include: Australia; Hong Kong, China; Japan; Malaysia; Mongolia; New Zealand; Philippines; Republic of Korea; Singapore; and Viet Nam. Their content and range vary. The readiness of countries to address violence in the family as a state responsibility through legal reform differs widely within and between the different subregions. In East and South-East Asia, considerable variations in government actions have been noted, such as strengthening of penal provisions,
provision of a supportive institutional framework (Philippines and Viet Nam) and legal reform (table 10).

**Table 10. Comparative analysis of legal measures by country, Asia and the Pacific, 2001**

<table>
<thead>
<tr>
<th>Country</th>
<th>Legal measures with regard to</th>
<th>Domestic violence</th>
<th>Rape</th>
<th>Sexual harassment</th>
<th>Trafficking</th>
<th>Prostitution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Cambodia</td>
<td>No(^a)</td>
<td>No(^a)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>China</td>
<td>No(^d)</td>
<td>No(^c)</td>
<td>No</td>
<td>No(^d)</td>
<td>No(^c)</td>
<td>No(^c)</td>
</tr>
<tr>
<td>Indonesia</td>
<td>No(^a)</td>
<td>No(^a)</td>
<td>No</td>
<td>No(^a)</td>
<td>No(^a)</td>
<td>No(^a)</td>
</tr>
<tr>
<td>Japan</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>No(^c)</td>
<td>No(^c)</td>
<td>No</td>
<td>No(^c)</td>
<td>No(^c)</td>
<td>No(^c)</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Yes</td>
<td>No(^f)</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mongolia</td>
<td>No(^a)</td>
<td>No(^a)</td>
<td>No(^a)</td>
<td>No(^a)</td>
<td>No(^a)</td>
<td>No(^a)</td>
</tr>
<tr>
<td>New Zealand</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No(^c)</td>
<td>No(^c)</td>
<td>No(^c)</td>
</tr>
<tr>
<td>Philippines</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Thailand</td>
<td>No(^a)</td>
<td>No(^a)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>No</td>
<td>No(^a)</td>
<td>No(^b)</td>
<td>No(^c)</td>
<td>No(^a)</td>
<td>No(^a)</td>
</tr>
</tbody>
</table>


*Notes:*  
- a = under criminal code  
- b = under labour code  
- c = under penal code  
- d = under protection of legal rights  
- e = under summary offense act  
- f = code of ethics under Ministry of Human Resource

As part of enforcement, institutional mechanisms have been established in a number of countries. These include the establishment of women’s police desks (Philippines and Thailand); regulations governing police investigations to assure impartial and expeditious dispensation of cases (such as setting time-frames for preliminary investigations in the Republic of Korea and the Philippines); protection of victims and testifying in court via modes that ensure impartiality in legal decisions (such as live television testimony in Singapore); standardized investigation kits for gathering medical and legal evidence (Malaysia); and establishment of one-stop crisis centres to provide comprehensive services (i.e., legal assistance, shelter and medical care) at one single point (Australia, Indonesia, Malaysia and Philippines).

National initiatives emphasize the prevention of domestic violence and trafficking; and prosecution of abusers. However, there are several impediments to
the elimination of violence against women which are lack of public awareness of laws and means for seeking legal redress; lack of clarity and specificity of laws; inadequate enforcement measures, resource constraints in crisis centres, negative attitude of law enforcers; and tedious process of investigation and prosecution of abusers.

In countries where laws have not been changed to decriminalize prostitution, women who have been trafficked abroad suffer a further burden. They are likely to be punished as criminals in countries of destination where they may be detained indefinitely and eventually repatriated.

Current programmes in sending countries emphasize the prevention of violence against women through education and social awareness campaigns, economic empowerment and social support to women and girls. These activities have been undertaken by Governments and NGOs, either separately or in collaboration with United Nations bodies and international specialized agencies.

Given the incidence of trafficking and violence in the region, efforts to find a common focus and generate cooperation among stakeholders have been made to implement programmes through a multicountry approach. One example is the collective agreement of the South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution (AFPPD and UNFPA, 2003). All countries in South Asia (Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) have signed and ratified the Convention.

Notwithstanding the gains, major problems persist in key areas, such as: (a) conceptualization and operationalization of programmes; (b) research on causes and consequences of trafficking; (c) data needs for benchmarking, monitoring and evaluation; (d) policy advocacy; (e) legislation and enforcement; and (f) mechanisms for recovery, repatriation and reintegration of trafficked women. Current anti-trafficking measures lack a strategic plan and a concrete operationalization of interventions from an integrated, multisectoral, and rights-based perspective (AFPPD and UNFPA, 2003).

Male involvement in reproductive health and family dynamics

The interest of the family is best served when the dynamics between husband and wife are based on mutual respect and responsibility. Men play a pivotal role in partnering with women in an equitable decision-making process regarding children’s education, health care and reproductive health (RH).

As programmes move towards shared responsibility in family planning and reproductive health, reaching men with information and services regarding their
own reproductive health as well as that of their partners becomes essential. Several countries have implemented pilot projects involving men in reproductive health programmes.

Information strategies include the diversification of communication channels to reach men in different settings such as: the workplace, mosque/church, sports arena, bars, cafes, and streets; and involvement of men as planners and implementers of information, education and communication (IEC) programmes. Emerging issues relate to the structuring of male participation in the development of IEC strategies; identification of pertinent topics to be discussed; use of peer groups as communicators; and delineation of appropriate messages such as the positive aspects of masculinity, dangers of reinforcing male power, avoidance of accusation of men, and the promotion of new gender images that break out the straitjacket sex roles and stereotypes.

The country initiatives on male involvement in RH demonstrated variations in approaches to men. Some of the observations are: (a) most of the efforts deal with information and education related to RH for a segmented male audience, such as youth in ethnic communities, male students and husbands; (b) provision of male RH services has not been detailed in terms of modality, training needs and location of services; (c) commitment and support of the community leadership and health officials must be elicited for male programmes to succeed; (d) information materials must fit the segmented audience; hence, programmes must vary in scope, content, and medium such as radio spots, video documentaries and leaflets; (e) pilot projects must be documented in their various phases in the light of their replication and adaptation potentials; and (f) a more systematic monitoring and evaluation scheme must be in place to demonstrate the success or failure of efforts.

Trade unions in the Philippines served as the venue for enhancing male workers’ participation in reproductive health. Through the provision of information, they were oriented on shared responsibility and active involvement in responsible parenthood with focus on sexuality, sexually transmitted infections, violence against women, family planning and maternal health. Various local government units have also initiated projects to encourage men to assume responsibility for their sexual and reproductive health and encourage their greater participation in social and family life. In Malaysia, the National Population and Family Planning Development Board (NPFPDB) prepared a module on Responsible Parenthood which is used by NGOs and local government social services to impart reproductive health knowledge to the male population. In Thailand, a project focusing on young males in ethnic and disadvantaged communities involved their participation in the production of male-specific materials related to reproductive health and contraception. In Indonesia,
husbands were trained to be cognizant of and responsive to their wives’ pregnancy and delivery (UNFPA, 2001b).

**Issues and challenges affecting progress in improving gender equality**

**Globalization and trade liberalization**

The large absolute inflows of foreign direct investment, substantial financial capital inputs and increased trade led to a significant labour shift from agriculture to industry in the region. Those changes increased women’s employment in export-oriented industries. Globalization and trade liberalization with accompanying technological changes have had substantive effects on the women’s situation. The feminization of employment emanated from the need for low paying, casual labour, and piece rate contracts. This was reinforced by the perception among employers that female workers are more subservient, less prone to unionization, more amenable to lower wages and easier to dismiss due to their competing domestic responsibilities. Technological changes facilitated the displacement of female labour in industry (Ghosh, 2004).

The feminization of work carries both positive and negative effects. On the positive side, it gives recognition and remuneration to women’s work, and improves their status within their own household and the community. However, paid employment outside the home leads to double burden as they are employed and still assume the tasks of home management and child care. Social policies and institutions are needed to ease the household work ascribed to them.

Critics of globalization in relation to its impact on women workers in the region expressed major concerns. These include: women’s marginalization in the informal sector of the economy, gendered division of labour, their exploitation by management, and the double burden they assume. Globalization shifts women to non-traditional employment to meet the demands of export agriculture and industry. It subjects them to the anxiety of temporary, seasonal and part-time employment which they may loose at anytime. It has likewise, created the “feminization of survival,” where women take the responsibility for the family’s well being, yet have to take up employment in industries or as migrants or domestic workers due to unfavourable economic conditions (Ghosh, 2004).

**Feminization of poverty**

The feminization of poverty implies that women face a higher incidence of poverty than men. There is a trend towards increasing poverty among women in
association with rising rates of female household headship in agricultural areas (Women and Globalization, n.d.). Limitations to the full adoption of this concept are based on: (a) lack of systematic sex-disaggregated data on income, expenditure and consumption patterns of women and men; (b) small-scale empirical studies that show conflicting conclusions with differential antecedents of female headship (e.g., males working overseas); and (c) the use of the household as the unit of analysis in poverty measurement which is not a good predictor because of intra-household inequalities in resource distribution and other institutional biases.

Poverty in Asia and the Pacific is primarily a rural problem. A majority of the poor women live in rural areas. With rural-to-urban migration, increasing numbers of women in urban areas also become vulnerable to poverty.

Poor female household heads are faced with numerous constraints. Their situation is one of too many responsibilities and not enough time or resources to assume them. They usually have little access to assets, lower educational levels, and limited work opportunities. When they obtain work, they earn less than the men. They are usually self-employed or work in the lowest-remunerated category of casual wage labour. It has been estimated that female heads of households constitute 60-70 per cent of the total rural labour force in Asia. In the case of women heads who rely on farming for survival, their own time constraint and lack of access to animal draught power and male labour (unless they have older sons or can pay for labour) place them at a severe disadvantage. The poverty assessment for Asia underlines the implications of the gender-poverty nexus in the next generation. Survival strategies for female-headed households and often, for poor male-headed households usually deprive the girl child. When women’s work burden increases owing to male out-migration, it is a common pattern for the elder daughter to drop out of school to help with domestic tasks and care for younger siblings. Girls may also help in the fields. The family deprives them of the opportunity to improve their situation (IFAD, 2002).

The assumption that households headed by women represent the poorest of the poor is grounded on the observation that in many countries and societies, men enjoy higher social status and earning power than do women. Recent empirical evidence, however, is far less conclusive. It was argued that female-headed households may even generate higher earnings, or have more income earners than their male equivalents owing to more effective use of household labour and the deployment of male heads and family members abroad who send remittances. More insights need to be gained on the factors accounting for the poverty of women, their characteristics, and the support they receive.
Child labour and exploitation

Child labour

In 2000, the largest number of child labourers in the world was found in the Asian region – 120 million between 5 to 14 years of age who were fully at work and more than twice that many (an estimated 250 million) for whom work is a secondary activity. The majority of those under-age workers were found in South and South-East Asia in the home-based, agricultural or informal sector although some of them were working in the manufacturing sector. These reflected the fact that the rapid economic growth in some sectors and regions along with widespread poverty of the labour supplying households increased the recruitment of children into commercial and industrial work. Girls were being disproportionately employed in urban and rural areas in comparison with boys, and there was a significant correlation of this trend with the relative rates of school dropout, primarily for girls. In home-based work, there was a heavy emphasis on the unpaid labour of the girls, particularly in piece rate contracts. The issue of child labour, primarily that of the girls, will become one of growing significance in the coming years.

Exploitation of children in the commercial sex trade remains the worst form of child labour present in the region. It is estimated that about one million children are lured or forced into the sex trade in Asia every year. The exploitation of children in the commercial sex trade is enhanced by increased trafficking activity in the region by organized syndicates. This feeds largely on the poverty of families. Trafficking routes are found within countries, from rural to urban centres, to areas with large demand for unskilled labour, and across borders, usually from less developed to developing countries.

In South-East Asia, Thailand is the destination of a large number of girls trafficked from the Lao People’s Democratic Republic, Cambodia, Myanmar and China. The children work as prostitutes, domestic servants, factory or farm hands, or couriers of drug traffickers. Chinese and Vietnamese children are trafficked to Cambodia mostly for prostitution. In the Philippines, there were reports of young girls being encouraged by their parents to go to Japan to work as entertainers. They were brought to Japan with tampered passports, changing their date of birth to meet the age criterion. There were reports of Indonesian children brought to Singapore, Malaysia and Taiwan Province of China for domestic work or employment in small factories. In South Asia, Bangladeshi children are trafficked for prostitution and forced-cum-bonded labour. For example, it is estimated that between 5,000 and 7,000 girls are trafficked to India annually for prostitution. Boys are trafficked too for work in the construction industry, brick kilns, tea plantations, and the
manufacturing industry. Pakistan is seen as a receiving country for Indian and Nepali children for farming, fishing and the sex industry (ILO, 2000).

Such children become vulnerable to poor health, malnutrition, physical and psychological violence, sexual and drug abuse, unwanted pregnancy and sexually transmitted infections.

Building a protective environment that will prevent and respond to child abuse and exploitation involves eight essential components: (a) strengthening government commitment and capacity to fulfil children’s right to protection, such as prevention of child labour and increasing access to education; (b) promoting the establishment and enforcement of laws; (c) addressing harmful attitudes, customs and practices; (d) encouraging dialogues on child protection issues that include the media and civil society partners; (e) developing children’s life skills, knowledge and participation for their development; (f) building the capacity of families and communities to meet the needs of children; (g) providing essential services for prevention of trafficking, recovery and reintegration of trafficked children, including making available basic health, education and protection services; and (h) establishing as well as implementing effective monitoring, reporting and oversight (UNICEF, 2006).

The provision of non-formal, non-traditional educational alternatives is critical to child workers who confront numerous obstacles in their access to schooling. Alternative teaching adjusted to their activities will impart them with practical livelihood and life skills, also increasing the probability that they will enter the formal educational system at the proper time. Poor families tend to send their children to work instead of studying, working being viewed as more important than going to school. Therefore, educating parents on the impact of child labour and the possibility of life improvement with education is key to reducing child labour.

**Feminization of labour migration**

Since the 1980s, labour migration has emerged as the most dominant form of cross-border population movement, including large numbers of women, such as: domestic workers from Indonesia, the Philippines and Sri Lanka to the newly industrializing countries in East and South-East Asia and the Middle East; entertainers to Japan from the Philippines and Thailand; factory workers from Indonesia, Malaysia and the Philippines to Taiwan Province of China; and professional and highly skilled types with growing trade in services (nurses, caregivers, teachers) to the Middle East, Europe and North America, etc. The demand for domestic workers grew in relatively affluent economies as local women in receiving countries and areas joined the labour force (Brunei Darussalam; Hong Kong, China; Malaysia; Singapore and Taiwan Province of China) (ESCAP, 1999).
The feminization of international labour migration is particularly pronounced in the Asian region. The most dramatic indication of the feminization of international labour migration from the Philippines, for example, is shown by the proportion of women among first-time migrant workers. In 1992, half of the newly hired Filipino workers in the world were women. The percentage share of women among those rose to 59 per cent in 1994 and 61 per cent in 1998. The pattern persisted into the twenty-first century with the share of women in the migrant outflow reaching 70 per cent in 2000 and up to 74.1 per cent in 2004. It declined to 60 per cent in 2006 as a result of the more stringent admission requirements imposed by the Japanese government on the entry of foreign performing artists. In the case of Indonesia, women migrants outnumber their male counterparts by a factor of four to one. Of the 2000-2003 departing migrants from Indonesia (numbering 387,000), 79.2 per cent were women. The percentage from Sri Lanka was 66.1 (Go, 2008).

Exploitation and sexual harassment of female migrant workers by employers are common complaints. These women cannot seek legal assistance and the destination countries’ laws rarely provide them with social protection. This bias represents a serious human rights violation. Undocumented workers comprising an estimated 30-40 per cent of migrants in Asia are placed in a more precarious position with non-negotiating powers.

A bilateral labour agreement might constitute the most formal mechanism that state authorities can adopt that would establish their commitment to mutually agreed principles, standards, protocols and practices. These can pertain to human rights as well as recruitment, training, employment and integration of workers. Bilateral agreements can become effective mechanisms to manage the impacts of migration, especially in mitigating the condition of the migration of unskilled workers. Bilateral arrangements between sending and receiving areas might also include additional development aspects, such as the utilization of remittances not only for poverty reduction but also to contribute to national development (Watanabe, 2006).

Feminization of ageing

A phenomenon that has recently been acknowledged in the region is that of the feminization of ageing. By 2020, 48 per cent of the world’s population aged 80 years and over will reside in Asia compared with 39 per cent in 2000 (ESCAP, 2002). The projected percentage of Asian women aged 60 years and over in 2025 will represent 15.1 per cent of the total population compared with 13.4 per cent for men (table 11).
Table 11. Absolute and relative numbers of males and females 60 years and older, Asia, 2000 and 2025

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th></th>
<th>2025</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Percentage of</td>
<td>Numbers</td>
<td>Percentage of</td>
</tr>
<tr>
<td></td>
<td>(in thousands)</td>
<td>total population</td>
<td>(in thousands)</td>
<td>total population</td>
</tr>
<tr>
<td>Males</td>
<td>154 097</td>
<td>8.1</td>
<td>334 475</td>
<td>13.4</td>
</tr>
<tr>
<td>Females</td>
<td>167 254</td>
<td>9.2</td>
<td>364 864</td>
<td>15.1</td>
</tr>
</tbody>
</table>


There is an increasing gender gap in life expectancy as females consistently outlive males. Consequently, there will be more women in the oldest old (aged 80 years and over) age group, and many of them will be living in poverty. Women in old age are indeed often widowed, less educated, in poor health and without adequate means of support. In addition, with increasing urbanization, family nucleation and decline in family size, many older women in the future will live alone in the midst of poverty.

The percentage of the elderly population is highest in the more economically integrated nations and areas of the Asian and Pacific region. For instance, Japan—the first country in the region to undergo a transition to low fertility in the 1950s and already the third oldest country—has one of the longest life expectancies in the world. In 2005, it stood at 85.7 years for females and 78.7 years for males. In Hong Kong, China, the life expectancy at birth was 84.9 years for females and 79.1 years for males (UNDP, 2007).

By 2015, it is projected that a fifth (21.7 per cent) of the population of Japan will be females aged 60 years and over. By 2025, the percentage will rise to 24.4. The corresponding percentages by 2015 are 13.1 in Hong Kong, China and 12.1 in Singapore.

Need for gender-based research and sex-disaggregated data

Censuses, demographic and health surveys (DHS), and the multiple indicators cluster surveys (MICS) provide the data bases for males and females for secondary analysis. Most of the academic researches are published in journals, monographs and other publications—they are likewise usually presented at national and international conferences. The move towards the conduct of gender-based researches has been encouraged by international funding agencies where grants provision includes a clause on gender equity in research participation and equality in benefits. However, the results are often not well communicated to government planners and relevant NGOs, and the findings might not necessarily translate into actual policy and programme inputs.
The limited availability of sex-disaggregated data in published statistics is a serious impediment to adequate programme planning and implementation. Without information on key indicators of gender equality and women’s empowerment, such as enrolment ratios, formal versus informal work, paid versus unpaid work, incomes, and female participation in political decision-making, it is difficult to devise programmes that effectively address gender biases.

In the light of the convergence of international and country-level concerns towards gender equality and women’s empowerment, the need for sex-disaggregated data and statistical information that adequately reflect the situation of women and men in all aspects of their lives becomes urgent. Gender equality has been placed firmly in the countries’ policy agenda and actions are required from all stakeholders to improve gender statistics in order to measure and monitor progress in this area. Reliable and timely sex-disaggregated data must be made available to development planners and policy makers. It was observed that 30 out of 50 countries in Asia (that is, 60 per cent) reported births by sex of the child between 1995 and 2003. Among those not reporting in a sex-disaggregated fashion were China, India, and Indonesia – the three most populous countries in the region. As a result, at 19 per cent, Asia records the lowest percentage of the regional population living in a country that reports births by sex. A high sex ratio at birth emanating from sex selection has been posited in countries such as China, India, the Republic of Korea and Viet Nam. Yet these cannot be validated owing to a lack of reporting of births by sex. The census can be a rich source of gender statistics – if the concepts, definitions and methods used in the collection and analysis of data are standardized. The challenge is to maximize the value of censuses and civil registration for gender analysis by ensuring that males and females are segregated in the data presentation (United Nations, 2006).

The reporting of deaths by sex was carried out by 66 per cent of the countries in the Asian region between 1995 and 2003; and by sex and age at least once by 56 per cent of countries.

