

Pursuing Gender Equality

through the Millennium Development Goals
in Asia and the Pacific



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Foreword

Achieving the Millennium Development Goals (MDGs) in the Asia and Pacific region will require a concerted effort by all countries and their development partners. More than 5 years have already elapsed since the *Millennium Declaration* was adopted and considering the distance still to traverse by 2015, there is little time to lose. If success is to be achieved, ensuring gender equality and women's empowerment will be essential, given the relevance of gender concerns to all of the MDGs. This fact was recognized by governments at the September 2005 World Summit who collectively affirmed that “progress for women is progress for all.”

The Asia and Pacific region's performance on gender-related issues has been mixed. Despite substantial progress toward gender parity in education, the region is seriously “off track” on other indicators of women's capabilities and opportunities. Given the importance of gender equality to the MDGs in general, slow progress on gender issues may harm the overall MDG achievement. It is essential, therefore, to prioritize efforts toward gender equality and women's empowerment.

This paper has been prepared to inform policymakers in the region about the current situation and provide a guide to interventions urgently needed in this crucial area. It is the result of a tripartite regional partnership on the MDGs between the Asian Development Bank, the United Nations Development Programme, and the

United Nations Economic and Social Commission for Asia and the Pacific. The partnership supports preparation of reports and technical papers, the dissemination of their findings and consultation, and dialogue with policymakers and stakeholders in order to ensure that the MDGs are achieved in the region.

This technical paper is part of a series studying in detail identified critical issues and problems concerning the timely achievement of the MDGs and complementing the regional MDG reports, two of which have so far been published: the first in June 2003 (*Promoting the Millennium Development Goals in Asia and the Pacific: Meeting the Challenges of Poverty Reduction*) and the second in September 2005 (*A Future Within Reach: Reshaping Institutions in a Region of Disparities to meet the Millennium Development Goals in Asia and the Pacific*). The paper assesses regional performance related to gender equality and women's empowerment, identifies some of the main challenges to further progress, and provides examples of promising interventions and supportive institutions to guide future actions.

This paper is intended to help all those committed to achieving the MDGs and improving the lives of the millions of poor and marginalized women, men, and children in this region. We hope that they find the information and technical advice presented here useful in their endeavors.



Geert van der Linden
Vice President
Asian Development Bank
Manila



Kim Hak-Su
United Nations Under-Secretary
General and Executive Secretary
United Nations Economic and
Social Commission for Asia and the
Pacific, Bangkok



Hafiz Pasha
United Nations
Assistant Secretary General and
UNDP Assistant Administrator
for Asia and the Pacific,
New York

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Abbreviations

ADB	- Asian Development Bank
AMDD	- Averting Maternal Death and Disability program
APEC	- Asia-Pacific Economic Cooperation
ASEAN	- Association of Southeast Asian Nations
BRAC	- Bangladesh Rural Advancement Committee
CAR	- Central Asian Republic
CBO	- community-based organization
CEDAW	- Convention on the Elimination of All Forms of Discrimination Against Women
EmOC	- emergency obstetric care
GMS	- Greater Mekong Subregion
GRAP	- gender reform action plan
HIV/AIDS	- human immunodeficiency virus/acquired immune deficiency syndrome
ICT	- information and communication technology
ILO	- International Labour Organization
IPU	- Inter-Parliamentary Union
Lao PDR	- Lao People's Democratic Republic
LGED	- Local Government Engineering Department (Bangladesh)
MDG	- Millennium Development Goal
NCFAW	- National Commission for the Advancement of Women in Vietnam
NGO	- nongovernment organization
ODA	- official development assistance
OECD	- Organisation for Economic Co-operation and Development
PNG	- Papua New Guinea
PRC	- People's Republic of China
SAARC	- South Asian Association for Regional Cooperation
SEWA	- Self-Employed Women's Association
STI	- sexually-transmitted infection
TB	- tuberculosis
TRIPS Agreement	- Agreement on Trade-Related Aspects of Intellectual Property Rights
UN	- United Nations
UNAIDS	- Joint United Nations Programme on HIV/AIDS
UNDP	- United Nations Development Programme
UNEP	- United Nations Environment Programme
UNESCAP	- United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	- United Nations Educational, Scientific and Cultural Organization
UNFPA	- United Nations Population Fund
UNIFEM	- United Nations Development Fund for Women
UNRISD	- United Nations Research Institute for Social Development
WEDO	- Women's Environment and Development Organization
WHO	- World Health Organization
WTO	- World Trade Organization

Executive Summary

Introduction

The *Millennium Declaration* endorsed by the world's governments in September 2000 recognizes that gender equality and the empowerment of women and girls are among the most effective ways to “combat poverty, hunger and disease and to stimulate development that is truly sustainable.”¹ At the World Summit in September 2005, governments reaffirmed their conviction that “progress for women is progress for all.”² This paper (a) analyzes the progress of developing countries in Asia and the Pacific toward achievement of the Millennium Development Goals (MDGs) that explicitly promote gender equality and the empowerment of women and girls; (b) examines the gender dimensions of countries' progress toward the other MDGs; and (c) recommends future directions that countries and their development partners can take to make more consistent and sustainable progress in closing gender gaps and empowering women and girls in the region.

Gender, Development, and the Millennium Development Goals

The countries of Asia and the Pacific recognize equality between men and women as a matter of fundamental rights and citizenship. Virtually all countries in the region are parties to the Con-

vention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and equality between the sexes is expressly guaranteed in many constitutions and statutes. Yet despite these formal commitments, and the demonstrated benefits of gender equality to societies and economies, gender discrimination remains pervasive in the region.

At the UN Millennium Summit in September 2000, governments from this region and elsewhere committed to address gender inequities in several areas in order to reduce poverty, hunger, and disease and promote more sustainable development. In addition to the general commitment to gender equality and women's empowerment, the *Millennium Declaration* adopted at the Summit included time-bound targets to achieve equal access at all levels of education, to reduce maternal mortality by three quarters, to combat all forms of violence against women, and to implement CEDAW. The MDGs that were subsequently developed to implement the *Millennium Declaration* capture most, but not all, of these commitments. While there is broad support for the gender-specific MDGs—Goal 3 on gender equality and women's empowerment, and Goal 5 on maternal health—the MDGs as a whole have been widely critiqued for their narrow approach to gender issues. In addition to Goals 3 and 5, only two other MDGs—Goal 2 on education and Goal 6/Target 7 on HIV/AIDS-

include gender-specific or gender-disaggregated indicators. (In contrast, international instruments, such as CEDAW and the Beijing Platform for Action,³ and national policies and action plans to promote gender equality, take a much more comprehensive approach to address gender inequities.) In light of these limitations, there is widespread agreement that Goals 3 and 5 need to be broadly interpreted within the frameworks of CEDAW and the Beijing Platform for Action. Notably, the World Summit held in September 2005 endorsed the broader view of gender equality goals reflected in the Beijing Platform. Several countries in Asia and the Pacific have already interpreted Goals 3 and 5 more broadly through their own MDG targets and indicators.

Progress on the Gender-Specific Goals

Despite substantial progress in narrowing gender gaps in educational enrollments, the region's overall performance in promoting gender equality and women's empowerment has been mixed. Further progress also requires strong political commitment at all levels and changes in prevailing social norms and attitudes.

Despite substantial progress in narrowing gender gaps in educational enrollments, the region's overall performance in promoting gender equality and women's empowerment has been mixed. This is reflected most clearly in the "tracking" analysis undertaken by the joint regional MDG report prepared by the UN Economic and Social Commission for Asia and the Pacific (UNESCAP), United Nations Development Programme (UNDP), and the Asian Development Bank (ADB),⁴ which found that more than three quarters of countries in the region are "on track" in narrowing gender gaps in educational enrollments (Goal 3/Target 4), while more than two thirds of countries are clearly "off track" in reducing maternal mortality (Goal 5/Target 6). When all of the indicators for Goal 3 are considered including nonagricultural wage employment and representation in national parliaments the picture is even more uneven.

Goal 3—promoting gender equality and women's empowerment.

Virtually no country in Asia and the Pacific is making equal progress on all of the indicators for Goal 3. Several countries in Southeast Asia, including Malaysia, Philippines, and Thailand, as well as Sri Lanka and some Pacific countries,

have achieved gender parity in education at relatively high levels of enrollment, but this has not translated into equal participation in economic and political affairs. Cambodia has one of the highest levels of women's economic participation in the region, but women's education and literacy remain low with gender gaps at all levels. Central Asian countries, such as Azerbaijan, Kazakhstan, and Kyrgyz Republic, have struggled to maintain education services since the fall of the Soviet Union, and girls' enrollment levels have remained high although gender gaps are widening at the secondary level. At the same time, women's wage employment and representation in national parliaments have fallen sharply.

Although the basic Goal 3 indicators track progress only at the national level, MDG progress reports of several countries in the region note much slower rates of progress in rural areas, among ethnic minorities and disadvantaged castes, and among displaced people and migrants. Women within these groups are likely to have much lower levels of education, wage employment, and participation in national politics than women generally in their countries. These groups are particularly affected by limited access to basic services. Refugee and internally-displaced women, and women in conflict-affected areas, are also exposed to high levels of harassment and violence.

Most of the MDG progress reports for countries in the Asia and Pacific region go beyond the international target and indicators for Goal 3, and report on progress and challenges in other areas related to gender equality and women's empowerment. Some of the frequently identified issues include (1) the persistence of gender-based stereotypes and discriminatory practices; (2) pervasive patterns of violence against women; (3) gender inequality in landownership; and (4) different impacts of migration, trafficking, and displacement of women and men. Several countries have also developed additional targets and indicators beyond the core international indicators for Goal 3 that are consistent with the broader set of gender equality objectives endorsed at the World Summit.

Goal 5—improving maternal health.

Despite substantial investments in health interventions by governments, donors, and nongovernment organizations (NGOs), women in many countries across Asia and the Pacific continue to suffer high rates of death or disability associated with childbirth, respiratory and waterborne diseases, and malnutrition and anemia, as well as increasing rates of HIV infection. The MDGs take a fragmented approach to women's health, with the main focus being on maternal health (Goal 5) and more specifically maternal mortality (Target 6). Conspicuously absent from the MDGs is a goal directly addressing women's sexual and reproductive health, although this is a core element of women's general health and also critical to women's control over their own lives. The recent World Summit addressed this omission by explicitly endorsing "equal access to reproductive health" in its commitments to gender equality and women's empowerment.

As in education, some regional patterns emerge. In the Greater Mekong Subregion⁵ and South Asia, most countries started from extremely high levels of maternal mortality, with very limited maternal health services provided in rural areas. These countries are reducing maternal deaths as they extend and improve basic health services in the rural areas (albeit at very different rates of progress). In contrast, before 1990, the Central Asian countries generally had well-developed health facilities staffed with skilled personnel in rural as well as urban areas, and relatively low maternal mortality rates. These health systems came under considerable strain during the 1990s as health budgets were cut, and several of these countries as well as Mongolia have seen their maternal mortality rates climb as the quality of rural health services has deteriorated (in Azerbaijan, from 22 per 100,000 live births in 1990 to 94 in 2000). By 1990, Southeast Asian countries, such as Malaysia and Thailand, had already made significant progress in lowering their maternal mortality rates through steady and strategic investment in their rural health systems. Now they are finding it harder and more expensive to extend maternal health services to the

most underserved groups, migrant women and women in the very remote rural areas. In the Pacific, maternal mortality rates and rates of skilled attendance at birth are generally better than for the region as a whole (with Papua New Guinea and Solomon Islands lagging behind). However, women on remote islands and in the highlands of Papua New Guinea have little access to maternal health services.

Notwithstanding these regional differences, MDG progress reports and other sources point to several common factors contributing to the high levels of maternal deaths in Asia and the Pacific. These include: (1) lack of quality emergency obstetric care provided by skilled and culturally appropriate health personnel; (2) lack of public investment in basic health services, especially in poor provinces in the context of decentralization; (3) formal and informal fees for health services; (4) low levels of contraceptive use; (5) women's poor nutrition and overall health; (6) adolescent pregnancy and early marriage; and (7) lack of male involvement in reproductive health matters. Consistent with the commitments made at the World Summit, several countries in the region have expanded their national targets and indicators under Goal 5 to include access to reproductive health services.

Gender Dimensions of Progress on Other Goals

Apart from Goals 3 and 5, the MDGs do not expressly address gender issues, although the Goal 2 target ensuring that both boys and girls complete primary school has a gender equity dimension. Even so, MDG progress reports and other studies from Asian and Pacific countries confirm the interrelationships between the gender-specific MDGs and all of the other goals, as well as the importance of including a gender perspective in any strategy to achieve these goals. The paper reviews the gender dimensions of regional progress under several of the MDGs, including Goal 1 (eradicating extreme poverty and hunger), Goal 2 (achieving universal primary education), Goal 4 (reducing child mor-

Strategic initiatives to reduce gender gaps and empower women and girls are more effective when they are supported by equitable and responsive institutions.

tality), Goal 6 (combating HIV/AIDS, malaria, and other diseases), Goal 7 (ensuring environmental sustainability), and Goal 8 (developing a global partnership for development).

Future Directions

The Asia and Pacific region has made progress toward Goal 3, particularly in narrowing gender gaps in primary and secondary education and raising literacy rates. However, progress on the indicators of economic and political empowerment under Goal 3 has been mixed, and most countries are not reducing maternal mortality rates fast enough under Goal 5. The region's uneven performance under the other MDGs also affects the prospects for improving women's capabilities, access to resources and opportunities, and security. The paper summarizes some of the common challenges to gender equality and women's empowerment in the region, and then provides examples of promising interventions and supportive institutions to guide future actions.

Regional challenges. Some of the challenges to gender equality shared by countries in the region include (1) addressing entrenched attitudes and behaviors related to gender roles and women's status; (2) mitigating the risks and negative impacts of migration and displacement, especially on young women and girls; (3) maximizing the benefits and minimizing the costs of regional integration, especially for poor women and men; (4) managing decentralization processes to ensure equitable delivery of basic services and opportunities for women to participate in local decision making; and (5) strengthening the implementation of national laws and policies and the effectiveness of national institutions to promote gender equality, and improving legal awareness and access to justice, especially among women in poor and marginalized communities.

Promising initiatives. Based on a comprehensive survey of worldwide trends, initiatives, and research results, the UN Millennium Project⁶ has recommended seven strategic priority areas for achieving gender equality and empowering

women, almost all of which were endorsed by governments at the recent World Summit. These include: (1) ensuring postprimary education for girls and young women; (2) guaranteeing sexual and reproductive health and rights; (3) providing time-saving infrastructure; (4) ensuring equal property rights; (5) improving employment opportunities and working conditions, especially for poor women; (6) combating all forms of violence against women and girls; and (7) improving women's representation in political bodies, especially at the local level. These strategic priorities are already reflected in the national gender action plans of most countries in the region, as well as in specific initiatives supported by governments, development agencies and banks, NGOs, and community-based organizations. The paper highlights examples of initiatives already being taken in each strategic area.

Supportive institutions. Strategic initiatives to reduce gender gaps and empower women and girls are more effective when they are supported by equitable and responsive institutions. These include law and policy frameworks, government planning and budget processes, accountability and enforcement mechanisms, and partnerships with women's organizations and other key actors. Regional partnerships can also play a key role, especially on gender issues that have cross-border implications. The paper considers some of the gender-responsive institutions already in place in Asia and the Pacific, drawing on countries' recent progress reports on their implementation of the Beijing Platform for Action.

Conclusions and Recommendations

The Asia and Pacific region faces a number of challenges to the achievement of gender equality, but it is also home to some of the world's most innovative and successful strategies for narrowing gender gaps and empowering women. These success stories provide possible models for other countries to adapt and follow.

Building on the commitments in the

Millennium Declaration, the recent World Summit endorsed a clear set of actions to promote gender equality over the next 10 years and beyond. These World Summit commitments support the broader view of MDGs 3 and 5 that many countries in the region have already taken through their own national development goals, targets, and indicators. The World Summit commitments to gender equality, therefore, provide a sound framework for governments, civil soci-

ety groups, and development agencies to pursue more gender-equitable development outcomes in the region. The final section of the paper recommends a number of actions that each of these key stakeholder groups can take to implement these commitments and further their own gender equality goals. However, meaningful progress will not be made without strong political commitment at all levels and changes in prevailing social norms and attitudes.

ENDNOTES

- 1 UN General Assembly. 2000. *United Nations Millennium Declaration*, para. 20. UN Doc. A/RES/55/2. 18 September.
- 2 UN General Assembly. 2005. *2005 World Summit Outcome*, para. 58. UN Doc. A/60/L.1. 15 September.
- 3 The outcome document of the Fourth World Conference on Women in Beijing in 1995.
- 4 UNESCAP, UNDP, and ADB. 2005. *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*.
- 5 Consisting of Cambodia, People's Republic of China, Lao People's Democratic Republic, Myanmar, Thailand, and Viet Nam.
- 6 An independent advisory body commissioned by the UN Secretary General to propose best strategies to achieve the MDGs.



I. Introduction

The *Millennium Declaration* endorsed by the world's governments in September 2000 recognizes that gender equality and the empowerment of women and girls are among the most effective ways to “combat poverty, hunger and disease and to stimulate development that is truly sustainable.”⁷ At the World Summit in September 2005, governments reaffirmed their conviction that “progress for women is progress for all.”⁸ This paper (a) analyzes the progress of developing countries in Asia and the Pacific toward achievement of the Millennium Development Goals (MDGs) that explicitly promote gender equality and the empowerment of women and girls; (b) examines the gender dimensions of countries' progress toward the other MDGs; and (c) recommends future directions that countries and their development partners can take, individually or regionally, to make more consistent and sustainable progress in closing gender gaps and empowering women and girls in the region.

The paper is based on a review of data from the Millennium Indicators Database hosted by the United Nations (UN) Statistical Division and trend analysis prepared for the 2005 joint United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), United Nations Development Programme (UNDP), and Asian Development Bank (ADB) MDG Report: *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*; MDG progress reports and national poverty reduction strategies of countries in the region; recent country gender assessments; and other relevant sources.⁹ The paper also draws on the findings and recommendations from recent reports on worldwide trends related to gender equality, women's empowerment and women's health—including reports from the UN Millennium Project¹⁰—and considers their relevance in the Asian and Pacific context.

MDG progress reports confirm the interrelationship between the gender-specific MDGs and other MDGs as well as broader strategic development goals.

ENDNOTES

- 7 UN General Assembly. 2000. *United Nations Millennium Declaration*, para. 20. UN Doc. A/RES/55/2. 18 September.
- 8 UN General Assembly. 2005. *2005 World Summit Outcome*, para. 58. UN Doc. A/60/L.1. 18 September.
- 9 Country information cited in the paper is taken generally from the country's latest available progress reports on the MDGs and on implementation of the Beijing Platform for Action (the outcome document of the Fourth World Conference on Women).
- 10 An independent advisory body commissioned by the UN Secretary General to propose best strategies to achieve the MDGs [Available: <http://www.unmillenniumproject.org>].



II. Gender, Development, and the Millennium Development Goals

The countries of Asia and the Pacific recognize equality between men and women as a matter of fundamental rights and citizenship. Virtually all countries in the region are parties to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and equality between the sexes is expressly guaranteed in many constitutions and statutes. Gender equality—and the empowerment of women to fully participate in social, economic and political life—is also recognized as an important development outcome, reflected in countries' national development plans and their specific policies and action plans for the advancement of women.

In addition to the intrinsic benefits of equality for women and girls, many cross-country and country-specific studies have confirmed the instrumental benefits of gender equality for the general well-being of households, communities, and societies; for productivity and economic growth; and for good governance. More specifically, these studies have estimated the substantial costs of gender *inequality* in terms of higher population growth; children's mortality, poor health and lower school performance; less efficient allocation of household resources; lower economic growth; and higher levels of corruption.¹¹ For example, one study recently estimated some of the costs to countries of not achieving gender parity in primary and secondary education. For a country with substantial gender gaps at primary and secondary levels, the estimated costs between 2005 and 2015 could include an

average annual loss of 0.4 percentage points in economic growth, up to 0.6 additional children per women, up to an additional 32 child deaths per year (per 1,000 live births), and an average 2.5 percentage points higher prevalence of underweight children.¹²

Yet despite countries' formal commitments to gender equality, and the demonstrated benefits to societies and economies, gender discrimination remains pervasive throughout Asia and the Pacific. There have been advances in several areas over the past 20 years. However, there are significant variations across and within countries, and gender gaps persist in access to education and quality health care, employment and business opportunities, political participation and decision making, personal security, and access to justice.

At the UN Millennium Summit in September 2000, governments from this region and elsewhere committed to address gender inequities in several areas in order to reduce poverty, hunger and disease and promote more sustainable development. In addition to a general commitment to gender equality and women's empowerment, the UN *Millennium Declaration* adopted at the Summit included time-bound targets to achieve equal access at all levels of education, to reduce maternal mortality by three quarters, to combat all forms of violence against women and to implement CEDAW. The MDGs that were subsequently developed to implement the *Millennium Declaration* capture most, but not all, of these commitments (see Box 1). In particular, the only

The World Summit in September 2005 confirmed that the gender-specific MDGs—Goals 3 and 5—should be broadly interpreted within the frameworks of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Beijing Platform for Action.

Box 1: Millennium Commitments to Gender Equality and Women's Empowerment

United Nations Millennium Declaration Resolutions

- 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.
- To ensure that, by [the year 2015],...girls and boys will have equal access to all levels of education.
- By the same date, to have reduced maternal mortality by three quarters...
- To combat all forms of violence against women and to implement [CEDAW].

Millennium Development Goals Targets and Indicators

Goal 3: Promote gender equality and empower women

Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicators

9. Ratio of girls to boys in primary, secondary and tertiary education
10. Ratio of literate women to men (15–24 years)
11. Share of women in wage employment in the nonagricultural sector
12. Proportion of seats held by women in national parliaments

Goal 3, Target 4, Indicator 9 (above)

Goal 5: Improve maternal health

Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality rate

Indicators

16. Maternal mortality ratio
17. Proportion of births attended by skilled health personnel

No goal, target or indicator.



target for the gender equality goal (Goal 3) relates to education, although the indicators for Goal 3 also cover employment and national decision making. However, there is no corresponding MDG for the *Millennium Declaration* commitments to combat violence against women and to implement CEDAW.

While there is broad support for the gender-specific MDGs—Goal 3 on gender equality and women’s empowerment, and Goal 5 on maternal health—the MDGs as a whole have been widely critiqued for their narrow approach to gender issues. Gender inequalities operate on several levels—within households and in communities, markets and government institutions—and in virtually all spheres of social, economic and political activity. International instruments, such as CEDAW and the Beijing Platform for Action,¹³ and national policies and action plans to promote gender equality, therefore, have taken a comprehensive approach to address gender inequities. The Beijing Platform, for example, includes 12 critical areas of concern, including poverty, education, health, violence, armed conflict, the economy, power and decision making, human rights, media, the environment, and the particular needs and vulnerabilities of girls. In contrast, the MDG targets only address education and maternal deaths (although the indicators for MDG 3 also include women’s participation in nonagricultural employment and national legislatures). In addition to Goals 3 and 5, only two other MDGs—Goal 2 on education and Goal 6/Target 7 on HIV/AIDS—include gender-specific or gender-disaggregated indicators.

In light of these limitations, there is widespread agreement that Goals 3 and 5 need to be broadly interpreted within the frameworks of CEDAW and the Beijing Platform for Action. At the same time, the gender dimensions of all of the other MDGs need to be recognized and monitored.¹⁴ As the UN Millennium Project and others have pointed out, the MDGs are interdependent. Countries are unlikely to make meaningful progress in reducing poverty, improving children’s access to education and quality health care, reducing the burden of infectious diseases, or improving access to safe water and improved sanitation, unless they take into account the different vulnerabilities of poor women and men, and the sociocultural and other conditions that



limit poor women’s and girls’ access to basic services (see Box 2). As discussed further below, several countries have also “localized” the MDGs, including Goals 3 and 5, to better reflect the progress they have already made in several areas as well as the more ambitious targets they have set in their national development plans.

In September 2004, 44 governments from Asia and the Pacific convened in Bangkok to review the region’s 10-year progress in implementing the Beijing Platform for Action. The “Bangkok Communiqué” issued at the conclusion of the meeting confirmed the importance of linking governments’ commitments in the *Millennium Declaration*, the Beijing Platform, and CEDAW. The Communiqué also identified areas of progress, continuing gaps, and challenges in pursuing gender equality and women’s empowerment in Asia and the Pacific. These findings are also pertinent to this year’s review of the region’s progress toward the MDGs, and particularly Goals 3 and 5 (see Appendix 1). Notably, the World Summit held in September 2005 endorsed the broader view of gender equality goals reflected in the Beijing Declaration and Platform for Action (see Appendix 2).

Box 2: Gender Equality and Achievement of the Millennium Development Goals

Millennium Development Goals	Importance of Gender Equality for Specific Goals
Goal 1: Eradicate extreme poverty and hunger	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Educated girls and women have greater control over their fertility and participate more in public life Mothers' education is a strong and consistent determinant of their children's school enrollment and attainment, and health and nutrition
Goal 3: Promote gender equality and empower women	<ul style="list-style-type: none"> Related indicators include parity in educational enrollments, wage employment and representation in national parliaments
Goal 4: Reduce child mortality	<ul style="list-style-type: none"> Mothers' education, income, and empowerment have significant impacts on lowering child and maternal mortality rates
Goal 5: Improve maternal health	
Goal 6: Combat HIV/AIDS, malaria and other diseases	<ul style="list-style-type: none"> 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 7: Ensure environmental sustainability	<ul style="list-style-type: none"> Gender-equitable property and resource ownership policies enable women to manage their resources more sustainably
Goal 8: Develop global partnership for development	<ul style="list-style-type: none"> Gender equality in the political sphere may lead to higher investments in development cooperation

Source: UN Millennium Project, *Taking Action: Achieving Gender Equality and Empowering Women* (2005).

ENDNOTES

- 11 World Bank. 2001. *Engendering Development through Gender Equality in Rights, Resources and Voice*. Washington, DC; UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality. (Both reports include references to the specific studies.)
- 12 Dina Abu-Ghaida and Stephan Klasen. 2004. The Costs of Missing the Millennium Development Goal on Gender Equity. *World Development*, Vol. 32, No. 7, pp. 1075-1107.
- 13 The outcome document of the Fourth World Conference on Women held in Beijing in 1995.
- 14 UNIFEM. 2004. *CEDAW, Beijing and the MDGs: Pathways to Gender Equality*. New York; World Bank. 2003. *Gender Equality and the Millennium Development Goals*. Washington, DC.

III. Progress on the Gender-Specific Goals

Regional Patterns and Variations

Given the diversity of cultures, economic systems, and levels of development, forms of governance and physical environments across Asia and the Pacific, it is not surprising to find diverse patterns among regional countries in their progress toward the MDGs. For the gender-specific goals, wide divergence could also be expected in view of the very different gender profiles of countries in the major subregions. In most of the countries of South Asia, for example, conservative norms, particularly in the rural areas, continue to restrict women's activities outside the home, with wide-ranging implications for their access to services, economic activities and participation in decision making. In contrast, Soviet-era policies in the Central Asian countries strongly encouraged women's employment and participation in government, and supported a wide range of social services to enable women to juggle work with household duties. The gender-equitable norms of the Soviet era were severely undermined, however, by the economic and social upheaval that followed the collapse of the Soviet Union, with profound consequences for both women and men. In East and Southeast Asia, the Greater Mekong Subregion (GMS) and the Pacific, gender-related norms are generally less rigid than in South Asia, but there is considerable diversity even within countries, with stark contrasts between urban and rural areas and between matriarchal and patriarchal social groups.

This regional diversity is reflected in countries' progress toward the MDGs, including Goals 3 and 5. At a general level, most of the countries in East and Southeast Asia are making progress toward the goals and many have already reached some of the relevant targets. In contrast, countries in Central Asia are struggling to restore their human development indicators to the levels of the 1980s. The less-developed countries of South Asia and the GMS are making progress toward many of the goals, but from extremely low levels. The People's Republic of China (PRC) and India, with the largest economies and populations in the region, have seen substantial declines in income poverty, but their progress on the nonincome MDGs has been mixed. Most countries' progress toward the MDGs, as reflected in national-level targets and indicators, masks wide disparities between urban and rural areas, with the least progress found in remote rural and conflict-affected areas, and among disadvantaged ethnic minority groups and castes, internally displaced people and migrants. As discussed below, these intra-country disparities are particularly evident for Goals 3 and 5 (gender parity in education and maternal mortality).

