

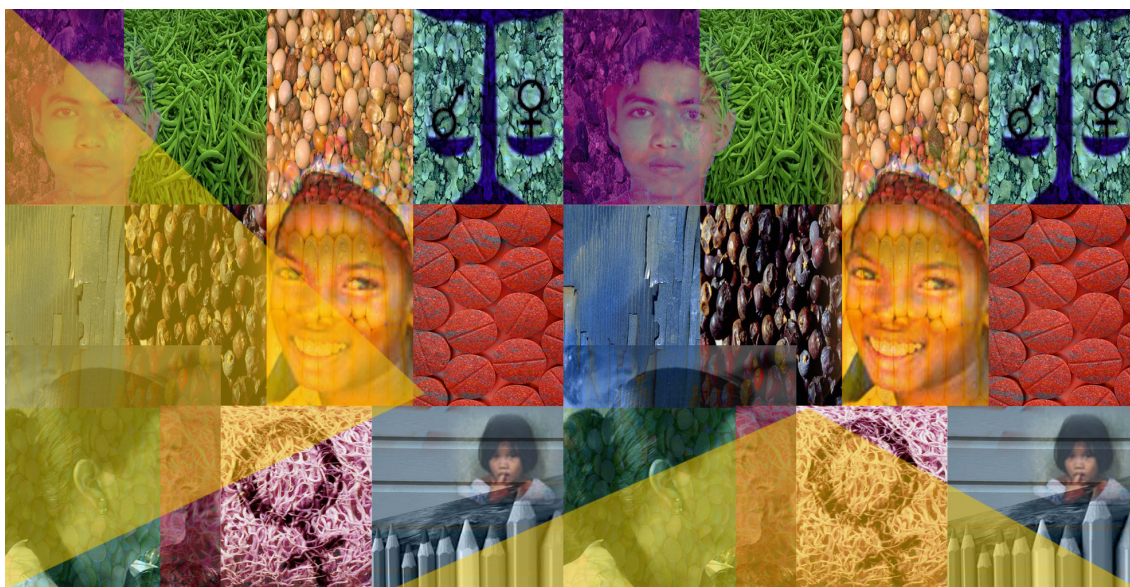


MILLENNIUM DEVELOPMENT GOALS

2006 REPORT: A LOOK AT
GENDER EQUALITY AND
EMPOWERMENT OF WOMEN IN
LATIN AMERICA AND THE CARIBBEAN



UNITED NATIONS



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This report was prepared under the supervision of José Luis Machinea, Executive Secretary of the Economic Commission for Latin America and the Caribbean (ECLAC).

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Explanatory note

The following symbols have been used in the tables presented in this document:

Three dots (...) indicate that data are missing, are not separately reported or are unavailable.

A minus sign (-) indicates a deficit or decrease, unless otherwise indicated.

A full stop (.) is used to indicate decimals.

Use of a hyphen between years, e.g., 2000-2002, signifies an annual average for the calendar years involved, including the beginning and ending years.

The word “dollars” refers to United States dollars, unless otherwise specified.

Figures and percentages in tables may not necessarily add up to the corresponding totals due to rounding.

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“Only when women’s unwaged work is acknowledged and valued will women’s demands and needs be valued”
(Ruth Todasco, quoted by Waring, 2004, p. xxvii).

FOREWORD

This report is the outcome of a joint effort by the specialized agencies of the United Nations system in Latin America and the Caribbean that began in 2005 with the regional report entitled “The Millennium Development Goals: A Latin American and Caribbean Perspective (United Nations, 2005). All the agencies participated in its preparation, in particular UNIFEM, PAHO, UNFPA and ECLAC, the last-mentioned as coordinating agency. On the basis of the most recent data available at the time of preparation,¹ the report focuses attention on the progress made in meeting Goal 3, (Promote gender equality and empower women), emphasizing its link with target 1 of Goal 1 (Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day). In view of the dual aspect of women’s empowerment—as an end in itself and as a necessary pre-condition for the fulfilment of the other Goals—the report examines the changes in the official indicators, together with a set of complementary and additional indicators² for the region that serve to illustrate more fully the gender-based inequalities and forms of discrimination prevailing in various spheres. The report identifies and discusses four critical challenges that must be faced in order to progress towards full compliance with Goal 3: achieving gender parity in access to decision-making, acknowledging unwaged work, eliminating violence against women and enabling women to exercise their reproductive rights.

The first chapter analyses the importance of the Millennium Development Goals in achieving gender equality, underlining the progress made and main challenges identified since 2005, the date of the most recent regional report on the Goals. In addition, the report maintains that these Goals should be seen as being integrated with the Convention on the Elimination of All Forms of Discrimination against Women and the outcomes of the world summit meetings of the 1990s, which culminated in the Millennium Assembly.³ In a discussion comparing advances and indicators in respect of target 1 of the first Goal and of Goal 3, special attention is given to the link between poverty and the empowerment of women, and the relationship of both with time use, the exercise of reproductive rights, the elimination of violence and the achievement of democratic parity. The report also reviews recent progress on the basis of data from official indicators and other indicators available for most countries with regard to Goals 1 and 3.

This report also reviews the current data and stresses the need to make better use of available sources, since the existing information appears to be underutilized. At the same time, the report stresses the importance of improving the collection, processing and analysis of data at the national level, and it

¹ Data pertaining to the Millennium Development Goals under consideration correspond to 2005.

² The ECLAC Women and Development Unit has done extensive research and data collection with the aim of proposing complementary and additional indicators under the project “Strengthening the capacity of Latin America and the Caribbean countries to fulfill the Millennium Goals” (ROA/48), financed by the United Nations Development Account.

³ See section I.B on international mandates and commitments. The relevant meetings are: the United Nations Conference on Environment and Development (Rio de Janeiro, 1992); the World Conference on Human Rights (Vienna, 1993); the International Conference on Population and Development (Cairo, 1994); the Fourth World Conference on Women (Beijing, 1995); and the World Summit for Social Development (Copenhagen, 1995). The Millennium Development Goals were agreed at the Millennium Summit, in the framework of the fifty-fifth session of the United Nations General Assembly, or Millennium Assembly (New York, 2000).

recommends that gender statistics be integrated into statistical analyses. Since an available supply of data is an essential policy-making tool, the report especially advocates conducting time-use surveys and keeping an adequate record of the political participation of women, the exercise of reproductive rights and the impact of gender-based violence.

Chapter II of the report examines four aspects of the autonomy and empowerment of women that represent major challenges for the achievement of greater progress on gender equality. The first is women's unpaid work in the light of the data available since the early 1990s, with an emphasis on the importance of the work of health-related care work —nearly always done by women— and the public policies that affect how women integrate their public and private lives. The authors present a more precise picture of the main factors limiting women's economic autonomy and of the interrelationship between gender equality and poverty. In particular, this section stresses the importance of women's economic autonomy in fulfilling Goal 1.

The second aspect is the participation of women in national parliaments and in executive positions in national and local (municipal) governments. An analysis is presented of the empowerment of women in the public sphere. Thirdly, the report discusses the exercise of reproductive rights and access to reproductive health. Lastly, the authors demonstrate the importance of combating gender-based violence in order to fulfil the Millennium Development Goals in the region. The conclusions summarize the progress that has been made and offer a proposal for some general policy guidelines with a view to the achievement of the Goals.

INTRODUCTION

The data contained in this report illustrate the importance of gender equality and the empowerment of women. In Latin America, poverty would be more than 10 percentage points higher in urban areas without women's wage labour.⁴ Gender-based violence, besides being a human rights violation, deprives women and their families of their autonomy in all spheres, while women's lack of awareness of their reproductive rights makes them even more vulnerable, especially in the case of poor women. Lastly, the scant representation or even absence of women in decision-making processes means that their demands are not taken into account in the public policy agenda. These matters require urgent attention from Governments.

From the specific standpoint of Goal 3, both as an end in itself and as a tool for the achievement of the other Goals, the report reviews the progress made in reducing female poverty, while discussing certain essential requirements for the empowerment of women: greater autonomy and the concrete conditions enabling them to freely take the decisions that will affect their lives.

It is estimated that, in 2005, about 40% of women aged 15 and over in the region had no income of their own, while 33% of participants in the 2006 Latinobarómetro poll said they knew of cases of domestic abuse of women (Lagos, 2007). Moreover, unwanted fertility in the region has fluctuated between 30% and 50% (CELADE/UNFPA, 2005). In all decision-making spheres, women are in the minority, despite representing half the population and, in many cases, accounting for half or more of the electorate. This lack of economic, physical and political autonomy is an obstacle to taking advantage of achievements such as the high and growing levels of education among women, their increasing presence in the labour market and their active role in the community.

This report calls for the design of policies aimed at liberating women from being solely responsible for domestic work and caregiving, together with protecting their reproductive rights; at putting an end to gender violence; and at promoting women's participation in decision-making on an equal footing. The message is clear: some countries in the region may fulfil the Goals with regard to poverty reduction, school enrolment and reduction of maternal mortality, among others, but the sustainability of such achievements will largely depend on the successful implementation of public policies based on the concept of non-discrimination established in the Convention on the Elimination of All Forms of Discrimination against Women.⁵

⁴ Estimate made by the Economic Commission for Latin America and the Caribbean on the basis of special tabulations of the household surveys conducted in the respective countries. Estimate corresponds to the magnitude of poverty in two-parent households with and without women's contributions to family income around 2005, in 14 Latin American countries (Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Panama and Paraguay).

⁵ Article 1 of the Convention defines discrimination against women as "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field".

I. THE MILLENNIUM DEVELOPMENT GOALS AND GENDER EQUALITY

A. BACKGROUND

Six years after the adoption of the Millennium Declaration⁶ by 189 States Members of the United Nations, it is clear that equality between men and women is a central objective of the development agenda and, at the same time, a means to achieve it. One of the most outstanding aspects of the Millennium Development Goals has been the adoption of targets and indicators to measure the fulfilment of international commitments, thereby promoting governmental accountability to civil society. The disparities that have been identified and the slow rate of change suggest that, without stronger political will and fresh resources to implement policies, the Millennium Development Goals will not be fully achieved.

Although progress has been made on some indicators, such as parity indices at various educational levels, gender equality is advancing at a slow pace. Despite the drastic and probably irreversible changes that have occurred within families, schools, the labour market and political life, a gap persists between women's contribution to society and the amount of recognition they receive. Although they have had an increasing presence in decision-making spheres and are now a key factor in the labour market, they are still overrepresented among the poor and underrepresented in politics. The reasons for this disadvantageous situation and for the treatment of women as a vulnerable minority by public policies can be largely explained by the fact that women find it impossible to combat the cultural mandate that they should perform domestic tasks and by the virtual absence of men in caregiving activities. Almost half of women over the age of 15 lack an income of their own; the number of single-parent households headed by women has increased; and men who perform unpaid work are in the minority. Women's economic contributions allow many households to rise above the poverty line. In fact, in urban areas in the region, in two-parent households in which both spouses work, poverty would be more than 10 percentage points higher without the economic contribution of women. Women still make up a smaller proportion of the economically active population, however, and continue to receive less pay than men for comparable work. It is therefore essential to adopt policies that improve women's insertion in the labour market and ensure wage equity for men and women.

Thus, for example, the femininity index of poverty,⁷ after remaining at about 108 between 1994 and 2002, rose to 112 points in 2005. Despite the increasing mainstreaming of women into the labour force, the share of poor households headed by women rose from 27% in 1990 to 36% in 2005. Moreover, the proportion of women working in low-productivity sectors or unemployed has continued to be systematically higher than that of men and has even increased in some countries. It is worth noting, in this context, the interrelationships between gender equality, unpaid work, violence, reproductive rights and participation in decision-making, in both public and private spheres.

In the report "The Millennium Development Goals: a Latin American and Caribbean perspective", gender autonomy is defined as "women's degree of freedom to act according to their own choices and not those of other people. There is therefore a close link between women's autonomy and their individual and collective empowerment" (United Nations, 2005, p. 109). Such autonomy is economic, physical and political, and it implies, in the first place, that women must have the necessary time to gain effective access to activities that allow them to earn their own income. Therefore, the fact

⁶ See [on line] www.un.org/millenniumgoals.

⁷ This index relates to women aged between 20 and 59 years in urban areas. Its value exceeds 100 when women are over-represented in poor households as a whole.

that work related to the reproductive and domestic sphere, based on the gender system, is mainly done by women and is unpaid becomes a constraint on their economic autonomy. The growing importance of taking care of children, older adults and the sick in the private sphere requires policies that favour shared responsibilities between men and women within the family and that give priority to the growing number of female heads of households who are forced to work longer hours and set aside their job-related and personal realization needs to deal with the urgent situations of poverty and daily life.

This report shows how inequality and poverty are mutually reinforced in the workplace, a problem that is exacerbated among women because they are short of time, which means they are more likely to find only precarious, poorly paid and unstable jobs. As long as women continue to be almost exclusively in charge of taking care of the population of children and older persons, both sick and well, it will be difficult for them to find decent jobs, and the vicious cycle of inequality, intergenerational transmission of poverty and discrimination will persist. Likewise, violence—one of the most extreme manifestations of inequality and discrimination—against all too many women is the most widespread threat to human rights and an obstacle to productive and democratic development in the region. Gender equality requires that specific actions be taken to bring about cultural changes as an integral part of public policies. As long as gender equality is not seen as a natural phenomenon, and prejudices persist which associate such equality with impossible demands that are often contrary to common sense, sufficient progress in the achievement of the Millennium Development Goals will be hard to imagine.⁸

The empowerment of women is also crucial to the effort to protect them from dying from preventable illnesses during pregnancy or from the soaring incidence of HIV/AIDS. It is in the framework of the social construct of equality that reproductive health, reproductive rights and autonomous birth control can improve women's self-reliance and ability to negotiate with their spouses, other members of society and, in particular, those in charge of social services.

Lastly, as long as democracy is not understood as the acknowledgement of women's full citizenship, and patterns of representation and participation in decision-making do not change, the prospects for gender equality are bleak.

This report draws attention to the pernicious links between public and private inequality and their particular impact on families. In many cases, progress in the public sphere (access to the job market and participation in political decision-making) has been accompanied by a deterioration in family and private lives, mainly to the detriment of women and girls; it is therefore necessary to examine the unequal distribution of time which underlies the lack of empowerment of women (Darcy de Oliveira, 2003). Current policies and programmes have been unable to modify the cultural patterns based on which unwaged work is assigned to women, preventing their access and equitable participation in the labour market and in decision-making.⁹

⁸ Box I.1 summarizes the relationship of gender equality to the first six Millennium Development Goals.

⁹ Section II.A (based on a PAHO contribution) is part of a coordinated effort by ECLAC and PAHO/WHO to draw attention to the unpaid domestic tasks mainly done by women and ensure that they are counted in policies. The word "counted" means (UNIFEM, 2000, pp. 21-22) that activities are counted in statistics, accounted for in representation of how economies work and taken into account when policy is made at the macro and micro levels of the economy.

Box I.1

GENDER EQUALITY AND THE MILLENNIUM DEVELOPMENT GOALS

Goal 1: Eradicate extreme poverty and hunger. On average, in 14 of the region's countries, poverty would have been more than 10 percentage points higher in urban areas without the monetary contribution of working women. Moreover, if women were not subjected to wage discrimination and had fewer restrictions than men on their access to paid jobs, the income they would contribute to their households would help bring about a drastic reduction in poverty levels in the region.

Goal 2: Achieve universal primary education. Girls who attain higher levels of education can more easily find quality jobs as adults. Moreover, mothers with more education have children who are healthier, better nourished and more likely to attend college. In addition, educated women have lower levels of fertility than less educated women. Education of girls, therefore, has a multiplier effect on the well-being of the whole society.

Goal 3: Promote gender equality and empower women. Gender equality goes far beyond equality in education. For example, it is impossible to achieve gender equality until the quality of women's jobs and the pay they receive are similar to those of men. A significant factor in the empowerment of women is the possibility of access to reproductive health services to allow them to fully exercise their reproductive rights. Lastly, the violence suffered by women in their relationships with men is an extreme manifestation of the inequality of power between men and women. Therefore, unless such violence is eliminated, women will not be empowered, nor will there be gender equality.

Goals 4 and 5: Reduce child mortality and improve maternal health. The mother's education, income level and knowledge of and access to family planning methods have a significant impact on infant mortality and maternal health. It should be remembered, however, that healthy maternity requires comprehensive care of women throughout their lives.

Goal 6: Combat HIV/AIDS, malaria and other diseases. Women's education, economic self-sufficiency and knowledge of and access to measures of protection are fundamental factors enabling women to negotiate safer sexual relations, which will help limit the spread of HIV/AIDS.

Source: Daniela Zapata, "Transversalizando la perspectiva de género en los objetivos de desarrollo del Milenio", *Estudios estadísticos y prospectivos series*, N° 52 (LC/L.2764-P/E), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2007. United Nations publication, Sales No.: S.07.II.G.100.

Thus, the empowerment and autonomy of women will require active policies to redistribute the use of time; promotion of the sharing of domestic tasks between men and women; acceptance of the growing need for caregiving as a social obligation; and the consequent budgetary steps to convert female achievements in the workplace and in school into advances in terms of equality. The situation depicted in this report shows that progress in education and access to the job market is slowing down because of ineffective government attempts to alleviate women's domestic burden, to overcome men's reluctance to take on family responsibilities, and to deal with poverty itself, whose eradication requires that households have more than one income.

Secondly, greater autonomy and equality for women, besides enabling them to earn their own income, means that they have more power in the private and public spheres, that is, in both the household and in political life in general. In other words, the empowerment of women is linked to at least three elements: the exercise of their reproductive rights, the elimination of gender violence in both private and public spheres and the expansion of women's political participation until parity of access to decision-making is reached. Inequality and discrimination in all of these fields must be confronted in the quest for the empowerment of women.

Lastly, this 2006 report illustrates the extent to which violence against women is a serious impediment to their self-sufficiency and empowerment. The exercise of reproductive rights is another prerequisite for gender autonomy and equality, and the mainstreaming of these rights into public policies is essential.

In brief, the fulfilment of Goal 3 will require that certain factors be reconsidered, in particular the relationship between poverty and gender inequality.¹⁰

B. INTERNATIONAL MANDATES AND COMMITMENTS

Important changes have taken place in recent years in the context of development that have had an impact on gender equality. Latin America and the Caribbean are emerging from more than a decade of market-based policies in which the State was relatively ineffectual in promoting equality. On some occasions, the enormous importance given in the public debate to topics associated with security has diverted attention from the central issue of human rights. It is worth noting, therefore, that the Millennium Development Goals originated in a series of prior international mandates and commitments relating to human rights and development (United Nations, 2005). Moreover, the 1990s saw the social advancement of women gain international stature as an issue and become part of the elaboration of a development agenda that recognized them as protagonists, and their presence in the international debate has since brought about significant changes in the form and substance of the international agreements adopted.

The most important process in the struggle for women's rights was the one leading up to the adoption of the Convention on the Elimination of All Forms of Discrimination against Women in 1979 by the United Nations General Assembly. It is legally binding and sets forth the internationally accepted principles on women's rights, which are applicable to women in all fields. The Convention contains a results-based concept of discrimination and therefore promotes the idea of real equality or equality of results. The first article defines discrimination against women as "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field". This is no doubt one of the most significant advances ever made in the human rights field, in terms of its content and its binding nature. In Latin America and the Caribbean, all the countries have ratified it, although this has not been the case with regard to its Optional Protocol,¹¹ which remains a pending matter.¹² In addition, the 1994 International Conference on Population and Development in Cairo and the world conferences on women held since 1975, in particular the Fourth World Conference on Women (Beijing 1995), were the most important underpinnings of gender-based public policies.

At the Earth Summit, held in Rio de Janeiro in 1992, the rights of women were linked with sustainable development under the theme "the Earth is a woman". The sustainable development agenda recognizes that sustainability is inconceivable without gender equality. The association of the new

¹⁰ See the complementary and additional indicators discussed below in this report, focusing on the linkages between target 1 of Goal 1 and Goal 3.

¹¹ Adopted by the General Assembly in 1999, the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination of Women requires signatories to recognize the competence of the Committee on the Elimination of Discrimination against Women to receive and consider complaints filed by individuals or organized groups of civil society, a mechanism which demands accountability for acts of discrimination against women.

¹² Of the 33 countries of the region, 17 have ratified the Optional Protocol: Antigua and Barbuda, Argentina, Belize, Bolivarian Republic of Venezuela, Bolivia, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Mexico, Panama, Paraguay, Peru, Saint Kitts and Nevis and Uruguay. Chile, Cuba and El Salvador signed the Optional Protocol between 1999 and 2001 but have not ratified it. The remaining 15 countries of the region have not yet signed it.

concept of development with the exercise of civic rights by population groups that had previously been thought to be vulnerable and solely worthy of charity was one of the most important conceptual changes on the international scene.¹³

Women's rights are human rights. This was one of the main conclusions of the 1993 World Conference on Human Rights held in Vienna. What had been considered redundant by many was now accepted as one of the achievements of the international community of women on the long march towards identifying and correcting gender biases in standards and laws. The declaration approved by the Conference affirmed that "the human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights", and that "gender-based violence and all forms of sexual harassment and exploitation, including those resulting from cultural prejudice and international trafficking, are incompatible with the dignity and worth of the human person, and must be eliminated".

It has been acknowledged that the 1994 Cairo International Conference on Population and Development marked a real change of paradigm, which made it possible to move beyond a strictly demographic approach and accept a new vision of development and women's rights. The Conference was preceded by many years of preparatory work, both by international civil society—represented mainly by the feminist movement—and by the United Nations and national Governments. The Conference evolved in the context of the major international changes taking place during the period following the fall of the Berlin Wall and the demise of most dictatorships in Latin America. The debate on women's reproductive rights brought about a new political geography in the international arena and the formation of alliances that had previously been regarded as unfeasible, thereby modifying the traditional North-South, East-West and rich-poor divisions. Thus, the record of consensus shows an unforeseen alignment between Islamic and Catholic countries, between secular and non-secular Governments and between the Governments of industrialized countries and the Governments of the Group of 77.¹⁴ The dividing line in the debate, which ended with the Programme of Action adopted by the International Conference on Population and Development, made it possible to build an unexpected worldwide consensus on the empowerment of women, a concept that is reproduced in the Millennium Development Goals.

Thus, the 1994 Conference represented a qualitative leap in terms of the agreements reached on economic growth, rational use of natural resources, social equity and governance in comparison with the previous conferences on population and development, held in Bucharest in 1974 and Mexico City in 1984. The 1994 Conference also produced a transformation in civil law, represented by the recognition in its Programme of Action of the rights that may be either enjoyed or denied within the family; these rights began to take on increasing importance in the concept of human rights (Pitanguy, 1999). Also reaffirmed was the significance of educational and health services as part of the comprehensive reproductive health of women.

The Fourth World Conference on Women, held in Beijing in 1995, agreed on a programme in which the link between public policies, rights and gender equality were more fully highlighted. This has constituted the road map for women's organizations in the region as leaders of the process of institution-building, legal reform and irreversible social changes with respect to the central role of gender equality. For over a decade now, growing stress has been placed on results, policy implementation and

¹³ "Women have a vital role in environmental management and development. Their full participation is therefore essential to achieve sustainable development" (Principle 20, Rio Declaration on Environment and Development).

¹⁴ The Group of 77 is a coalition of 133 developing States Members of the United Nations; it articulates and promotes their economic interests collectively and seeks to increase their capacity for negotiation in various international forums.

accountability. From this standpoint, the Millennium Development Goals have become a shared agenda aimed at eradicating poverty—a situation in which women are overrepresented.

With regard to violence—another critical topic in the area of women's human rights—one outstanding achievement was the Declaration on the Elimination of Violence against Women (1993).¹⁵ It recognizes that violence against women is a manifestation of historically unequal power relations between men and women and a violation of human rights and fundamental freedoms that impairs or nullifies their enjoyment of those rights and freedoms.¹⁶ It also establishes that “violence against women means any act of gender-based violence that results in, or is likely to result in, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.¹⁷

To strengthen the scope of application of this Declaration, the countries of the inter-American system adopted the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará, 1994), an agreement which distinguishes Latin America and the Caribbean from other regions that lack similar instruments. Ratified by all the countries of the region, the Convention reconsiders and clarifies the definition adopted in the 1993 Declaration¹⁸ and has brought about the adoption in each of the States parties of national laws recognizing the various forms that violence may take and its public nature.

One of the most salient aspects of the Convention is that it gives the Inter-American Commission of Women of the Organization of American States (OAS) the right to resort to the Inter-American Court of Human Rights for an advisory opinion on its interpretation in cases of disputes over national laws. This right of appeal is crucial to the proper implementation of the Convention, since, although laws against violence may incorporate substantial elements of the Belém do Pará Convention, they do not necessarily cover all forms of prohibited violence.

With regard to the workplace, the report by the United Nations Secretary-General on “Creating an environment at the national and international levels conducive to generating full and productive employment and decent work for all, and its impact on sustainable development”¹⁹ and the Ministerial Declaration of the 2006 high-level segment of the Economic and Social Council, held in Geneva from 3 to 5 July 2006, both embody the view that decent work is an objective which cuts across all the Millennium Development Goals and is therefore essential for the achievement of gender equality and the empowerment of women. Indeed, the many forms of inequity and discrimination against women in the workplace are often linked to the difficulty of harmonizing reproductive obligations with productive activities. The International Labour Organization (ILO) conventions are especially relevant in this context, since they contain standards and recommendations to protect access by women and men to decent jobs on a non-discriminatory basis. In particular, Conventions 100, 111, 156 and 183 provide

¹⁵ General Assembly resolution 48/104, of 20 December 1993.

¹⁶ See General Assembly resolution 48/104, art. 2.

¹⁷ Ibid., art. 1.

¹⁸ According to the Convention, “violence against women shall be understood to include physical, sexual and psychological violence: that occurs within the family or domestic unit or within any other interpersonal relationship, whether or not the perpetrator shares or has shared the same residence with the woman, including, among others, rape, battery and sexual abuse; that occurs in the community and is perpetrated by any person, among others, rape, sexual abuse, torture, trafficking in persons, forced prostitution, kidnapping and sexual harassment in the workplace, as well as in educational institutions, health facilities or any other place; and that is perpetrated or condoned by the state or its agents regardless of where it occurs”.

¹⁹ E/2006/55.

considerable guidance to Governments in adopting measures to promote non-discriminatory access to decent jobs and ultimately to support the economic empowerment of women.²⁰

In conclusion, the Convention on the Elimination of All Forms of Discrimination against Women²¹ and the outcomes of the world summits form part of the underpinnings of the Millennium Declaration and the Millennium Development Goals; these Goals represent the progress made by the international community in the process of gender mainstreaming. By the same token, at the regional level, the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará) is a prime tool in combating gender-based violence. Although gender violence is not dealt with explicitly by the Millennium Development Goals, this report underlines its relevance in that regard.

Following a historical and democratic trend towards growing political influence based on dialogue and mobilization, and as protagonists of the only peaceful revolution in history, women have taken the Millennium Development Goals to a new level in order to keep their demands alive, link them with the agenda elaborated in the 1990s and promote their implementation at the national level. Although at one time this may have been considered a minimalist agenda that excluded what had been won at the international conferences of the 1990s, today it is thought that the debate on development with equity has been renewed, and it has received positive feedback in terms of current public policies; at the same time, new elements are being incorporated, expressed as complementary and additional indicators, that clearly demonstrate the many dimensions of Goal 3.

C. AVAILABLE DATA AND INDICATORS USED²²

1. Measurement of the Millennium Development Goals in the region

Despite the increasing availability of statistical data and the greater possibility of calculating indicators disaggregated by sex, there are still information gaps that need to be filled.

This section presents the statistical data available for the regional analysis of Goals 1 and 3. A study published by ECLAC (Zapata, 2007) indicates that most of the Latin American countries are in a position to provide gender-disaggregated information on the situation of women in relation to the Millennium Development Goals. Most countries are also able to supply information in areas that are particularly relevant to policy making, such as the femininity index of poverty and the population without incomes of their own. This is not true for the Caribbean, however, where bigger information gaps exist.

²⁰ Section A of chapter II of this report describes these Conventions in more detail.

²¹ The Convention on the Elimination of All Forms of Discrimination against Women has constitutional status in Argentina, Bolivia, Chile, Colombia, Ecuador and Peru.

²² At the 2005 World Summit, the countries agreed to adopt four additional targets to fulfil the Millennium Development Goals. In his 2006 report on the work of the Organization (A/61/1), the Secretary-General recommended that the indicators for the monitoring of these four targets—to make the goals of full and productive employment and decent work for all, including for women and young people, a central objective of our relevant national and international policies and national development strategies; to achieve universal access to reproductive health by 2015; to come as close as possible to universal access to treatment for HIV/AIDS by 2010 for all those who need it; and to significantly reduce the rate of loss of biodiversity by 2010—should be selected by the Inter-agency and Expert Group on Millennium Development Goal Indicators, whose work has not yet been completed.

Accordingly, the variety of available sources of country-level data is increasing. These data, although not always confirmable, periodic or regionally comparable, have been very useful in support of the argument for gender equality and as a basis for many current gender policies (Zapata, 2007).

Also confirmed is the importance of enhancing the countries' capacity to improve national statistical systems and generate relevant information, including on violence against women and the exercise of reproductive rights.²³ Moreover, it is clear that there is a growing need to obtain better administrative data from governmental branches other than the executive, including the judicial system, electoral courts and ombudsmen.

ECLAC has identified and compared the availability and consistency of the international databases on the Millennium Development Goals with the data presented in national reports, and it has identified some additional problems of coordination between the two sources (Cecchini and Azócar, 2007).²⁴ It has been concluded that, in order to achieve greater homogeneity and consistency, it is important to strengthen coordination between Governments and United Nations agencies, and to promote the full participation of national statistics offices in monitoring the fulfilment of the Goals and preparing national reports.

Across the board, the major challenges in monitoring the Millennium Development Goals include the following: (i) countries must give due attention to the timely and consistent provision of data to international agencies, avoiding the duplication of data and indicators provided by the various governmental bodies; (ii) international agencies should collaborate more closely with each other so as to avoid duplication of efforts in the gathering of national data; (iii) data collection capacity (especially in the Caribbean) must be strengthened, in particular in terms of better monitoring of the official indicators of the Goals; (iv) data gathering on complementary and additional indicators should be given priority where sufficient data on the official indicators already exists.

The availability of information is also crucial in respect of the other topics dealt with in this report. The considerable data gaps or inadequate information on time use and unpaid care work, gender-based violence and political participation require the attention of Governments, since quality information in these fields is a necessary input for formulating policies to promote gender equality. Annex 1 presents the indicators used, together with their sources, and provides further detail on the gaps and pending challenges in this area.

2. Indicators used

When the 2005 report was being prepared, some complementary and additional indicators had already been introduced to follow up on the Millennium Development Goals. At the present time, it is again stressed that the indicators of target 4 (*Eliminate gender disparity in primary and secondary education*,

²³ In order to enhance the availability and quality of statistical data, together with intergovernmental and inter-agency coordination, ECLAC has established a Strategic Plan 2005-2015 in the framework of the Statistical Conference of the Americas, to help improve the monitoring of the Millennium Development Goals in the region by 2015.

²⁴ The international databases provide enough information for most of the official indicators, while national reports in general do not. For example, indicators such as the poverty gap or the percentage of the population living below the minimum level of dietary energy consumption appear in fewer than half the national reports. Data is especially scarce for Goals 6 (Combat HIV/AIDS, malaria and other diseases), 7 (Ensure environmental sustainability) and 8 (Develop a global partnership for development).

preferably by the end of 2005, and in all levels of education no later than 2015) are inadequate for the purposes of a comprehensive assessment of the progress made and challenges involved in achieving gender equality and the empowerment of women. The use of complementary and additional indicators is therefore based on three considerations. First, the original indicators for target 1 do not allow for observation of persistent gender inequalities in households; the indicators must be disaggregated by sex and, in general, must show the specific difficulties faced by women, in order to allow for an assessment of progress in poverty reduction from a gender perspective. Second, target 4 (under Goal 3) and its indicators deal with the educational sphere, but they only partially cover women's access to decision-making and their participation in the workforce. Third, the indicators of access to the various levels of education and completion thereof are inadequate in terms of providing a comprehensive picture of gender equality and the empowerment of women, especially in view of the central role played by the nearly exclusive participation of women in caregiving within families and the reproduction of gender-based asymmetries. Hence the need for complementary and additional indicators that are appropriate to the reality of the region and that demonstrate these asymmetries more clearly, while at the same time being based on a deeper understanding of the significance of gender equality and the empowerment of women.

Table I.1 illustrates the importance of complementing the official indicators with others that are available in most countries to measure compliance with Goals 1 and 3.²⁵ The distinction between complementary and additional indicators is based on the idea that the former deepen the measurement of progress on gender equality with respect to each of the Goals, disaggregating by gender various official indicators, whereas the latter deal with topics not explicitly included in the Millennium Development Goals but of great significance for gender equality.

These indicators show the countries' position in terms of gender equality, together with how they stand in terms of the additional dimensions of women's lack of autonomy and empowerment. The complementary and additional indicators for target 1 show how poverty affects men and women in different proportions and intensities. Under Goal 3, in addition to indicator 10 (*Ratio of literate women to men, 15-24 years old*), complementary indicator 10C measures the gap in literacy rates among the population aged 15 and over, presenting a picture of the existing inequalities within the total adult population. In addition, whereas indicator 11 (*Share of women in wage employment in the non-agricultural sector*) offers a limited view of the situation of women and the disadvantages they face in gaining access to the labour market, complementary indicator 11C disaggregates the proportionate share of men and women working in low-productivity sectors, allowing for a differentiation by sex of the degree of vulnerability and lack of economic autonomy. Official indicator 12 (*Proportion of seats held by women in national parliaments*) is complemented by an indicator showing whether the countries have a quota law, a crucial factor in increasing political representation in national parliaments or congresses.

Additional indicators 3A1, 3A2, 3A3, 3A4, 3A5 and 3A6 present a picture of existing gender gaps or inequities in areas such as unemployment, average wage income, time devoted to domestic tasks or the exercise of reproductive rights.²⁶ Lastly, additional indicator 3A7 measures the proportion of women who have been victims of various types of violence, allowing for the inclusion of one of the most serious obstacles to the empowerment and autonomy of women.

²⁵ For a more complete explanation of the need for indicators that are sensitive to gender inequities, see *Guía de asistencia técnica para la producción y el uso de indicadores de género* (a technical assistance guide for the formulation and use of gender indicators) (ECLAC, 2006a).

²⁶ ECLAC is currently bringing this system of indicators into line with the data required for national reports under the Convention on the Elimination of All Forms of Discrimination against Women.

Table I.1
**OFFICIAL, COMPLEMENTARY AND ADDITIONAL INDICATORS FOR MILLENNIUM
 DEVELOPMENT GOAL 1, TARGET 1, AND FOR GOAL 3 ^a**

Goal and targets	Official indicators	Complementary indicators	Additional indicators	Explanation
GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER				
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.	1. Proportion of population below \$1 per day. 2. Poverty gap ratio. 3. Share of poorest quintile in national consumption.	1C. Population without incomes of their own (by sex). 2C. Poverty gap ratio for female- and male-headed households. 3C. Share of poorest quintile in national consumption accounted for by women and men.	1A1. Femininity index of poverty. 1A2. Share of female-headed households living in poverty.	With regard to access to monetary and productive resources, the official indicators are insensitive to the sexual division of labour, gender-based job discrimination, unequal distribution of decision-making authority and resources in the household and the impact of economic dependence on women's vulnerability and poverty. The complementary and additional indicators seek to reflect the effect of gender inequality on poverty, the incidence of poverty among women and their unequal access to monetary and productive resources.
GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN ^b				
Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.	9. Ratio of girls to boys in primary, secondary and tertiary education. 10. Ratio of literate women to men, 15-24 years old. 11. Share of women in wage employment in the non-agricultural sector. 12. Proportion of seats held by women in national parliaments.	10C. Ratio of literate women to men in population aged 15 and over. 11C. Share of women and men employed in low-productivity sectors. 12C. Existence of a quota law at parliamentary level.	3A1. Rate of female and male unemployment in population aged 15 and over. 3A2. Ratio of women's wage income to that of men. 3A3. Rate of male and female participation in domestic tasks in the population aged 12 and over. 3A4. Average number of hours spent daily on household tasks, by gender and by length of workday. 3A5. Unmet demand for family planning. 3A6. Percentage of unwanted fertility.	Need to measure and quantify gender disparities in: -Literacy among the whole adult population. -Access to, and remuneration from, the labour market. -Unpaid domestic work. -Time use and caregiving. -Gender-based violence against women. -Access to, and exercise of, women's sexual and reproductive rights. -Effective access to decision-making in the public sphere.

Table I.1 (concluded)

Goal and targets	Official indicators	Complementary indicators	Additional indicators	Explanation
			3A7. Percentage of women who are, or have ever been, victims of physical, sexual or psychological violence by a current or previous partner.	

Source: Economic Commission for Latin America and the Caribbean (ECLAC).

- ^a Complementary indicators have been numbered in accordance with the official indicator to which they correspond; the letter “C” represents their complementary nature. Since the additional indicators do not necessarily correspond to an official indicator, and since more than one of them are listed for each Goal, they are numbered with reference to the corresponding Goal number (1 or 3); the letter “A” represents their additional nature; the last figure represents the number assigned to the additional indicator, since each Goal has at least two.
- ^b Official indicators 4, 5, 6, 7 and 8 correspond to Goal 1, target 2 (*Halve, between 1990 and 2015, the proportion of people who suffer from hunger*), and Goal 2 (*Achieve universal primary education*), which are not directly addressed in this report.

This set of indicators shows the structural and systematic nature of gender inequality and justifies the need for comprehensive policies to deal with the labour supply and demand requirements in both public and private spheres.

D. PROGRESS REPORT

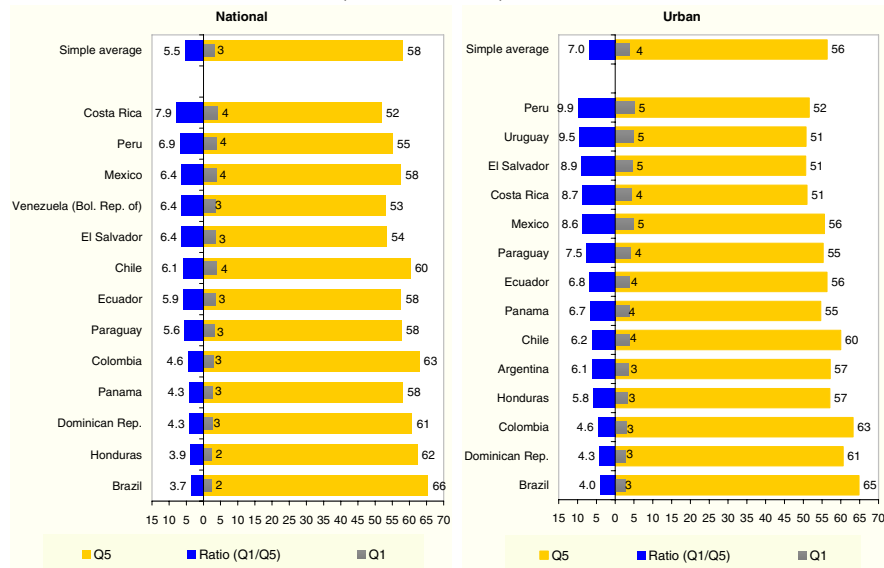
1. An overall context of inequality

Although the rate of growth of the Latin American economy has improved in recent years and progress has been made in reducing extreme poverty (ECLAC, 2007b), the region continues to be among the most unequal in a number of mutually reinforcing areas.