The civil registration can provide the requisite information on deaths according to sex, age and cause. Although a majority of countries have a national civil registration system that records deaths, many are incomplete in coverage, and are fraught with errors in reporting and in classifying the age of the deceased and cause of death. The situation worsens at subnational level, with the lowest levels of completeness of registration in rural areas, and among marginalized groups. Political will and resources are needed to ensure adequate coverage and detailed reporting.

Incomplete coverage and late registration of deaths and births limit the ability of Governments to monitor the health situation of its population. Expanding
coverage requires a concerted effort by governments to ensure that those occurring outside of hospitals and in remote areas are properly recorded.

In the region, primary education statistics were disaggregated by sex and age in 66 per cent of the 50 reporting Asian countries between 1995 and 2003. Enrolment in secondary education was presented by sex and age in 54 per cent of the countries, and tertiary education by sex, in 80 per cent of the countries.

Important challenges remain in the reporting of official enrolment data. Statistics on primary, secondary and tertiary education by sex and age are still not available for many countries, which limits the calculation of net enrolment ratio being used to track progress towards attaining universal education and gender parity. Besides, women’s participation in non-agricultural employment has not been documented adequately. The capacity of countries to collect and tabulate sex-disaggregated data is still low.

In general, labour force surveys and establishment surveys capture the more formal types of economic activity better than the non-formal types. As a result, the economic activities of women, undertaken mainly within the household, are often under-reported. Although included in the United Nations System of National Accounts (SNA), work of this nature is often under-recorded. Women also perform most of the unremunerated domestic and community work that are not part of the SNA and a significant part of the activities is in the informal sector of the economy, which tends to be underreported in official statistics (United Nations, 2006). Gender budgeting has been incorporated in national plans yet it has not been adequately defined, which evidently limits usage.

More than half of the countries in Asia reported their economically active population by sex and age (34 out of 50). However, they comprise a mere 31 per cent of the region’s population because the two largest countries in the region, China (35 per cent of Asia’s population) and India (28 per cent of the region’s population), did not provide such information. Only six of the Pacific countries reported economically active population by age and sex at least once in the period 1995 to 2003.

**Partnership with non-governmental organizations**

Partnership with NGOs to achieve gender equality underlies many initiatives at the country level, especially over the past decade. There is a need for interactive complementation between the government and NGOs in providing an enabling environment for policy delineation, implementation and delivery of programmes. Strong linkages were developed at both national and subnational levels in: (a) advocacy for the formulation of laws preventing violence against
women and prosecuting the abusers; (b) capacity-building in planning and implementation of poverty alleviation initiatives; (c) rights-based information programmes; (d) promotion of the reproductive health of men and women; and (e) social protection of female workers in countries of destination. More recently, partnerships have been forged for gender equality in education in a few South Asian countries (Bangladesh and India).

These linkages must take into account the power relations between participating groups as the very sustainability of those initiatives depends on equal access to and control over resources; congruence in aims and views over the way such programmes should be operationalized.

Given the pace of change occurring throughout the region with respect to both the growth of women’s organizations and the development of information and communication technologies, the potential to share information and interact on a larger scale is wide and far reaching. Cooperation and development activities through the use of information and communication technologies (ICTs) can enhance many gender-based activities.

Several elements, though, limit the ability of women’s organizations to work effectively with and harness the potential of ICTs. Those are lack of technical skills, need for equipment, hardware and software; and inadequate financial support. With respect to technical skills, the prospects of distance education, conduct of e-conferences, participation in live Internet discussions and use of the internet as a lobbying tool could be explored.

**Emerging threat: The 2009 financial crisis**

The financial and economic crisis that affected the South-East Asian region in the middle of 1997 significantly reduced economic growth rates, incomes and provision of social services. Reports that followed the crisis indicated that women were the first workers to be laid off in industries (e.g. textiles and garments). The unemployment situation was compounded by the increasing numbers of returning migrant labourers, many of whom were women repatriated by countries experiencing unemployment problems.

In response to the social impacts of the crisis, many women shifted into alternative forms of self-employment in the informal sector. They lacked the necessary technical skills and faced difficulties in gaining access to training or credit. Many were forced to settle for easy entry activities such as petty trading or the sex industry. These jobs generated little returns or exposed them to new risks (ESCAP, 2002).
With the impending financial turmoil due to the global financial crisis, social safety nets need to be in place to address the anticipated shocks which mostly affect the poor, women and children. Social assistance programmes in terms of livelihood opportunities, medical aid, and social welfare services can be instituted with the provision of public assistance to unemployed and needy individuals.

**Conclusion, policy recommendations and priority areas for action**

With less than a decade to meet the Millennium Development targets, a renewed focus on gender issues is essential. The promotion of gender equality and the empowerment of women do not fall solely within the third MDG. Gender equality is vital to the achievement of each and every goal. Governments recognize a number of challenges to reduce the gender gap. Four key policies and programmes are posited which are: (a) improving women’s participation in economic programmes and political processes; (b) improving access to education particularly at the tertiary level; (c) revising and actively implementing legal instruments to protect women against violence, exploitation, and discrimination; and (d) mainstreaming gender at all levels of government, policies and plans.

**Policy recommendations and priority areas for action**

1. **Enhance efforts in pursuing gender equality and women’s empowerment as a fundamental goal and a strategic way to reduce poverty and promote sustainable development.** Progress has been made towards the promotion of gender equality and women’s empowerment, mainly by narrowing gender gaps in primary and secondary enrolment and raising literacy levels. However, the results in the constituent countries of the region have been uneven. The improvement of women’s economic and political participation generated mixed results with noted intercountry disparities. National development plans should support gender equality particularly in terms of equal access to employment, productive assets, education and health-care services; and advocacy towards gender equity in political decision-making. Gender budgeting should also be integrated into policies and plans;

2. **Increase participation of women at national and local levels of decision-making.** Concrete targets and implementing measures must be set to substantially increase the number of women in decision-making functions. Progress in the representation of women in the parliament and ministries can be monitored through regular collection, analysis, and dissemination of quantitative and qualitative data. Information on the number of women and men in parliamentary, ministerial and professional positions must be disseminated on an
annual basis for the purpose of advocacy. Women and men must have equal access to the full range of electoral and appointive positions;

3. **Enforce and implement legislation and policies towards the elimination of violence against women and addressing the needs of survivors.** National and international human rights norms and instruments as they relate to violence against women should be strictly enforced. Active and visible legislation, policies and programmes related to its elimination must be promoted. These should aim at increasing the understanding of the causes, consequences and manifestations of violence against women among those responsible for implementing these policies – such as law enforcement officers, judges, health officials and social workers. Access to justice by women who are subjected to violence and as provided by national legislation must be facilitated. Appropriate measures, particularly in schools and communities, must be adopted to modify the patterns of men’s and women’s conduct to eliminate prejudices, customary practices based on the idea of the inferiority or superiority of either of the sexes and on their stereotyped roles. Training for gender sensitization among judicial, legal, medical, social, and education personnel should be conducted;

4. **Strengthen mechanisms for collecting and analyzing sex-disaggregated data.** Efforts should be made to collect sex-disaggregated data in all aspects of development in the region. Such information would: (a) provide a fact-based understanding of sex differences in demographic and economic characteristics of the population, the antecedents of these differences, and areas for programming; (b) advance the development of gender-specific databases, which could be analysed and compared within and across countries in the region; and (c) provide reliable information to guide policies and programme formulation for the advancement of women and men. There is an urgent need to improve awareness among national Governments of the importance of sector-specific sex-disaggregated data and build the capacity of national agencies to collect, manage and analyse such data. In countries where national censuses and sample surveys collect sex-disaggregated information, action should be taken to systematically analyse such data to develop a comprehensive understanding of the gender situation in the country and adopt relevant policies and programmes. Advances in information technology and sophisticated data management systems should be exploited to compile relevant, needs-based and user-friendly information resources, which should be made available to policy makers, programme managers and advocacy groups;

5. **Translate gender-based research results into policy and programme inputs.** Research can be a powerful driving force to improve the performance of
Governments in mainstreaming gender in their policies and plans. It is of fundamental importance to pursue the process of transforming gender-based research findings into policy and practice. Governments should link with researchers for a solution-oriented alliance that will lead to realistic recommendations and evidence-based policy decision-making. Research agencies have the critical function of generating and disseminating gender information in a succinct manner to policy- and decision-makers. Researches should input into knowledge development and gender-based policy needs. Yet the assumption that the outputs of the research will clearly feed into policy making has been viewed as naïve. In many cases, the research findings have been ignored in policy processes because they have not been articulated and conveyed in a compelling format suitable for that particular audience. The links and dynamics between research and policy making are complex and only partially understood. A presumed straightforward link between objective research and a transparent policy making agenda is influenced by a number of factors. Developing the capacity to filter and amplify research evidence is particularly important for mainstreaming gender to policies and programmes.
Annex

Box 1. Millennium commitments to gender equality and women’s empowerment

<table>
<thead>
<tr>
<th>Resolutions</th>
<th>Targets and indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>To promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable.</td>
<td><strong>Goal 3</strong>: Promote gender equality and empower women&lt;br&gt;<strong>Target 4</strong>: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015&lt;br&gt;<strong>Indicators</strong>&lt;br&gt;9. Ratio of girls to boys in primary, secondary and tertiary education&lt;br&gt;10. Ratio of literate women to men (15-24 years)&lt;br&gt;11. Share of women in wage employment in the non-agricultural sector&lt;br&gt;12. Proportion of seats held by women in national parliaments.</td>
</tr>
<tr>
<td>To ensure that, by [the year 2015]…girls and boys will have equal access to all levels of education.</td>
<td><strong>Goal 3, Target 4, Indicator 9</strong> (above)</td>
</tr>
<tr>
<td>By the same date, to have reduced maternal mortality by three quarters…</td>
<td><strong>Goal 5</strong>: Improve maternal health&lt;br&gt;<strong>Target 6</strong>: Reduce by three quarters, between 1990 and 2015, the maternal mortality rate&lt;br&gt;<strong>Indicators</strong>&lt;br&gt;16. Maternal mortality ratio&lt;br&gt;17. Proportion of births attended by skilled health personnel</td>
</tr>
<tr>
<td>To combat all forms of violence against women and to implement [CEDAW].</td>
<td><strong>No goal, target or indicator.</strong></td>
</tr>
</tbody>
</table>

*Source: United Nations Millennium Declaration, 2000 (see General Assembly resolution 55/2).*
Box 2. Gender equality and achievement of the Millennium Development Goals

<table>
<thead>
<tr>
<th>Millennium Development Goals</th>
<th>Importance of gender equality for specific goals</th>
</tr>
</thead>
</table>
| **Goal 1:** Eradicate extreme poverty and hunger | • Gender equality in capabilities and access to opportunities can accelerate economic growth  
• Equal access for women to basic transport and energy infrastructure can lead to greater economic opportunity  
• Gender equality in interventions helps to increase agricultural production because women farmers are a significant proportion of the rural poor  
• Equal investment in women’s health and nutrition contributes to reducing chronic hunger and malnourishment, increasing productivity and well-being. |
| **Goal 2:** Achieve universal primary education | • Educated girls and women have greater control over their fertility and participate more in public life.  
• A mother’s education is a strong and consistent determinant of her children’s school enrolment and attainment and health and nutrition. |
| **Goal 3:** Promote gender equality and empower women | • Related indicators include parity in educational enrolments, wage employment and representation in national parliaments. |
| **Goal 4:** Reduce child mortality | • Mothers’ education, income, and empowerment have significant impacts on lowering child and maternal mortality rates. |
| **Goal 5:** Improve maternal health | • Women’s economic independence, ability to negotiate safe sex, awareness of need to alter traditional sexual norms, access to treatment, and support for the care function that women perform are essential to halt and reverse the spread of HIV/AIDS. |
| **Goal 6:** Combat HIV/AIDS, malaria and other diseases | • Gender-equitable property and resource ownership policies enable women to manage their resources more sustainably.  
• Gender equality in the political sphere may lead to higher investments in development cooperation. |
| **Goal 7:** Ensure environmental sustainability | |
| **Goal 8:** Develop global partnership for development | |

References


_______ (2006). *Pursuing Gender Equality through the Millennium Development Goals in Asia and the Pacific*.


Reproductive Health, Including Adolescent Reproductive Health: Progress and Challenges in Asia and the Pacific

Gender inequality and inequity, cultural and social norms; religious, conservative and opposing views have been identified as some of the major constraints to effective delivery and upscaling of SRH services. Measures to address those constraints need to be identified and implemented vigilantly through strategies such as mainstreaming gender and rights, respecting cultural and social norms, and engaging with religious and faith-based organizations, among others.

By Dr. Raj Abdul Karim*

The Plan of Action on Population and Poverty, adopted in Bangkok in December 2002 by the members and associate members of the Economic and Social Commission for Asia and the Pacific (ESCAP), recognized that there remained major challenges in the areas of population, sustainable development and poverty; migration; ageing; gender; reproductive health including the need of

* Regional Director, International Planned Parenthood Federation – East and South East Region and Oceania Region, Kuala Lumpur Regional Office, e-mail: RKarim@ippfsearo.org.
adolescents; HIV and AIDS; and resource mobilization. They committed themselves to address these issues.

In the area of reproductive health and reproductive rights, it was recognized that many countries in the region had strengthened their comprehensive reproductive health and rights approach over the last decade. The level of contraceptive use in Asia had risen considerably, owing to the broadening of individuals’ and couples’ contraceptive choices, the increase in women’s educational level and the desire for smaller family size. However, it was noted that a large number of individuals and couples still lacked access to high quality reproductive health information and services, partly due to a shortage of trained and skilled health providers, poor referral systems, and weak health systems resulting in high maternal mortality and morbidity, unwanted pregnancies, unsafe abortion and HIV and AIDS. Governments in cooperation with civil society organizations, the private sector and the international community were urged to strengthen reproductive health policies and implement comprehensive and integrated reproductive and sexual health and rights programmes. Expanding access to family planning, reducing maternal mortality, promoting reproductive rights and choices as well as males’ involvement and finally reaching out to vulnerable groups were among the recommendations made in this specific area.

The importance of adolescent reproductive health and rights was also increasingly recognized, as more countries formulated policies and initiated programmes to address adolescents’ needs and mobilize their participation. However, those programmes, being still in the early stage of development, could not adequately address the need for sexual and reproductive health information and services catering to either married or unmarried adolescents. Hence Governments, in cooperation with civil society organizations and the international community, were urged to provide adequate access to youth-friendly services, design flexible and responsive programmes for the diverse needs of adolescents, involving them in all stages of programme development.

The Fifth Asian and Pacific Population Conference (APPC) Plan of Action (ESCAP, 2003) also called for the integration of HIV prevention programmes and Behaviour Change Communication interventions into reproductive health programmes. It also encouraged the involvement of non-governmental organizations (NGOs) in the planning and implementation of such programmes.

From the Fifth APPC to ICPD at 15: An overview of success and challenges in Asia-Pacific in the areas of sexual and reproductive health and reproductive rights

The 1994 International Conference on Population and Development (ICPD) heralded the end of large-scale family planning programmes geared to achieve
demographic targets and paved the way for a new concept of comprehensive reproductive and sexual health which emphasize individuals and couples’ rights and choices, empowerment of women, gender equity and equality, adolescents and young people and HIV and AIDS as being central to the international agenda. One of the goals of the ICPD Programme of Action is to achieve universal access to safe, affordable and effective reproductive health care and services including for young people within a time frame of 20 years.

However, this commitment – though reaffirmed in several global and regional forums including the 2002 Fifth APPC – has not obtained due attention in the international development and political agenda. Funding for reproductive and sexual health has decreased, along with the increasingly vocal opposition towards family planning, sexual rights and abortion. The ICPD goal of ensuring universal access to reproductive and sexual health care and services was also not included explicitly in the Millennium Development Goal (MDG) framework. However, in 2007, it was included as the second target under MDG5 after strong advocacy efforts by international and national NGOs, international agencies and some Governments. At the World Summit in 2005, Governments had committed themselves to “achieving universal access to reproductive health by 2015 as set out in the International Conference on Population and Development” (United Nations, 2005a). Former United Nations Secretary-General Kofi Annan, in March 2005, highlighted the fundamental role of reproductive and sexual health and rights in development and for sustainability of national development efforts. In a message to the Fifth APPC, he underscored that “Health, including reproductive health was fundamental to development. The Millennium Development Goals, particularly the eradication of extreme poverty and hunger cannot be achieved if questions of population and reproductive health are not squarely addressed”.

Since 2002, there has been significant progress accomplished in the region, with more effective collaboration between Governments, international agencies, NGOs and civil society organizations towards achieving reproductive and sexual health and reproductive rights for its people. Most countries in the region are giving more attention to sexual and reproductive health and rights and have in place policies and strategies to expand access to such information and services. However, progress within the region as a whole and within countries is difficult to assess, owing to the immense diversity in terms of culture, religion, language and the traditional and social dynamics which affect sexual and reproductive health and reproductive rights. The sexual and reproductive health and reproductive rights agenda is broad and complex, and transcends the confines of the health sector, making it necessary to address the social determinants of health and have in place a practical monitoring and evaluation tool, as well as a set of quantifiable indicators.
To facilitate the monitoring by countries of both the ICPD Programme of Action and the MDG goals and targets, the World Health Organization (WHO) has developed guidelines for Reproductive Health Indicators (WHO, 2006) for the purpose of global monitoring, while the International Planned Parenthood Federation (IPPF) (IPPF, 2008a) has also developed a core set of indicators for monitoring the global, regional and in-country performance of its member associations. In countries where national health information systems are weak or non-existent, obtaining a reliable set of data is challenging – as is the case, for example, in many countries of the Pacific subregion.

During this period, the region has also faced major challenges which have delayed or impeded the translation of policies into action. There have been shortfalls in international and national resources due to a certain “donor fatigue”, non-visibility of reproductive and sexual health on the international political agenda, perceived poor positioning of family planning within the sexual and reproductive health and rights agenda, as well as competing priorities with HIV and AIDS. Increased attention to the latter as a development concern, as well as opposing conservative voices and reservations from religious groups and the Catholic Church on family planning, abortion and adolescents and youth services have brought about major setbacks. The denial of the effective use of contraceptives in young people, has also resulted in more unintended pregnancies, illegal and unsafe abortions, sexually transmitted infections (STIs) and HIV. In the Philippines, the unfavourable political climate with regard to contraception and family planning has led to increased demands for alternative sources of contraceptives from NGOs and the private sector.

On a more optimistic note, new technologies introduced over the past few years, such as antiretroviral therapy, medical abortion drugs, emergency contraception and a human papillomavirus (HPV) vaccine bring new hope for tackling some of the major causes of reproductive and sexual health mortality and morbidity.

Reproductive health as defined by the ICPD Programme of Action also encompasses the notion of sexual health, not only in supporting normal physiological functions of pregnancy and childbirth, but also to reduce adverse outcomes of sexual activity and sexual health and to enable people of all ages, including adolescents, to have safe and satisfying sexual relationships. In the area of sexual and reproductive health and reproductive rights, not much progress has been accomplished in the region, perhaps owing to the political unwillingness in many countries to address this sensitive issue. Countries are also faced with increasing challenges to address factors perpetuating health inequities, such as gender inequality, poverty, the social exclusion of young people and of vulnerable populations, and lack of a rights-based approach to health care. Those complexities need to be considered if the region is to achieve the
MDG goals, specifically MDG 5 and its related targets on improving maternal health and providing universal access to reproductive health.

**Comprehensive sexual and reproductive health and reproductive rights**

The ICPD Programme of Action addressed the need for comprehensive and integrated reproductive and sexual health services, the core components being: improvements in antenatal, post-partum, perinatal and newborn care; provision of high-quality services for family planning including infertility services; elimination of unsafe abortion; prevention and treatment of STIs including HIV, reproductive tract infections and cervical cancer; and promotion of healthy sexuality. Underpinning this, the ICPD Programme of Action emphasized the need for removing barriers such as restrictive laws, inequality in accessing health services, gender discrimination, gender-based violence, sexual coercion and exploitation.

This paper attempts to capture some of the experiences of countries in the Asian and Pacific region since the 2002 Fifth APPC with regard to specific components of reproductive and sexual health. Maternal and child health and HIV and AIDS are not covered in this paper as they are addressed in other papers/presentations (see www.unescap.org/esid/psis/meetings/EGM_PIPA_2009/index.asp).

