

CHAPTER 3. GENDER INEQUALITY CONTINUES – AT GREAT COST

Gender discrimination has widespread ramifications and clear economic and social costs. Blocking the access of women and girls to education and health is detrimental to human capital development and labour force participation, and thus to individual welfare and economic growth. The opportunities that women must forgo have an intergenerational impact, impairing the health, education and well-being of their children and grandchildren. Women's voicelessness and inability to exercise rights deprive them of assets and obstruct economic and social participation. Violence against women has life-long psychological costs, robbing them of self-esteem and aspirations.

Gender discrimination is widespread and has intergenerational effects

The Asia-Pacific region has made good progress in reducing gender discrimination in recent years, but appalling disparities remain. This chapter first assesses the economic and social costs of gender discrimination in the region. It finds those costs to be enormous. The region is losing \$42-\$47 billion a year because of restrictions on women's access to employment opportunities. Gender gaps in education costs \$16-\$30 billion a year. These are just the economic costs – added to them are social and personal costs.

The chapter next analyses the status of gender inequality and the factors contributing to it. Gender discrimination in the region is most visible in the low

access women and girls have to education and health services, to economic opportunities and to political participation. Female primary school enrolment can be as much as 26% lower than that of males. Such disparities are also reflected in access to health. The female-to-male ratio in the population is deteriorating, particularly in North and Central Asia, South Asia and the Pacific island countries, reflecting women's inadequate access to health services. In some countries one in every 10 girls dies before reaching the age of one, and one in every 50 women dies during pregnancy or delivery. Meanwhile, violence against women continues unabated, indicating how voiceless women are in households and in countries.

The chapter then proposes several policy recommendations to reduce gender discrimination:

- Establish schools closer to villages and provide safe transport for girls. Safety concerns make the lack of schools close to where girls live a key constraint. Providing gender-specific facilities, such as toilets, may also be necessary.
- Implement legislation ensuring the rights of women to equal access to basic health services in countries where institutional barriers, cultural practices and misconceptions prevent access. Political leadership and commitment will be needed for success.
- Ensure that women are not discriminated against in recruitment, wages or promotions. The public sector should be a model for the private sector.
- Focus on achieving gender equality in the family – where gender discrimination often has its roots, so that efforts spill over to society at large.

Economic and social costs of gender discrimination

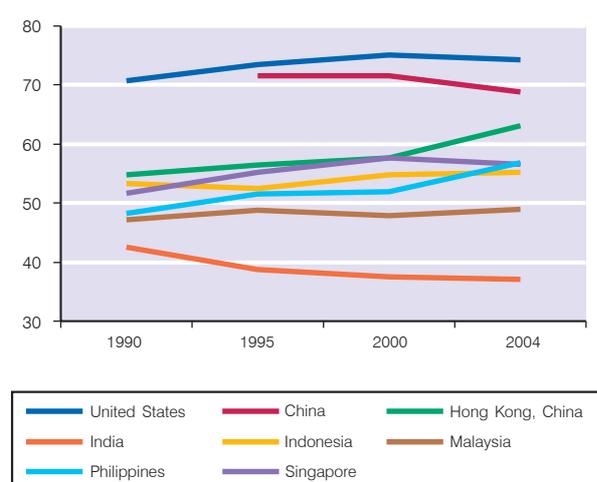
The economic and social costs of gender discrimination are huge. Discrimination obstructs women's participation, reduces their productivity and diverts resources. Barriers to female employment raise labour costs and lower international competitiveness, preventing women from entering the market at competitive wages.

Cost of restrictions on labour force participation – \$42-\$47 billion a year

A 30-40% gap in male-female labour force participation rates is common in the region's developing countries (figure 3.1). To evaluate the effects on economic growth and output of gender discrimination in labour force participation, a simulation study was conducted for 2000-2004, covering seven economies in the region. These economies account for nearly two thirds of the region's developing-country output and three-

Figure 3.1. Female labour force participation in selected countries, 1990-2004

(Per cent)



Sources: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006); International Labour Organization website, <<http://laborsta.ilo.org>>; and ESCAP calculations.

quarters of its population. The United States – with the highest female labour force participation rate (86.0%) among OECD countries – was taken as the benchmark. To estimate the impact of gender equality on output and growth, labour force participation in the selected Asian economies was increased to the benchmark. Estimates were also made for an alternative policy scenario, a permanent 10% increase in female labour force participation. It is assumed that the unemployment rate remains the same as the baseline. This scenario would mean a significant increase in the participation of women in India, Indonesia and Malaysia.

“Huge economic and social costs of gender discrimination should open the eyes of all stakeholders”

Higher female participation and the (assumed) increase in employment would raise output and output growth in the region (table 3.1). If the increase is absorbed to generate productive employment, per capita GDP will rise even if wages and productivity remain the same. Both supply and demand effects play a role. Increased employment could boost production, especially in labour-intensive sectors. Higher income from new employment could also stimulate consumption and domestic demand.

The greatest effects would be felt where female labour force participation is currently lowest: in India, Malaysia and Indonesia. If India's female participation rate reached parity with that of the United States, its GDP would increase by 4.2% a year and its growth rate by 1.08 percentage points – an annual gain of \$19 billion. A 10% permanent increase in female participation would mean a gain of \$5 billion a year. Malaysia's GDP would grow by 2.88% if female participation rose to the United States level, a 0.77 percentage point increase in the growth rate, and Indonesia's GDP would grow by 1.38% – a 0.56 percentage point increase in the growth rate. The impact on countries with relatively higher female labour force participation, such as China, would be relatively low.

Table 3.1. Impact of gender equality in labour force participation, 2000-2004

Country	Impact of an increase in the female labour force participation rate to the benchmark level		Impact of a 10% (permanent) increase in female labour force participation rate	
	Percentage point change in the growth rate	Amount in billions of dollars	Percentage point change in the growth rate	Amount in billions of dollars
China	0.03	1.1	0.05	2.5
Hong Kong, China	0.22	1.2	0.22	1.0
India	1.08	19.0	0.31	5.4
Indonesia	0.56	2.4	0.32	1.3
Malaysia	0.77	1.7	0.33	0.7
Philippines	0.54	0.2	0.33	0.1
Singapore	0.55	1.2	0.34	0.7

Source: ESCAP estimates.

Table 3.2. Economic gains from increased female labour force participation in developing countries in the Asia-Pacific region

Method	Estimation results	Gain for the region (Billions of dollars)
Simulation study for seven major developing economies in the Asia-Pacific region.	Increase in female labour force participation rate to United States level could increase growth 0.03-1.08%.	42.7 ^a
Simulation study for seven major developing economies in the Asia-Pacific region.	Same as above. Average GDP (level) elasticity of female labour force participation 0.01.	47.3 ^b

Source: ESCAP calculations.

^a The results of the simulation on the seven countries are extrapolated for the region as a whole by using GDP shares.

^b Estimates for other developing countries in the region are based on the average growth elasticity of the female labour force participation rate of the seven countries.

The change would imply a gain of \$42.7 billion a year for the region, extrapolating these estimates based on GDP shares. Using an average elasticity of 0.01 to calculate the impact of gender equality in other developing countries indicates an annual gain of \$47.3 billion for the region (table 3.2).¹

These estimates, although based on strong assumptions, highlight the opportunity costs of gender discrimination. While absorbing many women into the labour force quickly could present difficulties for countries with high unemployment, Japan and other labour-importing countries with low female participation could benefit greatly in the medium to long term.

¹ These estimates cover only developing countries in the region. Including developed countries, doubles the gain to \$89 billion a year – Japan would gain as much as \$37 billion.

Cost of gender gaps in education – \$16-\$30 billion a year

The potential gains from educating women are huge, but so are the costs of inaction. Because women invest more in children's health and education, the returns from educating women could exceed those for men – and create an intergenerational spillover. Greater access to education and labour force participation will lower child mortality and undernutrition and increase education for the next generation. But continuing gender bias in education compromises progress in other important development goals (Abu-Ghaida and Klasen, 2002). When less able boys are substituted for girls, this bias could act as a distortionary tax, leading to misallocation of resources and lower economic growth (Dollar and Gatti, 1999).

“Economic returns from women’s education could exceed those for men”

Deficits in female education also impose direct economic costs by lowering labour productivity. Economic growth depends on human capital and education. An educated labour force spurs growth by thinking creatively and adapting to new tasks and technologies. In the United States, more than two thirds of output growth over the past 40 years has come from labour productivity: Education contributes 13-30% of this growth.

How large are the costs of not educating women? According to ESCAP estimates, a 1% increase in female secondary school enrolment rates would lead to a 0.23% increase in the region’s annual growth, results that are consistent with the 0.3 coefficient of Dollar and Gatti (1999) for developed countries. The results of ESCAP estimates are also consistent with Knowles and others (2002) where a 1% increase in the average years of female schooling would increase average GDP by 0.37%. They also find that a 1% increase in female schooling would increase GDP growth by 0.2% (table 3.3).

The region loses \$16-\$30 billion a year from gender inequality in education. Because of diminishing returns, countries with the lowest levels of schooling will benefit most from investing in women’s education.

Box 3.1. The cost of the gender gap in education – empirical evidence

Several studies have considered gender inequality in education and its impact on economic growth. The results are not conclusive. Barro and Lee (1994) and Barro and Sala-i-Martin (1995) find a negative relationship between female primary and secondary years of schooling and economic growth. Criticizing these estimates as the result of multicollinearity, Dollar and Gatti (1999) show that an increase in female secondary education leads to an increase in output in developed countries. Their results, however, are insignificant – though positive for developing countries and the full sample (both developing and developed countries).

Hill and King (1995) and Knowles and others (2002) suggest a positive relationship between female education and growth. They find that female education has a significant positive effect on growth. The male coefficient is insignificant. Klasen (1999) finds that if more had been done in South Asia and sub-Saharan Africa in 1960 to promote gender-balanced growth in education, annual economic growth could have been 0.9% faster. Gender inequality in employment may have reduced growth by another 0.3% compared with East Asia. There is a consensus that the relationship between female education and growth is positive, but the methodological issues and differences in estimates indicate the need for further research.

Table 3.3. Economic gains from better gender balance in education in the region

Method	Estimation results	Gains for the region (Billions of dollars)
Panel data regression for 27 countries	Elasticity: 0.227	17.6
Cross-country level and growth regressions	Growth regression: elasticity of 0.2	16.0
Cross-country level and growth regression	Level regression: elasticity of 0.37	30.9

Sources: ESCAP calculations; Knowles and others (2002).

Notes: The elasticity was used to compute the impact of raising female secondary education to the level of male secondary education in all developing countries in the ESCAP region. The reported value is the annual average for the period 2000-2004.

Cost of restrictions on access to health services

Gender discrimination in access to health services imposes further economic costs, both direct and indirect:

- Increased service charges and costs for drugs and transport.
- The loss of income and social assets (such as education) during sickness.
- Diminished productivity, reducing income and output.
- Deterioration of children's health and education.
- A shrinking labour force – lower life expectancy reduces labour supply.

Many female health problems are linked to gender discrimination, especially discrimination in accessing health services. Improved health enhances productivity by increasing workers' strength, endurance and cognitive functioning and reasoning – the link is well established (Bloom and Canning, 2005). Good health means longer life expectancies and a larger workforce – an important factor of production, particularly in labour-intensive sectors.

Infant and maternal mortality – often resulting from women's lack of access to health services – is negatively correlated with output: Lower output and income are linked to higher maternal and infant mortality, while higher income leads to better outcomes. The relationship is especially strong at low incomes (figures 3.10 and 3.11). But improved health can drive growth only with a strong macroeconomic environment, efficient institutions and good governance.