Despite substantial progress in narrowing gender gaps in educational enrollments, the region's overall performance in promoting gender equality and women's empowerment has been mixed. This is reflected most clearly in the "tracking" analysis undertaken in the UNESCAP/UNDP/ADB joint regional MDG report,¹⁵ which found that more than three quarters of countries

More than three quarters of countries in the region are “on track” in narrowing gender gaps in educational enrollments, while more than two-thirds are clearly “off track” in reducing maternal mortality. When all of the MDG indicators for gender equality are considered, the picture is even more mixed.

are “on track” in narrowing gender gaps in educational enrollments (Goal 3/Target 4), while more than two thirds of countries are clearly “off track” in reducing maternal mortality (Goal 5/Target 6). When all of the indicators for Goal 3 are considered—including nonagricultural wage employment and representation in national parliaments—the picture is even more mixed. It is therefore extremely important not to conflate Goal 3 (to promote gender equality and empower women) with Target 4 (to eliminate gender disparities in education). While equal access to quality education is a key component of Goal 3, it is not an adequate indicator in itself of gender equality or women’s empowerment. As discussed below, such countries as the Fiji Islands and Sri Lanka have achieved close to gender parity in education, but this has not automatically translated into high levels of economic and political participation for women. Any assessment of progress under Goal 3 should, at a minimum, take into account all of the Goal 3 indicators as well as the Goal 5 indicators. In their own assessments of progress on Goal 3, many countries in the region have gone farther and considered women’s access to nonformal education, reproductive health services, land and credit; gender segregation and gender wage gaps in employment; increases in women’s informal sector work and migration; increasing HIV infections among women; increased trafficking of women and girls; and the prevalence of domestic violence and other forms of violence against women.

Indexes such as the Gender-Related Development Index and Gender Empowerment Measure developed by UNDP provide composite measures of gender equality and women’s empowerment, and permit the ranking of countries in terms of their gender-related achievements. Alternatively, countries can also be ranked in terms of their performance under the gender-related MDGs. For purposes of this paper, countries in the Asia and Pacific region have been ranked on their performance under eight gender-related MDG indicators. Countries that are among the 10 most poorly performing in the region on five or more of these indicators include several countries in South Asia (Afghanistan, India, Nepal and Pakistan), as well as countries in the Greater Mekong Subregion (Cambodia and Lao PDR) and the Pacific (Papua New Guinea)¹⁶

(see Appendix 3). Countries’ performance on the individual MDG indicators is discussed further below.

There has been much discussion of the links between the MDGs and other development goals, such as economic growth. It is commonly accepted that economic growth is a necessary, but not sufficient, condition for achieving the MDGs, particularly Goal 1 (eradicating extreme poverty and hunger). The relationship between the gender-specific MDGs and economic growth is somewhat more complicated. As noted earlier, cross-country studies have demonstrated that gender equality (Goal 3) contributes to economic growth. Conversely, economic growth can provide the resources to improve basic services and generate employment, with likely benefits for women and girls in terms of enhanced capabilities and opportunities. However, pervasive gender biases and stereotypes can weaken or negate these expected benefits. Perhaps the most dramatic examples of gender inequity in the midst of rapid economic growth are the deteriorating sex ratios in India and the PRC. For example, between 1991 and 2001, the national sex ratio for children ages 0–6 in India dropped from 945 to 927 girls for every 1,000 boys, with the lowest child sex ratio (793) in the economically prosperous state of Punjab.¹⁷ In both India and the PRC, improvements in basic health care have improved life expectancy for both women and men, but a strong traditional preference for sons combined with access to new medical technology have led to increasing numbers of sex-selective abortions. As a consequence, these two large and dynamic economies together account for 80% of the “missing women” in the world, or about 80 million women.¹⁸

The following subsections analyze in greater depth the regional and intra-country trends for the gender-specific MDGs, Goals 3 and 5.

Goal 3—Promote Gender Equality and Empower Women

Gender discrimination exists to some extent in all areas of social, economic, and political life, and in all institutions including households, communities, markets, and local and national governments. Gender equality therefore needs to be understood as a cross-cutting policy goal that

applies to all sectors and institutions. In terms of content, the UN Millennium Project has suggested that gender equality encompasses three main dimensions:

- (a) *capabilities* (including basic human abilities related to education, health, and nutrition);
- (b) *access to resources and opportunities* (including access to economic assets, such as land and infrastructure; resources, such as income and employment; and political opportunities such as representation in political bodies); and
- (c) *security* (including reduced vulnerability to violence and conflict).¹⁹

These dimensions are interrelated and mutually reinforcing. Together, they contribute to women's individual well-being and enable women and girls to make strategic choices and decisions—that is, to be *empowered*.²⁰ However, while progress in one domain (such as education) should improve women's chances of success in other domains (such as employment), gender biases or other factors can weaken or break these links. For example, patterns of gender segregation in labor markets can limit women's employment prospects even if they have comparable educational backgrounds to men. Because gender inequities exist on many levels, different policy initiatives may be needed to promote gender equality in different sectors and institutions.

As noted earlier, the target and indicators for Goal 3 have been critiqued as too narrowly drawn to provide a basis for measuring countries' progress toward gender equality. It has also been noted that the target and indicators focus on *gender parity* in education, literacy, employment, and politics, but that this does not necessarily indicate the *quality of outcomes* in these areas. The UN Millennium Project and others therefore have proposed several additional indicators for Goal 3, and several countries in the region have developed their own “localized” targets and indicators for the Goal (see Box 3). The basic target and indicators for Goal 3 nevertheless provide a starting point for analyzing regional and intra-country trends related to gender equality.²¹

Virtually no country in Asia and the Pacific is making equal progress on all of the indicators

for Goal 3. Several countries in Southeast Asia, including Malaysia, Philippines and Thailand, as well as Sri Lanka and some Pacific countries, have achieved gender parity in education at relatively high levels of enrollment, but this has not translated into equal participation in economic and political affairs. In fact, the Pacific has the lowest level of women's political participation in the world. Cambodia has one of the highest levels of women's economic participation in the region, but women's education and literacy remain low with gender gaps at all levels. Central Asian countries, such as Azerbaijan, Kazakhstan and Kyrgyz Republic, have struggled to maintain education services since the fall of the Soviet Union, and girls' enrollment levels have remained high although gender gaps are widening at the secondary level. At the same time, women's wage employment and representation in national parliaments have fallen sharply.

Although the basic Goal 3 indicators track progress only at the national level, several countries' MDG progress reports also note much slower rates of progress in rural areas, among ethnic minorities and disadvantaged castes, and among displaced people and migrants. For example, literacy levels of ethnic minority women in the Lao People's Democratic Republic (Lao PDR) and women in India's scheduled castes and tribes are much lower than the levels for women nationally and for men within their own ethnic group or caste. Internally displaced people in Azerbaijan, internal migrants in PRC, India, Mongolia and other countries, and people in conflict-affected areas of Indonesia, Nepal, Sri Lanka and other countries have much more limited access to basic services and wage employment. Although not well documented, women within these vulnerable groups are likely to have much lower levels of education, wage employment and participation in national politics than women generally in their countries. They are particularly affected by the limited access to basic services. Refugee and internally-displaced women, and women in conflict-affected areas, are also exposed to high levels of harassment and violence. In addition, Malaysia's progress report notes the precarious situation of migrants from neighboring countries, and the challenge of extending basic services to them. Undocumented women and girls in Malaysia and other coun-

Virtually no country in Asia and the Pacific is making equal progress on all of the indicators for Goal 3. Countries particularly report slow progress in rural areas, and among ethnic minorities, disadvantaged castes, displaced people and migrants.

tries of the region are particularly vulnerable, but they are unlikely to be captured in national statistics.

Gender Parity in Education

Primary Education

Eliminating gender disparity in education is the only time-bound target for Goal 3, and also the earliest target for any of the MDGs. (Gender parity in elementary and secondary education should be reached by 2005, with gender parity at all levels by 2015.) However, the main indicator—the enrollment ratio—does not reflect the level of girls' and boys' enrollment, or their levels of attendance and completion, which are often much lower. At the primary level, both enrollment and completion rates are readily available for most countries, and provide a fuller picture of girls' and boys' access to education. Table 1 shows regional countries with low enrollment ratios, low levels of girls' or boys' enrollment, and/or low girls' or boys' completion rates.²²

Based on available 2001 data, the UNESCAP/UNDP/ADB joint regional MDG report estimates that the vast majority of countries in the Asia and Pacific region will reach gender parity in primary enrollments by 2005.²³ The countries that are farthest from the Goal 3 target are in South Asia (Afghanistan, Pakistan, India, and Nepal), the GMS (Cambodia and Lao PDR) and the Pacific (Papua New Guinea). Based on recent trends, the joint regional MDG report estimates that Nepal will close the gender gap by 2003. However, the country's MDG progress report confirms that gender disparities persist, although there has been substantial progress in increasing both boys' and girls' enrollments. In addition, PRC, Macao, and Viet Nam and several Pacific countries (Niue, Palau, and Papua New Guinea) may narrowly miss the target in 2005 because of slow progress in closing the gap, or a recent decline in the enrollment ratio. Tajikistan predicts that it will miss the gender parity target, while the Pacific MDG progress report notes low enrollment ratios for Cook Islands, Marshall Islands, and Solomon Islands. If recent trends continue, the joint regional MDG report estimates that Cambodia, India, Lao PDR, and Nepal would reach gender parity by 2015, but prospects for the other "off-target" countries are uncertain. By comparison, the UN Millen-

nium Project, using 2000 data, projects that Papua New Guinea, Samoa, and Tajikistan will still be "off track" in 2015.²⁴

To gauge country performance in providing equal access to primary education for girls and boys, it is also relevant to consider the levels of enrollment and completion rates. Achieving gender parity in enrollments under Goal 3 is obviously less meaningful if a country is making slow progress toward Goal 2 (achieving universal primary education). Some countries with large gender gaps in primary enrollments also have low net enrollment rates and even lower completion rates for girls. In Pakistan, for example, the net enrollment rate for girls is only 50%, and 75% of girls in rural areas drop out at the primary level. Even countries that have approached or reached gender parity in primary enrollments nevertheless have low enrollment and/or completion rates for girls, indicating that a substantial number of girls are still not attending school or have dropped out. Uzbekistan, for example, has maintained gender parity, but its net enrollment rate for girls (78%) is less than that of the Lao PDR. Papua New Guinea has the lowest reported completion rate for girls in the entire region (52%). Bangladesh, which has been extremely successful in closing the gender gap in primary enrollment, nevertheless has a completion rate for girls of only 75% (and an even lower completion rate for boys). Clearly enrollment ratios are inadequate indicators in themselves of countries' progress in providing equal access to education, and need to be supplemented by other measures (such as dropout, repeat, and completion rates, and data on student performance, disaggregated by gender, ethnicity, and other relevant factors).

Countries' MDG progress reports reflect an awareness of the limitations of national statistics on enrollments to adequately track progress on gender parity in education. Several reports note that both enrollment and completion rates for girls are much lower in rural areas, and that there are wide variations between states or provinces. In the absence of stipend or other incentive programs targeting girls from poor households, enrollment and completion rates are also likely to be lower for girls from low-income groups. The PRC, Lao PDR and Viet Nam reports also note the particular challenges of improving access to schooling for ethnic minority girls and girls in

Table 1: Selected Data on Gender Parity in Primary Education

Country	Ratio of Girls' to Boys' Enrollment 2001	Target Date for Gender Parity (actual or estimated)	Girls' Net Enrollment 2001 (%)	Girls' Completion 2001 (%)	Boys' Net Enrollment 2001 (%)	Boys' Completion 2001 (%)
Afghanistan	0.08	–	–	–	–	–
Pakistan	0.74	–	50	–	68	–
India	0.85	2012	76	72	89	87
Lao PDR	0.86	2013	79	69	86	77
Nepal	0.87	2003	66	67	75	80
Cambodia	0.89	2008	83	56	89	66
PNG	0.90	–	69	52	77	57
Iran, Islamic Republic of	0.96	2001	78	89	80	93
Thailand	0.96	2001	85	83	88	86
Kyrgyz Republic	0.97	2001	88	95	92	98
Armenia	0.98	2001	84	90	85	90
Azerbaijan	0.98	2001	79	90	81	91
Kazakhstan	0.99	2001	89	92	90	92
Uzbekistan	0.99	2001	78 (1990)	101	79 (1990)	101
Myanmar	1.00	2001	82	72	82	72
Bangladesh	1.02	2001	88	75	86	71
Nauru	1.04	–	82	102	79	82

Sources: UN Statistics Division, MDG Indicators Database; UNESCAP estimates (for target year).

remote areas. Viet Nam also reports challenges in extending basic education to children with disabilities.

Despite wide variations in culture, physical environment and livelihood patterns, countries in the region identify remarkably similar factors influencing girls' school attendance, especially in rural areas and among disadvantaged groups. These include the direct and indirect costs of attending school (including the opportunity cost of girls' labor in the household); distance to school; quality of school facilities (including a safe water supply and separate toilet facilities); quality and relevance of the teaching methods and materials; the attitude of teachers toward female students; and parents' attitude about the benefits of education for their daughters. To address these factors, countries have been pursuing a number of strategies, including the abolition of school fees or fee exemptions for poor students; scholarships, stipends, food rations and book loans, especially for girls; building of more schools in rural areas (with water and separate toilets); recruitment of more female teachers; revision of textbooks to avoid gender stereotypes, and train-

ing of teachers to encourage girls' participation; and greater involvement of community leaders and parents (including mothers) in the management of local schools. In ethnic minority areas, there is also greater effort to recruit teachers from the relevant ethnic groups. As discussed in Section IV.B, many of these strategies also improve boys' school attendance, especially in remote rural areas. The strategies have proven extremely successful in such countries as Malaysia, Sri Lanka, and Thailand, which invested for decades in basic education, especially in the rural areas. Other countries, such as Bangladesh, report recent progress in increasing girls' attendance, but they also note that more attention needs to be paid to the basic competencies and life skills that girls are acquiring in primary school. Security concerns in conflict-affected countries, such as Nepal and Sri Lanka, also can dissuade parents from sending their daughters to school.

Secondary Education

The UN Millennium Project has argued persuasively that secondary and higher levels of education provide the highest returns for women's

empowerment, in terms of employment opportunities and impact on age of marriage, fertility, and health, as well as the health and education of children (especially girls).²⁵ Countries in the Asia and Pacific region have made substantial progress in reducing gender gaps at the secondary level, but gaps persist in several countries, and enrollment and completion rates are much lower than at primary level. Table 2 shows countries with low enrollment ratios and/or low net enrollment rates for girls or boys.²⁶ (Comparative data on completion rates were not available.)

Based on available 2001 data, the UNESCAP/UNDP/ADB joint regional MDG report estimates²⁷ that the large majority of countries in Asia and the Pacific will meet the Goal 3 target of gender parity in secondary enrollment by 2005. The countries that are farthest from the target are the same as for primary education: India, Nepal and Pakistan in South Asia; Cambodia and Lao PDR in the GMS; and Papua New Guinea in the Pacific. Afghanistan's MDG progress report makes clear that it is even farther "off-target," although it was not included in the analysis of the joint regional MDG report because of lack of comparable data. Starting from higher enrollment levels, Myanmar, Tajikistan, Tuvalu and Viet Nam are also projected to miss the target in 2005 because of slow progress or a decline in the enrollment ratio. The Pacific MDG progress report also indicates low enrollment ratios for Nauru, Niue, Palau, and Solomon Islands. The joint regional MDG report projects that if recent trends continue, India, Nepal, Pakistan, and PNG could reach gender parity in secondary enrollments by 2015, but prospects for the other countries are unclear. Based on 2000 data, the UN Millennium Project estimates that Cambodia, PRC, India, Kazakhstan, Lao PDR, PNG, and Samoa will still be "off-track" in 2015. In contrast, in several countries, a larger proportion of girls than boys are now enrolled at secondary level, and Mongolia, Samoa, and Tonga have enrollment ratios greater than 1.1.

Table 2 shows that the countries with the widest gender gaps in secondary enrollments also tend to have extremely low enrollment levels for girls. Over three quarters of girls in Cambodia, Pakistan, and PNG, and about two thirds of girls in Lao PDR, Nepal, and Myanmar, are not

enrolled in secondary school. Several countries that have reached gender parity or that have "reverse gender gaps" also have relatively low levels of girls' (and boys') enrollment. Vanuatu, for example, has an enrollment ratio of 1.03, but the net enrollment rates for girls and boys are only 28% and 27%, respectively. Thus, about two thirds of both girls and boys are not in secondary school. Many countries' MDG progress reports also note a high incidence of girls dropping out, particularly between lower secondary and upper secondary school. Some of the factors driving this trend include parents' security concerns when their adolescent daughters must travel long distances to schools, lack of female teachers and separate toilet facilities at schools, and social pressures for early marriage. These factors are particularly relevant in South Asian countries where conservative gender norms prevail, but also come into play in Central Asian countries such as Azerbaijan, Kyrgyz Republic, and Tajikistan, and in ethnically diverse countries, such as Indonesia, where traditional gender norms and early marriage are resurging in rural areas. Early marriage also continues to be the norm among some rural ethnic groups in Mekong countries, such as the Lao PDR.

Given the high dropout risk for girls at the secondary level, it is especially important to monitor girls' completion rates in lower and upper secondary school. Qualitative indicators are also needed to monitor the curriculum and teachers' attitudes to ensure that girls' and boys' capabilities are equally supported and that gender stereotypes are not reinforced through the school system. Most of the factors that influence girls' attendance in primary school—such as cost, distance to school, separate toilet facilities and presence of female teachers—apply even more at the secondary level. Therefore, countries in the region are generally pursuing similar strategies to encourage girls to continue on to secondary school. However, the social pressure for early marriage in many rural areas represents an additional barrier, and calls for special efforts to persuade community leaders and parents of the benefits of continued education for adolescent girls. Education policies and regulations may also prohibit married adolescents from attending secondary school. These policies and regulations

Table 2: Selected Data on Gender Parity in Secondary Education

Country	Ratio of Girls' to Boys' Enrollment 2001	Target Date for Gender Parity (actual or estimated)	Girls' Net Enrollment 2001 (%)	Boys' Net Enrollment 2001 (%)
Cambodia	0.60	2017	15	26
Pakistan	0.66 (2000)	2011	19 (gross 2000)	29 (gross 2000)
Lao PDR	0.73	2019	28	35
India	0.74	2014	42 (gross)	57 (gross)
Nepal	0.75	2005	37 (gross)	50 (gross)
Turkey	0.76	2013	66 (gross)	86 (gross)
PNG	0.77	2008	21	27
Tajikistan	0.82	–	73	86
Tuvalu	0.88 (1998)	–	81 (gross)	87 (gross)
Viet Nam	0.92	2076	67 (gross)	72 (gross)
PRC	0.92 (2000)	2001	64 (gross 2000)	66 (gross 2000)
Myanmar	0.94	–	34	36
Iran, Islamic Republic of	0.95	2001	75 (gross)	79 (gross)
Thailand	0.95 (2000)	2000	81 (gross 2000)	85 (gross 2000)
Azerbaijan	0.97	2001	75	75
Kazakhstan	0.98	2001	83	90 (gross)
Australia	0.99	–	90	87
Indonesia	0.99	2001	47 (1999)	50 (1999)
Kyrgyz Rep.	1.00	2001	87 (gross)	86 (gross)
Vanuatu	1.03	2001	28	27
Armenia	1.06	2001	86	83
Brunei Darussalam	1.06	2001	91 (gross)	85
Macau, China	1.06	2001	75	68
Nauru	1.06 (1998)	–	56 (gross 1998)	52 (gross 1998)
Fiji	1.07	2001	79	73
Maldives	1.07	2001	43 (2000)	37 (2000)
Georgia	1.08	2001	75	74
Bangladesh	1.10	2001	46	42
Malaysia	1.10	2001	73	66
Philippines	1.10	2001	62	51
Samoa	1.11	2001	65	58
Tonga	1.13	2001	77	67
Mongolia	1.20	2001	78	66

Sources: UN Statistics Division, MDG Indicators Database; UNESCO Institute for Statistics, Education Statistics; UNESCAP estimates (for target year).

need to be reexamined, and appropriate programs need to be developed to allow married adolescents to continue their education.

Tertiary Education

A substantial number of countries in Asia and the Pacific have achieved gender parity in tertiary education, and several have reverse gender gaps. However, enrollment rates tend to be much lower than for secondary school. Table 3 includes

regional countries with the lowest enrollment ratios and lowest gross enrollment rates for women and men.²⁸

Based on available 2001 data, the countries that are farthest from the target of gender parity in tertiary enrollments are Bangladesh, Cambodia, Nepal, and Tajikistan. These countries, as well as Lao PDR, PNG and Samoa, also have gross enrollment rates below 10% for both women and men. (India's and Viet Nam's gross enroll-

Table 3: Selected Data on Gender Parity in Tertiary Education

Country	Ratio of Female to Male Enrollment 2001	Target Date for Gender Parity (actual or estimated)	Women's Gross Enrollment 2001 (%)	Men's Gross Enrollment 2001 (%)
Nepal	0.28	–	2	8
Tajikistan	0.33	–	7	22
Cambodia	0.40	2009	2	4
Bangladesh	0.49	–	4	8
Macao, China	0.52	–	46	90
PNG	0.54 (1998)	–	1 (1998)	3 (1998)
Lao PDR	0.59	2007	4	7
Korea, Rep. of	0.60	2025	61	102
India	0.70	2014	9	13
Turkey	0.73	2009	21	29
Viet Nam	0.76	2082	9	11
Japan	0.86	–	45	53
Indonesia	0.87	2001	14	16

Sources: UN Statistics Division, MDG Indicators Database; UNESCO Institute for Statistics, Education Statistics; UNESCAP estimates (for target year).

ment rates for women are also below 10%, and the rates for men are only slightly higher.) The Pacific MDG progress report notes that Solomon Islands and Vanuatu also have low enrollment ratios. The UNESCAP/UNDP/ADB joint regional MDG report estimates that if current trends continue, Cambodia, India, and Lao PDR can reach gender parity by 2015, but prospects for the other countries are less promising.²⁹ Based on 2000 data, the UN Millennium Project estimates that PRC, India, Nepal, Republic of Korea, and Tajikistan will be falling behind or off-track in 2015.

In contrast, several countries in the region have reverse gender gaps in enrollment at the tertiary level. These include most of the Central Asian countries (excluding Tajikistan), Malaysia, Mongolia, Philippines, Thailand, Timor-Leste, and several Pacific countries (Nauru, Niue, Palau, and Samoa). However, even in countries with reverse gender gaps, MDG progress reports note strong patterns of “gender tracking” in the selection of courses at the tertiary level, with women concentrating in education and health courses, while men predominate in science and engineering.

Gender Parity in Literacy

In principle, literacy rates for women and men, and the ratio of these literacy rates, should indicate the quality of basic education that women and men receive. However, countries measure literacy differently, which raises questions about the accuracy and comparability of literacy data. Nevertheless, literacy rates and ratios provide a general indication of regional trends, and are useful for comparing basic educational capabilities of segments of the population within a country (e.g., women and men, urban and rural residents, and different caste and ethnic groups). Table 4 shows regional countries with the lowest literacy ratios and female and male literacy rates for ages 15–24.³⁰

Based on 2004 data, the vast majority of countries in Asia and the Pacific have relatively high women’s literacy rates (over 90%) and high literacy ratios (over 0.90) for ages 15–24. Not surprisingly, the countries with the lowest literacy rates and literacy ratios also tend to be those with the lowest primary and secondary enrollment rates and ratios. In all of these countries, however, literacy rates are rising, reflecting the substantial increases in primary and secondary

Table 4: Selected Data on Gender Parity in Literacy Levels

Country	Ratio of Female to Male Literacy, Ages 15-24, 2004	Women's Literacy, Ages 15-24, 2004 (%)	Men's Literacy, Ages 15-24, 2004 (%)
Pakistan	0.64	42	66
Bangladesh	0.71	41	58
India	0.74 (1990)	54 (1990)	73 (1990)
Nepal	0.75	60	81
PNG	0.84 (1990)	62 (1990)	74 (1990)
Cambodia	0.90	76	85
Lao PDR	0.90	75	83

Source: UN Statistics Division, MDG Indicators Database.

enrollments over the past decade or more. Based on 2000 data, the UN Millennium Project estimates that only three countries in South Asia—Bangladesh, Nepal and Pakistan—will have literacy ratios below 0.90 by 2015. However, several country MDG progress reports note that literacy rates and ratios are much lower in rural areas and among ethnic minorities and disadvantaged castes, reflecting their more limited access to quality education, including nonformal education. In Pakistan, for example, only 24% of women in rural areas are literate. For women in remote areas and in seclusion because of strict social norms, there is also the risk of “lost literacy” if they do not have opportunities to regularly use their reading, writing, and numeric skills.

Women's Representation in Wage Employment

Participation in wage employment can contribute to women's empowerment by providing independent income, autonomy, and status within the family.³¹ A number of studies have demonstrated that women are more likely than men to spend their income on basic household expenses, such as food, education, and healthcare, and therefore women's paid employment also provides substantial benefits to households, and to children in particular.³² For these reasons, women's representation in nonagricultural wage employment was included as an indicator of progress on Goal 3. However, the limitations of the indicator need to be borne in

mind. First, it captures only formal sector employment, and therefore excludes the vast majority of women in developing countries who are working in the informal sector and in agriculture. In India, for example, it is estimated that 86% of women's nonagricultural employment is in the informal sector.³³ Second, the indicator provides no information on the sectors in which women are working, their wages and levels of responsibility relative to men, or conditions of work. Finally, the indicator does not capture the unpaid household work that most women continue to do in addition to their income-generating activities. Nevertheless, data on women's paid work outside agriculture provide a starting point for tracking changes in women's economic activities in the region. Table 5 shows countries in the region with the lowest levels of women's participation in nonagricultural wage employment.³⁴

Across the region, some distinct patterns can be seen in women's employment, related not only to the dominant social norms within countries, but also to larger economic and political forces influencing the structure of national economies. As Table 5 illustrates, the lowest levels of women's participation in wage employment are in South Asia, where conservative social norms have historically limited most women's access to education and work outside the home. However, Bangladesh's somewhat higher participation rate (24% in 2003, compared with 18% in 1990), reflects the rapid expansion of the garment industry, which at its peak was employing close

**Table 5: Selected Data on Women's Representation
in Nonagricultural Wage Employment**

Country	Women's Nonagricultural Wage Employment, 2003 (% of total)
Pakistan	9
Bhutan	12 (1990)
Nepal	12 (1990)
Iran, Islamic Republic of	17 (1990)
India	18
Afghanistan	18 (1990)
Timor-Leste	19 (1990)
Turkey	21
Bangladesh	24
Indonesia	31
Solomon Islands	31 (1990)
PNG	35
Fiji Islands	36
Maldives	36
Myanmar	36 (1990)
Malaysia	38
Cook Islands	39
PRC	40
American Samoa	41 (1990)
Japan	41
Korea, Republic of	41
Philippines	41
French Polynesia	42
Lao PDR	42 (1990)
Uzbekistan	42
Sri Lanka	43
Kyrgyz Republic	44

Source: UN Statistics Division, MDG Indicators Database.

to 2 million workers, mostly young women from rural areas. The participation rates for India and the Maldives have also increased substantially over the last decade, which can be attributed in part to the expansion of information-technology-related services in India and the tourism industry in the Maldives. Most countries in the region for which trend data are available have seen moderate increases in women's participation in wage employment since 1990. Some of the notable exceptions are Kazakhstan, Kyrgyz Republic, and Uzbekistan, in which women's participation has dropped. The MDG progress reports for these and other Central Asian countries document the harsh impact of the economic transition on women, who are now 1.5 times as likely as men to be unemployed in Kazakhstan

and Kyrgyz Republic. The women who remain in the formal sectors in these countries work mainly in low-paying jobs in health and education; many other women now are engaged in "shuttle trade" and other informal sector work to make ends meet.

Although not reflected in wage employment data, the Asian financial crisis also appears to have affected women's employment in the crisis countries. Studies note women's disproportionate layoffs in the Republic of Korea and Thailand as a result of the crisis, and the restructuring of the Philippine garment industry, in which many women lost formal jobs and now work as subcontractors on a piece-rate basis.³⁵ However, the Asian crisis only accelerated changes already under way, including the shift to more capital-

intensive manufacturing processes and increased subcontracting of labor-intensive work to small workshops and home-based workers.³⁶ Even within factories, workers are often paid on piece-rate basis and may have little protection against exploitation, for example, if they are undocumented migrants or temporary workers hired by an outside agency, or if the factory is in an export processing zone subject to lower labor standards.³⁷ These trends have disproportionately affected female workers, who tend to be concentrated in low-skilled, labor-intensive factory jobs. MDG progress reports and other sources confirm the general precariousness of women's jobs in the manufacturing sector, particularly the garment industry. Large numbers of garment factory jobs in exporting countries in the region are at risk due to increased competition and uncertainty following the phasing out of longstanding import quotas under the World Trade Organization (WTO) Agreement on Textiles and Clothing.