Figures I.1 and I.2 illustrate the fact that, besides the acknowledged concentration of income in the highest quintiles, the gap between men and women is also a significant aspect of inequality. The gap between the total income of the lowest and highest quintiles is 53 points; in other words, 20% of the richest segment of the population receives 57% of the income, of which 37% corresponds to men and the remaining 20% to women. At the other extreme, the poorest 20% receives only 3.7% of the income, of which only 1% corresponds to women. Bearing in mind that, in general, women represent 51% of the population, it can be seen in figure I.2 that they receive barely the equivalent of 33% of total income, while men receive 67%. This figure also illustrates that the pattern of inequality affects both the women in the highest quintiles and those in the lowest quintiles, and it indicates the relatively greater vulnerability of women in all circumstances and the gap separating the women from the men in both groups, since, although they share privileges with men, women in the richest quintiles experience the same disadvantages as women in the poorest quintiles.

Figure I.1

PROPORTION OF NATIONAL CONSUMPTION CORRESPONDING TO THE LOWEST QUINTILE OF THE POPULATION (QUINTILE 1) IN COMPARISON TO THE PROPORTION FOR THE HIGHEST QUINTILE (QUINTILE 5), AROUND 2005

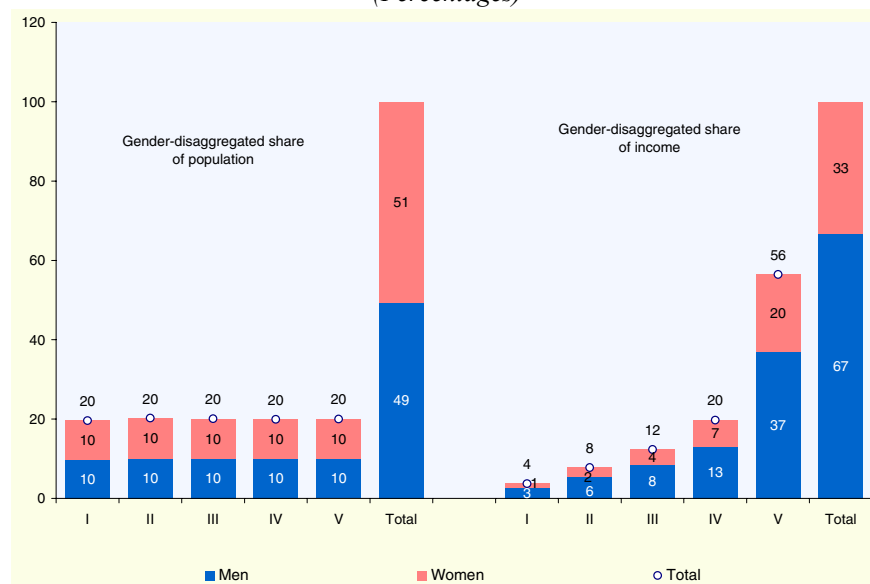


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations from household surveys.

Note: For the calculation of quintiles, the per capita household income of each person was used. Each quintile represents 20% of the population. It is an estimate of the proportion of total national income received by each 20% (quintile) of the population, from the poorest to the richest, on the basis of average per capita income of the households to which they belong.

Figure I.2

GENDER-DISAGGREGATED SHARE OF POPULATION AND INCOME IN EACH QUINTILE (POPULATION AGED 15 AND OVER)
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations from household surveys.

Distributive inequality occurs because women are deprived of opportunities to earn income largely because of the dominant cultural practices, which usually take the form of discrimination. Women nearly always work in the domestic sphere but do not receive income for doing so, since domestic work is not valued economically. Moreover, when women receive income for remunerative work or productive activities, they are always paid less than men, whatever the source or sector of the activity. That is why women's share of total income is only 33%, compared to the 67% received by men.

In Latin America in recent years, new social actors such as indigenous groups and persons of African descent have emerged and begun to demand policies they consider necessary in their quest for equality and recognition, since nearly all the indicators reflect the least progress in these population groups. This is particularly true for the women of these groups, who have not benefited in general from the average progress reported in the region. For example, in Brazil, people of African descent account for 61% of the poor population and 71% of the indigent population, and 22% of women of African descent are indigent, compared to only 8% of white women (United Nations, 2005). In Guatemala, 74% of the indigenous population are poor and 24% indigent, while these percentages are 38% and 6.5% in the mestizo population (World Bank, 2005). This disadvantageous situation is repeated in practically all areas, especially in education. In Guatemala, of the indigenous population between the ages of 15 and 24, only 22.4% are attending school, while the non-indigenous population accounts for 34.7%. The situation is even more asymmetrical for indigenous women in this age group, with 18.1% attending school compared to 27.2% of indigenous men (Calla, 2007).

Despite the legislative, educational and labour-related progress of women, there is still considerable resistance to the most innovative aspects of the agenda of the 1990s with regard to gender equality and the empowerment of women. This is an issue of great concern, since women's autonomy is being threatened by poverty, inequality, unemployment, lack of services —especially in reproductive health—and the persistent gender discrimination that is practised at the least opportunity. Moreover, violence against women within and outside the home is considered one of the most serious social problems. As mentioned above, 33% of persons interviewed in the 2006 Latinobarómetro poll said that someone in their intimate circle had been a victim of domestic violence at least once in her life (Lagos, 2007).

Another important requirement from the standpoint of women's empowerment is to reduce the demands on their time. For example, it is estimated that, around 2002, women in Mexico spent 13.24 hours a week caring for children and 9.53 hours caring for persons with physical limitations. In comparison, men devoted 7.19 and 5.57 hours, respectively, to these tasks (INEGI, 2002). Likewise, in places where access to drinking water and sanitation services is limited, women usually spend long, exhausting days finding and carrying water to their homes. The time spent on these tasks has a very high opportunity cost, since it reduces the time and energy that women can devote to productive and remunerative activities.

2. Goal 1: Eradicate extreme poverty and hunger²⁷

What follows is a brief examination of the progress made in fulfilling target 1 of Goal 1 and Goal 3, with an emphasis on the specific difficulties faced by women living in poverty. With regard to the Millennium

²⁷ Since extreme poverty was underestimated when it was measured on the basis of poverty lines corresponding to the proportion of the population with an income below \$1 and \$2 per day (PPP), ECLAC has chosen to use the national indigence and poverty lines. In this report, the indicators for target 1 are discussed solely for the purpose of bringing out the link between poverty and gender inequality.

Development Goals as a whole, despite the fact that the region has been making a great deal of progress in the areas of malnutrition, primary education, infant mortality and access to drinking water, in 1990-2006 the fulfilment of target 1 has been uneven, with a “perverse” pattern in which some of the poorest countries have advanced relatively less. In other words, some countries with high relative levels of poverty and indigence —such as Paraguay and Bolivia— have tended to reduce them less rapidly than countries with more moderate levels (United Nations, 2005, p. 259). It should be noted that since 2002 an overall advance has been recorded that places the region in a better position as a whole with respect to the fulfilment of target 1 of Goal 1.

Table I.2

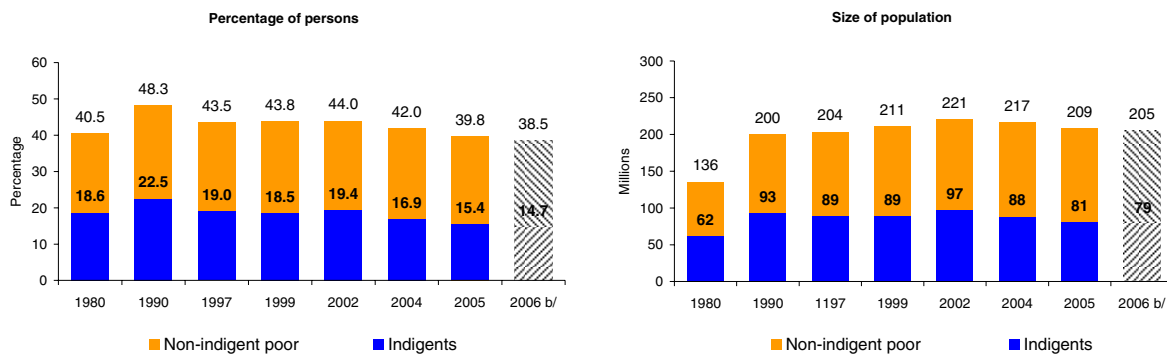
GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER			
Target 1 : Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day			
Millennium Development Goal indicators		Complementary indicators	
1	Proportion of population below \$1 (PPP) per day (World Bank). Percentage of population below indigence line (ECLAC).	1C	Population without incomes of their own (by sex and age group).
2	Poverty gap ratio (World Bank). Indigence and poverty gap ratio (ECLAC).	2C	Poverty gap ratios for female- and male-headed households.
3	Share of poorest quintile in national consumption (World Bank). Share of poorest quintile in national consumption (ECLAC).	3C	Share of poorest quintile in national consumption accounted for by women and men.
		Additional indicators	
		1A1	Femininity index of poverty.
		1A2	Proportion of female-headed households living in poverty.

Source: Economic Commission for Latin America and the Caribbean (ECLAC).

(a) Proportion of population below indigence line (indicator 1)

The estimates available at the time of writing of this report for the countries of Latin America indicate that, in 2005, some 39.8% of the population was living in poverty. For extreme poverty or indigence, the figure was 15.4% of the population, representing a total of 209 million poor persons, of whom 81 million were indigent (see figure I.3). In percentage terms, the data for 2005 and estimates for 2006 show that, since 2002, the region has experienced a sustained improvement. Furthermore, in 2005, for the first time the proportion of persons living in poverty stood lower than that recorded in 1980. In absolute terms, the estimated number of poor people in 2006 is slightly higher than that of 1997, and the number of indigents is somewhat higher than in 1980, but there has been a steady downward trend since 2002. This means there has been a positive change in recent years; much remains to be done, however, given that the accumulated progress during the past 25 years has not always been rapid or sustained.

Figure I.3
LATIN AMERICA: POVERTY AND INDIGENCE, 1980-2006^a



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

^a Estimates for 18 countries of the region plus Haiti. The figures shown on the orange section of the bars represent the percentage and total number of poor (indigents plus non-indigent poor).

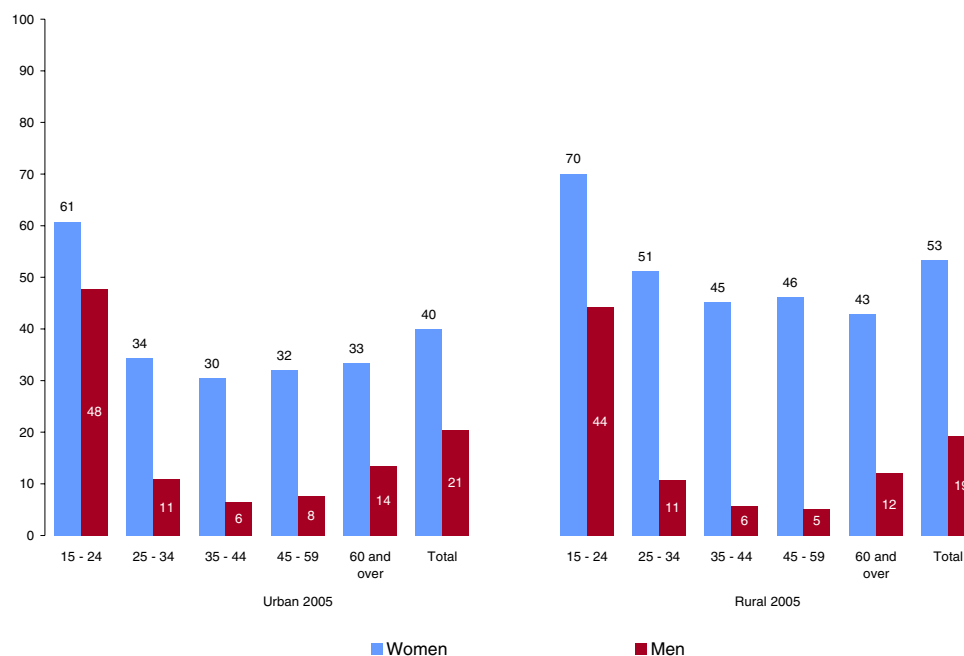
^b Projections.

A complementary view of the data shows that women constitute the majority of the poor, are overrepresented in single-parent households and are more intensely affected by poverty, owing in large part to their being obliged to devote time and energy to unpaid work. Moreover, family structures are changing, with traditional families consisting of a wage-earning father, a dependant housewife and children accounting for only 22% of families in the region, and this proportion is on the decline (Arriagada and Mathivet, 2007). The complementary and additional indicators for Goal 1 clearly illustrate this situation.

(b) Population without incomes of their own by sex and age groups (indicator 1C)

This complementary indicator represents a dimension of gender poverty that is not obtained directly by defining poverty lines using the household as a unit of analysis. Its purpose is to show the lack of economic autonomy among individuals, a situation which is much more frequent among women than men, as can be seen in figure I.4.

Figure I.4
**LATIN AMERICA (SIMPLE AVERAGE OF 17 COUNTRIES IN URBAN AREAS AND 15 COUNTRIES
 IN RURAL AREAS): POPULATION WITHOUT INCOMES OF THEIR OWN BY GENDER
 AND AGE GROUPS, AROUND 2005**
(Percentages of total of each gender)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys.

The activities of women having no income of their own mainly consist of doing domestic tasks in the home, a situation which occurs with a frequency of over 70% in groups aged 25 and older. On the other hand, when men have no income, it is because of unemployment, disability, illness or other reasons, depending on their age. The majority of men between the ages of 15 and 24 have no income because they are studying. In the case of women with no income, a high frequency is observed, first, among students and, second, among those who devote themselves to unpaid domestic work. If those who work receive no income, it is because their occupational category is that of unpaid family worker. The percentage of women without their own income has been declining by about 1 percentage point each year since 1999, while the situation for men has remained unchanged; this is a positive but insufficient step, given the size of the gender gap.

Measurements at the regional level, calculated on the basis of the simple average of the countries for which this information is available, show that, in 2005, approximately 40% of urban women and 53% of rural women aged 15 and older had no income of their own. In 2002, the percentages were, respectively, 43% in urban areas and 57% in rural areas, while in 1999 they stood at 45% in urban areas and 59% in rural areas. Thus, the levels of this indicator have declined in recent years.

(c) **Poverty gap ratio in female-headed households (indicator 2C)**

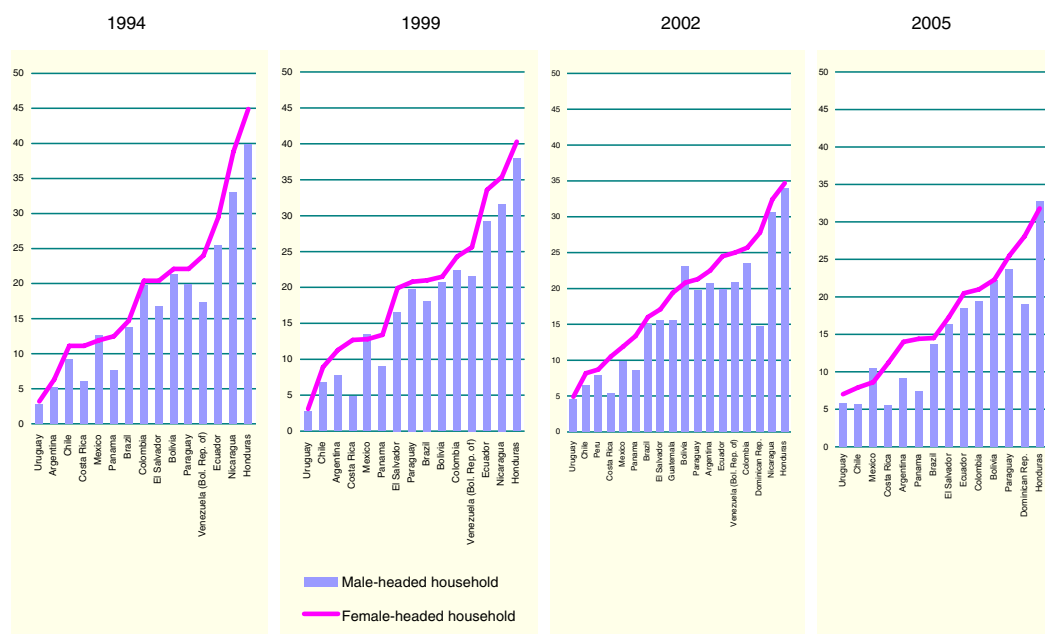
The poverty gap ratio is the mean distance separating the population from the poverty line, expressed as a percentage of the poverty line. To obtain this percentage, households are used as the unit of analysis, and it is assumed that there is an equitable distribution of income on the basis of which the per capita income indicator is constructed.

This same ratio measured for female-headed households shows that the income available to members of these households is farther below the poverty line than that of male-headed households, from which it may be inferred that the former find it more difficult to meet their basic needs.

The primary disadvantage of households headed by women is that these women are frequently the sole or principal wage earners. Moreover, the income they receive is usually lower than that of men. This situation, combined with the absence of policies to deal with it, means that the costs of vulnerability are mainly borne by female heads of household.

As can be seen in figure I.5, female-headed households during the period in question were worse off in virtually all cases, except in three countries. Mexico was the only country with a recurrent trend slightly favouring female-headed households in 1994, 1999 and 2005. In 2002 in Bolivia and in 2005 in Honduras, a small improvement can be seen in these households, which does not, however, allow for a categorical assertion of any longer-term trends in that direction.

Figure I.5
LATIN AMERICA (15 COUNTRIES): POVERTY GAP RATIO FOR FEMALE- AND MALE-HEADED HOUSEHOLDS, 1994-2005
(Percentage of the poverty line)

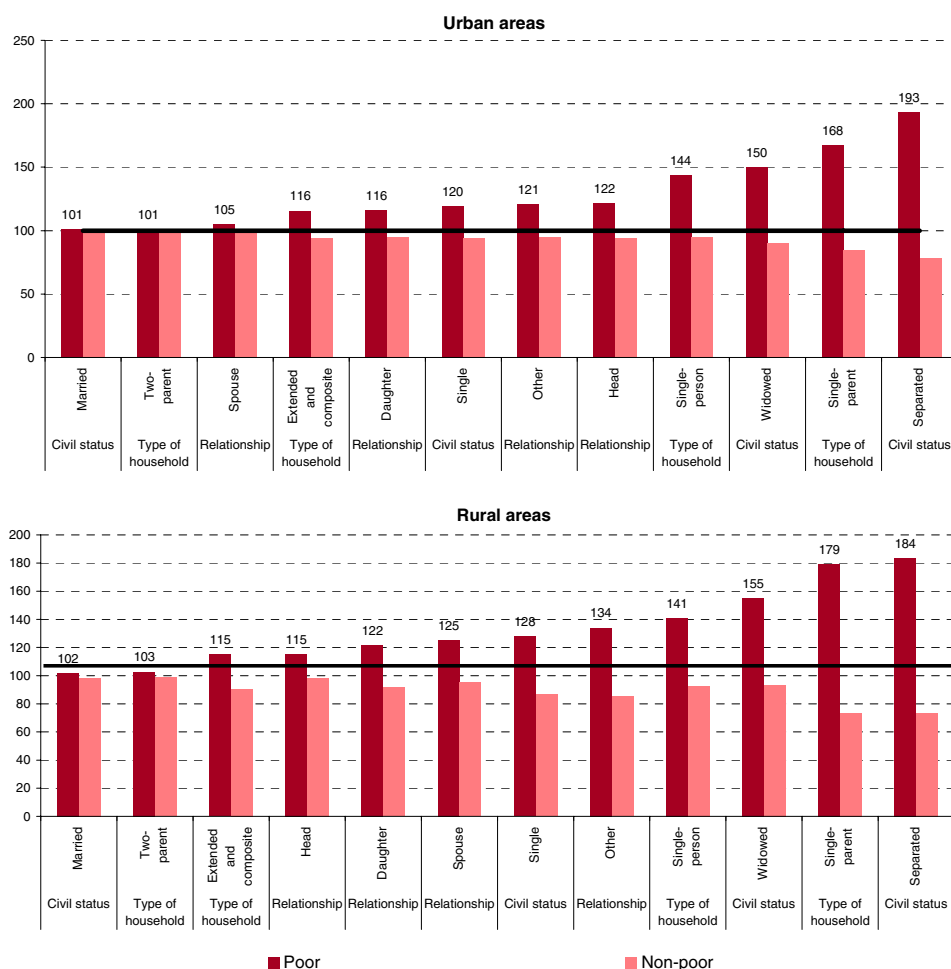


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys.

(d) Femininity index of poverty (indicator 1A1)

The femininity index measures the ratio of women to men in the population, after adjustment for the demographic structure, and it should be noted that it corrects the effect of a larger number of women in the population and thereby allows for an unbiased calculation.²⁸ Figure I.6 presents the femininity index for the population of poor and non-poor households.

Figure I.6
LATIN AMERICA: FEMININITY INDEX BY POVERTY STATUS, POPULATION AGED 20 TO 59, AROUND 2005



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys.

What is most noteworthy in this analysis is the evidence of the disproportionate share of poor women among those who are separated, widowed, single or living in single-parent households. The fact that many separated women are more often found among the poor calls for an analysis of their working

²⁸ This index concerns women between the ages of 20 and 59 in urban areas. It is above 100 when women are overrepresented in the total of poor households.

and personal lives; the factors influencing the history of such women are very important. If they are married or living as a couple, many of them exclusively or primarily devote their time to domestic work and the raising of children, and hence in many cases have no income of their own, or, in other words, they have no economic autonomy. If they separate, they often have difficulty in combining productive and reproductive work and in earning enough income to keep going. Table I.3 below illustrates the difference between single men and women between 20 and 59 years of age. In this age group, women in general show higher unemployment rates, especially among the youngest; they more frequently lack incomes of their own income; and, if they are single mothers, they are more often heads of household or heads of secondary nuclear families in other households.

Currently, the traditional pattern of a nuclear family composed of a father as provider, mother as housewife, and their children is undergoing a transformation, but many poor women are still suffering from the consequences of this traditional structure, which has made them dependent. The trend towards new forms of family organization, in the context of societies that have not developed adequate social protection policies, keeps such women in a situation of vulnerability.

When a separation occurs, women are usually left in charge of the children, a fact consistent with the high proportion of women living in single-parent households. Although poverty and single parenthood go hand in hand, care should be taken not to associate poverty with the conjugal situation itself. Indeed, this point of view runs the risk of considering single women to be vulnerable and thereby underestimating the need for policies aimed at strengthening their productive capacities and promoting their access to economic autonomy. To that end, such initiatives should be linked with other sectoral policies, such as family benefits or food and social insurance subsidies, the absence of which —assuming they are not provided by a parent or the State— further aggravate the poverty of single-parent families.

Given the high rates of violence against women and the pandemic nature of gender-based violence in the region (ECLAC, 2007c), it appears that poor women also, in many cases, face the dilemma of choosing between being separated, which will make them poorer, or continuing to be supported at the cost of their human rights. Although this issue cuts across all social strata, violence is particularly difficult to deal with in the case of women living in poverty, because it is likely to be accompanied by lower levels of economic autonomy, meaning that these women have little or no access to income of their own. Moreover, their lack of skills prevents them from finding well-paying jobs. Many of these women (13%) work as housekeepers or caregivers because they are seen to have greater “experience” in this realm.

(e) Femininity index of poverty

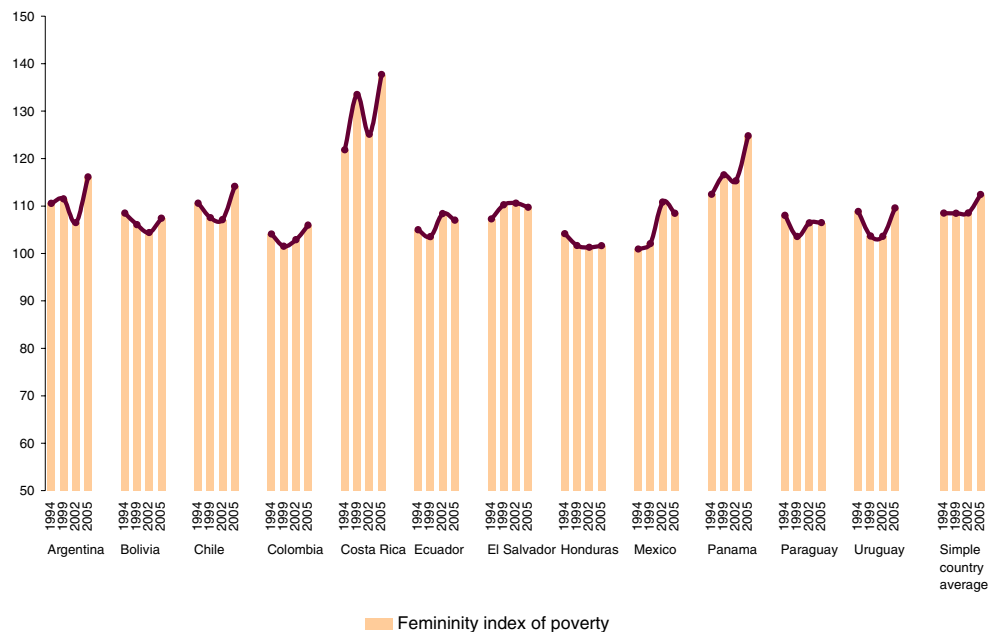
The 12 countries shown in table I.3 and figure I.7 recorded a relatively stable femininity index until 2002, with an average of about 108.5 points. Nevertheless, in around 2005, the ratio of poor women to men rose to 112 points. This occurred in Argentina, Chile and Costa Rica, countries that are not characterized by high absolute poverty levels. It is also noteworthy that, in all the years and all the countries represented, the presence of women among the poor has always been greater than among the non-poor. Again, in 2005, Costa Rica, Chile and Panama showed the widest gaps. These figures underline the need for specific policies that combine anti-poverty efforts with the elimination of all forms of discrimination, as set forth in the Convention on the Elimination of All Forms of Discrimination against Women.

Table I.3
**LATIN AMERICA (12 COUNTRIES): FEMININITY INDEX BY POVERTY STATUS, POPULATION
 AGED 20 TO 59, URBAN AREAS, AROUND 1994, 1999, 2002 AND 2005**

Countries	1994		1999		2002		2005	
	Poor	Non-poor	Poor	Non-poor	Poor	Non-poor	Poor	Non-poor
Argentina	110.5	98.7	111.5	97.6	106.5	96.1	116.1	96.3
Bolivia	108.5	93.4	106.1	95.9	104.4	96.5	107.4	94.0
Chile	110.6	96.9	107.5	98.5	107.1	98.6	114.1	97.6
Colombia	104.1	96.7	101.5	98.8	102.9	97.7	106.0	96.3
Costa Rica	121.8	96.0	133.5	95.7	125.1	96.8	137.7	94.6
Ecuador	105.0	95.0	103.5	95.4	108.4	94.3	107.0	95.9
El Salvador	107.3	94.2	110.2	94.5	110.6	95.2	109.7	95.2
Honduras	104.2	90.0	101.7	97.1	101.3	98.2	101.6	98.0
Mexico	100.9	99.4	102.1	99.0	110.8	96.3	108.5	97.1
Panama	112.5	95.5	116.6	96.4	115.3	96.5	124.8	95.1
Paraguay	108.0	94.7	103.6	97.6	106.5	95.3	106.5	94.3
Uruguay	108.8	99.3	103.7	99.7	103.6	99.5	109.6	98.3
Simple average	108.5	95.8	108.4	97.2	108.5	96.7	112.4	96.1

Source: Economic Commission for Latin America and the Caribbean (ECLAC) on the basis of special tabulations of household surveys.

Figure I.7
LATIN AMERICA (SELECTED COUNTRIES): FEMININITY INDEX OF POVERTY, 1994-2005

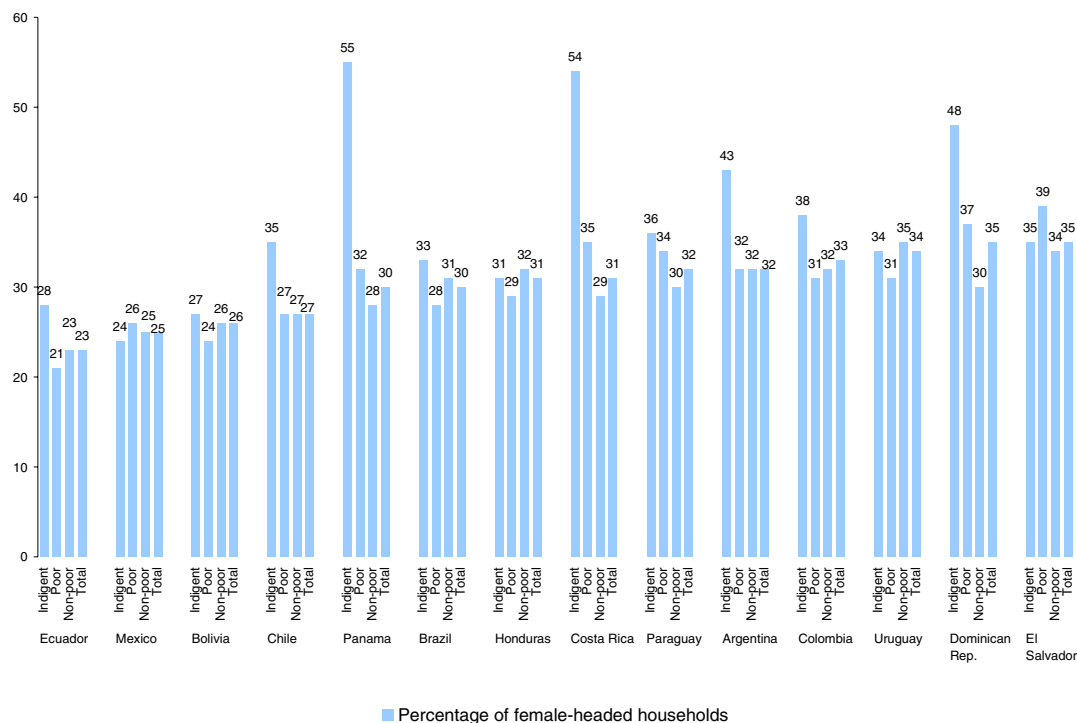


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys.

(f) Percentage of poor and indigent households headed by women (indicator 1A2)

Figure I.8 shows that the proportion of female-headed households in virtually all countries of the region is higher among poor and indigent households.

Figure I.8
LATIN AMERICA (14 COUNTRIES): PERCENTAGE OF FEMALE-HEADED HOUSEHOLDS, 1990-2005

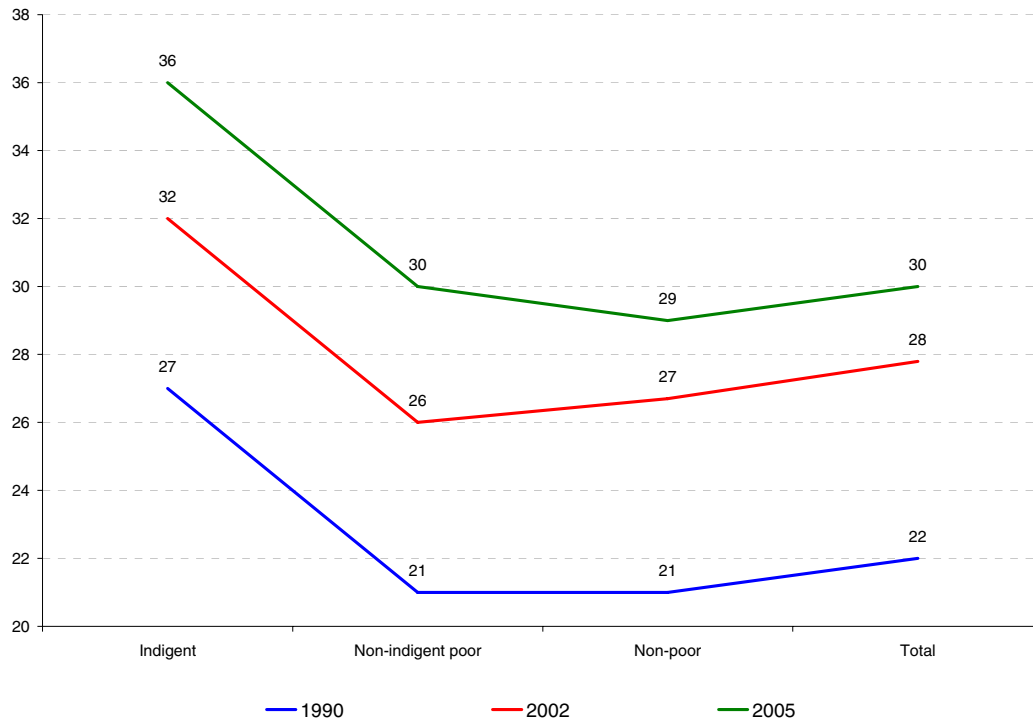


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys.

In general, the lower the poverty line of reference, the wider the gap tends to be. While some 30% of all households are headed by women, this proportion rises to about 37% for indigent households. The proportion of female-headed households has steadily increased over time, and at a faster rate in recent years. For example, figure I.9 shows the average for 12 countries having data available for 1990, 2002 and 2005. Over a period of 12 years (1990-2002), female-headed households increased by 6 percentage points, whereas in only three years (2002-2005) the proportion of such households rose by 2 percentage points.

The average of 12 countries (figure I.9) for 2005 shows that the proportion of female-headed households increased in general, but especially among the indigent, where the average reached 36% of total indigent households in 2005.

Figure I.9
**PROPORTION OF FEMALE HEADED HOUSEHOLDS BY POVERTY STATUS IN LATIN AMERICA
 (SIMPLE AVERAGE OF 12 COUNTRIES): URBAN AREAS, AROUND 1990, 2002 AND 2005**



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys.

(g) Characteristics of women heading households living in extreme poverty

A comparison of the situation of households headed by women according to levels of poverty (indigent, non-indigent poor and non-poor) reveals that the highest percentage of indigent female headed households is accounted for by women between 15 and 34 years of age who are separated or divorced, live in single-parent households and have a higher level of unemployment and economic inactivity. Likewise, a greater proportion of these women devote themselves to domestic work. Disability, illness and illiteracy are more common among them, and many more live with a higher proportion of pre-school aged children (between 0 and 6 years old). In other words, the poorest and most vulnerable households of the region are headed by women.

Table I.4
**WOMEN HEADS OF HOUSEHOLD, ACCORDING TO POVERTY STATUS AND
 SELECTED CHARACTERISTICS**
(Percentages)

Latin America (weighted average of 15 countries): urban areas, around 2005	Poverty status		
	Indigent	Non-indigent poor	Non-poor
Age			
15 to 24 years	4.9	4.0	4.6
25 to 34 years	18.1	15.1	11.4
35 to 44 years	23.7	24.6	18.1
45 to 59 years	25.7	29.7	30.8
60 and over	27.6	26.6	35.1
Total	100.0	100.0	100.0
Civil status			
Married/living with partner	16.7	19.5	16.5
Separated/divorced	37.3	35.9	29.9
Widowed	28.6	28.2	32.6
Single	17.4	16.3	20.9
Total	100.0	100.0	100.0
Type of household			
Single-person	8.9	6.4	24.2
Nuclear two-parent	7.1	8.6	9.1
Nuclear single-parent	39.4	38.2	33.2
Extended and composite	44.6	46.8	33.5
Total	100.0	100.0	100.0
Employment status			
Employed	47.6	56.2	56.4
Unemployed	9.6	3.9	2.0
Inactive	42.8	40.0	41.6
Total	100.0	100.0	100.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys.

Table I.5
POVERTY AND EMPLOYMENT STATUS
(Percentages)

	Poverty status		
	Indigent	Non-indigent poor	Non-poor
Employment status			
Employed	47.6	56.2	56.4
Unemployed	8.6	3.2	1.8
First-time job seeker	1.0	0.6	0.2
Student	0.9	0.7	1.8
Domestic work	30.8	28.6	19.7
Retiree or pensioner	1.8	5.3	14.6
Disabled or ill	4.7	2.4	1.6
Other reason for economic inactivity	4.5	3.0	3.9
Total	100.0	100.0	100.0
Type of work			
Employed in domestic service	10.4	11.9	6.3
Other occupations	37.2	44.3	50.1
Housewife	30.8	28.6	19.7
Other	21.5	15.2	23.9
Total	100.0	100.0	100.0
Literate			
Yes	81.2	85.3	93.8
No	18.8	14.7	6.2
Total	100.0	100.0	100.0
Living with children aged 0 to 6			
None	48.6	53.5	78.9
One	27.0	28.8	16.2
Two or more	24.4	17.7	4.9
Total	100.0	100.0	100.0
Living with persons over age 75			
None	88.0	89.1	85.1
One or more	12.0	10.9	14.9
Total	100.0	100.0	100.0
Presence of disabled persons in household			
None	87.9	92.7	95.9
One or more	12.1	7.3	4.1
Total	100.0	100.0	100.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys.

3. Goal 3: Promote gender equality and empower women

Goal 3 is specifically intended to provide for monitoring of gender equality. As noted in the 2005 report, and as now commonly accepted in many countries, gender equality can be achieved only if this perspective is mainstreamed into the analysis and measurement of the fulfilment of all the Goals, especially those related to poverty reduction. Target 4, however, the sole target specifically related to

Goal 3, covers only education. Two of its four indicators concern this field, while the other two (share of women in wage employment in the non-agricultural sector and proportion of seats held by women in national parliaments) give only a partial view of the existing obstacles to greater gender equality and empowerment of women. This is why the complementary and additional indicators presented below are so important. Clearly, the poverty among women described in the previous section is linked to a number of forms of inequality and discrimination.

Table I.6
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			
Official indicators		Complementary indicators	
9	Ratio of girls to boys in primary, secondary and tertiary education		
10	Ratio of literate women to men, 15-24 years old	10C	10C. Ratio of literate women to men in population aged 15 and over
11	Share of women in wage employment in the non-agricultural sector	11C	Share of women and men employed in low-productivity sectors
12	Proportion of seats held by women in national parliaments	12C	Existence of a quota law at parliamentary level
		Additional indicators	
		3A1	Rate of female and male unemployment in population aged 15 and over
		3A2	Ratio of women's wage income to that of men
		3A3	Rate of male and female participation in domestic tasks in the population aged 12 and over
		3A4	Average number of hours spent daily on domestic tasks, by gender and by length of workday
		3A5	Unmet demand for family planning
		3A6	Percentage of unwanted fertility
		3A7	Percentage of women who are, or have ever been, victims of physical, sexual or psychological violence by a current or previous partner

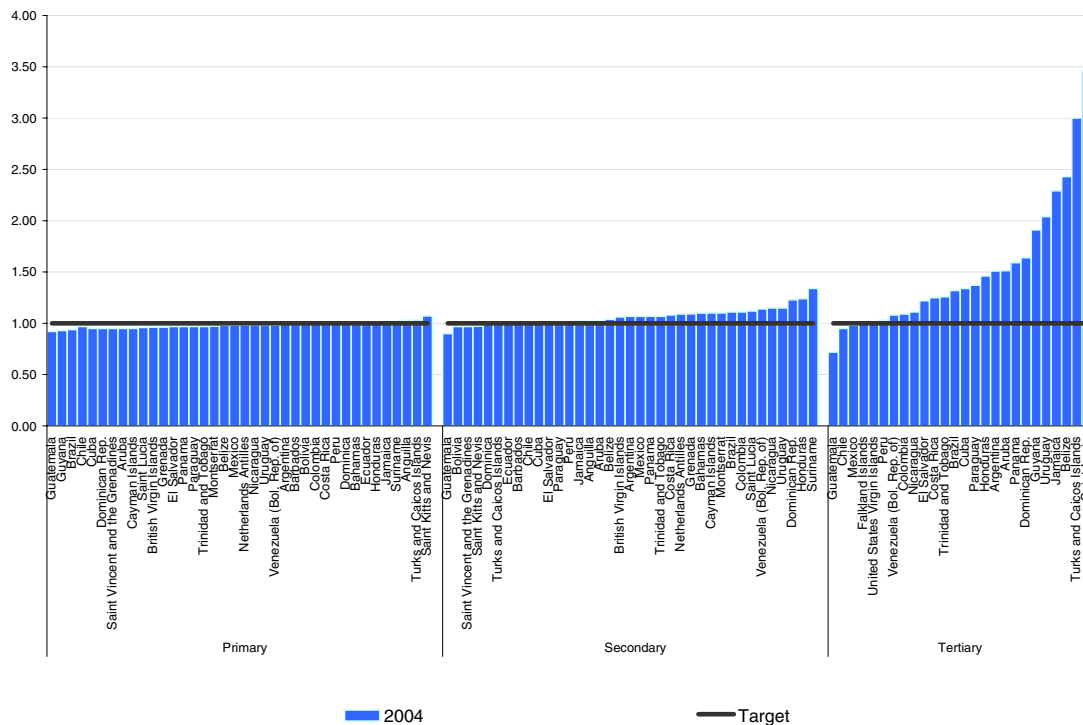
Source: Economic Commission for Latin America and the Caribbean (ECLAC).