An increase in life expectancy by one year could increase output by 4% (Bloom, Canning and Sevilla, 2001). It would have a greater impact in South Asia, where gender discrimination has left women's life expectancy 10% lower than in North and Central Asia. Improved nutrition would also have significant effects: a cross-country study found that an increase in the dietary energy supply of a person by 500 kilocalories a day could raise economic growth by 0.5 percentage points (Wang and Taniguchi, 2002). Countries with high child malnutrition and female nutritional deficiencies would benefit the most.

The spectre of HIV/AIDS also haunts the region's women. Women's disempowerment means that they cannot force partners to use condoms during sex, much less during sexual assault or rape. The cost of HIV/AIDS is now so high that some countries can no longer afford to bear it. The region lost \$7.3 billion in HIV/AIDS-related treatment costs in 2001 – an amount that is likely to increase to \$17.6 billion by 2010 (ADB/UNAIDS, 2004).

Social costs of gender discrimination

The social costs of gender discrimination are large, though difficult to assess quantitatively. Gender-based violence can have a lasting psychological impact on its victims, lowering women's self-esteem, productivity and wages and destroying marriages – with all of the costs that children ultimately pay. It can lead to depression, post-traumatic stress and alcohol and substance abuse. Violence before and during pregnancy also has serious health consequences: miscarriage, premature delivery and low birth weight. Violence against women imposes financial costs – counseling fees, medical expenses and legal bills. Estimates for the region are not readily available, but in Canada the costs are about \$900 million a year, indicating their potential magnitude (UNFPA, 2000).

“The death of a mother increases 3-10 times the chance that her children below age 10 will die within two years”

About a million Asian children, mostly girls between 5 and 15, are lured or forced to work in the commercial sex market every year.² The psychological damage lasts a lifetime and perhaps into the next generation, with resentments passed from mother to child. Diminished self-esteem and aspirations restrict opportunities, leaving women feeling trapped and helpless.

The key role of the mother in household affairs – particularly in children's health and education – means that her education and aspirations can shape a stimulating home. This makes women an important defence against all the costs of shortcomings in children's education: crime, prostitution and violence.

A mother's illness and death deals a powerful blow to families, especially children. In nuclear families, in cities and among the middle class, widowed husbands find it especially difficult to manage household affairs without their wife. More often, girls take on the mother's role. The death of a mother increases 3-10 times the chance that her children below age 10 will die within two years (Strong, 1992).

² See the Worst Forms of Child Labour in Asia, available at <http://www.cwa.tnet.co.th/Issues/ChildLabourAsia/worst_forms_child_labour.html>.

Progress towards narrowing the gender gap

Substantial progress has been made in reducing gender discrimination in Asia and the Pacific, though the pace has been uneven between subregions and individual countries:

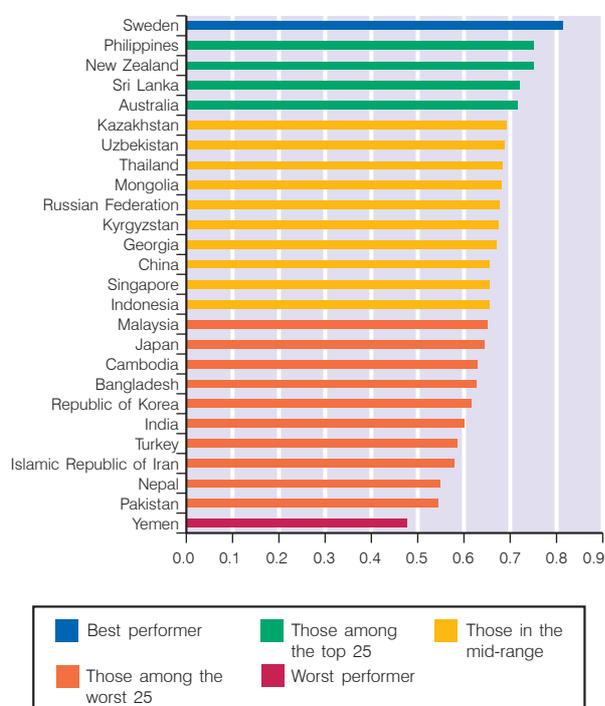
- Women's life expectancy increased from 44 years during 1950-1955 to 70 years in 2000-2005, with a slightly higher growth rate for women than men.
- Infant mortality has declined from 171 deaths per 1,000 live births in 1955 to 52 deaths in 2000, while adult female mortality has dropped by more than 40% since 1960 for most of the countries in the region.
- Women's literacy rate increased from a range of 1-99 in 1960 to a range of 21-100 in 2000.
- The number of women parliamentarians has increased 50% since 1997.

But pockets of extreme discrimination persist. And some gender discrimination exists, almost unnoticed, throughout the region.

Gender discrimination has no boundaries – it is everywhere

The Philippines and New Zealand are the only countries in the region in the top ten of a global index of gender equality (figure 3.2).³ The Philippines is the regional leader, with good performance in all four areas of the index: economic participation and opportunity, educational attainment, health and survival and political empowerment. Sri Lanka and Australia were the only other countries among the top 25. Australia ranked high in education, economic participation and political empowerment, while Sri Lanka scored high in gender equality in health and political empowerment. But almost all South Asian countries, with the exception of Sri Lanka, and the Republic of Korea, were among the bottom 25, with large gender imbalances in economic participation, health and education.

Figure 3.2. The gender gap index, 2006



There are wide differences among countries of the region in women's economic participation and political empowerment (figure 3.3). Some perform better than others. The Philippines is the regional leader in three of the four areas (box 3.2). But gender discrimination is high in most South and South-West Asian countries in economic participation, education and health. Despite strong health scores for some countries, many others have poor records, especially Nepal, Pakistan, Bangladesh, China and Georgia. South Asia performs better in political empowerment, while women in Central Asia have less political empowerment.

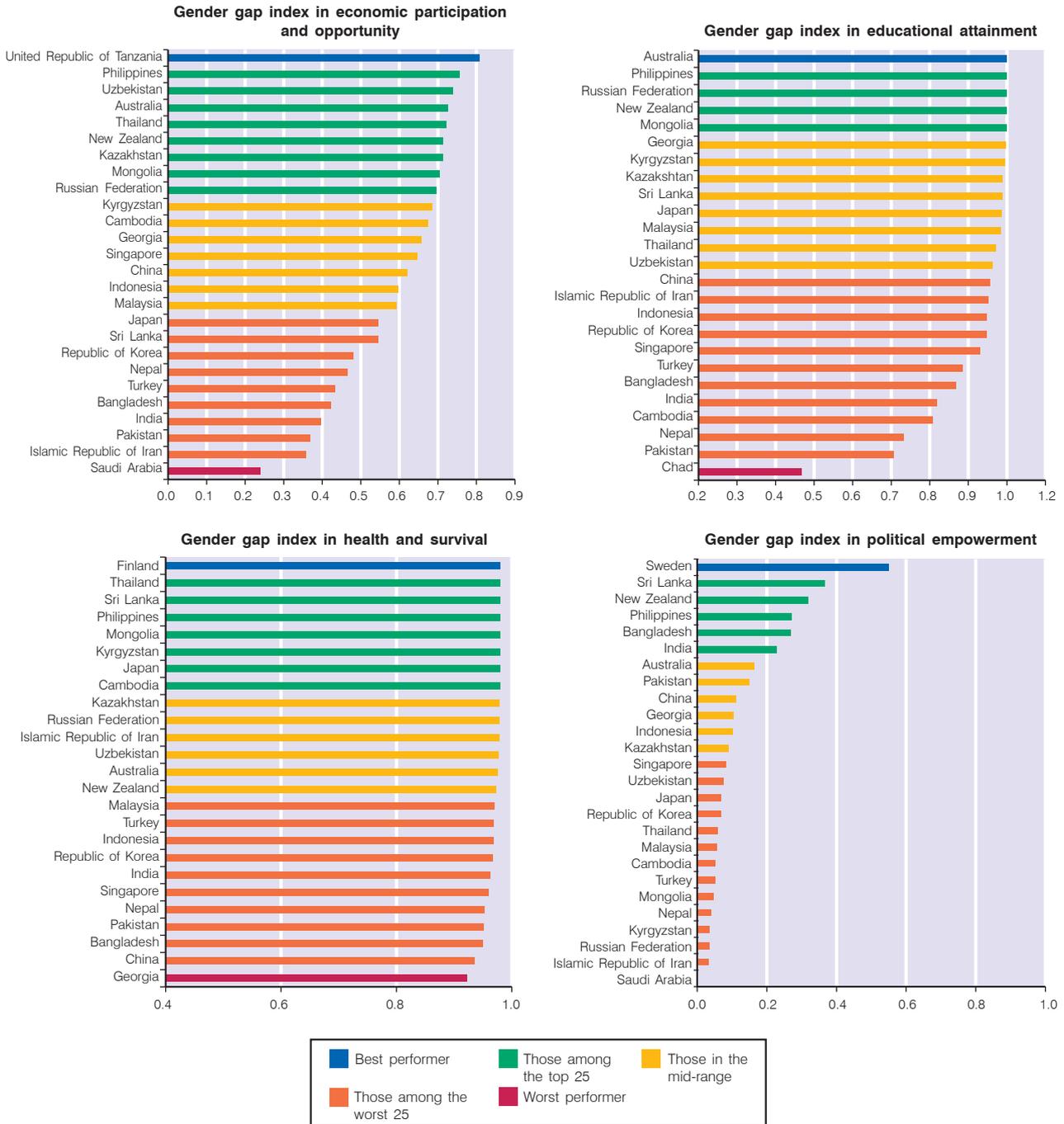
Economic participation – women's autonomy is the key to success

Women's labour force participation – and thus their role in the economy – is restricted by many obstacles:

³ The index is an unweighted average of gender gap subindices for economic participation and opportunity, educational attainment, health and survival and political empowerment. The value ranges from 0 (inequality) to 1 (equality).

Source: World Economic Forum, *The Global Gender Gap Report 2006* (Geneva, WEF, 2006).

Figure 3.3. Gender gap indices of selected countries



Source: World Economic Forum, *The Global Gender Gap Report 2006* (Geneva, WEF, 2006).

Box 3.2. Closing the gender gap in the Philippines

A recent study ranked the Philippines the top Asia-Pacific country in achieving gender balance and sixth in the world. The only country in the region to have closed the gender gap in both education and health, the Philippines is also one of only five countries in the world to have done so (World Economic Forum, 2006).

There are more literate women than men among 15-24-year-olds (ratio 1.01:1.0). Women fare better in school enrolment, with the gap widening at higher grades. Women outpace men by 20% in secondary enrolment and 28% in tertiary enrolment. At 61.5 years, healthy life expectancy is 8% higher for women and is rising more quickly than for men. Female employees account for 53% of the total workforce, dominating the bureaucracy. In non-agricultural wage employment, the female to male ratio is 0.83, relatively high for the region. Women contribute more than men in agriculture, fishery, forestry, manufacturing, finance, insurance, wholesale and retail trade, real estate and business services and community, social and personal services (Virola, 1998).

The success of the Philippines reflects past history and current policy. Even during pre-colonial times, women enjoyed a degree of economic independence. Dominant in the daily management of the household, women allocated limited resources to satisfy needs as fairly as possible (Villegus, 1996). In the past two decades, government policies raised women's status, making gender issues part of development long before it became an international norm.

After constitutionally affirming women's equality in 1987, the Government introduced the 1987-1992 Medium-Term Philippines Development Plan, followed by similar plans in the years that followed. These policies empowered women by increasing their participation in decision-making and improving their access to education, health and employment. To promote shared parenthood and non-stereotyped gender roles, gender concepts have been included in public school curricular. Women's access to technology-based education and training has been improved, while literacy classes and livelihood training have been conducted for rural women. Services are provided in safe motherhood, adolescent and youth health and treatment of breast and reproductive cancers.

Gender responsive legislation (for example, laws penalizing sexual harassment in the workplace) and affirmative action have improved women's employment conditions, income opportunities and access to microcredit and employment assistance. Policy reforms requiring the consent of both spouses in land-related transactions have made agrarian reform more gender-responsive. Programmes promoting leadership training for women, encouraging more women candidates in elections and providing welfare services for women to enter politics have enhanced women's participation in decision-making.