**Family planning and contraceptive use**

In its new paradigm, the ICPD Programme of Action laid the foundation for reproductive rights as an integral component of basic human rights and stressed the importance of non-coercive policies, voluntary decisions about childbearing and expanded choice for contraceptive methods for individuals and couples. Family Planning was placed at the centre of reproductive and sexual health and its importance was reemphasized.

Prior to this landmark Conference, many counties in Asia (Bangladesh, China, India, Indonesia, Nepal, Pakistan, Philippines, Sri Lanka and Viet Nam) had been developing and implementing family planning policies and programmes aimed at reducing fertility. Some countries had established vertical programmes (Bangladesh, India and Indonesia) while others provided family planning services through existing health systems (Malaysia, Thailand). In Central Asia and many countries in South Asia, the availability of contraceptive methods was limited, giving clients very few choices. Clients’ range of choices was further impeded by incentive schemes for service providers, lack of knowledge on methods of contraception and lack of access to family planning services.

Since then, countries have made significant policy and programme-related progress in building a conducive environment for women to be able to exercise
their reproductive choices and practice voluntary family planning. Countries became much more responsive to the needs of individuals and couples and are now encouraging males to assume more responsibility in matters related to family planning, contraceptive use and the prevention of sexual coercion and violence. Bangladesh, India, Indonesia, Nepal and Pakistan have implemented measures to reorient their policies and programmes to respond to voluntary choices of individuals and couples. Also, all countries in Central Asia and socialist countries in Asia (Democratic People’s Republic of Korea, Mongolia and Viet Nam) have introduced more family planning methods, while some others (Malaysia, Philippines and Thailand) have taken measures to address gender concerns including gender-based violence.

**Expanding contraceptive use and choices**

Data from the *World Contraceptive Use 2007* noted that though contraceptive use continues to increase, universal access is still far from being attained. At least in 43 countries worldwide, over 20 per cent of women of reproductive age who are married or in union have an unmet need for contraception. According to the most recent data available, contraceptive prevalence among women of reproductive age who are married or in union varies from 3 per cent in Chad to up to 90 per cent in China, with a world average at 63 per cent. The level of contraceptive use is higher in more developed regions (67 per cent) than in lesser developed regions (62 per cent). In Asia, contraceptive prevalence rates, standing on average at 68 per cent, are comparable to those of Europe. Six out of 47 countries in Asia (including West Asia) for which data are available have levels of contraceptive prevalence below 30 per cent. Countries in the ESCAP region with such low contraceptive prevalence rates include Afghanistan, Pakistan and Timor-Leste, while China had the highest level of contraceptive prevalence (90 per cent) not only in Asia but in the whole world. It is interesting to note that in developed countries and regions where contraceptive prevalence has been constantly high, the level has changed little since 1997, even though there has been a substantial increase in less developed regions during the past decade.

**Contraception methods usage**

Nine out of every 10 contraceptives users in the world rely on modern methods. Short-acting and reversible methods are more commonly used than other methods in developed countries. In developed countries as a whole, usage was highest for the contraceptive pill (16 per cent) and the male condom (14 per cent), those two methods accounting for almost half of overall contraceptive use. By contrast, in developing countries, the methods which prevailed were female
sterilization (22 per cent) and intrauterine devices (IUDs) (17 per cent), accounting for 60 per cent of overall contraceptive use (United Nations, 2008a).

China and India register particularly high levels of prevalence of female sterilization. The IUD, used by 16 per cent of women of reproductive age and married or in union, is the second most widely used contraceptive method in the world, after female sterilization. The IUD is the most commonly used method in Asia, with the highest prevalence levels (over 40 per cent) in China, the Democratic People’s Republic of Korea, Kazakhstan and Uzbekistan. Levels of IUD usage range from 30 to 39 per cent in Kyrgyzstan, Mongolia, Turkmenistan and Viet Nam. The pill is the third most widely used contraceptive method in the world and is used by 9 per cent of women, married or in union, aged 14 to 49 years. In many countries, the pills were more popular among contraceptive users than female sterilization or the IUD, even if the global prevalence of the pill is lower than that of the two other methods. In the Asian region, pill prevalence varies from 13.8 per cent in South-East Asia to 6 per cent in South Central Asia and 3.5 per cent in East Asia. Countries and areas of high pill prevalence include: Bangladesh (26.2 per cent); Hong Kong, China (17.1 per cent); Thailand (30.9 per cent); and the Islamic Republic of Iran (18.4 per cent); and those with low prevalence include Japan (1.1 per cent), Pakistan (1.9 per cent), Timor-Leste (0.8 per cent) and Turkmenistan (1.2 per cent) (United Nations, 2008a).

In terms of global prevalence of use, the male condom ranks fourth among modern contraceptive methods, with 6 per cent of women aged 15 to 49 and married or in union relying on this method. Japan registers the highest prevalence of condom use at 41 per cent, with high prevalence also registered in Hong Kong, China (34.5 per cent) and Singapore (22 per cent). Injectable or implants are also popular, especially in South-East Asia, with prevalence rates at 17.4 per cent. Countries with high prevalence rates include Bangladesh (19.5 per cent), Indonesia (32.1 per cent), Myanmar (14.5 per cent), Sri Lanka (10.9 per cent), and Thailand (11.1 per cent). Traditional methods (rhythm, withdrawal and others) are either not reported or are not commonly practiced in the subregion – though the former is a more likely scenario (United Nations, 2008a).

It is apparent that many countries in Asia have expanded the range of contraceptive use and choices and have introduced more methods for women. Those include countries that were once heavily dependent on particular methods, such as the IUD, as were Viet Nam, Mongolia and countries of Central Asia. In addition, the United Nations Population Fund (UNFPA) Field Enquiry 2003 reported that 13 countries in the region had introduced female condoms, while 19 countries had introduced emergency contraception, thus providing women with
the ability to further exercise their rights and choices with regard to family planning (ESCAP and UNFPA, 2004: p. 38)

Besides contraceptive prevalence, unmet need for family planning is another indicator to measure progress towards the target (under MDG5) to achieve universal access to reproductive health. Data from the *World Contraceptive Use 2007* report give an indication of the number of women with unmet need as those who were pregnant but were not using any method of contraception at the time of the survey, and yet reported not wanting any more children or wanting to delay their next child. Though data are not available for all countries in the region, high unmet needs are reported in Cambodia (25.1 per cent), the Lao People’s Democratic Republic (39.5 per cent), Pakistan (37.5 per cent), and Maldives (37 per cent), (United Nations, 2008a).

Expanded choices for use of contraceptives over the last decade offer for possibilities in meeting unmet needs, lowering abortion rates (particularly high in Cambodia, Kazakhstan, Mongolia, Uzbekistan and Viet Nam) and decreasing fertility rates (particularly in the Islamic Republic of Iran and East Asian countries and areas, notably Hong Kong, China; the Republic of Korea and Singapore).

Provision of effective contraception should not be allowed to slip from the political, public health and research agenda. Throughout the world, 200 million women do not have access to contraception. Some 23 million unplanned births, 22 million induced abortions and 14,000 pregnancy related deaths could be prevented each year if family planning needs were met (IPPF, 2008b). Major obstacles to meeting the need for contraception include lack of knowledge, health concerns and social mores. Proximity to services and availability of supplies are also relevant (World Bank, 2006). In countries where demand for contraception is mostly met, fertility rates and maternal mortality are lower. Where demands for contraception are unmet owing to political, legal, religious or other barriers, women continue to suffer unnecessarily, as indicated in the Philippines scenario described in box 1.

Effective and quality family planning information and services can reduce the fertility gap between the rich and poor people and make a powerful contribution to poverty reduction and to the MDG goals. Family planning should be reinstated as a priority, especially in countries experiencing rapid population growth, and high unmet needs including that of sexually active unmarried women. The Pacific islands, currently facing this situation, are a case in point. Family planning is one of the most cost-effective ways of reducing maternal and child mortality, yet this contribution has been too often overlooked. This is especially so when sexual activity among
adolescents is relatively high, as is the case in Bangladesh and India with adolescent marriage and childbearing, which bring with it serious consequences.

**Box 1. The Philippines: Fighting for the right to family planning**

Though there were early successes in the family planning programmes of the Philippines, today Filipino women and couples increasingly have to fight for their right to contraception. In 2002, President Gloria Arroyo declared that the Government would suspend funding to procure contraceptives and pushed natural family planning as the most effective contraception. Every year, 27 per cent of women using the withdrawal method of family planning (as it is commonly practiced) become pregnant, compared with only 3 per cent for those using monthly injectables or 8 per cent for oral contraceptives. Shortly after the President announced the funding cut, the United States Agency for International Development (USAID) announced it was phasing out support for contraceptives beginning the same year and ceasing all support by 2007. For poor women who depended upon public service outlets for affordable contraception, this was devastating.

In 2000, an estimated 78,900 women were hospitalized for post-abortion care and 473,400 women underwent abortions – the abortion rate was 27 per 1,000 women aged 15-44 during that same year. The Catholic Church’s “war” on contraception in the Philippines visibly became a war on poor Filipina women. In early 2008, it threatened to withhold communion from politicians who support measures to increase access to contraception. In fall of 2008, the Philippine parliament began debating a reproductive health bill (HB 5043) which would ensure the provision of a comprehensive range of services and programmes addressing sexual and reproductive health. Unsurprisingly, the Catholic Church continues to exert pressure on members of parliament to reject the bill.

*Source: IPPF, 2008b.*

International and regional forums in recent years have called for a repositioning of family planning and for family planning to regain its importance in the realm of reproductive and sexual health. Access to family planning and contraception is a basic human right and a powerful cost-effective intervention to improve public health and human development. Strategies for meeting the demand for contraceptive services must be stepped up which include education and
outreach, subsidies, free distribution, and social marketing programmes which have expanded contraceptive sales and use in many countries as in Thailand.

**Integrated reproductive and sexual health services, including family planning**

“Family planning works best when it is part of or linked to broader reproductive health programmes that address closely related health needs and when women are fully involved in the design, provision, management and evaluation of services” (POPIN, 1994, chapter VII, para. 7.13, p. 78). According to the UNFPA Field Enquiry 2003 (ESCAP and UNFPA, 2004), most of the countries in the region have taken steps to integrate reproductive health including family planning into primary health care, though in some countries (such as Bangladesh and the Philippines), new developments such as health sector reforms, sector-wide approaches and decentralization have slowed progress towards such integration. Countries of the Asian and Pacific region are in varying stages of integrating RSH services within the context of primary health care. Countries with well-developed basic health infrastructure (Islamic Republic of Iran, Malaysia, Thailand, Turkey) and had integrated maternal and child health (MCH) services (family planning, pre- and post-natal care, newborn care) are now moving ahead to integrate other components of RSH (reproductive tract infections (RTIs), HIV and STIs, management of abortion complications) at all levels. Since the 1990s, Central Asian countries have developed RH policies and programmes that provide RH services through the public health delivery system. With the basic components of such services integrated, the challenge in Asia-Pacific will be in the more complex areas of gender, rights, sexual health, HIV/AIDS and other components of comprehensive reproductive and sexual health services.

Attempts to provide for the greater integration of services and improved linkages between services is one of the approaches recommended – the linkages between HIV and SRH in policy, advocacy and strategies and the integration of services at functional or operational level. The provision of voluntary counselling and testing (VCT) in dealing with issues relating to sexuality and contraception is an ideal opportunity facilitating integration. IPPF, UNFPA, WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2005 produced a framework for such priority linkages as a guide for countries to effectively link and integrate sexual and reproductive health and HIV. The review of evidence of linkages and recommendations in 2008 by the same agencies showed that linking SRH and HIV was considered beneficial and feasible, especially in family planning and HIV clinics and testing centres. Cost-effective studies suggested net savings when HIV and STI prevention were integrated into maternal and child health services. This review also recommended that much more
needed to be done to address linkages of services, targeting men and boys, gender-based violence, prevention and comprehensive reproductive and sexual health services for persons living with HIV including family planning and contraception. (WHO, UNFPA, UNAIDS and IPPF, 2005).

**Access to and quality of reproductive and sexual health services including family planning**

Universal access to reproductive and sexual health services through the primary health-care systems, with referrals to higher levels of care as appropriate, remains one of the most important ICPD goals and this is dependant on universal access to basic health-care delivery systems. Though access to basic health services is nearly universal in the majority of Asian and Pacific countries, there are a number of countries (Afghanistan, Bangladesh, Cambodia, India, Indonesia, Lao People’s Democratic Republic, Pakistan and the Philippines) in which sizeable segments of the population do not have access to basic health services. It is difficult to estimate the percentage of the population with access to comprehensive and integrated RH services or those having no access. In the last few years, emphasis has been placed on reviewing service gaps and barriers to address the unmet needs for reproductive health and family planning, and to address needs of marginalized groups – those with higher vulnerability, and populations living in crisis and post-crisis situations. Small and developing island countries (Pacific islands), landlocked countries (Lao People’s Democratic Republic, Mongolia) and countries in conflict situations (Timor-Leste) are also working within the existing constraints of scarce national resources, weak health-care systems, inadequate health infrastructure and resources and insufficient trained manpower needed to expand access to family planning and reproductive and sexual health.

In most countries of the Asian and Pacific region, Governments provide for reproductive health services, but inequities in health care and access to comprehensive RSH remains a major issue. National and international NGOs, however, are playing a substantial role to fill this gap and support efforts to expand access to marginalized populations (ethnic minorities, migrants, refugees) and those in geographically inaccessible areas. A status report on the ICPD at 10 (ESCAP and UNFPA, 2004) noted that while attempts to improve quality of services are ongoing in many countries (Bhutan, Indonesia, India, Kazakhstan, Lao People’s Democratic Republic and Thailand), further improvements are needed at all levels, especially with respect to clients’ choice of methods, counselling, privacy and confidentiality, interpersonal relations and continuum of care (ESCAP and UNFPA, 2004: pp. 33-34).
Some countries are improving access through outreach services and community-based distribution of commodities and contraceptives (Fiji, Pakistan, Viet Nam) through NGO outlets (Viet Nam, the Philippines and others), and use of primary health-care providers in rural areas (Mongolia). Lack of service delivery points, social and cultural immobility (poverty and geographical isolation, and limited access to certain groups such as adolescents) were identified as areas requiring attention. An example of several ongoing initiatives is the experience IPPF has had with its five-year programme (2001-2005) to improve the quality of care of selected member associations (Bangladesh, Cambodia, Democratic People’s Republic of Korea, India, Indonesia, Nepal, Philippines, Samoa, Thailand, Tonga and Viet Nam) through self assessment tools and quality improvement interventions including supportive supervision. The UNFPA country programmes are also focusing on quality of care improvements, especially in expanding access to services and contraceptive choice in line with unmet needs.

Experiences of case studies in selected countries on small-scale initiatives on family planning and related reproductive health service interventions as a means of fostering larger scale policy and programme development are presented in Scaling up Health Service Delivery from Pilot Innovations to Policies and Programmes (WHO, 2007). Also described in that publication are experiences of the quality of care in China, from pilot projects to a national programme, as well as strategic choices in scaling up the introduction of injectable contraception and improving quality of care in Viet Nam and evidence-based scaling up of health and family planning service. The publication also provides a conceptual framework and a strategic approach to the scaling up process, taking into account the complexities for expansion of successful pilot projects into sustainable and acceptable programmes. It serves as a guide to facilitate countries to expand contraceptive use and to promote equitable and universal access to high quality reproductive and sexual health services. Broadening the range of services available, removing barriers to the utilization of care, ensuring providers are technologically competent, respecting human dignity and rights, ensuring a broad range of stakeholders participatory process as well as partnerships between Governments, NGOs, the commercial sectors and others are important considerations towards ensuring successful national interventions.

Male involvement in reproductive and sexual health, including family planning

The involvement of men and boys in reproductive and sexual health, including family planning, is key for the success of any strategic programme and interventions. This shared role and responsibility is aptly described in the experience of Indonesia’s SMART HUSBAND Programme (see box 2). Through there are several ongoing
initiatives in this region, much more needs to be done to fully involve men and boys especially for prevention of sexual coercion, violence and HIV.

Box 2. Indonesia: SMART HUSBAND – Male involvement in sexual and reproductive health

The Government of Indonesia has placed particular emphasis on the involvement of males in health programmes to promote access to health care for their wives and children. Men are expected to be involved in making decisions and taking actions regarding family planning, antenatal care, preparation for delivery, and child immunization and nutrition. Hence for the first time, in 2002-2003, the Indonesian Demographic and Health Survey (IDHS) interviewed men on their involvement in ensuring safe motherhood and access to health care for their children. The survey showed that only one in every three husbands discussed with health-care providers their wife’s health condition. Although the country is known for its success in family planning programmes, data show that male participation is still very low.

The Indonesian Planned Parenthood Association (IPPA) has developed programmes to empower women and their husbands as part of male participation in family planning and reproductive health. Programmes such as Paguyuban Priyo Utomo (in Central Java Province) and the vasectomy users’ club, Perkumpulan Pria Warga Mulya (in Yogyakarta Province) sprang up as local male clubs that conduct information education and communication activities and campaigns. An innovative male involvement programme on reproductive health in West Java has been developed to help men understand and support the sexual and reproductive health needs and rights of their wives. Couples have learned how to communicate to make collective decisions on the number and spacing of their children as well as the use of contraceptives. Using contraceptive methods requires financial support, for which the husband is generally viewed as being responsible.

Implementation of male participation programmes on reproductive health constitutes challenges, as Indonesia is a paternalistic society, in which it is difficult to get male role models and male peer counsellors. Through this programme, an increasing number of male motivators have been successfully recruited and trained to take on this role and responsibility for themselves, to influence their peers, to work on removing gender biases and stereotype and to remove social and cultural barriers towards male responsibilities and participation.

Source: IPPF, 2008c.
Reproductive health supplies and contraceptive security

The adoption of “universal access to reproductive health by 2015” as the second target under MDG 5 is a recognition that family planning is a cornerstone in reducing maternal deaths and in improving reproductive health. Family planning is a fundamental component of reproductive health and is one of four basic strategies necessary to improve maternal health – the others being quality antenatal care, skilled attendance at birth and facilities for emergency obstetric care. Worldwide, the demand for contraception is rising dramatically. According to the United Nations projections, the number of contraceptive users in developing countries and the former USSR is projected to grow by more than 38 per cent by 2015 – from 552 million people in 2000 to 764 million in 2015 (Setty-Venugopal, Jacob and Hart, 2002).

Family planning is at a crossroad: political and financial commitment has stalled to the point that we are now at the verge of reversing hard won gains in many parts of the world and losing services and supplies for the people who want and need them most (IPPF, 2008b). Contraceptive demand is on the increase, especially in developing countries, but unless we understand the problems that prevent contraception and other sexual health supplies from being funded, manufactured and delivered into the hands of those that need them, the demand will remain unmet. In doing so, the needs of the poor, the socially excluded and the underserved should not be undermined and the fact that people everywhere are able to make choices and ensure their own sexual and reproductive health. “Giving women access to modern contraception and family planning helps to boost economic growth while reducing high birth rates so strongly linked with endemic poverty, poor education and high numbers of maternal and infant deaths” (Reuters, 2008). Contraception enables women to plan their families, plan their lives and make choices for their own happiness.

Although in absolute numbers, donor financing for contraceptive supplies has increased globally from 2000 to 2007, when taking into account inflation and other costs actual donor funding has remained more or less constant since 2001. Taking into account the growing needs of contraception for the 1.5 billion adolescents now entering their sexual and reproductive years, and the unmet needs of about 200 million women, the contraceptive shortage globally is alarming.

The Reproductive Health Supplies Coalition, established in 2004, and comprising of bilateral and multilateral organizations, foundations, NGOs and the pharmaceutical sector, seeks to make available access to high quality and affordable contraception to people in low or middle income countries. The basic goals of the coalition are to increase the availability for financing for reproductive health supplies, to strengthen the capacity of the health systems to deliver
reproductive health supplies and to assure the added value of the coalition as a productive and sustainable global partnership. The provision of sexual and reproductive health services with political and financial commitment within national Governments is equally important. This includes promotion of positive social policies such as comprehensive sexuality education, adolescent friendly services and male involvement in family planning. In addition, the strengthening of health systems, especially in countries with fragile and failing health systems, is critical to meet the demand and supply for contraceptive supplies, as is ensuring the supply of information and services to the poorest and most marginalized segments of the population. This would include efficient coordination systems for the procurement and distribution of contraceptives and other commodities, together with adequate financial and human resources.