Progress reports for countries across the region confirm strong patterns of horizontal gender segregation in employment (with women concentrated in low-paying sectors, such as education and health), as well as vertical gender segregation (with most women in lower-level jobs or self-employed, and relatively few at management levels). For example, a survey cited in the PRC's progress report on implementation of the Beijing Platform for Action found that 67% of urban employers specify the sex of new hires, some refuse to hire women older than age 35, and others prohibit women from remaining employed if they become pregnant. In Malaysia, where women's employment has shifted from agriculture to manufacturing and services, women predominate in teaching, clerical work, sales and other services, with relatively few in higher-paying professions and management positions. This is due in part to "gender tracking" in the selection of courses at the tertiary level, and in part to the fact that working women are still primarily responsible for household and childcare duties. Many countries also report large and widening gender wage gaps, with the widest reported by Timor-Leste (a 1-to-8 ratio). UNESCAP estimates that women in the region earn on average less than two thirds of men's income, with women in several countries earning 50% or less.³⁸

Women's Representation in National Politics

Women's participation in public decision making is another important indicator of women's empowerment, and also has been linked to improvements in the implementation of government programs and reduced levels of corruption.³⁹ Women's opportunities to influence public decision making are generally greater at the local level, but it is difficult to monitor across countries because of limited data. Cross-country data are available on women's representation in national parliaments, and therefore this indicator has been included as a proxy for women's political participation under Goal 3. Women's presence in national parliaments does not guarantee that they will be able to influence national policy, especially where they are excluded from powerful legislative committees and in one-party systems where they have little representation in the party apparatus. Nevertheless, this indicator provides a rough gauge of the openness of political systems to women's voices. Table 6 provides a snapshot of the "highs" and "lows" in women's representation in national parliaments across the region.⁴⁰

Although no target was established for this indicator under Goal 3, governments committed in the Beijing Platform for Action to aim for gender balance in all government bodies, building on an initial target of 30% women's participation set earlier by the UN Economic and Social Council. No country in the Asia and Pacific region has yet reached the 30% target in its national parliament, but Timor-Leste and Viet Nam are approaching it and the PRC, Democratic People's Republic of Korea, Lao PDR, Pakistan, and Tajikistan have reached or exceeded 20%. At the other end of the spectrum, several Pacific countries have no women parliamentarians at all, and Marshall Islands, PNG, and Tonga have only one each. (Although not yet reflected in the Inter-Parliamentary Union [IPU] database, a recent gender assessment of Azerbaijan reports that women's representation in its national parliament dropped to 1% in 2004. The MDG progress report for Bangladesh also notes that, as of early 2005, only 2% of parliamentarians were women, which is a substantial drop from the 13% reported to the IPU in 2001.) According to the IPU, Asian countries average 15% women in their

Table 6: Selected Data on Women's Representation in National Parliaments

Highest Levels of Representation		Lowest Levels of Representation	
Country	Women in Parliamentary Seats (%)	Country	Women in Parliamentary Seats (%)
Viet Nam	27	Micronesia	0
Timor-Leste	25	Nauru	0
Lao PDR	23	Palau	0
Pakistan	21	Solomon Islands	0
PRC	20	Tuvalu	0
Korea, DPR	20	PNG	1
Tajikistan	18	Marshall Islands	3
Uzbekistan	18	Kyrgyz Republic	3
Singapore	16	Tonga	3
Turkmenistan	16	Vanuatu	4

Source: Inter-Parliamentary Union Database (data on single house or lower house only).

national parliaments, while Pacific countries average 11%.⁴¹

The regional countries with the highest rates of women's representation in national parliaments tend to be one-party states (such as PRC, Lao PDR, and Viet Nam) or countries that have introduced gender quotas for party lists or reserved seats for women (such as Pakistan). Timor-Leste's success was mainly due to the grassroots advocacy of women's organizations. Even without an official gender quota, women's organizations successfully lobbied for the inclusion of women candidates on party lists.

About half of the countries in the region have seen gradual increases in women's representation over the past decade. However, roughly an equal number have seen no change or declined. The most dramatic drops in women's representation were in the Central Asian countries and Mongolia after the removal of Soviet-era quotas. Women's representation levels are rebounding in some of these countries, especially where gender quotas have been reintroduced (as in Uzbekistan), but are still well below earlier levels. In Azerbaijan, however, women's representation has continued to deteriorate and now stands at 1% (compared with 40% during the Soviet era). Even in countries with relatively high levels of women's representation, female parliamentarians tend to be excluded from the most powerful committees and channeled mainly into committees dealing with the social sectors and women's and children's affairs.

Women's representation in locally elected bodies is similarly varied, according to limited cross-country data and MDG progress reports. United Cities and Local Governments estimates that the average representation of women in local councils in the region is 18%, ranging from 2% in Sri Lanka to 38% in India.⁴² As at the national level, one-party states and countries with gender quotas or reserved seats for women at the local level (including Bangladesh, India, Nepal, and Pakistan) tend to have the highest local participation rates. Locally elected women in rural areas are often handicapped by limited education and experience, and can be intimidated or marginalized by powerful male political leaders. However, studies from Bangladesh, India, Nepal, and Pakistan have found that locally elected women can be extremely effective in responding to the priorities of local women—for example, for improved roads, water and sanitation facilities and health care, and for fair resolution of family and property disputes—and in monitoring government programs.⁴³ India's experience suggests that locally elected women are more effective where they receive strong support from the dominant political party (as in Kerala and West Bengal) or from local nongovernment organizations (NGOs).

Women's representation in the civil service also varies widely across the region. In Bangladesh and Pakistan, for example, less than 10% of civil servants are women, compared with over 50% in the Philippines and close to 60% in

Thailand. Women hold much smaller percentages of executive positions in government. In Thailand, for example, only 14% of senior government positions are held by women, compared with 60% in the civil service generally. Some of the highest reported rates are in the Philippines (35%) and Mongolia (31%).

Other Gender Issues

Most of the MDG progress reports for countries in the Asia and Pacific region go beyond the international target and indicators for Goal 3, and report on progress and challenges in other areas related to gender equality and women's empowerment. Some of the frequently identified issues follow.

Traditional assumptions, stereotypes and practices. MDG progress reports and other sources note that traditional assumptions about gender roles and women's and girls' capabilities continue to raise barriers to girls' education, particularly at the secondary level and higher. At the tertiary level, young women's own socialization appears to steer them to traditional areas of study such as education and health. Early marriage continues to be the norm in rural areas of many countries, not only in South Asia but also in some Mekong and Southeast Asian countries. Unregistered early marriages are also becoming more common in rural areas of Azerbaijan, Kyrgyz Republic, and Uzbekistan, along with other traditional practices such as polygamy and bride

abductions (in Kyrgyz Republic). These practices directly undermine countries' efforts to empower girls and women through education, and also imperil their health (discussed further in the next section) and limit their life choices. Many countries therefore recognize the need to engage with community leaders and parents about the importance of girls' education, and to address the security and cost issues that often deter parents from sending their girls to school.

The seclusion of women, particularly in rural areas of several South Asian countries, continues to be a major barrier to adolescent girls' education, to women's access to health care, and to women's general participation in economic and political life. However, evidence from rural women's experience in self-help groups and locally elected bodies in Bangladesh and India demonstrates the potential to empower women even in very conservative settings.

As discussed further in the next section, son preference continues to exert a strong influence in many countries in the region. Deteriorating sex ratios and child mortality ratios in several South Asian countries, as well as in the PRC and recently Azerbaijan, point to a rise in sex-selective abortions and the neglect of infant girls. This is not solely a rural phenomenon; in most districts in the Indian state of Punjab, for example, child sex ratios are actually lower in urban areas, probably due to the larger number of "sex determination clinics" there.⁴⁴ Ironically, this



trend is continuing and even accelerating at a time when the same countries have made significant progress in improving child survival rates and increasing life expectancies.

Women from marginalized groups—including ethnic minorities, disadvantaged castes, refugees, internally displaced persons, migrants and people with disabilities—suffer multiple forms of discrimination and disempowerment. Specific strategies are needed to ensure that they have access to basic services and income-generating opportunities, security from harassment and violence, and a voice in public decision making. For example, Lao PDR and Viet Nam have been supporting programs to train more teachers and health workers from ethnic minority communities. In India and Nepal, NGOs have been working successfully with women's self-help groups in disadvantaged caste and tribal communities to promote literacy, better health care, and economic and legal empowerment.

Violence against women. Countries across the region have also identified violence against women as a major obstacle to gender equality and women's empowerment under Goal 3. The Millennium Declaration includes a specific commitment to “combat all forms of violence against women.” Thus, it is particularly appropriate for countries to emphasize the issue in relation to Goal 3. Although data on the incidence of violence are not generally captured in official censuses, national health surveys increasingly include questions about domestic and other forms of violence, and small-scale surveys conducted by NGOs and others provide additional information. Several MDG progress reports and recent country gender assessments include statistics from these surveys. While not necessarily representative of the region as a whole, the statistics are disturbing and indicate the magnitude of the problem. Thailand's MDG progress report notes that 40% of women surveyed had experienced domestic violence. The PRC progress report notes that violence occurs in 30% of households, and that this contributes to the country's high suicide rate among women. An official survey in Tajikistan finds that 50% of women have experienced sexual violence by their husbands. In the Fiji Islands, 80% of women surveyed had witnessed violence within their households, and 47% knew a rape victim. A number of reports link

domestic violence to increased alcohol and drug abuse by male family members, particularly in Central Asian countries. While domestic violence and rape are common problems across the region, other forms of violence are more locally specific, such as bride abductions in the Kyrgyz Republic, and acid-throwing, dowry deaths and honor killings in parts of South Asia.

Women and girls in conflict-affected areas are particularly vulnerable to violence. The mass rape of women in East Timor by pro-Indonesian militia at the time of the referendum on independence is but one harrowing example.⁴⁵ In Nepal, there are reports of women being raped by both Maoist insurgents and government soldiers, and fear of abduction or rape deters girls from attending school and prevents women from traveling to health centers even in cases of emergency.⁴⁶ Cambodia's experience also demonstrates that even after a conflict has ceased, men may continue to act out on their wives and other family members the violence they observed or inflicted during the conflict.⁴⁷

Several MDG progress reports note recent efforts by governments and women's organizations to tackle this problem, including enactment of laws against domestic (and other forms of) violence; establishment of special courts and women's police cells; treatment centers, safe houses, and hotlines to assist victims; women-only buses and train cars, and awareness-raising campaigns. However, a major challenge is to change common perceptions—confirmed by surveys in several countries—that domestic violence is acceptable and that victims of violence are themselves at fault. This requires awareness-raising and advocacy among men as well as women, and the support of male political, religious and community leaders. Cambodia has gone the farthest in addressing gender-based violence through the MDG framework. Under Goal 3, it has added a target to reduce significantly all forms of violence against women and children, together with indicators of public awareness, counseling of domestic violence victims, development and implementation of appropriate laws and a prevention plan, and regular collection of statistics.

Landownership. MDG progress reports and other sources record continuing problems related to women's ownership of land. Patrilineal

rules and practices in many countries in the region have traditionally excluded women from inheriting and owning land, and these practices continue in many rural areas. For example, in its progress report on implementation of the Beijing Platform for Action, Nepal notes that in the latest census only 11% of women reported owning land and 5% reported owning houses. Within the last decade, gender and land issues have also surfaced in transition countries where previously state-owned land and collective farms have been privatized into commercial farms and family-owned plots. Reports indicate that in the Central Asian countries and Mongolia, newly privatized land plots have generally been registered to “heads of households,” usually male. As a consequence, relatively few women in these countries now own farmland, and if they do, the plots tend to be small and of inferior quality. Efforts are underway in some countries, such as the Kyrgyz Republic and Tajikistan, to remedy this problem through legislative changes. The Women’s Union in Lao PDR and the Ministry of Women’s Affairs in Cambodia took a proactive role in the land reform and land titling processes in those countries, and as a result their new land laws expressly provide for registration of land in the names of both husbands and wives. Viet Nam has also taken steps to issue land-use certificates in the names of both husbands and wives.

Migration, trafficking, and displacement. Another major regional trend linked to Goal 3 is the increased mobility of women and men, both within countries and across borders. Poverty and underemployment in rural areas, and the perception of better job opportunities in urban areas and other countries, fuel much of the migration. While migration can improve family incomes, it also places severe strains on both the migrants and those who remain behind. Family members who stay behind in rural areas—typically married women, children and the elderly—often struggle to manage the family farm or business with limited resources. Migrant workers—both those from rural areas and from neighboring countries—often settle in slum areas of cities and have limited or no access to basic services. Migrants often work long hours under harsh or unsafe conditions for low pay, mainly in the informal sector where they have little or no

legal protection. While migrants in the past tended to be primarily male, in recent years increasing numbers of women in the region—including young women—are migrating for work. They include shuttle traders and day laborers in Central Asia; factory workers in Bangladesh, Cambodia, PRC, Fiji Islands, and other countries; domestic workers from Indonesia, Philippines, and Sri Lanka working elsewhere in the region and in the Middle East; and many others. In terms of Goal 3, migration can expand women’s employment opportunities and increase their autonomy and status within their families. However, migration can also cut short young women’s education and draw them into harsh working environments where they are vulnerable to abuse. At worst, young women and girls intending to migrate for work may instead be trafficked and forced to work in sweatshops, private homes, or brothels under slave-like conditions. It is estimated that about 1.4 million people in Asia and the Pacific have been trafficked into forced labor. Of these, 98% of persons trafficked into sex work, and 56% of those trafficked into other types of forced work, are women and girls.⁴⁸ MDG progress reports for countries across the region—panning Central Asia, the GMS and South Asia—confirm that trafficking in women and girls is a growing problem that they are attempting to address through legislation and law enforcement, awareness-raising, and support services for trafficking victims.

Large numbers of women and men in the region are also forced to migrate due to conflicts and natural disasters. Within refugee and internally displaced populations, women are disproportionately affected by the lack of access to water, sanitation, reproductive health care, and other basic services. Single women (including widows) are especially vulnerable to exploitation, harassment, and violence. Azerbaijan, for example, reports that its large population of refugees and forced migrants includes over 400,000 women (over 100,000 of whom are without a spouse).⁴⁹ Many have been living under terrible conditions in tent cities, railroad cars, and other primitive types of shelter. A widow returning home after a conflict or natural disaster also may have difficulty claiming compensation from the government or reclaiming family land because

she is not recognized as the head of household or legal owner of family property.

Other Gender-Related Indicators

Recognizing the limitations of the international target and indicators for Goal 3, the UN Millennium Project has recommended additional “core” indicators to better track countries’ progress in key dimensions of gender equality and women’s empowerment, and has encouraged countries to develop their own locally appropriate targets and indicators.⁵⁰ UNDP has also recommended disaggregating the main Goal 3 indicators—for example, by urban/rural, province and ethnicity—and to disaggregate indicators for the other MDGs by sex.⁵¹ In fact, several countries in the region are already providing disaggregated data for Goal 3 by urban/rural, by province and, in some respects, by ethnicity. Several have also identified other national targets and indicators for Goal 3, many of which overlap with those suggested by the UN Millennium Project (see Box 3). These expanded targets and indicators are also consistent with the broader set of gender equality objectives endorsed at the World Summit in September 2005 (see Appendix 2).

Goal 5—Improve Maternal Health

Women’s health is an essential capability, and is also closely linked to the well-being of children and other family members. Despite substantial investments in health interventions by governments, donors, and NGOs, women in many countries across the Asia and Pacific region continue to suffer high rates of death or disability associated with childbirth, respiratory and waterborne diseases, malnutrition and anemia, as well as increasing rates of HIV infection. The MDGs take a fragmented approach to women’s health, with the main focus being on maternal health (Goal 5) and more specifically maternal mortality (Target 6). As discussed in the next section, most of the other goals implicitly support women’s and girls’ health, including Goal 1 (eradicate extreme poverty and hunger), Goal 4 (reduce child mortality), Goal 6 (combat HIV/AIDS, malaria and other diseases), and Goal 7 (ensure environmental sustainability—including

access to safe drinking water and sanitation). Conspicuously absent from the MDGs is a goal directly addressing women’s sexual and reproductive health, although this is a core element of women’s general health and also critical to women’s control over their own lives. In response, the UN Millennium Project and others have recommended that Goals 3 and 5 be interpreted broadly to encompass sexual and reproductive health,⁵² and several countries in the region have already included a separate target and indicators on sexual/reproductive health in their national MDGs (see Box 4). The World Summit in September 2005 explicitly endorsed “equal access to reproductive health” in its commitments to gender equality and women’s empowerment (see Appendix 2).

Deaths and complications associated with pregnancy and childbirth account for a large portion of women’s deaths and health-related disabilities overall. Despite international and national commitments to invest in maternal health care, maternal deaths are still extraordinarily high—over 500,000 deaths each year worldwide, with about 50% of these deaths in Asia and the Pacific (and over 25% in India alone). Moreover, for every maternal death, it is estimated that 30–50 additional women suffer debilitating complications from pregnancy or childbirth.⁵³ This translates into between 7.5 and 12.5 million women suffering pregnancy or birth-related complications in Asia and the Pacific each year. These sobering figures explain the strong MDG focus on reducing maternal mortality under Goal 5, and the particular relevance of this goal in Asia and the Pacific.

Target 6—Reduce the Maternal Mortality Ratio

The measurement of maternal mortality is fraught with complications and weaknesses, particularly in the poorest countries where the registration of births and deaths is incomplete and often nonexistent in rural areas. Where deaths are recorded, pregnancy or birth-related causes may not be mentioned. National health surveys are an alternative source of information on maternal deaths, but the size of survey samples often precludes reliable estimates, especially for countries with small populations and for comparisons of states or provinces within countries.

The maternal mortality ratio—one of the two main indicators for Goal 5—therefore needs to be treated with great caution. Because 80% of maternal deaths result from obstetric complications,⁵⁴ the availability of emergency obstetric facilities and skilled health personnel are now considered the main factors in preventing maternal deaths. The proportion of births attended by skilled health personnel—the other main indicator for Goal 5—provides a partial measure of the capability of health systems to prevent maternal deaths. Table 7 shows countries in the region with the highest maternal mortality ratios.⁵⁵ Not surprisingly, these countries also tend to have the lowest rates of skilled attendance at births in the region.

Based on 2000 data, 14 countries in the region have maternal mortality ratios of 200 (per 100,000 live births) or more, and 6 countries have ratios of 500 or more, with the highest ratio by far in Afghanistan (1,900). Afghanistan's is also one of the highest reported national maternal mortality ratios in the world, second only to Sierra Leone. In terms of absolute numbers of maternal deaths, India ranks highest in the world with an estimated 136,000 deaths in 2000. Based on 2000 data, the UNESCAP/UNDP/ADB joint regional MDG report estimates that over half of the region's countries with high maternal mortality ratios will fail to meet the Goal 5 target (reducing the ratio by three quarters between 1990 and 2015).⁵⁶ In Afghanistan, Timor-Leste, Lao PDR, and Philippines, maternal deaths are coming down too slowly. In India, Pakistan, Myanmar, and Kazakhstan, official maternal mortality rates have actually risen since 1995. The joint regional MDG report finds that a significant number of countries with lower maternal mortality rates in 1990 will also fail to meet their Goal 5 targets because of slow progress in reducing the rates further, or recent increases in the rates. These include even Malaysia and Sri Lanka, which have been widely praised for their past success in significantly reducing maternal deaths.⁵⁷ These projections need to be treated cautiously, however, because of the basic unreliability of maternal mortality statistics and the possibility that some recent increases in official ratios may be due to improvements in data collection.

Country MDG progress reports provide

important supplemental information on variations in maternal mortality rates within countries, and on the country-specific factors contributing to maternal deaths. Some progress reports (for example, for Indonesia and PNG) are less optimistic than the UNESCAP/UNDP/ADB joint regional MDG report estimates, and predict that the countries will not reach their Goal 5 targets by 2015. Others note that the actual maternal death rate is probably much higher than the official figure (close to five times higher in Viet Nam). Virtually all progress reports note wide variations in maternal mortality rates between urban and rural areas, with extremely high mortality rates in some remote provinces or areas. In Afghanistan, for example, Badakstan has a maternal mortality rate of 6,500, about the highest ever reported in the world. In Tajikistan, with a national maternal mortality rate of 100, one region reports a mortality rate of 1,075. In Viet Nam, provincial rates range from 45 to 411. Malaysia and Mongolia report higher maternal mortality rates among migrant workers who have little or no access to health care services. In Malaysia, for example, 42% of maternal deaths are now among non-Malaysian women. In the GMS and South Asia, women from ethnic minority groups or scheduled castes also have higher mortality rates. Similar variations are found in levels of skilled attendance at birth. In Viet Nam, for example, over 80% of ethnic minority women deliver at home, compared with less than 30% of women in the dominant Kinh ethnic group.

As in education, some regional patterns emerge. In the GMS and South Asia, most countries started from extremely high levels of maternal mortality, with very limited maternal health services provided in rural areas. These countries are reducing maternal deaths as they extend and improve basic health services in the rural areas (albeit at very different rates of progress). In contrast, the Central Asian countries generally had well-developed health facilities before 1990, staffed with skilled personnel in rural as well as urban areas, and relatively low maternal mortality rates. These health systems came under considerable strain during the 1990s as health budgets were cut, and several of these countries as well as Mongolia have seen their maternal mortality rates climb as the qual-

Despite substantial investments in health interventions by governments, donors and NGOs, women in many countries across the region continue to suffer high rates of death or disability associated with childbirth, respiratory and water-borne diseases, malnutrition and anemia, as well as increasing rates of HIV infection.

ity of rural health services has deteriorated (in Azerbaijan, from 22 in 1990 to 94 in 2000). By 1990, Southeast Asian countries, such as Malaysia and Thailand, had already made significant progress in lowering their maternal mortality rates through steady and strategic investment in their rural health systems. Now they are finding it harder and more expensive to extend maternal health services to the most underserved groups—migrant women and women in the very remote rural areas. In the Pacific, maternal mortality rates and rates of skilled attendance at birth are generally better than for the region as a whole (with PNG and Solomon Islands lagging behind). However, women on remote islands and in the highlands of PNG have much less access to maternal health services.

Factors Contributing to Maternal Health (or Health Risk)

Notwithstanding these regional differences, MDG progress reports and other sources point to several common factors contributing to the high levels of maternal deaths in Asia and the Pacific:

Quality emergency obstetric care provided by **skilled and culturally appropriate health personnel.** Virtually all countries recognize the need to equip health centers to handle basic obstetric complications, with procedures to refer more complicated cases to district or provincial hospitals. In the Kyrgyz Republic, for example, the deterioration of rural health facilities has resulted in more women delivering at home. Equally important is the staffing of health centers with skilled personnel who are available at all times (24/7) and who are trusted by women patients. In rural areas of South Asia where conservative gender norms prevail, female health professionals play a critical role. Pakistan's MDG progress report, for example, notes that only 5% of government health facilities provide emergency obstetric care 24/7, that female health workers lack skills in basic obstetric care, and that there are too few female doctors to handle more complicated cases. Afghanistan's progress report notes that only 40% of health facilities have female workers, and that this is a major limitation on women's access to health services. The Lao PDR also reports that language and cultural differences are major challenges in extending maternal health services to ethnic minority women.

Many countries are finding it difficult to recruit and retain female health workers in rural areas, particularly where rural health facilities are poorly equipped, living conditions are harsh, and there are higher-paying jobs in urban areas. In rural Pakistan, for example, female health workers face the same restrictive gender norms as their female patients, which can affect their mobility, their treatment by male co-workers and community leaders, and their effectiveness.⁵⁸ Several countries, including Fiji Islands, Philippines and Tajikistan, are also seeing emigration of many doctors and nurses, and this has ripple effects throughout the health system. Access to reproductive health services, and especially to emergency obstetric care, is especially limited in conflict-affected areas and among refugee and internally displaced groups.⁵⁹

Public investment, decentralization, and fees for services. The financing of maternal health services strongly influences the quality of services and their affordability, especially to poor women. The PRC's MDG progress report notes that public expenditures on health are only 15% of 1999 levels, and that chronic underfunding of public health services is hampering further reductions in maternal mortality. Similar cut-backs in funding have also curtailed maternal health services in Mongolia and Central Asian countries. MDG progress reports for the PRC, Indonesia, and Philippines note that the decentralization of basic services also has had a negative impact on maternal health services, especially in the poorest provinces. Poor provinces have limited capacity to generate their own financial resources to fund local health services, and also have more limited human resources and technical capacity to manage a multi-tiered health system, including referrals of obstetric emergencies. To compensate for the reduced public funding of health services, many health systems have introduced fees for services (both formal and informal). However, fees and other costs are a major deterrent to poor women in need of antenatal and obstetric care. The PRC progress report notes that 63% of patients referred to hospitals in 1998 did not go because of cost concerns. Progress reports for Cambodia, Lao PDR, and Sri Lanka also note the negative effect of fees and other costs on women's access to health services.

Contraceptive use. Access to contraceptives allows women to avoid frequent pregnancies, which severely strain their health and increase the likelihood of complications in pregnancy or childbirth. Use of contraceptives also decreases the likelihood that women will have abortions in the case of unwanted pregnancies. (Countries in the region report that unsafe abortions account for at least 10% of maternal deaths; Viet Nam notes that 50% of abortions result in complications.) In most countries in the region, use of modern contraceptives has increased, although prevalence rates are still extremely low in Afghanistan (4%) and Timor-Leste (7%) and in rural areas of many other countries. The Fiji Islands and the Philippines, however, have seen recent decreases in contraceptive use. Contraceptive use in Central Asian countries is still relatively low (only 12% in Azerbaijan), a legacy of the Soviet era in which abortion was the most common form of birth spacing. As reflected in Table 7, about one third of couples in Cambodia, Nepal, and Pakistan have an unmet need for family planning, and the need is likely to be higher in rural areas.

Women's nutrition and overall health. Severe malnutrition and anemia increase the likelihood that women will suffer complications in pregnancy or childbirth. Malaria, tuberculosis, and sexually-transmitted infections (STIs) including HIV/AIDS, as well as respiratory and waterborne diseases, also can contribute to these complications. Countries across the region report high rates of malnutrition and iron deficiency anemia (typically over 50%) among women of childbearing age. As discussed in the next section, malaria is a significant health threat in several countries, and high rates of STIs in several countries increase women's susceptibility to HIV/AIDS. Unsafe water sources are still widely used in rural areas across the region. Several MDG progress reports also note the health risks, mainly to women and girls, of the extensive use of wood as a household fuel in many countries.

Adolescent pregnancy and early marriage. Adolescents are at a much higher risk of complications in pregnancy and childbirth. They are also much less likely to have access to contraceptives and the power to negotiate safe sex with their partners. As discussed above, early

Table 7: Selected Data on Maternal Mortality and Related Factors

Country	Maternal Mortality, 2000 (per 100,000 live births)	Target Date (actual or estimated)	Births Attended by Skilled Health Personnel (latest, %)	Modern Contraceptive Use Among Married Women, aged 15–49 (latest, %)	Unmet Need for Family Planning (latest, %)
Afghanistan	1,900	–	14	4	–
Nepal	740	2009	11	35	28
Timor-Leste	660	2017	24	–	–
Lao PDR	650	–	19	29	–
India	540	–	43	43	16
Pakistan	500	–	23	20	32
Cambodia	450	2009	32	19	30
Bhutan	420	2000	24	19	–
Bangladesh	380	2007	14	47	15
Myanmar	360	–	56	33	–
PNG	300	2000	53	20	–
Indonesia	230	2003	68	57	9
Kazakhstan	210	–	99	53	9
Philippines	200	2031	60	28	19

Sources: UN Statistics Division, MDG Indicators Database; UNESCAP estimates (target dates); UN Millennium Project, Taking Action: Achieving Gender Equality and Empowering Women (2005) (unmet need for family planning).

marriage continues to be the norm in rural areas of several countries, particularly South Asia, and is experiencing resurgence in some Central Asian countries. Several countries also report increases in sexual activity among unmarried adolescents. Without access to contraceptives, adolescent girls are more likely to resort to unsafe abortions in the event of pregnancy. Tajikistan reports increases in adolescent abortions, and Turkmenistan notes that 25% of all maternal deaths are among women under 25 years old. In response, Turkmenistan has established several centers dedicated to adolescent reproductive health. Several other countries recognize the need, but have not yet developed concrete programs to extend reproductive health services to adolescents.

Role of men in reproductive health matters. At the International Conference on Population and Development in Cairo in 1994, the world's governments committed to promote men's involvement and shared responsibility in family and reproductive health matters. In light of the looming HIV/AIDS crisis, several countries in Asia and the Pacific have introduced programs targeting men and adolescent boys to promote safer sexual behavior. India and Indonesia, among other countries, have also introduced programs to encourage men to be more involved in their wives' pregnancies and childbirth, including accompanying their wives to antenatal clinics and arranging transport to health centers for the deliveries. Other countries, such as Viet Nam, are promoting more equitable sharing of household and parenting responsibilities. However, these programs tend to be relatively small and fragmented. As the UN Population Fund (UNFPA)

argues, men's participation and partnership are essential to the achievement of gender equality and the other gender-related MDGs, including Goal 5.⁶⁰

Other Targets and Indicators of Maternal Health

Recognizing the limitations of the Goal 5 target and indicators, the UN Millennium Project and others have recommended an additional indicator for the current Goal 5 target on maternal mortality and a new target and indicators for reproductive health services. The expanded set of targets and indicators for Goal 5 are summarized in Box 4.