While many countries in the region have similar policies, they have failed to deliver. The success of the Philippines reflects the need for commitment at the highest level of Government.

lack of proper education, discrimination in wages and promotions, cultural attitudes, harassment at work and difficulties in reconciling work-life balance (child-rearing). The largest shortfall in female participation is in South and South-West Asia (figure 3.4). In 2004, female participation was especially low in Turkey (26.4%), Pakistan (26.5%) and India (28.3%). In North and Central Asia, however, female participation is approaching parity in several countries, reflecting

better access to education and employment. In Cambodia, women are more active in the labour force than men, even without a conscious policy to promote gender balance – thirty years of conflict left many widows as the main breadwinners.

Even when women are active in the labour market they may not have a decent job. The informal sector, with its low wages and limited opportunities to gain

skills, provides jobs for the majority of employed women. The low skills required in the informal sector suits the low educational achievements of many women, making it the employer of last resort. Women also make up the majority of the unemployed. In Pakistan, women's unemployment was 17% in 1997-2003, compared with 7% for men. The rates were similar in Sri Lanka (15% for women and 6% for men) and Armenia (14% for women and 6% for men).

“Lack of education, discrimination in wages and promotions, cultural attitude, and harassment at work restrict women's entry into the labour market”

More than 80% of employed women in Bangladesh and the Lao People's Democratic Republic work in agriculture. The agriculture share is over 70% in Cambodia and Pakistan. Women's lack of education drives them to agriculture – note the high correlation between illiteracy and female employment in agriculture (figure 3.5). The services sector, however, is growing as an employer of women, with agriculture declining almost everywhere.

Women's employment outside of agriculture is higher in countries with better education. The share of women in the non-agricultural labour force is higher in much of North and Central Asia, countries with better social, educational and health indicators than others with comparable per capita incomes. Similarly, the share of women outside agriculture has grown since 1990 in several East Asian economies (Mongolia and Macao, China) and South-East Asian countries (Cambodia and Viet Nam). Women in South Asia, however, depend heavily on agriculture (except in Sri Lanka and Maldives), though some progress has been made. The share of women outside of agriculture is 8.7% in Pakistan and 17.5% in India, reflecting limited autonomy for women, limited opportunities for skill development and limited access to health and education.

The limited autonomy of women has restricted their decision-making power in South Asia, especially in employment. According to a family health survey for India, only 32% of women did not need permission to go to the market and 24% did not need permission to visit friends or relatives (IIPS, 1995). Although women who earn money have more freedom, only

25% of women in South Asia work outside the home, compared with 50% in sub-Saharan Africa (Ramalingaswami and others, 1996).

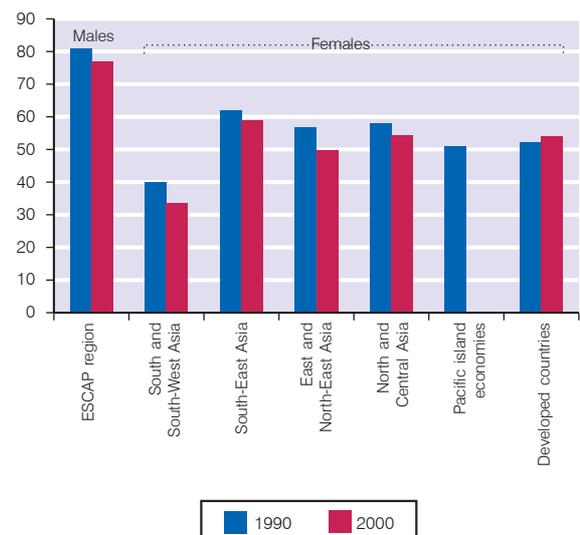
Unlike other aspects of gender discrimination, the gap in wages does not narrow with economic progress. Even in developed countries with a greater gender balance in other areas, women often receive much lower wages than men for similar work. The Republic of Korea and the Russian Federation have wide gaps in the wages of men and women, quite close to those in Nepal, Bangladesh and Pakistan. But women in Thailand, Singapore and Malaysia face less wage discrimination. Women in Bangladesh receive only 41% of wages paid to men for similar work; Thailand's ratio is 81% (World Economic Forum, 2006).

Educational attainment – a large gap, greater effort required

Women's education, particularly its intergenerational effects on children's health and education, is important for economic development. The more education women receive, the more infant and maternal mortality

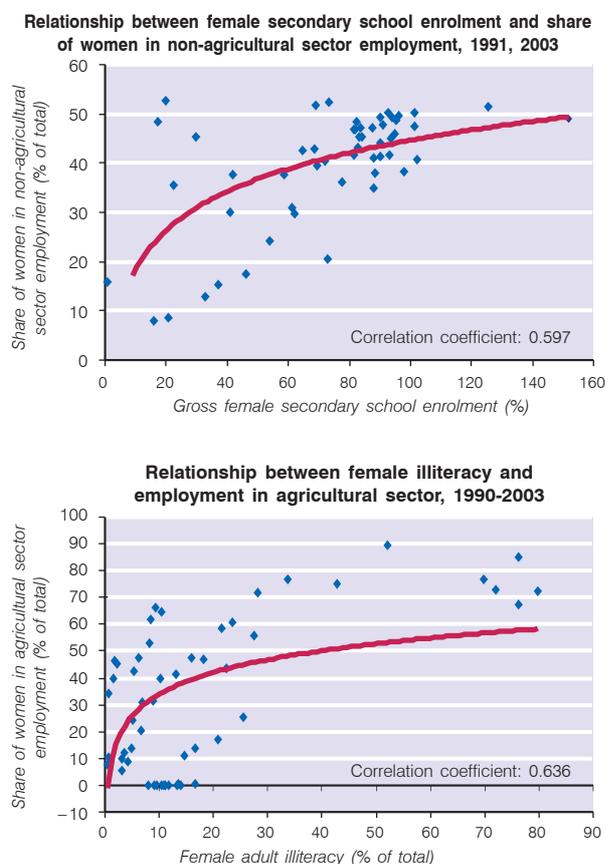
Figure 3.4. Comparison between male and female labour force participation rates in Asia and the Pacific

(Per cent)



Sources: International Labour Organization, *Key Indicators of Labour Market*, 3rd Edition (Geneva, ILO, 2003); World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

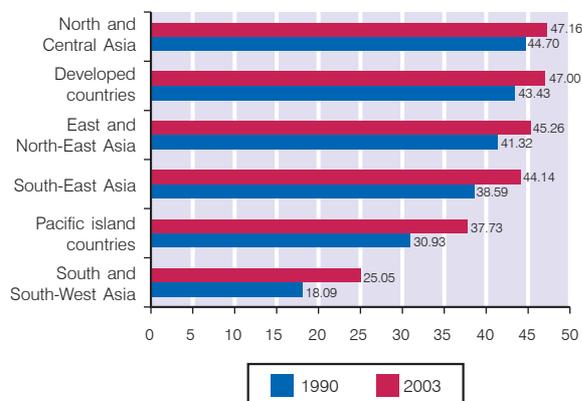
Figure 3.5. Schooling, literacy and agricultural employment



Sources: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006); and International Labour Organization, *Key Indicators of the Labour Market*, 3rd edition (Geneva, ILO, 2003).

Figure 3.6. Share of women working outside of agriculture, by subregion

(Per cent of total)



Source: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

falls (figure 3.7). An educated mother is more able to take care of the health and education of her children by avoiding unwanted pregnancies, seeking pre- and post-natal care and spacing child births. Moreover, panel 3 of figure 3.7 indicates a positive relationship between women's education and economic growth.

The Asia-Pacific region has fallen short in gender equality in education. With the exception of Australia, Mongolia, New Zealand and the Russian Federation, gender discrimination is pervasive. South Asia's performance is particularly weak (except for Sri Lanka). There are many reasons for low female school attendance: poverty, cultural restrictions, distance to schools, and girls' role in housekeeping.⁴

The gender gaps in gross primary school enrolment are wide, though several Pacific island countries attained gender parity:

- In Afghanistan, 47% fewer girls than boys enroll in primary school.
- In Pakistan, 29% fewer girls than boys enrol.
- The Lao People's Democratic Republic, Nepal and Cambodia have gender gaps of more than 10%.

Nearly half the region's countries, however, achieved gender parity in secondary school enrolments, with women even becoming the majority in some places (figure 3.8). Kiribati, Mongolia, Samoa, Malaysia and Tonga were the top performers.

Adult literacy rates highlight the bias against women in primary education. In countries with low gender discrimination in education, literacy rates for women are high, but those with severe biases have very low literacy rates. High discrimination in primary education can spill over to secondary and tertiary education.

Health and survival – the gender gap exacerbated

The region's performance in gender balance in health and survival is equally disturbing. Many health issues

⁴ In countries such as the Philippines, which has fared better than many developing countries in gender equality, the significance of housekeeping responsibilities as a deterrent to female school attendance is declining and other factors, such as employment concerns and the high cost of education, have gained prominence.

including maternal mortality, infant mortality and life expectancy are closely related with gender discrimination. High fertility and food distribution even within a family is very much dependent on women's autonomy. A detailed discussion is given below.

Total fertility rate

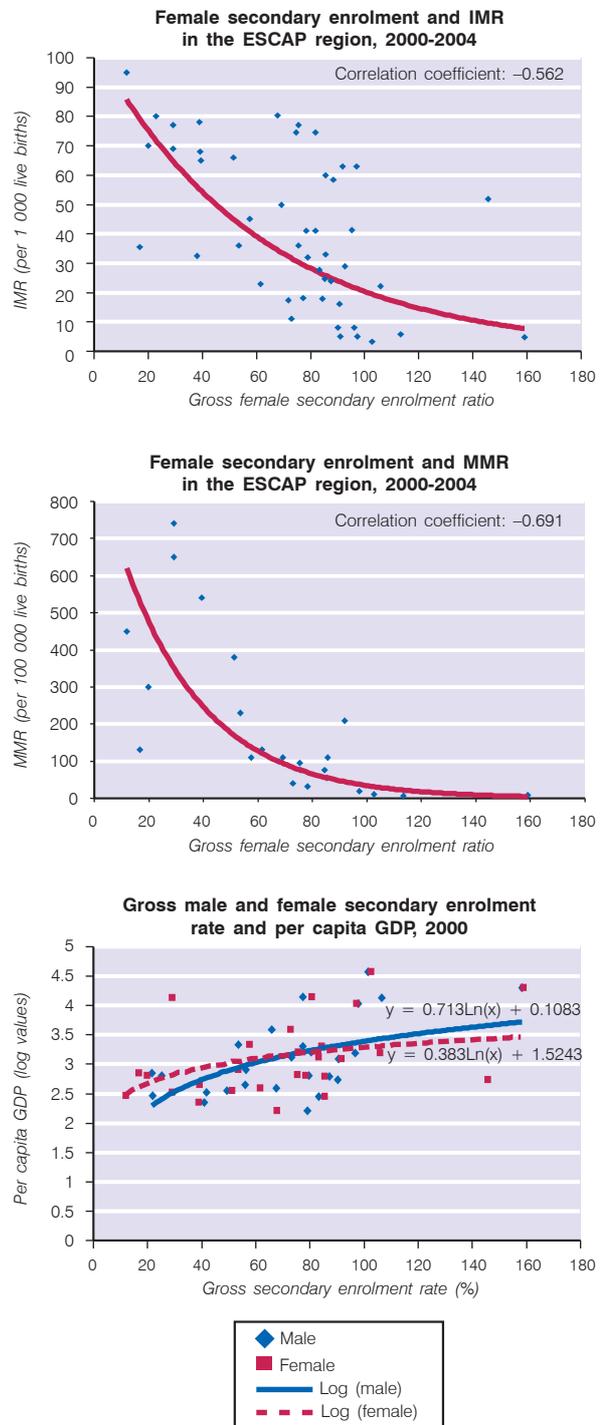
The total fertility rate (TFR) is an important determinant of development because the resources available per capita are fundamental to the development process. A high TFR squeezes resources (per capita) within a household, as well as at the national level, diminishing the health and education of children and the well-being of families. High fertility leads particularly to poor health and education of women and children, creating a vicious cycle. A low TFR, however, enables countries to spend more on health and education, leading to improved social welfare.