In this region, reproductive health commodity security and contraceptive availability is receiving growing attention as shortages and poor supply and distribution systems affect contraceptive use. Diminishing international donor support and inadequate national funding has led to several countries experiencing contraceptive supply shortfalls (Philippines, Pacific islands and others). With international and regional initiatives set up in recent years, the region will be able to better monitor the situation and take appropriate action to increase availability, sustainability of financing and strengthen the capacity of health systems to develop reproductive health supplies in a sustainable manner. In the final analysis it is national commitment and national resources that will undeniably make the difference.

Unsafe abortion and access to safe abortion

Globally, an estimated 210 million pregnancies occur each year, of which 60 million result in an abortion or in the death of the mother or baby. About 25 per cent of all pregnancies, that is about 52.5 million, are aborted (World Bank, 2006). When women have unwanted pregnancies, many seek an abortion whether or not it is legal or socially acceptable. UNFPA and WHO report that, each year, unsafe abortions account for about 80,000 deaths, or 13 per cent of the disease burden among women of reproductive age owing to complications of pregnancy and childbirth. Most of this occurs in the developing world – 97 per cent of the 19 to 20 million unsafe abortions – with the highest (55 per cent) occurring in Asia, mostly in South Central Asia. Of all deaths related to sexual and reproductive health, those due to abortion are most likely to be underestimated, yet they are the most preventable. Unsafe abortion, one of the major causes of maternal mortality, is also one of the easiest to address through improved access to family planning information and services, high quality post-abortion care and safe, legal abortion.
In Asia, unsafe abortion accounts for 12 per cent of all maternal deaths and 38,000 women die annually from abortion-related complications. This is especially so in lesser developed countries in the region where access to health services and to safe abortion services is lacking, where unmet need of contraception is high and where abortion is illegal. Young people face particular constraints as most of them undergo unsafe abortion and face the dangers of complications. Women have various reasons for seeking abortion, among them being poverty, unemployment, spouse or partner relationships, personal preference to delay or postpone childbearing, inability to access contraceptives, or being a victim of rape or other forms of gender-based and sexual violence.

Abortion occurs when pregnancy is unwanted or unintended among married and unmarried women. Among adolescent girls, growing evidence suggests that unintended pregnancies and unsafe abortion are associated with peer influence, sexual coercion or violence following rape, incest and other forms of sexual violence. Community studies indicate a higher count than health statistics – e.g. in India, community-based studies revealed self reported abortion in 28 per cent of women. South Central and South-East Asia have abortion rates standing at 22 and 21 per 1,000 women aged 15-44 years, respectively. The rate in Western Asia is half that (12 per 1,000) and negligible in Eastern Asia (Hong Kong, China), where abortion is legal on request and safe abortion is available.

Abortion remains the most contentious issue of the ICPD Programme of Action. Many Governments in the region are unwilling to address this issue owing to political, ethical, societal, cultural and religious ramifications, which result in the reality of unsafe abortion and its public health and social consequences being largely neglected. ICPD urged Governments and relevant international and non-governmental organizations “to reduce the recourse to abortion through expanded and improved family planning services” and called for abortion, especially management of abortion complications, to be taken up as an urgent and serious public health concern. Since then, this call has been repeated mainly by international agencies, international and national non-governmental organizations, women’s and human rights groups working in sexual and reproductive health and rights and related fields.

The ICPD Programme of Action drew attention to the health consequences of unsafe abortion for women and called for actions to address this critical public health issue. Abortion care should be an integral part of primary health care (POPIN, 1994: para. 7.6, p. 74) and “in circumstances where abortion is not against the law, such abortion should be safe” (POPIN, 1994: p.107). In 1999, the United Nations five-year review of the ICPD Programme of Action strengthened this call for action: “in circumstances where abortion is not against the law, health systems
should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible” (United Nations, 1999).

MDG 5 seeks a 75 per cent reduction of maternal mortality between 1990 and 2015 and includes a second goal of achieving universal access to reproductive and sexual health. The reduction of maternal mortality can only be possible if unsafe abortion is effectively addressed.

The enormous disparity between rich and poor countries with regard to maternal mortality and morbidity from unsafe abortion underscores that access to safe, comprehensive sexual and reproductive health services including abortion-related care is a development issue. Unsafe abortion constitutes a public-health crisis, a social injustice and a violation of women’s human rights and dignity. Governments worldwide urgently need to adopt policies and interventions to eliminate unsafe abortion as an essential step towards meeting their commitments under the ICPD Programme of Action and towards achieving MDG 5.

In many countries in the region, individuals and couples are unable to exercise their right to access safe abortion services owing to restrictive laws, legislations and policies; strong and influential religious and political ideologies; and an unfavourable sociocultural environment perpetuating stigma, discrimination and in some countries, criminalizing abortion. Research shows that women undergo abortions just as frequently where abortion is legally restricted as where it is permitted by law. However, injuries and death from unsafe abortions occur much more in restrictive settings and will result in more women dying in the prime years of their lives, leaving their children and families behind. Unsafe abortion also commonly results in long-term and chronic health problems, including reproductive tract infections and infertility. As with deaths related to unsafe abortion, the women most at risk of suffering serious complications are the young, poor and those that reside in rural areas of countries with restrictive abortion laws.

The ICPD five-year review also called on countries to “take appropriate steps to help women avoid abortion” and to “provide the humane treatment and counseling of women who have had recourse to abortion” (United Nations, 1999: para. 63.ii, p. 92). Abortion can be avoided with effective family planning programmes to prevent unintended pregnancies. This is the best option. Also needed are: the availability of comprehensive and quality assured abortion care services; appropriate abortion legislation and its implementation; and community, political and religious awareness to de-stigmatize abortion. Safe abortion services represent a huge unmet need in this region. Existing barriers and constraints need to be addressed to save women and young girls from the physical, psychological and social trauma of unsafe abortions.
The UNFPA Field Enquiry 2003 reported that 34 countries in Asia and the Pacific have taken steps to reduce unsafe abortions. These include legalization of abortion (in five countries), passing of laws on abortion under certain conditions (10 countries), provision of family planning services (12), provision of post-abortion care (20), training of care providers to provide post-abortion services (4) and preparation of guidelines on post-abortion care (5) (ESCAP and UNFPA, 2004). However, legislation alone does not solve the problem. In India, though abortion is legal, access to safe and comprehensive abortion services is lacking and women continue to suffer from the complications due to unsafe abortion. Active advocacy by NGOs in Nepal has resulted in the decriminalization of abortion and amendment of the Civil Code 1997 to allow for abortion up to the 12th week of pregnancy under certain conditions. Bhutan approved medically-terminated pregnancies in 1997. Myanmar has made unsafe abortion a priority issue in its National Health Policy, while many other countries (Bangladesh, Indonesia, Lao People’s Democratic Republic, Malaysia, Nepal and Philippines) have improved access to family planning and contraceptive choice, post-abortion care, management of abortion complications and improved skills of service providers.

New technology is being introduced in the region for safer methods of pregnancy termination such as medical abortion and manual vacuum aspiration that can replace surgical interventions (D&C), and traditional unsafe methods. Collaboration with international NGOs such as Ipas, Gynuity, IPPF, Marie Stopes and others on application of these new technologies in pioneering countries and areas (Bangladesh; Hong Kong, China; India; Myanmar; Viet Nam and others) will pave the way for safe, easy and effective methods of pregnancy termination in the coming years. Many countries in the region are using the WHO 2003 guidelines “Safe Abortion: Technical and Policy Guidance for Health System”, which assist countries in developing and disseminating national standards and guidelines on the scope and quality of abortion care. Guidelines on clinical and ethical guidance on abortion, such as that of IPPF and the International Federation of Gynaecology and Obstetrics (FIGO) also endeavour to facilitate countries to improve women’s access to safe abortion. FIGO guidelines state that women have the right to access legal, safe, effective, acceptable and affordable methods of contraception and safe abortion services.

Aside from countries taking strides to liberalize their abortion laws, more recently, provision of international human rights treaties are being applied to ensure that women are able to exercise their right to terminate a pregnancy safely based on their rights to health care, privacy, confidentiality, benefits of scientific progress and freedom from discrimination, among others. This will provide women with a broader platform to enable them to exercise their fundamental rights.
and freedoms. Countries are also upgrading the skills and competence of service providers, though much more needs to be done. Several regional and country programmes have been initiated in this region, mainly thanks to donor funding. In 2007, IPPF implemented the Global Comprehensive Abortion Care Project funded by an anonymous donor; Asia and the Pacific was the first region involved. The project was initiated in Indonesia in 2007, in Bangladesh in 2008 and in Mongolia in 2009. Hong Kong, China; India; and Viet Nam, which had embarked on these initiatives earlier, are sharing their experiences with other countries in the region.

Interventions to reduce unsafe abortion and to make abortion safe, legal, accessible and rare have been lengthy and difficult owing also to funding disruptions which have interfered with the availability of contraceptives and other services to the poor and marginalized (Pakistan, Philippines, the Pacific subregion and others). With the rescinding of the Mexico City Policy by President Obama on 23 January 2009, international and national organizations can move ahead to provide family planning and other SRH services, saving more women’s lives from complications arising from unsafe abortion. Advocacy efforts at the country level to counter opposition and remove legal and extra legal barriers to the promotion of SRH and reproductive rights need to be intensified in all countries. The IPPF 2006: Report on Death and Denial depicts the serious consequences of unsafe abortion as one of the most neglected public health and human rights issue facing women throughout the developing world (IPPF, 2006b). The IPPF 2008 handbook on overcoming the opposition to sexual and reproductive health and reproductive rights serves as a guide to counter this complex, political, religious and cultural challenge. The European donor-funded Safe Abortion Action Fund established in 2006 provides for implementation of initiatives for experience sharing to advance this agenda and to increase access to safe abortion services. This Fund is currently supporting 45 national NGOs in 32 countries, including some in the region (Cambodia, China, India, Kazakhstan, Kyrgyzstan, Mongolia, Nepal, Philippines, Thailand and Viet Nam) (IPPF, 2008d).

Despite those improvements, much remains to be done if women and girls are to stop dying from unsafe abortion. Urgent actions include:

- Ensuring that women, especially the most vulnerable, have access to the full range of RSH care in accordance with their human rights, including effective and affordable methods of contraception, post-abortion care and safe abortion;

- Making efforts through community-based approaches and the media to help women understand how to prevent unintended pregnancy, their legal rights to safe abortion, the dangers of unsafe abortion, and where to obtain safe abortion care;
• Training more health-care providers, and especially nurses and midwives, in clinical procedures and counselling for abortion care;

• Eliminating violence against women and ensuring that women who are survivors of sexual violence have immediate access to psychological support, treatment of their injuries, emergency contraception, post-exposure prophylaxis of HIV, treatment of sexually transmitted infections and safe legal abortion;

• Promoting constructive dialogues at the national and local levels about unwanted pregnancy and unsafe abortion;

• Reforming policies and laws to increase access to safe abortion in accordance with human rights principles. (Ipas, 2009)

The road ahead is difficult but together with the collective will, determination and perseverance of NGOs and with the support of Governments and international agencies, making abortion safe, legal, accessible and rare can be a reality.

The story in box 3 depicts the real-life scenario of unsafe abortion.

---

**Box 3. Papua New Guinea – KL’s story**

KL was a 16-year-old high school girl from a coastal village some 100 km from the capital. She became pregnant by an older man who took her out one night when she was attending a school netball competition in Port Moresby during the semester break. Her family became aware of her pregnancy in the New Year when she was about 6 months gestation; consequently she was not allowed to go back to school. She was brought to the antenatal clinic at Port Moresby General Hospital by her aunt when she was some seven months. She was not feeling well and told the midwives in the clinic that she “had a sore on her vulva”. On examination she had a fever, an offensive vaginal discharge and a necrotic looking large ulcer on her left labia. She was admitted and received antibiotics and antimalarials. She seemed to improve and was allowed to go home to complete her medicines – the doctors and nurses did not know about the attempt at abortion at this time. KL was brought back to the hospital two days later very ill; she had a high fever and was not fully conscious. At this time the attending doctor specifically inquired about any interference with the pregnancy and was told by the aunt that family members had attempted to terminate the pregnancy in the village. She was found unconscious early the next morning in the toilet where she had delivered a stillborn 1.3 kg foetus; she died shortly afterwards. Research has shown that more than
Not all RTIs are sexually transmitted. STIs and HIV are the leading cause of healthy life lost in many countries – globally about 20 per cent of women aged under 24 contract a HPV infection and more than 25 per cent of the population over 40 years have ever acquired HSV–2 (herpes simplex virus), with the yearly number of STIs acquired exceeding 1 billion (Glasier and others, 2006).

Many STIs affect the outcome of pregnancy and some are passed to the foetus and newborn. Untreated syphilis results in a stillbirth rate of 25 per cent and a perinatal mortality of about 20 per cent, while 4,000 newborns are blind every year owing to maternal gonorrhoea (Glazier and others, 2006). STIs are important global public health issues but, unlike HIV, have been neglected as a public health priority though spread within the general population through individuals, partnerships and larger sexual networks; this is a cause of concern throughout the world and in this region in particular.

The ESCAP 2004 review noted that the prevention, management and control of STIs was seldom a priority in the health agenda of many countries in Asia and the Pacific. This has changed with the emergence of the HIV/AIDS epidemic, although STIs should be addressed on their own priority even in countries with low HIV prevalence. The ICPD five-year review urged countries to “ensure that prevention of and services for STIs and HIV and AIDS are an integral component of reproductive and sexual health programme at the primary health care level” (United Nations, 1999, Part II, Chapter II, para. 68, p. 93). Combat the spread of HIV and AIDS has been included as an MDG and Governments have given priority to intervention to achieve this goal, but the same cannot be said about STIs. The UNFPA Field Enquiry, 2003, reported that nearly all countries (43) of this region have taken one or more measures to reduce and manage STIs including HIV and AIDS, but it must be noted that such measures may reach only a small portion of those that are either infected or are potentially exposed to infection, especially since the majority of STIs are asymptomatic and hence neglected (ESCAP and UNFPA, 2004).

Women are more vulnerable to STIs because of gender-based power inequalities, and when diagnosed, they may face shame, violence and be blamed by their partners. Control of STIs requires a renewed commitment. An evidence-based
public health approach needs to be taken for treatment and prevention. This includes sustainable implementation of preventive policies, and effective integration of STIs into SRH services, in addition to the traditional focus on individual case management. Control measures need to be directed to individuals as in diagnosis, treatment and partner notification; at the level of partnerships (sexual, maternal-child) and also at the level of larger communities and populations.

Some countries and areas in the region have recognized the high rates of STIs, especially among the young population, and are taking steps to address them (Australia; Hong Kong, China; Democratic People’s Republic of Korea; Mongolia; New Zealand; the Pacific and others). Effective action for promotion, treatment and control of STIs requires a multi-faceted approach including better basic epidemiological and surveillance data, evidence on effective use of individual interventions and programmes, on getting effective interventions into the policy agenda and stronger advocacy. And as with HIV, action to remove stigma, prejudice, social attitudes and moral judgments and commitment to serious action to control all STIs, is urgently required in the region.

Adolescent sexual and reproductive health

Adolescents and young people’s needs: a rising challenge

Meeting the sexual and reproductive health needs of adolescents and young people remains a challenge in many countries of the region, even though there has been much awareness raised and initiatives taken in recent years to formulate programmes for adolescents and young people – particularly in relation to HIV and AIDS. However, addressing the diverse needs of adolescents, and providing them with “age-appropriate, youth-friendly and evidence-based services” (ESCAP, 2003: p. 26) remains largely undone especially for out-of-school and marginalized young people. Responsive and flexible programmes with full involvement and participation of young people have not yet been realized; nor has access to contraceptive services for sexually active unmarried girls, and comprehensive sexuality education for all young people. Reproductive rights of young people remain controversial and are a taboo subject in many countries and cultures. Earlier onset of menarche, rise in age of marriage, earlier initiation of sexual experiences and sexual activity outside of marriage are important considerations that call for greater attention to the SRH needs of adolescents and young people.

The ICPD Programme of Action and its five-year review called upon Governments to meet the special needs of adolescents and establish appropriate programmes to respond to those needs, including access to information and services. In reviewing the region’s progress, ESCAP 2004 noted that although
adolescent sexual and reproductive health is on the national agenda, “when information on specific actions is examined in detail, it becomes clear that far fewer countries have taken action that go beyond formulation of plans and policies and/or IEC/advocacy in support of adolescent reproductive health information and service provision” (ESCAP and UNFPA, 2004: p. 45). A strong regional consensus exists as stated in the Pattaya Program on Adolescent Reproductive Health (UNFPA, 2000), while a body of regional evidence continues to accumulate. Regional reviews have documented early entry into sexual relations of a significant proportion of young persons in countries of the Asian and Pacific region (Gubhaju, 2002; Jejeebhoy and Bott, 2003). A recently published study of male Cambodian youths found that of those interviewed, approximately half were sexually active and one third had reported having transactional sex (Douthwaite and Sareonn, 2006). Similar results have been reported for youth in Sri Lanka (Perera and Reece, 2006). ESCAP 2004 review also drew attention to the RSH needs of young women in Asia within the context of marriage and stated that in spite of laws prohibiting early marriage, “more than half of females marry as adolescents in Bangladesh, India and Nepal, as do between one fifth and one third in Indonesia, Pakistan and Thailand” (Jejeebhoy and Bott, 2003: p. 283).

Many of the findings of the 2004 ESCAP review on the situation of young people remain the same today.

“While their knowledge and awareness on sexual and reproductive health is increasing, this knowledge remains superficial and is ridden with myths, misperceptions and a sense of invulnerability. In many settings, gender power imbalances make risky behaviour acceptable, encourage secrecy and fear of disclosure and inhibit negotiation among partners.” (Jejeebhoy and Bott, 2003, p. 302)

**Adolescent fertility**

Fertility levels among women aged 15-19 are an important indicator of the status of women. Women who bear children early in life often lose the opportunity to study or find gainful employment. Reducing the adolescent fertility rate is one of the objectives which will contribute to the achievement of the related MDG and is also an indicator under this particular MDG 5.

Among developed countries, the adolescent fertility rate is generally low. The *World Fertility Patterns 2007* data show that in developing countries, it ranges from a low rate of 2 births per 1,000 women aged between 15-19 years to a high rate of above 90 per 1,000. In this region, East Asia registers the lowest adolescent fertility rate of 2, with low levels in the Republic of Korea (2); China
Southern Central Asia registers the highest rate (69) in the region with high rates in Afghanistan (151), Bangladesh (135) and Nepal (106), followed by South-East Asia (40), with the highest rate in the Lao People’s Democratic Republic (110). Elsewhere, low levels are also experienced in Singapore (7) and Maldives (8). Adolescent fertility rate is 33 for the Oceania region with highest levels in Papua New Guinea (77) and lowest in Australia (16) and New Zealand (27) (United Nations, 2008b).

In almost all developing regions, adolescent fertility rates fell between 1990 and 2000, then largely stagnated or increased marginally between 2000 and 2005, even though total fertility has fallen as in South-Eastern Asia (United Nations, 2008b). The *United Nations Millennium Development Goals Report 2008* attributes this to the increased availability of family planning, which has been a major factor in reducing total fertility rates in South-East Asia and Latin America and the Caribbean (United Nations, 2008c). However, the demand for contraception by adolescent married women is not yet met as readily as it is for older women. This has made it difficult to reduce adolescent fertility, thus increasing young mothers’ exposure to the risk of maternal mortality. Reducing adolescent fertility through providing access to family planning for adolescents is an important strategy for the region to achieve the MDGs, especially MDG 5, for which progress is lagging in countries experiencing high total and adolescent fertility rates. Adolescent pregnancy contributes to the cycle of maternal deaths and childhood mortality and very early motherhood increases the risk of adolescents dying in childbirth.