The proposed indicator for reducing maternal deaths (coverage of emergency obstetric care) directly addresses the main systemic gap contributing to maternal deaths. The proposed target on reproductive health services is not new, but builds on commitments governments made at the International Conference on Population and Development in Cairo in 1994. Several countries in the region (including Bangladesh, Cambodia, PRC, Mongolia, and Philippines) have already established a national goal or target on reproductive health services, and virtually all countries are already reporting on two or more of the suggested indicators under Goal 5 or Goal 6. Two of the suggested indicators for reproductive health services overlap with supplemental indicators recommended for Goal 3 (see Box 3). These expanded targets and indicators are also consistent with the commitment made by governments at the 2005 World Summit to ensure "equal access to reproductive health" (see Appendix 2).

Box 3: Expanded Indicators of Gender Equality and Women's Empowerment

(indicators proposed by the United Nations Millennium Project in italics)

Indicator	Countries Reporting
<i>Education</i>	
<ul style="list-style-type: none"> Ratio of female to male enrollment rates (gross or net) in primary (P), secondary (S,) and tertiary (T) education Ratio of female to male completion rates in primary, secondary, and tertiary education 	<p>Virtually all countries (P and S); most countries (T)</p> <p>PHI; others include general references to dropout, repeat and completion rates</p>
<i>Sexual and Reproductive Health/Rights</i>	
<ul style="list-style-type: none"> Proportion of contraceptive demand satisfied Adolescent fertility rate Proportion of women married before 18 years Maternal malnutrition rate 	<p>INO, NEP, PHI; most others report prevalence rate</p> <p>BAN, PHI; others refer to adolescent girls' health issues</p> <p>BAN (target), BHU, INO, NEP, PAK</p> <p>Most countries</p>
<i>Infrastructure</i>	
<ul style="list-style-type: none"> Hours per day (or year) men and women spend fetching water and collecting fuel 	BHU (general reference to women's time burden collecting water in rural areas)
<i>Property Rights</i>	
<ul style="list-style-type: none"> Landownership by male, female, and jointly held Housing title, disaggregated by male, female, and jointly held Share of loans, by lender and sex of borrower 	<p>VIE (target)</p> <p>VIE</p>
<i>Employment</i>	
<ul style="list-style-type: none"> Share of women in employment, both wage and self-employment, by type Gender gaps in earnings in wage and self-employment Unemployment rates, by sex Percentage of workforce in informal economy, by sex Proportion of workers who are employers, employees, self-employed, etc., by sex 	<p>CAM (target)</p> <p>BAN, CAM, LAO, MAL, TAJ</p> <p>BAN, KAZ, KYR, MAL, PRC, TAJ, THA, TKM, VIE</p> <p>AZE, KAZ, TAJ, TKM, UZB</p> <p>PHI, THA, TKM</p> <p>KYR, MAL, PHI, THA, TKM</p>
<i>Participation in Public Decision Making</i>	
<ul style="list-style-type: none"> Percentage of seats held by women in national parliament Percentage of seats held by women in local government bodies Proportion of women judges, ministers, governors, police, etc. 	<p>CAM (target)</p> <p>Most countries; THA and VIE (targets)</p> <p>BAN, CAM, MAL, PRC, TAJ; THA and VIE (targets)</p> <p>CAM, MON, PHI, TAJ; THA and VIE (targets)</p>
<i>Violence Against Women</i>	
<ul style="list-style-type: none"> Prevalence of domestic violence Violent crimes against women Trafficking of women and girls 	<p>CAM (target)</p> <p>MON, PHI, PRC, THA; BAN and VIE (target)</p> <p>CAM, KYR, THA</p> <p>KYR; others refer generally to trafficking problem</p>

Source: UN Millennium Project, Taking Action: Achieving Gender Equality and Empowering Women (2005); MDG progress reports.
Note: A key to country abbreviations is provided in Appendix 4.

Box 4: Expanded Targets and Indicators for Maternal Health

(additions proposed by the United Nations Millennium Project in italics)

Target	Indicator	Countries Reporting
1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio, ensuring faster progress among the poor and other marginalized groups.	<ul style="list-style-type: none"> Maternal mortality ratio Proportion of births attended by skilled health personnel <i>Coverage of emergency obstetric care</i> 	<p>Virtually all countries</p> <p>Virtually all countries</p> <p>BAN, MAL, PAK; others refer generally to limited availability</p>
[Viet Nam has already formulated its Goal 5 target along these lines.]		
2. <i>Provide universal access to reproductive health services by 2015 through the primary health care system, ensuring faster progress among the poor and other marginalized groups.</i>	<ul style="list-style-type: none"> <i>Contraceptive prevalence rate</i> <i>Proportion of desire for family planning satisfied</i> <i>Adolescent fertility rate</i> <i>HIV prevalence among 15-to-24-year-old pregnant women</i> 	<p>Most countries</p> <p>INO, NEP, and PHI (in terms of unmet need)</p> <p>BAN, PHI; others refer generally to adolescent health issues</p> <p>Most countries</p>
[Bangladesh, Cambodia, PRC, Mongolia, and Philippines have already set separate goals or targets on access to reproductive health services.]		

Sources: UN Millennium Project, *Who's Got the Power? Transforming Health Systems for Women and Children* (2005); MDG progress reports.

Note: A key to country abbreviations is provided in Appendix 4.

ENDNOTES

- 15 UNESCAP, UNDP, and ADB. 2005. *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*.
- 16 As discussed below, these MDG indicators are limited in scope and fail to capture many aspects of gender equality and women's empowerment. Since comparable data are not available for all countries in the region (especially Pacific countries), the country rankings also should be treated with caution.
- 17 Government of Punjab. 2004. *Human Development Report 2004: Punjab* (pp. 118–122).
- 18 UNRISD. 2005. *Gender Equality: Striving for Justice in an Unequal World* (pp. 6–7). Geneva. Amartya Sen initially estimated that about 100 million women were “missing” as a result of excess female mortality in several countries. This estimate was recently updated using different assumptions and techniques. Stephan Klasen and Claudia Wink. 2003. “Missing Women”: Revisiting the Debate. *Feminist Economics*, Vol. 9, Nos. 2–3, pp. 263–299.
- 19 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality.
- 20 The empowerment of women that results from their enhanced capabilities, access to resources and income, and political participation also contributes directly to important national goals, such as poverty reduction, social development, economic growth, and good governance. Therefore, it has been argued that gender equality should be a cornerstone of development policies and strategies. Santosh Mehrotra. 2002. The Capabilities and Human Rights of Women: Towards an Alternative Framework for Development. *Newsletter of the Economic Research Forum for the Arab Countries, Iran and Turkey*, Vol. 9, No. 2, pp. 14–17 [Available: http://www.erf.org.eg/nletter/Newsletter_Sum02/NewsletterSumIssueEQ14-17.pdf].
- 21 The World Summit in September 2005 essentially endorsed the broader set of indicators proposed by the UN Millennium Project. UN General Assembly. *2005 World Summit Outcome*, para. 58. UN Doc. A/60/L.1. 15 September. Relevant excerpts from the World Summit Outcome are included in Appendix 2.
- 22 Data for all countries in the region are provided in Appendix 5. Countries not included in the table (1) have female-to-male enrollment ratios of 0.90 or higher, and enrollment and completion rates of 90% or higher; or (2) did not have data available.
- 23 UNESCAP, UNDP, and ADB. 2005. *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*.
- 24 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality.

- 25 Ibid.
- 26 Data for all countries in the region are provided in Appendix 5. Countries not included in the table (1) have female-to-male enrollment ratios of 0.90 or higher and enrollment rates of 90% or higher, or (2) did not have data available.
- 27 UNESCAP, UNDP, and ADB. 2005. *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*
- 28 Data for all countries in the region are provided in Appendix 5. Countries not included in the table (1) have female-to-male enrollment ratios of 0.90 or higher (although their gross enrollment rates for both men and women are generally low), or (2) did not have data available. When available, the net enrollment rate is a more realistic indicator for elementary and secondary enrollments because it includes only students who are enrolled at the appropriate level for their age. Gross enrollment rates tend to be much higher, especially at the primary level, because they include repeaters. The distinction is much less relevant at the tertiary level.
- 29 UNESCAP, UNDP, and ADB. 2005. *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*
- 30 Data for all countries in the region are provided in Appendix 5. Countries not included in the table (1) have female-to-male literacy ratios of 0.95 or higher and literacy rates of 90% or higher, or (2) did not have data available.
- 31 Naila Kabeer. 2003. Gender Equality, Poverty Eradication and the Millennium Development Goals: Promoting Women's Capabilities and Participation. *UNESCAP Gender & Development Discussion Paper Series* No. 13.
- 32 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality.
- 33 ILO. 2002. *Women and Men in the Informal Economy: A Statistical Picture*. Geneva.
- 34 Data for all countries in the region are provided in Appendix 5. Countries not included in the table (1) have women's nonagricultural wage employment rates of 45% or higher, or (2) did not have data available.
- 35 UNRISD. 2005. *Gender Equality: Striving for Justice in an Unequal World* (pp. 42-3 and 81). Geneva.
- 36 Jayati Ghosh. 2004. Globalisation and Economic Empowerment of Women: Emerging Issues in Asia. Paper presented at High-Level Intergovernmental Meeting to Review Regional Implementation of the Beijing Platform for Action and its Regional and Global Outcomes, 7–10 September 2004, Bangkok.
- 37 UNIFEM. 2005. *Progress of the World's Women 2005: Women, Work and Poverty* (pp. 67–68). New York.
- 38 UNESCAP. 2005. *Gender Equality and Empowerment: A Statistical Profile of the ESCAP Region*. Bangkok.
- 39 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality.
- 40 Data for all countries in the region are provided in Appendix 5.
- 41 The Pacific MDG progress report calculates that the Pacific average is actually 6%, the lowest of any region in the world.
- 42 United Cities and Local Governments. Women Statistics—Asia and Pacific. Available: http://www.cities-localgovernments.org/uclg/index.asp?page=sta_stats_region.asp&L=EN&rgn_id=2.
- 43 ADB. 2004. *Gender and Governance Issues in Local Government: Regional Report of Technical Assistance in Bangladesh, Nepal and Pakistan*. Manila; UNRISD. 2005. *Gender Equality: Striving for Justice in an Unequal World*. Geneva.
- 44 Government of Punjab. 2004. Human Development Report 2004: Punjab (p. 120).
- 45 UNIFEM. 2002. Progress of the World's Women 2002, Volume 1: Women, War, Peace (p. 13). New York.
- 46 Babita Basnet. 2005. "Trapped in Conflict." National 10: Weekly Spotlight, Vol. 24, No. 25 (14–20 Jan. 2005). Available: <http://www.nepalnews.com.np/contents/englishweekly/spotlight/2005/jan/jan14/national10.htm>; Government of Nepal. 2004. Review of the Implementation of the Beijing Platform for Action [and] the Outcome Documents of the Twenty-Third Special Session of the General Assembly.
- 47 UNIFEM. 2002. *Progress of the World's Women 2002, Part 1: Women, War, Peace* (p. 16). New York.
- 48 ILO. 2005. *A Global Alliance Against Forced Labor: Global Report under the Follow-up to the ILO Declaration on Fundamental Principles and Rights at Work* (pp. 14–15). Geneva.
- 49 Government of Azerbaijan. 2004. *Report of the State Committee on Women's Problems of the Republic of Azerbaijan in Response to a Questionnaire for Governments, Relating to the Implementation of the Beijing Platform for Action (1995) and the Outcome Documents of the 23rd Special Session of the General Assembly of the United Nations (2000)*. Baku.
- 50 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality.
- 51 UNDP. 2005. *En Route to Equality: A Gender Review of National MDG Reports*. New York.
- 52 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality; UN Millennium Project. 2005. *Who's Got the Power? Transforming Health Systems for Women and Children*. Task Force on Child Health and Maternal Health.
- 53 UN Millennium Project. 2005. *Who's Got the Power? Transforming Health Systems for Women and Children*. Task Force on Child Health and Maternal Health.
- 54 Ibid.
- 55 Data for all countries in the region are provided in Appendix 5. Countries not included in the table have maternal mortality ratios below 200 per 100,000 live births, or did not have data available.
- 56 UNESCAP, UNDP, and ADB. 2005. *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*
- 57 World Bank. 2003. *Investing in Maternal Health: Learning from Malaysia and Sri Lanka*. Washington, DC.
- 58 Zubia Mumtaz, et al. 2003. Gender-Based Barriers to Primary Health Care Provision in Pakistan: The Experience of Female Providers. *Health Policy and Planning*, Vol. 18, No. 3, pp. 261–69.
- 59 UNFPA. 2005. State of World Population 2005: *The Promise of Equality—Gender Equity, Reproductive Health and the Millennium Development Goals* (pp. 80–81). New York.
- 60 UNFPA. 2005. State of World Population 2005: *The Promise of Equality—Gender Equity, Reproductive Health and the Millennium Development Goals* (pp. 36 and 57–63). New York.



IV. Gender Dimensions of Progress on Other Goals

Apart from Goals 3 and 5, the MDGs do not expressly address gender issues, although the Goal 2 target—ensuring that both boys and girls complete primary school—has a gender equity dimension. Even so, MDG progress reports and other studies from Asian and Pacific countries confirm the interrelationships between the gender-specific MDGs and all of the other goals, as well as the importance of including a gender perspective in any strategy to achieve these goals.

Goal 1—Eradicate Extreme Poverty and Hunger

Target 1—Reduce Income Poverty

Although poverty is widely recognized to have multiple dimensions—including diminished capabilities, insecurity and disempowerment—the target and indicators for Goal 1 measure only income poverty. Because these income poverty measures are based on household-level data, they provide little indication of the allocation of income, consumption, and assets within households, and specifically between women and men, and girls and boys. The household survey data underlying these poverty measures do permit comparisons based on the characteristics of the “head of household,” and therefore most countries in the region distinguish between male- and female-headed households in their poverty monitoring and analysis. It is often assumed that female-headed households are more vulnerable to poverty, and several MDG progress reports bear this out (including those for Bangladesh,

Kazakhstan, Kyrgyz Republic, Malaysia, Mongolia, Sri Lanka, and Tajikistan). However, this is not always the case. Viet Nam, for example, reports that female-headed households generally have lower poverty rates, perhaps because the households are smaller or because male family members are working elsewhere and sending back remittances. A recent country gender assessment for Timor-Leste also reports that male-headed households are generally poorer in terms of income poverty, although female household heads are at a disadvantage in many other respects (including access to land and employment opportunities). Female-headed households also are not a homogeneous category. In Sri Lanka, for example, the most vulnerable are female-headed households in slums, on plantation estates, and in conflict-affected areas.

Analysis of income poverty data on the basis of the sex of the household head is of limited utility. In virtually all countries, the vast majority of households are headed by men. Other techniques are needed to estimate the relative well-being of women, girls, and boys within these households. For example, a recent study recalculated poverty levels within households in Tajikistan based on various assumptions about the allocation of resources between men and women within the households.⁶¹ Time use surveys can also illuminate the constraints of “time poverty” on women, resulting from the unequal distribution of care work within households and communities.⁶² Participatory poverty assessments, country gender assessments, and other qualitative studies

For most countries in the region, poverty continues to be concentrated mainly in rural areas. However, other developments affecting gender relations include poverty and lack of social security resulting from layoffs and plant closures as well as from internal conflicts and natural disasters.

also illuminate the different impacts of poverty on women and men, as well as their different coping strategies. In Central Asian countries, for example, many women who lost formal sector jobs during the economic transition have turned to informal activities such as the “shuttle trade.” In Mongolia, many poor herding families have taken their sons out of school to help with herding activities. The Lao PDR’s national poverty reduction strategy notes that poor women in rural areas generally use a wider range of positive coping strategies than men, including reducing expenses, raising small livestock and poultry, gardening, and producing handicrafts. Other studies note that women in poor rural areas often cope with food insecurity by reducing their own food intake (eating less and eating last). An increasingly common coping strategy for poor households across the region is for one or more family members to migrate for work—either to an urban area within the country or to another country. As discussed in Section III.B.5, migration can increase household income, but invariably places strains on both the migrant and those who remain behind. Migration also poses particular risks for women, especially young women.

For most countries in the region, poverty continues to be concentrated primarily in rural areas. However, MDG progress reports also point out several “new” forms of poverty that have emerged, often with specific impacts on women. In the Central Asian countries and Mongolia, for example, massive layoffs during the economic transition left many unemployed. With few alternatives, many women turned to informal work including the “shuttle trade” and day labor. As discussed in Section III.B.5, land reform programs introduced after the transition allocated relatively little land to women farmers, and they had less access to irrigation and agricultural services. In Mongolia, many women have migrated to urban centers for work, and female-headed households in urban slums are now among the poorest groups. In several countries, the expansion of the garment-manufacturing sector over the past 10 years has provided jobs to large numbers of young women, mostly from poor rural areas. However, recent declines in global demand, coupled with greater competition from the PRC and India, have resulted in layoffs and plant closures in some countries, and more are ex-

pected. With limited education and technical training, laid-off garment workers have few alternatives, and microstudies in some countries indicate that many of them are turning to sex work to support themselves. Internal conflicts and natural disasters in several countries have also driven many people into poverty by causing death and injuries, destroying homes and livelihoods, and disrupting basic services. Both Nepal and Sri Lanka, for example, report that women in conflict areas are particularly vulnerable to poverty, deprivation of basic services and violence.

Target 2—Reduce Hunger

Gender concerns related to hunger and malnutrition operate on several levels. MDG progress reports and other studies point out that a large percentage of women of childbearing age in the region suffer from iron deficiency anemia, with rates as high as 75% in Nepal and 80% in Tajikistan. Iodine and vitamin A deficiencies are also common. These deficiencies contribute to up to 20% of maternal deaths, and maternal malnutrition also contributes to low birth weight in newborns, perpetuating the cycle of deprivation.⁶³ In response, a large number of countries in the region have introduced programs to provide micronutrient supplements to pregnant women. However, as the UN Millennium Project and others have pointed out, this type of intervention is generally too limited and too late to be effective. Broader nutrition programs, particularly those targeting adolescent girls, hold greater promise for young women and their children.

At another level, women’s awareness of healthy feeding practices for newborns—particularly the importance of breastfeeding—is a major determinant of infant health. As noted earlier, several studies also show that women tend to spend a larger portion of their income than men on food and medicines, illustrating the link between women’s economic empowerment and children’s health and nutrition levels.⁶⁴

At a third level, in countries with strong patterns of son preference, girls can have less access to nutritious food than boys, resulting in lower nutrition rates. Bangladesh, for example, reports that nutrition levels are much lower in rural areas, especially among girls. However, this is not the case in all countries. Indonesia, for example,

reports lower nutrition levels in boys. In other countries, health surveys find little difference in girls' and boys' nutrition levels. Gender-related differences in either direction underscore the need to disaggregate nutrition data by sex in order to identify gender-related patterns and develop appropriate responses.

Finally, it should be noted that several countries in the region, including the PRC, Thailand and several Pacific countries, are now confronting obesity as a major nutrition and health problem. The Pacific has some of the highest obesity rates in the world, linked to the increasing availability of high-calorie, high-fat and processed foods, mainly imports. Complications related to obesity include diabetes and heart disease. In the Fiji Islands, the obesity and diabetes rates in women are twice those in men.

Goal 2—Achieve Universal Primary Education

Goals 2 and 3 are strongly interlinked. Gender parity in education is the official target for Goal 3, and access to quality education is a key building block for women's empowerment.⁶⁵ Access to education for women also has intergenerational benefits, since higher literacy and education levels in women are associated with higher levels of enrollment and school performance in their children.⁶⁶ As discussed in Section III.B, gender parity in education only makes sense as a development objective in the context of high or rising levels of participation by both girls and boys. A scenario in which gender gaps in education are narrowing because boys' enrollment rates are falling cannot be counted as a success under Goal 3. Goal 2 therefore is an essential complement to Goal 3 in that it aims for high levels of access to primary education for both girls and boys. The Goal 2 indicators track completion as well as enrollment rates such that they also encourage attention to factors such as the quality of school facilities, teachers and teaching materials, which influence whether students remain in school or drop out. As noted in Section III.B, completion rates are also relevant to Goal 3, because the underlying objective is to ensure that girls as well as boys receive a quality education, and not simply that they are enrolled in equal numbers.

Countries' progress reports on Goal 2 con-

firm that many of the factors underlying success (or failure) in achieving universal primary education are the same as for achieving gender parity in education under Goal 3. This suggests that strategies to increase girls' enrollment and participation in primary school are likely to have spillover benefits for boys as well, especially those from poor communities, remote rural areas, ethnic minorities and disadvantaged castes. Several progress reports note concerns about the quality and relevance of education, particularly in rural areas and among disadvantaged groups. Sri Lanka reports that the worst-equipped schools are near plantation estates and in conflict-affected areas, while Cambodia and Viet Nam note teacher shortages and other problems, particularly in ethnic minority areas. The PRC reports that migrant children in urban areas have little or no access to education, and the Philippines notes the particular challenge of reaching street children. Despite exemptions from school fees, several progress reports also confirm that informal fees and indirect costs—for example, for appropriate clothing, food, transport and school supplies—are still a major barrier especially for the poorest children. Various strategies are therefore being used to extend education to hard-to-reach children, including the establishment of more community schools in remote areas; boarding schools for children from remote areas; stipends, scholarships and school feeding programs; recruitment and training of more ethnic minority teachers; and incentives for teachers posted to rural areas. Many of these strategies are also used to encourage more girls to attend school, because the girls least likely to attend are those from poor households, remote areas and socially excluded groups. However, gender-specific strategies—such as ensuring safe transport to school, providing separate toilet facilities for girls in school, and recruiting female teachers—are also needed to encourage girls to remain in school.

In their strategies to increase girls' enrollments under Goal 3, many countries in the region have recognized the need to counter gender stereotypes in textbooks and teachers' attitudes in order to ensure a positive learning environment for girls. What has received less attention is the importance for boys of promoting positive gender roles through the school curriculum and teachers' behavior. As discussed elsewhere in this

Strategies to increase girls' enrollment and participation in primary school are likely to have spillover benefits for boys as well, especially those in poor and remote rural areas and from ethnic minorities and disadvantaged castes.

Reducing neonatal deaths (MDG 4) and maternal mortality (MDG 5) are closely interlinked. Girl's survival and health under MDG 4 also requires attention to gender discrimination, especially in Asian countries where the death rates of girls are unusually high.

paper, patriarchal attitudes about gender roles, women's and men's capabilities, and acceptable behavior between men and women continue to be among the greatest obstacles to gender equality and women's empowerment. These norms originate and are perpetuated within families and in communities. However, primary and secondary schools also play a critical role in shaping the attitudes of the next generation. With the appropriate curriculum and sensitivity of teachers, schools have the potential to positively influence boys' as well as girls' attitudes about gender roles in the household, women's and men's rights and capabilities, safe and responsible sexual behavior, interpersonal conflicts and violence.

Goal 4—Reduce Child Mortality

Success in achieving Goal 4 is strongly linked to both of the gender-specific MDGs. As immunization programs and other interventions reduce the number of child deaths due to traditional diseases, neonatal factors have emerged as one of the main causes of death in young children. It is estimated that over one in five deaths of children under 5 years occurs in the first week of life, and is due to the mother's malnutrition, poor antenatal care, or lack of sanitary conditions and skilled assistance at birth.⁶⁷ The factors contributing to neonatal deaths are therefore some of the same factors contributing to maternal deaths. Strategies under Goal 5 to improve women's basic health and nutrition levels, and to improve pregnant women's access to sanitary and well-equipped health facilities with skilled personnel, should therefore contribute to reducing neonatal deaths as well. In their MDG progress reports, most countries in the region recognize this link. Papua New Guinea, for example, notes that poorly equipped and staffed maternity wards in health facilities and the large number of "in village" births have contributed to its slow progress in reducing infant deaths.

After birth, many of the most effective steps to ensure infants' and children's health can be taken within the household—including exclusive breastfeeding for the first 6 months; complementary feeding with energy-rich and nutritious food after 6 months; frequent hand-washing and sanitation; use of treated bednets in malaria-prone areas; and ensuring that children receive timely immunizations.⁶⁸ Because of the traditional gen-

der division of labor within most households, women are generally responsible for these tasks. Women's awareness of good childcare practices and their capacity to implement them are critical to children's health. Not surprisingly, studies have found a strong correlation between women's literacy and education levels and child survival. Several countries in the region (including Mongolia, Pakistan and Viet Nam) make this link in their progress reports on Goal 4. Women's income and savings also can provide the resources to pay for more nutritious food, bednets, and other health-enhancing expenses. Therefore, strategies under Goal 3 to strengthen women's capabilities and expand their economic opportunities have indirect benefits for their children under Goal 4.

Another critical gender dimension of Goal 4 is the issue of girls' survival and health. A very disturbing trend in the Asia and Pacific region is the persistence of negative child mortality ratios in a number of countries. On the basis of biological factors, the ratio of girls' to boys' deaths would ordinarily be much less than 1, but in 10 countries in the region the ratio is 0.99 or greater. The highest ratio is in the PRC (1.32), followed by Maldives (1.13), Pakistan (1.1), India (1.09), Nepal (1.07), Bangladesh (1.03), Vanuatu (1.0), Republic of Korea (1.0), Afghanistan (0.99), and Bhutan (0.99).⁶⁹ These results generally match the available data on sex ratios, which show that East Asia (including PRC, Republic of Korea and Taipei, China) and South Asia (including Afghanistan, Bangladesh, India, Pakistan, and Nepal) have some of the worst ratios in the world.⁷⁰ Patriarchal norms, reflected in strong patterns of son preference and neglect of young girls, are generally cited to explain girls' higher mortality rates in these East Asian and South Asian countries. A recent study in India found that girls were 1.5 times less likely to be hospitalized for a childhood illness.⁷¹ The high reported child mortality ratios for Bhutan, Maldives, and Vanuatu are more difficult to explain, because these countries do not generally exhibit strong patterns of gender discrimination. In general, it is clear that the ratio of girls' to boys' child mortality rates should be regularly monitored under Goal 4, and that specific strategies should be pursued to address the social factors contributing to the unacceptably high death rates of girls in several countries in the region.

Goal 6—Combat HIV/AIDS, Malaria, and Other Diseases

Gender factors also influence the incidence and impact of communicable diseases in Asia and the Pacific, such as HIV/AIDS, tuberculosis, and malaria. Poor women are generally vulnerable to communicable diseases because of their poor nutrition and health, and their tendency to postpone medical care because of social or economic constraints.⁷² These diseases not only diminish women's capabilities and opportunities (key aspects of women's empowerment under Goal 3), but also increase the risk of complications in pregnancy and childbirth (undermining maternal health under Goal 5). Moreover, the disabling impact of such diseases as HIV/AIDS, tuberculosis, and malaria on women also impairs their ability to care for their children and other household members. Disability of other family members by one of these diseases places a particular burden on women as the primary caretakers in most households.

HIV/AIDS. The Asia and Pacific region is increasingly threatened by rising HIV infection rates not only in high-risk groups such as intravenous drug users, mobile workers, and sex workers, but also in the general population—with the proxy indicator being the prevalence rate in pregnant women who attend antenatal clinics. As of 2004, over 8 million in the region were living with HIV and at least 540,000 had died. Prevalence rates reported in 2003 exceed 1% in at least four countries (Cambodia, Myanmar, Papua New Guinea, and Thailand), and are also high in India, Nepal, Malaysia, and Viet Nam, and increasing sharply in Indonesia. Also troubling, MDG progress reports cite much higher prevalence rates among some groups. In Nepal, for example, 17% of sex workers in Kathmandu are infected with HIV.

To date, the majority of people infected with HIV in the region are men, but the Joint UN Programme on HIV/AIDS (UNAIDS) reports that the percentage of infected women is increasing steadily, and infections have jumped from high-risk groups to the general population in several countries. In Cambodia, India, and Thailand, for example, husbands are now the main source of HIV infections in women.⁷³ This is echoed in reports for other countries: in Papua New Guinea, up to 3% of pregnant women attending antenatal

clinics are infected with HIV; 2% of women receiving antenatal care in Nepal are infected; and in 2004 more women than men were reported to be infected in the Fiji Islands.⁷⁴ The increasing numbers of HIV infections in pregnant women also significantly raise the risk of mother-to-child transmission, especially because only a small percentage of pregnant women in the region have access to HIV testing and services to reduce the transmission risk.

Women, and adolescent girls in particular, are more vulnerable than men to HIV infection because of their physiological characteristics and limited power to negotiate safe sex and resist violence.⁷⁵ UNAIDS notes that sex workers who have been trafficked across borders—and who therefore have no power to insist that clients use condoms—are the most likely to become infected during their first 6 months in a brothel. UNAIDS estimates that the proportion of young women in Southeast Asia who work in brothels and other “high-risk” environments—such as bars and clubs—ranges from about 40% in Indonesia to over 70% in the Lao PDR. The increasing migration of young women for work and general increase in risky sexual behavior among young people also compound the risks of HIV infection for adolescent girls and young women.⁷⁶ In the PRC, Tajikistan, and Viet Nam, between 40% and 60% of new HIV infections are among young people, including young women, and in Malaysia most of the new HIV infections in women are in young women. In their progress reports, Cambodia, Nepal, and Papua New Guinea acknowledge that gender inequalities and women's lack of empowerment are major obstacles to progress in arresting the spread of HIV under Goal 6. Malaysia also recognizes the intergenerational impact of HIV infections. The increasing numbers of young people, including young women, becoming infected has created a serious burden of care for parents, and particularly for mothers.