(a) Ratio of girls to boys in primary, secondary and tertiary education (indicator 9)

According to the gender parity index, national totals show no marked differences among countries with regard to access to primary education in the region. Nonetheless, it is more difficult for girls in Guatemala and Guyana to attend primary school.

As for secondary school, the data available for 2004 reveal that the net enrolment ratio favours girls, with the exception of Guatemala. In tertiary education, female enrolment largely exceeds male enrolment in 21 of the 26 countries having available information, although in Guatemala there is a clear disadvantage for young women.

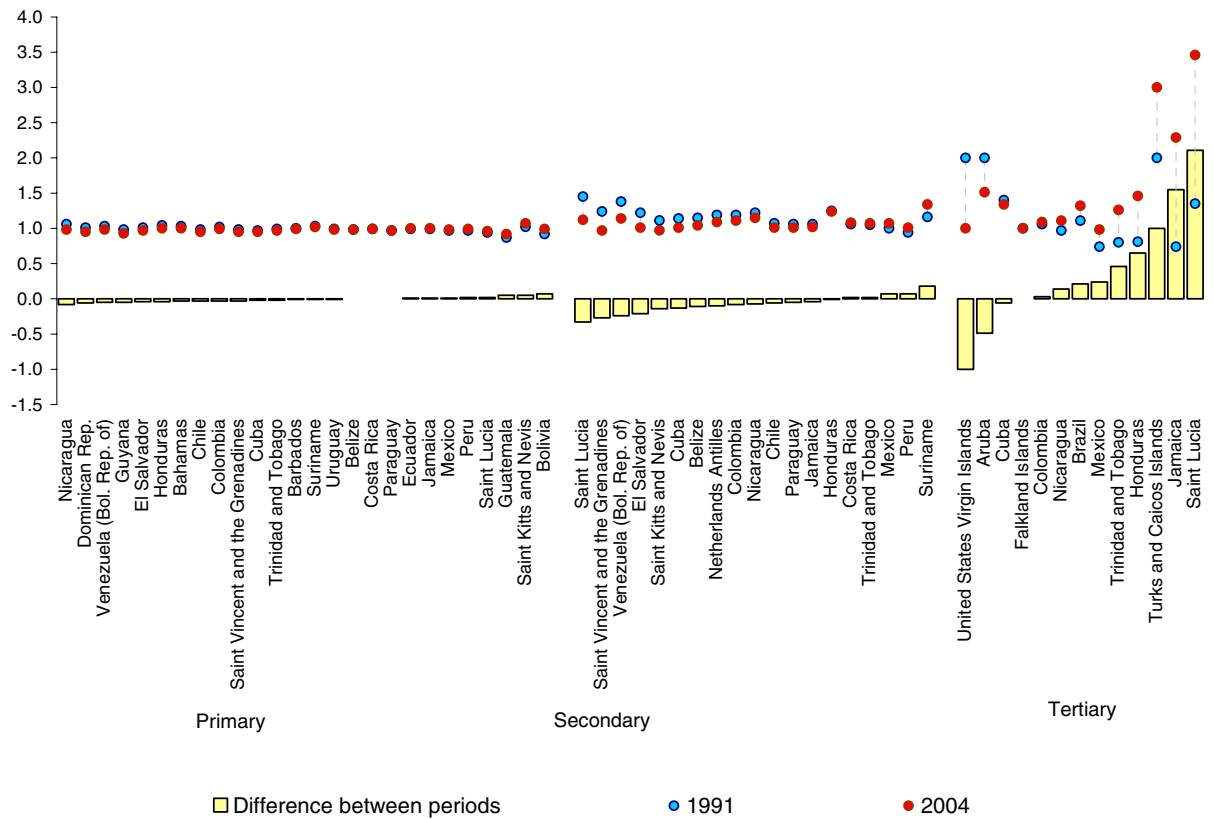
Figure I.10
RATIO OF GIRLS TO BOYS IN NET ENROLMENT RATES IN PRIMARY AND SECONDARY EDUCATION, AND IN GROSS ENROLMENT RATES IN TERTIARY EDUCATION



Source: United Nations, Millennium Indicators Database [on line] <http://mdgs.un.org/unsd/mdg/Data.aspx>

From a study of trends in the indicator (see figure I.11) and a comparison of these results with 1990, a very similar pattern in primary and secondary education emerges, in which the countries reveal only slight variations and have remained at parity. The most notable changes have occurred in tertiary education, where, in general the parity index has risen markedly.

Figure I.11
GENDER PARITY INDEX, 1990-2004, PRIMARY, SECONDARY AND TERTIARY EDUCATION



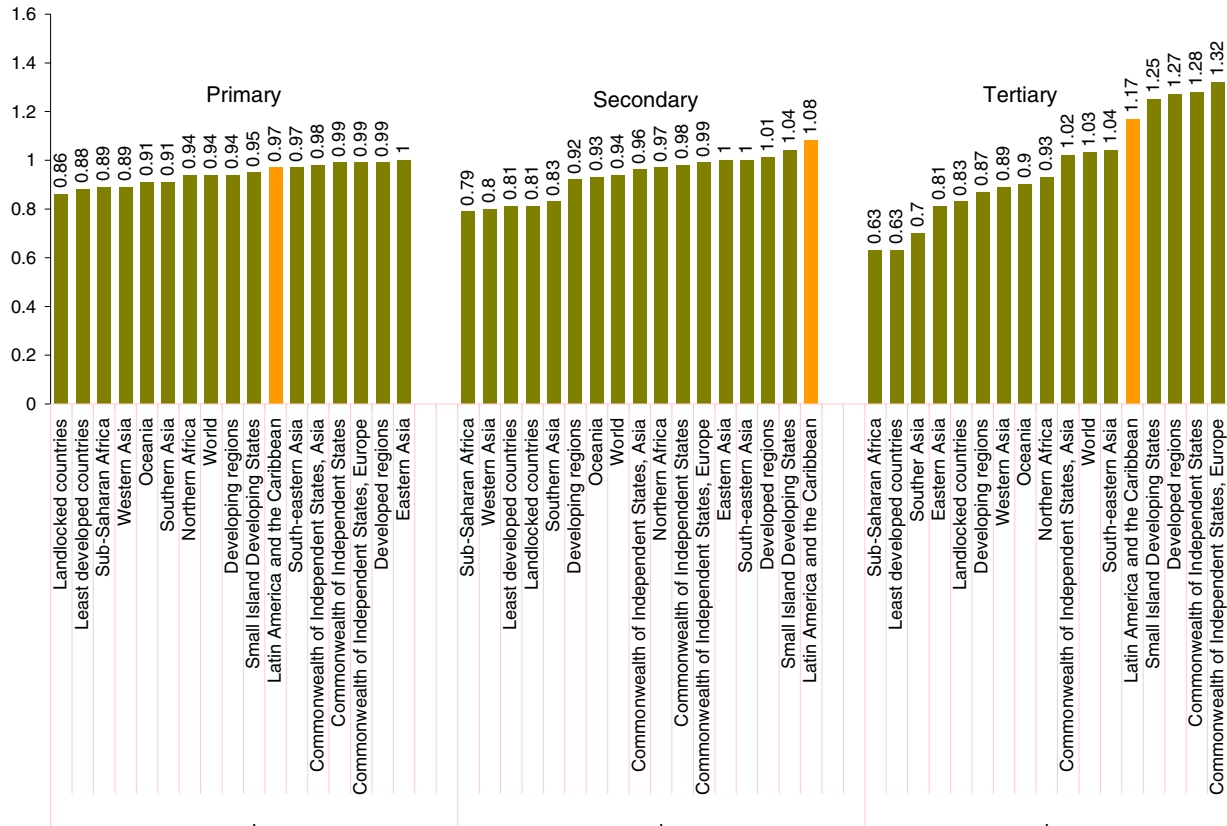
Source: United Nations, Millennium Indicators Database [on line] <http://mdgs.un.org/unsd/mdg/Data.aspx>, on the basis of data from the UNESCO Institute for Statistics (UIS).

As has been repeatedly pointed out, one of the most significant achievements in the region is related to educational access and coverage for both genders. A comparison with other regions indicates that, in 2004, Latin America and the Caribbean stood above the world average for all educational levels. Female enrolment is even higher than male enrolment at both secondary and higher or tertiary levels.

Figure I.12 illustrates that the gender parity index for primary education stands at 0.97, higher than the world average of 0.94 but lower than that of the developed regions and countries of East Asia, these last-mentioned being the only ones that have met the equity target.

Figure I.12

WORLD AND REGIONS: RATIO OF GIRLS TO BOYS IN NET ENROLMENT RATES IN PRIMARY AND SECONDARY EDUCATION AND IN GROSS ENROLMENT RATES IN TERTIARY EDUCATION



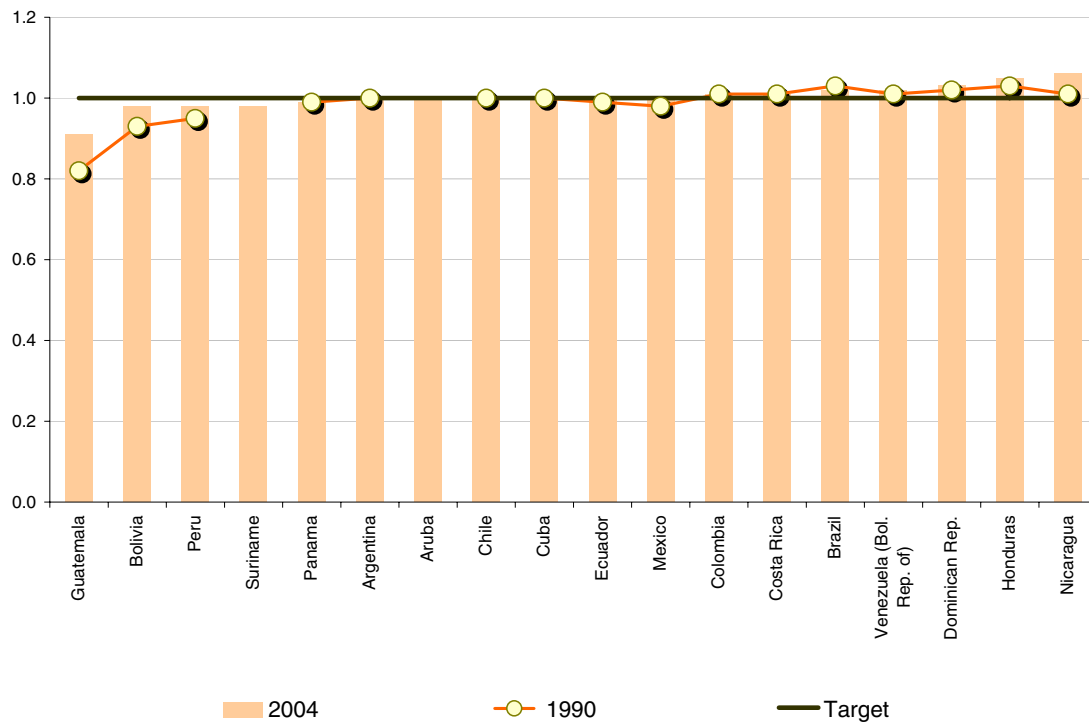
Source: United Nations, Millennium Indicators Database [on line] <http://mdgs.un.org/unsd/mdg/Data.aspx>, on the basis of data from UNESCO Institute for Statistics (UIS).

The trend noted in the 2005 report towards increased access to primary and secondary education continues, together with the obstacles identified (United Nations, 2005). Thus, the region on average has achieved parity in educational coverage, and in some places girls have even surpassed boys and young men. The available data do not permit an assessment of decisive factors, such as quality and segmentation, and all the obstacles to employment that are faced by women. A more detailed analysis of their educational and work trajectories by level of education could provide more information in this regard.

(b) Ratio of literate women to men, 15-24 years old (indicator 10)

On the basis of data from the United Nations Educational, Cultural and Scientific Organization (UNESCO), the literacy index of the young population currently indicates that parity has been reached in most countries, except for those with a high proportion of indigenous populations, such as Guatemala, Bolivia and Peru. Even these countries, however, have experienced rapid progress in recent years and are approaching the target, which is consistent with the long-term trend.

Figure I.13
LATIN AMERICA AND THE CARIBBEAN (18 COUNTRIES): RATIO OF LITERATE WOMEN TO MEN, 15-24 YEARS OLD



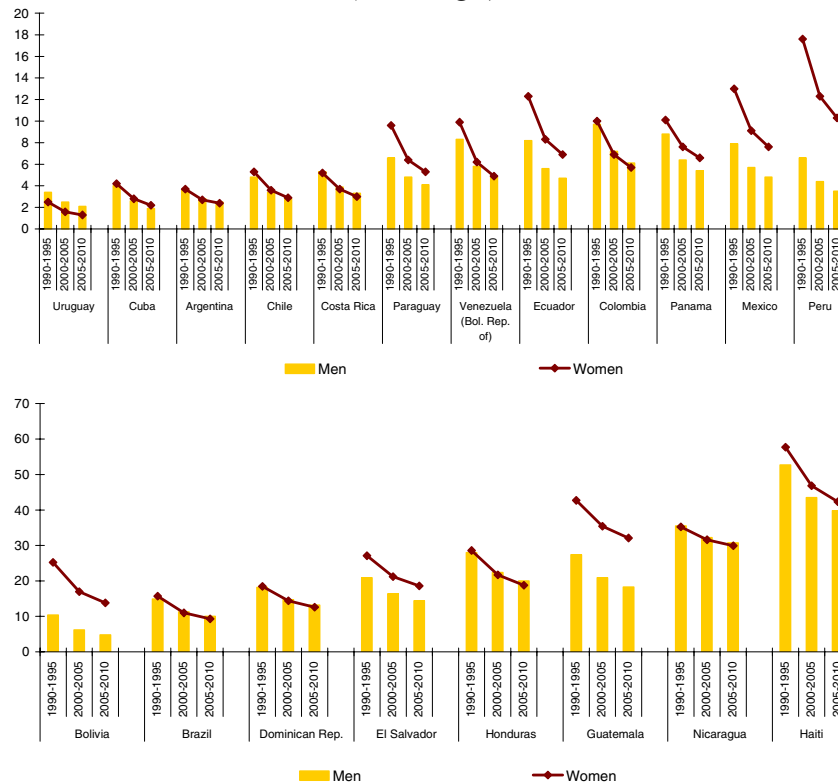
Source: United Nations, Millennium Indicators Database [on line] <http://mdgs.un.org/unsd/mdg/Data.aspx>, on the basis of data from UNESCO Institute for Statistics (UIS).

(c) Ratio of literate women to men in population aged 15 and over (indicator 10C)

The 2005 report draws attention to the need to measure female and male illiteracy in the whole population 15 years of age or older, without being limited to the age group 15 to 24. The main reason is that persons of the former age group are in the productive and reproductive phase of their lives, where it is important to achieve gender equity. The data are presented by country on the basis of UNESCO estimates in 2005, complementing the information contained in the earlier report. Although illiteracy has tended to decline among persons 15 years of age and older in all countries of the region, women still account for higher levels in Paraguay, Ecuador, Mexico, Peru, Bolivia, El Salvador and Guatemala.

In countries with less than 5% illiteracy, such as Uruguay, Cuba, Argentina, Chile and Costa Rica, no differences appear between the rates of women and men (see figure I.14). It has also been observed that the younger the age group, the narrower the gap, a finding that supports the idea that universal education at all levels has long-term repercussions on the reduction of gender disparities.

Figure I.14
ESTIMATES OF LITERACY RATE AMONG POPULATION AGED 15 AND OLDER, BY FIVE-YEAR PERIODS, 1990-2010
(Percentages)



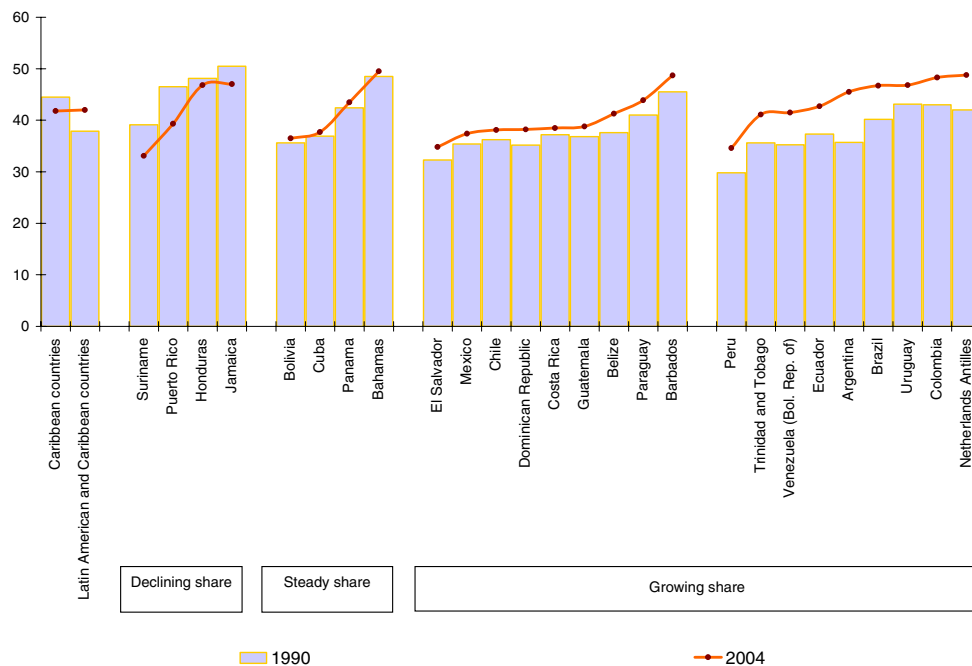
Source: UNESCO Institute for Statistics.

(d) Share of women in wage employment in the non-agricultural sector (indicator 11)

Employment is one of the areas in which gender gaps persist, as may be observed in levels of pay, returns to education, and participation in the informal sector and in low productivity jobs. Precisely because it recognized the importance of creating quality jobs, the 2005 World Summit recommended including in the first Goal the target relating to full and productive employment and decent work for all, including for women and young people. The incorporation of this target represents a substantial advance, in that the creation of quality jobs is both a Goal and a precondition for the fulfilment of the other Goals (ECLAC, 2007b).

From 1990 to 2004, the share of women in wage employment in the non-agricultural sector increased by four percentage points, to 42%, continuing the trend towards reduction of the gap despite the heterogeneity of the different groups of countries. Women's share declined in only four countries (Suriname, Puerto Rico, Honduras and Jamaica), while no changes were recorded in Cuba, Panama and the Bahamas. A slight or moderate rise occurred in 10 countries, and in the 9 remaining countries a significant upturn of over five percentage points was observed (see figure I.15). This indicator does not, however, reflect all the gender asymmetries in the labour market. The complementary and additional indicators reveal a more heterogeneous situation.

Figure I.15
**SHARE OF WOMEN IN WAGE EMPLOYMENT IN THE
 NON-AGRICULTURAL SECTOR, 1990-2004**



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

(c) Share of women and men employed in low-productivity sectors (indicator 11C)

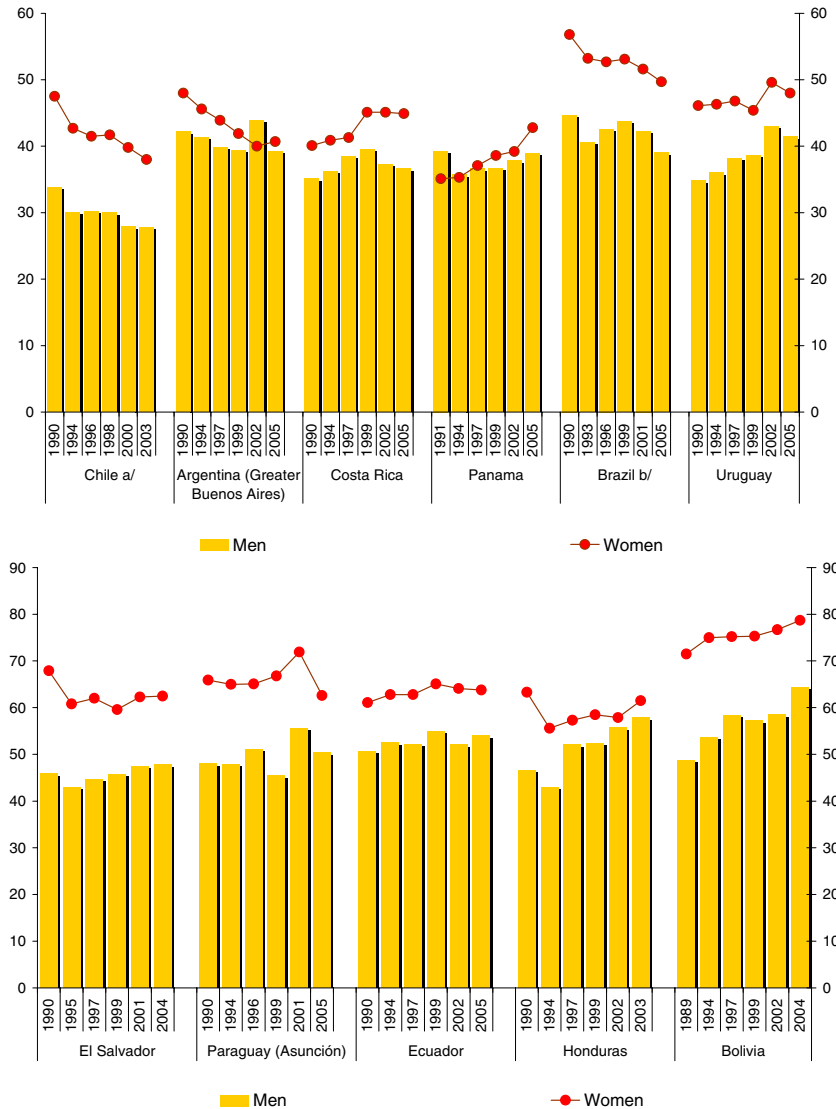
The capacity to create wage employment is a reflection of the vitality of national economies, their structures and technological progress. Inadequacies in the wage labour market may stimulate independent and entrepreneurial activity, but they may also force the less competitive industries into the informal sector.

At the regional level, the upturn in wage employment between 2002 and 2005 reduced urban employment in low-productivity sectors (including employers and unskilled workers in microenterprises, domestic employees and unskilled own-account workers) from 40% to 36% (ECLAC, 2007b). Despite this progress in the region as a whole, the countries continue to record greater percentages of women working in low-productivity sectors.

Quality jobs, or jobs involving permanent contracts, health insurance benefits, contributions to social security systems and other social benefits, together with a reasonable level of pay, continue to be held mainly by men rather than women.

In the 11 countries in figure I.16, women have historically been more heavily represented in low-productivity jobs, with few exceptions. Panama has exhibited the same pattern in recent years—although not in the years prior to 1999—and the gap is growing. Argentina (Greater Buenos Aires) and Honduras show the reverse pattern, where in recent years the gender gap has reached parity. The widest disparities—over 10 percentage points—are seen in Chile, Brazil, El Salvador, Paraguay (Asunción), Ecuador and Bolivia.

Figure I.16
MALE AND FEMALE URBAN POPULATION EMPLOYED IN LOW-PRODUCTIVITY SECTORS,
AROUND 1990, 1995, 1997, 1999, 2002 AND 2005
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

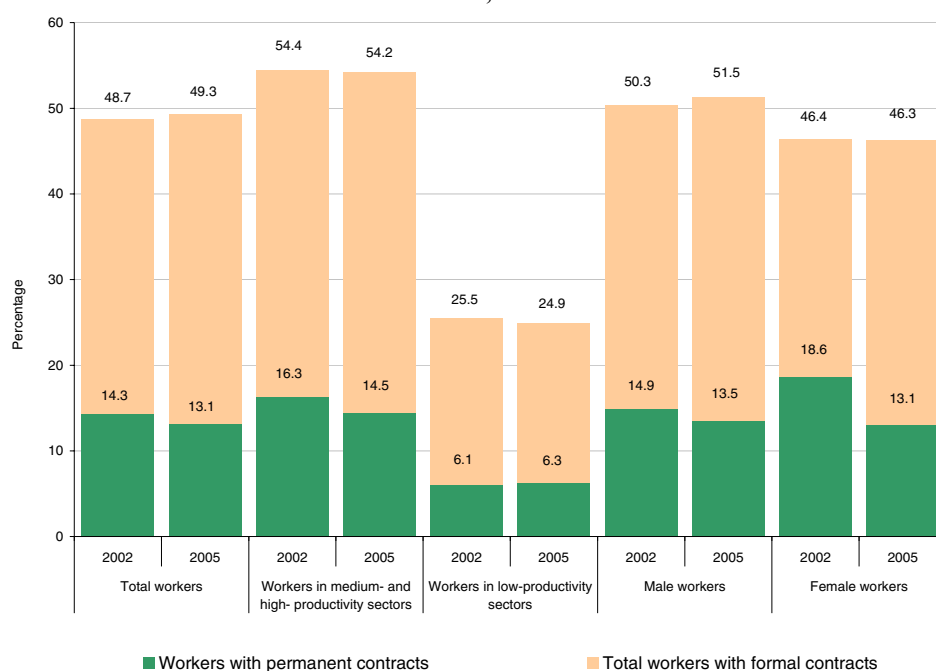
^a Information from national socio-economic surveys (CASEN).

^b Until 1990, waged workers with no employment contract were classified under the heading “Microenterprise”. In 1993 and 1996-1998, however, this category includes waged workers in establishments employing up to five persons, so the figures are not comparable with those for previous years.

The figure shows that employment increased, although in many cases the jobs created were unstable and unprotected. It should be noted that the slight recovery of jobs having formal contract arrangements between 2002 and 2005 was mainly due to the existence of temporary contracts; only 4% of the new jobs involved permanent contracts.

As shown in figure I.17, informal hiring is not the exclusive domain of low-productivity sectors. Only about 25% of wage workers have a formal contract in those low-productivity sectors, while the figure is about 54% in the medium- and high-productivity sectors. Furthermore, employers are more likely to have a formal contract with their male workers (52%) than their female workers (46%). In 2002, approximately 40% of female workers with a formal contract also had a permanent contract. In 2005, this applied to only 30% of those female workers. This demonstrates that during the regional upturn in employment, there was a strong decrease in permanent contracts for women. For the region as a whole, there were 20% fewer women with permanent contracts in 2005 than in 2002 (ECLAC, 2007b).

Figure I.17
LATIN AMERICA (12 COUNTRIES): PERCENTAGE OF WAGE WORKERS WITH FORMAL CONTRACTS, 2002 AND 2005

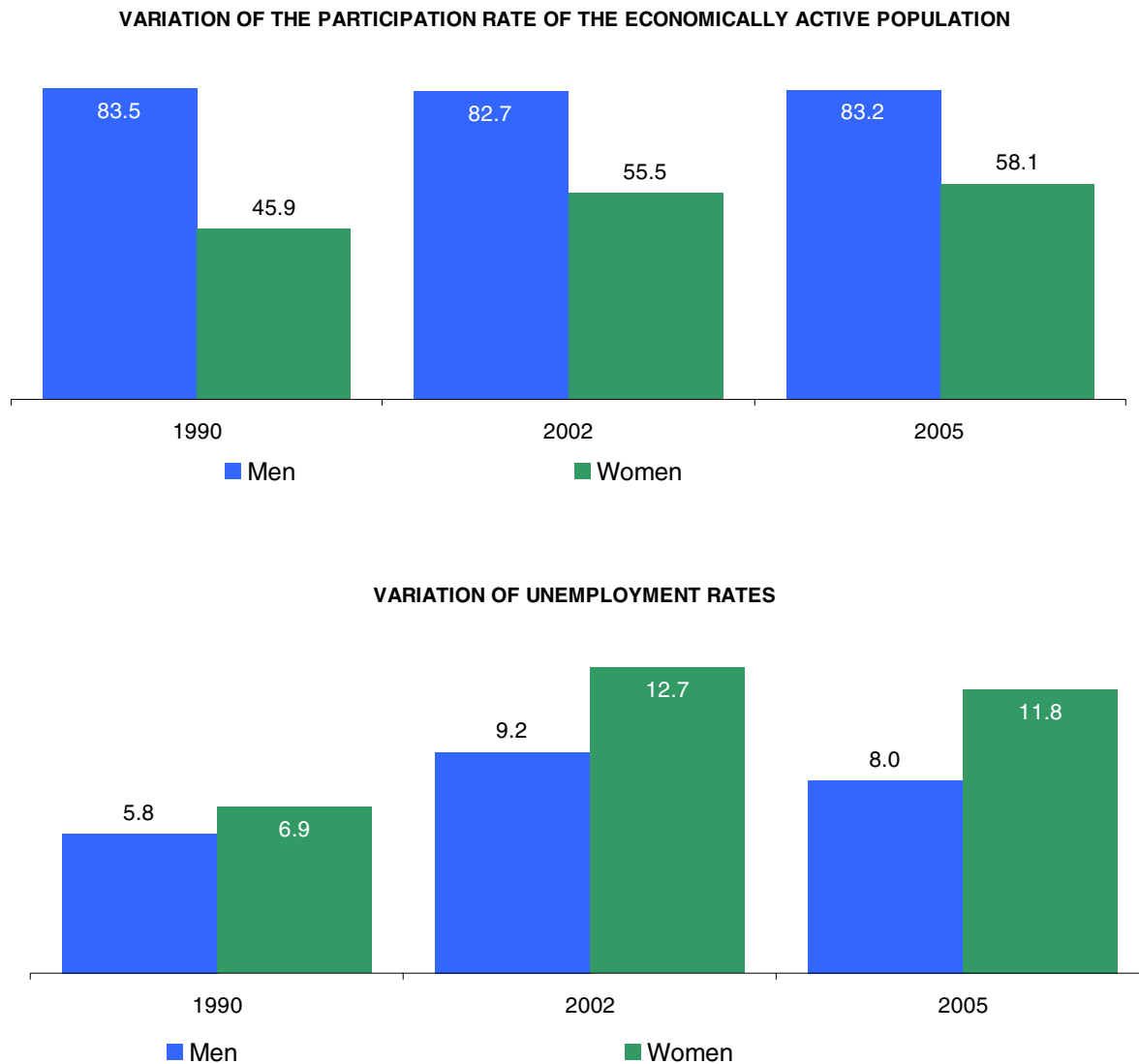


Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

(f) Rate of female and male unemployment in population aged 15 and over (indicator 3A1)

From 2002 to 2005, urban employment rose by nearly 3 percentage points in 12 of the 17 countries. The growth of the labour force was largely due to the continued trend in Latin America towards faster incorporation of women into the labour market. The increase in their employment rate from 2002 to 2005 (from 55.5% to 58.1%) widely surpassed the gain registered by men (from 82.7% to 83.2%). Thus, 2.8 million women and 2.5 million men joined the labour force during that three-year period.

Figure I.18
**EVOLUTION OF PARTICIPATION RATES OF THE ECONOMICALLY ACTIVE POPULATION AND
 UNEMPLOYMENT, BY GENDER, 1990-2005**
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

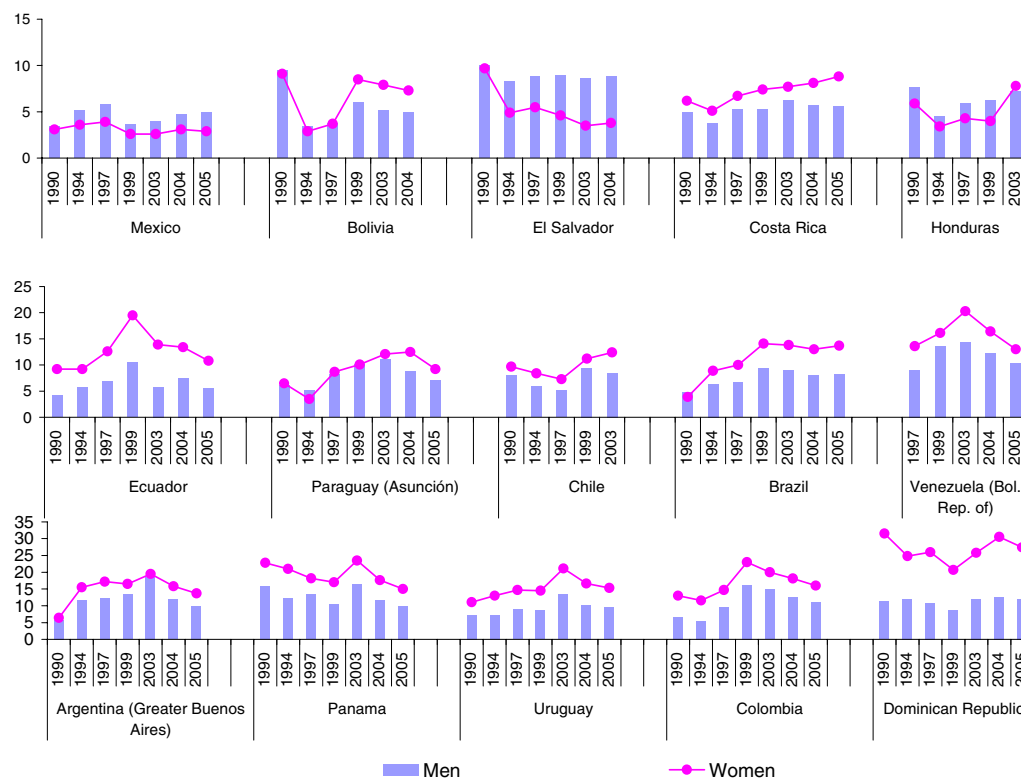
Urban unemployment in the region fell by approximately one percentage point, and slightly more than 5.3 million new jobs —over 75% of which were wage-paying— were created each year, representing a much higher growth rate than in the previous decade (3.8% annually from 2003 to 2005, compared to 2.9% from 1991 to 2002). The benefits of this trend fell mainly to the lower-income strata, significantly contributing to the reduction of poverty in Latin America.

As shown in Figure I.18, unemployment among women in the region rose from 6.9% in 1990 to 11.8% in 2005. The figures for men were 5.8% and 8.0%, respectively. The gap between female and male unemployment increased from 1.1 percentage points in 1990 to 3.5 in 2002 and 3.8 in 2005.

Despite these advances, the drop in urban unemployment did not reduce the disparities between men and women. Thus, unemployment rates remained higher for women, and the decreases observed during the period largely favoured men, who were already recording lower rates at the beginning of the most recent period of economic recovery and growth.

As figure I.19 illustrates, on the basis of data from 15 countries, the historical rates of female unemployment remain above those of men even in countries in which unemployment has fallen, such as Bolivia and Paraguay —where the gender gap has also increased.²⁹ Trends differed in some countries, such as El Salvador, where unemployment remained generally steady throughout the period, while that of women declined. Figures for the Dominican Republic showed the widest gaps, although they fluctuated erratically between men and women. In Mexico, Honduras and El Salvador, female unemployment was lower than or equal to male unemployment.

Figure I.19
LATIN AMERICA (15 COUNTRIES): URBAN UNEMPLOYMENT, 1990-2005
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

²⁹

Historical data show that in these two countries unemployment had a more even effect on both genders.

Fulfilment of Goals 1 and 3 is closely linked to female employment, which is in turn dependent on the restructuring of labour. Studies have been done on the positive effects of women's employment and their income in general on poverty reduction. Patterns of discrimination persist, however: despite their educational progress, women have not overcome labour segmentation, the double workday or wage discrimination. These three problems require active policies aimed at closing the gender gaps.

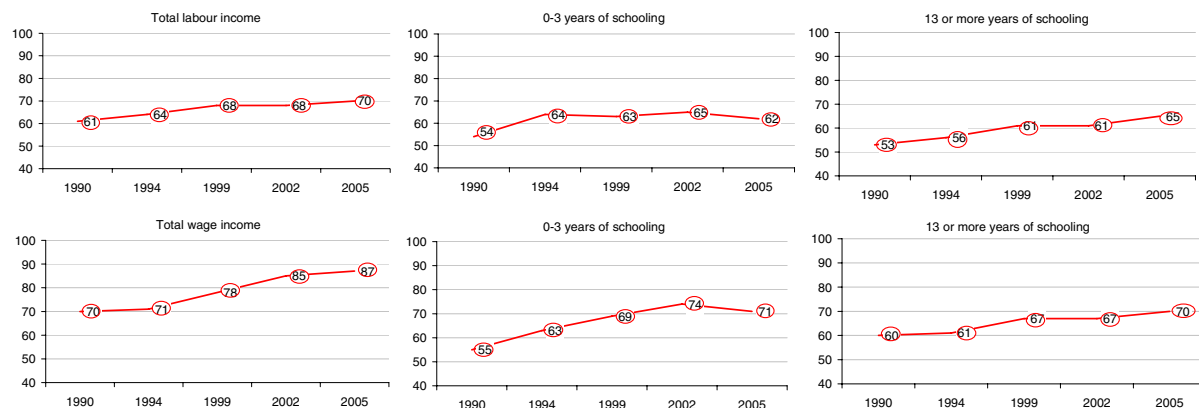
(g) Ratio of women's wage income to that of men (indicator 3A2)

Wage levels are another indicator of the quality of jobs and remaining gender gaps. In 2005, on average, women's labour income represented 70% of men's in urban areas. At the same time, women received the equivalent of 87% of men's wage income.

Until 2002, the biggest disparities were seen among more educated women, for whom labour income represented only 61% of that of men, whereas their wage income was equivalent to 67% of men's. In 2005, although a marked recovery occurred, women still earned much less than men (see figure I.20).

In contrast, where women had only 0 to 3 years of education, a drop of three percentage points was recorded between 2002 and 2005. At that time, the ratio of women's wage income to that of men was 65% for labour income and 74% for wage income. In 2005, this ratio decreased to 62% for labour income and 71% for wage income (see figure I.20).

Figure I.20
RATIO OF WOMEN'S WAGE INCOME TO THAT OF MEN



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

A projection based on the historical changes in the gap implies that equity in labour income will be reached more quickly among wage-earners. Thus, it is expected that the ratio will reach 100 by 2015, which would represent wage parity between women and men. Nonetheless, with regard to labour income in general, the picture is less auspicious, since the slow growth of the indicator implies that, by 2015, the ratio of women's labour income to men's will rise to only 76% (see table I.7).