**Consequences of early sex and early marriage for adolescents and young people**

The main cause of death among women aged 15-19 around the world is maternal mortality. In many parts of Asia, adolescent childbearing remains high, thus exposing young women to the risk of dying or experiencing complications due to childbirth. In several Asian countries young women are also less likely to use maternal and child health services than older women (Reynolds, Wang and Tucker, 2006). Women, particularly the unmarried, often resort to abortion to end an unwanted pregnancy (Ahman and Shah, 2002), and in a number of Asian countries (Thailand, Viet Nam), the unmarried constitute a higher proportion of women who seek abortion (Centre for Reproductive Rights, 2005). Young people are also at higher risk of contracting sexually transmitted infections, including HIV, owing to biological reasons, the dynamics of their sexual relations and their sexual behaviour. A lack of information about protection, insufficient skills to protect themselves, and a lack of power in negotiating sexual relations all combine to make young people especially vulnerable to contracting STIs (UNFPA, 2005).
In a qualitative study of young college students in Malaysia, Ng and Kamal (2006) found that gender was a major determinant of how young men and women perceived relationships and the risk of STI infection, with concerns about pregnancy outweighing that of STIs. The importance of trust in relationships, especially for young women, leaves them more vulnerable and is a major factor in determining the use of condoms. Girls who engage in premarital sex tend to have single partners while young men usually have multiple partners, often sex workers (Jejeebhoy and Bott, 2003). Young girls are also vulnerable to coerced sex and sexual violence, especially in difficult circumstances, such as in poverty, refugee camps and in conflict and crisis situations (Women’s Commission for Refugee Women and Children, 2006).

Unwanted pregnancies and unsafe abortions are some of the most obvious outcomes of coercive sex (Gonatra and Hirve, 2002) as found in a study in rural India. Other outcomes of coercive sex are increased risk of exposure to STIs including HIV (Koeing and others, 2005) and damage to mental health (Patel and Andrew, 2005). Unintended pregnancy or pregnancy at an early age has important implications for poverty. Young women who become pregnant may be forced to discontinue their education (Centre for Reproductive Rights, 2005), thus limiting their economic opportunities and perpetuating poverty.

In South Asia, a large percentage of girls are already married by their mid and late teen years and have given birth at least once by the age of 18. Early childbearing and young motherhood, especially if they are married to older men, put the girls in adverse situations of unequal relationships, with little or no ability to negotiate safe sex, making them more vulnerable to gender-based violence and sexual exploitation. Child marriage is socially and culturally acceptable in some countries of the region, particularly in South Asia, which makes it one of the most persistent forms of sanctioned sexual abuse of girls and young women. Child marriage violates the human rights of girls and young women, and negates their rights to bodily integrity, resulting in grave health, social and economic consequences. In addition, other forms of gender-based violence, such as trafficking for sexual exploitation (Mekong subregion, South Asia), honour killings and other forms of sexual exploitation need urgent attention and action.

Mortality and morbidity related to adolescent sexual and reproductive health remain high in the developing world and in many countries of Asia and Pacific but has long been ignored by decision-makers and policy planners. Countries are urged to take steps to address this serious and urgent issue.

**Sexual and reproductive health programmes for adolescents and young people**

Vast challenges remain in the region in formulating and implementing appropriate responsive and participatory programmes for adolescents and young
people as they need to be continually provided with updated information, education, life and negotiation skills, and appropriate services.

The world today counts the largest generation of young people (1.5 billion) aged between 10 and 23, which presents a great opportunity for their productive and healthy development—a unique opportunity which one cannot afford to miss. The committee on the Rights of the Child noted that “the dynamic transition period to adulthood is also generally a period of positive change, prompted by the significant capacity of adolescents to learn rapidly, to experience new and diverse situations, to develop and use critical thinking, to familiarize themselves with freedom, to be creative and to socialize” (UNCRC, 2003: p. 1). Young people today have greater information and awareness due to modern communication technologies, in particular, the media, satellite TV and the Internet. However, those very factors pose greater challenges and risks with changing lifestyle, spread of HIV, gender inequalities and national conflicts. Urgent attention is needed to protect sexual health and reproductive rights of adolescents and young girls.

The UNFPA Field Enquiry 2003 noted that most of the countries in Asia and Pacific (39) had taken specific measures to address adolescent reproductive health needs. Though plans and programmes have been developed in 21 countries, the availability of a set of comprehensive programmes to address the diverse needs and problems of adolescents is significantly lacking. Furthermore, the programmes initiated are limited to certain groups of adolescents, largely to the school-going population, with limited or no access to out-of-school youth, the marginalized and those facing stigma, discrimination or social exclusion. This field enquiry, further reported that only a few countries (8) had introduced sexuality education in schools, with 7 having trained teachers on adolescent reproductive and sexual health, 6 having appointed peer educators, and 12 having passed laws and legislation in this connection. A larger number of countries (35) reported having taken action to provide information and 40 reported providing services. However, upon closer examination, service provision remains very limited and in most countries, contraceptives and safe abortion services are not made available to adolescents and unmarried youth. A variety of initiatives have also been undertaken in many countries such as youth centres, youth clinics, peer education and support, life-skills training, sexuality education in schools and various forms of counselling through hotlines, radio and peer counselling, among others. However, these remain limited with little potential or capacity to expand owing to lack of resources, existing constraints, misperceptions and social and cultural norms that define adolescent sexual and reproductive health behaviour (ESCAP and UNFPA, 2004).
To fill in the gap of unmet needs of adolescents, NGOs in Asia and the Pacific have taken the lead in providing adolescent SRH services, placing special emphasis on youth-friendly and non-judgmental approaches. Youths are mobilized and trained to run programmes to educate peers. Such peer educators provide counselling and support for SRH, HIV and other health and social concerns. Several countries are involving youths of key population groups such as sex workers, and those living with HIV (Cambodia, China, India, Indonesia, Thailand, Viet Nam and others) and this strategy should be further promoted. There is an increasing emphasis in the region on promoting abstinence, although this has limited impact and should not be undertaken in the absence of programmes that support prevention for sexually active young persons. Such programmes, at the very least, should provide information on prevention and where appropriate, provide the means for prevention. In a study on Cambodian youth, Douthwaide and Sareonn (2006) found that condom use was highest among those who were more knowledgeable about condoms and had a more positive attitude towards it.

Considerable progress has been made in introducing sexuality education and life-skills programmes in schools. ESCAP and UNFPA noted that 32 countries in the region stated that they had such programmes (ESCAP and UNFPA, 2004: p. 44), while UNAIDS in 2005 reported that 64 per cent of secondary school students in South and South-East Asia and 33 per cent in Western Pacific receive basic AIDS education (UNAIDS, 2005). However, efforts need to be expanded both in terms of coverage and depth of information provided. It is also important to note that many young people in Asia and the Pacific simply never attend secondary school. Comprehensive sexuality education which encompasses the full range of information, skills and values to enable young people to exercise their sexual and reproductive rights and to make decisions regarding health and sexuality (IPPF, 2008e) is much needed for both school and out-of-school youth.

Efforts to target and reach out to young people with increased vulnerability is also recognized. Aggleton, Chase and Rivers (2004) concluded that assisting young people to help them reduce their own vulnerability requires greater attention to be placed on the underlying social vulnerability faced by this age group, including their lack of access to youth-friendly services; and the need to promote and support the reproductive rights of young people to help them make informed decisions.

International agencies such as the UNFPA and international NGOs such as IPPF have prioritized support for adolescent reproductive and sexual health in their organizational mandate. Examples of such support and initiatives are documented in country profiles and reports of many countries in the region.
The story from Cambodia (see box 4) is an illustration of the challenges arising from the complexities of the gender, social and cultural dynamics affecting young people and the difficulties in addressing them. The situation is similar in many countries. Addressing the inter-connectedness of social, economic, environmental and other factors effecting health and translating them into integrated action represents an increasing challenge for many countries in the region.

Box 4. Youths in Cambodia

There is a high unmet need for information, education and services among adolescent boys and girls. The age-specific fertility rate is 43 per 1,000 for women aged 15-19, with unmet contraceptive needs at 37 per cent among girls aged 15-19 and 36 per cent in the age group 20-24 years.

Significant social and cultural barriers prevail that prevent the involvement of young people in discussions related to sexual and reproductive health (SRH). Many senior policy-makers and community leaders have held the view that unmarried young people do not engage in sexual activity and do not need to access information and services. Many reproductive health interventions continue to be conceptualized and implemented primarily as maternal programmes for married women and there is limited capacity of service providers to provide quality youth-friendly services and counselling. The basic service delivery package has not included adolescent reproductive and sexual health services. This is in spite of the recognition in the National Strategy for Reproductive and Sexual Health 2006-2010 that “adolescents have the right to participate in decisions and activities that affect their lives and in being involved to develop roles and attitudes compatible with responsible citizenship”.

Sexual and reproductive health services are poorly equipped to address unequal social and gender norms for men and women.

Adolescent girls are expected to uphold virtue and honour of their family by taking care of their reputation and maintaining their virginity, but no such restrictions are placed on men. Patronage of brothels is accepted for married and unmarried men. These societal norms influence young peoples’ risk and vulnerability. Tackling the sociocultural norms is of vital importance in the Cambodian context. Gender-based violence, i.e. domestic violence, rape and human trafficking for sexual exploitation, are issues of great concern; since 2002, gang rape has gained public attention. Limited studies show that underlying factors include shared cultural conceptions of masculinity, femininity and hierarchy, peer-pressure
among men, lack of understanding of human rights and sexual consent, a culture of impurity and lack of government support and protection systems. The closure of brothels and karaoke bars in 2001 has forced sex workers to move to the streets. There is an urgent need to engage young men with interventions that address issues of masculinity, sexuality, use of violence and gender equality in the context of young men’s socialization in Cambodia. There is also the need to address the root causes of gender-based violence and sexual coercion which limits women’s ability to negotiate safer sex behaviours.

In a concerted effort to improve the SRH of young Cambodians, 10-24 years, UNFPA selected Cambodia as one of the countries for the European Union-supported Reproductive Health Initiative for Youth in Asia (RHIYA regional project 2003-2007). This project, through partnerships between three European and 16 Cambodian NGOs, implemented on-the-ground interventions while documenting lessons learned to advocate for key SRH issues with civil society and the Government, with a view to achieving increased recognition of and attention to those issues. Empowering and engaging young girls and young men at high-level meetings, youth dialogues and regional youth forums as well as making their voices heard directly to key policymakers, donors and implementers was found to be successful. Ultimately, knowledge and awareness of SRH issues (such as contraception, HIV, STIs) among young people had increased and there was significant increase in availability of and access to quality SRH services for young people.

Source: Adapted from UNFPA, 2008: pp. 11-14.

The UNFPA documentation of country experiences in selected countries of East and South-East Asia on sexual and reproductive health of young people (UNFPA, 2008) also describes the evolution of adolescent sexual and reproductive health behaviour in China, where teenage pregnancy and premarital abortions are major public health issues. There are 10 million induced abortions a year, of which 20 to 30 per cent are among unmarried women (Lui and Lui, 2001). UNFPA has supported programmes with PATH and the China Family Planning Association to address the needs of the young floating populations in 200 counties – this is now an integral component of the China Family Planning Association five-year Strategic Plan. Case studies of Indonesia, the Lao People’s Democratic Republic and Malaysia also provide interesting examples of specific interventions targeted at problems and needs of adolescents in specific situations and countries (UNFPA, 2008).
In the IPPF 2007 review of its adolescent programme, it was found that in the East and South-East Asian and Oceania subregions, all the 25 member associations had strengthened their commitment and had engaged in partnerships with Governments and other NGOs to support the SRH and reproductive rights of adolescents and young people. Youth participation at decision-making and service delivery level had increased (17) and all member associations are providing information and education on sexuality to young people, with peer education as the most popular method. Information on safe sex with the use of condoms and abstinence is emphasized. SRH services most utilized by young people were found to be counselling, HIV-related services (counselling, VCT, referral, condoms) and family planning. Abortion-related services are available in 12 member associations, but only a few provide abortion services. Services are affordable or free if the client is unable to pay and choose to come because of the quality of

---

**Box 5. Sri Lanka: Developing important skills of young people**

As part of the Reproductive Health Initiative for Young in Asia (RHIYA) project funded by UNFPA and run by the Sri Lanka Family Planning Association, peer educators were trained as peer counsellors to address the sensitive sexual and reproductive health and rights (SRHR) issues raised by young people. The challenge was to enable these counsellors to undertake their work without the required formal in-depth training in counselling but by creating a “community of counsellors” trained for a year. Eighteen principle counsellors from 18 districts of Sri Lanka (which covers more than half of the country) were trained and they in turn trained 312 peer counsellors who attended a one-week training on the key principles of counselling and understanding of adolescent SRHR issues. These peer counsellors maintained regular diaries. Some cases, such as those related to gender issues, were drawn from these diaries for further and more in-depth analysis and discussion. The peer counsellors were thus able to feed into the behaviour change and communication campaigns and material development, as the SRH issues raised in their stories provided a solid basis for developing information, education and communication (IEC) materials. Two mentors were assigned to run this programme in a people-centred manner and they conducted regular tests to determine the effectiveness of both the principle counsellors and peer counsellor. The 312 peer counsellors drawn from the youth themselves have enabled the peer education programme to better access and identify with the target audience.

*Source: IPPF, 2007.*

---

In the IPPF 2007 review of its adolescent programme, it was found that in the East and South-East Asian and Oceania subregions, all the 25 member associations had strengthened their commitment and had engaged in partnerships with Governments and other NGOs to support the SRH and reproductive rights of adolescents and young people. Youth participation at decision-making and service delivery level had increased (17) and all member associations are providing information and education on sexuality to young people, with peer education as the most popular method. Information on safe sex with the use of condoms and abstinence is emphasized. SRH services most utilized by young people were found to be counselling, HIV-related services (counselling, VCT, referral, condoms) and family planning. Abortion-related services are available in 12 member associations, but only a few provide abortion services. Services are affordable or free if the client is unable to pay and choose to come because of the quality of
services, privacy, confidentiality and shorter waiting time. To address those gaps and improve services for young people, IPPF in 2008, with the participation of young people, produced several tools and guidelines such as those for implementing youth-friendly services, peer education and counselling, youth participation and comprehensive sexuality education. These address the diverse needs of young people, parents, teachers, and other stakeholders and are useful guides for the region. Documents reviewed also indicate that most of the adolescent sexual and reproductive health programmes in the region target young people in general, although the need to address specific groups including migrants and sex workers was recognized. Insufficient resources, trained persons and limited service delivery outlets were identified as some of the issues hindering their expansion to meet the needs of young people still unreached by these services. The need to involve parents and gatekeepers of youth as caregivers was also recognized.

With the support of NGOs and international agencies as well as on their own initiatives, countries have made progress in recognizing sexual and reproductive health and reproductive rights of adolescents as an important issue. However, countries need to reinforce their efforts and scale up existing acceptable and effective initiatives if the region is to achieve any significant impact on improving sexual and reproductive health of adolescents and young people and ensure a productive and healthy generation.

Reproductive health and rights and sexual behaviour

This represents another area which remains largely neglected. Countries in the region are generally reluctant to address issues of sexuality, partly owing to its sensitivity and to controversial and conservative forces that have contributed to a lack of understanding, misconceptions and resistance to evidence-based effective approaches to address the issue. The continued threat of HIV has prompted Governments in the region to pay more attention to sexual health mainly to strengthen HIV programmes – the most common interventions being improving access to condoms, to IEC and voluntary-testing and counseling (Guest, 2006). However, ESCAP 2004 noted that many of these programmes have limited impact on changing behaviour, which require programmes that support interventions directly related to the social process and cultural beliefs that perpetuate risk-taking behaviours (ESCAP and UNFPA, 2004).

Sexuality is a central aspect of being human and while sexuality may include many dimensions, not all of them are always experienced or expressed. It is an evolving concept that encompasses sexual activity, gender identities, sexual
orientation, pleasure, intimacy and reproduction (IPPF, 2008f). The ability of individuals and couples to pursue a fulfilling and safe sex life is central to the achievement of sexual health. Creation of supportive environments in which safe sexual behaviour can take place is vital if the Millennium Development Goals related to maternal health, sexual and reproductive health, child health and HIV are to be achieved.

Information about sexual behaviour is essential to design appropriate preventive strategies and correct public misperceptions about sexual behaviour. In many countries of the region, premarital sex is not accepted as a social norm, hence sexually active unmarried adolescents are marginalized from information and services and vulnerable to the consequences of unprotected sex or unhealthy sexual behaviour. This in turn leads to unintended pregnancies, unsafe abortion, HIV, STIs and exposure to gender violence, sexual harassment and sexual exploitation. In many cultures, marriage does not reliably safeguard sexual health of women as married women find negotiating safer sex and use of condoms for family planning more difficult than do single women. Early sexual experience within marriage can also be coercive and traumatic.

Public interventions should therefore address the broader determinants of sexual behaviour, such as gender, poverty and mobility, in addition to individual behaviour change. Risk reduction messages should respect diversity and preserve choice. Comprehensive sex education should be made available to school and out-of-school populations to improve awareness of risk and risk-reduction strategies, to improve programme effectiveness and willingness to practice safe sex. Contrary to common belief, sexual education delays rather than hastens the onset of sexual activity. Comprehensive behaviour interventions are needed that take into account the social and cultural context of societies, attempt to modify social norms that support uptake and maintenance of behaviour change and tackle structural factors that contribute to risky sexual behaviour. A single intervention of abstinence only will not work, neither will a general approach to promote sexual health.

There has been growing attention over recent years, especially in the international policy arena, to address reproductive rights as a fundamental human right, invoking values of dignity, respect and choice. However, in many countries of the region, those rights are unspoken of and not addressed owing to societal and cultural norms, taboos, religious beliefs and restrictive laws and legislation. Yet, a pragmatic approach to those rights is essential for the protection of every person especially girls and young women living in difficult circumstances and in crisis and conflict situations – as they are exposed to increased risk of sexual violence, coerced sex, transactional sex, trafficking and other forms of sexual exploitation.
The rights-based approach of the ICPD Programme of Action for individuals and couples to decide freely and responsibly on matters pertaining to their reproductive and sexual health cannot be achieved without regard to reproductive rights. Political unwillingness to address this issue remains a major constraint. This is another area where NGOs have taken the lead and are paving the way to engage in public opinion, mobilize communities, change misconceptions of societies and communities and provide appropriate knowledge, information and services for health and safe sexual practices and behaviour. To fulfil its goals within a human rights framework that embodies all the principles of human rights, the IPPF in 2008 introduced a document on sexual rights, which are an evolving set of entitlements related to sexuality that contribute to the freedom, equality and dignity of all people (IPPF, 2008f). This vision, based on recommendations of International Treaty Bodies and United Nations Special Rapporteurs, seeks to respect, protect and advance the rights of all persons to sexual autonomy and to promote sexual health and rights within a framework of non-discrimination. The implementation of this declaration will be tested in selected countries of the region and globally from 2009 in order to reinforce existing education, information and services and align them towards the principles of human rights.

**Sexual and reproductive health and rights in crisis and post-crisis situations**

Disasters can wipe out decades of development and hamper progress towards the MDGs. This is a major concern for Asia and the Pacific, which in 2007 accounted for 8 out of 10 countries with the highest number of casualties due to natural disasters: Cyclone Sidr and severe floods in Bangladesh, and severe floods in China, the Democratic People’s Republic of Korea and India. The worst affected by these disasters are the poor and vulnerable, who have the least capacity to cope. In Aceh, Indonesia, the 2004 tsunami is estimated to have increased the proportion of people living below the poverty line from 30 to 50 per cent (ESCAP, UNDP and ADB, 2008). Severe floods have also hit the Solomon Islands and other islands in the Pacific, while the powerful earthquake in the Sichuan province of China and Cyclone Nargis in Myanmar are still fresh in the region’s memory. In addition, many countries in the region are in protracted and post-crisis situations as a result of political and civil conflicts.

The ESCAP, UNDP and ADB *Report on A Future within Reach 2008*, calls for all Governments, including the poorest, to provide options for lowering risk and vulnerability and to ensure that disaster-risk reduction is integrated within development planning and placed high on the agendas of key sectors, such as education, agriculture and health (ESCAP, UNDP and ADB, 2008). The Hyogo
Framework for Action 2005-2015: Building the Resilience of Communities and Nations to Disasters identifies key priorities that encompass the eight MDGs, including early warning, reduction of risk factors and strengthening disaster preparedness for effective response.

While emergency responses in terms of basic needs – food, water, shelter, medical care – are more likely to be supported in times of acute crisis, reproductive health care and services such as antenatal care, delivery and post-natal care, family planning and prevention of STIs and HIV are often omitted from emergency responses. Violence against women and girls, especially rape and other forms of sexual violence that occur frequently in crisis and post-crisis situations are also largely neglected.

In an effort to provide sexual and reproductive health care and services as part of the humanitarian response package in disaster and conflict situations, a regional initiative entitled Sexual and Reproductive Health in Crisis and Post-Crisis Situations (SPRINT) was initiated in 2007 with funding from AusAID and implemented through an interagency collaboration between IPPF, UNFPA, the University of New South Wales Australia and Advocacy for Reproductive Health, Australia. This programme supports the training of trainers in the region, with priority given to countries in crisis and post-crisis situations, in order to provide for sexual and reproductive health as a minimum initial service package in acute crisis; and thereafter to expand access to those services as an integral part of health delivery systems provided by Governments, NGOs or private institutions.