“There has been a significant drop in fertility, but it is still a binding constraint on the health and education of children, particularly in South Asia”

Historical experience bears out this argument. The TFR declined quickly in Europe and North America and during the industrialization of Australia and Japan, the newly industrialized economies in Asia, and the emerging economies in South-East Asia, helping to achieve a higher per capita income. The Republic of Korea, Singapore and Hong Kong, China had TFRs below the replacement rate by 1990. Sri Lanka and Thailand also experienced a significant drop in the TFR, falling to the replacement rate in the mid-1990s. In contrast, most other developing economies in South-East Asia and South Asia still have TFRs as high as 3-4, despite rapid declines over the years (figure 3.9).

There is a high correlation between TFR and per capita income, with higher TFR leading to lower incomes (figure 3.10). The TFR is also a good indicator of women's control over their reproductive rights and health, of progress in gender relations, and of education, particularly that of women.

Figure 3.7. Impact of women's education on health



Source: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

Maternal mortality: access to health care is critical

High maternal mortality, particularly in South Asia, is one of the most tragic results of severe gender discrimination (figure 3.11). The high probability of dying during childbirth in Nepal (0.74%), the Lao People's Democratic Republic (0.65%), Pakistan (0.5%), India (0.54%) and Cambodia (0.45%) should urge policy-makers and civil society to take collective action against poverty and gender discrimination (see box 3.3).

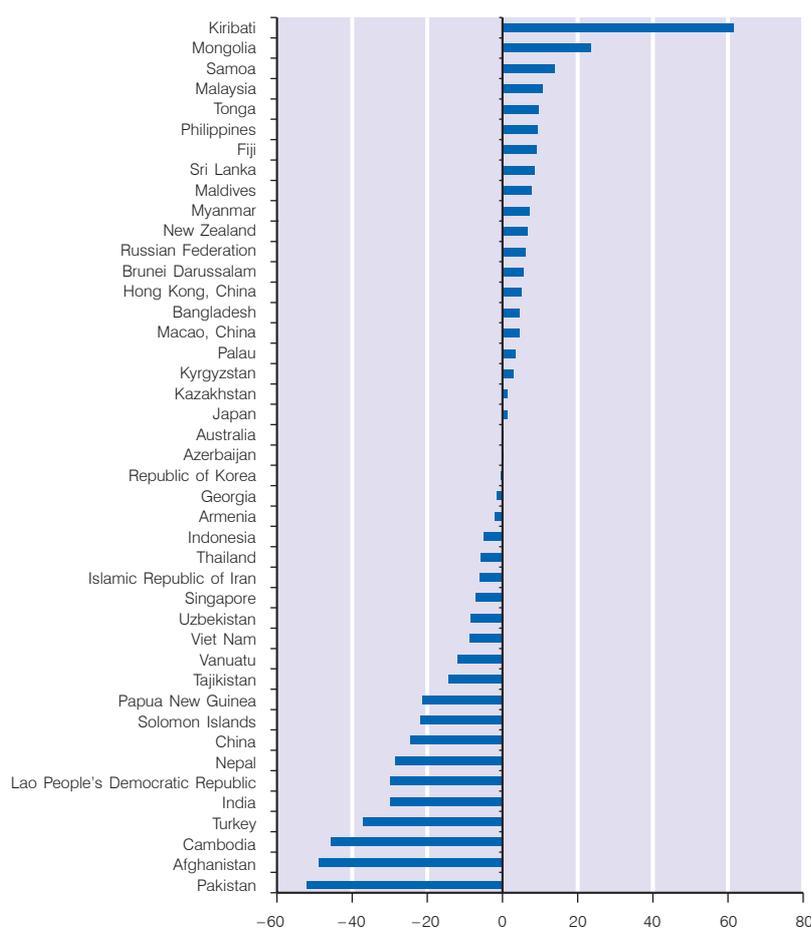
Maternal mortality is high when women have limited access to health care. Male dominance in decision-making about the health of their wives also restricts women's access to health care. In Nepal men made 51% of the decisions on women's health. In Bangla-

“High maternal mortality is a tragic reflection of gender discrimination”

desh, 48% (UNICEF, 2006). Cultural restrictions also mean that women depend heavily on the decisions of others to have antenatal examinations, in arranging for a skilled delivery attendant or in obtaining transport in an obstetric emergency. In some countries cultural rules forbid male physicians from directly examining women patients, thereby placing pregnant women at a greater risk.

Maternal mortality has important implications for household income. A study in India found that when women died, their husbands struggled to manage the

Figure 3.8. Gender gap in secondary education, latest year available between 1990 and 2000 (Per cent)



Source: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

household budget and affairs (Basu, 1998). In such situations, older children often drop out of school, especially the girls, to take over household affairs.

The more births attended by skilled health staff, the lower the MMR (figure 3.12). Higher income levels (GDP) also reduce the MMR significantly. As such, Governments can do a great deal to reduce MMR by providing opportunities for women to raise their income and improving women’s access to health care (see box 3.4).

Infant and child mortality: pre- and post-natal care vital

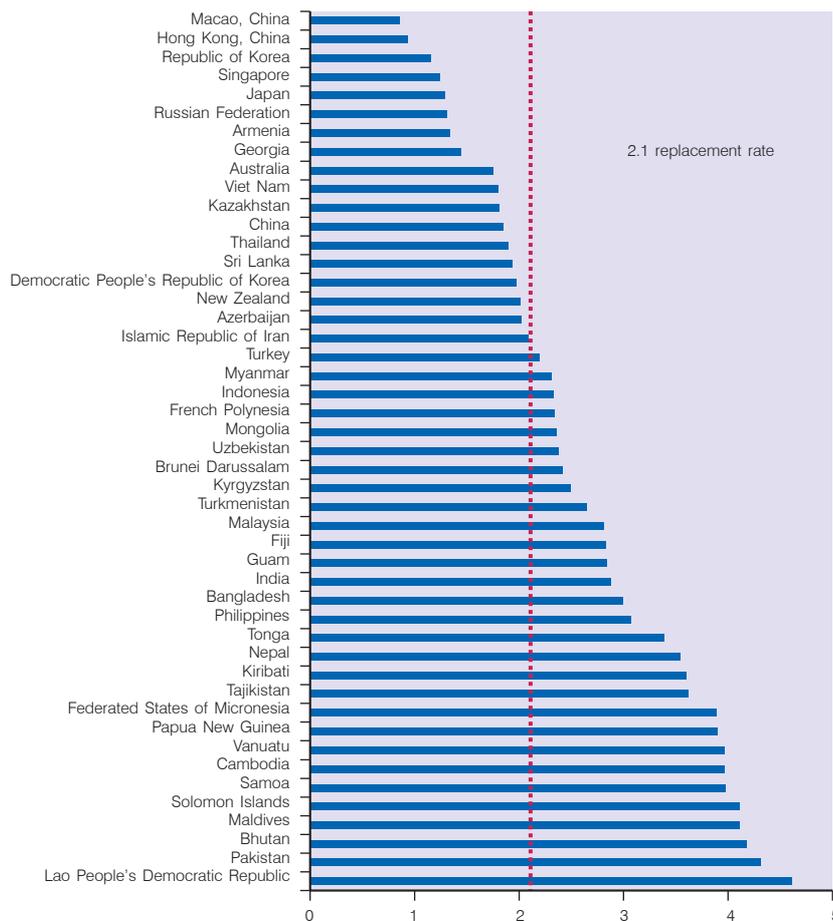
Gender discrimination adversely affects infant and child mortality, as does poverty and lack of education. Here again, South Asia’s record is less than satisfac-

tory – six out of eight countries have an infant mortality rate (IMR) of more than 50 (figure 3.13). Afghanistan has an IMR of 165 for 1,000 live births. Mortality rates among children under 5 are similar.

“Societal taboos and cultural factors are also responsible for high maternal, infant and child mortality”

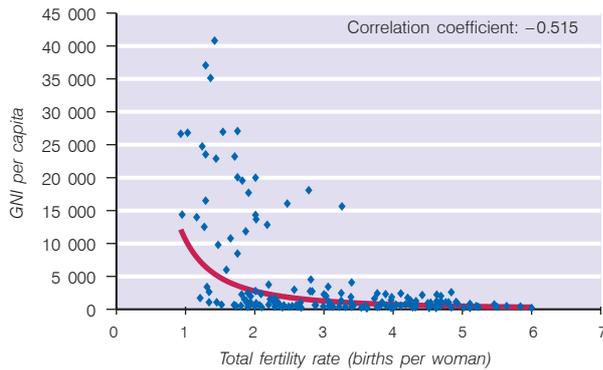
Gender discrimination leads to high infant and child mortality through several channels. Societal taboos and cultural practices keep women from timely and effective prenatal care. In Afghanistan, Bangladesh and Nepal, the share of births attended by skilled

Figure 3.9. Total fertility rate, 2004
(Births per woman)



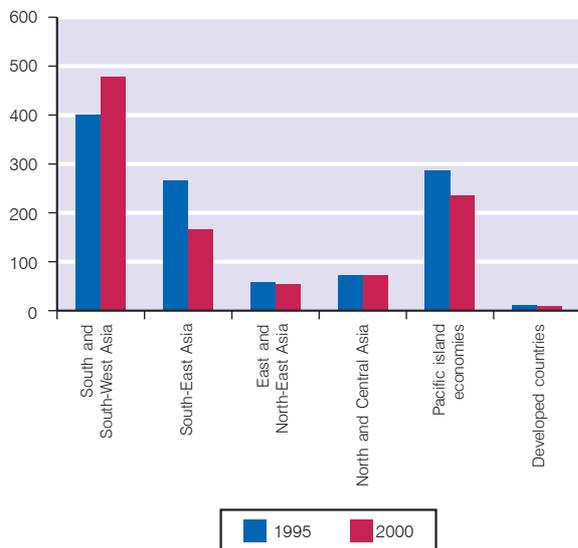
Source: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

Figure 3.10. GNI per capita and total fertility rate of countries in the ESCAP region, 1990-2004



Source: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

Figure 3.11. Maternal mortality, by subregion (Per 100 000 live births)



Source: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006); and WHO/UNICEF/UNFPA, *Maternal Mortality Estimates* (Geneva, WHO, 1995 and 2000).

health personnel is 13-15%. Even when medical services are available, women may not be allowed to seek professional care independently or if the services are provided by a male. Only 28% of women in India decide for themselves when seeking health care (IIPS, 1999). But increasing the number of births attended by professional staff could reduce the infant mortality significantly (figure 3.14).⁵ Poverty is also directly linked with high infant mortality. As figure 3.14 indicate an increase in income (GDP) reduces IMR at a faster rate than at low income levels.

“Gender bias in food distribution is seen even within families”

Malnutrition among girls, often a result of gender discrimination, leads to high maternal and child mortality: a woman shorter than 148 cm or with a body weight of less than 49 kg places herself and her infant at risk during delivery. Poverty and cultural habits determine how food is distributed within the family. In poor households, the mother will feed her husband and her sons first, which often leaves only inadequate or poor quality food for the females. Half of the world’s malnourished children are in Bangladesh, India and Pakistan. In India, 13% of women in India are below 145 cm in height (IIPS, 1999). Stunting is highest among illiterate women. Between 40% and 60% of women in South Asia are underweight (Quisumbing, 2003). While poverty has played a dominant role, gender discrimination has had a significant impact on South Asia’s performance in underweight, wasted and stunted children.