Table I.7
RATIO OF WOMEN'S INCOME TO THAT OF MEN

Year	Actual ratios		Estimated ratios	Wage income ^b
	Labour income	Wage income	Labour income ^a	
1990	61	70	62	68
1991			62	69
1992			63	71
1993			63	72
1994	64	71	64	73
1995			65	75
1996			65	76
1997			66	77
1998			66	78
1999	68	78	67	80
2000			67	81
2001			68	82
2002	68	85	69	84
2003			69	85
2004			70	86
2005	70	87	70	87
2006			71	89
2007			71	90
2008			72	91
2009			72	93
2010			73	94
2011			74	95
2012			74	97
2013			75	98
2014			75	99
2015			76	100

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

Simple linear regression

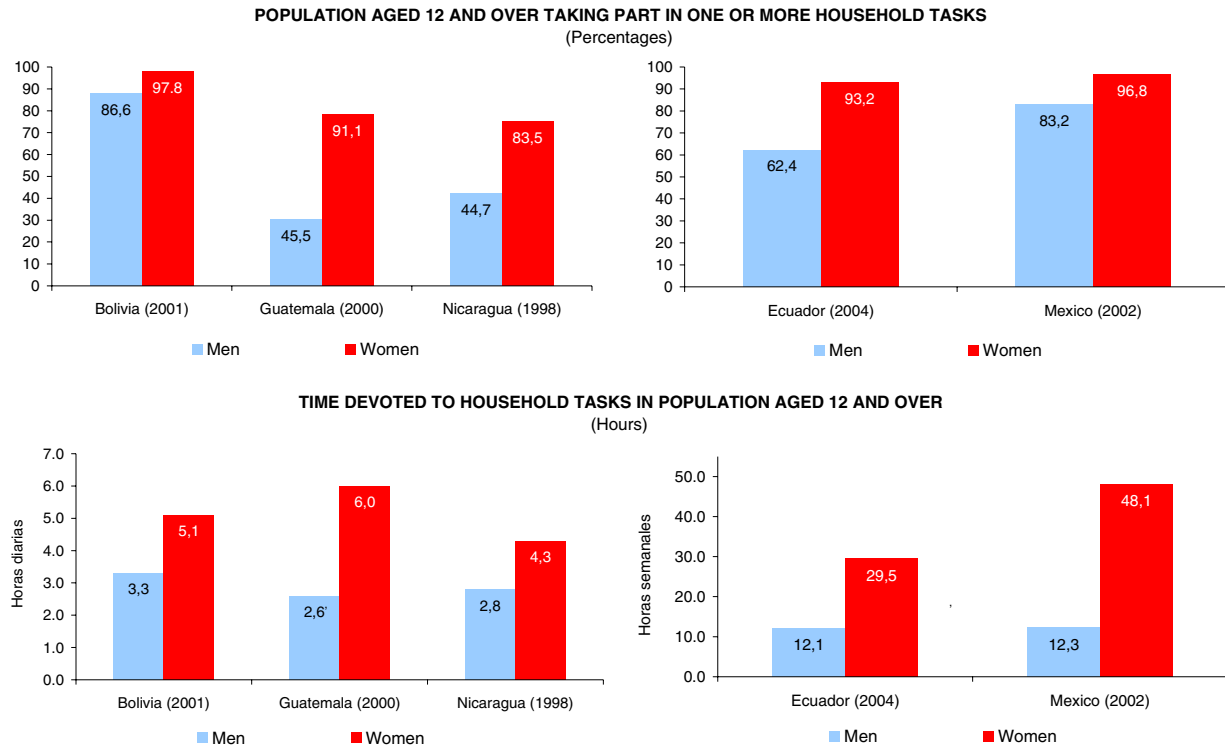
^a Est lab. income = 1.2967*year - 2512.3, goodness of fit R² = 0.9543

^b Est wage income = 0.5653*year - 1063.3, goodness of fit R² = 0.977

(h) Rate of male and female participation in domestic tasks in the population aged 12 and over (indicator 3A3)

In general terms, as seen in figure I.21, time-use surveys in various countries confirm that women devote more time than men to domestic tasks. This pattern is not a chance phenomenon, but rather reflects cultural practices that make women responsible for nearly all unpaid domestic tasks. This situation, in turn, has an impact on the availability of time for productive work, which is usually less for women than for men.

Figure I.21
PERCENTAGE OF POPULATION AGED 12 AND OVER WHO PARTICIPATE IN HOUSEHOLD TASKS^a



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Women's contribution to equality in Latin America and the Caribbean (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007; and Vivian Milosavljevic and Odette Tacla, presentations at the regional meeting on time-use surveys, design and application, Santiago, Chile, 2005.

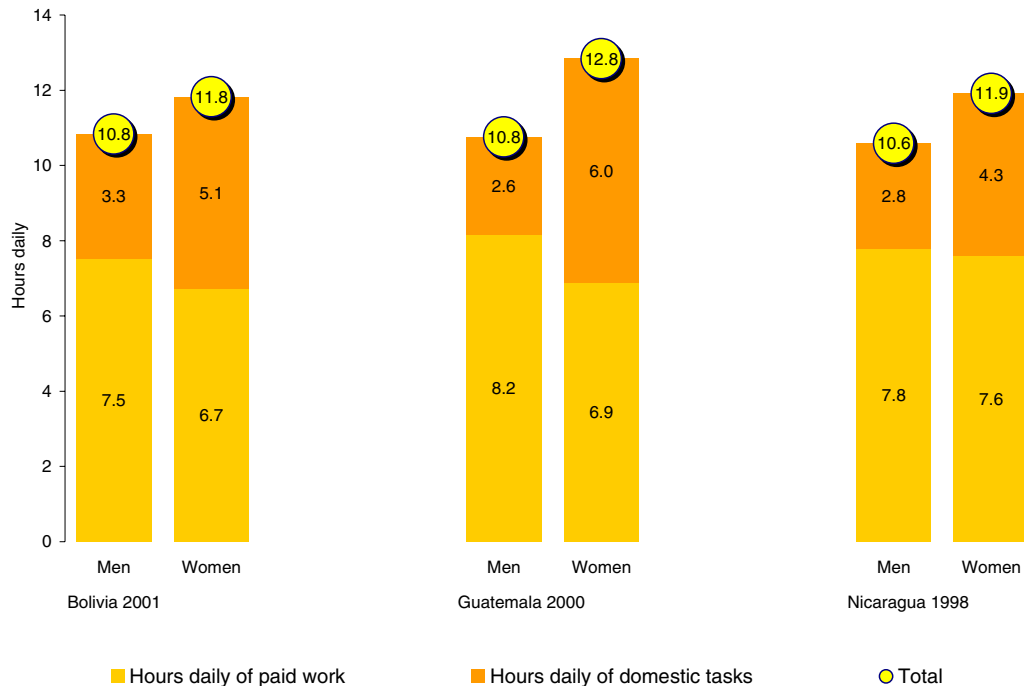
Note: The questionnaire used in Bolivia, Guatemala and Nicaragua had eight questions, that of Ecuador six and that of Mexico 57 sub-activities divided into 9 general activities. Time period of reference: Bolivia, Guatemala and Nicaragua: the previous day; Mexico and Ecuador: the previous week. Target population: Bolivia and Guatemala: aged 7 and over; Nicaragua: aged 6 and over; Ecuador: aged 5 and over; Mexico: aged 12 and over.

^a Since the time-use surveys or modules are very different from one country to another (different classification and breakdown of activities), the findings are not mutually comparable.

(i) Average hours spent on household tasks each day, by gender and by length of workday (indicator 3A4)

Although women represent an increasing share of the labour market, this does not exempt them from their responsibility for domestic tasks. This means that women are working longer hours than men, doing most of the unpaid work at home and, although they may have a paying job, continuing to shoulder most of the burden of household tasks. Figure I.22 illustrates three significant cases, although more comparable and systematic information on the region needs to be obtained. Nonetheless, it is clear that women usually have a longer workday.

Figure I.22
TIME DEVOTED TO PAID WORK AND UNPAID DOMESTIC TASKS
(Total workload: hours devoted to paid work and unpaid domestic tasks)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), Women's contribution to equality in Latin America and the Caribbean (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007, on the basis of special tabulations of the respective countries.

Note: Includes only people in paid employment stating that they had participated in one or more domestic activities the day before the survey. Since activities under the heading of domestic tasks differ among the surveys of the various countries, the findings are not necessarily comparable.

(j) Unmet demand for family planning and percentage of unwanted fertility (indicators 3A5 and 3A6)³⁰

Reproductive rights are an important dimension of the empowerment and autonomy of women. Table I.8 shows that in some countries of the region the unmet demand for family planning methods continues to be high, despite the increasing use of contraceptives in recent years. As long as women from all economic strata do not have access to family planning methods, the levels of unwanted fertility will also remain high, thus affecting women's rights and autonomy with respect to their own bodies.

³⁰ Although in some countries more recent information exists on the unmet demand for family planning and unwanted fertility, the choice was made to use earlier data that was available for all countries.

Table I.8
**LATIN AMERICA (16 COUNTRIES): GLOBAL FERTILITY RATE AND UNMET DEMAND FOR
 CONTRACEPTIVES, BY STAGE OF DEMOGRAPHIC TRANSITION**

Country and stage of demographic transition	Global fertility rate, 1995-2000	Unmet demand for family planning, circa 2000	Percentage of unwanted fertility
Incipient			
Guatemala	4.9	23.1	18.0
Haiti	4.4	39.8	40.4
Bolivia	4.4	26.1	40.5
Moderate			
Honduras	4.3	18.0	12.3
Nicaragua	4.3	14.7	30.6
Paraguay	4.2	17.3	4.0
El Salvador	3.2	14.2	15.9
Full transition			
Ecuador	3.1	10.0	21.2
Peru	3.0	12.1	37.9
Dominican Republic	2.9	10.2	21.9
Mexico	2.8	14.2	...
Colombia	2.8	6.2	30.8
Brazil	2.3	7.3	28.0
Advanced			
Argentina	2.6
Chile	2.4
Cuba	1.6

Source: Daniela Zapata, "Transversalizando la perspectiva de género en los objetivos de desarrollo del Milenio", *Estudios estadísticos y prospectivos series*, N° 52 (LC/L.2764-P/E), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 2007. United Nations publication, Sales N° S.07.II.G.100; and Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, *Demographic Bulletin*, N° 72 (LC/G.2211-P/E), Santiago, Chile, 2003.

Note: A birth is considered desired if the number of surviving children at the time of pregnancy was lower than the ideal number of children according to the respondent's answer. The desired fertility rate is based on births in the three or five years prior to the survey, and it represents the level of fertility that would theoretically result if all the unplanned births had been prevented. Desired births are the complement to unplanned births. In Ecuador, Nicaragua and Paraguay, unwanted births are defined as those which occurred in the period of three or five years before the survey but which the mothers said they did not want at the time they became pregnant. The interpretation of the two rates is the same.

Despite the widespread decline in fertility, about a third of pregnancies in the region are unplanned or unexpected (CELADE/UNFPA, 2005). In fact, if women had the number of children they desired, the global fertility rate in many countries would fall to about one child per woman. The problem becomes a vicious circle in poor populations. The high fertility rates make it difficult to rise above the poverty line as they reduce a woman's opportunities to work, increase her expenditures on school and health care for the children, intensify her vulnerability and make it difficult for her to save.

(k) Percentage of women who are, or have ever been, victims of physical, sexual or psychological violence by a current or previous partner (indicator 3A7)

Violence against women is one of the most extreme manifestations of gender inequality. It is, moreover, a flagrant violation of their dignity and integrity and constitutes an unacceptable breach of human rights. The impact of violence on well-being and health is not limited to the women who have fallen victim to it; it also has adverse effects on the other members of the household, particularly the children.

Violence, in its various forms, is far from being the exception in the region. In particular, although it occurs frequently among poor and uneducated women, violence against women also affects those who belong to more advanced categories. In reality, it would appear that an important factor in such violence is women's lack of economic autonomy, in other words, the absence of an income of their own. To the extent that it constitutes an obstacle to gender equality and the empowerment of women, therefore, violence against women must be eradicated in order to fulfil Goal 3.³¹

Table I.9
**WOMEN AGED 15 TO 49 WHO HAVE BEEN VICTIMS OF PHYSICAL, SEXUAL OR
PSYCHOLOGICAL VIOLENCE BY A CURRENT OR PREVIOUS PARTNER**
(Percentages)

Country	Physical violence	Sexual violence	Psychological violence
Bolivia	52.3	15.2	53.8
Colombia	39.0	11.5	65.7
Dominican Republic	21.7	6.4	67.5
Ecuador	31.0	12.0	41.0
Haiti	14.3	10.8	17.0
Mexico	9.3	7.8	38.4
Peru	42.3	9.8	68.2

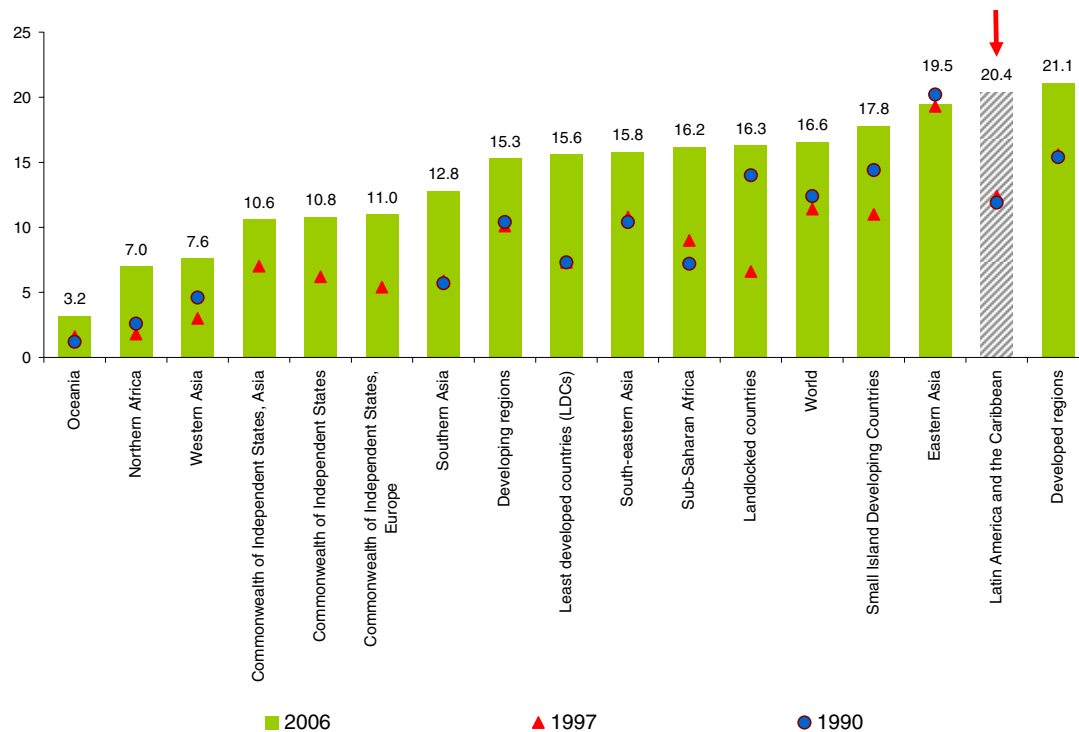
Source: Bolivia 2003: <http://www.measuredhs.com/pubs/pdf/FR159/12Chapter12.pdf>.
Colombia 2005: http://www.measuredhs.com/pubs/pdf/toc.cfm?ID=282&PgName=country.cfm0ctry_id=6.
Dominican Republic 2002: <http://www.measuredhs.com/pubs/pdf/FR146/12Capítulo12.pdf>.
Ecuador 2004: Demographic and maternal and child health survey (ENDEMAIN), 2004 (draft).
Haiti 2005-06: Fourth morbidity, mortality and service use survey (EMMUS IV) (preliminary findings).
Mexico 2003: National Survey on the Dynamics of Household Relationships (ENDIREH), 2003.
Peru 2004: <http://www.measuredhs.com/pubs/pdf/FR120/12Chapter12.pdf>.

(l) Proportion of seats held by women in national parliaments (indicator 12)

Latin America and the Caribbean, with a 20.3% female representation rate in 2006, is one of the regions with the highest proportion of women in the lower or single house of national parliaments, standing just below the developed regions (where the corresponding percentage is 21.8%).

³¹ Chapter II, section C, of this report deals with this topic in greater depth.

Figure I.23
PROPORTION OF WOMEN IN NATIONAL PARLIAMENTS, AROUND 1990, 1997 AND 2006
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Inter-Parliamentary Union (IPU).

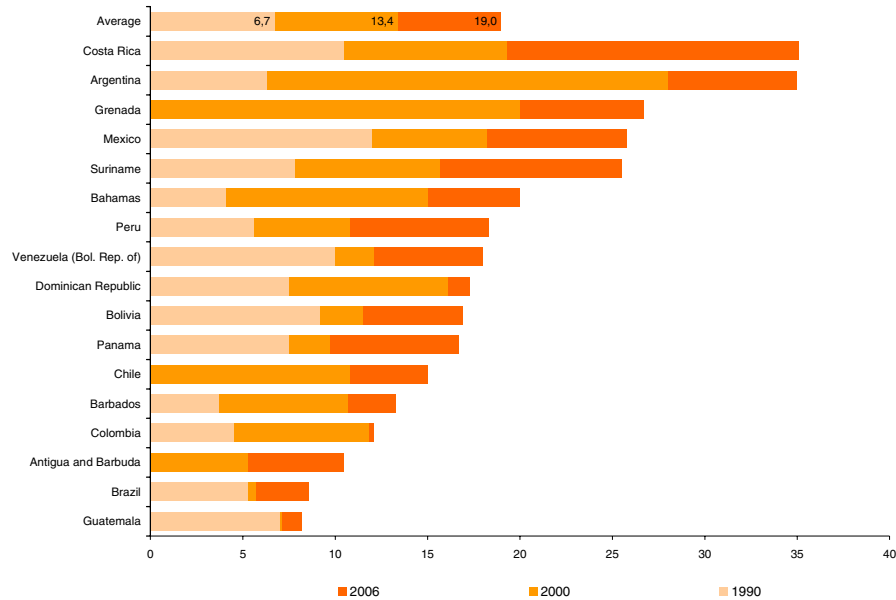
During the period 1990-2006, significant progress was made in most regions of the world. While the worldwide increase was slightly over four percentage points, the rise in Latin America and the Caribbean was 8.5 points.

A country-by-country analysis shows four different trajectories: in most countries, female representation in national parliaments grew steadily and constantly (see figure I.24); a second group showed little variation during the period 1990-2006 (see figure I.25); in a third group, significant progress was observed, but only recently (2000-2006) (see figure I.26); and lastly, female representation reversed itself in a small group of countries during this latter period (see figure I.27).

In general, although the share of seats held by women in national parliaments has grown, the region is still far from achieving parity. Such parity of representation is a crucial target on the path to gender equality, calling for concrete measures and strong political will on the part of Governments and political parties.³²

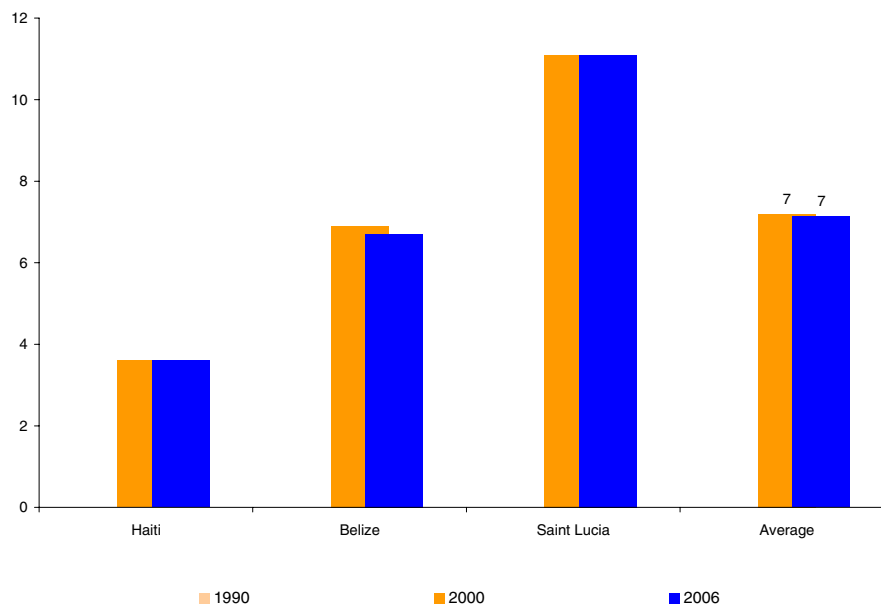
³² Chapter II, section B, of this report deals with this topic in more depth.

Figure I.24
**COUNTRIES WITH A GROWING PROPORTION OF WOMEN IN NATIONAL PARLIAMENTS,
 1990-2006**



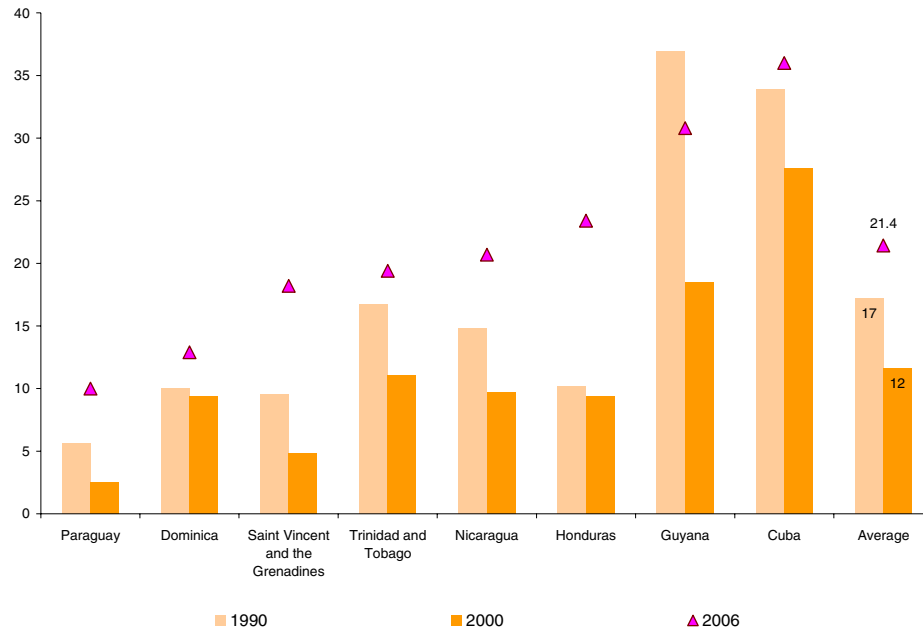
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Inter-Parliamentary Union (IPU) and United Nations, Millennium Indicators Database [on line] <http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Data/RegionalGroupings.htm>.

Figure I.25
**COUNTRIES SHOWING NO CHANGE IN THE PROPORTION OF WOMEN IN NATIONAL
 PARLIAMENTS, 2000-2006**



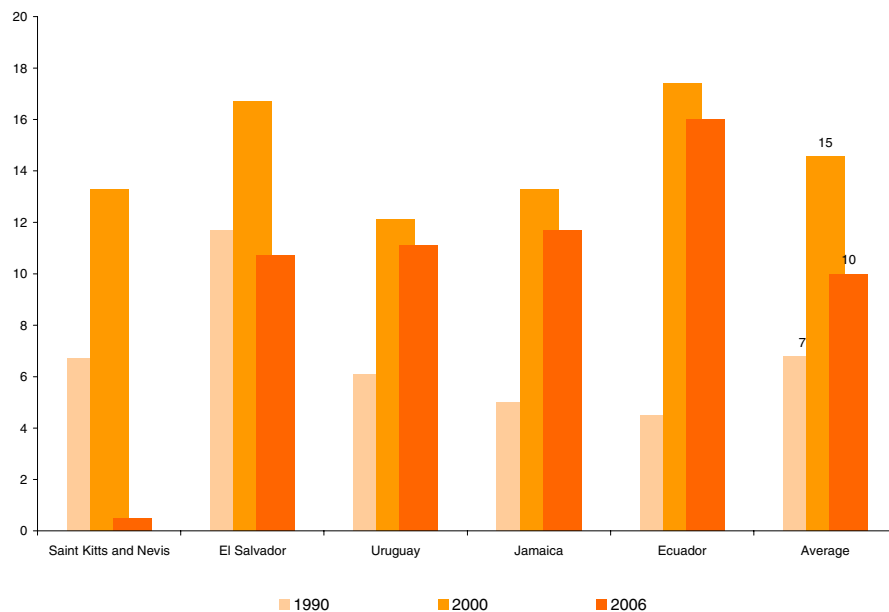
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Inter-Parliamentary Union (IPU) and United Nations, Millennium Indicators Database [on line] <http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Data/RegionalGroupings.htm>.

Figure I.26
COUNTRIES WITH A GROWING PROPORTION (ONLY IN 2000-2006) OF WOMEN IN NATIONAL PARLIAMENTS, 1990-2006



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Inter-Parliamentary Union (IPU) and United Nations, Millennium Indicators Database [on line] <http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Data/RegionalGroupings.htm>.

Figure I.27
COUNTRIES SHOWING A REVERSAL IN 2000-2006 IN THE GROWING PROPORTION OF WOMEN IN NATIONAL PARLIAMENTS, 1990-2006



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of information from the Inter-Parliamentary Union (IPU) and United Nations, Millennium Indicators Database [on line] <http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Data/RegionalGroupings.htm>.

(m) Existence of a quota law at parliamentary level (indicator 12C)

Progress has been seen in the proportion of seats held by women in national parliaments in specific institutional contexts. In particular, laws setting quotas for female representation seem to have a greater impact when they involve legal sanctions against parties that fail to meet the quota, as is the case in Argentina and Costa Rica, two of the countries where women hold the most parliamentary seats.

Table I.10
LATIN AMERICA AND THE CARIBBEAN (21 COUNTRIES): CATEGORIZATION OF THE INFORMATION ON QUOTA SYSTEMS IN FAVOUR OF GENDER EQUITY

Country	Electoral system ^a	Constitutional quota	Quota law	Subnational quotas (constitution or law)	Quota percentage	Legal sanctions	Order rules	Quotas in political parties
Argentina	PR	Yes	Yes (1991)	Yes	30	Yes	Yes	Yes
Bolivia	MMP	No	Yes (1997)	Yes	30	Yes	Yes	Yes
Brazil	PR	No	Yes (1995)	Yes (1995)	30	Yes	No	Yes
Chile	PR	No	No			N/A	--	Yes
Colombia	PR	No	No ^b			No	--	No
Costa Rica	PR	No	Yes (1996)	Yes	40	Yes	Yes	Yes
Dominican Republic	PR	No	Yes (1997)	Yes (2000)	33	Yes	Yes	Yes
Ecuador	PR	No	Yes (1997)	Yes	30	Yes	Yes	Yes
El Salvador	PR	No	No			N/A	--	Yes
Guatemala	PR	No	No			No	No	No
Guyana	PR	Yes	No			N/A	--	No
Haiti	TRS	No	No			No	--	Yes
Honduras	PR	No	Yes (2000)	Yes	30	No	--	N/A
Mexico	MMP	No	Yes (1996)		30	Yes	Yes	Yes
Nicaragua	PR	No	No			No	--	Yes
Panama	PR	No	Yes (1997)		30	N/A	--	No
Paraguay	PR	No	Yes (1996)	Yes	20	Yes	No	Yes
Peru	PR	No	Yes (1997)	Yes	30	Yes	No	No
Trinidad and Tobago	FPTP	No	No			No	No	No
Uruguay	PR	No	No			No	No	Yes
Venezuela (Bol. Rep. of)	MMP	No	No ^c			Yes	--	Yes

Source: Economic Commission for Latin America and the Caribbean (ECLAC), Women's contribution to equality in Latin America and the Caribbean (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007; Virginia Guzmán and Claudia Moreno, A gender parity horizon in Latin America: the political representation of women ((LC/L.2670(CRM.10/4)), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), April 2007; and International Institute for Democracy and Electoral Assistance (IDEA), "Global Database of Quotas for Women" [on line] <http://www.quotaproject.org/> [date of reference: 16 August 2006].

^a PR: Proportional representation; MMP: Mixed Member Proportional; TRS: Two-Round System; FPTP: First Past the Post.

^b In 1999 a quota law was adopted but was declared unconstitutional in 2001.

^c In 1997 a quota law was adopted but was declared unconstitutional in 2000.

II. WOMEN'S AUTONOMY AND EMPOWERMENT ¹

As part one of this report has shown, the region's progress in terms of gender equality has been slow. Below is an analysis of a number of factors contributing to gender inequality that must be taken into account when formulating policies to eliminate discriminatory barriers (often enshrined in cultural values, norms and procedures that the institutions involved still apply or are ceasing to apply). These policies should include a mandate of building equality and empowering women.

The first factor addressed in this report is the lack of recognition and value ascribed to unpaid work, which is important owing to its repercussions on women's autonomy and on both collective poverty and specifically female poverty, as well as to the obstacles that it creates to labour force participation. The second factor is women's poor political representation in a variety of spheres, as part of the same sexual division of labour that assigns primary responsibility for unpaid work in the home to women, whilst largely excluding them from the public sphere. A third factor is the importance of reproductive rights for autonomy and development, which is why, as far back as 1994, Governments had already realized the need to promote women's participation as a prerequisite for sustainable development. The report also highlights women's crucial contribution to improving the health of all members of society.

The fourth factor is gender violence, whose impact on the loss of freedom, rights and autonomy in general has a direct and negative impact on job performance and decision-making, and restricts women's ability to contribute to the development of society as a whole. In conclusion, the report demonstrates the importance of adopting a comprehensive approach to all aspects of work (paid and unpaid) and of empowerment in decision-making in all spheres, including the reproductive sphere, as well as to the elimination of all forms of violence.

A. UNPAID WORK AND WOMEN'S AUTONOMY

Taking as a starting point the links between poverty and gender issues, this section reviews the central tenet of gender theory —that the gender power imbalance and the subordination of women spring from the sexual division of labour between “productive” (paid) work and “reproductive” (unpaid) work. The purpose of this review is threefold. First it aims to emphasize how large and important a contribution unpaid care work in the home makes to the economy and to human development. The second aim is to use the fragmented information available to sketch a regional picture of gender inequalities in the distribution of the total workload of paid and unpaid work, highlighting, where the data so permit, the socio-economic diversity of such gender inequalities. The third aim is to examine the links between the gender distribution of unpaid care work and women's autonomy, in order to consider policy options for promoting gender equality from that perspective.

¹ This section was based on the contribution of the Pan American Health Organization (PAHO).

1. Poverty, unpaid work and gender equity

The interrelationships between gender equity and poverty eradication have been discussed extensively by ECLAC (2003 and 2004) in regional reports to monitor progress towards the Millennium Development Goals (United Nations, 2005). The 2005 report indicated that, in practically all countries in the region, poverty affected women more severely than men, and the latest complementary and additional indicators for Target 3 confirm that this is still the case.

Poverty is more than an insufficient level of income or consumption. ECLAC has defined it as a multidimensional phenomenon arising from a social and economic process—with political and cultural components—in which a number of different individual and collective causes and factors deprive people and households of essential assets and opportunities (ECLAC, 2003). One of the key aspects of this process is gender relations. A variety of inequalities within families and households, in access to the labour market, to production resources and to income-earning assets, such as credit, land ownership and certain public services, to name but a few, differ according to gender and tend to generate additional disadvantages for women. In general, such disadvantages diminish economic autonomy and limit access to power and to decision-making at all levels. Gender inequalities tend to be compounded by other types of disparity, aggravating their consequences. For instance, even where they are of an identical socio-economic level, ethnic group, geographical location, level of education and employment status, women tend to face greater obstacles than men. The gender perspective is therefore useful in deepening the poverty analysis and in devising policies for alleviating poverty. In poverty analysis, the gender perspective is used to “identify the gender factors that increase or decrease the probability of individuals experiencing poverty, and how the characteristics of poverty are different for men and women” (ECLAC, 2004, p. 8). It is essential to analyse to what extent and in which contexts poverty affects women more in quantitative terms, and to determine the various gender inequalities that perpetuate this situation of poverty, prevent it from changing, increase the probability of suffering it or sharpen the intensity with which poverty is experienced.

Men and women experience poverty in different ways, with women suffering a series of disadvantages, ranging from a social obligation to perform unpaid and economically and socially unrecognized domestic work, to higher levels of unemployment and wage discrimination. In addition, it is more difficult for women to access, use and control production resources. As part one of this report illustrates, indicators such as the femininity index of poverty, the proportion of extremely poor households headed by women or the proportion of women among people without an income of their own show that poverty affects women more severely and that women have limited economic autonomy, that is to say, little ability to generate income and decide how to spend it.

Policies for eradicating gender inequality at work therefore continue to be very important in promoting women’s full participation in paid work as a means of achieving economic autonomy and lifting themselves and their families out of poverty. However, such policies have tended to tackle the problem of economic autonomy only in part, as their application has been confined to the public sphere of paid work, to the detriment of the private sphere of unpaid work, despite the fact that it is the main factor determining both women’s exclusion from the labour market and their economic subordination.

The disproportionately large burden of socially necessary but economically invisible unpaid care work that falls on women has an adverse effect not only on the domestic sphere but also on women’s opportunities in public life. Their primary responsibility for unpaid work taking care of the home and family members (children as well as elderly, disabled, sick and healthy relatives) severely limits women’s time and opportunities to choose full-time work in the labour market and to occupy jobs in the formal

sector, which would give them access to employment-based social protection benefits. As a result of devoting themselves to unpaid care work in the home, women, more frequently than men, find themselves in a situation of economic dependence on the breadwinner spouse, which reduces their possibilities for economic autonomy and their entitlement to short- and long-term health and social security benefits. In addition, it erodes women's social capital owing to the resulting isolation they endure. Such dependence places women in a fragile economic and social situation, making them more vulnerable than men to a sudden loss of material resources when ties with the "breadwinner" head of family are cut as a result of death, desertion or separation.

There is no doubt that autonomy is essential in ensuring that women achieve a situation of real equality. The possibility of a woman deciding where and when to work, coupled with her ability to choose how to allocate her income, is also an essential element of autonomy. However, the options for achieving gender equality depend, to a large extent, on policies that take a coordinated approach to the rules governing the labour market and the shared social responsibility of caring for family members. At present, women have limited freedom to choose paid work, because the responsibility for harmonizing paid work in the market with unpaid work in the private sphere depends, almost exclusively, on their ability to negotiate individually with their partners and employers, as public policy initiatives for restructuring the sexual division of labour are still very weak.

Despite being in an unfavourable situation for generating income, women still make an irreplaceable contribution to the monetary and non-monetary income of poor households and to their welfare (care work). By adopting a gender perspective, it is possible to identify synergies and shortcomings that need to be addressed by public policies. Box II.1 lists some of the difficulties faced by poor women in generating incomes of their own.

Box II.1

WOMEN TEND TO FIND IT MORE DIFFICULT TO GENERATE INCOMES OF THEIR OWN TO OVERCOME POVERTY

Women's lack of economic autonomy and gender inequalities make poverty more of an obstacle for women than for men, in particular because they compound women's problems in generating their own income. These intricately linked problems include:

- Lower returns on acquired education owing to job discrimination and job segregation, in which women are confined to lower-paid activities.
- A culturally ingrained "obligation" to shoulder all or a disproportionately large proportion of the burden of domestic work and care of household members, reducing women's opportunities for labour force participation and the time available for productive activities.
- A greater tendency for women to participate in the informal sector and in low-productivity activities.
- Poorer access to social protection mechanisms, unemployment insurance and retirement and other pension schemes, owing to poorer access to quality jobs.
- Wage and job discrimination resulting in lower income and salaries than men at all educational levels and in all sectors of activity.
- Poorer access to income-earning assets, such as land ownership and credit.

Source: Economic Commission for Latin America and the Caribbean (ECLAC).

Thus, poverty and gender inequality have numerous links with the sexual division of labour. As long as unpaid work and care work performed within the home are accorded no social recognition or value, it will be impossible to remove the basic obstacles to achieving gender equality and women's

empowerment. An effective and practical recognition of the crucial importance of care work for development, as well as of the value of women and men's unremunerated contributions to such care work, would lead to far-reaching social and economic policy changes and would radically alter women and men's real options, ultimately redressing the balance of power between the sexes.

Such recognition would have significant implications for public policies in the region, in particular pension policies. Up to now, harmonization between work and home for childcare purposes has been envisaged in terms of: (a) granting maternity or sick-child leave; (b) providing childcare services; and (c) various types of tax exemptions and cash transfers to allow women to purchase childcare in the market (Razavi, 2005). These benefits are either employment-related and offered on a universal basis, or targeted at families under a certain poverty threshold. In all cases, their development is very frail compared with other public services like health and education. While childcare services and family childcare allowances vary widely from country to country, the common characteristic they share is that they 'defray only a small percentage of the cost of children, and fail to protect women adequately from the increased risk of poverty that motherhood imposes' (Nancy Folbre, cited by Razavi, 2005, p. 15).

2. Mandates and concepts of unpaid work and care work

The interrelationships between poverty and gender equality demonstrate the need to analyse the unpaid work performed by women, especially care work. Indeed, the United Nations has mentioned unpaid and care work in some of its most important mandates. After explaining them briefly, this report goes on to review the concepts of unpaid work and care work, before analysing the current situation in the region.

(a) Mandates

The need to recognize the economic contribution of all forms of women's work as a prerequisite for achieving the goal of gender equality has been officially stressed in a number of agreements and conventions endorsed by the United Nations Member States over the past three decades. The first mention in a United Nations document of women's productive and reproductive roles dates back to 1980, at the World Conference of the United Nations Decade for Women in Copenhagen. Subsequently, the report of the World Conference to review and appraise the achievements of the United Nations Decade for Women: Equality, Development and Peace, held in Nairobi (1985), made explicit recommendations for moving towards gender equality by means of such recognition (chapter 1, section A, paragraph 120).

"The remunerated and, in particular, the unremunerated contributions of women to all aspects and sectors of development should be recognized, and appropriate efforts should be made to measure and reflect these contributions in national accounts and economic statistics and in the gross national product. Concrete steps should be taken to quantify the unremunerated contribution of women to agriculture, food production, reproduction and household activities."

The Beijing Declaration and Platform for Action, adopted at the Fourth World Conference on Women (Beijing, 1995), reaffirmed the important contribution of women's unpaid work to the economy and accorded special importance to the recommendation that such work should be measured and its value assessed, calling upon national, regional and international statistical institutes, as well as United Nations international cooperation agencies, to:

- *Devise suitable statistical means to recognize and make visible the full extent of the work of women and all their contributions to the national economy, including their contribution in the unremunerated and domestic sectors, and examine the relationship of women's unremunerated work to the incidence of and their vulnerability to poverty (Strategic Objective A.4, para. 68b).*
- *Develop methods, in the appropriate forums, for assessing the value, in quantitative terms, of unremunerated work that is outside national accounts, such as caring for dependants and preparing food, for possible reflection in satellite or other official accounts that may be produced separately from but are consistent with core national accounts, with a view to recognizing the economic contribution of women and making visible the unequal distribution of remunerated and unremunerated work between women and men (Strategic Objective H.3, para. 206, f, (iii)).*
- *Develop an international classification of activities for time-use statistics that is sensitive to the differences between women and men in remunerated and unremunerated work, and collect data disaggregated by sex. At the national level, subject to national constraints... (para. 206g):*
 - *Conduct regular time-use studies to measure, in quantitative terms, unremunerated work, including recording those activities that are performed simultaneously with remunerated or other unremunerated activities;*
 - *Measure, in quantitative terms, unremunerated work that is outside national accounts and work to improve methods to assess its value, and accurately reflect its value in satellite or other official accounts that are separate from but consistent with core national accounts.*

(Strategic Objective H.3. section g, paragraph i, (ii))

In the regional sphere, Area VI of the Regional Programme of Action for the Women of Latin America and the Caribbean, approved in 1994 and presently in force, devotes an entire chapter to promoting shared family responsibilities. In particular, Governments in the region recognized the need to encourage processes of change in all spheres of society for consolidating democratic family structures.