Based on the emerging profile of HIV infections in the region, it is clear that effective prevention and treatment strategies need to reach not only high-risk groups, such as intravenous drug users and sex workers, but also the general population, including men, women, and adolescents. Any successful HIV prevention strategy must include effective outreach activities to pro-

Gender factors influence the incidence and impact of communicable diseases in Asia and the Pacific, such as HIV/AIDS, tuberculosis and malaria.

mote safe-sex practices among men, especially those who travel and who frequent sex workers. To reach the general population of women, the UN Millennium Project and others have strongly recommended that HIV awareness raising, testing, and treatment be integrated into the basic reproductive health programs implemented through the primary health care system.⁷⁷ Because of the widespread misinformation and stigma surrounding HIV in most countries, women are unlikely to seek out information, testing or treatment from an HIV-specific program or health facility. Through basic reproductive health programs, women are also more likely to be treated for STIs that increase their susceptibility to HIV infection. To reach adolescents, and particularly adolescent girls, sex education programs in schools are an important entry point. Reproductive health services for adolescents are also urgently needed, but the coverage level in most countries in the region is still low. Creative strategies are also needed to extend reproductive health services to hard-to-reach groups such as migrant workers.

Tuberculosis. Almost half of the high-burden countries in the world for tuberculosis (TB) are in Asia and the Pacific, and together these countries represent about 80% of the global burden of the disease.⁷⁸ Some countries have historically had high prevalence rates, while others have recently experienced resurgence in infections, including several Central Asian countries. The resurgence of TB in Thailand is linked to HIV, which increases susceptibility to TB infections, and this co-infection risk is an emerging issue in several other countries. Both HIV and TB increase the risk of complications in pregnancy and childbirth. Afghanistan reports that 70% of its TB infections are in women, while Indonesia reports that TB is a major cause of female deaths.

Malaria. The heaviest burden of malaria infections in the world—outside Africa—is in the GMS, other parts of Southeast Asia, and the Indian subcontinent.⁷⁹ However, malaria is also endemic in parts of Central Asia and in the Pacific. Despite successful interventions, such as the distribution of treated bednets and anti-malarial medications, countries' efforts to control the disease are being thwarted by increasing migration within countries and across borders, and by the

emergence of more drug-resistant strains of the disease. Pregnant women and unborn children are particularly at risk from malaria, which causes anemia and contributes to low birth weight and perinatal mortality.⁸⁰ The Lao PDR reports that malaria is one of the top three causes of maternal mortality.

Other diseases. Countries in the region increasingly face new communicable disease threats, such as avian flu and severe acute respiratory syndrome, and with expanding regional trade and migration, these diseases can spread rapidly across borders. At the same time, non-communicable conditions, such as obesity, diabetes, heart disease, and cancer are becoming increasingly common, due in large part to changes in diet, tobacco use, and physical activity. It is therefore important for countries to identify, monitor, and report on these serious challenges to both women's and men's health. For example, Pacific countries have the highest rates of obesity and tobacco use in the world. In the Fiji Islands, diabetes and heart disease are major health threats, and the incidence of obesity and diabetes among women is twice that of men. Indonesia reports that most smokers in the country are men, and that smoking has a number of negative spillover effects on women and children, including health problems from passive smoke and the waste of household resources on cigarette consumption. Alcohol and drug abuse, which is also primarily a male phenomenon, diverts scarce household resources to support the abuser's habit and frequently contributes to domestic violence.

Goal 7—Ensure Environmental Sustainability

The targets under Goal 7—related to promoting sustainable development and reversing the loss of environmental resources, improving access to safe water and basic sanitation, and improving the quality of life of slum dwellers—are closely related to the poverty and health MDGs (including Goal 5). The links with Goal 3 are indirect but no less important. Women's important roles in environmental protection and sustainable development are well recognized, notably in the outcome documents from the UN Conference on Environment and Development in Rio de Janeiro in 1992 and the World Summit on Sustainable

Development in Johannesburg in 2002. In most rural societies, women play distinct roles related to the raising of plants and animals; collection of water, fuel, fodder, and forest products for household use and economic activities; and general management of land and water resources. Their contributions to the environment are particularly noticeable in the areas of biodiversity, water resource management, and combating desertification. At the same time, the depletion of environmental resources and degradation of rural and urban environments strain women's efforts to ensure food security for their households, and diminish the health of women and their families. Women's organizations and networks in the region have introduced a number of innovative environmental programs at the local level, but they are not well represented in environmental policy making and planning.⁸¹ MDG progress reports from the region include very few explicit references to gender issues related to Goal 7, although the environmental issues raised in the reports have clear gender dimensions. In general, MDG reporting on Goal 7 would benefit from greater use of alternative data sources such as reports on urban and environmental conditions prepared by UN agencies, NGOs, and citizens' groups.⁸²

Sustainable development and environmental protection. Deforestation and contamination of water sources are serious problems in many countries in the region, as confirmed in their MDG progress reports. Illegal logging and clearing of forest areas for agricultural land and other uses deprive poor households of important sources of fuel and nontimber forest products on which they depend for food and medicine. Deforestation particularly affects women and girls in rural areas, because they are generally responsible for gathering fuel wood and other forest products, and must walk longer distances to find these products. Contamination of water sources from natural arsenic, fertilizers, pesticides, mining, industrial waste, and other pollutants takes a similar toll on women and girls in rural areas, who are mainly responsible for collecting water for household use. As discussed below, most rural households in the region only have access to untreated water from natural sources. As those sources are depleted or contaminated, women and girls must walk longer distances to collect water, or make do with the inferior water that is

nearby and suffer the health consequences. In many countries in the region, over 50% of households use solid fuels (including wood and charcoal) for cooking and heating, and the percentage is likely to be much higher in rural areas.⁸³ Cambodia and Nepal, for example, report that over 90% of households use traditional fuels. The indoor air pollution caused by the use of these fuels without good ventilation has been linked to high levels of illness and death, particularly in women and children.⁸⁴

Safe water and basic sanitation. UNESCAP estimates that over 90% of urban dwellers in the region now have access to safe water, and over 70% have access to improved sanitation. Although urban/rural gaps are narrowing, coverage levels are still much lower in rural areas, especially in remote and disadvantaged communities. Nepal, for example, reports that Dalit communities have poor access to safe water, and a recent country gender assessment for Sri Lanka notes that only 25% of workers on plantation estates have access to safe water, with similarly low coverage levels in conflict-affected areas. Even where piped water systems are in place, there can be substantial problems with water quality, particularly in Central Asian countries where water systems have fallen into disrepair. Tajikistan, for example, reports that over 50% of its water systems have completely deteriorated, and Kazakhstan reports that its poorest oblasts cannot afford to maintain their systems. Arsenic contamination of groundwater in several countries in South Asia has also rendered many tube wells unsafe. Access to basic sanitation facilities in most rural areas is still extremely low, even in Central Asian countries such as Tajikistan (only 23% coverage) and Kyrgyz Republic (only 33% coverage). Statistics on urban coverage rates for clean water and basic sanitation also mask much lower coverage levels in slum areas.⁸⁵

Improvements in access to safe water and improved sanitation under Goal 7 carry a number of gender-related benefits. Measures to provide safe water sources close to rural communities will free up women's and girls' time for other activities, including income-generating activities and school attendance. Access to safe water and basic sanitation also significantly reduces the risk of contracting waterborne and other diseases,

Environmental poverty has clear gender dimensions. The participation of women can significantly improve the outcomes of water, sanitation and slum improvement programs as well as enhance the sustainable use of natural resources and clean energy.

which are major health risks especially for pregnant women, infants, and children. In both urban and rural areas, constructing sanitation facilities closer to settlements lowers the security risks for women and girls, especially at night. Providing safe water and appropriate toilet facilities in primary and secondary schools also encourages school attendance, especially by girls.

A gender-sensitive approach to the water and sanitation targets under Goal 7 also can ensure more effective and sustainable outcomes. Women's input in the design and location of water and sanitation facilities ensures that the facilities will be appropriate and convenient to their primary users. Women's participation in community awareness raising about good hygiene practices—a key element of most water and sanitation projects—is also essential to their success and impact. In areas of South Asia where arsenic contamination of groundwater is a problem, it is particularly important to involve women and women's organizations in raising awareness and encouraging households to shift from contaminated tube wells to safer—but often less convenient—water sources.

Slums. In many Asian cities, slum areas have grown rapidly as more people migrate from rural areas and neighboring countries in search of work. Bangladesh, for example, reports that about 50% of its urban population now live in informal settlements. As noted above, slums tend to have much poorer water and sanitation facilities than formal settlements. Housing is substandard, tenure is insecure, and settlements are overcrowded and often unsafe, especially at night. Schools and health centers are often nonexistent, except for those run by NGOs. In this crowded and unsanitary environment, pregnant women and children are particularly susceptible to communicable diseases, and women and girls are at risk of harassment and violence. At the same time, the participation of women and women's organizations can significantly improve the outcome of slum improvement programs. As primary users of basic services, women are often better informed about the basic needs of slum residents. Slum dwellers' organizations, in which women are leaders and active participants, have successfully worked with municipal governments in several countries in the region to build improved housing and public toilets in slum areas,

resettle squatters, and develop innovative tenure arrangements for slum dwellers.⁸⁶

Goal 8—Develop a Global Partnership for Development

Goal 8 is perhaps the broadest MDG, encompassing targets related to trade and finance, sovereign debt, youth employment, access to affordable essential drugs and information and communication technologies (ICTs), and the special needs of least-developed countries, landlocked developing countries and small island developing states. While Goal 8 and its targets call for action mainly by developed countries, many countries in Asia and the Pacific have reported from their perspectives on one or more of the Goal 8 areas. Although not well reflected in the progress reports, several of the Goal 8 areas also have gender implications. A few of these areas are discussed below.

Development assistance. The Goal 8 target for least-developed countries calls for more generous official development assistance (ODA), and several developing countries in the region have reported on this area. Common issues raised in the MDG progress reports include the need for improved donor coordination and problems associated with aid dependency. Timor-Leste notes that the ODA it received initially could have been used to benefit more of the population. Under Goal 4, PNG also notes that the widening variation in provincial health indicators is due in part to the concentration of donor-funded health programs mainly in the more accessible provinces. Only Kazakhstan reports specifically on ODA for gender-related activities, noting that it represents only 1% of technical assistance received. Under Goal 5, the Philippines also notes the need to secure new funding for its reproductive health programs because of a phasing out of USAID support for contraceptives.

Worldwide, the Organisation for Economic Co-operation and Development (OECD) estimates that about 18% of total bilateral assistance has gender equality as either a principal or secondary objective. Within this area, ODA support is heavily concentrated in health (19%) followed by education (16%), governance and civil society (15%) and multisector activities, including traditional “women in development” projects (15%). Gender equality objectives are also in-

cluded in assistance for agriculture, water, and finance, perhaps reflecting donors' recognition of women's important roles in the agriculture and water sectors and women's high level of participation in microfinance projects. However, gender concerns are not visible in ODA for energy, transport and communications, which together account for close to a third of all bilateral assistance. In Asia, only about half of all bilateral assistance for basic health and education has a gender focus (although the proportion is much higher—close to 80%—for population and reproductive health assistance). In contrast to other regions, the gender focus in assistance to the water sector in Asia is particularly low (10%), which is especially troubling because Asia receives far more support to this sector than either Africa or Latin America.⁸⁷

Multilateral assistance to Asia and Pacific countries is provided by the UN system, World Bank, and Asian Development Bank (ADB). A recent internal ADB review found that 12% of ADB loans approved during 1998–2004 had a gender theme, and an additional 17% of loans mainstreamed gender concerns, for example, through a gender action plan linked to the loan's objectives. ADB's highest level of attention to gender concerns has been in its assistance to the health sector, followed by education and agriculture. As in bilateral ODA, the lowest level of attention to gender has been in the energy, transport, and communication sectors. In recent years, about a third of ADB's loans for water supply and sanitation projects have had a gender theme or mainstreamed gender concerns.⁸⁸

Although incomplete, these snapshots of external assistance to the region suggest that there is substantial attention to gender issues in donor support for the education and health MDCs (particularly Goal 5). However, about half of the bilateral aid to the region for basic health, 40% of aid for basic education, and 90% of aid for water supply and sanitation do not have a gender focus. Based on data for all developing regions, as much as 80% of all ODA to Asian and Pacific countries may not have a gender focus. This is problematic from the broader perspective of Goal 3. Without consistent support for gender equality across all sectors, it is unlikely that developing countries in the region—especially least-developed countries—will make sig-

nificant progress in narrowing gender gaps and empowering women.

Trade. Virtually all countries in the region are in the process of liberalizing their trade rules either as members of the WTO, through regional trading blocs or under bilateral trade agreements. Increased trade and cross-border investment are expected to contribute not only to economic growth, but also to poverty reduction.⁸⁹ It is becoming clear, however, that trade liberalization through the WTO and other trade regimes can have different impacts on women and men, depending on gender-related patterns of employment, ownership of businesses and assets, and other factors in domestic economies.⁹⁰ For example, the rapid expansion of export manufacturing in several countries has created job opportunities for large numbers of women, particularly from rural areas. However, there is substantial gender segregation in the export manufacturing sector, with women largely working in lower-skilled, lower-paying jobs, often under strenuous working conditions. These lower-level factory jobs provide little security, and tend to be the first eliminated or subcontracted as industries restructure to become more internationally competitive. Many of these jobs are in garment factories, which are facing intensive competition and uncertainty following the removal of long-standing import quotas under the WTO Agreement on Textiles and Clothing. Attention has focused on female garment workers in countries such as Bangladesh, Cambodia, Fiji Islands, and Lao PDR, which are perceived to be under greater threat from large exporting countries such as the PRC. However, low-skilled garment workers in the PRC and other countries are also subject to low wages, long working hours, difficult working conditions and job insecurity. Workers in export processing zones receive little protection from national labor laws, since these zones are typically exempt from those laws or subject to more relaxed labor standards.

Liberalization of trade is expected to provide additional markets for domestically produced goods, and a wider array of products and services for consumers. However, small farmers and producers are less likely to benefit from increased trade because of their limited access to capital, new technology, and market information, and the risk that cheaper imports may

MDG 8 has strong gender implications, for example, in the areas of development assistance, trade, access to affordable drugs, knowledge transfer and youth employment.

undercut them in local markets. In particular, women farmers and entrepreneurs tend to operate on a smaller scale due to their limited access to land, credit, and other resources, and the need to juggle business and household responsibilities. A recent country gender assessment for the Fiji Islands, for example, notes that women who produce Fijian handicrafts are being undersold by cheaper, factory-made imports.

Under WTO and regional trading arrangements, most countries in the region have substantially reduced import tariffs, particularly on manufactured goods. While this has benefited domestic consumers of those goods, it has also significantly reduced government revenues.⁹¹ The Philippines, for example, reports that reduced tariff revenues have not been offset by increased revenues from other sources, placing a considerable strain on the government budget. Without alternative revenue sources, large budget shortfalls due to lost tariff revenues may prevent governments in the region from making the substantial investments needed to achieve the MDGs, particularly in the areas of education, health, water, and sanitation.

Access to affordable drugs. The Goal 8 target of providing access to affordable essential drugs is both a health issue and a trade issue. Access to essential drugs is fundamental to all the health MDGs, including Goal 5. In Asia and the Pacific, progress in this area has been attributed to India's manufacture and export of generic drugs, as well as collaboration among governments, donors, public-private partnerships, NGOs, and others.⁹² By 2016, least-developed members of the WTO will be required to patent pharmaceuticals, and will be restricted in their ability to manufacture and import generic versions of patented drugs under the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). The WHO reports that the patents on 600 or more life-saving drugs will expire between 2005 and 2010.⁹³ However, there are still concerns about developing countries' future access to affordable drugs, particularly

newer drugs and drug combinations to treat HIV and AIDS.⁹⁴ Bangladesh, for example, reports that 80% of its population previously had access to affordable essential drugs, achieved through the manufacture of drugs by a state-owned pharmaceutical firm and drug price controls. The government is now under increasing pressure from pharmaceutical firms to lift these controls, and the future of the state pharmaceutical firm after 2016 is unclear. India has already amended its intellectual property laws to conform to the TRIPS Agreement. Access to affordable drugs has a number of gender dimensions. Women in most societies in the region are the primary caretakers of sick children and other family members, and tend to spend more of their income on essential household expenses, such as medicine. For poor households, the cost of drugs can be prohibitive, and can lead to rationing in which women avoid or postpone medical care for themselves.

Youth employment. This Goal 8 target is linked to both Goals 2 and 3. Several countries in the region report high levels youth unemployment, especially in urban areas, and underemployment in rural areas. Unemployed youth represent 49% of all unemployed workers in the region, and unemployment rates are higher among young women in both South Asia and Southeast Asia.⁹⁵ Countries' ability to provide quality jobs for the large numbers of young men and women entering the workforce each year depends in part on the quality of basic education and technical training they receive. As discussed in connection with Goal 3, young women in the region who pursue postsecondary education tend toward traditional fields, such as health and education, which are also the least well paid. While there are important public policy reasons to encourage young women—especially from ethnic minority groups and disadvantaged castes—to pursue health and education careers, it is also important from the perspective of Goal 3 to encourage young women to study in nontraditional areas, such as engineering and science.

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V. Future Directions

The Asia and Pacific region has made progress toward Goal 3, particularly in narrowing gender gaps in primary and secondary education and raising literacy rates. However, progress on the indicators of economic and political empowerment under Goal 3 has been mixed, and most countries are not reducing maternal mortality rates fast enough under Goal 5. The region's uneven performance under the other MDGs also affects the prospects for improving women's capabilities, access to resources and opportunities, and security. This mixed report card is consistent with the region's recent assessment of progress in implementing the Beijing Platform for Action, which is reflected in the Bangkok Communiqué adopted by members of UNESCAP in September 2004 (see Appendix 1). The Communiqué notes that gains have been made in several key areas of the Beijing Platform, but that there are still gaps and challenges that need to be addressed.

At the recent World Summit, governments from the region reaffirmed the broad development goals outlined in the *Millennium Declaration*. In particular, they confirmed the importance of implementing the Beijing Platform for Action in order to achieve the MDGs, and they endorsed a comprehensive agenda to achieve gender equality and empower women (see Appendix 2). These World Summit commitments provide a sound framework for governments and other stakeholders in the region to intensify their efforts to narrow gender gaps and empower women and girls. This section summarizes some of the common challenges to gender equality and women's

empowerment in the region, and then provides examples of promising interventions and supportive institutions to guide future actions.

Regional Challenges

Traditional gender norms, stereotypes, and practices. MDG progress reports from across the region confirm that the persistence of traditional norms and assumptions related to gender roles and women's capabilities significantly hampers efforts to narrow gender gaps and empower women. Patterns of gender discrimination are seen most starkly in sex-selective abortions, forced marriages and various forms of violence against women and girls, but are also reflected in girls' lower participation rates in school, women's high rates of anemia, high levels of maternal death and disability, gender segregation and gender wage gaps in employment, women's low rates of landownership, and women's limited participation in decision-making bodies at all levels of government. These patterns of discrimination and exclusion are compounded for women in marginalized groups, including ethnic minorities, disadvantaged castes, refugees and internally displaced persons, migrants and the disabled. The entrenched attitudes and behaviors related to gender roles and women's status point to the continuing need to sensitize and win the support of male decision makers and opinion-leaders—including government and political party officials, community and religious leaders, business leaders, teachers, and health professionals—for measures to promote gender

equality and empower women and girls. There is also a need for greater investment in gender sensitization and behavior change strategies targeting men as partners, parents and co-workers. In specific programs and projects, this means that more attention needs to be given to “software” activities, such as gender sensitization of government staff and community leaders, community awareness-raising on gender issues, social mobilization of women and supportive men, and other measures to ensure that women and men can participate equally.

Migration and displacement. The increasing mobility of women as well as men, both within countries and across borders, is another regional trend with major implications for gender equality and women’s empowerment. Migration for work has become a major safety valve for poor households and has opened up opportunities for many young women to escape the restrictions of rural life and live and work on their own. However, migration can cut short adolescent girls’ education and migrant workers often do not have the legal status to access health and other basic services in their destination city or area. Migration also entails special risks for women and girls, including risks of harassment and violence en route to their destination, and harsh and abusive treatment by their employers. At worst, those who rely on agents to help them find work may instead be trafficked into forced sex work or other exploitative conditions. Some countries, such as the Philippines and Sri Lanka, have developed programs to support their overseas workers, especially women, and other countries, including Bangladesh and Nepal, are following suit. Several countries in the region are also taking steps to prosecute human traffickers and provide support to trafficking survivors. However, there is much more that countries can do to improve the status, living conditions, and security of migrants within their borders—both internal migrants and those from neighboring countries. Conflicts and natural disasters also force large numbers of people to migrate to urban centers, other regions, and across borders. Refugees and internally displaced persons typically find themselves in even more precarious living conditions than voluntary migrants, with limited access to basic services, few income-generating opportunities, and exposure to harassment

and violence. Displaced women—especially widows and other single women with small children—are especially vulnerable in these circumstances, but they rarely have a voice in relief and reconstruction efforts. Countries in the region can do much more to include women’s organizations and affected women in relief and reconstruction planning and programs, and to address the particular needs and constraints of displaced women following conflicts and disasters.

Globalization and regional integration. Asia is “the most ‘globally integrated’ region in the world,”⁹⁶ and several of its outwardly-oriented countries have achieved remarkable rates of growth. The lowering of trade barriers, promotion of export industries, and increasing interconnectivity through television and the Internet have had dramatic impacts on regional economies and societies. The lowering of trade barriers has also created large export opportunities for the region’s farmers and manufacturers. However, small farms and micro and small businesses—which women are more likely to manage—are at a disadvantage in the global and regional marketplace due to their smaller scale; more limited access to credit, technology and market information; exclusion from trade associations; and lack of awareness of trade rules and practices. They may also be undercut in local markets by cheaper imports of agricultural products and manufactured goods. Young women in particular have benefited from the rapid expansion of export manufacturing jobs in several countries. However, the experience of such countries as Republic of Korea, Philippines, and Thailand shows that the low-skilled manufacturing jobs predominantly occupied by women are also among the first to be eliminated or subcontracted as industries restructure to become more competitive. Export processing zones also can be exempted from local labor laws and regulations, which increase the risk of worker exploitation and abuse. To ensure that poor women and men benefit from the expansion of trade and regional integration, it will be extremely important for governments and regional bodies to analyze the gender-related impacts of these trends, to support small farmers and businesses, and to help displaced workers upgrade their skills or find alternative livelihoods. Governments and export manufacturers should also be encouraged to take

the “high road” by adhering to core labor standards and promoting decent work.

Decentralization. Most countries in the region are also in the process of decentralizing the delivery of basic services and other government functions to subnational levels, including planning and revenue-raising activities. Several MDG progress reports note that this trend presents both opportunities and risks for achievement of the MDGs. In principle, decentralization brings government service providers closer to citizens and should encourage them to provide higher-quality and more locally appropriate services. However, Indonesia and the Philippines report that decentralization has disrupted the delivery of basic services, especially in the health sector. Moreover, Kazakhstan and the PRC report that decentralization has left poorer regions chronically underfunded and unable to maintain basic health, water supply, and sanitation services. These service disruptions and deficiencies fall hardest on the poorest households, and especially poor women. The decentralization of political decision making also presents both risks and opportunities for women. There is a tendency for local elites, who are usually male-dominated, to control locally elected bodies. In conservative rural areas, male-dominated local bodies may establish local rules or condone traditional practices that discriminate against women and girls. However, the legislation of quotas and reserved seats in several countries has opened up space for women to participate in local decision making, with positive results for women and for communities as a whole. Nevertheless, locally elected women, particularly in conservative rural areas, need political support to overcome resistance from male leaders and capacity building to function effectively.

Laws and policies supporting gender equality. Most countries in the region have comprehensive law and policy frameworks in place to support gender equality and protect women’s rights. These include constitutional provisions or statutes guaranteeing equal rights and protection and national action plans to promote gender equality and women’s empowerment. Some countries have also enacted—or are considering—laws prohibiting domestic violence, other forms of violence against women, and trafficking. However, the Bangkok Communiqué con-

firms that countries in the region share several problems in implementing these laws and policies:

- The national institutions charged with coordinating government efforts to promote gender equality are chronically understaffed and under-resourced; they are often excluded from key planning and budget exercises; and they have only tenuous links with key central ministries (such as finance and planning) and with sector ministries.
- Finance, planning, and sector ministries have little technical capacity to identify and address gender issues in their own operations. This seriously undermines countries’ policy commitments to “mainstream” gender concerns in all key sectors. Line ministries in the “hard” sectors are particularly ill-equipped to carry out “software” activities, such as gender and social analysis, consultations with women and other excluded groups, community awareness-raising, and social mobilization.
- Women, especially from poor and marginalized communities, have limited awareness of their rights and limited resources and power to assert these rights and protect themselves from violations. Law enforcement officials are frequently insensitive or biased, particularly toward poor women and women from disadvantaged castes and minority groups, and laws protecting women’s interests are not well enforced. Formal judicial processes are generally inaccessible to poor women, and traditional dispute resolution mechanisms tend to enforce patriarchal norms.

Regional diversity. Given the diversity of cultures, physical environments, economic systems and governance structures across the region, and wide differences within countries, it is extremely important for gender equality strategies to be based on thorough analysis of local conditions and constraints; consultations with women and men from different social and economic groups in both urban and rural areas; and locally appropriate and tested approaches. While the diversity within the region cautions against “one-size-fits-all” solutions, it also presents a tremendous opportunity for cross-learning. Many

The strategic priority areas for achieving gender equality and empowerment as identified in the Millennium Project are also relevant for scaling up in the Asia and Pacific region. They include post-primary education, sexual and reproductive health and rights, time-saving infrastructure, property rights, employment, gender-based violence, and representation in national and local government.

of the world's great success stories in narrowing gender gaps and empowering women have occurred in Asia and the Pacific. In this sense, the region is a rich laboratory for testing innovative approaches to gender equality, and countries have much to share and learn from each other. Innovative NGOs and their affiliates, such as BRAC (formerly the Bangladesh Rural Advancement Committee) and Grameen Bank in Bangladesh, Self-Employed Women's Association (SEWA) in India, and Indian and Thai affiliates of Slum/Shack Dwellers International, have already inspired similar NGO initiatives elsewhere in the region and in other parts of the world. At a government level, Malaysia, Philippines, and Thailand are sharing their success and expertise in gender mainstreaming and gender budgeting with other developing countries through their south-south cooperation programs. Regional institutions, such as ADB and UNESCAP and other international partners, have also facilitated sharing of gender-related expertise among countries in the region. To ensure that all countries in the region make steady progress in narrowing gender gaps and empowering women, more regional exchanges of expertise and experience will be extremely valuable and should be strongly supported by the UN system, the development banks, bilateral donors, and foundations.

Promising Initiatives

Based on a comprehensive survey of worldwide trends, initiatives and research results, the UN Millennium Project has recommended seven strategic priority areas for achieving gender equality and empowering women, almost all of which were endorsed by governments at the recent World Summit (see Box 5 and Appendix 2).

These strategic priorities are already reflected in the national gender action plans of most countries in the region, as well as in specific initiatives supported by governments, development agencies and banks, NGOs, and community-based organizations (CBOs). They provide a useful agenda for future cooperation to promote gender equality and women's empowerment in the region. This subsection highlights examples of initiatives being taken in each area.

Postprimary education for girls and young women. The UN Millennium Project has

made a compelling case for continuing girls' education through secondary and higher levels based on the empowerment benefits for adolescent girls.⁹⁷ The strategies successfully used to increase girls' participation in primary school apply equally to secondary school (see Box 6). The strong tendency for young women to select tertiary courses in "traditional" fields, such as teaching and nursing, has been addressed in the Philippines, for example, through scholarships in science and technology and technology-based training specifically for women, as well as an affirmative action policy to encourage women to enroll in industrial courses. Cambodia is introducing night school programs in urban areas to encourage young working women to continue their education.