The reproductive rights of women are another determining factor of infant mortality with strong links to gender discrimination. In patriarchal societies, decisions about women’s reproductive rights are usually taken by men. Some poor fathers, particularly in South Asia, are still marrying their adolescent girls, sometimes even before they reach the age of menarche, to older men to pay off debts. But if a woman’s body is not yet fully developed, the health of the mother and the child during pregnancy and delivery are at risk. Women also do not have the autonomy to decide on the spacing of pregnancies or how many children to bear – key factors in high infant and child mortality.

⁵ Note that there are a large number of outliers: countries with a high rate of births attended by professional health staff with high IMR. These outliers are mainly in North and Central Asia, reflecting the deteriorating health conditions in the 1990s.

Box 3.3. Avoiding the penalties of gender inequality

Osmani and Sen (2002) identify five stylized facts of relative deprivation of women: (a) greater undernourishment of girls than boys; (b) higher maternal undernourishment; (c) greater incidence of low birth weight; (d) larger incidence of child undernutrition; and (e) larger incidence of adult ailment. These arise mainly from neglecting the health care of girls and the nutritional disadvantage suffered by women. They further argue that all of these distinctive features of South Asia are interconnected. The starting point of this chain is gender bias, which leads to ill-health and high maternal undernourishment. This retards in the intrauterine growth of the foetus, which leads both to a high rate of child undernutrition and adult ailments. These links suggest that gender inequality in South Asia accounts for the prevalence of ill-health (Osmani and Bhargava, 1998). The heavy penalties – high infant and maternal mortality, as well as ill health – could be avoided if the link between gender bias and maternal undernourishment is broken.

Life expectancy and sex ratio: some evidence of gender discrimination

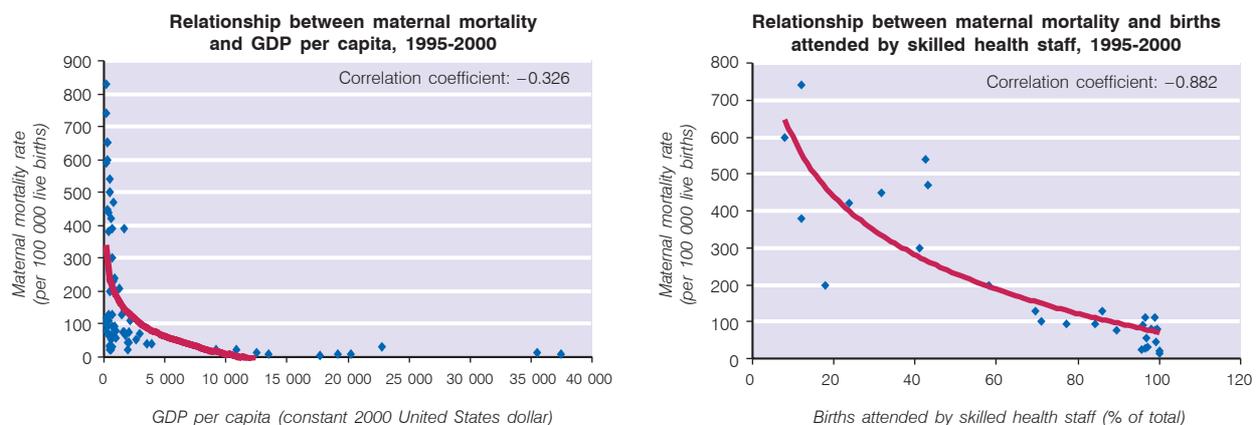
While life expectancy has made remarkable gains in the region, the gap between female and male life expectancies remains a concern, particularly in South Asia (figure 3.15). The impact of gender discrimination, particularly in women's access to health care, is clearly reflected in life expectancy outcomes. In the Republic of Korea and Japan, the life expectancy of women at birth is 9 to 10% higher than men. However, in other countries, such as Nepal, Pakistan, India and Bangladesh, the life expectancy of women at birth is only 1.5-2.7% higher than that of men.

Another indicator of possible gender discrimination is the ratio of females to males in the population (meas-

ured as the number of females per 1,000 males). Because women live longer than men for biological reasons, the natural expectation is that the share of women in the total population of any country will be higher than that of men. As expected, North and Central Asia, the developed countries, and a few in South-East Asia have a sex ratio above 1,000 (figure 3.16).

All countries in South Asia, with the exception of Nepal, and the Pacific islands have a sex ratio well below 1,000, indicating a gender bias in sex selection, as well as women's limited access to health care, education and resources. The situations in China and India point to serious gender bias in sex selection at birth. In India, there has been no improvement in the sex ratio over the past four decades, with the state of Punjab and Haryana recording sex ratios below 900. The only exception is in the state of Kerala, which had

Figure 3.12. Maternal mortality rates



Sources: WHO/UNICEF/UNFPA, *Maternal Mortality Estimates* (Geneva, WHO, 1995 and 2000); and World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

Box 3.4. Reducing maternal mortality in Bangladesh

Over the past 10 years, the MMR in Bangladesh has been reduced by 55%, from 850 (per 100,000 live births) to 380. The reductions have occurred in all age brackets and in low-income communities. Although the current rate remains high, Bangladesh has made significant progress in improving maternal health and is on track to achieve Millennium Development Goal 5 of a 75% reduction in the maternal mortality rate.

Bangladesh has accomplished this progress through numerous policy and grass-roots initiatives as well as strong partnerships with donors and non-governmental organizations. The Government has prioritized reproductive health in its Poverty Reduction Strategy Paper and Millennium Development Goal report. In addition to its Millennium Development Goal 5 targets, Bangladesh has set an additional national target of Reproductive Health Services for All, which incorporates reducing maternal malnutrition and increasing the median age of girls at first marriage.

In the early 1990s, Bangladesh introduced the Essential Obstetrics Care programme to improve the availability and quality of care in existing maternal and child welfare centres, district hospitals and urban clinics. The number of public facilities that provide comprehensive emergency obstetric care has increased more than seven-fold since 1994. Between 1994 and 2005, there was a 93% increase in deliveries at emergency obstetric care centres.

In 2001, the Government adopted a rights-based national maternal health strategy with the theme of safe motherhood. The strategy aims to improve access to family planning, antenatal care, safe childbirth practices through skilled birth attendants, Essential Obstetrics Care and post natal care. This strategy was integrated into the Health and Population Sector Programme (1998-2003) as well as the follow-up Health, Nutrition and Population Sector Programme (2004-2006). These programmes have included interventions promoting good nutrition and training skilled health providers.

In partnership with UNFPA and WHO, the Government is working to train 13,500 skilled birth attendants in rural Bangladesh by 2010. Skilled birth attendants are recruited from active family welfare assistants and female health assistants who already work at the community level. As 77% of births are currently attended by traditional birth attendants, this strategy should have a far-reaching impact on national reproductive health. The number of births attended by skilled health personnel has risen from 5% in 1990 to 12% in 2000, although much of this increase has occurred among higher-income groups.

Access to family planning services, in particular among young women and girls, has considerably improved progress. The total fertility rate has declined from 6.3 in the 1970s to 3 today, and the rate of contraceptive use has risen from 31% in 1989 to 58% in 2005. Moreover, there has been a large decrease in abortion-related deaths, in part due to increased accessibility to menstrual regulation services.

Efforts to expand and improve girls' education and to discourage early marriage also contribute to reproductive health successes. Bangladesh has one of the highest rates of adolescent motherhood, a segment of the population for which maternal mortality is double the national level. At the primary education level, Bangladesh increased girls' enrolment by over 30% during the 1990s and has achieved gender parity. Enrolment at the secondary level has also increased considerably, in part due to the highly successful Female Stipend Programme, which provides stipends for tuition fees and other expenses. Such interventions, in addition to extensive Government and NGO advocacy activities, aim to improve retention in school both to enhance employment opportunities and to delay marriage, and hence early motherhood.

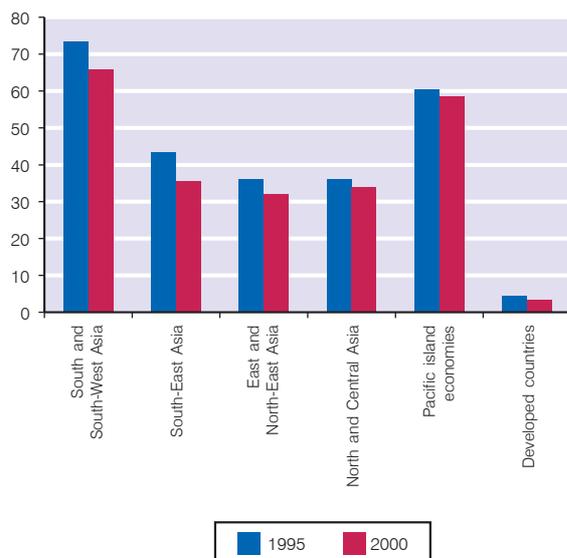
Strategies to further reduce maternal mortality are increasingly shifting their focus to raising general awareness of reproductive health and helping women and families, especially in poor and rural communities, to access existing safe motherhood services.

a sex ratio of over 1000. The main reason behind the low sex ratio in India is the preference for boys and the resulting clandestine sex-selective abortions (UNICEF, 2006; UNFPA, 2003). China's one-child policy has also encouraged sex-selection with a bias toward males, giving China a sex ratio of 947 (UNICEF, 2006). Similar bias against women appears to be the underlying reason for low sex ratios in the Pacific island countries and South Asian countries.

Voice and empowerment – a wider gap

One of the fundamental reasons women are subject to discrimination is that they do not have a voice in decision-making at home or in society, even when the matters are directly related to them. They are powerless intellectually, materially and politically. As a result, even if women are allowed to take independent action, their efforts are not productive because they are denied access to resources. Whether it is a question of exercising reproductive rights, actively participating in the labour force, or accessing social (health care and education) and material resources (land, houses and credit), women's autonomy plays an important role in gender equality.

Figure 3.13. Infant mortality, by subregion
(Per 1 000 live births)



Source: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

Women's lack of autonomy over reproduction and sexuality not only leads to unwanted pregnancies and high fertility rates, but also puts them at risk of contracting sexually transmitted diseases (STDs). Because of their lower social status and their economic dependence on men, women are not in a position to negotiate the use of condoms as a preventive measure against STDs, including HIV.

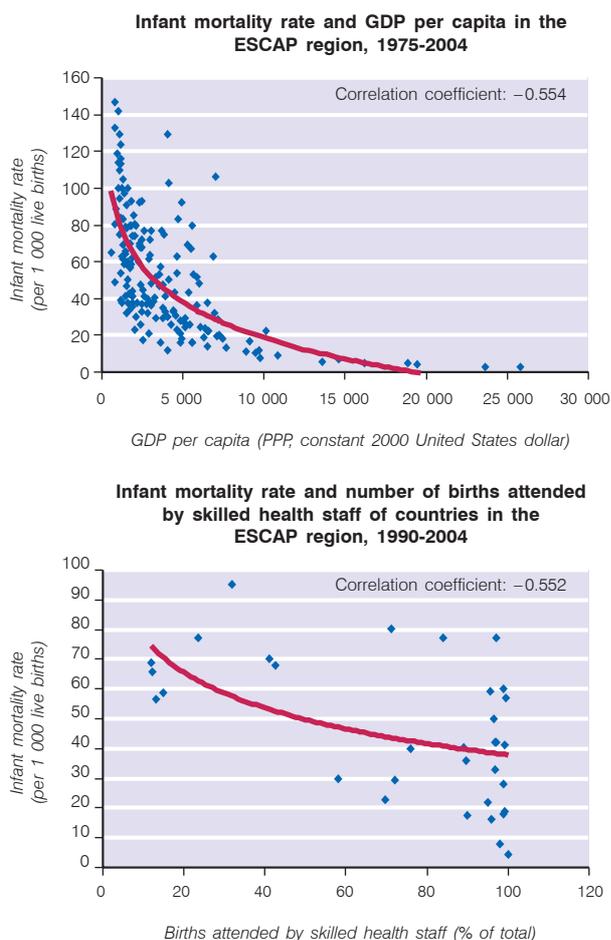
“Women are powerless intellectually, materially and politically”

Violence against women is another indicator of women's lack of autonomy. Unlike other aspects of gender discrimination, violence against women cuts across all social and economic conditions. In 1999, three of the four countries with the highest rate of violence against women in the world were in the Asia-Pacific region (Heise and others, 1999). Papua New Guinea had the highest gender violence, with 67% of women reporting physical assault by a male partner. Bangladesh (47%) and India (40%) also reported high rates of violence. In 2005, 62% of women in a province in Bangladesh experienced physical or sexual violence by an intimate partner (WHO, 2005).