In the healthcare sphere, resolution CD46.R16 of the Directing Council of the Pan American Health Organization (PAHO), which approved the PAHO Gender Equality Policy, includes a specific recommendation to governments to “*include, as appropriate, in the National Health Accounts indicators for the unremunerated time devoted by men and women to health care in the home, as a function of the total expenditure of the health care system*” (PAHO, 2005a).

In the employment sphere, the Ministerial Declaration on full and productive employment and decent work for all, approved by the Economic and Social Council in 2006, recognized that this was a cross-cutting objective of all the Millennium Development Goals. In that context, ILO regulations on non-discrimination and the promotion of gender equality have major implications for consolidating women's economic autonomy. ILO Convention 100 on equal remuneration explicitly establishes the principle of equal remuneration for men and women workers for work of equal value. Recommendation 90 aims to facilitate the application of the equal remuneration principle by taking appropriate measures to ensure that

workers of both sexes have equal or equivalent facilities for vocational guidance or employment counselling, for vocational training and for placement, as well as by providing welfare and social services which meet the needs of women workers, particularly those with family responsibilities. ILO Convention 111 on discrimination (employment and occupation) promotes the adoption of a national policy for eliminating any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation. Recommendation 111 on discrimination affirms that all persons should, without discrimination, enjoy equality of opportunity and treatment in respect of: access to vocational guidance and placement services; access to training and employment of their own choice on the basis of individual suitability for such training or employment; advancement in accordance with their individual character, experience, ability and diligence; security of tenure of employment; remuneration for work of equal value; conditions of work including hours of work, rest periods, annual holidays with pay, occupational safety and occupational health measures, as well as social security measures and welfare facilities and benefits provided in connection with employment. ILO Convention 183 on maternity protection entitles working mothers to a period of maternity leave of not less than 14 weeks, prohibits discrimination in employment on the grounds of maternity, guarantees the right for a woman to return to the same position or an equivalent position paid at the same rate at the end of her maternity leave, and regulates the right to daily breaks or a daily reduction of hours of work to breastfeed her child.

With regard to harmonizing productive and reproductive obligations, a key text is ILO Convention 156 on workers with family responsibilities, defined as men and women workers with responsibilities in relation to their dependent children or to other members of their immediate family who clearly need their care or support. One of the Convention's recommended measures is for countries to adopt policies to enable persons with family responsibilities who are engaged or wish to engage in employment to exercise their right to do so without being subject to discrimination and, to the extent possible, without conflict between their employment and family responsibilities. The Convention also advocates the adoption of measures to enable workers with family responsibilities to exercise their right to free choice of employment, to take account of their needs in terms and conditions of employment and in social security, to develop or promote community services, public or private, such as childcare and family services and facilities, including all measures in the field of vocational guidance and training, to enable workers with family responsibilities to become and remain integrated in the labour force, as well as to re-enter the labour force after an absence due to those responsibilities. The Convention also states that family responsibilities shall not, as such, constitute a valid reason for termination of employment.²

(b) Concept of unpaid work

The sexual division of labour is at the heart of gender inequality, which is underpinned by a patriarchal family structure where the man is the highest authority and sole provider and there is a rigid division of tasks and responsibilities, regulated by social norms that have become ingrained over time. In contrast, the woman is seen as a subordinate and dependent subject, which has enormous repercussions on the resulting gender roles, in both the private and public spheres. One of the principal results is a division between two spheres: that of unpaid work performed chiefly by women (which serves to bolster the paid economy) and the paid labour market, segregated into male and female segments that are valued and remunerated differently.

² ILO Convention 156 on workers with family responsibilities has so far been ratified by nine countries in the region (Argentina, Belize, Bolivarian Republic of Venezuela, Bolivia, Chile, El Salvador, Guatemala, Peru and Uruguay).

There are two important factors associated with the sexual division of labour. First is society's assignment of the domestic role to women, which limits their opportunities to participate in paid work, and second is the low value set on what is considered to be women's work, in both the labour market and the home.

The assignment to women of the primary responsibility for maintaining the home and for childcare (reproductive work) limits their time and opportunities to participate in paid work, to gain entitlement to social protection benefits linked with paid employment and to achieve economic autonomy arising from labour force participation. Over and above the constraints that it imposes on access to material resources, the assignment of the domestic sphere to women restricts their ability to acquire social assets by means of social relations that enable people to cope effectively with their own environment and to participate in policy decisions affecting the welfare of their community.

The second important factor associated with the sexual division of labour —the undervaluation of women's work— means that women's work in the home is not actually recognized as work and that predominantly female jobs and labour market sectors enjoy less prestige and are less well paid. This low value is associated with the idea that women's work is an extension of the domestic role and, as such, requires no special skills because women perform this work “naturally” and free of charge (Budlender, 2002). Furthermore, the cultural tendency to characterize men as “producers” and women as “dependent” housewives serves to reinforce stereotypes and discriminatory practices stemming from lack of awareness of the economic contribution of unpaid care work, to reduce remuneration for women's work in the labour market on the assumption that such remuneration is supplementary, and to allocate social security benefits indirectly via the male “head of family” instead of to the woman in her own right.

(c) Unpaid care work

The term care work requires clarification, since no universally accepted definition exists and so it tends to be used to mean different things. UNIFEM (2000) also mentions other terms used to refer to unpaid care work, which lend themselves to ambiguity. Domestic labour: does this refer to the work of family members to maintain the home or to the work of paid domestic help? Unpaid labour: does this refer to what a woman does in taking care of her husband or the work she does without pay for the family business? Reproductive work: does this refer to giving birth and breastfeeding or to maintaining the social fabric? Home work: does this refer to unpaid housework or to paid work done in the home on subcontract from an employer?

According to recent studies (ECLAC, 2007a), providing care is the most basic survival activity. Human beings require care from birth for their feeding, health and personal development, and caring therefore has strong emotional connotations, not only because most care activities take place in the bosom of the family but also because the quality of care itself tends to be closely linked with the effort that care providers invest on account of their emotional attachment to care receivers (Folbre, 2006). Caregiving is part of the unpaid work of social or domestic reproduction and covers “maintenance of the home and domestic goods, physical care and nutrition, socialization, the education and upbringing of minors, the maintenance of social relationships and psychological support for family members” (ECLAC, 2007a). In the private sphere, such work chiefly involves providing care for the elderly, children, sick relatives and other healthy household members.

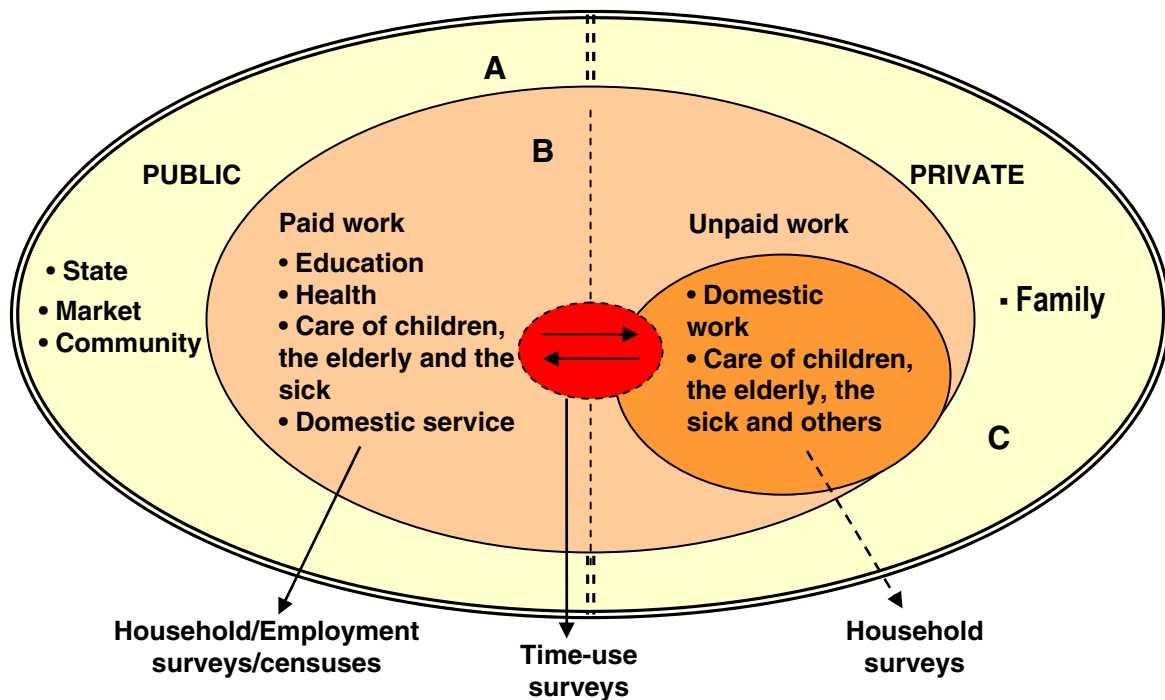
Although this section focuses on the unpaid care work performed by women in the home, it is tackled from a relational perspective (the relationship between the sexes and that between paid and unpaid work). It therefore examines the attainment of gender equality and women's empowerment in the context of the real options and opportunities open to women and men to perform unpaid work in the home and to combine it with

paid work in the market. Figure II.1 illustrates the way in which care work intersects both the public and private spheres and paid and unpaid work. This has institutional, political and economic implications.

In the healthcare sphere, there is a clear interdependence between the paid and unpaid spheres of care. Owing to job and labour-market segregation between men and women and, in general, to predominant gender roles, an expansion of public healthcare services creates paid work for women and reduces their workload in the home. Conversely, cuts in healthcare services impose additional demands on women's time. Indeed, public expenditure "savings" do not come without a cost, which the State has transferred to the community and to families. Such a transfer of costs has been based on an implicit assumption that there is a pool of underutilized human resources available with the time to assume this task, and that the "community" and "families" expected to assume these tasks are in fact the large body of "non-working" women outside the labour market (Waring, 2004). Another result of this transfer of costs is to devalue paid care in the market, since it is made to look like work that anyone, or more accurately, any woman, could do (Armstrong, 2007).

In the context of women's rising labour force participation, it is also necessary to consider the interdependence between paid and unpaid work. This rising trend is leading to a reduction in the supply of unpaid services and a corresponding increase in demand for services of every type as a result of population ageing and a higher prevalence of chronic illnesses associated with longer lifespans. Furthermore, women's increasing labour force participation has led to growth in market activities to replace some of the unpaid activities formerly performed by women in the home, such as food preparation, house cleaning and nursery care.

Figure II.1
CARE WORK IN SOCIETY



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007.

Unpaid care work also represents an economic contribution to the home and the community at large. The obligation that women assume for care work, together with the very invisibility of women's unpaid work and a presumption that women's time is infinitely elastic, have, until now, prevented serious consideration from being given, in the institutional context of health, to the time constraints and costs imposed upon women, either in demanding care for their dependents in healthcare centres or in women providing effective healthcare in the home themselves. Still less research has been done on the effect of performing so many demanding roles on women's physical and mental health and on the economic situation of women and their families. In contrast, primary healthcare programmes aimed at promoting child survival and health (by means of monitoring healthy children, oral rehydration, breastfeeding and immunization) have been directed at mothers, offloading the heaviest burden of these responsibilities onto them, with no sustained emphasis on creating the conditions to enable them to perform such roles. In addition, public service cuts, in the form of shorter hospital stays and the transfer to families of care for the mentally sick and elderly, were not based on a consideration of whether women are actually able to perform such services in the time available to them, in a way that is effective for both patients and carers.

The value of unpaid care work transcends its market value, and can be considered as a human-capital investment with enormous long-term repercussions. Indeed, its value lies in developing skills, widening choices and cultivating human relations.

Time-use surveys have only recently been used to measure unpaid work, and a number of conceptual and methodological issues remain to be resolved. In cases where time-use surveys exist, the information is presented in varying degrees of detail or using non-comparable categories (see annex I). Few studies provide separate information on healthcare, instead tending to group healthcare into such broad categories that it is impossible to confine the analysis. The direct care of other (healthy or sick) people tends to be performed by women simultaneously with other routine household tasks. Such simultaneity leads to widely varied ways for indicating and recording such activities. For example, in some cases childcare is grouped together with care of the sick, the elderly and the disabled, while in other cases it does not figure in any category. However, where care of the sick (apart from the chronically sick) is recorded separately, it tends to be more clearly indicated and described for men, for whom that activity seems less diluted in other day-to-day domestic activities than it is for women.

From the information available it emerges that the patterns of women's time use, especially that of poor women, include very little or no leisure time. In general, women work longer hours than men, averaging as many as 18 hours per day in some rural areas. In the case of Chimborazo in Ecuador, women who participate in paid work can average 72 working hours a week, compared with a weekly average of 59 hours for men. Serious consideration has not yet been given to the sustainability of a healthcare system based on the unpaid work of women. However, such an analysis has become unavoidable in the face of population ageing and the changing epidemiological profile of the population, which are steadily increasing demand for health services. These phenomena make it urgent to explicitly examine the real cost of providing care, as well as ways of distributing it fairly, not only between women and men but also between families and society. As stated by UNDP (1999, p. 79):

The challenge for human development is to find the incentives and rewards that ensure the supply of services—from the family, the community, the State and the market—all recognizing the need for gender equality and distributing the burdens and costs of care fairly.

For the practical purposes of the following analysis, time spent on unpaid domestic work was used as an indirect indicator of the amount of time spent on unpaid care work. This was decided on the

basis of the results of national surveys indicating that women spend most of their unpaid working hours on caring for others (UNDP, 1995; INEGI, 2002).

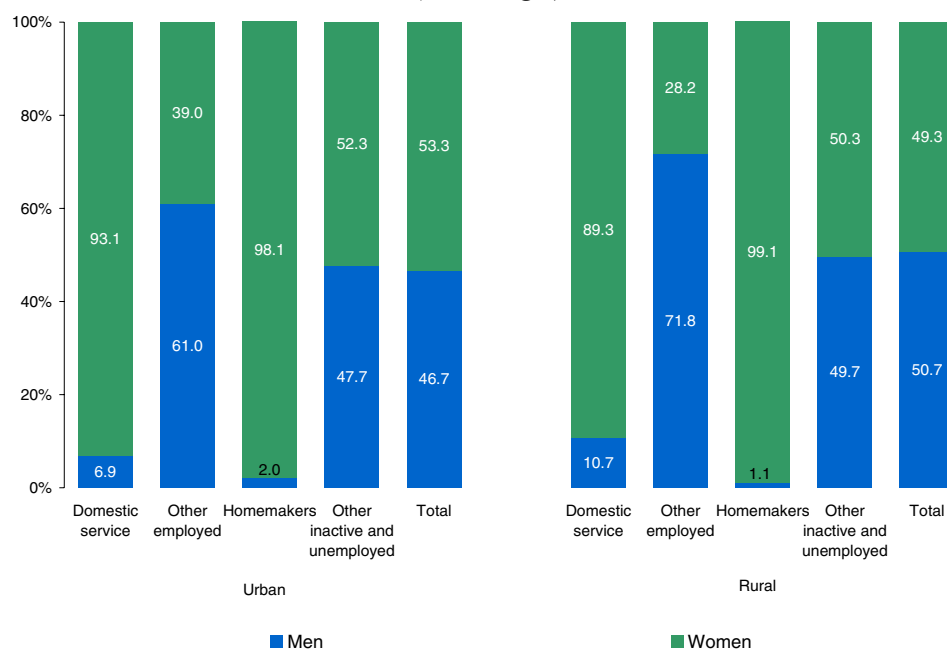
3. Diagnosis: the gender distribution of unpaid work in Latin America

As a rule, not enough research has been done to make an economic assessment of unpaid work because a lack of attention to the issue in the past has produced little relevant information to make it visible. However, the little information available shows large gender gaps, calling for the full attention of public policymakers.

As an unpaid activity, domestic work is undervalued and almost exclusively performed by women. As an economic activity, domestic work is predominantly performed by women and poorly remunerated. As shown in Figure II.2, in 2005, women made up 93.1% of the urban population engaged in domestic service. On average 13% of women were employed in domestic service, and their remuneration was barely 40% of that of women working in other fields.

Unpaid domestic work is almost exclusively performed by women. In urban areas, 98.1% of those considering themselves “homemakers” in 2005 were women. The corresponding figure in rural areas was 99.1%. In fact, 27% of women aged 15 and over claimed to be homemakers, which is a high percentage considering that the female population aged 15 and over includes students, working women, retired women and unemployed women (see figure II.2).

Figure II.2
LATIN AMERICA (SIMPLE AVERAGE OF 15 COUNTRIES' URBAN AREAS AND 12 COUNTRIES' RURAL AREAS): COMPOSITION OF THE POPULATION AGED 15 AND OVER BY GENDER AND TYPE OF ACTIVITY, AROUND 2005
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of household surveys conducted in the respective countries.

(a) Lack of economic valuation of the contribution of unpaid work

The fact that the majority of women's work is neither recognized nor valued is nothing new. Based on time-use surveys conducted in 31 developing and industrialized countries, in 1995, the United Nations Development Programme (UNDP) revealed that women work longer hours than men and assume more than half of the total workload: women shouldered 51% of the total burden of work in industrialized countries and 53% in developing countries. Most of women's work contribution was unremunerated and was not included in the production indicators of the United Nations System of National Accounts (SCN). Women spend two-thirds of their working hours on work for which there is no remuneration or economic recognition, while men spend one quarter of their working hours on such work. What is more, women spend most of their unpaid working hours taking care of others (UNDP, 1995).

Women's work is still severely undervalued in economic terms, owing not only to the limited scope of the definition of economic activity but also to the notion of value itself. From an economic standpoint, the value of work has become synonymous with market value, limiting its scope to goods and services which are traded in the market. For example, domestic services are considered to contribute to production only when they are wage-earning services performed in other people's homes, not when they are performed in a person's own home.

The lack of recognition of the economic value of unpaid work in national accounts systems renders invisible the needs of women who devote their time to caring for others but who receive no monetary remuneration for it. Such women (wives, mothers, daughters, grandmothers) are considered to be "non-productive", "inactive", "unoccupied" or "non-working" people outside the business cycle. The invisibility of their contributions to production also makes them invisible when it comes to distributing the benefits deriving from such production (Waring, 2004).

It is complicated to calculate the magnitude and economic value of unpaid work. As Budlender (2002, p. 21) points out, there are no obvious monetary measurements because the work is unpaid, and neither are there obvious measurements of the output of such work, given the intangible nature of many of the services it renders. Measurement options are basically confined to determining how many people performed unpaid work and how much time they devote to it. Time-use surveys are the ideal instrument for such purposes, as they focus on counting the number of hours which women and men spend working, rather than counting the number of labour force participants. In time-use surveys, the measurement of working time is not limited to primary activities but also includes activities performed simultaneously, which is a particularly important consideration in the case of unpaid care work. The representativeness of the survey reference period is a key consideration for the gender-specific measurement of working time. This is because, with paid employment, certain periods, seasons of the year or days of the week are associated with a particular workload. However, unpaid care work in the home never stops in any season or at weekends.

Only time-use surveys allow unpaid work to be measured within the framework of current national account measurements, like GDP, on an imputed basis (that is, by assigning an economic value). In addition, time-use surveys are used to measure the interdependence between household members' activities, that is to say, how paid work, unpaid care work, community work, study, leisure time and personal care interrelate (Waring, 2004). This information is vital in understanding:

- The impact of women's increased labour force participation on the growth of market activities replacing the unpaid activities that women formerly performed in the home.

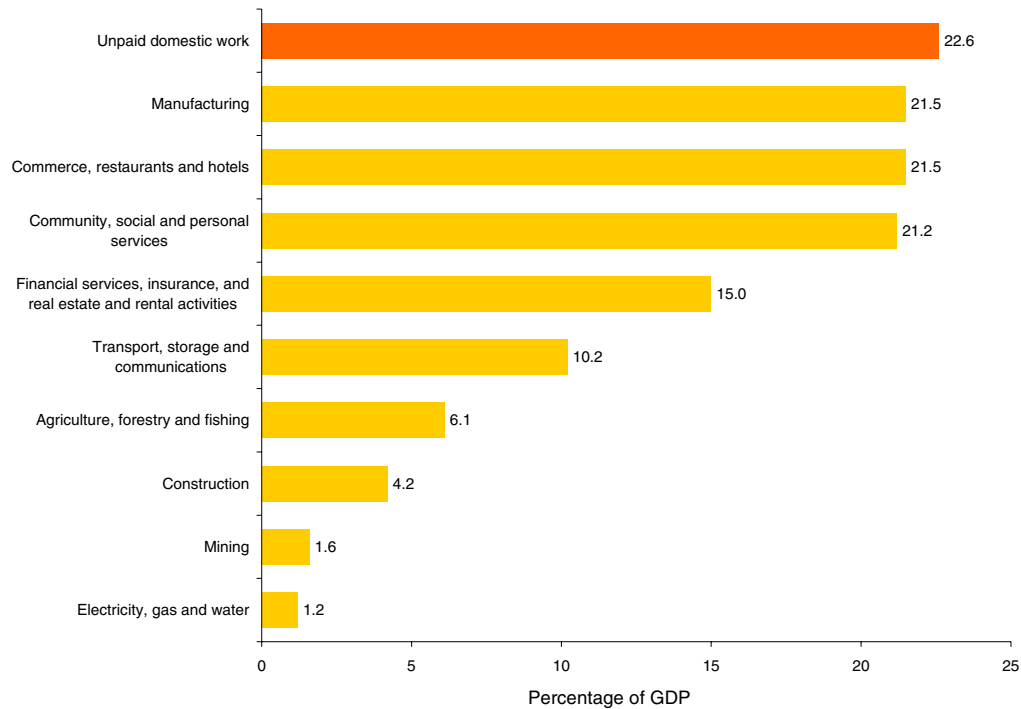
- The impact of the devolution of State services to the community in terms of increasing the amount of unpaid time worked by invisible workers.
- The socio-economic diversity in the time-use patterns of household members and in the dynamics of these patterns in response to demographic, economic and public policy changes.
- Progress towards equal distribution of household tasks among the different population groups.

Time-use indicators are converted into economic measurements by assigning hourly wages to time worked. A number of different approaches are used to make this calculation, depending on the type of wage selected for imputation, such as the minimum wage, the market wage for performing specific activities, the wage representing the opportunity cost of the person performing the activities, and so on. The resulting values can be used for different policy applications, and provide an input to represent the contribution of unpaid work for calculations of economic models and national accounts, especially what are known as satellite accounts.

Certain calculations on the economic value of unpaid work suggest that it makes a substantial contribution to GDP. In Mexico, for example (Gómez Luna, 2001), the imputation of market wages to various unpaid activities suggested that the contribution of unpaid work would outstrip the contributions of all the other conventional economic sectors (see figure II.3). This supports the assertion that “If women’s unpaid work were properly valued, it is quite possible that women would emerge in most societies as the main breadwinners—or at least equal breadwinners—since they put in more hours of work than men” (UNDP, 1995, pp. 97-98).

In general, very little information is available from time-use surveys in the region, owing to the cost and complexity of such surveys. According to ECLAC (2007a), up to now the following Latin American countries have conducted special time-use surveys or included modules in household surveys: Argentina (1998), Bolivia (2001), Brazil (2001), Costa Rica (2004), Cuba (2001), Ecuador (2004-2005), El Salvador (2005), Guatemala (2000), Mexico (1996, 1998, 2002), Nicaragua (1996), Panama (2006) and Uruguay (2003). With the exception of Mexico’s survey, which has been carried out nationwide on several occasions, the other surveys have covered only a few selected geographical areas and/or been conducted only once. The following analysis is based on partial published information from time-use surveys conducted in some of these countries. The survey information refers to: Mexico (2002), Montevideo, Uruguay (2002), Havana in Cuba (2001) and Chimborazo, Esmeraldas and Quito in Ecuador (2005). The geographical coverage of the selected areas in Ecuador was as follows: a rural area in the province of Chimborazo; urban and rural areas in the province of Esmeraldas and an urban area in the city of Quito. The country criterion for this selection was to obtain indicators that would reflect ethnic differences in the indigenous population, which predominates in Chimborazo, in the population of African descent, which predominates in Esmeraldas, and in the mestizo population, which predominates in Quito (CONAMU, 2006, p. 10).

Figure II.3
**MEXICO: COMPOSITION OF GDP ^a IN BASE VALUES, BY BROAD SECTOR OF ACTIVITY,
 INCLUDING UNPAID DOMESTIC WORK, 1996**



Source: María Eugenia Gómez Luna, “Cuenta satélite de los hogares. Valoración del trabajo doméstico no pagado. El caso de México”, document presented at the workshop on health accounts with a gender focus, Santiago, Chile, 2001.

^a The total exceeds 100% because the negative value of imputed banking services (-2.5%) was not included in the figure.

In addition to the disparate geographical coverage of the studies analysed, there are also disparities in such areas as sampling design, classification of activities, methods of collecting information, population groups prioritized. Also some may be conducted during seasons of the year or on days of the week that are not necessarily representative of the rest in terms of time use. Such disparities call for a degree of caution in observing and interpreting the figures, which may not necessarily be directly comparable.

The information in this section was confined basically to working-time averages for each of the appointed geographical areas. With the exception of a breakdown between the wage-earning population and the total population, no major internal differentials were examined (such as in age, family structure, socio-economic stratum or place of residence). The preliminary nature of this examination makes any conclusions necessarily very general.

The data from time-use surveys conducted in Cuba, Ecuador, Mexico and Uruguay tend to confirm that women work longer hours than men and assume the largest share of unpaid work in the home. Even when women participate in the paid labour force, they continue to shoulder most of the burden of unpaid domestic work.

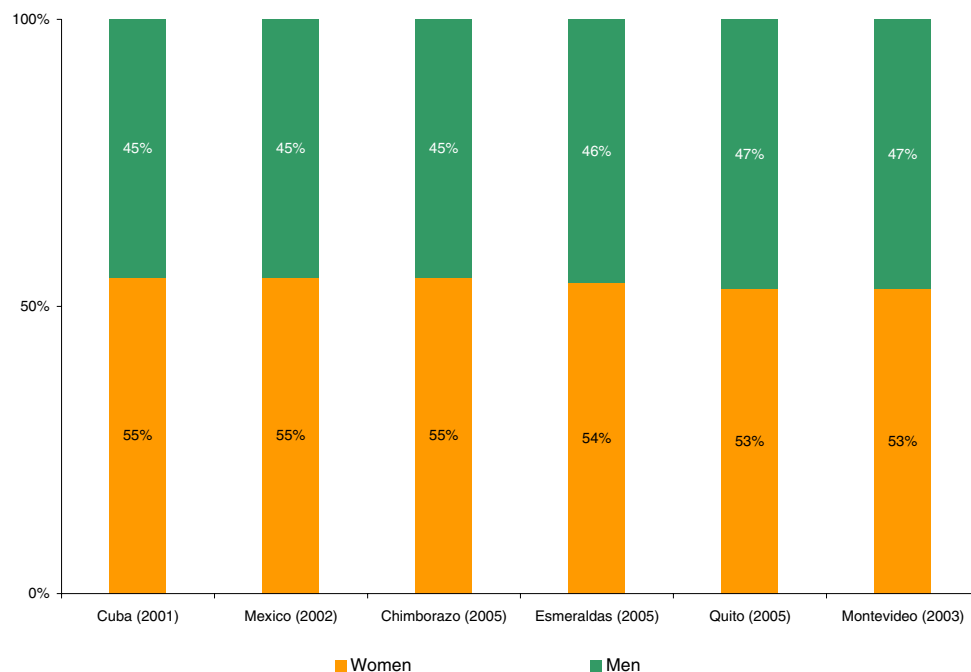
(b) Total workload ³

In the studies analysed in this report, working time was counted in hours and minutes to calculate a weekly average. The corresponding information for the geographical areas examined indicated that:

(i) Women assume the greatest share of the total workload

The gender distribution shows that women devote between 53% and 55% of their total time to paid and unpaid work (see figure II.4).

Figure II.4
**DISTRIBUTION OF THE TOTAL WORKLOAD BETWEEN WOMEN AND MEN IN SELECTED
GEOGRAPHICAL AREAS, 2001-2005**
(Total amount of time spent on paid and unpaid work)



Source: National Women's Council (CONAMU)/National Statistics and Census Institute (INEC), "Municipio Quito. Encuesta de Uso del Tiempo en Ecuador", Quito, 2005; R. Aguirre and K. Batthyány, "Uso del tiempo y trabajo no remunerado. Encuesta en Montevideo y área metropolitana", Montevideo, 2003; M. Pedrero, "Trabajo doméstico no remunerado en México. Una estimación de su valor económica a través de la ENUT 2002", Mexico City, National Women's Institute (INMUJERES), 2005.

(ii) Women work longer hours than men

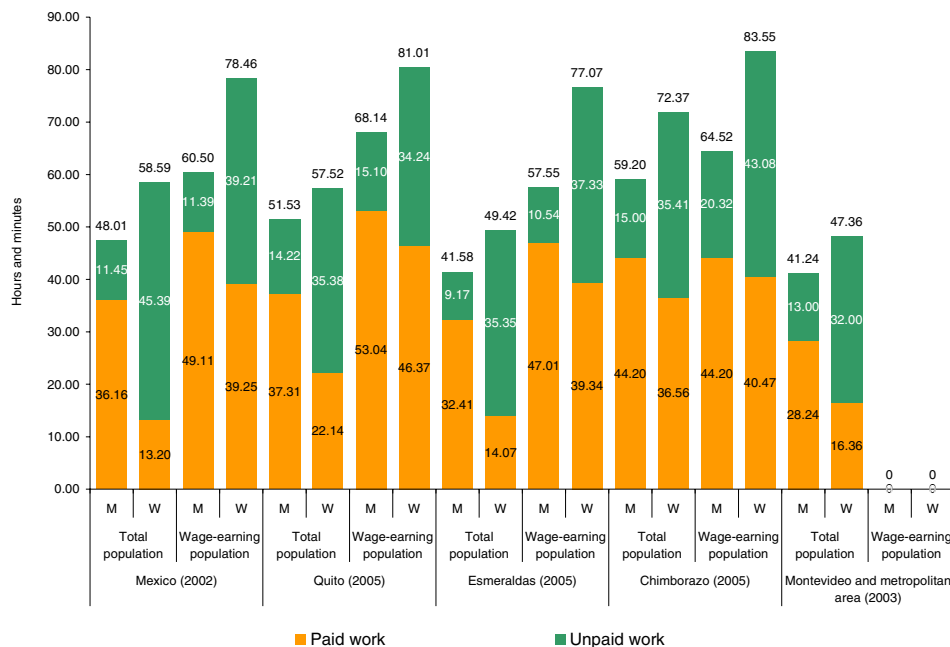
Figure II.5 illustrates the gender distribution of time spent on paid and unpaid work, expressed in hours and minutes. Figure II.5 also allows for a comparison of the working-time distribution of the total population aged 12 or over (aged 16 or over in the case of Montevideo) with the working-time

³ The total workload equals the total amount of time devoted to work, both paid and unpaid.

distribution of the segment of the total population engaged in paid work. The most salient conclusions to be drawn from this information are as follows:

- In the total population, women worked between 6 and 13 hours per week more than men, with wide variations depending on the country of residence, on whether they lived in rural or urban areas and on the ethnic composition of the geographical areas analysed. In Ecuador, the widest gender gap was observed in the indigenous rural area of Chimborazo, where the average working hours recorded for women and men were 72 and 59 per week respectively. The narrowest differential was in the urban conglomerations of Montevideo and Quito. Even though national averages were used in the case of Mexico, women were seen to have worked 11 hours per week longer than men.
- Women with paid jobs bear a “double burden” of domestic labour and remunerated work. Entry into the paid workforce significantly increases women’s total workload without substantially altering the gender distribution of unpaid care work. A comparison between the total workload of the total population and the workload of the segment of this population engaged in paid work dramatically highlights the scale of the double burden shouldered by women who also perform paid work. The total amount of time which such women work averages between 77 and 84 hours per week, compared with a weekly average for men of between 58 and 68 hours.

Figure II.5
AVERAGE NUMBER OF HOURS AND MINUTES DEVOTED TO PAID AND UNPAID WORK, FOR THE TOTAL POPULATION AND THE POPULATION ENGAGED IN PAID WORK, 2002-2005, BY SEX AND GEOGRAPHICAL AREA

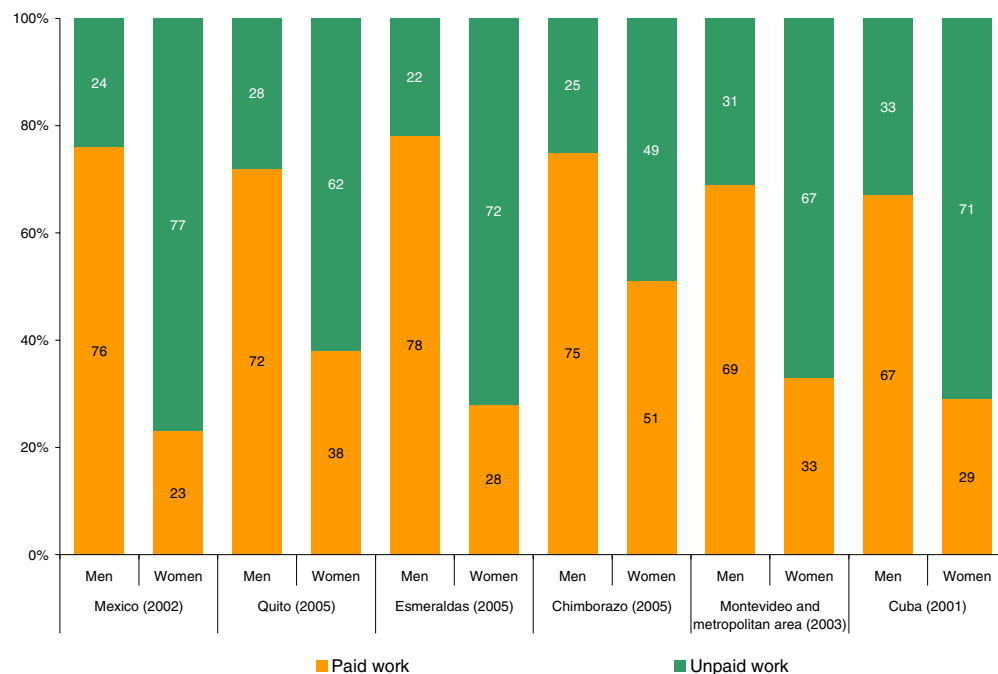


Source: National Women’s Council (CONAMU)/National Statistics and Census Institute (INEC), “Municipio Quito. Encuesta de Uso del Tiempo en Ecuador”, Quito, 2005; R. Aguirre and K. Batthyány, “Uso del tiempo y trabajo no remunerado. Encuesta en Montevideo y área metropolitana”, Montevideo, 2003; M. Pedrero, “Trabajo doméstico no remunerado en México. Una estimación de su valor económica a través de la ENUT 2002”, Mexico City, National Women’s Institute (INMUJERES), 2005.

(iii) *Most of the time women spend working is not economically recognized*

Taking all the areas studied as a whole, more than three quarters of the total working time of men and less than one third of the working time of women was remunerated. In addition, the heaviest burden of unpaid work fell on women. The figures indicate that the average number of unremunerated hours worked per week ranged from 32 to 45 hours for women and from 9 to 15 hours for men. This means that women spent between 19 and 34 hours per week more than men on unpaid care work. The narrowest gender gap was recorded in the city of Montevideo (see figure II.6).

Figure II.6
SHARE OF PAID AND UNPAID WORK AS A PERCENTAGE OF TOTAL WORKING TIME IN THE POPULATION AGED 12 OR OVER, BY SEX AND GEOGRAPHICAL AREA



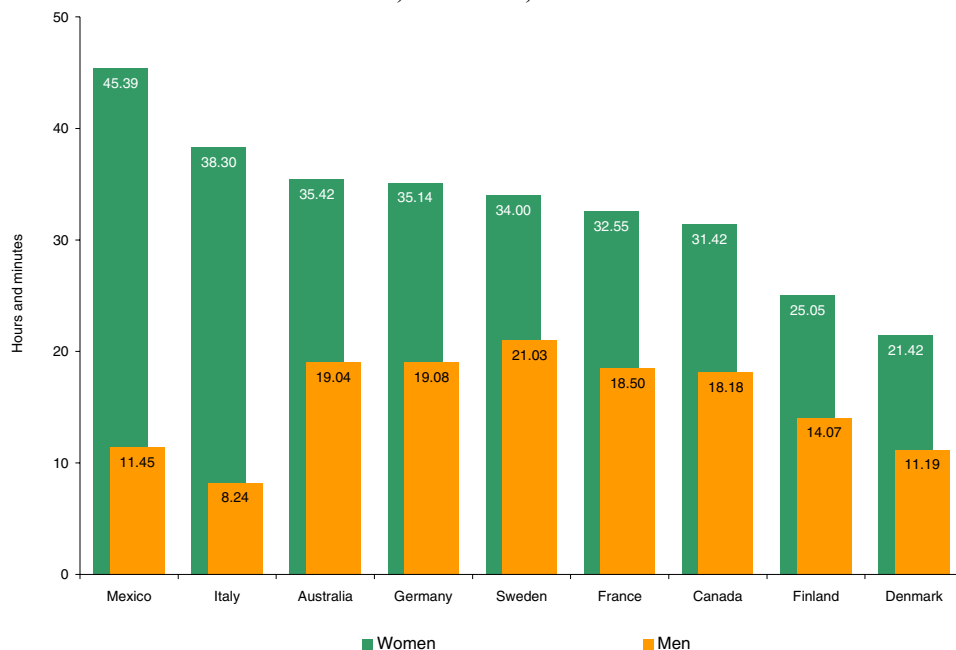
Source: National Women's Council (CONAMU)/National Statistics and Census Institute (INEC), "Municipio Quito. Encuesta de Uso del Tiempo en Ecuador", Quito, 2005; R. Aguirre and K. Batthyány, "Uso del tiempo y trabajo no remunerado. Encuesta en Montevideo y área metropolitana", Montevideo, 2003; M. Pedrero, "Trabajo doméstico no remunerado en México. Una estimación de su valor económica a través de la ENUT 2002", Mexico City, National Women's Institute (INMUJERES), 2005; National Statistical Office (ONE), Cuba 2002. Encuesta sobre el uso del tiempo", Havana.

The greatest gender inequality in the proportion of economically recognized work was found in Mexico, where three quarters of men's working time was remunerated, with only one quarter unremunerated. Conversely, less than one quarter of women's work was remunerated, leaving the remaining 77% without economic recognition. In the other cases studied, with the exception of Chimborazo in Ecuador, the proportion of unremunerated women's work far exceeded 60%. In contrast, the non-remunerated portion of men's workload ranged from 22% to 33%.

It is not possible to make a cross-country comparison of all the information analysed, as Mexico is the only country in the group to have data for the entire country. However, it was possible to use the

corresponding information to make a comparison between Mexico and other countries. Figure II.7 illustrates the differences between Mexico and other member countries of the Organisation for Economic Co-operation and Development (OECD) in terms of the proportion of working time devoted by women and men to unpaid activities. In all the countries analysed, it emerged that women spend a greater proportion of their working time on unpaid activities. The comparison reveals that Mexico has both the highest female share and one of the lowest male shares of hours spent on unpaid work, resulting in the widest gender gap in the share of unpaid care work.

Figure II.7
MEMBER COUNTRIES OF THE ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD): PERCENTAGE OF TOTAL WORKING TIME DEVOTED TO UNPAID ACTIVITIES, 1985-1992, BY SEX AND COUNTRY



Source: María Eugenia Gómez Luna, “Cuenta satélite de los hogares. Valoración del trabajo doméstico no pagado. El caso de México (versión preliminar)” [online] <http://www.paho.org/Spanish/HDP/hdw/chile-gol.PDF>; M. Pedrero, “Trabajo doméstico no remunerado en México. Una estimación de su valor económico a través de la ENUT 2002”, Mexico City, National Women’s Institute (INMUJERES), 2005, table 3.