A major challenge for countries is to provide nonformal education to women who have been bypassed by the formal education system, especially in rural and ethnic minority areas. The Viet Nam government, collaborating with the Vietnam Women's Union, recently launched a community-based literacy and postliteracy program targeting ethnic minority women. The Philippines also has established an alternative education system for indigenous women and girls, which includes child-minding centers so that women and older girls can attend classes while still minding their young children and siblings. India's Mahila Samakhyas Programme (Education for Women's Empowerment), launched in 1987, is an innovative government-sponsored program promoting literacy, practical learning, and confidence-building through the formation and support of self-help groups, especially among landless and socially excluded women. The program now operates in 46 districts in nine states, and has inspired a number of spin-off initiatives, including a new project to develop video and audio material learning resources for self-help groups.⁹⁸

Guaranteeing sexual and reproductive health and rights. As the UN Millennium Project and others have argued, sexual and reproductive health and rights are essential to women's empowerment and have a number of spillover benefits for women, their families, and communities. Investments in sexual and reproductive health services, such as family planning, are also extremely cost effective. Key health sector inter-

Box 5: Strategic Priorities for Achieving Gender Equality and Empowering Women

United Nations Millennium Project Recommendations

- Strengthen opportunities for postprimary education for girls while simultaneously meeting commitments to universal primary education
- Guarantee sexual and reproductive health and rights
- Invest in infrastructure to reduce women's and girls' time burdens
- Guarantee women's and girls' property and inheritance rights
- Eliminate gender inequality in employment
- Increase women's share of seats in national parliaments and local governmental bodies
- Combat violence against girls and women

World Summit Commitments

- Eliminate gender inequalities in primary and secondary education by the earliest possible date and at all educational levels by 2015
- Ensure equal access to reproductive health
- Guarantee the free and equal right of women to own and inherit property; ensure secure tenure of property and housing by women; and ensure equal access for women to productive assets and resources, including land, credit, and technology.
- Promote women's equal access to labor markets, sustainable employment, and adequate labor protection
- Promote increased representation of women in government decision-making bodies, including through ensuring equal opportunity to participate fully in the political process
- Eliminate all forms of discrimination and violence against women and the girl child, including during and after armed conflicts

Sources: UN Millennium Project, *Taking Action: Achieving Gender Equality and Empowering Women* (2005); UN General Assembly, 2005 World Summit Outcome (para. 58).

ventions include universal access to such reproductive health services as family planning, prevention and treatment of STIs, nutrition programs, attendance of skilled health personnel at deliveries and access to emergency obstetric care, and safe abortion (where legal). School programs and community awareness raising on health, nutrition, family planning, and prevention of STIs, including HIV/AIDS, are important interventions outside the health sector.⁹⁹ Extending reproductive health services to adolescents, and involving men in family planning and maternity care, are also essential elements of a successful reproductive health strategy.¹⁰⁰

Malaysia, Sri Lanka, and Thailand are credited with rapidly expanding access to reproductive health services for women and lowering maternal mortality rates, even while at low levels of economic development¹⁰¹ (see Box 7). Similar strategies are being pursued in many other

countries in the region, often through the Safe Motherhood Initiative. However, most of the progress made in these countries has been in urban areas. Maternal mortality rates in rural areas remain stubbornly high, due in large part to insufficient investment in rural health facilities, inadequate skill-upgrading and incentives for rural health personnel, formal and informal fees and costs that discourage rural women from seeking health care, and insufficient attention to the traditional attitudes that discourage or prevent women from accessing health services, especially in conservative rural areas of South Asia. Nevertheless, innovative partnerships, such as the Averting Maternal Death and Disability (AMDD) program, have demonstrated that Malaysia's success can be replicated even in remote and conservative rural areas (see Box 8).

Formal and informal fees and other costs—for example, for transport, drugs and accommo-

Box 6: Achieving Gender Parity in Secondary Enrollment in Malaysia and Bangladesh

Since 1990, Malaysia has succeeded in closing the gender gap in secondary enrollments even in its least developed states through a combination of programs including textbook loans; food and milk supplements in rural schools; school health services; boarding facilities for students from remote areas; special education; updating of school curricula, particularly in science and information technology; and upgrading of teachers' credentials. This commitment to education is reflected in public expenditures for education, which rose from 6% of total development expenditures in 1970 to 26% in 2003.

Several less-developed countries in the region are pursuing similar strategies. Bangladesh moved from a large gender gap in 1990 to a reverse gender gap by 2001. Bangladesh's Female Secondary School Assistance Program has received much attention, in particular its stipend program for rural girls, which is intended to cover all direct school costs as well as uniforms and transport. A recent gender assessment of an Asian Development Bank-financed project supporting this program confirmed the success of the stipend program in raising adolescent girls' enrollments. However, the assessment also found that less progress was being made in other areas, such as the recruitment of female teachers to match the higher enrollment of girls, and that this was undermining the project's success. In one nongovernment school, for example, only two female teachers were available to search 400 girls before an exam under new procedures to prevent cheating. The assessment concluded that a more comprehensive gender plan, addressing all of the constraints to adolescent girls' school achievements, would ensure more positive and sustainable results.

Sources: Government of Malaysia and UN Country Team, *Achieving the Millennium Development Goals: Successes and Challenges* (2005); ADB, *Gender Equality Results in ADB Projects: Bangladesh Country Report* (2005).

Box 7: Improving Maternal Health in Malaysia

Between 1970 and 1980, Malaysia's national maternal mortality rate dropped from 141 to 56 (per 100,000 live births), and declined steadily to 19 in 1990. Between 1980 and 2000, the states with the highest maternal mortality rates also made impressive progress. The mortality rate for Pahang state, for example, fell from 151 to only 24. Maternal mortality rates among ethnic groups have also narrowed substantially. The mortality rate among Bumiputra was over 200 in 1970, but has declined steadily and now is only slightly higher than the rates for Indian and Chinese women.

The highest maternal mortality rates are now among non-Malaysian migrant women, who accounted for 42% of all maternal deaths in 2000. Malaysia attributes its success to the steady expansion and upgrading of the primary health system in rural areas, coupled with specific strategies to promote family planning and encourage rural women to use trained health workers and health facilities for deliveries. These strategies included integrating family planning into basic rural health services; establishing alternative birthing centers in rural areas; upgrading midwives to community nurses, and training traditional birth attendants to avoid harmful practices and work as partners with professional midwives and nurses; accommodation, vehicle loans, and special allowances for health personnel in rural areas; enlisting community leaders to support community health workers and provide resources for emergency transport; and "confidential enquiry" into maternal deaths to identify weaknesses in the referral systems or health facilities. These strategies have been supported by increasing public expenditures for health, which rose from 3% of total development expenditures in 1970 to 7% in 2003.

Source: Government of Malaysia and UN Country Team, *Achieving the Millennium Development Goals: Successes and Challenges* (2005).

Box 8: The Averting Maternal Death and Disability Program

The Averting Maternal Death and Disability (AMDD) program partnership, which includes United Nations agencies, governments, international and local nongovernment organizations and medical associations, and the Bill and Melinda Gates Foundation, achieved impressive results over a 5-year period in improving the availability, quality and use of emergency obstetric care (EmOC) in several Asian countries, including Bangladesh, Bhutan, India, Nepal, Pakistan, Thailand and Viet Nam.

In Bangladesh, for example, an AMDD-supported project substantially increased the number of functioning comprehensive EmOC facilities throughout the country. Between 2000 and 2002, the number of women with obstetric complications who were treated in project-supported facilities increased by 70%, while the fatality rate from these complications was cut from 3.5% to 2%. The AMDD program focuses not only on improvements in health facilities and staff skills, but also on the social and economic barriers that prevent women from accessing health services. In Pakistan, for example, the AMDD partner Save the Children has been working with the Ministry of Health and provincial and district governments to address serious staffing shortages in rural health facilities in Sindh Province, and working at the district and community level to increase awareness of women's right to access health services.¹⁰² These activities have supplemented an ADB-funded women's health project in which a recent gender assessment found that insufficient effort was being made to recruit and retain female health staff and to carry out behavior change and social mobilization activities.

Source: AMDD, Making Safe Motherhood A Reality: Report on Year 4 (2003).

dation—remain a significant barrier to poor women in accessing health care. Countries in the region are addressing this through universal health insurance schemes or more targeted programs for poor and vulnerable groups, including fee exemptions, free health cards, and reimbursement of health costs from health equity funds.¹⁰³ However, practices of charging informal fees within public health facilities can be entrenched and difficult to undo, and fall hardest on the poorest women and their families. In Bangalore, India, the Public Affairs Center has used consumer surveys and “report cards” to expose the persistent demand for bribes made by health workers in maternity hospitals.¹⁰⁴

Time-saving infrastructure. The UN Millennium Project argues that strategic investments in water and sanitation, energy, and transport systems can substantially reduce the hours that women and girls in rural areas spend on such routine tasks as collection of water and fuel, while also providing significant health and economic benefits. Governments in the region generally recognize the benefits for women and girls of improvements in basic infrastructure, especially water supply and sanitation. However, the ben-

efits of women's participation in the design and maintenance of basic infrastructure are less appreciated, and women are not routinely consulted or involved in basic infrastructure projects. This is due in large part to the limited expertise of government engineering and transport ministries in gender and social analysis and participatory planning, and their tendency to focus mainly on procurement, construction and other “hardware” activities, giving much less attention to community mobilization and other “software” activities. However, with support from external agencies and NGOs, sector ministries and local governments are successfully involving women in the design and construction of basic infrastructure, and as a result these public facilities are equipped to meet the needs of both women and men.

The Local Government Engineering Department (LGED) in Bangladesh has become a model for gender-responsive infrastructure development. In recent rural development projects supported by ADB, LGED consulted locally elected female officials on the design and use of various public facilities. Based on input from these officials, the flood refuge centers con-

structed under the projects have separate areas for women; public markets include vendor areas for women traders; local government buildings have separate rooms and toilet facilities for women officials and their constituents; road contractors were required to pay women road workers equal pay for equal work and to provide them with water and toilet facilities; and labor contracting societies were organized for women to work on road maintenance and other project activities.¹⁰⁵ In urban development projects, the involvement of female officials and women's organizations can also improve the quality of the public facilities being built, and ensure that these facilities are used and maintained. In an urban environmental improvement project in Viet Nam, for example, the Vietnam Women's Union is in charge of the household sanitation component of the project, which is expected to mobilize more women to participate in sanitation awareness and other activities.¹⁰⁶ In Mumbai and Pune, India, an organization of poor urban women, Mahila Milan, has worked with NGO partners and government agencies to construct improved housing and public toilets in slum areas, based on Mahila Milan's designs, which address the privacy, security, and other needs of poor women and girls.¹⁰⁷

Property rights. Property rights, particularly related to land, significantly enhance women's economic opportunities and provide security in the event of the death of a spouse, divorce or separation, or land disputes involving other relatives, neighbors, government agencies, or land developers. However, women's entitlement to own land and other assets (such as family businesses) can be limited by customary norms and practices; biased or inconsistent statutes and regulations governing land, marriage, inheritance, contracts, and other matters; biased land reform, registration, and titling programs; lack of awareness or bias among officials involved in land administration and dispute settlement; and lack of awareness among women and men of their property rights. A common flaw in land laws and regulations, and in the procedures for registering and titling land, is the recognition of the "head of household"—generally assumed to be the husband or male elder—as the sole legal owner of family land.¹⁰⁸ MDG progress reports and recent gender assessments confirm the per-

sistence of traditional biases against women's ownership of land, particularly in parts of South Asia, among patrilocal and patrilineal ethnic groups in the GMS and Southeast Asia, and in Pacific countries with strong patrilineal traditions, such as the Fiji Islands. Gender blindness in the implementation of recent land reform programs in several transition economies, especially in Central Asia, has also resulted in significant gender inequalities in rural landownership. Nevertheless, there are promising examples in the region of law and policy reforms, community mobilization and government-nongovernment partnerships to correct these inequities.

In India, an alliance of human rights and women's organizations advocated successfully for amendments in 2005 to the 1956 Hindu Succession Act, which will remove gender inequalities in state laws governing the inheritance of agricultural land by Hindu citizens. Daughters, including married daughters, will now have an equal share in joint family property.¹⁰⁹ The Philippines also amended a 1936 regulation on the sale of public lands, which had prohibited a married woman from applying to purchase or lease public land without her husband's consent. Landownership certificates under the agrarian reform program must now be issued in the name of both husband and wife. In several transition economies in the region, actions have been (or are being) taken to ensure that recent land allocation schemes operate fairly from a gender perspective (see Box 9).

Gender issues related to land tenure arise in a number of other settings, including slum upgrading, resettlement of households in connection with development projects, sale or lease of government-controlled land for private use, and the restoration or relocation of communities after natural disasters or resolution of civil conflicts. It is extremely important to build gender awareness among the government officials administering these programs, and to develop strategies to ensure gender equality in any related land allocations. NGOs and CBOs can also play vital roles in mobilizing both women and men in affected communities. CBOs in India, Philippines, Sri Lanka, and Thailand, for example, have effectively negotiated with government authorities to acquire land and provide individual or collective tenure rights to their members—

Box 9: Ensuring Gender Equity in Land Privatization in Transition Economies

In the Lao PDR, the Lao Women's Union lobbied effectively to ensure that the new Land Law would protect the traditional rights of ethnic Lao women to inherit family land. As a result, the Land Law expressly provides for the names of both husband and wife to be recorded in the register of family-owned land, and considerable attention has been paid to women's land rights in two land titling projects supported by the World Bank and the Australian Agency for International Development. Data from the first of those projects show success in raising the awareness of government staff and participating communities, with close to 40% of land titles issued to women and about 30% in joint ownership. However, the land titling projects have been limited mainly to urban areas. There has been less attention to gender issues in the allocation of agricultural land, which is governed by different procedures and managed by different government authorities. This gap will be addressed under the new National Strategy for the Advancement of Women (2006–2010).

In other transition countries, efforts are under way to address the bias in earlier land reform programs, which resulted in privatized land being allocated mainly to men, with female-headed households obtaining smaller and inferior land parcels. Tajikistan's land code was amended in 2004, and amendments to the Kyrgyz Republic's land code have been drafted and are under consideration. In Viet Nam, the land law is silent as to which family names should be listed on land-use certificates, but the new law on family and marriage stipulates that land-use certificates must list the names of both husband and wife. However, Viet Nam reports that women's names still appear on only about 2% of existing land-use certificates, and there is no formal program for reissuing the certificates, which would require resources and specific instructions to local officials. In its national MDGs, Viet Nam has included a target to issue land-use certificates to both husbands and wives, which indicates high-level political commitment to continue to address the issue.

Sources: ADB, Lao PDR: Gender, Poverty and the MDGs (2004); UNIFEM, Fact Sheet: On the Agenda - Women's Right to Own Property (2005); UN Country Team in Viet Nam, Millennium Development Goals: Closing the Millennium Gaps (2003).

who are predominantly poor women in slum settlements—in connection with several slum upgrading and resettlement projects.¹¹⁰ In Sri Lanka, some of these organizations are now working with local authorities to rebuild or relocate homes of members in tsunami-affected areas, and to ensure that they have secure tenure.¹¹¹

Employment. Paid employment enhances women's autonomy and security and also finances essential household expenditures on food, education, and health care. However, the returns on women's employment are limited by “gender typing” in postsecondary education and by horizontal and vertical segregation in labor markets, which channel women primarily into lower-skilled, lower-paid jobs with limited chances for promotion. In agriculture and in the informal nonagriculture sector, where most women in the region work, working conditions are strenuous and there is little if any social protection.¹¹²

Especially since the 1997 Asian financial crisis, the line between formal and informal employment for women has blurred, as more manufacturers have downsized and replaced full-time factory jobs with part-time or contract work paid on a piece-rate basis. Even in a factory setting, female workers can have limited rights and protection if they are subcontractors hired by an outside agency, they are migrants without legal status, or the factory is exempted from local labor laws under policies to promote foreign investment and export manufacturing.¹¹³ Lack of public or community-based childcare services also limits women's employment options and forces poor women with small children to rely on subsistence farming or home-based work to supplement family incomes. Nevertheless, there are a number of initiatives under way in the region to improve work opportunities and conditions, especially for poor women.

Most countries in the region have labor laws and regulations in place that support the core labor standards of the International Labour Organization, as well as workplace safety, maternity leave and other employment issues relevant to women. These laws and regulations are not well enforced and generally do not apply to work in agriculture or the informal sector. In export processing zones, more limited labor standards may also apply. However, some countries are pursuing law and policy reforms to address gaps in their labor law frameworks (see Box 10).

Public employment schemes, and paid work on publicly-funded development projects, are important sources of income for poor women, especially in rural areas. In India, 30% of job opportunities under certain wage employment schemes are reserved for women. Studies from Bangladesh and India report high levels of women's participation in employment schemes, although they may be allocated fewer days of work and paid a lower wage than men.¹¹⁴ In basic infrastructure projects, poor women often work on construction crews, but they are typically paid less than men, have only rudimentary toilet facilities and accommodation, and may be subject to harassment or violence. The external agencies that finance infrastructure projects can play an important role in working with their gov-

ernment counterparts to address these problems. For example, in infrastructure projects supported by ADB, civil works contractors are generally required to pay equal wages to women and men, and several recent projects include targets for women's employment and provisions on safe working conditions and facilities for workers. A recent gender assessment of an ADB-supported infrastructure project in Bangladesh found that progress had been made in raising women's construction wages and increasing women's access to more highly skilled work. However, the assessment cautioned that strong commitment and close monitoring by the executing agency would be needed to maintain and improve performance in this area.¹¹⁵

Workers' associations in several countries in the region are playing critical roles in advocating for the rights of their members and also providing a range of support services. The most famous is SEWA in India, which was the first union of informal workers—including both urban and rural—in the world. In addition to advocating law and policy changes, such as India's new national policy on street vendors, SEWA has established a number of affiliates, including a co-operative bank, village-based savings and credit groups, producer cooperatives, and providers of various services to its members (including health

Box 10: Regional Reforms to Strengthen Labor Law Frameworks

In 2004, India adopted a national policy on street vendors, who are mainly women. The policy includes provisions on vendors' legal status, designation of vending zones, promotion of vendor associations, access to credit and social security benefits for vendors, and integration of street vendors in urban zoning and development. In Singapore, the business federation, employers' federation, and national trade union congress recently issued a Code of Responsible Employment Practices, including nondiscrimination in employment on the basis of sex, age, disability, and other factors. The Philippine Economic Zone Authority has established a committee to investigate complaints from workers in economic zones and has set up women's desks in some of these zones. The Philippine Government has also issued guidelines for informal cooperatives and associations to make contributions to the national social security program on behalf of their members. In the People's Republic of China, the law on the protection and rights of women was recently amended to make sexual harassment unlawful. (Recent opinion polls indicate that this is a major workplace problem, especially for women in service industries.) In Viet Nam, a gender equality law is being drafted that is expected to address employment issues related to women. The Mongolian Government plans to introduce new legislation on workplace discrimination.

Sources: UNIFEM, *Progress of the World's Women 2005: Women, Work and Poverty*; national MDG progress reports and reports on implementation of the Beijing Platform for Action.

care, childcare, insurance, marketing, housing, and basic infrastructure).¹¹⁶ The Asian Women's Union, Filipino Migrant Workers' Union, and Indonesian Migrant Women's Union advocate the rights of Filipina domestic workers in Hong Kong, China. The Chinese Working Women Network provides a range of support services to internal women migrants working in export processing zones. Organizations of home-based workers, such as Siyath Foundation in Sri Lanka, provide marketing and sales support to their members, ensuring better prices for their products.¹¹⁷

Recognizing the precariousness of women's wage employment, particularly in low-skilled manufacturing jobs, several countries are developing or expanding programs to retrain laid-off factory workers for other occupations, including jobs in services and self-employment. The Philippines, for example, has established a one-stop shop for training and employment services, including scholarships, access to credit, and job referrals. Cambodia plans to upgrade its "women in development" centers to more full-service women's empowerment centers, which will offer women training in market research, business development, and access to credit so that they can build micro and small enterprises. Malaysia is piloting two new Internet portals for women—one as a general resource link and the other to assist handicraft producers and other small entrepreneurs to market their products and services. In Bangladesh, the national women entrepreneurs' association is involved in developing the Government's new policy on small- and medium-sized enterprises, which will support targeted training, credit, and business development services for women entrepreneurs.

Migrant workers—both internal and cross-border—are particularly vulnerable to exploitation and abuse, and have limited access to basic services and virtually no legal protection because of their irregular status. Sending countries, such as the Philippines and Sri Lanka, have established comprehensive support programs for overseas workers, including regulation of employment agencies, pre-departure orientation, and outreach services in their embassies in major destination countries. Bangladesh and Nepal are beginning to introduce similar measures. The Lao PDR and Thailand recently signed a memorandum of understanding to regularize the work sta-

tus of some Laotian migrants. Hong Kong, China, a major destination in the region, requires employers of foreign domestic workers to use a standard employment contract, including provisions on minimum wage and time off, and recognizes migrant workers' unions.¹¹⁸ There is still much more that regional countries can do to regularize the status of migrant workers—including their own citizens who migrate from rural to urban areas—and to ensure that they have access to health care and other basic services, as well as legal protection from exploitation and abuse.

Violence against women and girls. Gender-based violence—including domestic violence, sexual assault and sexual harassment outside the home, and trafficking in women and girls—is a major cause of female death and disability in the region, and a major contributor to women's economic and social disempowerment. It inflicts substantial direct and indirect costs on women, their families and communities, including health-related costs, lost workdays and reduced productivity, and negative impacts on children. Because of its pervasiveness and complexity, multiple strategies have been developed to address the problem, including school and community awareness programs, law enforcement measures, health and other support services for victims, and improvements in public facilities to increase women's safety.¹¹⁹

In Asia and the Pacific, violence against women in its various forms has received increased attention over the past 10 years, due in large part to the documentation and advocacy of women's organizations. A recent survey by the UN Development Fund for Women (UNIFEM) found that, as of 2003, most countries in the region had criminal penalties for rape and sexual assault; 7 countries had legislation on domestic violence, with 13 others in the drafting process; and 9 countries had legislation on sexual harassment.¹²⁰ Some countries have also legislated against specific forms of violence, such as dowry deaths in India and acid attacks in Bangladesh. Some countries have recently introduced legislation against human trafficking, especially of women and children, and regional frameworks to combat trafficking are now in place in the CMS, South Asia, and Southeast Asia. Countries have also adopted various strategies to address gen-

der-based violence in a comprehensive way. Bangladesh, for example, has carried out public awareness campaigns, established crisis centers and a hot-line system for vulnerable women, reserved certain public buses for women, and set up special tribunals to try particularly egregious cases of violence against women. Several countries have set up women's police desks to deal with female victims of violence. Like Bangladesh, Thailand reserves certain public buses for women, and India reserves certain train cars for women. In such countries as Cambodia and Timor-Leste, local government bodies are specifically mandated to address cases of domestic violence. NGO initiatives in Cambodia and the Philippines are enlisting men to campaign against gender-based violence and to intervene in specific cases of abuse.¹²¹ While many promising initiatives are being taken, they are often not adequately funded, or are compromised by general budget cutbacks. UNIFEM, for example, reports that the women's police desks in Indonesia, Philippines, and Thailand are at risk of being shut down because of understaffing, and the Philippines' plan to open crisis centers throughout the country has not been carried through.¹²²

In addition to advocating legislation and other government action against gender-based violence, women's organizations in virtually every country in the region are engaged in community awareness-raising and providing vital support services to victims of violence. Their activities include creative use of media (including posters, pamphlets, theater, videos, and radio spots) to raise public awareness about the problem; sensitizing police, border officials, prosecutors and judges to take gender-based violence seriously and to deal sensitively with victims; training teachers to identify children who are victims of abuse; working with local officials and traditional dispute settlement bodies to deal more sensitively with violence cases; running crisis centers and hotlines for victims and potential victims of violence; and providing legal services to victims.¹²³ Many of these initiatives have been very effective on a small scale, but need to be expanded with strong support from national and provincial governments.

There are also opportunities to reduce the risk of violence through appropriate planning and construction of public facilities, such as markets,

train stations, bus terminals and bus stops, public restrooms, and street lighting. The involvement of women's organizations and women in local government can ensure that women's safety concerns are incorporated in these designs. The CPTED¹²⁴ methodology, which has been used successfully by urban planners in other regions, could also be useful, especially in urban development projects.¹²⁵

Women's representation in political bodies. The representation of women in public decision making, especially through elected bodies, is an important aspect of women's empowerment and democratic governance. It ensures that women's concerns are taken into account in decision making, and can improve the transparency and responsiveness of government officials, especially at the local level.¹²⁶ However, traditional biases against women's involvement in public life, entrenched interests of community and political party leaders (who are mainly men), and women's own lack of confidence and experience in the public arena prevent many women from running or being elected to public office. In Asia and the Pacific, several countries have addressed this inequality by legislating reserved seats for women in the national parliament and/or locally elected bodies. These include Bangladesh, India, Nepal, and Pakistan in South Asia, the PRC and Taipei, China in East Asia, and Indonesia and the Philippines in Southeast Asia.¹²⁷ In others, legislated or voluntary quotas on party lists have been used to increase women's representation. The Lao PDR and Viet Nam, for example, have achieved relatively high levels of women's representation in their national parliaments through quotas based on statutes and government directives. Timor-Leste's success in electing a relatively large percentage of women in its first elections was due in large part to the advocacy of women's groups, which persuaded political parties to include more female candidates on their lists. In general, systems of proportionate representation, in which there are statutory or voluntary quotas for women on party lists and every other slot is assigned to a woman, are the most successful in increasing women's representation.¹²⁸

In national parliaments, a relatively small number of female legislators can have limited influence to lobby for legislative action on behalf

of women, or to comment on other proposed legislation or the national budget from a gender perspective. They are also more likely to be appointed to committees on education, health, and women's and children's affairs, with little or no voice in committees on taxation and expenditures, agriculture, commerce, and security. Female legislators also may not have a united view on issues relevant to women. However, the experience of such countries as the Philippines shows the effectiveness of coalitions between like-minded legislators (both women and men), women's organizations, and the national focal agency for gender in promoting law reforms on electoral politics, business opportunities for women, sexual harassment in the workplace, gender-based violence, trafficking and other issues, as well as gender-responsive planning and budgets.¹²⁹ Women's caucuses, such as Thai Women Parliamentarians and the caucus recently formed in the Lao PDR national assembly, can also be effective vehicles for promoting gender concerns. Regional organizations, such as the Center for Asia-Pacific Women in Politics, also provide training and facilitate networking and information sharing among female parliamentarians.¹³⁰

At the local level, female elected officials have greater opportunity to improve the delivery of basic services and other government programs, especially for poor and socially excluded households; to ensure that family and other local disputes are resolved fairly; to promote community-based initiatives on such issues as domestic violence, drug abuse, and trafficking; and to provide positive role models for young women and girls. These actions contribute directly and substantially to the achievement of virtually all the MDGs at the local level. Men's traditional involvement in community decision making, the dominance of local elites (primarily male), and women's limited literacy and lack of experience in public office can inhibit women from standing for election or being elected, and can undermine their credibility and effectiveness once in office. However, experience from several South Asian countries demonstrates that elected women can work effectively even in conservative rural areas, especially when they receive capacity building and other support from local NGOs and work together with local women's groups, and

when local male leaders also receive sensitivity training (see Box 11).

There are many other local bodies in which gender balance is vital to ensure that both women's and men's interests are represented, and to achieve better development outcomes including progress toward the MDGs. These include municipal authorities, village development committees, dispute settlement committees, local health committees, school committees, water user groups, sanitation committees, and groups for managing community land and other resources. Although there are variations between and within countries, women's representation in these local bodies is often low, for many of the same reasons that limit their participation in legislative bodies. Unfortunately, the gender-balance requirements for these institutions, if any, tend to be ad hoc, and therefore women's interests and perspectives are not consistently reflected in local decision making. It is worth noting that virtually all countries in the region have endorsed the Beijing Platform for Action, which calls for a minimum of 30% women in decision-making positions. To implement this commitment, several countries in the region including Malaysia, Nepal, Thailand, Timor-Leste, and Viet Nam—have set general targets for increasing women's participation in public decision making at all levels. To implement the Beijing Platform and also contribute to progress toward the MDGs, it would be desirable for all countries in the region to set general targets of at least 30% for women's participation in decision-making bodies at all levels, including local institutions. In rural areas where women's mobility and public interactions are restricted by conservative social norms, women's self-help groups and other women-only groups could be given more formal voice in local decision making. External agencies and NGOs involved in local development projects have important roles to play in supporting the participation of women in the local institutions with which they work, and providing training and other support so that these women can gain confidence and function more effectively.

Supportive Institutions

Strategic initiatives to reduce gender gaps and empower women and girls are more effective

Box 11: Strengthening the Capacity of Locally Elected Women Officials

In Bangladesh, the Bangladesh Rural Advancement Committee (BRAC), a national nongovernment organization (NGO), has provided training to female union parishad members as well as the (male) union parishad chairs in several poor districts. In one capacity-building project supported by the Asian Development Bank, the female participants received training on union parishad procedures; the union budget and allocation process; their role as union members; skills such as running meetings, negotiation, and mediation; available government and NGO services; family and property laws; and the procedures in local arbitration courts (shalish). Following the training, the female councilors became much more active in identifying vulnerable community members for government safety net programs, accessing development resources for rural infrastructure projects, and arranging training, microcredit, and work opportunities for poor women in the community. About 60% also participated in shalish, which encouraged more women and poor people to come forward with their grievances.

The project also facilitated the setting up of local development forums, in which elected women and their constituents could meet with local representatives of line ministries and NGOs to discuss ways to match local needs with available programs. These forums provided key opportunities for the elected women to present their constituents' concerns directly to government officials, and enhanced their authority and credibility within their communities. In addition, the project recommended changes in the local government ordinance and related procedures to clarify the functions of elected women and men, their participation in local government committees, and other matters.