To date, this programme has provided training to 26 countries in the region. In-country programmes for integrated response systems and implementation of sexual and reproductive health are being implemented in the Democratic People’s Republic of Korea, Mongolia, New Zealand and the Philippines since 2008-2009.

SPRINT will eventually be institutionalized to all countries in this region to provide for sexual and reproductive health services as an essential and integral part of humanitarian response systems. The experience of this subregion is being shared with Africa and South and West Asia and will pave the pay for coordinated interagency response systems integrating sexual and reproductive health as well as addressing gender-based violence and empowerment of disadvantaged young persons, women and marginalized communities.

**Health systems**

Today, there is a wealth of knowledge on reproductive and sexual health problems, on causes of maternal mortality and morbidity, on the transmission and
underlying factors of HIV and STIs, among others. The technical knowledge on prevention and control of these problems are mostly available, as are new drugs and technology (antiretroviral drugs, emergency contraception, medical abortion and others). Yet, those lifesaving measures do not reach all of the population groups, especially those living in remote and isolated areas, the poor, young and elderly; and those most at risk. Health services in general do not reach people who need them most. The ICPD Programme of Action calls for the integration of reproductive and sexual health services within the context of primary health care, yet this cannot be achieved unless national health infrastructure is strengthened at all levels and health systems are designed to function effectively.

Regional reports and reviews on ICPD follow-up have underlined the need for countries to take urgent action to strengthen and expand their existing health systems. Problems regarding lack of trained and skilled health providers, insufficient supplies and commodities including basic drugs and contraceptives, logistic systems and referrals should be considered seriously by countries in order to make significant progress in the next decade and to achieve the MDGs, especially health and health-related goals including universal access to sexual and reproductive health information and services by 2015 (as per the ICPD Programme of Action).

The 2005 Report on the Millennium Development Task Force on Child Health and Maternal Health underscores the vital role of health systems and provides recommendations that address crucial issues such as strengthening district health system; funding adequate health workforce; functioning primary health-care system including referrals; providing access to underserved populations; scaling-up known interventions for maternal, child and reproductive health; and for reproductive and sexual health and rights to be an integral component of a functioning health system (United Nations, 2005b).

In this region, though the public sector is the main provider of basic health care, there are countries where the private sector and NGOs contribute a large share of basic health and reproductive and sexual health care. In most of these countries, NGOs with their pioneering experience in family planning, continue to be the major advocates and service providers for the more sensitive issues of SRH, such as HIV/AIDS, safe abortion, sexuality education, promotion of healthy sexuality and sexual behaviour, gender violence including sexual violence, sexual exploitation and addressing the needs of marginalized and key populations.

To achieve universal access to SRH services, more effective ways of establishing and maintaining partnerships between government, the private sector and NGOs are needed and ought to be supported by international agencies and donors.
Efforts should be made to ensure inclusiveness of the total population and that SRH services reach the unreached and those with unmet needs. The affordability of services needs to be reviewed in light of the current financial and economic recession and safety protection measures provided for those without health financing schemes or where public services are not accessible for the poor and needy.

The power of transferring health systems lies in the hands of those for whom the systems were meant for. Hence people – communities, individuals and clients – need to be given the right to decide on the services they need, in terms of content, service delivery mechanisms, health information and education, etc.

A rights-based approach regarding access to health care will enable people to protect and promote their health, to participate meaningfully in decisions that affect their lives, and to demand accountability from people and institution whose duty it is to fulfil those very rights. The broader social, economic, environmental and political determinants of health, some of which must be addressed from outside the health centre, need sustained attention and commitment. Health sector interventions, developed and implemented in synergy with other MDG intervention strategies, are critical to achieving those health-related development goals. Advances in women’s development, equality and empowerment mean that more women can readily access services such as family planning. Community mobilization, participation and involvement are key to the effective utilization of services and sustainability of culturally-appropriate interventions. Since matters of reproductive and sexual health are personal, private and sensitive, ensuring clients’ rights for privacy and confidentiality and providing services based on individual needs and choices is fundamental for SRH services to be accepted and to achieve universal access to SRH.

Ensuring that health care is accessible to and used by all who need it is basic and crucial, but it is yet to be realized as seen in the growing disparities that occur in high mortality countries. Understanding and addressing the inequity gap, disparities in health status and utilization of health care is essential to enable health system to be equity-sensitive, non-discriminatory and for the public sector to fill the gap to provide for an essential service package for the poor and needy. Placing equity as the central objective of health policy, and taking action for redistribution to enable health systems to encourage, support and sustain increasing inclusion and equity is a matter of social justice. “Universal access to sexual and reproductive health information and services would have far-reaching effect for both maternal health and child health goal and for virtually every other goal, including those for HIV and AIDS, gender, education, environment, hunger and poverty” (United Nations, 2005b).
Conclusions and recommendations

• Regional reviews indicate that all countries in the region have embraced and adopted the ICPD Programme of Action and the MDGs and have taken measures to meet the shared goal of universal access to reproductive and sexual health by 2015. Most countries have pronounced policies on reproductive and sexual health but are constrained in their implementation and in the integration of SRH services into the basic health and primary health-care systems. To further implement comprehensive and quality SRH services, urgent measures should be taken to strengthen health infrastructure and health systems, to provide for adequate manpower and financial resources, to mobilize community-support and to realign services to be more culturally and socially acceptable. Reorientation of health workforce is needed for a rights-based approach and for information, education, counselling and services to be non-judgmental and non-discriminatory and to respect rights for equality, equity, social justice and personal liberty.

• Regional reviews also indicate that SRH of adolescents and young people remains a neglected area, although many countries have policies or national plans in place. The importance of SRH for adolescents is recognized and there is increasing concern on the vulnerability of girls and young women.

• Urgent action is needed for SRH services for adolescents services to be accessible, acceptable and affordable to adolescents and young people; to be youth-friendly, non-judgmental and non-discriminatory, giving due attention to problems and needs of unmarried girls and young women, specifically with regard to sex education, contraception, management of unintended pregnancies, prevention of STIs and HIV infection and promotion of healthy sexual behaviour. Countries are urged to expand access to comprehensive sexuality education which is rights-based, gender-sensitive, interactive and participatory, and promotes a process of critical thinking and the ability to make responsible choices and decisions. Teachers, peers and other stakeholders should receive training and support and efforts should be made to reach out to most vulnerable and marginalized groups of young people and those out of school.

• Reproductive rights and sexual health are largely neglected, though there are some attempts to address sexual health in the light of HIV infection. Strategies to promote sexual health and reproductive rights and responsible sexual behaviour should be undertaken as a basic human right, for individuals and couples to enjoy a satisfying life and be protected from
untoward consequences of unsafe sex and unhealthy sexual behaviour, thus reducing reproductive and sexual health mortality and morbidity.

- To obtain the full benefits of integrated services and improve access, windows of opportunity should be explored to facilitate linkages and strengthen integration between various components of SRH services and within the health-care system, e.g. provision of voluntary counselling and testing with family planning and contraception to integrate HIV and SRH.

- More attention should be given to prevention and control of STIs as a SRH problem in itself and not only in relation to HIV, as this increasingly serious problem is hidden, silent and largely neglected.

- To effect the decline of reproductive health mortality and morbidity and to achieve MDG 5, the application of new applied research and available technology needs to be accelerated and its uptake expanded. These include emergency contraception, medical abortion, manual vacuum aspiration, the HPV vaccine; new regimes for postpartum haemorrhage and others.

- Morbidity and mortality arising from complications of unsafe abortions remain a major problem in the region. Hence countries are urged to support women’s right to choose the number and spacing of her children; to meet the unmet needs for contraception to avoid unintended pregnancies and unsafe abortions; and to provide for access to safe and legal abortion within the national legal framework. Countries are further urged to advocate for the removal of restrictions on and barriers to safe abortion and to provide for the management of abortion complications and access to post-abortion care and family planning.

- Gender inequality and inequity, cultural and social norms; religious, conservative and opposing views have been identified as some of the major constraints to effective delivery and upscaling of SRH services. Measures to address those constraints need to be identified and implemented vigilantly through strategies such as mainstreaming gender and rights, respecting cultural and social norms, and engaging with religious and faith-based organizations, among others. Involving and engaging boys and young men in SRH programmes towards responsible sexual behaviour, responsible parenthood, prevention of gender- and sexual-based violence and prevention of STIs and HIV have been introduced in some countries but much more needs to be done.
• Measures to foster more effective and sustainable partnerships between Governments, private sector, NGOs and civil society organizations and support of international agencies, international NGOs and the donor community are needed. Sector development and health reform initiatives should take into account sexual and reproductive health as a development imperative and human right.

• Sexual and reproductive health and reproductive rights remain politically sensitive and morally contentious, especially rights pertaining to abortion, contraception, premarital sex, teenage pregnancy, gender-based violence and HIV infection. Recognizing sexuality as a basic, essential and fundamental aspect of life, NGOs have taken bold and affirmative measures to address these concerns in spite of constraints. The work of these NGOs need to be recognized, supported and upscaled by stakeholders, Governments and the community to enable people to exercise their choice and rights and attain higher standards of physical and mental health and well-being.

• Sexual and reproductive health programmes can only work and be sustainable if communities and individuals are involved, participate and have ownership. Measures to involve all stakeholders including most at-risk population groups and young people needs to be strengthened and their interest sustained.

• Of fundamental importance is the political will of Governments and policy makers to create a favourable and enabling environment for SRH; to advocate for removal of restrictive legal, social and cultural barriers; and support evidence-based interventions for sexual and reproductive health and reproductive rights. Countries need to further commit themselves to increase national financial resources, manpower and other requirements to meet the ICPD and MDG goals.

The recommendations of the Fifth APPC remain entirely relevant today and need to be taken into account. The recommendations above are made in light of the current needs and situation of sexual and reproductive health and reproductive rights of the region, to meet unmet needs and to further the agenda of the ICPD Programme of Action and MDG goals and targets.
Endnotes

1. Data reflected in this section are obtained from *World Contraceptive Use 2007* (United Nations, 2008a).

2. The Mexico City Policy, also known as the Mexico Policy Gag Rule and the Global Gag Rule, was an intermittent policy of the Government of the United States of America that required non-governmental organizations (NGOs) that receive federal funding to refrain from performing or promoting abortion services, as a method of family planning, in other countries.
References


(2008a). *Contraception at a Crossroad*.


Asia-Pacific Population Journal, Vol. 24, No. 1
Progress towards Achieving the Fifth APPC Plan of Action Goals on International Migration

Migration policies in countries in Asia and the Pacific are developing quickly in response to changing migration trends, and international migration is increasingly recognized as a significant element in economic development. In this context, further work is required in at least three broad areas: (a) incorporation of international migration in economic development strategies; (b) emerging labour force and social issues; and (c) research and public discourse on these and other long-term implications of international migration.

By Jerrold W. Huguet*

The purpose of the present paper is to assess progress towards achieving the recommendations concerning international migration in the Plan of Action on Population and Poverty adopted by the Fifth Asian and Pacific Population Conference (Fifth APPC). In that context, it is valuable to review other international commitments and policy processes affecting international migration because they also influence the decisions and actions taken by Governments in Asia and the Pacific.

* Consultant on population and development, Bangkok, e-mail: jwhuguet@yahoo.com.
The global framework for policymaking in population and development is the Programme of Action adopted at the International Conference on Population and Development (ICPD), Cairo, 1994, which is meant to guide actions for a period of 20 years. With regard to migration, the Programme of Action contains 22 paragraphs of actions in the four areas of: (a) international migration and development; (b) documented migrants; (c) undocumented migrants; and (d) refugees, asylum-seekers and displaced persons. That document could be judged to tacitly reflect the concerns of more-developed countries of destination in its concern about long-term or permanent migration, envisaging considerable family migration, urging a reduction in undocumented migration and addressing the movement of refugees and asylum-seekers. The recommendations of the Fifth APPC echo those of the Programme of Action concerning international migration except the first, which is to regularize the desired amount of currently irregular migration. The Programme of Action only aims to reduce irregular migration, including by addressing its root causes.

A mid-period review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action of the ICPD was conducted in 2004 at the thirty-seventh session of the United Nations Commission on Population and Development. A report of the Secretary-General to the Commission (E/CN.9/2004/3) noted that “… there has been a growing recognition that the issue of international migration and development is of key relevance to the global agenda”.

The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families¹ had entered into force in 2003. Two international Protocols concerning smuggling of migrants (2004) and trafficking in persons (2003) had also entered into force. The report also noted that regional migration discussions were mostly conducted through regional consultative processes that were informal and non-binding.

The General Assembly of the United Nations convened a High-level Dialogue on International Migration and Development in 2006. The Dialogue focused on migration and development, including the use of remittances, the rights of migrants and irregular migration. Because a majority of countries wished to continue such a dialogue, the Global Forum on Migration and Development has been established as a State-led process. Its first meeting was held in Belgium in 2007 and the second was held in the Philippines in 2008. The latter meeting held roundtable discussions on the rights of migrants, diasporas and development, regular migration, managing migration, data and research and regional consultative processes. Developed and developing countries have agreed to alternate in hosting the Global Forum at least through 2012.
The General Assembly has adopted resolution 63/255 of 19 December 2008 on international migration and development, which, inter alia, plans for deliberations on the issue over the next five years. The General Assembly decided to convene at its sixty-fifth session, in 2010, a one-day informal thematic debate on international migration and development and to include that topic as a sub-item in the provisional agenda for that particular session. The General Assembly also decided to hold a second high-level dialogue on international migration and development during its sixty-eighth session, in 2013.

Several bodies, agencies, funds and programmes of the United Nations participate in the Global Migration Group in an effort to harmonize their activities related to international migration. General Assembly resolution 63/255 expanded the activities of the Group by calling upon it to continue to address the issue of international migration and development, with a view to integrating migration issues – including a gender perspective and cultural diversity – in a more coherent way, within the context of the implementation of internationally agreed development goals and with respect for human rights.

Progress in achieving the goals of the Fifth APPC

Compared with the global dialogue on international migration, the recommendations of the Fifth APPC are implicitly more related to temporary labour migration – the dominant form of migration within the Asian and Pacific region. The review assesses progress in achieving each of the APPC recommendations. Unlike the more general reports of the Secretary-General or of high-level dialogues on migration, recommendations cite specific country policies, programmes and achievements to the extent possible. The recommendations are reviewed below.

Regularize desirable migration

Regularize desirable migration (i.e., unauthorized migration that is tacitly accepted) by granting migrants work permits, issuing regulations concerning their employment and providing protection for the benefit of the migrants and their families in line with national development goals.

A narrow interpretation of the first recommendation on international migration in the Fifth APPC Plan of Action could view it as pertaining only to existing unauthorized migrants in countries of destination. In a broader sense it could be seen as advocating sound migration management in both countries of origin and host countries in order to promote regular migration and to reduce irregular migration.
Countries of origin have an important role to play in ensuring that the migration of their nationals takes place through regular channels, that employment in the host country complies with regulations and that migrants are covered by basic social protection schemes. They accomplish these goals by establishing mechanisms to regulate recruitment and placement, and to protect migrant workers both during the recruitment process and while abroad. The countries in Asia and the Pacific that formally deploy large numbers of migrant workers have initiated or strengthened their ability to do so in an environment that offers essential protections to those workers.

The Government of Bangladesh established the Ministry of Expatriate Welfare and Overseas Employment in 2001. An international migration policy, enacted into law on 5 November 2006, commits the Government to protect the rights of migrant workers, support regular migration for both men and women, regulate the recruitment process and address the reintegration of returning migrant workers (Sikder, 2008).

Similarly, the Government of Indonesia has reformed its system of labour deployment by establishing the National Agency for Placement and Protection of Indonesian Overseas Workers (BNP2TKI) in 2006 (Sukamdi, 2008).

The Philippine Overseas Employment Administration oversees the deployment of Filipino workers. In both 2006 and 2007, it deployed more than one million workers, including those with new contracts and those extending previous contracts. The Government of the Philippines has developed a comprehensive approach to regulating recruitment agencies, certifying skills of migrants, requiring model contracts, and providing employment protection and social insurance to migrant workers. In 2007, it implemented a number of reforms concerning household workers, including the requirement that the minimum wage of a domestic worker be at least US$ 400 per month (Asis, 2008).

The Sri Lanka Bureau of Foreign Employment (SLBFE) manages the deployment of migrant workers through licensing employment agencies, collection of data on migrant workers, setting of standards and negotiating employment contracts, and providing welfare measures for the protection of workers overseas. The welfare protection measures include pre-departure training, skills improvement, issuance of model contracts and their enforcement, appointment of labour attaches and welfare officers, and the Overseas Workers Welfare Fund. The SLBFE has deployed more than 200,000 migrant workers annually since 2002. The proportion of females among those deployed has ranged from 55 per cent to 65 per cent, and roughly half of all migrant workers are household workers (del Rosario, 2008).
Thailand has established the Thailand Overseas Employment Administration, with functions similar to those of labour deployment agencies in other countries in Asia. It deployed 161,000 workers in 2006 and 162,000 workers in 2007, about two thirds of whom moved to work in East and South-East Asia (Regional Thematic Working Group, 2008: p. 95).

Viet Nam formally deployed 79,000 migrant workers in 2006 and the Government has set a target of deploying at least 100,000 workers annually by 2010. The country enacted a law in 2006 to formalize and better regulate labour migration. The law specifies the rights and obligations of Government agencies, private recruitment and placement agencies, and the migrants themselves. Workers are required to take language, culture and vocational training before being sent overseas. Regulation of private recruitment agencies and broker networks remains a challenge (Dang, 2008: p. 14).

Host countries have the primary responsibility for regularizing labour migration. Since 2002, Malaysia has emphasized bilateral agreements in an attempt to ensure that the recruitment process is more systematic, transparent and beneficial to all parties. In bilateral agreements, the Government of the country of origin assumes responsibility for proper regulation of the recruitment process. The responsibilities of the two Governments concerned, the employers and the migrants are specified in the bilateral agreements. An induction course is provided to migrants on Malaysian labour laws, customs and language (Kanapathy, 2008: p. 13).

Although Japan makes no provision for the employment of foreign low-skilled workers, in the past it has taken steps to expand the categories of migrants permitted to work in the country. These include increasing the number of categories of persons who can legally stay in the country, and permitting persons of Japanese descent to work in any industry. Provision for more skilled migrants to work in Japan is also evolving. Japan has signed bilateral agreements with Indonesia and the Philippines to allow nurses and caregivers from those countries to work in Japan, and the first group of health workers from Indonesia arrived in 2008 (Ducanes and Abella, 2008: p. 19).

The Republic of Korea began formally accepting low-skilled migrant workers under the Employment Permit System in August 2004. Companies with fewer than 300 employees may bring in foreign workers under age 40 if they cannot recruit Korean nationals. Workers can be recruited only from countries that have signed a memorandum of understanding (MoU) with the Republic of Korea – several MoUs have been signed with other Asian countries. A migrant may work in the Republic of Korea for up to three years but then must take a break before
returning. Foreign workers are entitled to the same rights as nationals in terms of labour standards, minimum wage and industrial safety, with exceptions for household service workers and workers in agriculture and fisheries (Regional Thematic Working Group, 2008: p. 84).

The Government of Singapore admits foreigners to work in the country under a system of work passes that is graduated in terms of qualifications and salary, and also in terms of the rights or privileges of the workers. Highly skilled and qualified foreigners are issued an employment pass and may work in professional, managerial, executive and specialist positions. They may bring their immediate family members with them and may apply for permanent residence. If their monthly salary exceeds S$ 3,500 per month, they are eligible for long-term social visit passes for more distant relatives, such as parents, parents-in-law and common law spouses. Skilled and unskilled foreigners who earn less than S$ 1,800 per month are issued work passes that are valid only for a specified employer and occupation. They may renew their contracts until they reach the age of 40. They are subject to a regular medical examination and are not eligible for a dependent’s pass (Yap, 2008).

Since 1996, the Government of Thailand has steadily expanded its programme to regularize low-skilled migrant workers from the three neighbouring countries of Cambodia, Lao People’s Democratic Republic and Myanmar. Initially limited to certain provinces and occupations, the work permit system now covers all of Thailand and essentially all economic sectors. A work permit includes health insurance coverage. Most work permits are issued to migrants already living in the country in an irregular status, but the Government has also signed MoUs with the three countries of origin to recruit and deploy migrant workers through formal channels. The implementation of this approach is at an early stage and the numbers of migrant workers admitted remain much lower than the number who enter Thailand informally and either obtain a work permit or remain in an irregular status (Punpuing, 2007).