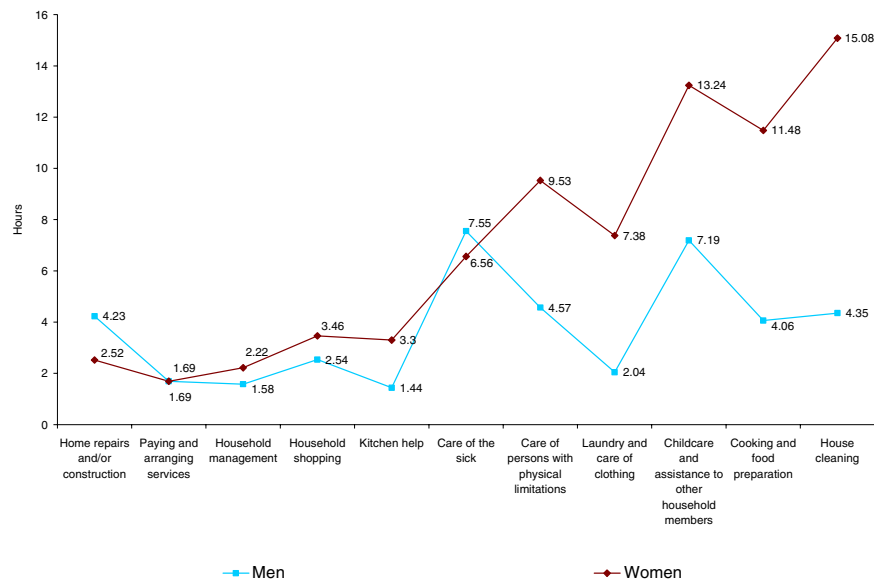
(c) Providing care to others

Unpaid care work includes activities for the direct care of people (children, the elderly, the disabled and other healthy household members), as well as the provision of services which are essential to the well-being of the group, such as food preparation and cleaning and maintaining the home.

The figures for Mexico (2002) illustrate that, at national level, a substantial proportion of the time spent on unpaid work in the home is for the care of children, the sick, the elderly and people with physical limitations. Women assume the largest share of direct care of children and people with chronic disabilities, as well as indirect care associated with cleaning the house and preparing food, which contribute to the well-being of both healthy and sick family members. On the other hand, men spend more time than women on home repairs and on caring for the sick (see figure II.8). As mentioned earlier, the larger number of hours

that men claim to spend on caring for the sick could be accounted for by the fact that when men perform this task it tends to be separate, visible and higher profile than for women, who tend to care for the sick at the same time as performing the other household activities in their daily routine.

Figure II.8
MEXICO: AVERAGE NUMBER OF HOURS PER WEEK SPENT ON UNPAID CARE WORK BY HOUSEHOLD MEMBERS AGED 12 OR OVER, BY TYPE OF ACTIVITY, 2002



Source: Mexico's National Institute of Statistics, Geography and Informatics (INEGI), "Encuesta nacional sobre uso del tiempo, México 2002" [online] http://www.inegi.gob.mx/prod_serv/contenidos/espanol/bvinegi/productos/surveys/especiales/enut/2002/ENUT_2002_TBD.pdf [date of reference: 8 February 2007].

(d) Providing childcare

In Latin America, the market and the State share in the care of the sick, whereas public provision of childcare and elder care is negligible. Depending on their ability to afford to hire care services or to delegate care tasks to others, women in individual households are either partially or totally responsible for childcare, in many cases preventing them from entering the labour market. Childcare and the associated childrearing tasks are a significant part of the care work performed by women of all socio-economic strata.

For example, in Uruguay, a time-use survey conducted in 2003 in Montevideo and its metropolitan area revealed that, in 84% of cases, the person with primary responsibility for the production of services and for domestic life is a woman and in 16% of cases it is a man, with little variation between the different socio-economic strata. According to the same survey, 65.9% of male heads of household and 67.8% of female heads of household participate in household tasks and activities. In contrast, focusing specifically on the tasks of caring for children and dependent adults, 69% of female heads of household participate in household tasks and activities, compared with only 44% of male heads of household (Rodríguez, 2007).

Marco (2007) reports that, in Bolivia, the shortage of public and private childcare provision means that women are left to shoulder the vast majority of the childcare burden. Although information is

lacking on childcare coverage for the under-fours, the public preschool enrolment ratio in Bolivia (chiefly children aged four to five) was barely 36% of the nation's total in 2004. In Ecuador, childcare coverage for children under the age of five (preschool) was barely 24% in 2006. For children under the age of four from poor households, the coverage was barely 7.3%. Once again it is women who bridge these gaps in public childcare provision.

(e) Providing care for the elderly

As regards the care of older adults, a process of population ageing is under way in most countries in the region. In the coming years, demand for care is expected to grow, which poses a challenge since, in the case of women, old age is usually accompanied by social and economic disadvantages arising from gender inequities throughout the life cycle.

This means that women reach old age with greater disabilities, with poorer access to retirement-related health and social services and with special support and care needs. If this disparity in the distribution of unpaid care work continues in the future, women's elder-care burden will include parents, parents-in-law and grandparents. Paradoxically, women will be the primary claimants of elder care in the future, since they outlive their male peers to such advanced ages that, sooner or later, they will need concrete support in carrying out day-to-day activities. Some commentators are starting to refer to the feminization of ageing.

In Ecuador, for example, a larger percentage of women (53.3%) suffer disability in old age than men (46.7%). As regards the different types of disability, psychiatric disorders, sight problems, physical mobility problems and multiple disabilities tend to be more prevalent among elderly women than among elderly men. As such problems tend to become more common as people get older, it is to be expected that old-age disability will in fact apply mainly to women aged 75 years or over, most of whom have received less formal education and have high illiteracy rates, with direct consequences on their functionality in old age (CELADE, 2007).

4. Proposals: public policies and harmonization between the public and private spheres

As mentioned in the previous section and confirmed by information from other regions of the world, despite the far-reaching economic and social changes that have occurred in recent decades, the burden for unpaid care work in the home continues to fall primarily on women. Women's growing labour force participation has not been accompanied by a corresponding redistribution of unpaid work in the home. Even though men do participate in domestic work to some extent, they still work only a minority share of overall time units, considerably increasing women's total number of working hours.

Unpaid work in the home has traditionally been, and still is, the foundation upon which care and subsidized social protection are built, with women absorbing the main impact of the structural adjustments that are eroding public service provision.

In the healthcare sphere, the current trend in policies to cut public spending, privatize care services and set up insurance schemes linked to paid employment is widening the gender gap, not only in access to healthcare services but also in the distribution of time between the public and private healthcare spheres. These apparently neutral policies often mask a major gender bias because they transfer costs from the paid economy to an economy built on the unpaid work of women. Possibly more than any other sector, healthcare has always relied on the gender roles traditionally assigned to women

and on their unpaid work. As already mentioned, more than 80% of early diagnosis and health promotion and care work is performed outside the formal health service, chiefly by women at home for no remuneration whatsoever.

The implicit premise that has underpinned some measures for adjusting and reforming the healthcare sector is that the Government can cut costs by reducing services (for instance by cutting down on hospital stays, on elder care and on institutionalized care of the mentally sick), under the assumption that families will provide such services. Such measures are based on the belief that women are willing, able and morally obliged to provide home care to dependent, sick, elderly and disabled people. Absent from such policies is any attempt to consider the repercussions which time and resource constraints can have on a woman's job situation, economic autonomy and physical and emotional health, as well as on the quality of the care provided, when women are required to take over the provision of care at home. In addition, in most cases there are no provisions for establishing home-care support structures (Gómez, 2000). Neither do there tend to be measures to redress gender inequalities in the share of the time burden and the consequences of such burden sharing.

The fact that it is women who are required to shoulder the heaviest burden of unpaid care work has major implications for their autonomy. Having primary responsibility for care limits their time and opportunities to participate in paid work and, ultimately their economic autonomy. In the long term, this also reduces women's access to social security benefits in old age, given that retirement-related pensions and healthcare services tend to be based on the amount of time spent working in paid employment, usually in the formal sector. There is a perverse logic at work where although it is women who bridge the gap in public services free of charge, it is they who experience the greatest problems in securing care for themselves when they are old.

The influence on gender equality and on women's empowerment of this unequal sharing of responsibilities in the home has attracted very little consideration. The attention paid to gender equality and women's empowerment in the economic sphere has centred on the remunerated sector. A vital ingredient of women's autonomy is undoubtedly access to their own income from paid employment. However, the sort of options open to women and men in search of gender equality depend chiefly on policies which take an integrated approach to the rules governing both the labour market and the assignment of responsibilities for the care of family members. Women's freedom to choose paid work is constrained by their ability to balance paid work with unpaid care work. For them to achieve this balance it is necessary not only to redistribute paid employment between women and men but also to redistribute care work within families, and between families and society.

Society's expectation that women should be the main providers of family care is also reflected in regulations on women's work. Indeed, policies aimed at "balancing" the private and public spheres of work have always tended to focus on women, treating family care as a task that must be successfully combined with the work of women rather than with that of both partners. Such policies have emphasized the provision of childcare services as an effective means for facilitating the participation of mothers in paid work. In all cases, the development of childcare services is very frail compared with other public services like health and education. While childcare services and family childcare allowances vary widely from country to country, they 'defray only a small percentage of the cost of children, and fail to protect women adequately from the increased risk of poverty that motherhood imposes' (Nancy Folbre, cited by Razavi, 2005, p. 15).

Based on a study conducted in six countries in the region (Argentina, Chile, Costa Rica, Ecuador, El Salvador and Uruguay), Pautassi (2007) found that regulations on maternity protection concentrate on

the pregnancy, birth and breastfeeding periods, but that very few regulations cover childcare at other stages of family life. Pautassi goes on to report that such provisions almost exclusively refer to the rights of women who assume the dual role of workers and mothers but almost never to men, whose role as workers appears to be based on the assumption that there is a woman available to meet childcare needs (Pautassi, 2005). In those countries, this assumption is implicit in regulations on the distribution of leave between mothers and fathers and on day nurseries, so reinforcing a family model where the childcare role is assigned to mothers rather than to both partners.

During the pregnancy and birth period, most of the existing maternity protection rules in the region refer to medical services during pregnancy and birth, to protection against unfair dismissal (referred to as “maternity” rights (*fuero maternal*)) and to “maternity” leave. Protection against dismissal varies widely among the different countries in its duration, terms of application and penalties for infringing such rights. Maternity leave, which averages 12 weeks, also varies significantly in terms of duration and in the amount, type and source of remuneration received during maternity leave. It is less common for leave to be granted to the father of the newborn (or adopted) baby and, when it is granted to him, it is for a much shorter period (Lemaitre, 2004; Pautassi, 2005; ILO, 2000; Abramo, 2003). Paternity leave has been regulated in Brazil (5 days), in Argentina and Paraguay (2 days) and in Chile (5 days). In Uruguay, only civil servants are entitled to paternity leave (3 days) and, in Colombia, a mother can transfer one of her 12 weeks of maternity leave to the father (ILO, 2000).

There are very few regulations on sick-child care and these also focus on working women. Paradoxically, this emphasis on women has become a source of job discrimination against them, as the assumption is that it is more costly for employers to hire women.

Policies to support the care of dependent or sick relatives by means of leave or the provision of services or cash transfers tend to be confined to small children and do not explicitly include sick, disabled or elderly adults, whose burden of care also falls on women. One notable exception is Chile’s primary health care programme, Programa de Resolutividad en Atención Primaria (2007), which includes a home care and support component for carers of severely disabled patients.

To conclude this section, even though “labour flexibility” in paid work does make it possible to balance domestic responsibilities with professional responsibilities, it was not introduced expressly for that purpose. The main result of labour flexibility has been to create a supply of part-time and fixed-term jobs occupied primarily by women, which tend to be insecure in terms of job stability, remuneration and social protection. Although such jobs could be seen as an employment option enabling women to combine caring for the home with paid work, they could equally well be viewed as a product of the limited employment options facing mainly women who wish to enter the labour market (Lewis and Giullari, 2006).

Public policy proposals

Given that care is a basic requirement for human development, the key challenge is to introduce policies, mechanisms, allowances and social and economic incentives to guarantee care provision, whilst respecting the principle of gender equality. This means that unpaid care work must be redistributed between women and men, reducing the time men spend on paid work and increasing the time they spend at home by means of paternity leave and leave for the care of sick children and other relatives. It also means increasing the supply of quality public services for the care of children, the elderly and the sick, and designing systems of cash transfers or other incentives that assign value to care work in the home. Public care services cannot totally replace the care provided at home, which is why expanding the supply

of public care services should be only part of a strategy for the more extensive overhaul of the labour regulations that produce clear gender inequities.

Expanding the public supply of care services is, therefore, a first step towards achieving a balance between family and work responsibilities. More than this, policies should recognize that care work is an essential ingredient of development that society has an obligation to guarantee. The recognition of unpaid care work would involve assessing its value, in terms of both its contribution to economic development and its fundamental importance for human development. This means not only that housewives should be included in social protection systems but also that the economic conditions must be created for ensuring the social redistribution of care work, respecting the principle of gender equality in the public and private spheres. To assess the value of unpaid care work it would be necessary to:

- (i) Develop methodologies for measuring unpaid care work in systems of national accounts and conducting time-use surveys in order to calculate its value and so help to make unpaid care work visible and to influence the criteria for developing public policies. By rendering unpaid care work economically visible it would foster social and economic recognition of those (mainly women) who perform such work and would alleviate social exclusion and constraints on their autonomy.
- (ii) Boost the provision of public care services by means of investment and legislative measures to allow responsibilities in the public and private spheres of work to be harmonized in a way that is less unfavourable to women.
- (iii) Rectify the existing bias in employment policies for leave and day nurseries, which are currently targeted solely at women, by including men to encourage sharing of the care burden.
- (iv) Reform pension systems to ensure that unpaid care work (performed by housewives) is recognized in social protection schemes, especially old-age pensions.
- (v) ILO Convention 156 on workers with family responsibilities is of special significance, in view of the commitments adopted by the region's Governments in the Quito Consensus. Its ratification and application should serve as the starting point for government strategies to ensure that the needs arising from women's reproductive obligations are systematically included in employment contracts.

With regard to women's contribution to the economy and social protection, especially unpaid work performed by women, in the Quito Consensus adopted at the tenth session of the Regional Conference on Women in Latin America and the Caribbean in 2007, Latin American and Caribbean countries agreed to take measures to:

- Ensure recognition of unpaid work and its contribution to families' well-being and to countries' economic development, and to promote its inclusion in national accounts.
- Implement comprehensive public social security systems, with universal access and coverage, that are capable of ensuring women's well-being, quality of life and full citizenship.
- Formulate and apply State policies conducive to the equitable sharing of responsibilities by women and men in the family, overcoming gender stereotypes and recognizing the

importance of caregiving and domestic work for economic reproduction and the well-being of society as one of the ways of overcoming the sexual division of labour.

- Equalize the labour conditions and rights of domestic work with those of other types of paid work in accordance with ratified International Labour Organization conventions and international standards of women's rights, and to eradicate all forms of exploitation of domestic work by girl and boy children.
- Develop instruments, especially time-use surveys, for periodically measuring unpaid work performed by women and men in order to make such work visible, to recognize its value and to incorporate their results into the System of National Accounts.
- Adopt the necessary measures, especially of an economic, social and cultural nature, to ensure that States assume social reproduction, caregiving and the well-being of the population as an objective for the economy and as a public responsibility that cannot be delegated.⁴

In this context of unfairly-distributed unpaid care work, it has also become imperative to redress the bias in employment policies for leave and day nurseries aimed at harmonizing domestic and professional responsibilities, which focus almost exclusively on women. Such policies not only reinforce the social norm of assigning responsibility for the care of home and children to women, rather than to the partners, in practice they also undermine protection for women, as they serve to increase discrimination against them in recruitment, pay and promotion in paid jobs.

Lastly, it is important to reiterate that contributory social protection systems linked with paid employment disproportionately limit most women's ability to exercise citizenship, since women shoulder the heaviest burden of unpaid work, tend to have highly insecure and unprotected jobs and their record of contributions is interrupted by family obligations to care for children and the elderly.

B. PARITY IN POLITICAL PARTICIPATION AND ACCESS TO DECISION-MAKING

One of the official indicators for Goal 3 is the proportion of seats held by women in national parliaments. This is because the Millennium Declaration recognizes the importance of women's political participation and their access to decision-making as key factors for women's autonomy and empowerment and, in general, for gender equality. There have been major strides forward in recent years, and specific policies and reforms have been introduced to increase women's political participation. Parity has recently been posted on government agendas and is now considered as a factor for deepening democracy. However, despite notable advances, there is still a long way to go, and women still have a minority participation in the various decision-making centres.

⁴ Only a few of the suggested measures have been cited. Consult the full version of the Quito Consensus in Spanish on the web page of the tenth session of the Regional Conference on Women in Latin America and the Caribbean (<http://www.eclac.cl/mujer/>).

1. Diagnosis: women's presence in the various decision-making spheres

(a) Women in national parliaments⁵

The electoral gender quotas that have been applied within political parties in Nordic countries since the 1970s are aimed at ensuring that women are present in senior political positions and form at least a critical minority (between 30% and 40%). This is meant to counteract the trend towards the political isolation of women and to enable resources to be directed not only at meeting women's demands but also at changing the way political systems operate. In Latin America, electoral gender quotas started to be introduced in the 1990s, beginning with Argentina's approval of its gender quota law (*Ley de Cupos*) in 1991.

As mentioned in chapter one, an analysis of the indicators for Goal 3 shows that women's participation in the region's national parliaments has grown in recent years, albeit not as fast as expected. This overall positive result can be attributed to three key factors: the adoption of quota laws, civil-society pressure for women's political participation and the political will of parties and national leaders to make it a reality. Table II.1 illustrates how national quota laws have gradually become widespread in the region.

Table II.1
LATIN AMERICA AND THE CARIBBEAN (14 COUNTRIES): TIMELINE OF ENACTMENT OF QUOTA LAWS AND SUBSEQUENT AMENDMENTS

Country	Year of enactment of quota law	Amendments
Argentina	1991	1993
Bolivia	1997	2001
Brazil	1995	1997
Colombia	1999	2001 - declared unconstitutional
Costa Rica	1996	1999
Dominican Republic	1997	2000
Ecuador	1997	2000
Haiti ^a	2005	
Honduras	2000	
Mexico	1996	2002
Panama	1997	
Paraguay	1996	
Peru	1997	2001
Venezuela (Bolivarian Republic of)	1997	2000 - declared unconstitutional ^b

Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007, on the basis of International Institute for Democracy and Electoral Assistance (IDEA), "Global Database of Quotas for Women" [online] <http://www.quotaproject.org/> [date of reference: 16 August 2006].

^a Although Haiti has no law establishing compulsory quotas, an article in the most recent electoral decree reduces by two thirds the registration cost for all candidates of parties presenting electoral lists on which women represent at least 30%.

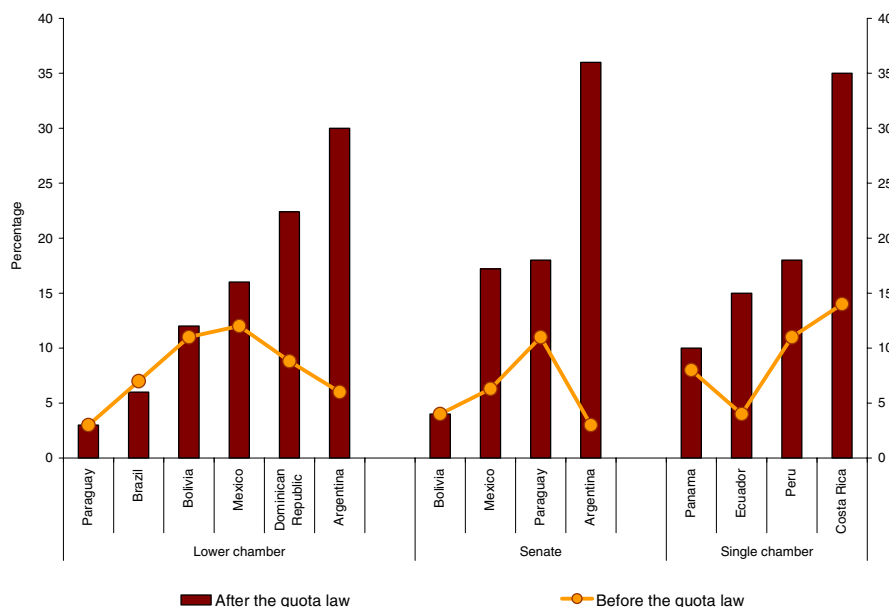
^b On 1 April 2005 the National Electoral Council of the Bolivarian Republic of Venezuela issued resolution no. 050401-179, which requires political organizations to alternate male and female candidates for national, municipal and parochial decision-making bodies, on a basis of parity.

⁵ Chapter I uses data on national parliaments updated to January 2006 to allow Latin America and the Caribbean to be compared with other regions of the world. The data used in this section therefore correspond to April 2007 for figure 1 and to December 2006 for the other figures, with the result that they are not comparable with the data for indicator 12 of Goal 3 presented in chapter I.

The specific provisions of quota laws vary widely from country to country. They usually consist of establishing a minimum quota of candidates of a single sex in electoral lists or candidates nominated by the parties. The quota can be applied at the first stage of the process (identification of candidates), when nominating candidates or by reserving a certain percentage of seats for women. The double-quota concept refers to a quota system that not only requires a certain percentage of women on the electoral list but also prevents women candidates from merely being placed at the bottom of the list with very little chance of being elected. Quotas are based on the concept of positive discrimination and are meant not to recognize women's essential identity but rather to provide a means for counteracting women's subordination and for improving the conditions for real equality between men and women. In short, quotas are primarily a mechanism for securing more equal results to offset the gender inequalities and obstacles hindering women's political participation and access to decision-making.

The efficacy of quota laws varies widely, depending not only on the percentage of quotas or the rigidity with which they are set, and the effectiveness with which the laws are enforced, but also on whether they provide for a gradual increase in the quota in subsequent elections or whether they include provisions on the order and alternation of candidates that oblige the parties to appoint candidates of both sexes with a real likelihood of winning. Indeed, not all the quota laws include penalties for infringing them, with the result that, in many cases, it has been necessary to introduce amendments to make the laws more effective. In spite of these obstacles, quota laws have had an overall positive impact on the proportion of women actually reaching national parliaments. Figure II.9 shows the situation before and after the introduction of quota laws.

Figure II.9
LATIN AMERICA (10 COUNTRIES): OUTCOMES OF THE QUOTA SYSTEM
(Percentages)



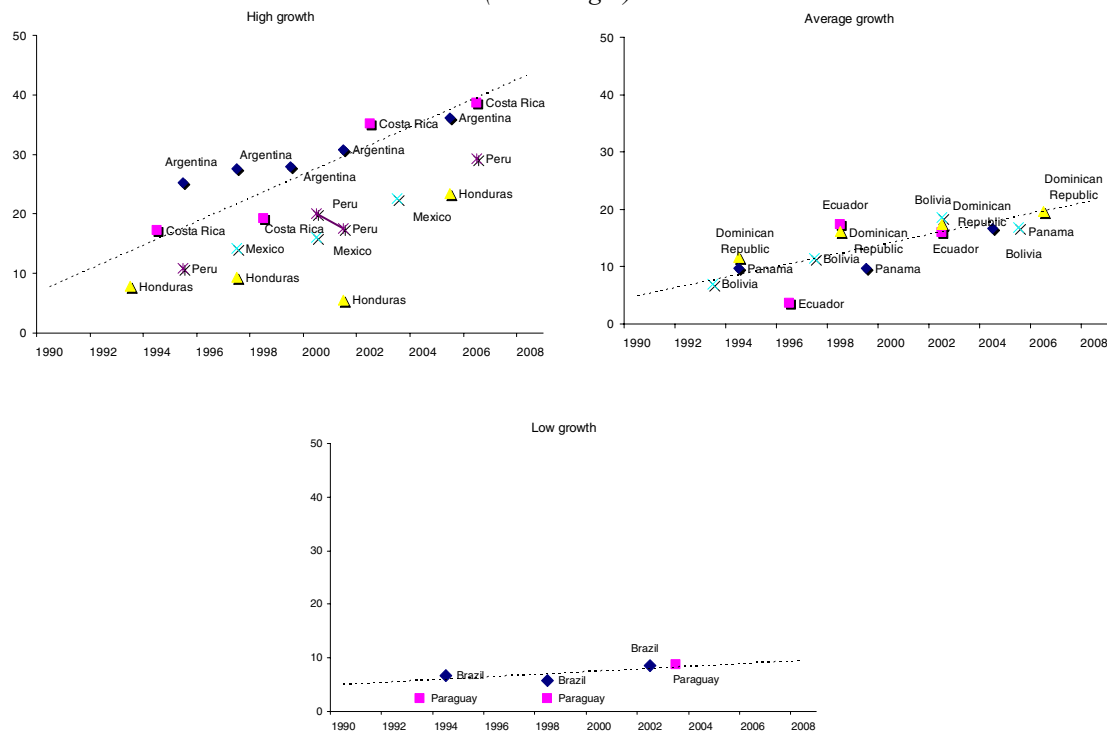
Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007, on the basis of Inter-Parliamentary Union, "Women in National Parliaments" [online] <http://www.ipu.org/wmne/worldarc.htm> [date of reference: 30 April 2007].

The differences between the results prior to quota laws and the latest election results are even larger, especially in Argentina, where women's representation increased from 6% to 36.2%; Costa Rica (from 15.8% to 38.6%); Honduras (from 5.5% to 23.4%); Peru (from 10.8% to 29.2%); Mexico (from 8.8% to 22.4% in the lower chamber); and Ecuador (from 3.7% to 16%) (ECLAC, 2007a).

Countries in which female representation exceeded 30% in the most recent national elections (up to 30 April 2007) display a systematic, upward trend in such representation, especially Argentina, Costa Rica and Peru. Figure II.10 also shows that countries in which women achieved less than 20% of seats in the last election show a less rapid and more unstable pattern of growth. Lastly, women's representation shows no significant growth in Brazil or Paraguay.

Women form a critical mass that reinforces the achievements made and provides a platform for advancing towards parity. In Argentina, Costa Rica and Peru, the three countries with more than 30% female representation, this achievement was aided by broad cross-party alliances, intensive work within the parties, support for women's advancement mechanisms, the decisive leadership of the women's movement and democratic conditions that allowed the adoption of quota laws as a means of moving towards equality.

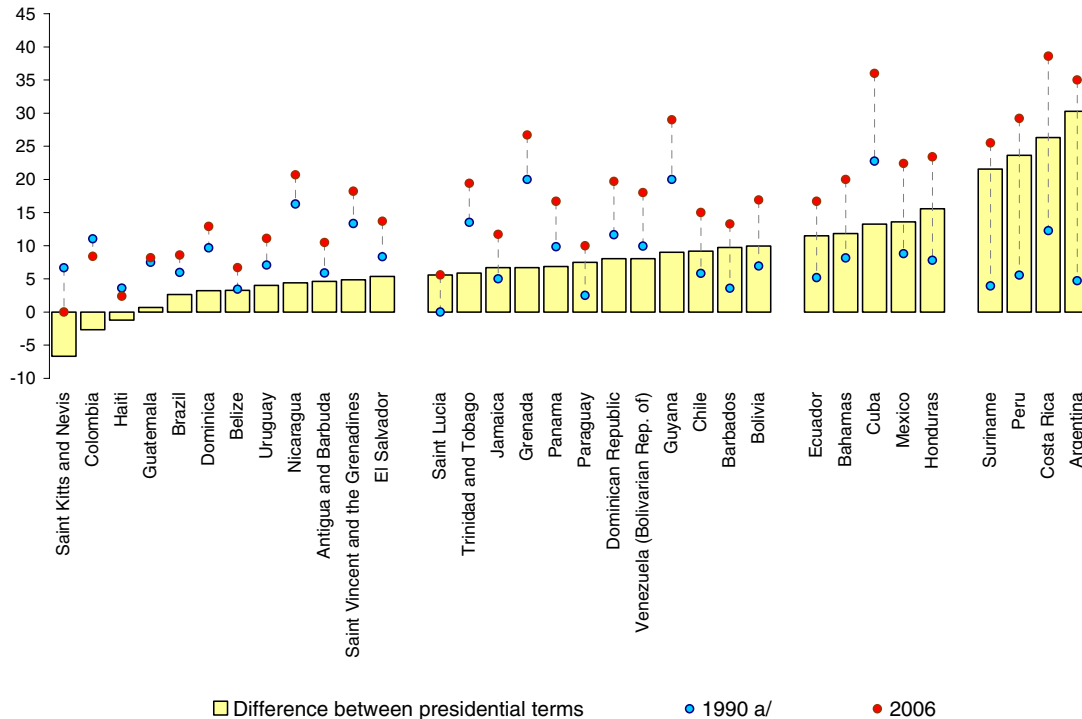
Figure II.10
LATIN AMERICA (11 COUNTRIES): INCREASE IN THE PARTICIPATION OF WOMEN IN PARLIAMENT (LOWER OR SINGLE CHAMBERS), UNDER THE EFFECTS OF THE QUOTA LAW, 1990-2006
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007, on the basis of Inter-Parliamentary Union, "Women in National Parliaments" [online] <http://www.ipu.org/wmne/worldarc.htm> [date of reference: 10 December 2006].

In general, countries with quota laws have posted better results than countries without such laws (see figure II.11), especially Argentina, Costa Rica, Honduras and Peru in the legislative branch.

Figure II.11
LATIN AMERICA AND THE CARIBBEAN (33 COUNTRIES): TREND IN THE PROPORTION OF WOMEN IN THE LEGISLATIVE BRANCH (LOWER AND SINGLE CHAMBERS), 1990-2006



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007, on the basis of Inter-Parliamentary Union, "Women in National Parliaments" [online] <http://www.ipu.org/wmne/worldarc.htm> [date of reference: 10 December 2006].

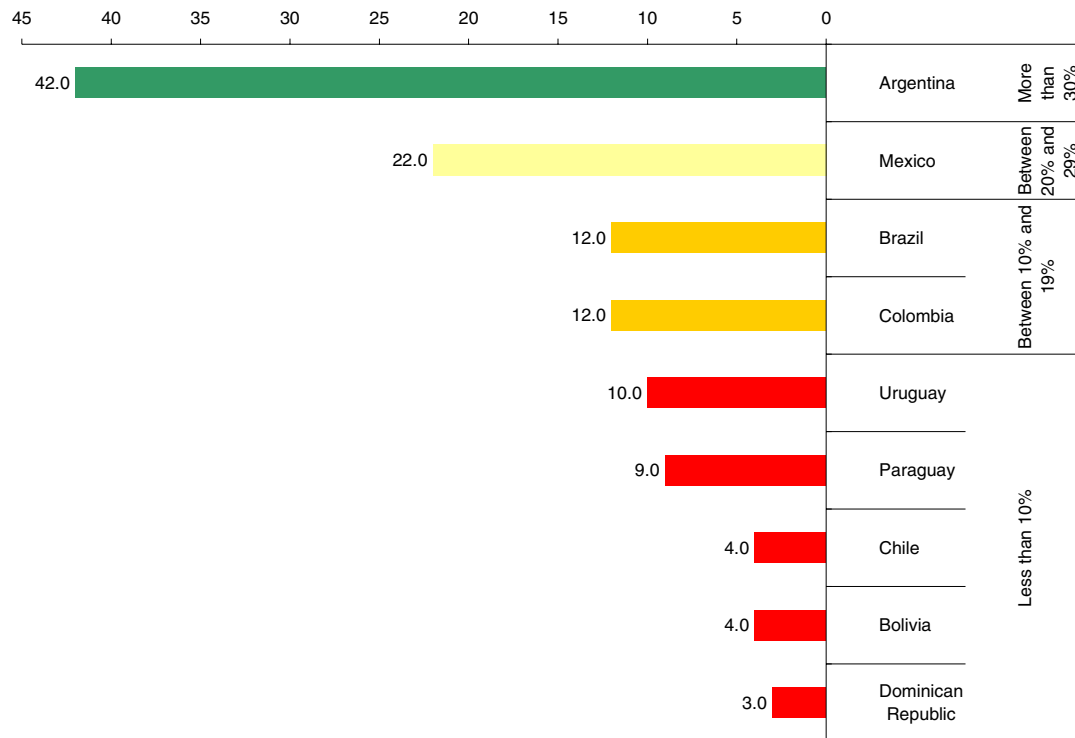
^a Elections: Argentina (1989), Bolivarian Republic of Venezuela (1988), Bolivia, (1989), Brazil (1990), Chile (1989), Colombia (1994), Costa Rica (1990), Dominican Republic (1994), Ecuador (1992), El Salvador (1991), Guatemala (1994), Honduras (1993), Mexico (1994), Nicaragua (1990), Panama (1994), Paraguay (1993), Peru (1990) and Uruguay (1994).

The percentage of women in Latin American parliaments has also grown in countries without quota laws, albeit more slowly and erratically, since women's representation depends more on political will than on current regulations. In the Bolivarian Republic of Venezuela and El Salvador, for example, the proportion of women has varied widely from one period to another. In Colombia, women's representation dropped sharply between 2002 and 2006, from 18.8% to 12.9%. Countries without quota laws also include Chile (with 15% female representation), where the proportion of women has been at a standstill since 2001, Dominica (12.9%) and Uruguay (11%). The data supplied by the Government of the Commonwealth of Puerto Rico show a volatile situation with regard to women's participation, varying from 17.6% in 1996 to 13.7% in 2000 and 15.7% in 2004 (ECLAC, 2007a).

The data from a single year (2006) show that, in Latin America, more progress has been made in chambers of deputies than in the senate or upper chambers. Only in Argentina and Mexico does women's representation exceed 20%, which hampers collective action to form enough of a critical mass to produce

larger-scale change. In the Caribbean, in contrast, there is a greater percentage of women in the senate than in the chamber of deputies (see figures II.12 and II.13), partly because women are appointed to the upper chamber.

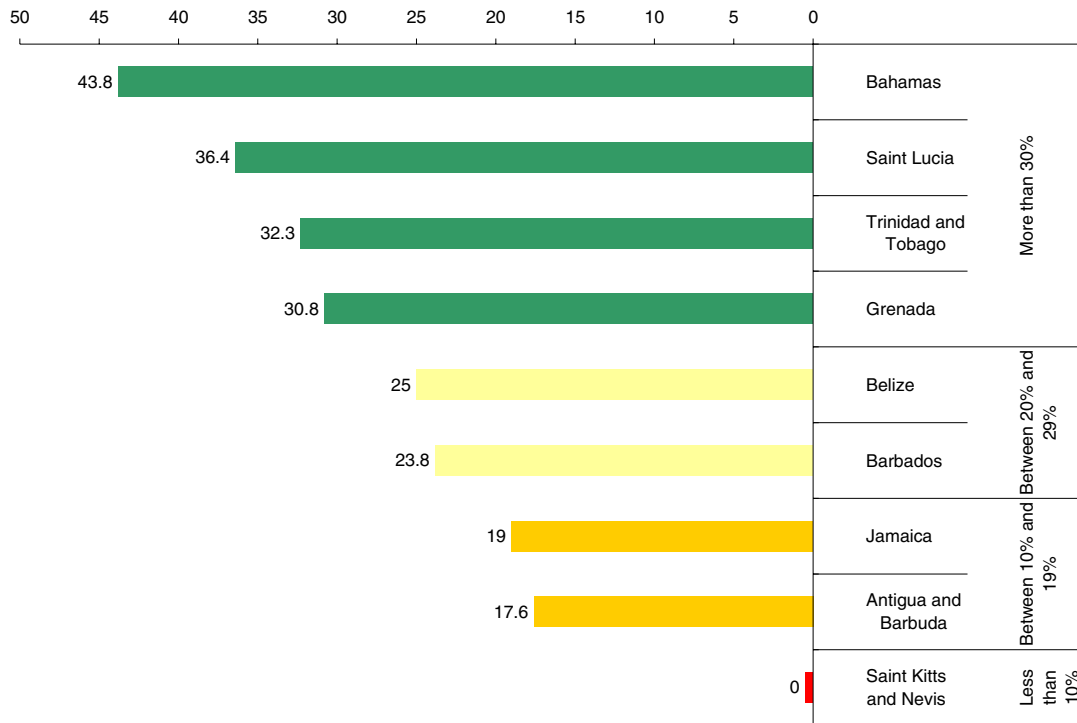
Figure II.12
LATIN AMERICA (9 COUNTRIES): REPRESENTATION OF WOMEN IN THE SENATE, 2006
 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007, on the basis of Inter-Parliamentary Union, "Women in National Parliaments" [online] <http://www.ipu.org/wmne/worldarc.htm> [date of reference: 10 December 2006].

The greatest differences between the two chambers are seen in Saint Lucia, the Bahamas and Guyana, with disparities of 31, 23 and 19 percentage points respectively. The smallest disparities were registered in Jamaica, Antigua and Barbuda and Grenada, with 8, 7 and 4 percentage points respectively. As a result of the selection process, the 30% target for women's representation in upper chambers has been attained or surpassed in several countries: the Bahamas (43.8%), Trinidad and Tobago (32.3%), Saint Lucia (36.4%) and Grenada (30.8%). The information received from the Government of the Commonwealth of Puerto Rico shows more uneven women's participation in the senate, with the figure varying from 22.2% in 1996 to 25.9% in 2004, after falling just short of the target in 2000 (29.6%).

Figure II.13
CARIBBEAN (9 COUNTRIES): REPRESENTATION OF WOMEN IN THE SENATE, 2006
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007.

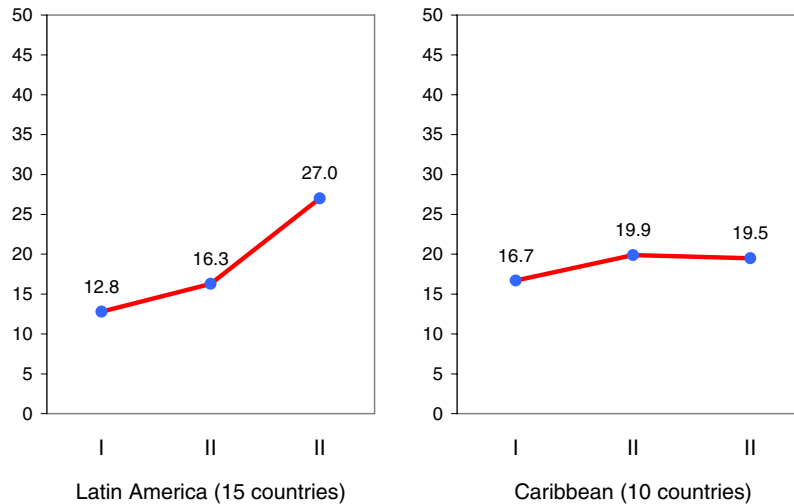
In the lower chambers, only Cuba and Guyana have reached the target of 30%, with women representing 30.8% of deputies in Cuba and 36% in Guyana. These are closely followed by Grenada (28.7%), Suriname (25.5%) and the Bahamas (20%). The countries with the lowest female participation rates are Saint Lucia (5.6%), Belize (6.7%) and Antigua and Barbuda (10.5%). In Saint Kitts and Nevis, there are no women in Parliament apart from the Speaker of the House (Bart-Alexander, 2007).

This demonstrates that quota laws are a successful strategy for increasing women's numbers in parliament and, in some cases, have generated a critical mass of women that can make headway towards parity. Quota laws are most effective in systems of proportional representation with closed lists and where the law demands that women be placed high on electoral lists, so that they have a real chance of being elected. These factors explain the successful growth of female representation between 1995 and 2004 in the two-chamber Argentine parliament and in Costa Rica's legislative congress. However, the effectiveness of quotas depends not only on the nature of each country's electoral system but also on the dynamics within political parties, which act as filters in electoral processes, as well as on the political culture. The fact that there was a broad and committed political alliance in favour of increasing the political representation of women in these countries was fundamental in improving laws and closing the loopholes that allowed the legislation to be avoided.