“Honour” killings are another example of the discriminatory violence that some women in the region face. According to Jahangir (2000), this practice exists in several countries in West Asia and South Asia. At least 1,000 women were killed in “honour” killings in Pakistan in 1999 (UNFPA, 2000).

Limited access to assets, such as land and houses, is also a reflection of the negligible voice women have within the household and in society as a whole. For example, sons in Nepal are entitled to a share of ancestral property at birth, but daughters' entitlements are severely restricted. Although later amendments have recognized a daughter's right to inherit ancestral property, the girls lose their entitlements once they are married (UNIFEM, 1998). Traditional values give men precedence over women with respect to inheriting land and owning property in many Pacific island countries. Only 2% of all arable land in the world is owned or registered in the name of a women (FAO, 1996). Without secure land rights, women have little or no access to credit. The benefit of membership in rural organizations, which is often important to obtain inputs and services, is also curtailed. For example, poor and uneducated women in South Asia are almost invisible

Figure 3.14. Infant mortality rates



Source: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

to formal financial institutions and receive less than 10% of commercial credit. It is this gender bias in credit that led to the establishment of microcredit institutions in Bangladesh (see box 3.5).

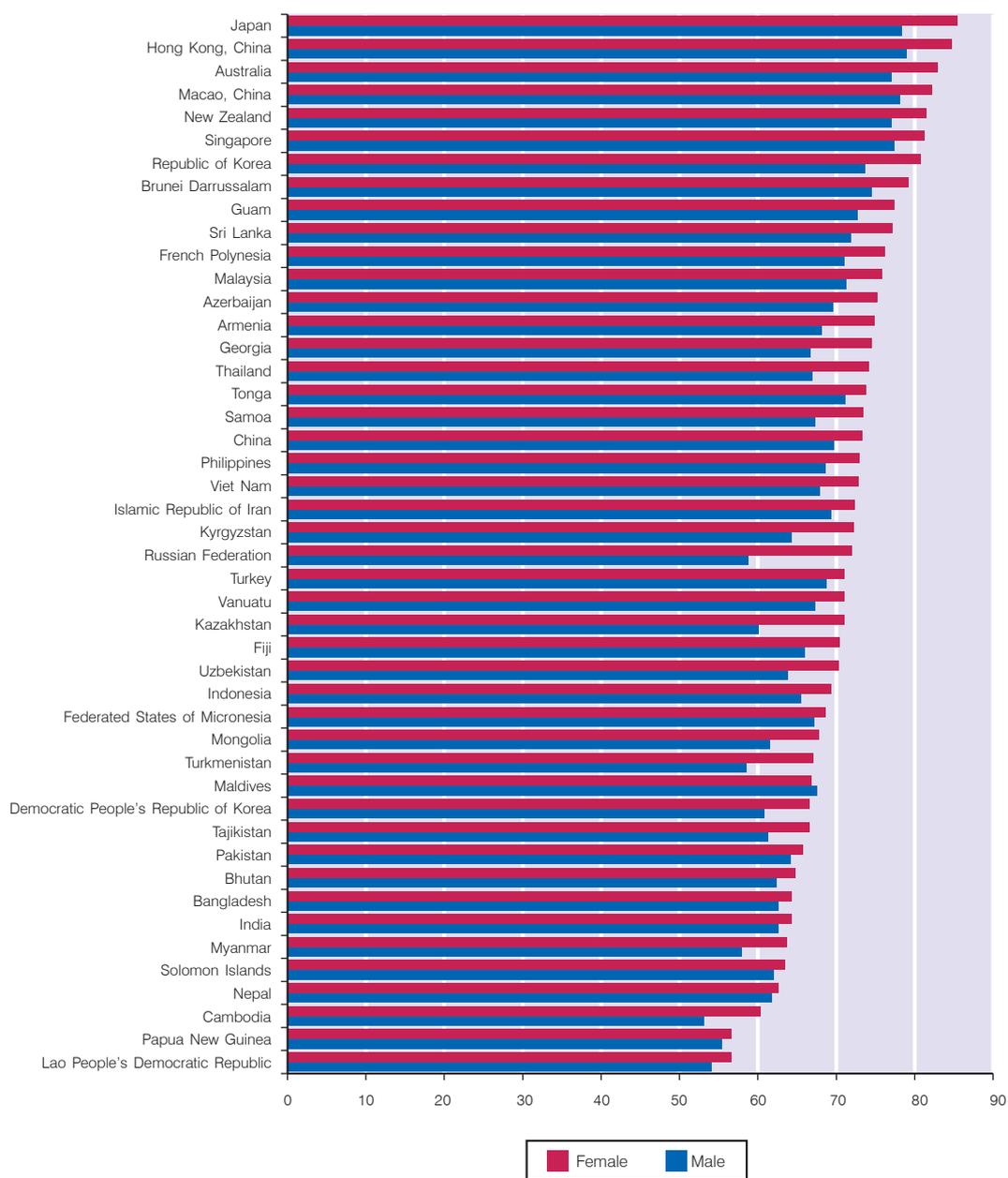
With women accounting for half of the population, one would naturally expect that they should have at least equal representatives in elected bodies at the local, regional and national level. However, the reality in the region is starkly different. Only seven countries had parliaments in which more than 20% of representatives were women, with New Zealand having the highest rate, at 28% (figure 3.17).

Even in North and Central Asia, where women had fared much better than in most other subregions until 1991, the representation of women in parliament is low. Until 1991, these former centrally planned economies reserved a certain share of parliamentary seats for women and so the representation of women was much higher than anywhere else in the world. But once the reservation was removed, the share of women in parliament fell. Among the developing countries in the region, only Viet Nam (27%), Turkmenistan (26%), Timor-Leste (26%), the Lao People's Democratic Republic (23%), Pakistan (22%) and China (20%) had shares of women in parliament equal to or exceeding 20%. In Pakistan, the share of women in parliament increased rapidly from 2% in the late 1990s to 22% per cent since 2003 as a result of a change in the election system that required a certain proportion of seats to be reserved for women (see box 3.6).

A broad-based societal change is needed to check gender discrimination

Women's representation in local government or parliament does not guarantee their empowerment or the elimination of gender discrimination. Bangladesh, India, Pakistan and Sri Lanka have had female Heads of State. Bangladesh and India had female Heads of State for 15 of the last 50 years, and in Sri Lanka for 21 years. Yet, South Asia has not been able to deliver the broad-based societal change required to make an impact on gender discrimination at the local level. However, women parliamentarians can be instrumental in putting in place more gender-sensitive legislation that would facilitate gender balance.

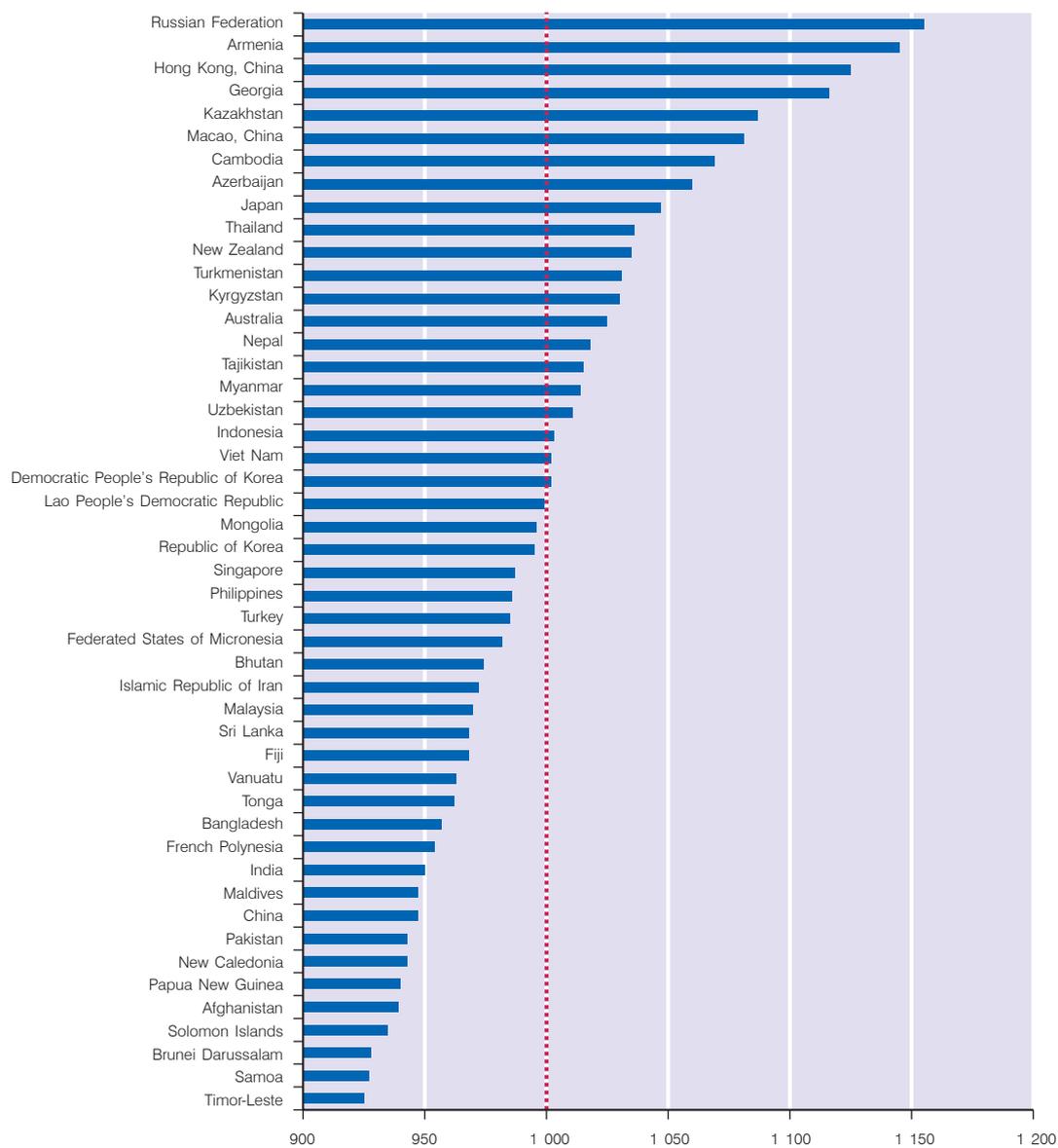
Figure 3.15. Male and female life expectancy in the Asia-Pacific region, 2004



Source: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

Figure 3.16. Female to male ratio in the population, 2005

(Per 1 000 male population)



Source: United Nations Population Division, Department of Economic and Social Affairs (New York, United Nations, 2006).

Box 3.5. Empowering women through microcredit

Microcredit programmes stimulate an increase in incomes and other indicators of the standard of living. A large number of these programmes have focused on supporting women, who bear the brunt of poverty and have been left out of most poverty reduction programmes in the past. In many programmes, women make up as many as 90% of borrowers.