Other mechanisms for increasing women's voice in local government, which have been used successfully in some states in India, include women's quorum requirements for village assemblies and earmarking of local development budgets for women's development activities (selected and managed by women's groups). In Cambodia, the planning and budget committees for commune councils must include a woman and man from each village.

Sources: ADB, Gender and Governance Issues in Local Government: Regional Report on Technical Assistance in Bangladesh, Nepal and Pakistan (2004); UNRISD, Gender Equality: Striving for Justice in an Unequal World (p. 199) (2005).

when they are supported by equitable and responsive institutions. These include law and policy frameworks, government planning and budget processes, accountability and enforcement mechanisms, and partnerships with women's organizations and other key actors. Regional partnerships can also play a key role, especially on gender issues that have cross-border implications. This subsection considers some of the gender-responsive institutions already in place in Asia and the Pacific. The discussion draws heavily on countries' recent progress reports on their implementation of the Beijing Platform for Action.

Law and policy frameworks. Virtually all countries in the region provide constitutional or statutory guarantees of gender equality, nondiscrimination and protection of women's rights. However, there are still gaps in these frameworks and weaknesses in enforcement. Several coun-

tries are still in the process of drafting new laws on gender equality, domestic violence, and other matters. Other countries are revisiting and strengthening laws already in place. Malaysia, for example, has had a domestic violence law in place since 1994, and is now considering measures to improve the issuance of protective orders and provide counseling to victims. Some countries are also in the process of identifying and amending discriminatory provisions in other laws. The Republic of Korea, for example, has already corrected over 770 laws and regulations, and earlier this year amended its civil law to abolish the traditional family registry system, which only allowed men to be registered as family heads. In Nepal, amendments to 137 discriminatory laws have been drafted and are pending approval. Recent land reforms in some of the transition economies illustrate the risk that new laws, drafted without adequate consideration of

gender issues, can inadvertently introduce new forms of discrimination. Kyrgyz Republic is addressing this issue by now requiring that all proposed laws be analyzed from a gender perspective. The land reform cases also illustrate the importance of considering the traditional norms and practices that may conflict with or undermine a particular law reform, and addressing these through awareness-raising activities involving both men and women. The land-titling projects in the Lao PDR, for example, have included gender-awareness activities for the government staff involved, as well as for women and men in the project areas.

Virtually all countries in the region have also introduced policy frameworks to promote gender equality and empower women, based on the Beijing Platform for Action. The framework frequently includes a strategy or policy, as well as a detailed plan of action. In India, several states have established their own policies on women's empowerment. Pakistan is also pursuing innovative gender policy reforms at both the federal and provincial levels (see Box 12).

Countries have established various mechanisms to implement their gender policies and action plans. Common structures include a government-wide committee or commission to provide high-level support; a ministry or department to coordinate implementation of the policy at the national level and with local governments; a network of gender focal points in other key ministries to ensure that the policy is mainstreamed in their activities; and a gender working group or network to coordinate with donors and NGOs. While these mechanisms look promising on paper, most countries report weaknesses in their operation, due to inadequate staffing and funding of the focal ministry or department, its insufficient policy leverage with other key ministries, and limited commitment and capacity in the other ministries to address gender concerns.

Several countries have adjusted their gender policy mechanisms to overcome these weaknesses. In the Republic of Korea, for example, the Women's Policy Coordination Committee is chaired by the Prime Minister, which signals high-level political support for the Women's Development Act and Basic Plan for Women's Policies. Thailand recently designated chief gen-

der executive officers—high-ranking officials in each ministry and department—to oversee the development of plans for promoting gender equality within their areas. In Viet Nam, 45 ministries/agencies and 61 of 64 provinces have established their own committees for the advancement of women, which coordinate with the National Committee for the Advancement of Women in Vietnam (NCAFW) and the Vietnam Women's Union. NCAFW conducts annual missions to monitor the gender-related activities of ministries/agencies, provinces and cities and reports its findings directly to the Prime Minister. The Prime Minister then requests the relevant agencies to address the issues raised by the NCAFW in its report. This structure promotes accountability across ministries and levels of government for implementation of the National Strategy and Plan of Action for the Advancement of Women. In some countries, key sector ministries are also developing specific gender strategies for their sector. In Cambodia, for example, the Ministry of Education, Youth and Sports has developed a gender education policy and gender mainstreaming strategy, and the Ministry of Agriculture, Fisheries and Forestry is now developing a gender strategy through an agriculture sector development program supported by ADB. In India and the Philippines, the earmarking of a fixed percentage of appropriations for gender-related activities has also improved the incentives for sector ministries and local governments to implement the national gender policy (discussed further below).

National planning and budget processes. As a cross-sectoral issue, gender equality and women's empowerment should be fully addressed in national development plans, poverty reduction strategies, expenditure frameworks and budgets. Until recently, national gender policies and action plans have been given relatively little attention in these important processes, or gender has been treated as a separate “sector” with little spillover to other sectors and areas. For example, the national poverty reduction strategies recently developed by countries in the region typically discuss the relationship between poverty and gender, and identify gender issues in such traditional sectors as education and health, but they rarely analyze gender issues in other key sectors, such as agriculture

Box 12: Pakistan Gender Reform Action Plans and Gender Support Programme

To address the structural barriers to gender equality in Pakistan in a more comprehensive manner, the Ministry of Women Development and provincial women's departments have prepared federal and provincial gender reform action plans (GRAPs) in consultation with other ministries, provincial governments, parliamentarians, nongovernment organizations and development agencies. The GRAPs include measures to improve women's representation in political and administrative structures, and to change planning and budgetary processes in order to narrow gender gaps in public expenditure and the delivery of basic services. Thus far, the federal cabinet and the provincial cabinets of Balochistan, Punjab and Sindh have approved their respective GRAPs. The implementation of the GRAPs is being supported by the Asian Development Bank (ADB) through its larger devolution support program, and by the Canadian International Development Agency and other development partners. A recent gender assessment found that the inclusion of the GRAPs in larger governance reform programs gave greater prominence to gender issues at the policy level, but that the GRAPs still faced many challenges in implementation, especially in conservative regions such as the Northwest Frontier Province.

Through the Gender Support Programme (GSP), the United Nations Development Programme (UNDP) and bilateral development agencies are also providing technical support to the Government of Pakistan in the areas of women's political participation, economic empowerment, creation of an enabling social environment, and institutional strengthening. Some of the specific initiatives under the GSP include (1) drafting a strategic framework for the Women's Parliamentary Caucus; (2) supporting the training and networking of women councilors through a Women's Political School; (3) supporting gender-responsive budget analysis at national and sub-national levels; (4) supporting alternative dispute resolution mechanisms to deal with cases of gender-based violence in a more equitable and sensitive manner; and (4) strengthening the capacity of the National Commission on the Status of Women. The GSP builds on the achievements of UNDP's previous Gender Equality Umbrella Project, which included the training of over 27,000 women councilors elected to local government in 2001, drafting of legislation mandating gender review and analysis of proposed government projects, initiation of gender-sensitive budget processes within the Ministry of Finance, and a comprehensive social audit on abuse against women. The GSP is closely linked with the UNDP governance program in Pakistan, and coordinates closely with ADB on the GRAP implementation process (mentioned above) and with bilateral donors and civil society partners.

Sources: ADB, Gender Equality Results in ADB Projects: Pakistan Country Report (2005); UNDP, Summary: Gender Support Programme; UNDP, Gender Support Programme: Self-Assessment Report (2005).

and basic infrastructure. They typically include a “gender” section, based on the national gender policy and action plan, but do not include a cost estimate of the activities proposed in the “gender” section. The UN Millennium Project has recommended that countries revise or update their national poverty reduction strategies (or national development plans) to align these strategies better with the MDGs, and fully cost the interventions needed to achieve the MDGs (or more ambitious national goals). If countries follow this recommendation, it will provide an opportunity to integrate gender concerns better in all key sectors supported by the strategy, to identify gender-related targets and indicators, and to cost the gender-related activities outlined

in the strategy.¹³¹ To succeed, however, it will be extremely important to involve the national gender ministry or department in key phases of the process, and to ensure that women's organizations and other civil society groups supporting gender equality have meaningful opportunities to participate.

The costing of interventions needed to achieve the MDGs—including the gender-specific goals—also provides an opportunity to correct the serious underfunding of national gender policies and action plans. Several countries in the region already have some experience in applying gender analysis to public revenues and expenditures. The Philippines, and more recently India, have gone further and mandated the ear-

marking of expenditures for gender-related activities. Since 1995, all departments and agencies in the Philippine Government have been required to allocate at least 5% of their appropriations to projects designed to address gender issues. In its Ninth Plan, India introduced a Women's Component Plan, which earmarks 30% of funds under various development and welfare schemes for women beneficiaries. A detailed costing of the major interventions needed to achieve gender equality and women's empowerment under Goal 3 would complement these gender budget provisions by identifying activities that are not yet adequately funded, especially in non-traditional sectors and on such issues as political representation and violence against women.

Accountability and enforcement. Many laws that promote gender equality and women's empowerment—including labor laws, property and inheritance laws, laws establishing a minimum age of marriage, and laws against gender-based violence and trafficking—are not fully implemented or enforced. This can be due to a lack of staff and other resources in the enforcement agencies (such as labor ministries and land administration offices), lack of gender awareness and sensitivity on the part of law enforcement officials and court officers, women's lack of awareness of their rights or their lack of power and resources to seek legal protection, and tension between the formal laws and traditional norms and practices. There is increasing recognition in the region of these barriers to justice, especially for poor and socially excluded women. Where new laws or regulations are being introduced—for example, the new land law in Cambodia—it is now much more common to see training for government officials and community-awareness activities included in the law reform program. Many NGOs in several countries have also been providing legal literacy and legal aid services, especially to poor and marginalized women. Special courts and other tribunals have also been set up, for example in Bangladesh, to provide faster and more accessible relief to poor women, especially in cases of violence. There are also initiatives under way to address gender bias in the judiciary and law enforcement. In the Philippines, for example, a Committee for Gender-Responsiveness in the Judiciary has developed a 5-year plan to mainstream gender concerns in

the judiciary, including gender training of judges and a gender review of judicial policies. In Pakistan, reforms of the judiciary and law enforcement are being implemented under an access-to-justice program supported by ADB.

Accountability mechanisms are also needed in order to provide incentives for government officials and others to implement gender-equitable laws and policies. As noted above, some countries, such as Viet Nam, have built an accountability mechanism into their policy framework by providing for annual audits of the performance of ministries and agencies, and reporting of the results to high-level officials. Women's organizations and other civil society groups can also make government officials more accountable through monitoring and audit activities. As noted in Section V.B, the Public Affairs Center in Bangalore, India, has used patient surveys and "report cards" to publicize the persistent demand for informal payments in maternity hospitals, and to generally measure the quality, availability and affordability of other basic services. In Kerala, India, women's groups have audited the implementation and impact of anti-poverty programs implemented by local government.¹³² In the Philippines, 400 local councils of women are monitoring local government unit policies and programs.

As noted in the earlier discussion of Goal 8, donor support for gender equality initiatives in the region is uneven, and tends to be concentrated in the education and health sectors to the neglect of other sectors. More consistent tracking of donors' gender-related programs is needed to ensure that donors follow through on their own policy commitments to gender mainstreaming, and that they are providing appropriate and effective support to the gender equality goals of their developing country partners. Civil society organizations can play important roles in ensuring that donors are accountable for the gender-related results of their assistance programs, for example, through independent gender audits and assessments of donor-supported programs.

Partnerships. Some of the main challenges to achieving gender equality and empowering women and girls across the region reside in deep-seated assumptions about women's and men's capabilities and roles, entrenched practices (such as early marriage), and community tolerance of

domestic violence and other forms of abuse. Traditional norms also influence the drafting and implementation of laws, regulations and policies, and shape the attitudes of government officials and private sector employers. Especially in rural areas, women are often unaware of their rights and entitlements under government programs intended to benefit them, or do not have the mobility and resources to claim these benefits and protection. In these circumstances, community awareness raising, social mobilization, and behavior change activities involving both men and women are essential to any interventions intended to improve women's access to basic services, income-generating opportunities, or participation in local decision making. Most government ministries have limited skills and incentives to implement these "software" activities at the local level. However, women's organizations and other NGOs and CBOs have a comparative advantage in precisely these areas. In virtually every developing country in the region, these organizations have piloted innovative approaches to the delivery of health services, informal education, formation of self-help groups, legal empowerment, inclusion of women in community decision making and development projects, and campaigns to promote "social goods," such as girls' education, family planning, safe sex and safe migration, and to discourage "social bads," such as domestic violence and trafficking. Sector ministries and local governments in many countries have sought out these organizations as partners to improve their own outreach and services, especially in poor and remote communities. Community-level partnerships between government and civil society groups experienced in working with poor women and men should be a key feature of any future interventions to improve women's capabilities, opportunities, security, and rights.

In their recent reports on progress in implementing the Beijing Platform for Action, several countries in the region also confirm the importance of strategic alliances between the government's focal ministry or department for gender and women's organizations. These partnerships are particularly useful for proposing law reforms and policy changes, and improving the

responsiveness of government programs and government officials to the needs of poor and socially excluded women. For example, in the Republic of Korea, a campaign by women's organizations to abolish the discriminatory family registry system persuaded the Ministry of Gender Equality to establish a task force, whose recommendations led to the introduction of a bill in the National Assembly to abolish the system. For greater impact, these partnerships also should extend to parliamentarians (both women and men). In its progress report on implementation of the Beijing Platform for Action, the Ministry of Women's Affairs of Cambodia acknowledges that it will need to lobby more effectively with parliamentarians when it resubmits its draft law on violence against women. The UN system (particularly UNDP and UNIFEM), the development banks, and bilateral development agencies have also been key partners with the national focal institutions for gender, providing both financial and technical support. Going forward, it will be important for these external agencies to help the focal institutions build their technical capacity to participate in national processes, such as the development of an MDG-based national poverty reduction strategy (or development plan) and medium-term expenditure frameworks. The recent success of the Ministry of Women's Affairs in Cambodia in influencing the national poverty reduction strategy and the Cambodian MDGs, and its involvement in the piloting of medium-term expenditure frameworks with other key ministries, demonstrate the potential of these focal institutions to have an impact at the national policy level, despite their limited resources and political capital.

Regional initiatives. Virtually all the inter-governmental bodies in Asia and the Pacific support the regional and national goals of gender equality and women's empowerment through their existing programs. UNESCAP convened the recent review of regional progress in implementing the Beijing Platform for Action, and its Gender and Development Section provides research, technical, and networking support to member countries to assist them in implementing the Beijing Platform and CEDAW. About 40% of ADB loans to its developing member countries have

specific gender goals or seek to mainstream gender concerns; it also provides gender-related technical assistance.¹³³ Other regional focal points on gender are the Asia-Pacific Economic Cooperation (APEC) Gender Focal Point Network and Women Leaders' Network, the ASEAN Committee on Women, the Pacific Women's Bureau, and the South Asian Association for Regional Cooperation (SAARC) Autonomous Advocacy Group of Prominent Women Personalities. The APEC Gender Focal Point Network and the Pacific Women's Bureau, in particular, have supported projects to disseminate good practices in gender integration. The SAARC Autonomous Advocacy Group is advocating greater attention to improving women's educational and economic opportunities and ending violence against women in South Asia.

In recent years, the main regional bodies have expanded their activities related to various social development issues, including human

resource development, HIV/AIDS and other communicable diseases, food security, employment, migration, and trafficking. All these areas are relevant to the achievement of the MDGs and all have clear gender dimensions. The main gender focus to date has been in the area of trafficking, including the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution and the ASEAN Declaration Against Trafficking in Persons Particularly Women and Children. (Six countries also recently signed a memorandum of understanding on Cooperation against Trafficking in Persons in the GMS.) Attention to gender concerns has been less consistent in other areas. To maximize the social impact of regional cooperation, regional organizations should include gender analysis and ensure gender balance in all of their cooperative activities (including scholarship, training, and exchange programs). These principles of gender integration would also increase the social benefits



of other initiatives, such as the regional economic cooperation programs supported by ADB in Central Asia, the GMS, and South Asia.

As noted earlier, the Asia and Pacific region houses a wealth of successful experiences in closing gender gaps and empowering women and girls. Bilateral cooperation and exchanges facilitate the sharing of these diverse experiences within the region. Malaysia, Philippines, and Thailand have been particularly active in sharing their expertise in gender integration through their south-south technical cooperation programs, and the Philippines has proposed a regional training institution to expand and institutionalize these programs. Successful NGOs, such as BRAC, Grameen Bank, and SEWA, have also become models and resources for NGOs in other countries in the region, providing training, participating in staff exchanges and sharing good practices and other resources. The UN system, the development banks, and bilateral agencies also have supported a wide range of bilateral and regional exchanges of gender expertise and experience. For example, the World Bank recently hosted a regional workshop on good practices in integrating gender concerns in national poverty reduction strategies, including both government and nongovernment participants. ADB recently sponsored a series of peer training workshops in which (male) government officials from several countries shared their experiences in mainstreaming gender concerns in rural development projects. These types of exchanges should be continued and expanded.

Several regional NGOs and NGO networks

also support research, training and advocacy on gender issues. Asia Pacific Women's Watch, for example, links women's organizations and researchers from the region who are monitoring countries' implementation of the Beijing Platform for Action, and recently organized the regional NGO forum for the ten-year review of the Beijing Platform. The Asia Pacific Forum on Women, Law and Development and International Women's Rights Action Watch Asia Pacific support women's organizations in promoting and protecting women's rights and monitoring countries' implementation of CEDAW and other international human rights instruments. As mentioned earlier, the Center for Asia-Pacific Women in Politics provides training and networking support to women parliamentarians and others in the region. These and other organizations and networks are key mechanisms for sharing regional expertise and experience, and supporting country-level initiatives, to promote gender equality and empower women.

In recent years, governments, the UN system, regional bodies and NGOs have begun to coordinate much more effectively to address human trafficking as an urgent regional problem with clear gender impacts, for example, through the UN interagency project to combat trafficking in the GMS. A similar coordinated approach would also be beneficial to address other regional issues with gender implications, such as regional harmonization of skills training and accreditation, the regularization and support of migrant workers, and control of HIV/AIDS and other communicable diseases.

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VI. Conclusions and Recommendations

Countries in Asia and the Pacific are making progress toward achieving Millennium Development Goal 3—promoting gender equality and empowering women—mainly by narrowing gender gaps in primary and secondary education and raising literacy rates. However, progress in improving women’s economic and political participation under Goal 3 has been more mixed, and most countries are not reducing the number of maternal deaths fast enough under Goal 5. Most countries in the region have put in place sound laws and policies to promote gender equality and protect women’s rights, but implementation and enforcement mechanisms are weak and traditional gender norms and practices persist. The region as a whole faces a number of challenges to the achievement of gender equality, but it is also home to some of the world’s most innovative and successful strategies for narrowing gender gaps and empowering women. These success stories provide possible models for other countries to adapt and follow.

The recent World Summit confirmed the importance of pursuing gender equality and women’s empowerment as a fundamental development goal in its own right, as well as an essential part of any strategy to reduce poverty and hunger, improve access to basic services, prevent the spread of HIV/AIDS, and promote sustainable development. Building on the commitments in the *Millennium Declaration*, the *World Summit Outcome* endorses a clear set of actions to promote gender equality over the next 10 years and beyond. These World Summit commitments reflect a more expansive and

multisectoral view of gender equality than the original targets and indicators for Goals 3 and 5, and support the broader view of these Goals that many countries in the region have already taken through their own national development goals, targets and indicators. The World Summit commitments to gender equality provide a sound framework for governments, civil society groups and development agencies to pursue more gender-equitable development outcomes in the region. Specific actions that each of these key stakeholder groups can take are outlined below. However, meaningful progress toward gender equality will not be made without strong political commitment at all levels and changes in prevailing social norms and attitudes.

Government actions. To implement their commitments to gender equality and women’s empowerment in both the *Millennium Declaration* and *World Summit Outcome*, governments in the region should

- ensure that their national poverty reduction strategies (or national development plans) support the gender equality framework endorsed by the World Summit—including time-bound actions to (1) eliminate gender inequalities at all educational levels; (2) guarantee women’s rights to own and inherit property; (3) ensure equal access to reproductive health services; (4) promote equal access to decent employment; (5) ensure equal access to productive assets and resources including land, credit and technology; (6) eliminate all forms of discrimination and violence against women and

The 2005 World Summit commitments to gender equality provide a sound framework for governments, civil society groups and development agencies to pursue more gender-equitable outcomes in the region. However, meaningful progress toward gender equality will not be made without strong political commitment at all levels and changes in prevailing social norms and attitudes.



girls; and (7) increase women's representation in government decision making at all levels;

- estimate the full costs of all activities needed to achieve these gender equality objectives, and include these costs in relevant expenditure frameworks and budgets;
- integrate gender considerations in all strategies and programs aimed to achieve the MDGs, and analyze the related expenditure frameworks and budgets from a gender perspective;
- implement specific strategies—in partnership with civil society groups and other key stakeholders—to improve the capabilities, opportunities, security and voice of adolescent girls and women from marginalized groups, including ethnic minorities, disadvantaged castes, refugees and other displaced persons, migrants and the disabled;
- prioritize “software” activities, including outreach to political and religious leaders, awareness-raising campaigns, and mobilization of women's groups and supportive men's groups, to challenge traditional gender norms and practices (including sex-selective abortions and neglect of infant girls, early marriage, tolerance of domestic violence and inequitable rules relating to inheritance and ownership of land);
- increase funding and political support for key institutions supporting gender equality (including national focal agencies for gender equality, labor inspectorates, and human rights commissions);
- improve the monitoring of gender-related progress under the MDGs by disaggregating all national MDG indicators by sex (as well as age, ethnicity and other relevant factors), and expand the indicators for Goals 3 and 5 to reflect the broader World Summit commitments to gender equality and reproductive health; and

- pursue opportunities to partner with other countries in the region on common objectives, such as regularizing migration; combating human trafficking; preventing the spread of HIV/AIDS and other communicable diseases; and promoting trade, tourism, and regional infrastructure projects with sensitivity to gender and other social concerns.

Civil society organizations. Women's organizations and other civil society groups can help governments to implement their commitments to gender equality, and hold governments accountable for their performance, by

- ensuring that their own policies and programs support the broad gender equality agenda outlined in the *World Summit Outcome*;
- partnering with national and local governments and with development agencies to implement programs with gender equality objectives, especially activities involving community outreach and mobilization, and programs targeting women in marginalized groups;
- advocating law and policy reforms and more effective institutions to promote gender equality and ensure access to justice, especially for poor and marginalized women; and
- monitoring and reporting on government's performance related to its gender equality commitments (for example, through shadow reports to the CEDAW expert committee and gender audits or assessments of specific government programs).

Development agencies. Bilateral and multilateral agencies also have important roles to play

in supporting gender equality and women's empowerment in the region by

- aligning their own gender policies and programs with the gender equality framework outlined in the *World Summit Outcome*, and with the national gender policies and action plans of their government partners;
- increasing their funding for gender-related assistance, especially to the weakest-performing countries in the region in terms of gender equality, and for programs targeting women in disadvantaged groups;
- continuing to support national gender focal agencies, and also supporting gender-mainstreaming activities in other key government bodies, including finance, planning and sectoral ministries, national parliaments, and local governments and elected bodies;
- continuing to support women's organizations and other civil society groups that promote gender equality and women's rights;
- incorporating a gender perspective in their support for all sectors; and tracking, assessing, and reporting on their own gender-related performance;
- supporting bilateral and regional initiatives to promote gender equality (for example, through south-south technical assistance, peer exchanges and regional networks of gender advocates, experts, and policymakers); and
- incorporating a gender perspective in their regional programs related to migration, human trafficking, control of HIV/AIDS and other communicable diseases, trade, tourism, infrastructure development, and relief and reconstruction following conflicts and natural disasters.



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Appendix 1

BANGKOK COMMUNIQUÉ

(adopted at the High-Level Intergovernmental Meeting to Review Regional Implementation of the Beijing Platform for Action and Its Regional and Global Outcomes)

The High-level Intergovernmental Meeting to Review Regional Implementation of the Beijing Platform for Action and Its Regional and Global Outcomes was held in Bangkok from 7 to 10 September 2004, and was attended by 44 members and associate members of ESCAP, United Nations bodies, programmes and specialized agencies, representatives of intergovernmental agencies and observers from non-governmental organizations.

WE REAFFIRM OUR COMMITMENT to the consensus Beijing Declaration and Platform for Action and the outcome of the twenty-third special session of the General Assembly.

WE ACKNOWLEDGE the gains made including:

- The formulation of national policies and action plans to promote gender equality and the empowerment of women.
- The establishment and the strengthening of national machineries or institutional mechanisms for the advancement of women.
- Improved women's health, including maternal and reproductive and sexual health, nutritional status and longer life expectancy.
- The formulation and revision of domestic laws and regulations to eliminate discrimination against women.
- Affirmative actions to increase women's participation in politics and decision making.
- Increased access to women to education and a significant decrease in women's illiteracy rate.
- Improved economic empowerment of women.
- Active and enhanced participation of women's non-governmental organizations and civil society.

WE ACKNOWLEDGE THAT THERE ARE GAPS in the full implementation of the Beijing Platform for Action, including:

- The insufficient catalytic role of national machineries for the advancement of women in the national planning and policy-making process.
- The lack of policies, legislations and programmes to protect women migrant workers' human rights.
- The lack of reproductive health information and services or care to women, particularly young women and adolescents.
- The lack of regional cooperation and partnership initiatives for combating trafficking in persons, HIV/AIDS and promoting the protection of women migrant workers and global market mechanisms.
- The limitation of financial and human resources for promoting gender equality.
- Women's disproportionate representation among the poor (feminization of poverty).
- The high prevalence rate of HIV/AIDS in the region particularly among women.
- The low level of women's participation in decision making at various levels.
- The persisting violence against women including trafficking of women and children and girl child marriage.
- The lack of reliable and relevant sex and age disaggregated data and gender statistics.
- The persisting portrayal of women and girls as sexual objects and commodities in media and information and communication technology.

WE RECOGNIZE THE NEED TO ADDRESS THE FOLLOWING CHALLENGES:

- Combating continuing violation of human rights and all forms of discrimination against women and girls.
- Strengthening of women's national machineries and institutional mechanisms.
- Improving allocation of financial and human resources and increasing allocation of financial resources.

- Developing gender-sensitive indicators and sex disaggregated statistics for measuring progress.
- Forging close cooperation and partnership with stakeholders.
- Creating an enabling environment to support policies and affirmative action programmes to ensure women's access to economic resources and opportunities, education and health, and including reproductive health.
- Increasing the accessibility, availability, affordability and quality of reproductive health services, especially for poor, young and marginalized women.
- Reducing the vulnerability of women and girls to HIV/AIDS.
- Promoting gender mainstreaming as a systematic approach to ensure gender-responsive implementation of policies and plans to be institutionalized.
- Addressing the negative impacts of globalization and trade liberalization such as job insecurity and violations of labour rights.
- Promoting adequate social and legislative protection to vulnerable women.
- Reducing and alleviating poverty.
- Supporting and recognizing community and independent media to counter the negative and stereotypical portrayal of women and girls.
- Protecting women and children in situations arising from militarism, war and armed conflict, and in particular, from the use of rape and sexual violence and hostage-taking as a strategy of war.
- Mainstreaming of women in environmental decision making at all levels in the context of environmental degradation and pollution, climate changes, and their impact on gender.

FURTHERMORE, WE RECOGNIZE the importance of ensuring linkages and cross-fertilization with commitments to the Convention on the Elimination of All Forms of Discrimination Against Women, Security Council resolution 1325 (2000) on women, peace and security, International Conference on Population and Development Programme of Action, the Millennium Declaration, the internationally agreed development goals, including those contained in the Millennium Declaration, which are recognized as effective in realizing women's human rights and gender equality.

WE ENCOURAGE the strengthening of cooperation and partnerships, and the commitment to allocating increased resources by governments, non-governmental organizations, development partners, and regional, international and intergovernmental agencies.

WE THEREFORE RENEW OUR COMMITMENT TO THE FULL AND EFFECTIVE IMPLEMENTATION OF THE BEIJING PLATFORM FOR ACTION.

WE OFFER THIS COMMUNIQUÉ AS THE ASIAN AND PACIFIC CONTRIBUTION TO THE MEETING ON THE GLOBAL REVIEW AND APPRAISAL OF THE IMPLEMENTATION OF THE BEIJING PLATFORM FOR ACTION TO BE CARRIED OUT BY THE UNITED NATIONS COMMISSION ON THE STATUS OF WOMEN AT ITS FORTY-NINTH SESSION TO BE HELD IN NEW YORK IN MARCH 2005.

Appendix 2

UN Doc. A/60/L.1
15 September 2005

2005 WORLD SUMMIT OUTCOME

[excerpt]

...