Migration to Australia and New Zealand has traditionally been for permanent settlement, but in April 2007 New Zealand launched the Recognised Seasonal Employer scheme to open a channel for seasonal labour migration from Pacific island countries. The main objectives of the scheme are to provide overseas labour in the horticulture and viticulture industry and to encourage economic development, regional integration and good governance in the Pacific through preferential access for Pacific workers. By June 2008, there were 5,079 Pacific workers in New Zealand under the scheme. In August 2008, Australia announced that it would pilot a seasonal migration scheme with selected Pacific countries (Bedford, 2008).
Maximize remittances and their impact

Maximize remittances and their impact by facilitating the transfer of remittances and allowing migrants to maintain foreign currency accounts.

The volume of remittances to countries in Asia and the Pacific has grown rapidly. In 2006, recorded remittances to countries in the region equalled US$ 110 billion. This figure increased to US$ 121 billion in 2007 – more than double the volume in 2000. The actual volume of remittances is significantly larger if the unrecorded flows through formal and informal channels are taken into account.

Table 1. Top 10 Asian and Pacific developing countries ranked by remittances received and remittances as a proportion of GDP, 2007

<table>
<thead>
<tr>
<th>Country</th>
<th>Received (billions of United States dollars)</th>
<th>Country</th>
<th>Remittances as percentage of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>27.0</td>
<td>Tajikistan</td>
<td>36.2</td>
</tr>
<tr>
<td>China</td>
<td>25.7</td>
<td>Tonga</td>
<td>32.3</td>
</tr>
<tr>
<td>Philippines</td>
<td>17.0</td>
<td>Kyrgyzstan</td>
<td>27.4</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>6.4</td>
<td>Armenia</td>
<td>18.3</td>
</tr>
<tr>
<td>Pakistan</td>
<td>6.1</td>
<td>Nepal</td>
<td>18.0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>6.0</td>
<td>Philippines</td>
<td>13.0</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>5.0</td>
<td>Kiribati</td>
<td>9.9</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2.7</td>
<td>Bangladesh</td>
<td>8.8</td>
</tr>
<tr>
<td>Thailand</td>
<td>1.7</td>
<td>Sri Lanka</td>
<td>8.7</td>
</tr>
<tr>
<td>Malaysia</td>
<td>1.7</td>
<td>Viet Nam</td>
<td>7.9</td>
</tr>
</tbody>
</table>


Recorded remittances to developing countries now constitute more than twice the amount from official development assistance and nearly two thirds the amount of foreign direct investment flows (Ratha and others, 2007). Governments and the private sector could do more, however, to facilitate their flow and effective use. Electronic money remittance is now possible via mobile phone or Internet services. Domingo (2008) notes that electronic money remittance could also be used to make payments to a social security system and for health insurance if the recipient agencies established such electronic services and the costs of transfers were reduced.

Banking regulations in the host countries, including those intended to curtail money laundering and other financial crimes, may also limit the ability of migrants.
to send remittances through formal channels. Migrants sometimes find it difficult to comply with stringent identification and documentation requirements for opening bank accounts in the host country.

Skeldon (2008) provides a critical view of the impact of remittances. He argues that remittances may promote disparities in a country because they are sent to particular villages and households that are not the poorest. They may also create a dependency on remittances so that they are used primarily to fund education, training and travel for further migration, rather than for development in the local area. A focus on the agency of migrant remittances in poverty alleviation can divert attention from the structural factors that impede economic development.

Brown (2008), however, describes a study in Fiji and Tonga that demonstrates that remittances play a valuable role in providing an informal, family-based system of social protection and poverty alleviation. He argues that because of their success, these informal remittance mechanisms should be left alone rather than attempting to channel the remittances into more productive, growth oriented mechanisms.

Many experts anticipate that the volume of remittances will decline in 2009 because of the effects of the worldwide economic downturn, but it is too early to forecast the magnitude of such a decline or its impact on development in low-income countries.

**Incorporate migration into planning**

*Incorporate various desirable aspects of international migration into national economic and social planning by both sending and receiving countries, especially considering the impacts of remittances and the “brain drain” and also taking into account the reintegration of returning migrants.*

Ideally, countries in which international migrants represent a significant percentage of the labour force would attempt to collect information on migrants in the population census and national sample surveys, particularly labour force surveys. Whether a country is primarily a source or destination for international migration, such migration should be incorporated into population, labour force and educational projections, and the impacts of migration should be included in Poverty Reduction Strategy Papers (PRSPs). Government policy regarding migration should be explicitly stated.

Several labour-sending countries in the ESCAP region establish annual goals for the number of workers to be deployed, and several host countries determine the
annual number of migrant workers to be admitted by industrial sector. It is not common, however, for the impact of migration to be incorporated in five-year development plans, PRSPs or sectoral plans for education or the labour force.

Failure to incorporate international migration into economic development strategies can result in a lack of policy coherence or in migration policies that are not consistent with broader development goals (Huguet, 2008).

The migration policies of Singapore are designed to support the goal of developing a knowledge-based and high-technology economy. Foreign students are encouraged to study in the country, and to remain and work after achieving a degree. Highly-skilled foreigners can obtain an employment pass, become permanent residents and apply for citizenship. By contrast, low-skilled workers can remain in the country only temporarily. Their number is controlled by a dependency ceiling that regulates the percentage of foreign workers that a company can employ. A foreign-worker levy is assessed on employers to discourage them from becoming reliant on low-wage employees (Yeo, 2007). Australia and Japan, among others, also implement policies designed to attract highly-skilled migrants.

**Strengthen regional cooperation**

Strengthen regional cooperation to better manage the flow of all types of migration for the benefit of the sending and receiving countries and the migrants themselves.

There exists no process of cooperation on international migration incorporating all of countries and areas in the Asian and Pacific region. The most effective formal and informal processes are sub-regional or bilateral ones. The most formal agreements have related to trafficking in persons (and are described below) and to labour migration. While the Fifth APPC recommendation on regional cooperation refers to all types of migration, no regional processes have addressed highly-skilled or professional migration, or migration associated with trade in services.

ESCAP provides the only forum for all countries in Asia and the Pacific to deliberate on international migration. In addition to conducting numerous expert group meetings and seminars, ESCAP organized the Asia-Pacific High-level Meeting on International Migration and Development, held in Bangkok on 22-23 September 2008. The High-level Meeting addressed issues related to labour migration, feminization of migration, irregular migration, human trafficking, the migration of skilled workers and the protection of migrants. It focused not only on the economic benefits of international migration but also considered the social dimensions of international migration, including international marriages, family
members left behind, migrant children and health issues. The High-level Meeting also had a focus on least developed countries, land-locked developing countries and small island developing countries.

Within the ESCAP region, several important subregional agreements on particular aspects on international migration have been adopted. These include the Bangkok Declaration on Irregular Migration, adopted by the International Symposium on Migration in April 1999. The only formal agreement on labour migration at the regional or sub-regional level is the Declaration on the Protection and Promotion of the Rights of Migrant Workers, adopted by the 10 members of the Association of Southeast Asian Nations (ASEAN) on 13 January 2007 at Cebu, the Philippines. The main principle of the Declaration is stated in the first operational paragraph: “Both the receiving States and sending States shall strengthen the political, economic and social pillars of the ASEAN Community by promoting the full potential and dignity of migrant workers in a climate of freedom, equity and stability in accordance with the laws, regulations and policies of respective ASEAN member countries”.

As agreed in the ASEAN Declaration, receiving States have the obligation to “promote fair and appropriate employment protection, payment of wages, and adequate access to decent working and living conditions for migrant workers” (para. 8). They should also “provide migrant workers, who may be victims of discrimination, abuse, exploitation, violence, with adequate access to the legal and judicial system of the receiving state” (para. 9).

The Declaration constitutes a milestone for ASEAN on the issue of labour migration within its subregion. The document is rather general, however; its recommendations are often greatly qualified and certain omissions are significant. Paragraph 4 states that “nothing in the present Declaration shall be interpreted as implying the regularization of the situation of migrant workers who are undocumented”. Access to remedies and justice is only specified for documented migrants. The Declaration does not include the rights of migrant workers to free association or to organize.

The Declaration tasks the relevant ASEAN bodies with following up on the Declaration as well as with developing an ASEAN instrument on the protection and promotion of the rights of migrant workers (para. 22). When the appropriate ASEAN bodies begin to implement programmes related to the Declaration, they will make it an operational document.

Because there is no formal mechanism for regular discussions of international migration at the regional level, several regional consultative processes have emerged
in Asia and the Pacific. These are informal meetings of government officials, representatives of international organizations and, in some cases, non-governmental organizations. They provide a platform for the exchange of information and ideas but their outcomes are non-binding and generally not available to the public.

There are five main regional consultative processes involving countries in the ESCAP region. The Intergovernmental Asia-Pacific Consultations on Refugees, Displaced Persons and Migrants (APC) was established in 1996 and involves 32 States plus Hong Kong, China. It focuses on refugees, asylum-seekers and displaced persons. The International Organization for Migration (IOM) Regional Seminar on Irregular Migration and Migrant Trafficking in East and South-East Asia is known as the Manila Process. It was established in 1996 and involves 16 states plus Hong Kong, China. A larger process also devoted to irregular migration and trafficking is the Bali Ministerial Conference on People Smuggling, Trafficking in Persons and Related Transnational Crime, known as the Bali Process. It was established in 2002 and includes more than 40 States and areas in Asia and the Pacific. The Labour Migration Ministerial Consultations for Countries of Origin in Asia is known as the Colombo Process. It was established in 2003 with 10 countries of origin of labour migration (Regional Thematic Working Group, 2008).

In January 2008, 11 Asian countries of origin, seven host countries in the Middle East, Malaysia and Singapore met in the Ministerial Consultation on Overseas Employment and Contractual Labour for Countries of Origin and Destination in Asia, referred to as the Abu Dhabi Dialogue, which identified four areas in which key partnerships between countries of origin and destination can be promoted. The group intends to meet again in 2010.

Most formal agreements on international migration are concluded only at the bilateral level. Several receiving countries, such as Malaysia, the Republic of Korea and Thailand, officially accept labour migrants only from countries with which they have signed an MoU or bilateral agreement. As noted above, Japan has also concluded agreements with Indonesia and the Philippines to provide nurses and caregivers.

**Ratify international instruments**

Consider ratification of international instruments such as the Convention on the Protection of the Rights of All Migrant Workers and Members of their Families.

No international legal instrument related to refugees, migrant workers or trafficking has been ratified by as many as half of the countries in the ESCAP region.
<table>
<thead>
<tr>
<th>International instrument</th>
<th>Year adopted</th>
<th>Year of entry into force</th>
<th>Number of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Refugees</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convention relating to Status of Refugees</td>
<td>1951</td>
<td>1954</td>
<td>24</td>
</tr>
<tr>
<td>Protocol relating to the Status of Refugees</td>
<td>1967</td>
<td>1967</td>
<td>24</td>
</tr>
<tr>
<td><strong>Labour migration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convention concerning Migration for Employment (Revised 1949) (Convention No. 97)</td>
<td>1949</td>
<td>1952</td>
<td>4</td>
</tr>
<tr>
<td>Convention concerning Migrations in Abusive Conditions and the Promotion of Equality of Opportunity and Treatment of Migrant Workers (Convention No. 143)</td>
<td>1975</td>
<td>1978</td>
<td>3</td>
</tr>
<tr>
<td>International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families</td>
<td>1990</td>
<td>2003</td>
<td>7</td>
</tr>
<tr>
<td><strong>Smuggling and trafficking</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children</td>
<td>2000</td>
<td>2003</td>
<td>15</td>
</tr>
<tr>
<td>Protocol against the Smuggling of Migrants by Land, Sea and Air</td>
<td>2004</td>
<td>2004</td>
<td>15</td>
</tr>
</tbody>
</table>


Countries have been most reluctant to ratify the Conventions relating to the rights of migrant workers and somewhat more willing to ratify the Protocols on trafficking in persons, smuggling of migrants and the status of refugees (table 2). All of the countries in the region that have ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families are primarily labour deployment countries.

To the extent that countries have signed international agreements on migration and trafficking, they have preferred to approve subregional agreements. These have included the South Asian Association for Regional Cooperation (SAARC) and
ASEAN agreements on trafficking, elaborated in the following section, and the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers, adopted in January 2007 and discussed in the previous section.

**Combat trafficking in persons**

*Combat the practice of trafficking in persons, especially women, boys and girls, while paying attention to trafficked victims with counseling and rehabilitation services.*

Governments in the Asia-Pacific region have been more willing to enter into multi-lateral agreements on trafficking in persons than on broader aspects of labour migration. As indicated in table 2, 15 countries in the ESCAP region have ratified the United Nations Protocols on trafficking in persons and on the smuggling of migrants.

At the subregional level, the seven members of SAARC adopted the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, on 5 January 2002 at Kathmandu. A clear limitation of the Convention is that it does not cover trafficking in persons for purposes other than prostitution. In general, migration is not a significant subject for discussion within SAARC. The Declaration issued by the Fifteenth SAARC Summit in Colombo in August 2008 makes no reference to either labour migration or trafficking (SAARC, 2008).

ASEAN adopted a Declaration against Trafficking in Persons, Particularly Women and Children, on 29 November 2004. Although broader than the SAARC Convention, the focus of the ASEAN Declaration is limited to women and children. Implementation of the ASEAN Declaration also remains a challenge.

The most concrete cooperative action against trafficking has been taken by the six Governments in the Greater Mekong Subregion, namely Cambodia, China, Lao People’s Democratic Republic, Myanmar, Thailand and Viet Nam. They have established the Coordinated Mekong Ministerial Initiative against Trafficking (COMMIT) and they signed a Memorandum of Understanding on Cooperation against Trafficking in Persons in the Greater Mekong Sub-region on 29 October 2004 in Yangon, Myanmar. The United Nations Inter-Agency Project on Human Trafficking (UNIAP) in the Greater Mekong Sub-region serves as the secretariat for COMMIT.

The MoU signed by the six Governments contains 34 operative paragraphs in key areas: (a) policy and cooperation; (b) legal frameworks, law enforcement and justice; (c) protection, recovery and reintegration; (d) preventive measures and (e) mechanisms for implementation, monitoring and evaluation of the MoU. The MoU commits the six Governments to develop national plans of action against
trafficking in persons and to work towards establishing and strengthening national multisectoral committees to address trafficking (paras. 2 and 3). The MoU also calls for “investigating, arresting, prosecuting, and punishing perpetrators of trafficking in accordance with national law” (para. 9). The Governments are committed to “providing all victims of trafficking with shelter, and appropriate physical, psycho-social, legal, educational, and health-care assistance” (para. 17). It requires “applying national labour laws to protect the rights of all workers based on the principles of non-discrimination and equality” (para. 25).

The Governments participating in the COMMIT process have undertaken an ambitious plan of action in order to strengthen their capacity to implement the MoU. Their activities have included national and subregional training workshops and the drafting of model procedures and guidelines.

Although much progress has been made recently, especially after the COMMIT MoU was signed in 2004, Huguet and Ramangkura (2007) argue that most countries need to take a more systematic approach to the identification of victims of trafficking, with greater monitoring of certain types of workplaces and an understanding that trafficking is not confined to women and children. Better statistics on trafficking and return and reintegration processes are needed in order to assess current programmes. Huguet and Ramangkura argue that repatriation processes should be less shelter-based and more flexible. They also conclude that the processes should be more returnee-centred. Such an approach would be meant to expedite returns, provide training that returnees believe they need and offer better opportunities for productive employment following repatriation (Regional Thematic Working Group, 2008: p. 133).

**Reduce irregular migration**

*Work to reduce the causes of irregular migration, while recognizing the rights of men and women to migrate for voluntary reasons.*

Kanapathy (2008: p. 3) observes that there are five categories of migrants in Malaysia who could be classified as “irregular” or “undocumented” migrants, and the classification could be applied in many countries in the region. The categories are:

(a) Unauthorized entry and employment;

(b) Authorized entry but unauthorized employment;

(c) Authorized entry and employment but work permit invalidated;

(d) Refugees

(e) Children of undocumented migrants whose births have not been registered.
The number of migrants in Asia and the Pacific in these categories probably declines from each category to the next. The issues involved are discussed by category in reverse order. Unregistered births to migrants occur in significant numbers in Assam State in India, East Malaysia and Thailand, but effective solutions have not been put into place.

Because refugees and asylum-seekers have different rights from irregular migrants, separate machinery should exist for determining their status and finding an appropriate solution. In most countries, refugees and asylum-seekers would not be categorized as irregular migrants, but when a large-scale cross-border movement occurs, it may be difficult to determine the status of all of the individuals.

The presence of migrants in the third category occurs where there are provisions for legal entry and employment, but persons continue to work when their work permits have expired or they change jobs without authorization. The major migration destination countries of Japan, Malaysia, the Republic of Korea and Thailand confront this issue.

The chief destination countries also have large numbers of migrants in the second category, usually classified as visa overstayers. The number of visa overstayers in Japan in 2007 was estimated to equal 194,000, that in the Republic of Korea in 2006 equalled 189,000 and that in Thailand in 2006 was about 500,000 (Regional Thematic Working Group, 2008). Asis (2008) has noted that in mid-2007 there were 236,516 registered aliens in the Philippines but that only 11,642 persons held Alien Employment Permits. It may be assumed that a significant proportion of the registered foreigners are employed without holding a work permit.

Unauthorized entry and employment occurs where border control is ineffective, and occurs in large numbers in many countries across Asia. Sukamdi (2008) states that the number of Indonesian migrants in Malaysia who are in an irregular status is increasing. The number of low-skilled migrants in Thailand with work permits equalled 850,000 in 2004 and 532,000 in 2007. As there is no reason to believe that the total number of such workers has declined, it is most likely that the number in an irregular status has increased.

From the examples cited, it appears that, in spite of the many valuable measures that Governments have taken to regularize labour migration (described earlier), irregular migration has probably increased. The Fifth APPC goal of reducing the causes of irregular migration has not been adequately achieved. Economic development in the countries of origin has not been sufficient to slow out-migration, including unauthorized migration. In order to reduce irregular
migration, destination countries would need to implement a comprehensive approach that included, at least: (a) facilitating the entry and employment of migrants in a regular status, (b) more effective border control, (c) more thorough labour inspection and (d) stronger sanctions on employers and recruiters of irregular migrants.

Collect and disseminate reliable information

Ensure that definitions of various types of movements are agreed upon and that reliable information is collected and disseminated in a timely manner.

This and the following two recommendations are meant to support the seven previous recommendations for action. Little progress has been made in agreeing on common definitions for categories of international migrants and their occupational and industrial classification.

The most readily available statistics on international migration are those on deployment of migrant workers compiled by countries of origin and on work permits issued by destination countries. Several countries provide basic tabulations of these data on government web sites. Those tables are generally quite basic, however, and the user is not able to generate other more-detailed tables. Governments do not make such migration data available in public use format.

The potential of other data sources, such as population censuses and national or targeted sample surveys, is considerably underexploited in the region. Valuable exceptions to this generalization include tabulations of the foreign-born population produced from the population census in Nepal (K.C., 2008) and the Survey of Overseas Filipinos conducted annually as a module of the national Labor Force Survey in the Philippines (Asis, 2008). A major gap in migration statistics often exists with regard to the stock of migrant workers abroad, because detailed deployment data are compiled but data on return migration are not collected or tabulated.

Several countries that officially deploy large numbers of temporary migrant workers give very little attention to in-migration of foreigners, so that little is known about the foreign population in Bangladesh, India, Indonesia, the Philippines and Viet Nam, for example. As much of this in-migration consists of professional and highly-skilled migrants, it may make a significant contribution to economic development and more should be known about it.

Since the Fifth APPC in 2002, the amount of information and number of publications devoted to international migration in Asia and the Pacific have increased greatly. The Asia-Pacific Population Journal, published by ESCAP,
prepared a special issue on international migration in December 2005 (vol. 20, No. 3). The *Asian and Pacific Migration Journal* has been published by the Scalabrini Migration Center in the Philippines since 1992. It prepared a special issue on migration statistics in 2008 (vol. 17, Nos. 3-4).