(b) Women in national governments: between symbolic representation and parity

In 1999, women were a minority in ministerial cabinets around the world and any female ministers were found mainly in social portfolios. By then, no ministry was formally closed to them, however (IPU, 2000). In 2006, there was an increase in the number of women in ministerial posts or running for president and other positions of national leadership, and this impacted on subjectivity with respect to the feminization of power. The figures speak of a slow and volatile process that is still far from arriving at any sort of consolidation.

Figure II.14
LATIN AMERICA AND THE CARIBBEAN: PERCENTAGE OF FEMALE MINISTERS IN THE LAST THREE PRESIDENTIAL TERMS
(Simple averages)



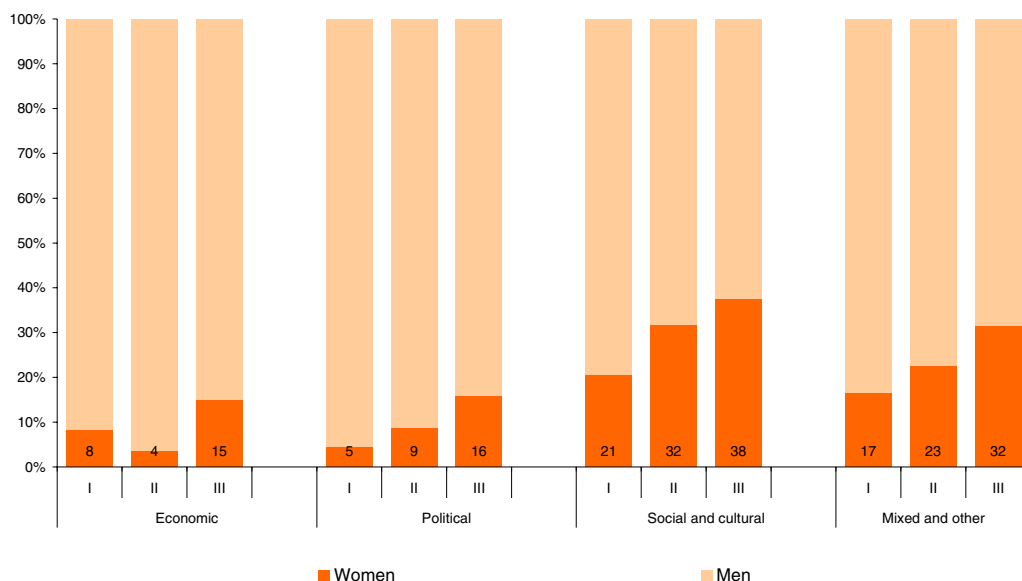
Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007, on the basis of responses to the questionnaire on unpaid work and political participation sent to the countries on 15 September 2006.

In Latin America, the percentage of female ministers has followed an upward trend, from 12.8% in the first presidential term to 16.3% in the second term and 27% in the third and most recent term.⁶ In the Caribbean countries, the percentage increased between the first and second terms, then stalled at around 19%. The trend in Chile, Guatemala, Mexico, Nicaragua, Paraguay and Peru in Latin America, as well as in Jamaica, Saint Vincent and the Grenadines, Saint Martin and Suriname in the Caribbean, has been for the number of female ministers to increase fairly steadily. In Brazil, Ecuador, Honduras and Uruguay, as well as in the Bahamas and Grenada, the figures have improved only in the most recent presidential term. In the latest term, female participation fell in Argentina, the Cayman Islands, the Commonwealth of Puerto Rico, El Salvador, Haiti and Panama (ECLAC, 2007a).

⁶ Information obtained from government surveys. The proportion of female ministers in ministerial cabinets are averaged over the last three presidential terms. To reflect each entire term, the total number of ministers during a given term is considered rather than only the initial cabinet.

There are barely any women with economic portfolios in Latin American government cabinets, very few with responsibility for political affairs and slightly more with social portfolios. In the most recent term, 38% of posts in social ministries were occupied by women, which was a 17 percentage-point rise compared with the first presidential term examined. Between the first and third terms, the proportion of women rose by 11 percentage points in political portfolios and by 7 points in economic portfolios.⁷ For the first time, women hold defence portfolios simultaneously in Argentina, Chile, Colombia and Ecuador, which is a notable development, since these ministries have traditionally been occupied by men in those countries.

Figure II.15
LATIN AMERICA (WEIGHTED AVERAGE OF 15 COUNTRIES):^a COMPOSITION OF MINISTERIAL PORTFOLIOS IN THE LAST THREE PRESIDENTIAL TERMS
(Percentages)



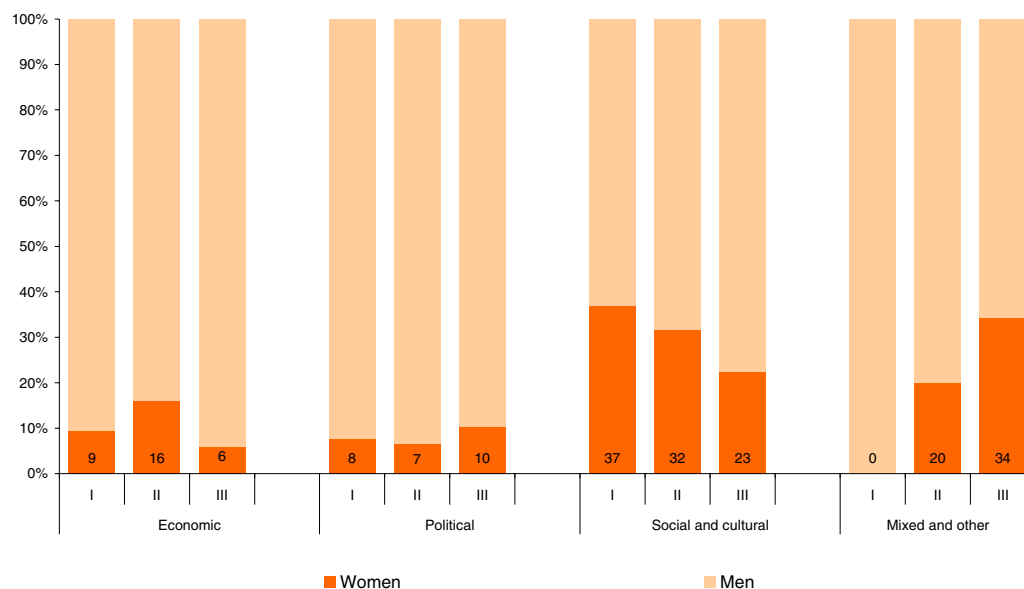
Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007, on the basis of responses to the questionnaire on unpaid work and political participation sent to the countries on 15 September 2006.

^a Argentina, Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru and Uruguay.

⁷ The ministries have been classified into four groups: political; economic; social and cultural; and others. In many cases, ministries cover too many different fields or their areas of responsibility are grouped in too many different ways to be placed in any single category. Generally speaking, the social and cultural cabinet consisted of the portfolios of education, health, labour, housing, women's affairs and other similar areas; the economic cabinet comprised the ministries of economic affairs, finance, energy, mining, communications, transport, public works, agriculture, tourism and related fields; and the political cabinet consisted mainly of ministries of the interior, external affairs, justice, security and defence and other similar matters. The "other" category included ministries of the environment and science and technology and "mixed" ministries, which are most commonly found in the Caribbean countries and have responsibility for a number of different areas.

A review of ministries held by women in the Caribbean during the last three presidential terms shows that they have gradually been gaining access to high-level portfolios in the “hard core” areas of the State. The number of women with responsibilities in the economic area varies from one presidential term to another, however. Those working in political affairs have increased in number slowly but steadily, while there have been many women in the social and cultural area in all three presidential terms, albeit with a sharp drop from 37% to 23% between the first and second terms. In the most recent term, the cabinets classified under “other” had the highest percentage of women (34%).

Figure II.16
**CARIBBEAN (10 COUNTRIES AND TERRITORIES):^a COMPOSITION OF MINISTERIAL
 PORTFOLIOS IN THE LAST THREE PRESIDENTIAL TERMS**
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007, on the basis of responses to the questionnaire on unpaid work and political participation sent to the countries on 15 September 2006.

^a Bahamas, Cayman Islands, Commonwealth of Puerto Rico, Dominican Republic, Grenada, Haiti, Jamaica, Saint Vincent and the Grenadines, Saint Martin and Suriname.

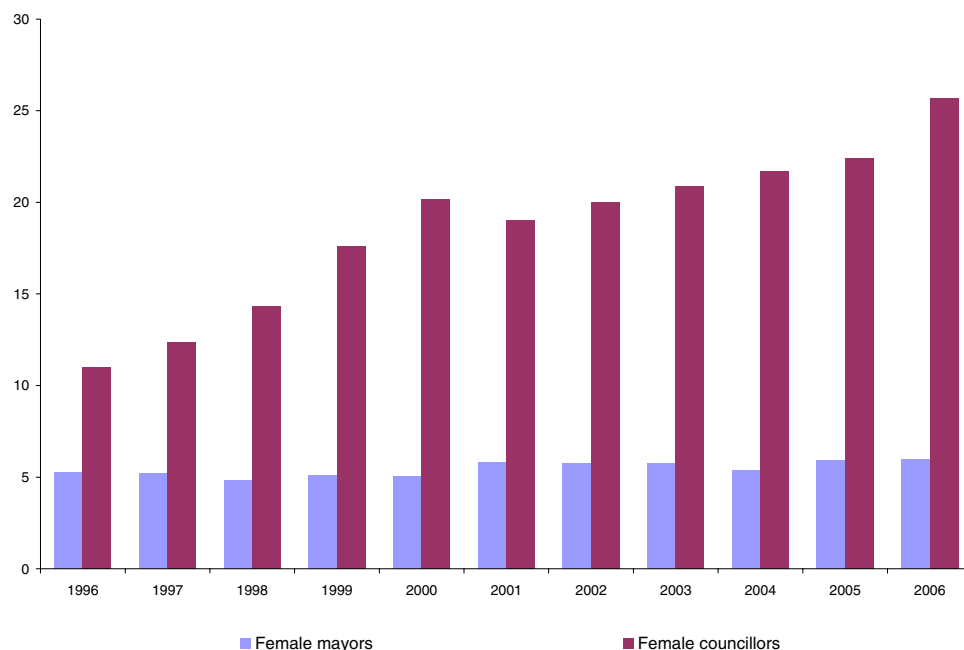
Women's involvement in politics has become an item on the political agenda, with women's political participation being promoted through equality strategies implemented by mechanisms for women's advancement in most of the countries as part of equal opportunities programmes. According to ECLAC (2007a), the recent trend in government agendas is a clear sign that political participation has become a universally recognized tool for women's empowerment and gender equity. As regards electoral affairs, there has also been an explicitly expressed aspiration to see quota laws enacted in many of the countries where no such legislation yet exists. The positive discrimination of women within the structure of State, as illustrated by Colombia, is another recurrent strategy in the region. Some recent plans also include parity explicitly, not only for the purposes of elections but also within the structure of government. Notably, Costa Rica and Uruguay have equal opportunities plans in which parity figures as a goal with a set timescale.

Women's participation is not confined to the national level. In many countries strides have also been made in the judiciary, in business and in other important arenas, but comparable and up-to-date regional information is still lacking.

(c) Proportion of women in local decision-making positions

An analysis of women's representation and participation in Latin America and the Caribbean in local decision-making positions shows a similar trend. Region-wide, the number of female local councillors has risen strongly, from 11% in 1996 to 25% in 2006, or twice as many women councillors in absolute terms. However, the percentage of female mayors in the region has changed little in the past 10 years, hovering at very low levels of around 5% or 6% (see figure II.17).

Figure II.17
**LATIN AMERICA AND THE CARIBBEAN (25 COUNTRIES): REGIONAL PATTERN OF WOMEN
IN LOCAL POWER, 1996-2006**
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), *Women's contribution to equality in Latin America and the Caribbean* (LC/L.2738(CRM.10/3)), Santiago, Chile, 2007.

According to the available information, the number of women councillors varies both within and across countries. Between the first and last of the three most recent presidential terms, the proportion of women at this level rose from 14.2% to 26.8% in Chile, from 8.2% to 31.7% in Ecuador, from 22.5% to 76.1% in the Dominican Republic and from 10.7% to 31.2% in Suriname. In other countries where there was no strong leverage for women's participation, the proportion remained stable: El Salvador (around 21%), Guatemala (between 5.1% and 5.8%), Brazil (between 11.1% and 12.6%) and Nicaragua (between 22% and 23.6%).

Few countries showed significant increases in the number of female mayors. Countries that did stand out, however, were Costa Rica, where the percentage of female mayors rose from 6.2% to 28.4%, the Dominican Republic, where the increase was from 1.7% to 11.9% and Cuba, where the proportion of female mayors rose from 5.3% in the first presidential term to 14.8% today. In contrast, the number of female mayors declined in many countries over the last three presidential terms. This is the case of the Bolivarian Republic of Venezuela, where the proportion decreased from 8.6% to 7.7%, the Commonwealth of Puerto Rico, where the drop was from 9% to 1.3%, Honduras (from 9.5% to 6.7%), Jamaica (from 12.5% to 7.4%), Mexico (from 3.8% to 3.5%) and Panama (from 13.4% to 9.3%).

As at the national level, quota systems have a strong impact at the local level when they are implemented in a way that takes existing electoral systems into consideration. Quotas have proven to be a successful strategy for the election of female mayors, with higher numbers being elected in Costa Rica (up from 6.17% to 28.4%), Ecuador (from 3% to 5.94%) and the Dominican Republic (from 1.74% to 11.92%), although the increase fell short of the national target in all three cases. The use of quotas has not brought any substantive change and, indeed, has had the opposite effect to that expected, in Bolivia and Honduras, where the percentage of female mayors has decreased despite the existence of quota laws.

Essentially, the greatest achievements have been seen in the numbers of female councillors, which have risen in all the countries with quota laws, except in Brazil, Colombia and Panama, where there has been some increase, but no more than three percentage points since the first presidential term. Paraguay and the Dominican Republic stand out, with the proportion of female councillors reaching 42.6% and 76% in those two countries respectively.

As far as numbers of female councillors go, the situation has changed significantly in Chile and Cuba, where women now account for 26.8% and 23.3% of councillors, respectively. El Salvador and Nicaragua also display percentages of some 20% to 25%, but these countries have experienced less variation with respect to the first presidential term, and have actually seen the proportion of women decline in the last legislative period compared with the previous one.

2. Proposals: towards an agenda of parity within the Millennium Development Goals framework

On route to attaining Goal 3, women's participation in the legislative and executive branches of government and in local government has increased, albeit at differing rates. This points to progress in gender equality and women's empowerment, shows that cultural changes have occurred in terms of recognition of women's capabilities and reflects women's greater access to material resources and to prestige. It has also led to the creation of a critical mass of women among senior leaders and political representatives. The fact that women now occupy a number of ministerial and legislative positions indicates that the conditions have improved for setting a goal of gender parity in the region.

One of the merits of adopting a parity agenda is that it demonstrates the desire to represent the whole of society, so satisfying the democratic demands of different women's groups, such as indigenous women and those of African descent who are using their organizations (like the Permanent Forum on Indigenous Issues) to demand participation and to insist on their free and informed consent being sought before equality policies are defined.

The application of positive discrimination, such as quota laws, in the public administration is crucial but not enough in itself. A firm political will is also essential for developing institutional mechanisms to

oversee compliance with the corresponding provisions. In other words, the laws or mechanisms that foster women's political participation must be implemented decisively, by means of effective penalties, clear legal mandates and courts empowered to enforce the laws whenever they are flouted.

Furthermore, national mechanisms for women's advancement must develop strategies to systematically monitor the evolution of women's participation, not only in elected representative positions in the national legislature, in provincial and local government, in the public administration and the judiciary but also in political parties, trade unions and civil society organizations.

Over and above institutional reforms and laws, the empowerment of women by increasing their participation in politics and in society's decision-making calls for far-reaching cultural change, which is currently under way and is essential for meeting Goal 3.

In the Quito Consensus adopted at the tenth session of the Regional Conference on Women in Latin America and the Caribbean in 2007, Latin American and Caribbean countries agreed to take measures to:

- Adopt all necessary affirmative action measures and mechanisms, including the necessary reforms and budgetary allocations, to ensure the full participation of women in public office and in political representative positions with a view to achieving parity in the institutional structure of the State (executive, legislative and judicial branches, as well as special and autonomous regimes) and at the national and local levels as an objective for Latin American and Caribbean democracies.
- Develop electoral policies of a permanent character that will prompt political parties to incorporate women's agendas in their diversity, the gender perspective in their content, actions and statutes, and the egalitarian participation, empowerment and leadership of women with a view to consolidating gender parity as a policy of State.
- Seek the commitment of political parties to implement positive discrimination and strategies for communication, financing, training, political education, oversight and internal organizational reforms in order to achieve participation by women on a basis of parity, taking into account their diversity, both internally and at decision-making levels.
- Adopt legislative measures and institutional reforms to prevent, punish and eradicate political and administrative harassment of women who reach decision-making positions through electoral means or by appointment at national and local levels, as well as in political parties and movements.⁸

⁸ Only a few of the suggested measures have been cited. Consult the full version of the Quito Consensus in Spanish on the web page of the tenth session of the Regional Conference on Women in Latin America and the Caribbean (<http://www.eclac.cl/mujer/>).

C. REPRODUCTIVE RIGHTS AND UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH ⁹

1. The Programme of Action of the International Conference on Population and Development (ICPD) and other mandates

The International Conference on Population and Development, attended by delegations from 179 countries, was held in Cairo in 1994 for the purpose of formulating a Programme of Action on population and development for the next 20 years. This Programme redefined the traditional concept of the ties between development and population by incorporating new considerations on the environment, reproductive rights and gender equity. For example, chapter IV of the Programme of Action establishes gender equality, equity and empowerment of women as priorities of sustainable development. The recommendations made include the following: improvement of the status of women through mechanisms guaranteeing women's participation on an equal footing and their equitable representation at all levels of the political process and of public life; promotion of women's education and development of women's skills and employment; elimination of all discriminatory practices against women, including in the workplace, and of those affecting their access to credit, ownership of property and social security regimes; elimination of all forms of exploitation, abuse, harassment and violence against women, teenage girls and young girls; greater attention in development policies to the numerous time-consuming duties of women, placing more emphasis on measures to reduce the burden of domestic responsibilities and on the enactment of laws and implementation of programmes and policies allowing workers of both sexes to combine family and work responsibilities.

Recognizing the key role played by men in the achievement of gender equality, the Programme of Action also recommended emphasis on their accountability for sexual and reproductive behaviour, as well as in domestic matters (responsible parenthood), in the prevention of sexually transmitted diseases, and in participation in and contribution to family income and children's well-being.

In addition, chapter VII on reproductive rights and reproductive health, recognized the right of men and women to information about and access to safe, effective, affordable and acceptable methods of family planning, as well as other methods of their choice for regulation of fertility which are not against the law and, in particular, the right of women to have access to health-care services that will enable them to go safely through pregnancy and childbirth. It is stated that reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations. Moreover, paragraph 8.25 states that post-abortion counselling, education and family-planning services "should be offered promptly, which will also help to avoid repeat abortions" and that consideration should be given to amending laws that punish women for performing illegal abortions.

Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other United Nations consensus international instruments. They rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all persons to make decisions concerning reproduction free of discrimination, coercion and violence.

⁹ This section is based on the contribution of UNFPA.

In this connection, countries were urged to achieve universal access to reproductive health services by 2015. Such care should include, inter alia: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and treatment of infertility; abortion as specified in paragraph 8.25; treatment of reproductive tract infections, sexually transmitted diseases and other reproductive health conditions; and information, education and counselling on human sexuality, reproductive health and responsible parenthood.

As regards family planning, the Programme of Action recommended the adoption of measures to help couples and individuals to achieve their procreation goals, to prevent unwanted pregnancies and to reduce the frequency of high-risk pregnancies and morbidity and mortality. Special attention was given to the reproductive and sexual health of adolescents, in particular unwanted pregnancies, abortions in unsanitary conditions and sexually transmitted diseases, including HIV/AIDS. For example, the Programme appealed to countries to ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need.

Lastly, with regard to sexuality and relations between the sexes, the Programme of Action set the twofold goal of promoting adequate development of responsible sexuality allowing the establishment of relations of equity and mutual respect between the sexes and ensuring that men and women have access to the necessary information, education and services to achieve good sexual health and exercise their rights and responsibilities as regards procreation. The measures recommended include support for comprehensive sex education activities and services for young people, emphasizing the need for men to take responsibility for their own sexual health. Governments and communities are also advised to adopt urgent measures to end the practice of female genital mutilation and to protect women and girls from all unnecessary and dangerous practices of that nature. At the regional level, the commitment to sexual and reproductive health and the Programme of Action of the International Conference on Population and Development were reaffirmed at the eighth session of the Regional Conference on Women in Latin America and the Caribbean, held in 2001, when the countries of the region undertook in the Lima Consensus to "Guarantee the protection of women's human rights, including sexual and reproductive rights" and to "Formulate and improve programmes designed to safeguard women's health and uphold their sexual and reproductive rights in accordance with the provisions adopted in Cairo at the International Conference on Population and Development".¹⁰ This undertaking was maintained in the consensuses adopted at subsequent conferences.

In the specific context of the Millennium Development Goals, reproductive rights and access to sexual and reproductive health were also dealt with in other forums and documents, as shown in box II.2.

¹⁰ See paragraphs (n) and (p) of the Lima Consensus [on line] (<http://www.eclac.cl/cgi-bin/getProd.asp?xml=/mujer/noticias/discursos/7/7277/P7277.xml&xsl=/mujer/tpl-i/p4f.xsl&base=/tpl/imprimir.xsl>).

Box II.2

IMPORTANCE OF REPRODUCTIVE RIGHTS AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH FOR THE MILLENNIUM DEVELOPMENT GOALS IN RECENT UNITED NATIONS REPORTS AND CONFERENCES

The report *Taking action: achieving gender equality and empowering women* (United Nations Millennium Project, 2005), prepared by the Task Force on Education and Gender Equality of the United Nations Millennium Project recognized that ensuring universal access to sexual and reproductive health and rights is the key to empowering women, and made it the second of the seven strategic priorities for the attainment of Goal 3. The report notes that it is essential to guarantee sexual and reproductive health and rights in order for women to acquire skills, take advantage of economic and political opportunities and control their destinies. It states that the sexual and reproductive health and rights of women and girls must be guaranteed, at a minimum, by public health systems providing quality family planning services, emergency obstetric care, safe abortion (where legal), post-abortion care and prevention and treatment of sexually transmitted infections (such as HIV/AIDS). In addition, sexuality education programmes help to raise awareness of sexual and reproductive rights and their outcomes.

Paragraph 57 (g) of the *2005 World Summit Outcome*, in General Assembly resolution 60/1, refers to achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty.

The report *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals* (United Nations Millennium Project, 2006), prepared by the United Nations Millennium Project in pursuance of the recommendation made by all the Task Forces on the importance of sexual and reproductive health for the attainment of the Millennium Development Goals, as well as paragraph 57 (g) of the 2005 World Summit Outcome, stress the urgent need to increase investment in access to information and sexual and reproductive health services, particularly for the poor, as an essential prerequisite for the attainment of the Millennium Development Goals.

Source: United Nations Population Fund (UNFPA), on the basis of the relevant official documents.

2. The diagnosis: sexual and reproductive health and rights in Latin America and the Caribbean

(a) Reproductive rights, fertility, poverty and exclusion

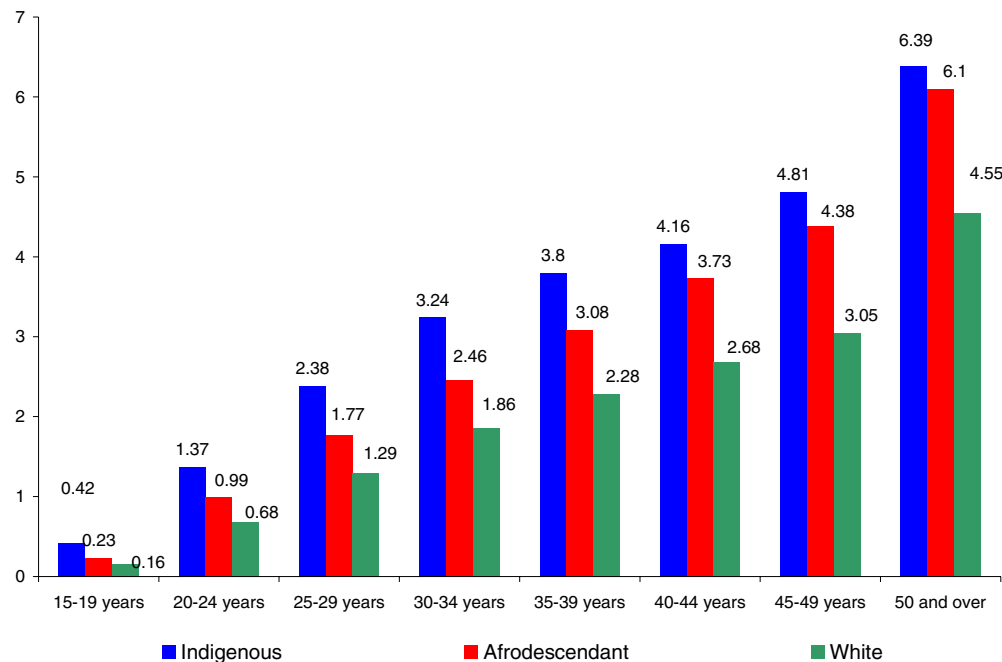
The context of inequality and socio-economic, gender and ethnic exclusion characterizing Latin America and the Caribbean limits the full exercise of reproductive rights. Although over the past 50 years the countries of the region have reduced their fertility by between 30% and 70% - basically through the use of modern contraceptive methods, better education, general improvement of living conditions and the incorporation of women in the world of work —major differences persist in the number of children born to women, depending on their socio-economic situation, educational level, ethnic origin, age and place of residence (CELADE/UNFPA, 2005).

While in countries such as Cuba, Barbados, Puerto Rico, Martinique, and Trinidad and Tobago new births are barely reaching the replacement level (2.1 children for each woman), in Bolivia, Haiti and Guatemala women are exceeding the average of four children. Generally speaking, the greatest differences in fertility are between women who complete secondary education and women with no education. However, the countries with the highest average levels of education among women are not necessarily the ones with lower rates of unwanted fertility, as is the case with the atypical example of Costa Rica, where over half the births seem to be unplanned or unwanted. On the other hand, in

Nicaragua, Guatemala and Ecuador, the percentage of unwanted births is lower than 20%. In addition, countries at various stages of demographic transition and with greater social inequality, such as Brazil, Colombia, Peru and Bolivia, also have less than 40% unwanted fertility (Gomes, 2006).

In Haiti, for example, women living in rural areas have 2.6 more children than those in urban areas, and in Bolivia and Colombia they have 2.4 and 1.3 children respectively. High fertility is also a distinctive characteristic of indigenous women (CELADE/UNFPA, 2005). For example, in Panama indigenous women have an average of 6.6 children, compared with 2.9 for non-indigenous women; in Ecuador the averages are 5.4 and 3 respectively. Average fertility is even higher among indigenous women in rural areas. Differences also exist between ethnic groups. In Panama, for example, the fertility rate of Kuna women is 4.7 children, while that of Ngobe-Bugle women is 7.5. The effect of ethnic origin on fertility persists even if the figures are adjusted for economic and educational factors. However, there are some cases in which these have the opposite effect: Aymara women in Bolivia, for example, in the same socio-economic situation, have children much later and have fewer children than non-indigenous women, because they form unions later and continue breastfeeding, which increases post-delivery infertility, for longer.

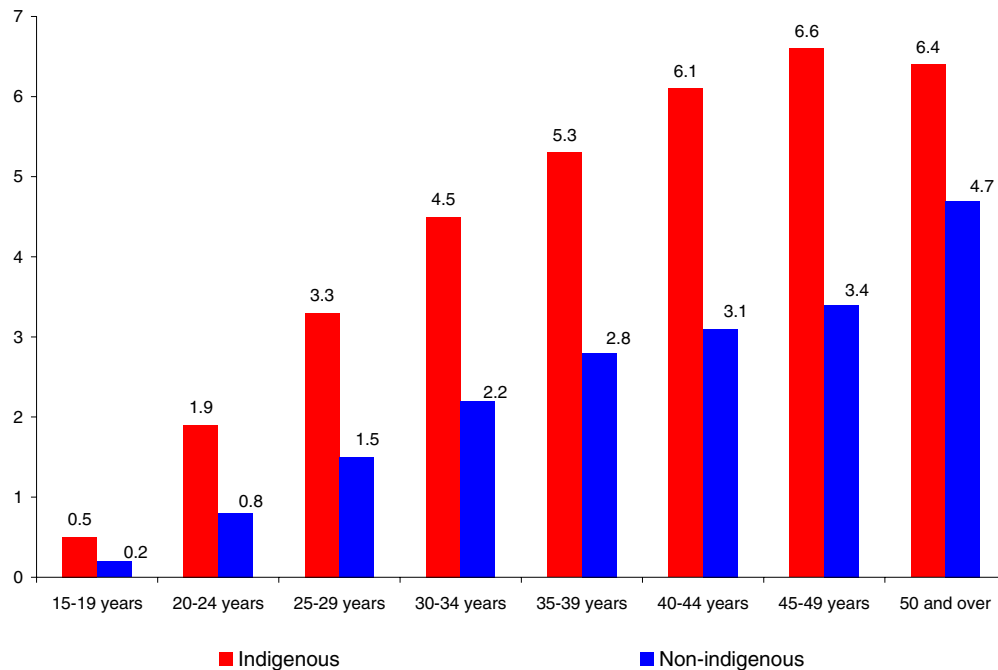
Figure II.18
BRAZIL: AVERAGE NUMBER OF CHILDREN BORN SHOWING THE AGE RANGE OF THE MOTHERS BY ETHNIC GROUP, 2000^a



Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on population censuses of the respective countries <http://www.eclac.c/mujer/proyectos/perfiles/comparados>.

^a This figure was taken from document UNFPA/GRZ (2007).

Figure II.19
PANAMA: AVERAGE NUMBER OF CHILDREN BORN SHOWING THE AGE RANGE OF THE MOTHERS BY ETHNIC GROUP, 2000^a

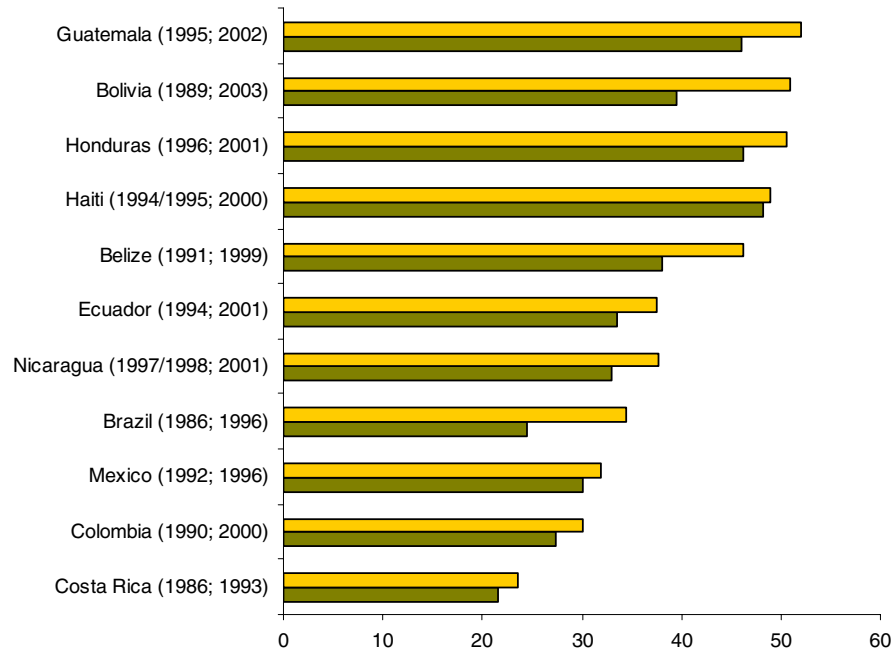


Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on population censuses of the respective countries <http://www.eclac.c/mujer/proyectos/perfiles/comparados>.

^a This figure was taken from document UNFPA/GRZ (2007).

Despite the widespread decline in fertility, one third of pregnancies in the region are unwanted or ill-timed (CELADE/UNFPA, 2005). In fact, if women had the number of children that they wanted, the global fertility rate of many countries would decline by almost one child per woman. The problem becomes a vicious circle in the poor sectors. The high fertility rates make it difficult to rise above the poverty line as they reduce a woman's opportunities to work, increase her expenditures on school and health care for the children, intensify her vulnerability and make it difficult for her to save. Access to contraception is thus fundamental for the exercise of reproductive rights and in order to reduce maternal mortality. In 2000, more than 60% of women in a union —marital or consensual— used methods to prevent pregnancy, although the prevalence of use continued to vary widely: only 28% in Haiti but over 84% in Cuba (CELADE/UNFPA, 2005). However, it is noteworthy that the prevalence of female sterilization as a contraceptive method is much higher than in other parts of the world; in 8 of the 13 countries with recent information it is the contraceptive method used most frequently.

Figure II.20
**LATIN AMERICA AND THE CARIBBEAN (SELECTED COUNTRIES): GLOBAL FERTILITY RATE
 AROUND 1990-2000**



Source: Demographic and Health Surveys (DHS); Centres for Disease Control and Prevention (CDC); for Mexico, National Institute of Statistics, Geography and Informatics (INEGI), National Survey of Demographic Dynamics, 1992 and 1996; for Costa Rica: National reproductive health survey (EFS), 1986 and 1993.

At the regional level, there is an increase in teenage pregnancies, with tremendous repercussions on the education and opportunities of young people, particularly in contexts of poverty, where the phenomenon is more widespread (CELADE/UNFPA, 2005; ECLAC/UNICEF, 2007). Since the end of the 1980s, in contrast to the general trend, fertility levels among the under-twenties have again shown a propensity to increase in several countries. Only four of the 16 countries in the region (Belize, Guatemala, Nicaragua and Paraguay) show a clear reduction in the percentage of mothers among women between 15 and 19 years of age (ECLAC/UNICEF, 2007). Overall, the region of Latin America and the Caribbean stands out for its high levels of reproduction during adolescence, which places it in an ambiguous position on a world scale. On the one hand, its fertility levels are below the world average and that of the developing countries. On the other hand, its levels of adolescent fertility ostensibly surpass the world average, only exceeded by African rates. It is also the region of the world where births to adolescent mothers represent the largest fraction of total births.

Table II.2
**SELECTED COUNTRIES IN LATIN AMERICA AND THE CARIBBEAN: TREND IN THE
 PROPORTION OF WOMEN AGED 15 TO 19 WHO HAVE HAD CHILDREN,
 BY SIMPLE AGE GROUP, 1990 AND 2000 CENSUS ROUNDS**

Country	Census year	Age in years					Total
		15	16	17	18	19	
Argentina	1991	3.3	6.6	11.2	17.3	23.1	11.9
	2001	3.7	6.5	11.2	17.2	23.6	12.4
Belize	1990	2.5	7.7	15.4	26.2	34.9	16.9
	2000	2.8	6.7	14.4	25.4	33.0	15.8
Bolivia	1992	1.6	4.4	9.9	17.9	28.0	11.7
	2001	2.0	5.7	11.7	20.8	29.2	13.5
Brazil	1991	2.2	5.2	10.4	17.2	24.3	11.5
	2000	3.3	7.6	13.8	20.8	28.1	14.8
Chile	1992	2.1	4.8	9.8	16.1	24.8	11.8
	2002	6.3	5.1	10.2	16.7	24.1	12.3
Costa Rica	1984	2.0	5.6	10.9	18.6	27.5	11.8
	2000	2.5	6.2	11.8	19.8	27.5	12.3
Ecuador	1990	6.2	5.4	11.0	19.4	27.9	13.2
	2001	3.2	8.1	14.9	23.9	32.5	16.3
Guatemala	1994	2.9	7.3	14.5	25.1	35.5	16.1
	2002	2.6	6.9	14.2	23.1	33.0	18.3
Honduras	1988	3.6	8.1	15.6	25.2	34.6	16.6
	2001	3.0	8.4	17.1	27.6	38.0	18.3
Mexico	1990	1.4	3.8	8.6	16.1	24.2	10.4
	2000	1.8	4.8	10.7	18.2	26.2	12.1
Nicaragua	1995	5.0	12.6	23.7	34.8	46.0	23.9
	2005	4.3	10.7	19.8	28.9	38.4	20.0
Panama	1990	3.6	8.2	15.2	22.4	30.8	16.1
	2001	4.1	9.3	16.2	25.4	33.3	17.4
Paraguay	1992	2.0	6.2	13.0	23.4	32.9	15.0
	2002	1.9	5.1	10.1	17.8	16.7	12.1
Trinidad and Tobago	1990	1.0	3.2	6.1	12.3	18.9	8.0
	2000	1.2	2.2	4.7	18.3	21.4	9.3
Uruguay	1985	1.2	3.4	7.2	12.4	19.3	8.4
	1995	5.0	7.7	12.8	18.4	24.6	13.9
Venezuela (Bolivarian Rep. of)	1990	3.3	6.9	13.0	19.9	27.5	13.8
	2001	3.2	7.5	13.7	21.7	29.8	15.0

Source: Economic Commission for Latin America and the Caribbean (ECLAC)/United Nations Children's Fund (UNICEF), "Teenage motherhood in Latin America and the Caribbean. Trends, problems and challenges", *Challenges*, Newsletter No. 4, Santiago, January 2007.

Table II.3

REGIONS OF THE WORLD: ESTIMATED GLOBAL FERTILITY RATES (GFR) FOR 2007, SPECIFIC ESTIMATED FERTILITY RATE FOR THE 15- TO 19-YEAR-OLD AGE GROUP FOR 2007 AND THE PERCENTAGE OF TOTAL LIVE BIRTHS TO ADOLESCENT MOTHERS ^a

Region	GFR 2007	Specific fertility rate: 15-19 years 2007	Percentage of total live births to adolescent mothers
The world	2.55	52.9	13
Africa	4.68	103.4	17
Asia	2.35	39.94	11
Europe	1.43	17.41	7
Latin America and the Caribbean	2.38	75.67	18
North America	1.98	45.49	12
Oceania	2.23	25.5	7

Source: Economic Commission for Latin America and the Caribbean (ECLAC)/United Nations Children's Fund (UNICEF), "Teenage motherhood in Latin America and the Caribbean. Trends, problems and challenges", *Challenges*, Newsletter No. 4, Santiago, January 2007.

^a Circa 2004.