Gender equality and the empowerment of women

58. We remain convinced that progress for women is progress for all. We reaffirm that the full and effective implementation of the goals and objectives of the Beijing Declaration and Platform for Action and the outcome of the twenty-third special session of the General Assembly is an essential contribution to achieving the internationally agreed development goals, including those contained in the Millennium Declaration, and we resolve to promote gender equality and eliminate pervasive gender discrimination by:

- (a) Eliminating gender inequalities in primary and secondary education by the earliest possible date and at all educational levels by 2015;
- (b) Guaranteeing the free and equal right of women to own and inherit property and ensuring secure tenure of property and housing by women;
- (c) Ensuring equal access to reproductive health;
- (d) Promoting women's equal access to labour markets, sustainable employment and adequate labour protection;
- (e) Ensuring equal access of women to productive assets and resources, including land, credit and technology;
- (f) Eliminating all forms of discrimination and violence against women and the girl child, including by ending impunity and by ensuring the protection of civilians, in particular women and the girl child, during and after armed conflicts in accordance with the obligations of States under international humanitarian law and international human rights law;
- (g) Promoting increased representation of women in Government decision-making bodies, including through ensuring their equal opportunity to participate fully in the political process.

59. We recognize the importance of gender mainstreaming as a tool for achieving gender equality. To that end, we undertake to actively promote the mainstreaming of a gender perspective in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, and further undertake to strengthen the capabilities of the United Nations system in the area of gender.

Appendix 3

POORLY PERFORMING COUNTRIES IN ASIA AND THE PACIFIC IN TERMS OF GENDER EQUALITY AND WOMEN'S EMPOWERMENT¹

Rank (1 = worst performer)	Gender Parity (Primary)	Gender Parity (Secondary)	Gender Parity (Tertiary)	Modern Contraceptive Use by Married Women ³	Births Attended by Skilled Health Personnel	Maternal Mortality Rate	Representation in Nonagricultural Wage Employment	Representation in National Parliaments
1	AFG	CAM	NEP	AFG	NEP	AFG	PAK	FSM
2	PAK	PAK	TAJ	AZE	AFG	NEP	NEP	NRU
3	IND	LAO	CAM	BHU	BAN	TML	BHU	PAL
4	LAO	IND	BAN	CAM	LAO	LAO	IRN	SOL
5	NEP	NEP	MAC	GEO	PAK	IND	IND	TUV
6	CAM	TUR	PNG	PAK	TML	PAK	AFG	PNG
7	PNG	PNG	LAO	PNG	BHU	CAM	TML	RMI
8	TUR	TAJ	KOR	ARM	CAM	BHU	TUR	KYR
9	VIE	TUV	IND	TAJ	IND	BAN	BAN	TON
10	NIU	PRC	TUR	PHI	PNG	MMR	INO	VAN
11	MAC	VIE	VIE	LAO	MMR	PNG	SOL	IRN
12	²	MMR	JPN	MAL	PHI	INO	PNG	TUR
13		²	INO	MLD	INO	KAZ	FIJ	KIR
14			SAM	MMR	MLD	PHI	MLD	SRI
15			²	NEP	TAJ	SAM	MMR	ARM
16				TUR	TUR	SOL	MAL	NEP
17				IND	AZE	VAN	COO	SAM
18				BAN	KIR	VIE	PRC	MON
19				KYR	VIE	KYR	JPN	IND
20				SRI	SOL	MLD MON	PHI	FIJ

¹ Rankings are based on the statistics provided in Appendix 5. A key to abbreviations of country names is provided in Appendix 4. Where more than one country is included in a cell, this indicates that the countries have the same ranking. Countries highlighted in bold are among the 10 worst performers under five or more indicators.

² All other countries for which statistics are available have female/male enrollment ratios of 95% or higher.

³ Modern contraceptive use by married women is an international indicator under MDG 6/Target 7 (to halt and reverse the spread of HIV/AIDS). However, it is also an indicator of access to reproductive health services. As discussed in Section III.C of the paper, the UN Millennium Project has recommended adding universal access to reproductive health services as a target under MDG 5 (to improve maternal health), and several countries in the region have already established a separate goal or target on access to reproductive health services. At the 2005 World Summit, governments also included equal access to reproductive health in their commitments to gender equality and women's empowerment (see Appendix 2). It therefore seems appropriate to include this indicator here.

Appendix 4

KEY TO COUNTRY ABBREVIATIONS

AFG	-	Afghanistan
ARM	-	Armenia
AZE	-	Azerbaijan
BAN	-	Bangladesh
BHU	-	Bhutan
CAM	-	Cambodia
COO	-	Cook Islands
FIJ	-	Fiji Islands
FSM	-	Federated States of Micronesia
GEO	-	Georgia
IND	-	India
INO	-	Indonesia
IRN	-	Islamic Republic of Iran
JPN	-	Japan
KAZ	-	Kazakhstan
KIR	-	Kiribati
KOR	-	Republic of Korea
KYR	-	Kyrgyz Republic
LAO	-	Lao PDR
MAC	-	Macao, China
MAL	-	Malaysia
MLD	-	Maldives
MMR	-	Myanmar
MON	-	Mongolia
NEP	-	Nepal
NIU	-	Niue
NRU	-	Nauru
PAK	-	Pakistan
PAL	-	Palau
PHI	-	Philippines
PNG	-	Papua New Guinea
PRC	-	People's Republic of China
RMI	-	Republic of Marshall Islands
SAM	-	Samoa
SOL	-	Solomon Islands
SRI	-	Sri Lanka
TAJ	-	Tajikistan
THA	-	Thailand
TKM	-	Turkmenistan
TML	-	Timor-Leste
TON	-	Tonga
TUR	-	Turkey
TUV	-	Tuvalu
UZB	-	Uzbekistan
VAN	-	Vanuatu
VIE	-	Viet Nam

Appendix 5 STATISTICAL TABLES

Table 1: Gender Parity in Primary Education

Sub-region/Country	Ratio of Girls' to Boys' Enrollment	Year	Girls' Net Enrollment (%)	Year	Girls' Completion (%)	Year	Boys' Net Enrollment (%)	Year	Boys' Completion (%)	Year
East and North-East Asia										
China, People's Rep. Of	1.00	2001	95.0	2001	105.0	2001	94.3	2001	104.0	2001
Hong Kong, China	1.00	2001	97.5	2001	–		97.7	2001	–	
Macao, China	0.94	2001	84.8	2001	99.0	2001	86.6	2001	95.0	2001
Japan	1.00	2001	100.0	2001	–		100.0	2001	–	
Korea, DPR of	–		–		–		–		–	
Korea, Rep. of	1.00	2001	99.7	2001	100.0	2001	100.0	2001	100.0	2001
Mongolia	1.03	2001	87.9	2001	99.0	2001	85.4	2001	94.0	2001
Southeast Asia										
Brunei Darussalam	0.99	2001	–		122.0	2001	–		130.0	2001
Cambodia	0.89	2001	83.2	2001	56.0	2001	89.0	2001	66.0	2001
Indonesia	0.98	2001	91.7	2001	96.0	2001	92.6	2001	95.0	2001
Lao PDR	0.86	2001	79.4	2001	69.0	2001	86.1	2001	77.0	2001
Malaysia	1.00	2001	95.3	2001	96.0	2001	95.1	2001	95.0	2001
Myanmar	1.00	2001	82.0	2001	72.0	2001	81.8	2001	72.0	2001
Philippines	0.99	2001	94.1	2001	101.0	2001	91.9	2001	94.0	2001
Singapore	–		–		–		–		–	
Thailand	0.96	2001	85.1	2001	83.0	1999	87.5	2001	86.0	1999
Timor-Leste	–		–		–		–		–	
Viet Nam	0.93	2001	92.2	2000	99.0	2001	98.4	2000	106.0	2001
South and South-West Asia										
Afghanistan	0.08	2001	–		–		–		–	
Bangladesh	1.02	2001	87.5	2001	75.0	2001	85.7	2001	71.0	2001
Bhutan	–		–		–		–		–	
India	0.85	2001	75.7	2001	72.0	2001	89.4	2001	87.0	2001
Iran, Islamic Republic of	0.96	2001	78.3	2000	89.0	2001	80.0	2000	93.0	2001
Maldives	0.99	2001	96.5	2001	–		96.0	2001	–	
Nepal	0.87	2001	66.0	2000	67.0	2001	74.6	2000	80.0	2001
Pakistan	0.74	2001	50.0	2000	–		67.5	2000	–	
Sri Lanka	0.97	2001	100.0	1998	97.0	1998	99.7	1998	99.0	1998
Turkey	0.92	2001	84.8		–		91.0		–	
North and Central Asia										
Armenia	0.98	2001	84.2	2001	90.0	2001	84.9	2001	90.0	2001
Azerbaijan	0.98	2001	79.1	2001	90.0	2001	80.5	2001	91.0	2001
Georgia	1.00	2001	90.5	2001	98.0	2001	90.9	2001	97.0	2001
Kazakhstan	0.99	2001	89.0	2001	92.0	2001	90.0	2001	92.0	2001
Kyrgyz Republic	0.97	2001	88.4	2001	95.0	2001	91.7	2001	98.0	2001
Russian Federation	1.00	2001	–		–		–		–	
Tajikistan	0.95	2001	94.3	1998	102.0	2001	100.0	1998	107.0	2001
Turkmenistan	–		–		–		–		–	
Uzbekistan	0.99	2001	77.7	1990	101.0	2001	78.7	1990	101.0	2001
Pacific										
American Samoa	–		–		–		–		–	
Australia	1.00	2001	96.4	2001	–		95.5	2001	–	
Cook Islands	–		–		–		–		–	
Fiji Islands	1.00	2001	100.0	2001	105.0	2001	99.6	2001	101.0	2001
French Polynesia	–		–		–		–		–	
Guam	–		–		–		–		–	
Kiribati	1.02	1998	–		–		–		–	
Marshall Islands	0.96	1999	91.4	1999	–		100.0	1999	–	2001
Micronesia, Fed. States of	–		–		–		–		–	
Nauru	1.04	1998	82.4	1988	102.0	1998	79.4	1998	82.0	1998
New Caledonia	–		–		–		–		–	
Niue	0.94	2001	98.4	1999	127.0	2001	98.6	1999	115.0	2001
Northern Mariana Islands	–		–		–		–		–	
Palau	–		93.1	2000	90.0	1999	100.0	2000	107.0	1999
Papua New Guinea	0.90	2001	68.9	2001	52.0	2001	76.8	2001	57.0	2001
Samoa	0.98	2001	94.2	2001	93.0	2001	95.6	2001	90.0	2001
Solomon Islands	–		–		–		–		–	
Tonga	0.98	2001	99.4	2001	108.0	2001	100.0	2001	107.0	2001
Tuvalu	0.96	1998	–		101.0	1998	–		111.0	1998
Vanuatu	0.99	2001	94.0	2001	96.0	2001	92.4	2001	94.0	2001

Source: UN Statistics Division, MDG Indicators Database.

Table 2: Gender Parity in Secondary Education

Sub-region/Country	Ratio of Girls' to Boys' Enrollment	Year	Girls' Net Enrollment (%)	Year	Boys' Net Enrollment (%)	Year
East and North-East Asia						
China, People's Rep. Of	0.92	2000	64*	2000	66	2000
Hong Kong, China	-		73	2001	71	2001
Macao, China	1.06	2001	75	2001	68	2001
Japan	1.01	2001	100	1999	99	2000
Korea, DPR of	-		-		-	
Korea, Rep. of	1.00	2001	89	2001	88	2001
Mongolia	1.20	2001	78	2001	66	2001
Southeast Asia						
Brunei Darussalam	1.06	2001	91*	2001	85	2001
Cambodia	0.60	2001	15	2001	26	2001
Indonesia	0.99	2001	47	1999	50	1999
Lao PDR	0.73	2001	28	2001	35	2001
Malaysia	1.10	2001	73	2001	66	2001
Myanmar	0.94	2001	34	2001	36	2001
Philippines	1.10	2001	62	2001	51	2001
Singapore	-		-		-	
Thailand	0.95	2000	81*	2000	85*	2000
Timor-Leste	-		-		-	
Viet Nam	0.92	2001	67*	2001	72*	2001
South and South-West Asia						
Afghanistan	-		-		-	
Bangladesh	1.10	2001	46	2001	42	2001
Bhutan	-		-		-	
India	0.74	2001	42*	2001	57*	2001
Iran, Islamic Republic of	0.95	2001	75*	2001	79*	2001
Maldives	1.07	2001	43	2000	37	2000
Nepal	0.75	2001	37*	2001	50*	2001
Pakistan	0.66	2000	19*	2000	29*	2000
Sri Lanka	-		-		-	
Turkey	0.76	2001	66*	2001	86*	2001
North and Central Asia						
Armenia	1.06	2001	86	2001	83	2001
Azerbaijan	0.97	2001	75	2001	75	2001
Georgia	1.08	2001	75	2001	74	2001
Kazakhstan	0.98	2001	83	2001	90*	2001
Kyrgyz Republic	1.00	2001	87*	2001	86*	2001
Russian Federation	1.01	2001	96*	2001	96*	2001
Tajikistan	0.82	2001	73	2001	86	2001
Turkmenistan	-		-		-	
Uzbekistan	0.97	2001	94*	2001	97*	2001
Pacific						
American Samoa	-		-		-	
Australia	0.99	2001	90	2001	87	2001
Cook Islands	-		-		-	
Fiji Islands	1.07	2001	79	2001	73	2001
French Polynesia	-		-		-	
Guam	-		-		-	
Kiribati	-		-		-	
Marshall Islands	-		66	2001	64	2001
Micronesia, Fed. States of	-		-		-	
Nauru	1.06	1998	56*	1998	52*	1998
New Caledonia	-		-		-	
Niue	0.98	2001	93	2001	95	2001
Northern Mariana Islands	-		-		-	
Palau	1.00	2000	89*	2000	89*	2000
Papua New Guinea	0.77	2001	21	2001	27	2001
Samoa	1.11	2001	65	2001	58	2001
Solomon Islands	-		-		-	
Tonga	1.13	2001	77	2001	67	2001
Tuvalu	0.88	1998	81*	2001	87*	2001
Vanuatu	1.03	2001	28	2001	27	2001

Sources: UN Statistics Division, MDG Indicators Database; UNESCO Institute for Statistics, Education Statistics.

* Uses gross enrollment ratio.

Table 3: Gender Parity in Tertiary Education

Sub-region/Country	Ratio of	Year	Women's	Year	Men's Gross	Year
	Female to Male Enrollment		Gross Enrollment (%)		Gross Enrollment (%)	
East and North-East Asia						
China, People's Rep. Of	-		-	2001	-	
Hong Kong, China	0.99	2001	29	2001	30	2001
Macao, China	0.51	2001	46	2001	90	2001
Japan	0.86	2001	45	2001	53	2001
Korea, DPR of	-		-		-	
Korea, Rep. of	0.60	2001	61	2001	102	2001
Mongolia	1.74	2001	44	2001	25	2001
Southeast Asia						
Brunei Darussalam	1.77	2001	17	2001	10	2001
Cambodia	0.40	2001	2	2001	4	2001
Indonesia	0.87	2001	14	2001	16	2001
Lao PDR	0.60	2001	4	2001	7	2001
Malaysia	1.09	2000	28	2000	26	2000
Myanmar	-		15	2000	8	2000
Philippines	1.29	2001	35	2001	27	2001
Singapore	-		-		-	
Thailand	1.09	2001	38	2001	35	2001
Timor-Leste	-		15	2001	10	2001
Viet Nam	0.76	2001	9	2001	11	2001
South and South-West Asia						
Afghanistan	-		35	2001	-	
Bangladesh	0.50	2001	4	2001	8	2001
Bhutan	-		-		-	
India	0.70	2001	9	2001	13	2001
Iran, Islamic Republic of	1.01	2001	20	2001	20	2001
Maldives	-		-		-	
Nepal	0.28	2001	2	2001	8	2001
Pakistan	-		-		-	
Sri Lanka	-		-		29	2001
Turkey	0.73	2001	21	2001	29	2001
North and Central Asia						
Armenia	1.17	2001	29	2001	25	2001
Azerbaijan	1.02	2001	15	2001	20	2001
Georgia	1.02	2001	37	2001	36	2001
Kazakhstan	1.26	2001	43	2001	35	2001
Kyrgyz Republic	1.14	2001	48	2001	42	2001
Russian Federation	1.34	2001	-		-	
Tajikistan	0.33	2001	7	2001	22	2001
Turkmenistan	-		-		-	
Uzbekistan	-		14	2001	17	2001
Pacific						
American Samoa	-		-		-	
Australia	1.24	2001	72	2001	58	2001
Cook Islands	-		-		-	
Fiji Islands	-		-		-	
French Polynesia	-		-		-	
Guam	-		-		-	
Kiribati	-		-		-	
Marshall Islands	-		20	2001	16	2001
Micronesia, Fed. States of	-		-		-	
Nauru	-		-		-	
New Caledonia	-		-		-	
Niue	-		-		-	
Northern Mariana Islands	-		-		-	
Palau	2.06	2000	54	2001	26	2001
Papua New Guinea	0.54	1998	1	1998	3	1998
Samoa	0.91	2001	6	2001	7	2001
Solomon Islands	-		-		-	
Tonga	1.40	2001	4	2001	3	2001
Tuvalu	-		-		-	
Vanuatu	-		-		-	

Sources: UN Statistics Division, MDG Indicators Database; UNESCO Institute for Statistics, Education Statistics

Table 4: Gender Parity in Literacy Levels

Sub-region/Country	Ratio of Female to Male Literacy, Ages 15-24		Women's Literacy, Ages 15-24 (%)		Men's Literacy, Ages 15-24 (%)	
		Year		Year		Year
East and North-East Asia						
China, People's Rep. Of	0.99	2004	98.5	2004	99.2	2004
Hong Kong, China	0.99	1990	-	-	98.5	1990
Macao, China	1.00	2004	99.8	2004	99.4	2004
Japan	-	-	-	-	-	-
Korea, DPR of	-	-	-	-	-	-
Korea, Rep. of	1.00	1990	99.8	1990	99.8	1990
Mongolia	1.01	2004	98.4	2004	97.0	2004
Southeast Asia						
Brunei Darussalam	1.00	2004	99.3	2004	99.0	2004
Cambodia	0.90	2004	75.9	2004	84.5	2004
Indonesia	0.99	2004	97.6	2004	98.5	2004
Lao PDR	0.90	2004	74.7	2004	82.6	2004
Malaysia	1.00	2004	97.3	2004	97.2	2004
Myanmar	0.98	2004	93.2	2004	95.6	2004
Philippines	1.01	2004	95.7	2004	94.5	2004
Singapore	1.00	2004	99.6	2004	99.4	2004
Thailand	1.00	2004	97.8	2004	98.1	2004
Timor-Leste	-	-	-	-	-	-
Viet Nam	0.99	1990	93.6	1990	94.5	1990
South and South-West Asia						
Afghanistan	-	-	-	-	-	-
Bangladesh	0.71	2004	41.1	2004	57.8	2004
Bhutan	-	-	-	-	-	-
India	0.74	1990	54.2	1990	73.4	1990
Iran, Islamic Republic of	0.88	1990	80.8	1990	91.7	1990
Maldives	1.00	2004	99.2	2004	99.1	2004
Nepal	0.75	2004	60.1	2004	80.6	2004
Pakistan	0.64	2004	42.0	2004	65.5	2004
Sri Lanka	1.00	2004	96.9	2004	97.2	2004
Turkey	0.95	2004	93.2	2004	97.8	2004
North and Central Asia						
Armenia	1.00	2004	99.9	2004	99.7	2004
Azerbaijan	1.00	2004	99.9	2004	99.9	2004
Georgia	-	-	-	-	-	-
Kazakhstan	1.00	2004	99.9	2004	99.8	2004
Kyrgyz Republic	-	-	-	-	-	-
Russian Federation	1.00	2004	99.8	2004	99.8	2004
Tajikistan	1.00	2004	99.9	2004	99.8	2004
Turkmenistan	1.00	2004	99.8	2004	99.8	2004
Uzbekistan	1.00	2004	99.6	2004	99.7	2004
Pacific						
American Samoa	-	-	-	-	-	-
Australia	-	-	-	-	-	-
Cook Islands	-	-	-	-	-	-
Fiji Islands	1.00	2004	99.4	2004	99.1	2004
French Polynesia	-	-	-	-	-	-
Guam	-	-	-	-	-	-
Kiribati	-	-	-	-	-	-
Marshall Islands	-	-	-	-	-	-
Micronesia, Fed. States of	-	-	-	-	-	-
Nauru	-	-	-	-	-	-
New Caledonia	-	-	-	-	-	-
Niue	-	-	-	-	-	-
Northern Mariana Islands	-	-	-	-	-	-
Palau	-	-	-	-	-	-
Papua New Guinea	0.84	1990	62.40	1990	74.4	1990
Samoa	1.00	2004	99.5	2004	99.4	2004
Solomon Islands	-	-	-	-	-	-
Tonga	1.00	2004	99.1	2004	99.2	2004
Tuvalu	-	-	-	-	-	-
Vanuatu	-	-	-	-	-	-

Source: UN Statistics Division, MDG Indicators Database.

Table 5: Women's Representation in Non-Agricultural Wage Employment

Sub-region/Country	Women's Share of Non-Agricultural Wage Employment (% of total)	Year
East and North-East Asia		
China, People's Rep. Of	39.5	2003
Hong Kong, China	46.9	2003
Macao, China	49.3	2003
Japan	40.8	2003
Korea, DPR of	-	
Korea, Rep. of	41.2	2003
Mongolia	49.4	2003
Southeast Asia		
Brunei Darussalam		
Cambodia	52.6	2003
Indonesia	30.8	2003
Lao PDR	42.1	1990
Malaysia	38.0	2003
Myanmar	36.4	1990
Philippines	41.1	2003
Singapore	47.8	2003
Thailand	46.9	2003
Timor-Leste	19.0	1990
Viet Nam	51.8	2003
South and South-West Asia		
Afghanistan	17.8	1990
Bangladesh	24.2	2003
Bhutan	12.0	1990
India	17.5	2003
Iran, Islamic Republic of	17.2	1990
Maldives	36.1	2003
Nepal	11.8	1990
Pakistan	8.7	2003
Sri Lanka	43.2	2003
Turkey	20.6	2003
North and Central Asia		
Armenia	47.0	2003
Azerbaijan	48.5	2003
Georgia	45.2	2003
Kazakhstan	48.7	2003
Kyrgyz Republic	44.1	2003
Russian Federation	50.1	2003
Tajikistan	52.3	2003
Turkmenistan	-	
Uzbekistan	41.5	2003
Pacific		
American Samoa	41.3	1990
Australia	48.9	2003
Cook Islands	39.4	2003
Fiji Islands	35.9	2003
French Polynesia	41.9	2003
Guam	-	
Kiribati	-	
Marshall Islands	-	
Micronesia, Fed. States of	-	
Nauru	-	
New Caledonia	-	
Niue	-	
Northern Mariana Islands	-	
Palau	-	
Papua New Guinea	35.4	2003
Samoa	-	
Solomon Islands	30.8	1990
Tonga	-	
Tuvalu	-	
Vanuatu	-	

Source: UN Statistics Division, MDG Indicators Database.

Table 6: Women's Representation in National Parliament

Sub-region/Country	Women in Parliamentary Seats (% of total) ¹	Year
East and North-East Asia		
China, People's Rep. Of	20.2	2003
Hong Kong, China	–	
Macao, China	–	
Japan	9.0	2005
Korea, DPR of	20.1	2003
Korea, Rep. of	13.4	2004
Mongolia	6.7	2004
Southeast Asia		
Brunei Darussalam	–	
Cambodia	9.8	2003
Indonesia	11.3	2004
Lao PDR	22.9	2002
Malaysia	9.1	2004
Myanmar	–	
Philippines	15.3	2004
Singapore	16.0	2001
Thailand	10.6	2005
Timor-Leste	25.3	2001
Viet Nam	27.3	2002
South and South-West Asia		
Afghanistan		
Bangladesh	12.8 ²	2001
Bhutan	8.7	
India	8.3	2004
Iran, Islamic Republic of	4.1	2004
Maldives	12.0	2005
Nepal	5.9	1999
Pakistan	21.3	2002
Sri Lanka	4.9	2004
Turkey	4.4	2002
North and Central Asia		
Armenia	5.3	2003
Azerbaijan	10.5 ³	2000
Georgia	9.4	2004
Kazakhstan	10.4	2004
Kyrgyz Republic	3.2	2005
Russian Federation	9.8	2003
Tajikistan	17.5	2005
Turkmenistan	16.0	2004
Uzbekistan	17.5	2004
Pacific		
American Samoa	–	
Australia	24.7	2004
Cook Islands	–	
Fiji Islands	8.5	2001
French Polynesia	–	
Guam	–	
Kiribati	4.8	2003
Marshall Islands	3.0	2003
Micronesia, Fed. States of	0.0	2005
Nauru	0.0	2004
New Caledonia	–	
Niue	–	
Northern Mariana Islands	–	
Palau	0.0	2004
Papua New Guinea	0.9	2002
Samoa	6.1	2001
Solomon Islands	0.0	2001
Tonga	3.4	2005
Tuvalu	0.0	2002
Vanuatu	3.8	2004

Source: Inter-Parliamentary Union, Women in National Parliaments

¹ Includes only seats in single house or lower house.

² Bangladesh's 2005 MDG progress report states that only 6 of 300 p

³ A recent gender assessment reports that women's share of parliame

Table 7: Maternal Health

Sub-region/Country	Maternal Mortality (per 100,000 live births)	Year	Births Attended by Skilled Health Personnel (%)	Year	Modern Contraceptive Use Among Married Women, Ages 15-49 (%)	Year	Unmet Need for Family Planning (%)	Year
East and North-East Asia								
China, People's Rep. Of	56	2000	97	2002	83.0	1997	-	
Hong Kong, China	7	1990	-		82.0	1992	-	
Macao, China	20	1995	-		-		-	
Japan	10	2000	100	1996	51.0	2000	-	
Korea, DPR of	67	2000	97	2000	53.0	1992	-	
Korea, Rep. of	20	2000	100	1997	67.0	1997	-	
Mongolia	110	2000	99	2003	54.0	2000	-	
Southeast Asia								
Brunei Darussalam	37	2000	99	1999			-	
Cambodia	450	2000	32	2000	19.0	2000	29.7	2000
Indonesia	230	2000	68	2002	57.0	2003	9.2	1997
Lao PDR	650	2000	19	2001	29.0	2000	-	
Malaysia	41	2000	97	2002	30.0	1994	-	
Myanmar	360	2000	56	1997	33.0	2001	-	
Philippines	200	2000	60	2003	28.0	1998	18.8	1998
Singapore	30	2000	100	1998	53.0	1997	-	
Thailand	44	2000	99	2000	70.0	1997	-	
Timor-Leste	660	2000	24	2002	-		-	
Viet Nam	130	2000	85	2002	57.0	2002	6.9	1997
South and South-West Asia								
Afghanistan	1900	2000	14	2003	4.0	2000	-	
Bangladesh	380	2000	14	2003	47.0	2004	15.3	2000
Bhutan	420	2000	24	2000	19.0	1994	-	
India	540	2000	43	2000	43.0	1999	27.8	2001
Iran, Islamic Republic of	76	2000	90	2000	56.0	1997	-	
Maldives	110	2000	70	2001	33.0	1999	-	
Nepal	740	2000	11	2001	35.0	2001	-	
Pakistan	500	2000	23	2001	20.0	2001	-	
Sri Lanka	92	2000	97	2000	50.0	2000	-	
Turkey	70	2000	81	1998	38.0	1998	10.1	1998
North and Central Asia								
Armenia	55	2000	97	2000	22.0	2000	11.8	2000
Azerbaijan	94	2000	84	2000	12.0	2001	-	
Georgia	32	2000	96	1999	20.0	2000	-	
Kazakhstan	210	2000	99	1999	53.0	1999	8.7	1999
Kyrgyz Republic	110	2000	98	1997	49.0	1997	11.6	1997
Russian Federation	67	2000	99	2001	53.0	1999	-	
Tajikistan	100	2000	71	2000	27.0	2000	-	
Turkmenistan	31	2000	97	2000	53.0	2000	10.1	2000
Uzbekistan	24	2000	96	2000	63.0	2002	13.7	1996
Pacific								
American Samoa	-				-		-	
Australia	8	2000	100	1999	-		-	
Cook Islands	-		100	1998	60.0	1996	-	
Fiji Islands	75	2000	100	1998	-		-	
French Polynesia	20	2000	-		-		-	
Guam	12	2000	-		-		-	
Kiribati	-		85	1998	-		-	
Marshall Islands	-		95	1998	-		-	
Micronesia, Fed. States of	-		93	1999	-		-	
Nauru	-		-		-		-	
New Caledonia	10	2000	-		-		-	
Niue	-		100	1996	-		-	
Northern Mariana Islands	-		-		-		-	
Palau	-		100	1998	-		-	
Papua New Guinea	300	2000	53	1996	20.0	1996	-	
Samoa	130	2000	100	1998	-		-	
Solomon Islands	130	2000	85	1999	-		-	
Tonga	-		92	2000	-		-	
Tuvalu	-		99	1997	-		-	
Vanuatu	130	2000	89	1995	-		-	

Sources: UN Statistics Division, MDG Indicators Database; UN Millennium Project, Taking Action: Achieving Gender Equality and Empowering Women (2005).