Microcredit has increased recognition of women's productive roles in society. Some studies show that greater financial independence has helped women assert themselves, stand up to abusive spouses or serve as role models in the community. Lending to women also has a greater multiplier effect because they pass on the benefits to children through increased spending on the household, education and nutrition.

In Bangladesh, microcredit programmes have increased mobility and strengthened networks among women who were previously confined to the home. Borrowers build solidarity through their participation in lending circles and village organizations. Some studies also suggest more far-reaching social impact, including decreases in fertility rates, which are linked to increased financial self-reliance and greater voice in family matters for women.

The growth of microcredit programmes over the last 10 years has been impressive. In Bangladesh over 4 million microborrowers are served by the Grameen Bank, Bangladesh Rural Advancement Committee (BRAC), Association for Social Advancement (ASA), Proshika, RD-12 or some other microcredit provider. The repayment rates in well-managed programmes are very high, around 95%.

Women's control of loans and benefits, however, remains compromised. About 20-50% of Bangladeshi women hand over the entire loan to males in the family. Nevertheless, as part of a broader effort to raise awareness and mobilize women, credit plays an important role in empowering women. First, women increase their interaction and strengthen their networks with other women through meetings. Second, women's ability to take loans, repay them and accumulate savings can increase their self-confidence and sense of self-worth. Third, participating in credit programmes can increase women's status in the household and community.

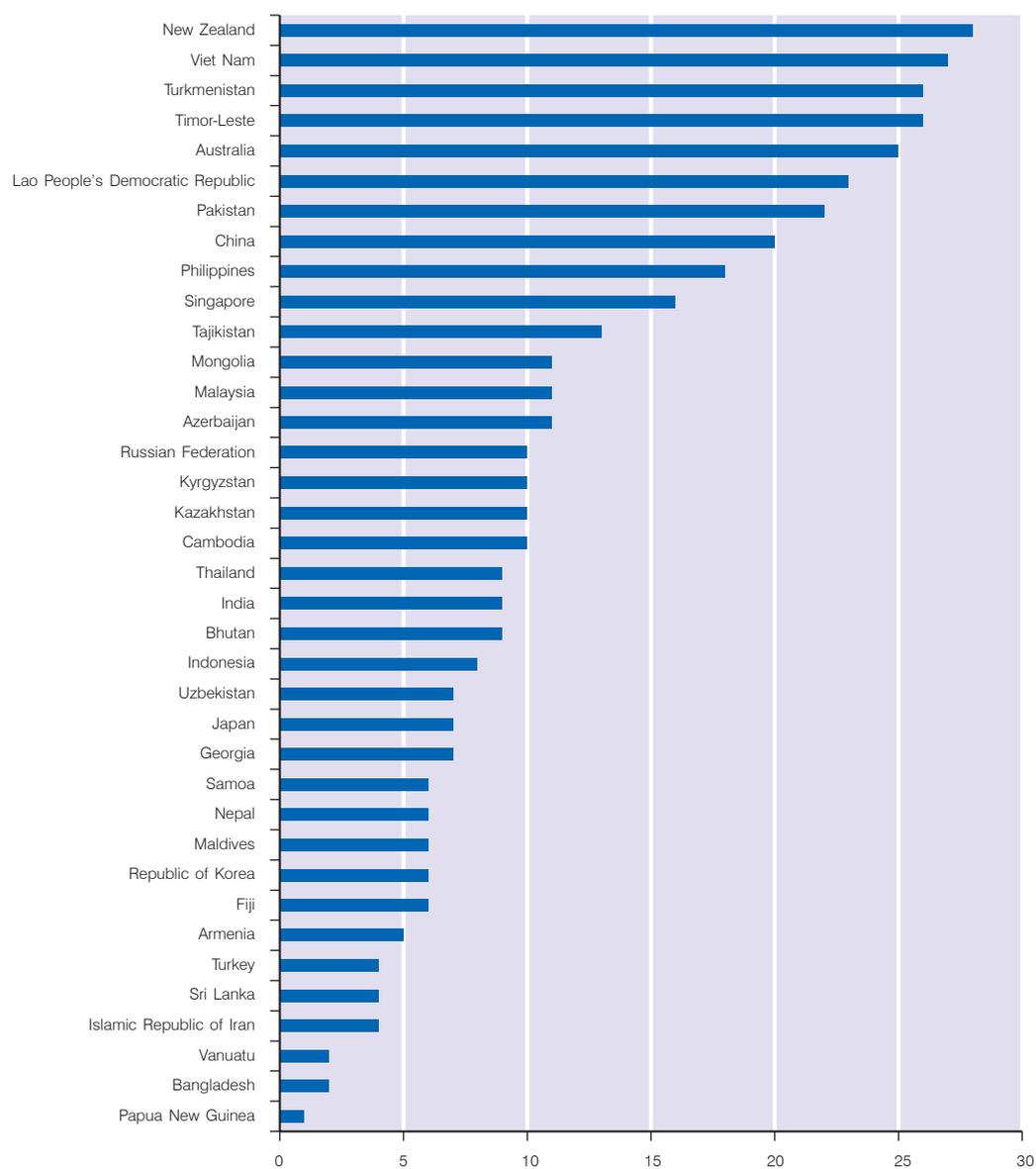
Microcredit has a flipside, however. It can contribute to women's dual burden of productive and reproductive work. Inequity in family relations may create worst case scenarios where microcredit results in increased work for women in exchange for increased revenues controlled by men. Although microcredit strengthens women's ability to stand up to family violence, in some cases it has increased violence against women and family break-ups.

A number of important gender aspects must be considered in microcredit policy formulation. Increasing women's income alone will not increase their status. Attention must also be paid to increasing the social impact and the empowerment of women, as well as the vulnerability of the poor. Microcredit may not be the appropriate poverty-reduction intervention for women in all cases. Effective gender-focused poverty alleviation strategies involve moving beyond microcredit to engender macroeconomic policies in an intersectoral and multidimensional approach.

Source: Maclsaac (1997).

Figure 3.17. Women in parliament in selected Asia-Pacific countries, 2004

(Per cent of total seats occupied in lower or single house)



Source: World Bank, *World Development Indicators 2006* (CD-ROM) (Washington, D.C., World Bank, 2006).

Box 3.6. A quota system for women's representation in local government: The experience of South Asian countries

There are several barriers to the representation and participation of women in local government in South Asia. In many South Asian societies, culture and religion have restricted women's roles to their reproductive and household activities. Low literacy rates, poor access to health services, poverty within the household, higher unpaid workloads, and lack of economic independence have also created high barriers to both the participation and representation of women in politics.

At the same time, women have had more success in obtaining decision-making positions in local government than in central government (ESCAP, 2001). This is mainly due to the fact that:

- Local government duties are easier for women to fit into their lives along with family responsibilities and employment;
- Local government has more positions available and less competition than in central legislatures;
- There is more acceptance of women in local government because it is seen as an extension of women's involvement in their communities.

To overcome barriers for women in decision-making positions, particularly at the local levels, the Governments of Bangladesh, India, Nepal and Pakistan have introduced quota systems for women in local government. Although the quota system has increased the number of women in local government, whether women councilors were able to influence decision-making or change prevailing attitudes towards women depended on the way the quota system was designed.

In Bangladesh, Nepal and Pakistan women councilors were elected through a special ballot or through a proportional representational system. In both cases they did not have their own constituency and were therefore regarded by their directly elected – and mostly male colleagues – as unequal.

Because the women were nominated and elected by their parties and had no power base of their own, they were beholden to the party leaders. They were often excluded from decision-making, unable to mainstream the debate on issues of concern to them, and relegated to committees dealing with women's or children's issues. Without their own constituency, few people approached them for assistance in resolving problems.

In India, on the other hand, rather than fill the quota through party lists or election through special ballots, one third of the total wards in a particular district were reserved solely for women candidates. This meant that only women candidates could run from these wards, thus ensuring that a woman was elected. These "women-only" wards were rotated at every election. In adopting this approach, the Government ensured that:

- Women candidates had a specific and defined constituency on the same basis as their male counterparts.
- Male councilors and civil servants were forced to deal with women councilors as they were the sole representatives of their wards;
- Residents in a ward, particularly men, had no other option but to approach the woman councilor to solve their problems;
- Women councilors, now holding positions of power, served as role models for other women.

The overall result of this approach was that gender barriers in local governments and in society were being broken down. In many instances, when the wards were rotated, the incumbent women councilors were able to win elections against strong male candidates. The women-only ward system provided an incubation period for local women politicians, equipping them to enter politics, learn the roles and then run against male candidates in open elections. Some Indian states now have parity in the number of women and men councilors. In the state of Karnataka 45% of elected councilors are women, while in Uttar Pradesh 54% of district presidents are women (Nanivadekar, 2005). This has also resulted in more women contesting elections for higher office. The number of women candidates for parliamentary elections has increased from 295 in 1999 to 355 in 2004, an increase of 20%. Many of these women were former mayors, district presidents or councilors.

Source: See the ESCAP country reports on the state of women in urban local government, available at <<http://www.unescap.org/huset/women/reports/>>.

Eliminating gender discrimination – policy recommendations

Gender balance can be achieved with limited resources, but this requires changes at the household, societal and national levels. In particular, mainstreaming gender concerns in public policies and programmes could make a difference in achieving a gender balance.

Improve access to education

Education is one of the best paths to freedom for women. However, financial costs, poverty, safety concerns, and cultural norms prevent women from achieving a reasonable level of education. Addressing these issues is vital for improved access to education for women.

“The opportunity cost of lost education is highest at the primary level and thus require greater focus”

Provide free primary education. In many countries primary education is not free, even though all countries in the Asia-Pacific region are signatories to the Convention on the Rights of the Child.⁶ The opportunity cost of lost education is highest at the primary level. As such, providing primary education free of charge should be a prime objective for all Governments. Where primary education is already free, other fees should be eliminated or minimized to reduce the burden on the poor. This is particularly important for girls in poor families, who usually are the victims of high financing costs.

Address safety and privacy concerns. Establish schools in close proximity to villages and provide safe transport for girls to increase their attendance. Providing gender-specific facilities, such as toilets, are necessary to address concerns of girls. While these suggestions appear simplistic and known to most policymakers, many countries have failed to provide such facilities. For poorer countries, such simple measures could make a significant difference in gender equality.

⁶ United Nations, *Treaty Series*, vol. 1577, No. 27531

Provide adult education for women. Many women in the region are illiterate, which has significant negative implications for the health and education of children and, in particular, girls. Providing education for adult women and girls is highly productive given the spillover effects from one generation to the next. Such programmes could be initiated at the community level and tailored to suit sociocultural conditions.

Provide scholarships for girls. Girls in poorer communities could be given an equal opportunity to scale the educational and professional ladder by providing scholarships (up to the university level) to the best performers in a competitive evaluation conducted at the end of the primary education cycle. Such a system, if administered properly, would not only guarantee poor children an opportunity to access better schools and professions, but would also serve as an incentive for younger generations to go to school.

Eliminate gender-biased restrictions in professions. Effective laws to address sexual abuse at school and in the workplace are necessary in order to make them safe places for women.

Improve access to health care

The region has not performed well in the area of health. Four out of five countries in South Asia rank among the bottom 15 in the global ranking of gender equality in health and survival. Addressing the high levels of malnutrition, infant mortality and maternal mortality – which reflect not only a policy failure but also a breakdown in the moral responsibilities at societal and household levels – requires a holistic approach involving Governments, civil society and individuals at the household level. Public policies necessary to address the barriers imposed on women and girls include:

“In themselves, laws and policies are not enough, they must also be effectively implemented and backed up by a strong political leadership”

- Implementing legislation to ensure the rights of women to equal access to basic health services

where institutional barriers, cultural practices and misconceptions prevent such access.