The greatest expansion in dissemination of data and information on international migration since 2002 has occurred via the Internet. ESCAP makes the *Asia-Pacific Population Journal*, other publications and meeting reports and papers available on its web site. The web sites of the International Labour Organization, International Organization for Migration and Scalabrini Migration Center disseminate a large number of reports and other information on migration. The United Nations Population Division in New York has recently established the online Global Migration Research Database at http://esa.un.org/unmigration. Another valuable web site at the global level is that of the Migration Policy Institute in Washington, D.C. (www.migrationinformation.org).

**Promote research on migration and development**

*Promote research on the interrelationship between migration and other population dynamics, development and poverty reduction as well as on the interconnections between internal and international migration.*

Recognition of the increasing importance of international migration for development, and of the attendant social issues, has resulted in an expanding volume of research on the topic. Some of the research is published by the *Asian and Pacific Migration Journal*, Quezon City, the Philippines. As noted, the *Asia-Pacific Population Journal* also published a special issue (vol. 20, No. 3, 2005) on international migration and quite regularly publishes articles on migration-related topics.

The Regional Thematic Working Group (2008), composed of several United Nations bodies and IOM, recently issued a *Situation Report on International Migration in East and South-East Asia*. It had earlier produced a comprehensive report on international migration in Thailand (Huguet and Punpuing, 2005), and an updated version of this latest report was published in early 2009.

The International Labour Organization (ILO) office in Bangkok produced a series of 16 working papers in 2008 on issues related to international labour migration, including one analysing policy responses to labour shortages in five economies in East and South-East Asia (Ducanes and Abella, 2008). The papers are available online at www.ilo.org/asia. The ILO has also supported research on
human trafficking in the Greater Mekong Subregion and has published the results in several volumes in a series entitled “The Mekong Challenge”.

Aside from the Asian and Pacific Migration Journal and several of the reports in “The Mekong Challenge” series, most of the reports cited above are largely descriptive, based on government statistics and other secondary sources. Few take an analytical approach, although the working paper by Jones (2008) is a valuable exception.

Most of the publications cited describe migration trends and policies, but contain little analysis of the interrelationships between migration and development or poverty reduction, as recommended by the Fifth APPC. An important exception is the paper by Martin (2007) that attempts to quantify the economic contribution of migrant workers to Thailand. A valuable contribution to the discussion on migration and development is the recent paper by Skeldon (2008), in which he argues that migration is more likely to be an outcome rather than a cause of development. He also urges that internal and international migration be considered together in the analysis of their relation to development. In a paper based on primary research, Brown (2008) found that remittances had a significant impact on poverty reduction in Fiji and Tonga, a conclusion somewhat at odds with Skeldon’s argument.

More research is required on the interrelationships between international migration and such broad development objectives as the achievement of the Millennium Development Goals and targets, the environment and sustainable development, food security and recovery from the worldwide economic downturn that began in 2008. More specific areas in which there has been insufficient research include the role of recruitment agencies and brokers, return migration and integration, such social issues as the situation of children migrants and children left behind, and evaluation of policies.

Build national capacity

Support training and intercountry workshops to build national capacity for data collection, analysis and research.

The project on a Migration Information System in Asia (MISA) aims to develop a mechanism to monitor current trends and developments in labour migration in Asia. It is being implemented through collaboration between the ILO Regional Office for Asia and the Pacific, in Bangkok, and the Scalabrini Migration Center (SMC) in the Philippines. Started in May 2007, MISA has built a network of correspondents in selected countries and areas who, in cooperation
with SMC, will work together in gathering and disseminating migration-related information produced by government agencies and other organizations.

Among country initiatives, the Government of the Republic of Korea established a regional research and training centre on international migration in 2008.

Aside from the MISA project, most capacity-building activities of United Nations agencies and IOM in Asia and the Pacific related to international migration are designed to improve the management of labour migration or to address issues of trafficking in persons, rather than to improve capacity in data collection and analysis. The programmes of several of those international agencies have strengthened components dealing with migration since 2002.

ESCAP has organized several expert group meetings related to migration and held the Asia-Pacific High-level Meeting on International Migration and Development, 22-23 September 2009.

The IOM Regional Office in Bangkok works directly with national counterparts on: (a) the Bali Process, people smuggling and human trafficking in Asia; (b) counter-trafficking in the Greater Mekong Subregion; (c) health and migration; (d) labour migration; and (e) technical cooperation and border management. IOM also has Regional Offices in Canberra, Dhaka and Islamabad to implement programmes in other areas in Asia and the Pacific.

Programmes of the ILO Regional Office for Asia and the Pacific, Bangkok, on labour migration and on the prevention of trafficking in persons in the Greater Mekong Subregion have substantial components devoted to capacity building. Other United Nations agencies in Asia and the Pacific implementing projects or programmes related to various aspects of international migration include the United Nations Population Fund, the United Nations Children’s Fund, the United Nations Development Fund for Women, the World Bank and the World Health Organization. The United Nations High Commissioner for Refugees works to provide protection and durable solutions for refugees, asylum-seekers and displaced persons. The United Nations Office on Drugs and Crime works to support adherence to the United Nations Protocols on trafficking in persons and on smuggling of migrants.

**Summary of progress in achieving the goals of the Fifth APPC**

Substantial progress has been made towards achieving the goals of the Fifth APPC related to international migration. Many countries have continued to develop and strengthen policies aimed at regularizing labour migration. The
the volume of remittances has increased rapidly. Countries in the region have made concerted efforts to address irregular migration (with only moderate success) and trafficking in persons. Much more information concerning international migration is being made available by government agencies and by professional journals, United Nations agencies, IOM and international non-governmental organizations.

Areas in which inadequate progress has been achieved include: (a) the ratification of international instruments related to international migration; and (b) regional cooperation on labour and highly-skilled migration. In most countries, migration is not adequately integrated into development strategies, as elaborated in five-year development plans or poverty reduction strategy papers. More research is needed on migration and development, migration mechanisms and several social issues associated with international migration.

**Future directions**

Migration policies in countries in Asia and the Pacific are developing quickly in response to changing migration trends, and international migration is increasingly recognized as a significant element in economic development. In this context, further work is required in at least three broad areas: (a) incorporation of international migration in economic development strategies; (b) emerging labour force and social issues; and (c) research and public discourse on these and other long-term implications of international migration.

Out-migrants or in-migrants constitute a significant proportion of the labour force in many countries in Asia and the Pacific and should be taken into account when preparing population and labour force projections. International migration should also be included in projections of supply and demand of workers by skill categories. The role of international migration should be explicit in five-year development plans and poverty reduction strategy papers. In today’s interconnected world, the employment market for highly-skilled professionals is frequently global. Countries must put in place plans to train, recruit and retain such necessary skilled persons as managers, engineers, scientists and medical professionals.

The current worldwide economic downturn is likely to influence the number of persons migrating for employment and the amount of remittances sent to countries of origin. As the volume of exports declines, factories are shut down and construction projects curtailed, many observers anticipate that migrant workers will be the first ones to be affected. On the other hand, migrants often work in niches in the job market that local workers are reluctant to enter, such as in agriculture, fishing or domestic service, and those jobs may be less affected. The direction and magnitude of these changes are difficult to predict, so Governments
and international organizations should monitor the trends carefully in order to institute policy shifts to respond to a changing environment for migration.

As labour migration becomes a more important aspect of national and regional labour markets, greater attention needs to be given to mechanisms to provide migrants with basic social protection, such as access to accident insurance, health care and pension plans. These are areas in which subregional organizations, such as the Economic Cooperation Organization, the Pacific Islands Forum, SAARC and ASEAN, could potentially develop valuable cooperation mechanisms.

The growth of migration within the Asia-Pacific region has also given rise to the social issues associated with the rapid increase in international marriage migration and the situation of children left behind by migrants or who accompany migrants.

Substantial levels of international migration and sizable migrant communities have become permanent features in most countries in the ESCAP region. Until recently, however, policymakers and the general public viewed migration mostly as a temporary, small-scale and isolated phenomenon. The increasing significance of international migration requires more research and an expanded public discourse on the economic and social aspects discussed above but also on the longer-term implications of such migration. Even when migrants stay for temporary or fixed periods, the presence of migrants in the workplace or migrant communities can become long-term or permanent. As some migrants will remain for long periods, or marry locally and have children, many countries will confront the issue of how to respond to the presence of long-term foreign communities. To what extent will long-term migrants be permitted to assimilate? Will multicultural or transnational policies evolve, or will the migrants constitute a permanent underclass, including many stateless persons? The resolution of these issues will be important not only for migrants but, more significantly, for the host societies. In order for the necessary public debate to be evidence-based, much more detailed research on all aspects of international migration will be needed.
Endnotes


2. References to particular countries are not meant to be exhaustive but to provide key examples of recent policy and programme directions.
References


Fifth Asian and Pacific Population Conference Review Meeting: Recommendations for Action

The Expert Group Meeting to Assess the Progress in the Implementation of the Plan of Action on Population and Poverty adopted at the Fifth Asian and Pacific Population Conference (APPC) was held in Bangkok from 3 to 5 February 2009. It was organized by the Social Policy and Population Section, Social Development Division, ESCAP in collaboration with the United Nations Population Fund Asia and the Pacific Regional Office.

The Expert Group Meeting observed that some progress had been made in the implementation of the Plan of Action, although still much remained to be done. In order to further accelerate progress towards achieving the Fifth APPC Plan of Action, the Meeting adopted the following set of recommendations:

**A. General recommendations – Further implementation of the Fifth APPC Plan of Action on Population and Poverty and the ICPD Programme of Action**

1. In view of the convergence of goals between the ICPD Programme of Action and the regionally-focused Fifth APPC Plan of Action, and their centrality to the achievement of the MDGs, the Governments in collaboration with NGOs,
civil society organizations and other stakeholders should redouble their efforts towards achieving these goals. Furthermore, in light of the global economic crisis and its likely impact on the poor, climate change and increasing environmental degradation, their achievement is required more than ever to ensure the well-being of all in Asia and the Pacific;

2. ESCAP and UNFPA should pursue their effective partnership to further scale up and monitor the implementation of the recommendations contained in the Fifth APPC Plan of Action and ICPD Programme of Action;

3. In view of the various events being planned around the world to review the progress accomplished in the 15 years since the ICPD, ESCAP and UNFPA should join hands to organize in Asia and the Pacific, a high-level meeting for the Fifth APPC and ICPD Plan/Programme of Action, which would also reaffirm the outcome of the February 2009 Fifth APPC EGM, paving the way for the organization of a 6th Asian and Pacific Population Conference in 2012;

4. Over the coming years, ESCAP and UNFPA should pursue their strategic partnership for the purpose of accelerating progress towards the achievement of the Fifth APPC and ICPD goals, in particular through policy support, advocacy and strengthened knowledge-sharing activities;

5. At the regional and country level, targeted and pro-poor interventions must be adopted to mitigate the potential negative impacts of the global economic crisis and other threats to development such as climate change and environmental degradation, particularly on those living at the margin;

6. Give due attention to mainstream gender and to incorporate a rights-based approach in key policies and programmes in all areas and to monitor it through regional and national mechanisms.

**B. Specific recommendations – Population, Sustainable Development and Poverty**

7. Strengthen national capacity to pursue human capital development while integrating population concerns into the broader development agenda, particularly into strategies for poverty reduction and achievement of internationally agreed development goals, including the Millennium Development Goals;

8. Enhance efforts in pursuing gender equality and women’s empowerment as a fundamental goal and essential part of the strategy of poverty reduction and promotion of sustainable development;
9. Enhance educational opportunities for girls, particularly those from poor families, in countries where female educational enrolment and retention rates are lagging behind those of males, also ensuring quality education;

10. Promote rural development in ways to help alleviate poverty, reduce the pressure of rural-to-urban migration, and reverse current environmental degradation;

11. Use the current global economic crisis as an opportunity to advocate the regional commitment to ESCAP’s “Green Growth” initiative and UNEP’s “Green New Deal” to work towards environmental sustainability, through investments in new energy technologies. In this connection, actively search for and promote new ways of developing regional, national and local partnerships to strengthen regional environmental policies, giving due attention to their linkages with population and development issues;

12. Foster development strategies that provide productive employment opportunities to young people, particularly those in low-income households as a means to alleviate poverty, recognizing that this needs to be closely linked with efforts to increase their educational levels and develop their skills, in both formal and informal settings.

C. Reproductive Health, including Adolescent Reproductive Health

13. Take urgent measures to strengthen health systems, to mobilize community support and to realign services to be more equitable, culturally-sensitive and socially acceptable, to ensure universal access to comprehensive, integrated and quality sexual and reproductive health services;

14. Strengthen political will and support to create a favourable and enabling environment for sexual and reproductive health, including removal of restrictive legal, social and cultural barriers;

15. Take measures to ensure evidence-based programmes for sexual and reproductive health and rights are implemented with appropriate information, education and counseling, are supported by adequate human and financial resources;

16. Increase coverage of targeted sexual and reproductive health services for extremely vulnerable and most at-risk populations, especially young people, ensuring specific budgeted allocations and promoting partnerships with civil society organizations that are well positioned to deliver these targeted services;
17. Take measures to facilitate and strengthen linkages and integration of sexual and reproductive health, HIV and AIDS and STIs with sexual and reproductive health and HIV and AIDS. Particular attention ought to be given to prevention and control of and services for STIs to reduce reproductive and sexual health morbidity;

18. Develop strategies to promote sexual health and take measures to ensure responsible sexual behaviour by individuals and couples for them to enjoy a satisfying life and be protected from adverse consequences of unsafe sex, such as unintended pregnancies and HIV;

19. Take urgent action for reproductive and sexual health services to be accessible, acceptable and affordable; to be non-judgmental and non-discriminatory; respecting privacy and confidentiality, paying special attention to the needs of unmarried and married adolescents and young people, and fulfilling their rights and choices;

20. Take urgent action to adopt and enact policies and legal frameworks to reduce incidence of unwanted pregnancies and unsafe abortion, as well as to provide safe and accessible comprehensive abortion services to the fullest extent of the law;

21. Take action to integrate sexual and reproductive health into national emergency and humanitarian preparedness plans and responses to protect in particular women and girls living in crisis and post-crisis situations, and who are exposed to increased risk of maternal and infant deaths, gender-based violence, unwanted pregnancies, unsafe abortions and spread of STIs and HIV, among others;

22. Develop strategies to strengthen community support (which includes parents, senior members of the family, etc.) to youth-friendly adolescent sexual and reproductive health programmes and services, including comprehensive, rights-based, gender-sensitive and participatory sexuality education;

23. Take urgent measures to address the unmet need for family planning of unmarried persons, and to ensure adequate supply of contraceptives. Reposition family planning as an important and integral component of sexual and reproductive health.

D. Maternal and Child Health

24. Improve access to a wide range of quality contraceptive services, and the information, education and communications, especially to poor women with a high proportion of ‘unmet need’ for family planning;
25. Provide evidence-based advocacy on the critical role of maternal health in achieving the MDGs and the need to increase investments in maternal and newborn health;

26. Strengthen efficiency of health systems to focus on most effective interventions that reduce maternal and neonatal mortality and morbidity, through a continuum of care, as outlined in the priority action F.4 of the Fifth APPC Plan of Action;

27. Strengthen mechanisms to reduce financial barriers to enable poor women to access quality maternal and child health services;

28. Strengthen institutional capacity, including management, at different levels of service delivery, with a special emphasis on primary health care;

29. Advocate for access to adequate and appropriate human resources for maternal and child health;

30. Document and disseminate effective, evidence-based, good practices in maternal and child health, to policy makers and programme managers on a regular basis to improve the formulation of responsive policies and programmes;

31. Strengthen community involvement (through increased awareness about entitlements to services and birth preparedness) to monitor the quality and access of maternal and child health, especially for the poor and in those countries where progress is lagging;

32. Identify indicators for monitoring progress of MDG 5 that are accurate and easy to collect. Consideration should be given to include Emergency Obstetric Care (EmOC) process indicators that monitor access, met needs and impact.

E. HIV and AIDS

33. Encourage leaderships at all levels, national, provincial and local, especially in the areas of HIV and AIDS prevention;

34. Ensure universal access to prevention, treatment, care and support by integrating HIV continuum of care services into sexual and reproductive health and existing health systems and engaging affected communities;

35. Provide for universal access to treatment for HIV-infected persons and prevent mother-to-child transmissions;
36. Combat stigma and discrimination through fostering positive attitudes among health providers and community towards persons living with HIV (PLHIV) and the introduction and enforcement of laws and regulations that safeguard the rights of affected communities and PLHIV;

37. Regional and subregional bodies like ASEAN, SAARC, SPC and ESCAP should produce evidence-based reports on progress against AIDS, and use them as advocacy tools for scaling up responses at country-level;

38. Where necessary, allocate more domestic resources for HIV and AIDS programmes;

39. Ensure that HIV and AIDS programmes reach most at-risk population groups.

F. Gender Equality and Empowerment of Women

40. Ensure the inclusion in national development plans of the gender equality goal in particular the promotion of equal quality access to education and health services, as well as access to employment, productive assets; and advocacy toward gender equity in political decision-making;

41. Promote the full-participation of women in the labour-force, especially at high-level, managerial levels by seeking to eliminate all legal and cultural barriers;

42. Enforce national and international human rights norms and instruments as they relate to violence against women and promote active and visible legislation, policies and programmes related to its elimination;

43. Adopt appropriate measures to foster gender-sensitive behaviour and respect for women and girls;

44. Conduct training for gender sensitization among judicial, legal, medical, social, and education personnel;

45. Enhance awareness among planners and policy makers of the importance of sex-disaggregated data and build the capacity of national agencies to collect, manage and analyze such data and translate gender based research results into policies and programmes;

46. Promote and strengthen capacity to incorporate “gender perspectives” into national planning and budgeting exercises.
**G. Demographic Transition and Changing Age Structure**

47. Create awareness among policy makers in Asia-Pacific about the two ongoing demographic dividends (first and second), both of which are generated due to age structural changes;

48. Take appropriate measures to optimize the use of the first demographic dividend (which is transitory in nature) and the second demographic dividend (which could be permanent), through proper planning to further develop human resource, widen employment opportunities and strengthen infrastructure including a sound financial market;

49. Note that when public pensions are planned and formulated, policy makers in the Asia-Pacific region should exercise caution with regard to choosing a financing method, as it might adversely affect the accumulation of capital potentially generated by the second demographic dividend;

50. Pay heed to the newly-emerging possibility that some countries and areas in the stage of capturing the first demographic dividend might attract a large influx of funds from the outside, thus making their macroeconomic policy management more difficult and complicated;

51. Assist countries in the Asia-Pacific region which have not already done so to identify the potential demographic dividends available in the future and the subsequent economic and financial policy implications of these demographic transitions;

52. Strengthen the sharing of information on ageing issues to assist the formulation of suitable policies and allocate adequate resources to address the growing needs of older persons;

53. Establish sustainable social protection, social security systems and health care for older persons, taking into account the special needs of older persons, especially women in rural areas;

54. In the context of lower fertility and increasing longevity, promote self-reliance of older persons by facilitating their continued participation at all levels of economic and social activities making full use of their skills and abilities, thereby reducing their dependence on intergenerational transfers.

**H. International Migration and Development**

55. Strengthen national statistical systems to collect and produce more reliable, comprehensive and internationally comparable migration statistics, so as to
guide national planning or policy. To this end, ensure that the 2010 round of censuses include questions which enable to develop a better understanding of the mobility of people;

56. Promote more research on the short-term and long-term impacts of international migration, on poverty alleviation and social development;

57. Enhance the coherence of national migration policies, ensuring consistency with national development goals;

58. Take appropriate measures to protect the human rights of migrants and improve their access to basic social services by facilitating the participation of civil societies, NGOs and the private sector;

59. Promote greater dialogues and effective cooperation among the Governments of source and recipient countries as well as other stakeholders, recognizing the changing population dynamics of countries and identifying the mechanisms to maximize the positive impacts of international migration on development.

I. Partnership and Resources

60. Strengthen and sustain the broad-based partnership between Governments, international organizations NGOs, civil societies and the private sector in the areas of sexual and reproductive health, gender equality and women’s empowerment;

61. Prioritize and allocate sufficient resources, promoting their effective, efficient and equitable use, for achieving the Fifth APPC and ICPD goals, especially in the wake of the global economic crisis, and urge donor Governments to increase Official Development Assistance (ODA) and harmonize aid in accordance with national priorities;

62. Further enhance national capacity for achieving internationally agreed development goals through South-South collaboration, paying due attention to the special needs of small island developing states.