- Improving basic health services. Mobile clinics may be effective in areas where access is limited due to a difficult physical environment. Introducing community-based emergency transport could also save millions of maternal and infant deaths. The Maternal and Child Welfare Centre of Bangladesh and the Castle Street Hospital for Women in Colombo, Sri Lanka, have had good results in reducing maternal mortality. Scaling up such initiatives could go a long way towards reducing maternal mortality at the national level at a low cost. Providing health care should go hand-in-hand with educating mothers and adolescent girls.

“Addressing malnutrition and infant and maternal mortality, particularly in South Asia is critical for gender equality”

- Promoting pro-poor growth policies at the microlevel to address malnutrition, such as free midday meals for school children and nutritional packages for pregnant mothers. Micronutrient deficiency in girls and women could be addressed not only by providing nutritional and vitamin supplements but also by introducing appropriate laws and regulations on issues such as the content of iodine in table salt.
- Increasing the number of trained health professionals. Human resource policies in the health sector should match needs. For example, having more health professionals with midwifery training, rather than medical doctors, could address maternal and infant mortality in rural communities.
- Promoting the use of condoms and making them widely available could make a big difference in tackling HIV/AIDS. Despite the high risk of HIV/AIDS, an open discussion of sex and condom use is still taboo in some societies and countries. But even 60% condom use can reverse the spread of HIV, which disproportionately affects young women.
- Involving non-governmental and civil society organizations in improving health outcomes. These organizations can form partnerships with public sector institutions to promote family planning and safe motherhood programmes and adolescent health. They could also be effective in eliminating misconceptions or cultural taboos that prevent women's access to health care.

Enhance economic participation of women

Direct and indirect restrictions placed upon women by employers, the working environment, public policies, cultural attitudes and the constant struggle to find a balance between work and family life force women to withdraw from the labour force. Changes in policies towards the employment of women and the mindset of individuals is a necessary requirement to stimulate the participation of women in the labour force:

“Direct and indirect restrictions placed upon women's economic participation should be removed”

- Governments need to ensure that women are not discriminated against in recruitment, wages and promotions and should make the public sector a role model for the private sector in this respect. Other helpful policies include eliminating extra tax burdens on the second income earner of a household and providing childcare subsidies and parental leave.
- A flexible labour market would help female workers engage in part-time work, particularly relevant in more advanced economies where flexibility in changing jobs and longer periods of maternity leave are very much in demand. At the same time, social security systems should adjust to changing needs by allowing female employees to withdraw funds in case they wish to withdraw from the labour market before retirement.
- Legislation is needed to address harassment at the workplace in both the public and private sectors.
- Cultural attitudes are perhaps the major obstacle to the employment of women, particularly in South Asia. Changing mindsets without compromising sensitive cultural practices requires engaging community and religious leaders in open dialogue on access to health, education and employment.

Enhance access to material resources

To have a voice in society, women must have access to material resources, such as land, houses and credit. A change in the traditions and laws that restrict

women's ownership of property and differentiate between sons and daughters is essential to make an impact on gender bias on asset ownership.

“Removing restrictions on asset ownership and access to resources could benefit freedom of choice”

Both the lack of education, which limits employment opportunities in the formal sector, and the inability to own assets restrict women's access to credit, an essential ingredient of self-employment and enterprise development. The strict rules and regulations governing lending by formal financial sector institutions make microcredit programmes key to economic independence for women. The Grameen Bank of Bangladesh, which exclusively focuses on women, is a good example. Similar initiatives are in place in other countries, but they must be scaled up – and be self-sustaining and adapted to local conditions – in order to have a real impact.

Take steps to empower women by facilitating social mobilization

Individually, women are powerless to overcome their difficulties and constraints. But poor women can be empowered to assert their rights and identify their own potential through social mobilization. The process could entail social guidance by a support organization of professionals and volunteers trained in social mobilization techniques.

With the support of public sector, civil society and non-governmental organizations, small groups of like-minded women can build up their capacity to acquire knowledge and generate capital through savings. Initiatives by the AgHa Khan Foundation in Pakistan, for example, have been proven effective in empowering women, becoming a conduit for technology transfer

and a forum for education and learning. The skills women acquire enable them to become planners at home and in society and to make their voices heard. However, to make an impact on the lives of women at the societal level, independent organizations need to scale up these initiatives and Governments should do more to facilitate the process.

Hear the voice of women

Women's voices need to be heard at every level in order to reduce gender discrimination. But this requires a change in attitudes. Education is one effective way of addressing this. Educated fathers, husbands and brothers are more likely to treat their daughters, wives and sisters as equals than uneducated ones. An educated woman is also in a better position for equal representation than an uneducated woman, even at home. Cultural influences could also be addressed in a flexible manner through education. Civil society should take the lead in changing the mindset of men while Governments could provide support by eliminating gender-related restrictions on recruitment for public and private sector employment.

“Civil society should take the lead in a broader societal change for gender balance”

Removing gender-biased restrictions on women's participation in public service, the private sector and civil society should be the primary means of increasing women's representation at all levels. Positive gender discrimination, such as reserving a certain percentage of positions in local government bodies and national parliaments, may warrant consideration. However, the objective of giving women freedom of choice should not be lost by imposing conditions. Women in different societies and cultures may have different aspirations and need to be respected.

References

- Abu-Ghaida, D. and S. Klasen (2002). "The costs of missing the millennium development goals on gender equity", *Discussion Paper in Economics 2003-01*, (University of Munich), available at <<http://epub.ub.uni-muenchen.de>>.
- Asian Development Bank/UNAIDS (2004). "Asia-Pacific opportunity: Investing to avert an HIV/AIDS crisis", *ADB/UNAIDS Study Series*, available at <<http://www.adb.org/Documents/Reports/Asia-Pacific/APO-HIV.pdf>>.
- Barro, R. and J. Lee (1994). "Sources of economic growth", *Carnegie-Rochester Series on Public Policy*.
- Barro, R and Sala-i-Martin (1995). *Economic Growth* (New York, Mcgraw-Hill).
- Basu, A.M. (1998). "The household impact of adult mortality and morbidity", unpublished paper presented at the Workshop on the Consequences of Pregnancy, Maternal Morbidity, and Mortality for Women, Their Families, and Society, Committee on Population, 19-20 October 1998, Division of Nutritional Sciences, Cornell University, Ithaca, New York. As reported in UNFPA (2000), *The State of World Population 2000* (New York, UNFPA).
- Bloom, D.E. and D. Canning (2005). "Schooling, health and economic growth: Reconciling the macro evidence". Center on Democracy, Development, and the Rule of Law, Stanford Institute on International Studies No. 42, available at <<http://www.rand.org/labour/adp-pdfs/2005canning.pdf>>.
- Bloom, D.E., D. Canning and J. Sevilla (2001). "The effect of health on economic growth", *NBER Working Paper* No. 8587, available at <<http://www.nber.org/papers/w8587>>.
- Dickens, W.T., I. Sawhill and J. Tebbs (2006). "The effects of investing early education on economic growth", *Policy Brief* No.153 (Washington, D.C., The Brookings Institution).
- Dollar, D. and R. Gatti (1999). "Gender inequality, income, and growth: Are good times good for women?", *Policy Research Report on Gender and Development*, Working Paper Series No. 1 (Washington, D.C., World Bank).
- ESCAP (2001). "Women in local government in Asia and the Pacific: A comparative analysis of thirteen countries", available at <http://www.unescap.org/huset/women/reports/comparative_report.pdf>.
- Food and Agriculture Organization of the United Nations (FAO) (1996). *The Key to Food Security* (Rome, FAO).
- Heise, L. M., Ellsberge and M. Gotteemoeller (1999). "Ending violence against women", *Population Reports*, Series L. No.11. (Baltimore, John Hopkins School of Public Health).
- Hill, A. and E. King (1995). "Women's education in developing countries" (Baltimore, John Hopkins Press).
- International Institute of Policy Studies (IIPS) (1995). *National Family Health Survey (MCH and Family Planning) India 1992-1993* (Bombay, IIPS).
- International Institute of Population Studies (1999). *National Family Health Survey, India 1996-1999* (Bombay, IIPS).
- International Labor Organization (ILO). Labour statistics <<http://laborsta.ilo.org>>
- _____. (2003). *Key Indicators of the Labor Market, 3rd Edition* (Geneva, ILO).
- Jahangir, A. (2000). *Civil and Political Rights, Including Questions of Disappearances and Summary Executions, Report of the Special Rapporteur, Ms. Asma Jahangir* (E/CN.4/2000/3) (Geneva, Commission on Human Rights).
- Knowles, S., P.K. Lorgelly and P.D. Owen (2002). "Are educational gender gaps a break on economic development? Some cross-country empirical evidence", *Oxford Economic Papers* No. 54 (Oxford, Oxford University Press), pp. 118-149.
- Klasen, S. (1999) "Does gender inequality reduce growth and development? Evidence from cross-country regressions", *Policy Research Report on Gender and Development*, Working Paper series No. 7 (Washington, D.C., World Bank).

- Maclsaac, Norman (1997). "The role of microcredit in poverty reduction and promoting gender equity", *Canadian International Development Agency* (CIDA), pp.7-16.
- Nanivadekar, M. (2005). "Indian experience of women's quota in local government: implications for future strategies", paper prepared for the Expert Group Meeting on Equal Participation of Women and Men in Decision-Making Processes, with Particular Emphasis on Political Participation and Leadership, organized by the United Nations Division for the Advancement of Women, Department of Economic and Social Affairs, in collaboration with the Economic Commission for Africa and the Inter-Parliamentary Union, 24-27 October 2005 Addis Ababa, Ethiopia, available at <http://www.un.org/womenwatch/daw/egm/eql-men/docs/EP8_rev.pdf>.
- Osmani, S. and A. Bhargava (1998). "Health and nutrition in emerging Asia". *Asian Development Review* 16 (1) (Manila, Asian Development Bank).
- Osmani, S. and A. Sen (2002). "The hidden penalties of gender inequality: fetal origins of ill-health", *Economics and Human Biology* 1 (1).
- Quisumbing, A. (2003). "What have we learned from research on intra-household allocation?" in A. Quisumbing, ed. (2003). *Household Decisions, Gender and Development: A synthesis of recent research* (Washington, D.C., International Food Policy Institute).
- Ramalingaswami, V., U. Jonsson, and J. Rohde (1996). "The Asian Enigma," in the *Progress of Nations* (New York, UNICEF).
- Strong, M.A. (1992). "The health of adults in the developing world: The view from Bangladesh", *Health Transition Review* 2 (2): 215-224.
- UNFPA (2000). *The State of the World Population*. (New York, UNFPA).
- UNFPA (2003). "Missing: Mapping the Adverse Child Sex Ratio in India" (New York, UNFPA), available at <http://www.unfpa.org.in/publications/16_Map%20brochure_English.pdf>.
- UNICEF (2005). *The State of the World's Children 2006* (New York, UNICEF).
- UNICEF (2006). *The State of the World's Children 2007* (New York, UNICEF).
- UNIFEM (1998). "Bringing equality home, implementing the convention on all forms of discrimination against women" (New York, UNIFEM).
- Villegus, B. (1996). "The superiority complex of Filipino women" in *The Book of Values* (Manila, University of Asia and the Pacific).
- Virola, R.A. S. de Perio (1998). "Measuring the contribution of women to the Philippines Economy", paper prepared for the National Convention on Statistics, 2-4 December 1998, Manila.
- Wang, X., and K. Taniguchi (2002). "Does better nutrition cause economic growth? The efficiency cost of hunger revisited", FAO/ESA Working Paper No. 02-11, available at <<http://www.fao.org/docrep/007/ae030e/ae030e00.htm>>.
- World Economic Forum (2006). *The Global Gender Gap Report 2006* (Geneva, WEF).
- WHO/UNICEF/UNFPA (1995). *Maternal Mortality Estimates* (Geneva, WHO).
- _____ (2000). *Maternal Mortality Estimates* (Geneva, WHO).
- _____ (2005). "Women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses, summary report" (Geneva, WHO).