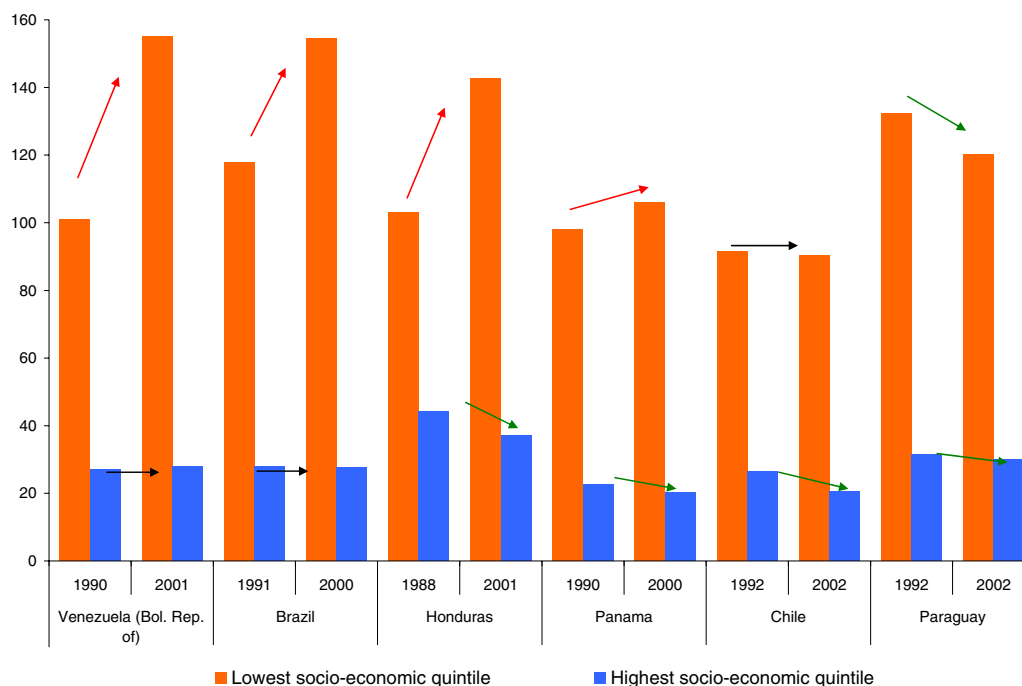
As indicated below, becoming pregnant during adolescence has many implications which may have a negative effect on the women's lives because of unwanted fertility: greater health risks (especially perinatal); obstacles to schooling and training; disadvantages for the future of parents and child; higher fertility rates among poor adolescents; and the fact that teenage mothers have a higher risk of being single mothers, faced with absence and irresponsibility on the part of the fathers (ECLAC/UNICEF, 2007).

- A large percentage of adolescent fertility is unwanted. These high figures for unwanted pregnancies suggest that the reproductive rights of adolescents are not being exercised. The connection between unwanted fertility and denial of the exercise of rights is a particularly clear example of gender inequity, for it is women who have to live with and suffer the worst consequences of unwanted births because: (i) males (adolescent or not) tend to shirk their responsibility; (ii) responsibility for prevention is unilaterally and unjustly placed upon the woman; (iii) sexually active adolescent girls who take precautions tend to be stigmatized and insulted by male peers and other women; and, worse still, (iv) a hard-to-quantify proportion of births to teenage mothers result from sexual violence and abuse or from the male, usually an adult, having taken unfair advantage of the girl.
- At all socio-economic levels, reproduction in adolescence is linked to higher probabilities of foetal death, infant mortality and morbidity, and obstetric problems in the postpartum period. The greatest risks clearly come with under-18 pregnancies.
- There are real difficulties in reconciling pregnancy and child-raising with education and work. Adolescent reproduction is not conducive to the achievement of economic independence, as most teenage mothers live in the homes of their parents or in-laws, where they carry out domestic work. Although they no longer attend school, they also do not enter the labour market or, if they do, it tends to be on a casual basis. These vulnerabilities are compounded by the pressure on the budget of the mother's parents, who often end up taking on a large part of the work of child-rearing; the younger the mother, the more this occurs. In the realm of education, there are still mechanisms in the region which result in the expulsion or marginalization of pregnant students. In spite of this, surveys show that teenage pregnancy

is not the main cause of early school leaving; of greater significance are socio-economic pressures, demotivation and frustration at the poor quality of education or its lack of relevance to finding well-paid work.

- There are also disadvantages to tackling the raising of children at a stage in the parents' lives when they themselves are still shaping their own identities and society assigns roles to young people that are different from the parental role. This adverse effect is harder to measure, as it is based on the very much unproven premise of a lower learning capacity among adolescent mothers. In the region, this problem tends to be counteracted by family support, with "child-rearing grandmothers", for example. But this is an uncertain mechanism and is unfair to members of the older generation, who have already done their child-rearing duty. Lastly, it is only fair to say that there are cases in which motherhood becomes the life goal of the adolescent girls themselves, given the lack of other choices or plans.
- The probability of motherhood at this stage of life is higher among poor adolescents. According to the most recent study in the region, based on the processing of census microdata, the concentration of teenage pregnancy risk has increased among the poor in recent years, both on a national scale and in urban areas (see figure II.21). In all the countries studied, the specific rate of adolescent fertility of the poorest quintile is at least three times that of the richest quintile, and in many cases the ratio is 5 to 1. This is particularly worrying, because early initiation of reproductive life, together with the adverse effects listed above, is considered one of the contributory factors to intergenerational replication of poverty. It thus prevents the achievement of the first Millennium Development Goal.
- Historically, teenage pregnancy has tended to occur under informal nuptial arrangements, for either material reasons (financial limits, dependence on the parental home), psycho-social reasons (such as unstable relationships and pregnancies resulting from violence) or both. According to recent data, this trend has strengthened, worsening the situation of single mothers, with males (both adolescents and adults) tending to be absentee fathers and partners who fail to take responsibility for the children they have procreated with adolescent mothers. This increases the financial pressure and care load for the grandparents.

Figure II.21
SIX LATIN AMERICAN COUNTRIES: ADOLESCENT FERTILITY RATE AT EXTREME SOCIO-ECONOMIC LEVELS, URBAN AREAS, 1990 AND 2000 CENSUS ROUNDS
(Per thousand)



Source: Economic Commission for Latin America and the Caribbean (ECLAC)/United Nations Children's Fund (UNICEF), "Teenage motherhood in Latin America and the Caribbean. Trends, problems and challenges", *Challenges*, Newsletter No. 4, Santiago, January 2007.

Lastly, it should be noted that, when the countries in the region are compared, a relationship is found between less progress in the exercise of reproductive rights and the poverty situation (UNFPA/EAT, 2007b). For example, Bolivia, Nicaragua and Honduras are among the countries with the highest incidence of poverty in the region and are also at the most backward stage of demographic transition, with fertility rates that are still high. In Honduras and Nicaragua, over 35% of the population are in a situation of indigence and over 65% are living in conditions of poverty, followed by Bolivia, Ecuador, Paraguay and Guatemala, with about 25% of indigents and 50% of poor. These countries are the most backward as regards demographic transition compared with the average for the region (UNFPA/EAT, 2007b). At the other extreme, Argentina, Chile and Uruguay, where the transition commenced earlier, have lower levels of poverty.

(b) The burden of reproductive work and women's empowerment

In Latin America and the Caribbean, there is a general tendency towards decreased fertility, accompanied by an accelerated increase in the older adult population. Following a global trend, the region is ageing. About 50 million people aged 60 and over currently live in the region and by 2025 this population is expected to reach 100 million (CELADE/UNFPA, 2006). By this date, it is estimated that the proportion of older adults will exceed 30% in Cuba, Guyana, Martinique, Guadeloupe, Trinidad and Tobago, and Barbados and that it will be close to this percentage in countries such as Chile (28.2%),

Costa Rica (26.4%), Uruguay (25.4%) and Mexico (25.1%) (CELADE/UNFPA, 2006). The female population is more elderly than the male population. Among older adults, there are 82 men for every 100 women; in urban areas, the ratio is 100 women for every 77 older men, which is higher than in rural areas, where there are 107 men for every 100 women.

This situation of reduced fertility and larger older adult population —combined with other factors such as changes in family structure, composition of households and insertion of women in the labour market— is reflected in two interesting trends as regards the reproductive burden borne by women because of the care of dependants, whether children or older adults (UNFPA/GTZ, 2007). One trend is the faster decline in the ratio of children to women,¹¹ which should lighten the reproductive burden and work of households. It is noted that, between 1950 and 2005, the percentage relationship between the total number of children and of women of working age dropped from 68% to 38%, and this percentage will continue to decline and reach about 26% in the middle of the twenty-first century (UNFPA/GTZ), 2007). Since women are mainly responsible for the care of children in the home, the reduction in the average number of children per woman will mean that the time devoted to caring for minor dependants will change. On the other hand, the second trend (steady increase in the proportion of older adults in the total population, both at the regional level and in the countries studied) will increase the care-giving burden on society as a whole and particularly for women. In the region, the proportion of older adults is found to have increased from less than 4% in the early 1950s to about 6% in 2005. This is an amazing increase, since it is projected that by the middle of the twenty-first century one fifth of the total population of the region will consist of older adults (UNFPA/GTZ).

As a result, after the first quarter of the twenty-first century, the demographic dependency ratio and the ratio of dependants per working woman will begin to increase. There will then be a stage at which the constant increase in the proportion of older adults will intensify demographic, social and economic pressures on families and households, affecting the way in which their members, particularly women, are inserted into the labour market (UNFPA/GTZ, 2007). Within barely two decades, the changes in the region's demographic structure will make it more difficult to balance reproductive and productive work, creating additional problems as regards the sexual division of labour and gender inequalities.

¹¹ This indicator is a very approximate reflection of the burden of reproductive work related to the care of children by women.

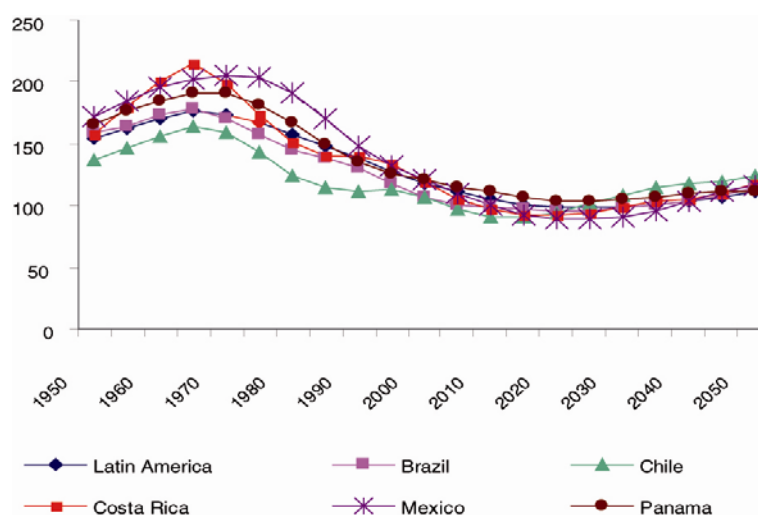
Table II.4
**LATIN AMERICA (AVERAGE AND SELECTED COUNTRIES): INDICATORS OF
 DEMOGRAPHIC STRUCTURE, 1950-2050**

Region or country	1950	1970	1990	2005	2030	2050
Latin America and the Caribbean						
Percentage of population over 65	3.7	4.2	4.7	5.9	11.3	17.7
Children/women ratio	67.8	70.5	50.0	37.7	28.6	26.2
Brazil						
Percentage of population over 65	3.0	3.7	4.4	6.0	12.2	18.8
Children/women ratio	69.6	66.3	45.6	34.8	27.3	25.8
Chile						
Percentage of population over 65	4.3	5.0	6.1	7.9	16.5	21.6
Children/women ratio	57.8	58.2	41.1	28.3	26.1	26.4
Costa Rica						
Percentage of population over 65	4.8	4.6	4.9	5.7	13.0	19.8
Children/women ratio	72.3	74.9	53.2	33.5	26.0	26.0
Mexico						
Percentage of population over 65	4.4	4.3	3.9	5.3	11.4	20.3
Children/women ratio	77.5	86.9	53.2	36.3	26.3	25.6
Panama						
Percentage of population over 65	4.1	4.3	4.9	5.9	11.3	17.1
Children/women ratio	72.3	79.0	48.8	40.3	30.9	26.3

Source: Latin American and Caribbean Demographic Centre (CELADE) – Population Division of ECLAC, online data base http://www.eclac.cl/celade/proyecciones/basedatos_BD.htm.

Note: Children/women ratio = (population between 0 and 4 years of age/female population between 15 and 49 years of age)*100.

Figure II.22
**LATIN AMERICA (AVERAGE AND SELECTED COUNTRIES): DEPENDANTS PER ACTIVE
 WOMAN, 1950-2050**
(In percentages)



Source: United Nations Population Fund (UNFPA)/German Agency for Technical Cooperation (GRZ), “Pobreza, políticas conciliatorias y presupuesto público en América Latina y el Caribe: análisis comparativa de Brasil, Costa Rica, Chile, México y Panamá”, Mexico City, 2007.

(c) Reproductive rights: impact on women's autonomy and health

Women of reproductive age account for over 50% of all women in Latin America and the Caribbean and will continue to do so until 2025. Some of the main causes of death among women of reproductive age in the region are closely related to denial of sexual and reproductive rights, as in the case of the HIV/AIDS epidemic, maternal deaths and unsafe abortions.

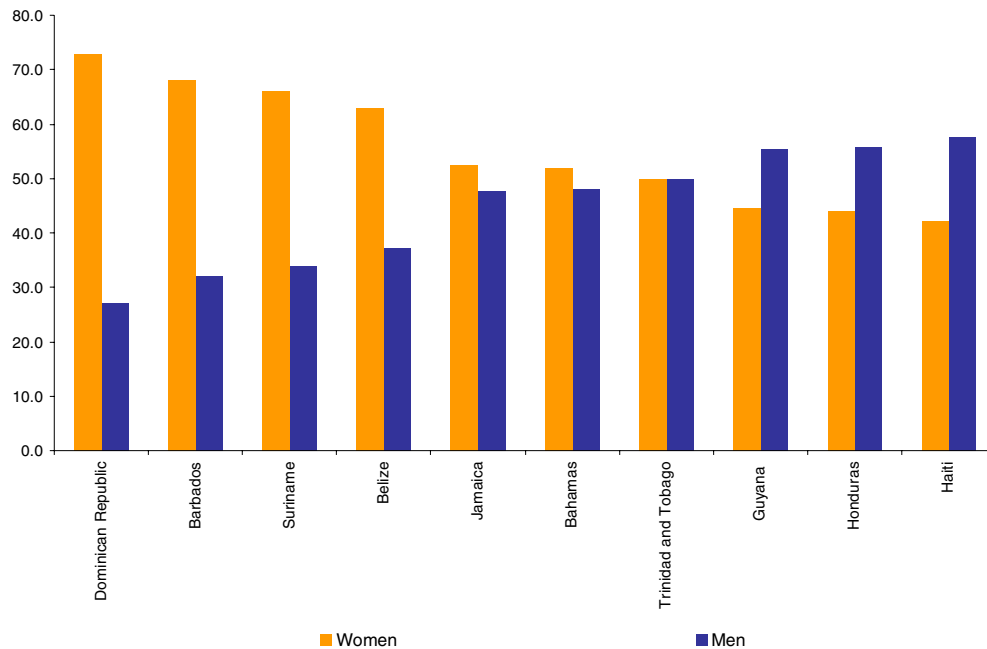
In 2006, it is estimated that 1.7 million people were infected with HIV/AIDS in the region (UNAIDS/WHO, 2006). Women are one of the most rapidly growing groups within the population living with HIV/AIDS. Between 2002 and 2004, the number of women with HIV/AIDS increased from 520,000 to 610,000 in Latin America and from 190,000 to 210,000 in the Caribbean. Among all adults, the proportion of women with HIV/AIDS has increased significantly and now represents 40% of all cases in the Caribbean and 36% in Latin America (UNAIDS, 2004). Women are more vulnerable because of a culture that restricts their ability to take sexual and reproductive decisions in an independent and informed manner. The fact that it is often their partners or husbands who decide when, how and how often to have sexual relations limits women's ability to take preventive or protective measures to avoid being infected. Adolescents are currently among the highly vulnerable groups. In the Caribbean, the majority of new cases of HIV/AIDS occur among women between the ages of 15 and 24 (United Nations, 2005).

In addition, because the ways of transmitting HIV/AIDS include sexual relations and transmission from mother to foetus or newborn baby, the epidemic has a primary effect on sexual and reproductive health, which in turn affects the general health of individuals, families and whole communities (United Nations, 2005). Women living with HIV/AIDS are often stigmatized and discriminated against or have to assume the responsibility of looking after persons with HIV/AIDS in the community.

Orphans under 15 years of age whose parents have died of HIV/AIDS represent a large vulnerable group in Haiti, Brazil, Honduras, Mexico, Argentina, Peru, the Dominican Republic and Guatemala (UNFPA/EAT, 2007b). However, there are also HIV/AIDS orphans in all the other countries.

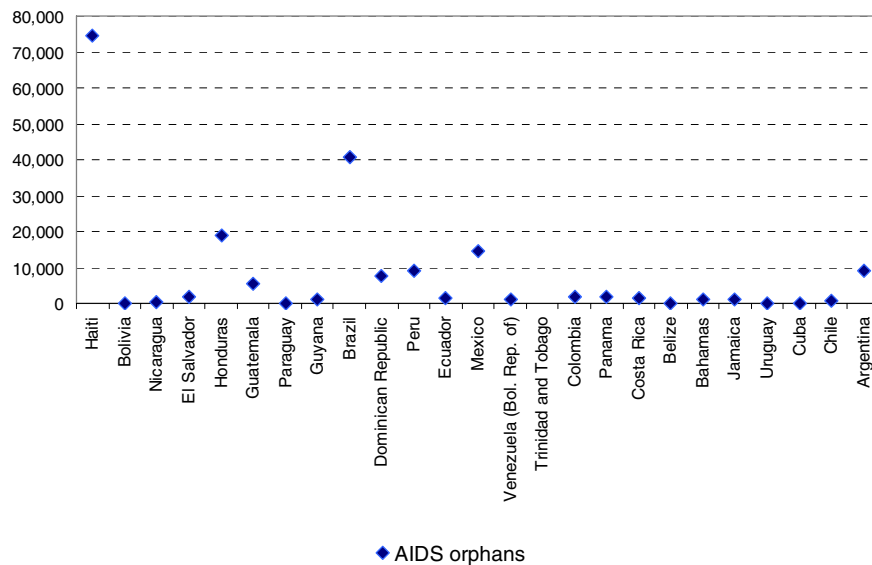
The phenomena of maternal mortality and deaths from unsafe abortions are intimately linked to the denial of reproductive rights and mainly affect women in the poorest socio-economic groups. Denial of the right freely to decide whether to have children, the socio-cultural pressure regarding motherhood, gender-based violence, and the lack or inadequacy of public information services, access to sexual and reproductive health and sex education policies are causes closely associated with the death of women of reproductive age.

Figure II.23
LATIN AMERICA AND THE CARIBBEAN: PROPORTION OF WOMEN AND MEN INFECTED WITH HIV/AIDS IN HIGH-PREVALENCE COUNTRIES, 2003



Source: United Nations, *The Millennium Development Goals: A Latin American and Caribbean Perspective* (LC/G.2331-p), J.L. Machinea, A. Bárcena and A. León (Coordinators), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2005. United Nations Sales Publication No. 05.II.G.107.

Figure II.24
NUMBER OF CHILDREN UNDER 15 YEARS OF AGE WHOSE MOTHER OR PARENTS HAVE DIED FROM AIDS (CUMULATIVE 1999)



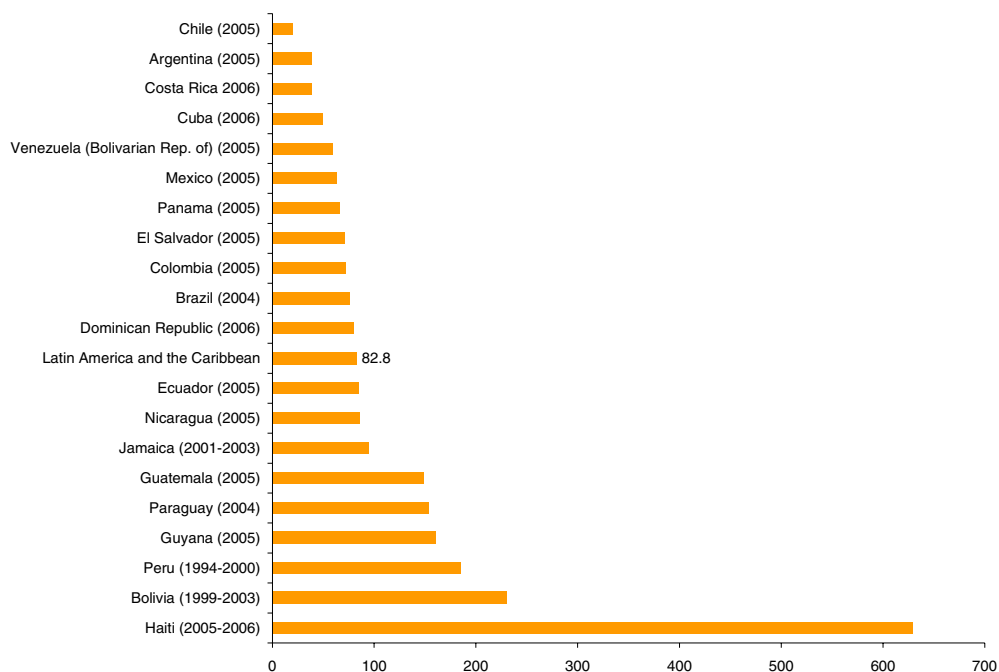
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of World Health Organization (WHO)/Joint United Nations Programme on HIV/AIDS (UNAIDS), *Aids Epidemic Update: December 2000*, Geneva.

The available estimates indicate that the maternal mortality rate has held steady in Latin America and the Caribbean during the past decade. Because the total number of births has not changed significantly since then, the number of women in the region dying from causes related to pregnancy and childbirth in the region has also remained constant (United Nations, 2005). The virtual lack of change in the rates and the absolute number of maternal deaths in the region should be a cause for concern, since it does not augur well for a three-quarters reduction by 2015.

Obviously maternal mortality, as well as morbidity associated with its determining factors, represent a serious public health problem, reflecting some of the greatest inequalities in living conditions; they are also a reflection of the state of health of women of reproductive age, as well as their access to health services and the quality of the care they receive, including access to contraception, involving deaths and health problems that could be entirely prevented if there were adequate monitoring and appropriate care.

In many countries of the region, the consequences of illegal abortions are one of the main causes of maternal mortality, and it is estimated that thousands of women die each year from this cause (Human Rights Watch, 2005b). In fact, many women struggle every day to achieve a modicum of control over their own lives; some are raped by their spouse or by other men, while many others are denied access to contraceptives and reproductive health services. An overview of the abortion situation in the region shows that this practice, in unsafe and high-risk conditions, represents a public health problem with underlying implications of economic, social, ethnic and gender inequality (Guillaume and Lerner, 2005).

Figure II.25
LATIN AMERICA AND THE CARIBBEAN: MATERNAL MORTALITY RATIO

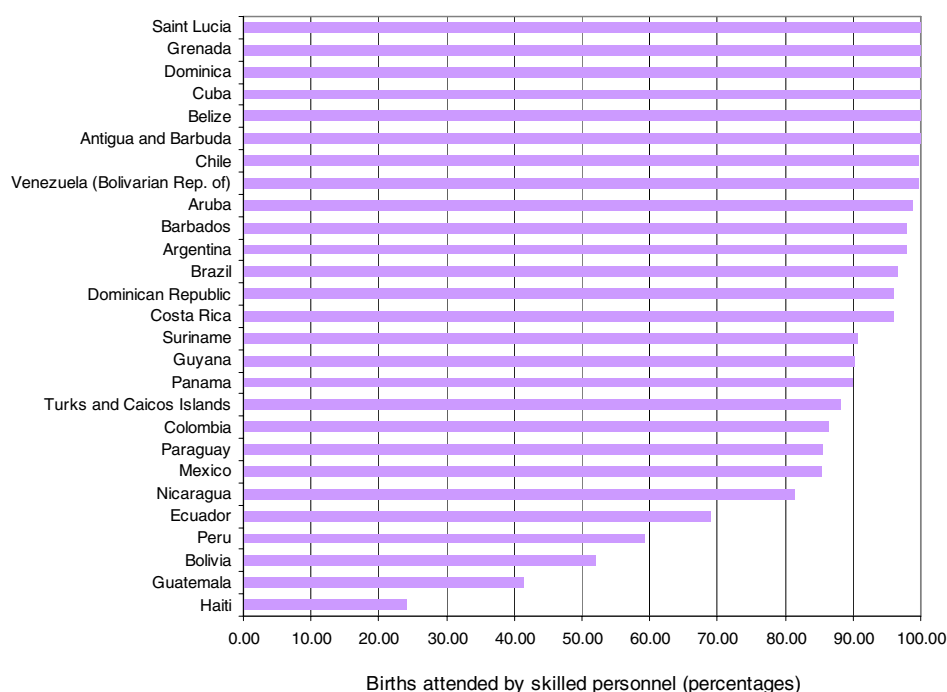


Source: Pan American Health Organization (PAHO) (2007), Health situation in the Americas: Basic Indicators.

(d) Access to sexual and reproductive health services

Care by trained health workers during delivery is a prerequisite for the prevention of maternal deaths. In the region, 82% of births are attended by skilled personnel and 16 of the 26 countries with information available have reached the 2015 target of 90%. However, there are still differences between women in rural areas and those in urban areas. Haiti, Guatemala, Peru, Paraguay, Bolivia and Nicaragua head the list of countries lagging furthest behind. The most critical situations are in Haiti and Guatemala, where only 30% and 40% of births, respectively, are attended, while in Peru, Honduras and Bolivia the figure reaches 60% (United Nations, 2005). There are also considerable inequalities as regards emergency obstetrical care, particularly among the rural population and the population of indigenous origin, basically because of the inefficient structure of service networks, communication difficulties, such as the remoteness of health centres, the scarcity of information about available services, and/or the lack of cultural sensitivity in the provision of services.

Figure II.26
LATIN AMERICA AND THE CARIBBEAN: ATTENDANCE BY SKILLED PERSONNEL DURING CHILDBIRTH, CIRCA 2000



Source: United Nations, *The Millennium Development Goals: A Latin American and Caribbean Perspective* (LC/G.2331-P), J.L. Machinea, A. Bárcena and A. León (Coordinators), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2005. United Nations Sales Publication No. 05.II.G.107.

3. Proposals: legislation and public policies on the subject of reproductive rights

Many countries have revised their legal provisions and adopted laws to ensure exercise of reproductive rights and non-discriminatory access to sexual and reproductive health services. The new Constitutions of Ecuador, Peru and the Bolivarian Republic of Venezuela specifically mention free and responsible decision-making, without discrimination, violence or coercion, regarding sexuality and the number of

children that people desire to procreate, adopt, support and educate. Guatemala's social development legislation guarantees freedom to procreate or not and to decide when and with what frequency couples may procreate responsibly. In Mexico, Nicaragua and Peru, the principles guaranteeing full exercise of reproductive rights and access to family planning and reproductive health services are recognized in population policy. The countries of the region have also gradually adopted comprehensive national policies and programmes of sexual and reproductive health, based on the concept of reproductive rights as human rights, social and gender equity, empowerment of women, and targeting and quality of services.

As regards HIV/AIDS, most of the countries have government policies and legislation on the subject, although enforcement is limited. While access to treatment has improved in recent years, most is financed under the Global Fund to Fight AIDS, Tuberculosis and Malaria. In some countries, health sector reforms have included access to diagnosis and treatment of HIV/AIDS infection. However, prevention is still the weakest component of national responses to HIV/AIDS throughout the region.

Despite these important achievements, there are signs of backsliding and stagnation in the existing legislation (basically covering therapeutic abortion and emergency contraception), in the actual enforcement of the legal provisions adopted, in budgetary allocations for implementation of policies and programmes for the promotion and protection of reproductive rights and the building of solid partnerships between the State and civil society organizations.

In addition, the extent of exclusion from health coverage in the region has implications for the exercise of reproductive rights by women. According to ECLAC (2007b), in 2005 only 53% of the urban employed population had social security coverage. The figure for wage earners was 66%. In both cases, this situation has remained unchanged since 2002. In the countries for which information is available for 1990-2005, the situation is deteriorating, since the proportion of employed persons and wage earners contributing to social security dropped from 63% to 57% and from 72% to 68%, respectively. In addition, per capita spending on health in the region is below the global average. To a large extent, health costs are covered by the families themselves, whose out-of-pocket expenditure has risen above 50% in countries such as Belize, Paraguay and the Dominican Republic. This out-of-pocket expenditure particularly affects the very poor and especially women (who spend between 15% and 43% more than men), mainly because of their reproductive health needs and greater longevity.

(a) Reproductive rights in poverty reduction programmes

In 2006, UNFPA made an analysis of components of empowerment and reproductive rights in some selected poverty reduction programmes in Latin America (UNFPA/EAT 2007a).¹² This study showed that the topic of reproductive rights is explicitly covered in three of the programmes studied: Oportunidades in Mexico, Chile Solidario and Bolsa Familia in Brazil. The Oportunidades programme includes special benefits for reproductive health, family planning and prevention of sexually transmitted diseases in the basic package of health services, for women and men between 20 and 49 years of age. In addition, educational sessions are held on reproductive health topics, which enhance the knowledge of the population concerned and the exercise of rights. It should be stressed that these activities are geared to men and women, which presupposes that men are getting involved in traditionally female areas, which are redefined as topics of interest to couples and not only to women as mothers. The Chile Solidario programme sets minimum health standards targeting women of reproductive age and ensures that they are met by obtaining commitments from female heads of families with the support of the family. In Brazil,

¹² The following programmes were analyzed: Bolsa Familia (Family Grant) (Brazil), Chile Solidario (Chile), Bono de Desarrollo Humano (Human Development Incentive) (Ecuador) and Oportunidades (Opportunities) (Mexico).

women's health is a priority on the government agenda and it is therefore expected that reproductive health care and coverage will be guaranteed beyond the Bolsa Familia programme; however, this programme organizes family planning discussion groups and provides contraceptives without charge to women who attend.

Taken as a whole, the measures designed to make women responsible for managing payments, taking care of their reproductive health and contributing directly or indirectly to the recognition of their rights are bringing about a substantive change in the quality of life of the women concerned. However, if one assesses the real impact or specific contribution made to reproductive rights, most of the programmes have limitations, since they are not geared directly to reproductive rights but are set up generically as family health programmes, since to do otherwise would mean focusing on the delivery or guarantee of rights.

Table II.5
REPRODUCTIVE RIGHTS IN POVERTY REDUCTION PROGRAMMES IN LATIN AMERICA AND THE CARIBBEAN, 2006

Programme	Payment recipients	Reproductive health activities	Other activities targeting women
Bolsa Familia (Brazil)	Families, through women.	Family planning discussion groups for families. Provision of contraceptives.	...
Chile Solidario (Chile)	Families, through women heads of families or the partner of the head of family.	Setting of minimum health standards connected with reproductive health. Pregnant women must have regular medical check-ups conforming to the standards of the Ministry of Health (before leaving the programme, the prescribed check-up must be performed). Women aged 35 or older must be up to date with their Papanicolaou tests. Women using any contraceptive method must be under medical supervision (before leaving the programme, the prescribed discharge check-up must be performed).	Psycho-social support from a monitor who works directly with the woman concerned.
Bono de Desarrollo Humano (Ecuador)	Families, through the mother in the family group.	No specific actions.	Under the pilot programme of the National Council of Women (CONAMU), it is planned to have discussion groups for women prior to payment of the incentive (network of services and training).
Oportunidades (Mexico)	Families, through the mother.	The basic health services package includes reproductive health benefits for pregnant women, post-partum and breast-feeding women and men and women between 20 and 49 years of age. Reproductive health discussion groups for families.	Positive discrimination with supplementary scholarships for women to pursue secondary studies.

Source: Prepared by the author, based on information on the various programmes.

Reproductive rights in the Bolsa Familia programme in Brazil. Although there is no specific medical consultation requirement for families benefiting from the programme, a compulsory health commitment is required from all members of the family group and non-compliance by any member results in penalties for the entire family. It is noteworthy that Brazilian health statistics show that women are the main users of the unified health system. The programme thus helps to strengthen the tie between women and the health services, while bringing the health system closer to young people and adult men,

who generally use it for illness and not for prevention. In addition to medical check-ups, the programme includes family planning discussion groups, held at various locations. These groups provide twofold benefits for the women participants in the programme. Firstly, they acquire health information and knowledge. Secondly, the groups provide an opportunity for sharing and socializing. The programme activities provide health care adapted to the specific health needs of women. At the same time, they involve the other family members. However, the health topics are not approached from the viewpoint of women's rights in relation to their sexuality, their birth control decisions and the spacing of pregnancies. These topics are not debated or elaborated under the programme and with women in order to achieve social respect for their status as full citizens.

Reproductive rights in the Chile Solidario programme. Some of the minimum health requirements refer specifically to women's reproductive health. The information consulted indicates that most women meet the requirements, thanks to the assistance provided by family support and the preferential treatment given to the system's beneficiaries by health care centres. Only 62.3% of the women entering the programme have had recent Papanicolaou tests, but as many as 95.8% of them have done so by the time they leave the programme. Contraceptive use has also improved, showing an increase from 77.6% to 97.8%. It thus appears that the programme does help to improve women's reproductive health, at least in these specific areas. However, a study made in 2004 by Asesorías para el Desarrollo shows that there are other elements of women's health not covered by the programme, relating to women's physical and mental health. Three examples may be used to illustrate this: (i) many of the women consulted described themselves as being depressed, which has serious implications for the mental health of the family; (ii) many women are noticeably obese, which they say is due to one or more pregnancies with no after-care; (iii) taking care of oneself is limited to pregnancy and does not concern transmission of sexually transmitted diseases or HIV/AIDS. To sum up, the programme cannot be said to be making a significant contribution to capacity-building among female beneficiaries from the viewpoint of recognition of rights and empowerment to exercise them. When women's capacities are actually enhanced, this is because of the existence of a relationship of complicity and intimacy between the supporting family and the female beneficiary; in other words, these are isolated situations connected with personal traits and not with the programme's overall result. Where the programme does help is clearly by improving women's reproductive health, to the extent that they are found to meet the minimum requirements for tackling the topic. However, there are other reproductive health needs of women that the programme does not tackle directly.

Reproductive rights in the Bono de Desarrollo Humano in Ecuador. The programme incorporates in its design a commitment by families make sure that their children have medical check-ups and are vaccinated until the age of 5 years and 11 months. The programme is not yet monitoring whether the commitments are being met. In addition, it should be noted that no similar check-ups have been prescribed for adult family members, even those who are in the "third age" or are disabled. In this connection, the planning manager for the social welfare programme has mentioned that, when the programme was being designed, the possibility was considered—but rejected—of extending the medical check-ups to pregnant women as part of the counterpart commitment. Although the health of women of reproductive age is not covered as a programme commitment, women have access to sexual and reproductive health services under the law on free childbirth and child care. That law establishes funding for health benefits, which include care during pregnancy, childbirth and the post-partum period, family planning, gynaecological benefits geared to uterine and breast cancer detection and HIV/AIDS monitoring. In this connection, the General Coordinator of the executing agency for the law on free childbirth and child care stated that a strategy was devised to promote the law at the windows where the incentive is paid, so that women can be made aware of their rights. This initiative was devised by the executing agency and is implemented at the payment locations, since they are considered to be places where contact can be made with the poorest women, those whom it is

desired to reach. When consulted about attendance at the health clinic as one of the commitments required in order to receive the incentive, she added “In Ecuador, there is an interesting tradition, which I think is noteworthy: people have never been paid to receive health services but we have nevertheless succeeded in controlling measles and poliomyelitis, we have vaccination coverage and awareness of health issues”. This strategy involves stimulating beneficiaries’ awareness by means of financial incentives, so that the incentive encourages attendance at the health clinic; one wonders what would happen to such attendance if there were no payment.

Reproductive rights in the Oportunidades programme in Mexico. The female beneficiaries consulted show obvious signs of feeling empowered: “I feel simply that women now have a greater say in their lives; previously, especially in rural areas, they were very much limited to what the husband said; now they are much better informed, they listen to what the doctor says, since now they receive the money directly and can take more decisions regarding their lives and the life of their family than they could before” (woman in the Querétaro health group). The programme includes specific activities to help groups considered to be critical, especially women throughout their life cycle. Thus the set of priority measures in the programmer’s basic package of health services was designed for women and men, young people and adults, between 20 and 49 years of age, women who are pregnant, have just given birth and are breast-feeding. With regard to health care, the programme provides the same benefits to families as the health system. There is no difference in the type of benefit or care received by the members of the beneficiary family; what Oportunidades does is to guarantee coverage and ensure that the medical check-ups take place. Among the activities that are part of the health package, mention may be made of commitments in the area of reproductive health, reflecting the close relationship existing between poverty and reproductive rights. Through the health component and the discussion groups, the programme has a positive influence: firstly by ensuring healthy reproductive behaviour based on knowledge and use of contraception and, secondly, by adding activities that take care of women’s bodies not only during pregnancy, so that they are treated as persons with rights independently of their status as women of child-bearing age.

The programme adopts an approach to the topic of reproductive rights that goes beyond the traditional models, since it deals with it not only as a women’s issue; partners are also entitled to participate and must do so as part of their counterpart commitments. The novelty is that now men take part in gatherings that were traditionally defined as being for women. As a result, reproductive rights become a reality for the partner and not only a female health issue.

The programme’s contribution to reproductive health includes the following results:

- Implementation of the components of the Oportunidades programme has produced results such as an 11% reduction in maternal mortality.
- In 2003, 97% of children between two and four years of age received medical attention consisting of monitoring of weight and height and 79% of children under two years of age received food supplements.
- In 2003, 98% of pregnant women covered by the programme received prenatal care and 98% received food supplements.
- Infant mortality has declined by 2%.

(b) Challenges and policies

The promotion of rights and of sexual and reproductive health in the region requires comprehensive responses to ensure effective compliance with the legal framework and with existing government policies and stronger machinery for enforcement of rights. Extension of social services to cover sexual and reproductive health is another prerequisite, because a large percentage of the female population is still excluded from the social services machinery, including national development programmes and poverty reduction strategies.

In this connection, the region is facing major challenges in guaranteeing women's access to comprehensive reproductive health services in the context of processes transforming health systems. The priorities include:

- Guaranteeing universal access to sexual and reproductive health services.
- Formulating national strategies to ensure that reproductive health inputs are available.
- Guaranteeing equitable access to emergency obstetric care.
- Enhancing the participation of civil society in the management and supervision of sexual and reproductive health services.
- Guaranteeing access by adolescents of both sexes to sex education and sexual and reproductive health services.

D. VIOLENCE AGAINST WOMEN ¹³

Violence is a politico-cultural device for domination (Provoste and Valdebenito, 2006) utilized in a context of inequality, discrimination and impunity and resulting in systemic and systematic violation of human rights, as well as being an obstacle to economic, social and democratic development and to the attainment of the Millennium Development Goals in all countries of the world (see box II.3).

The existence of violence affects the attainment of the targets set in order to measure progress towards the Millennium Development Goals. The definition in the Declaration on the Elimination of Violence Against Women (1993) will be used:

“Violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

¹³ This section was based on a contribution from the United Nations Development Fund for Women (UNIFEM) and ECLAC (2007c).

- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.”

Box II.3

HOW THE MILLENNIUM DEVELOPMENT GOALS CONNECT WITH PREVENTION OF VIOLENCE AGAINST WOMEN

While the linkages are not always explicit, the Millennium Development Goals and their targets afford many options for addressing violence against women.

Goal 1: Eradicate extreme poverty and hunger

Provides an opportunity to ally violence against women with poverty reduction efforts aimed at protecting the poorest and most vulnerable women.

Goal 2: Achieve universal primary education

Can be used to highlight how the drive towards universal primary education can be hindered by gender-based factors—including violence and lack of security—that prevent girls and young women from entering and completing school. Conversely, better education for girls and boys may contribute to the reduction of violence against women.

Goal 3: Promote gender equality and empower women

Provides a solid basis for promoting equality and women’s empowerment as a sustainable development strategy, which at the same time is a key strategy for reducing and eliminating violence against women.

Goals 4 and 5: Reduce child mortality and improve maternal health

Provide opportunities to raise the profile of violence against women as a serious obstacle to improving maternal and child health, and as a threat to the health and well-being of all women.

Goal 6: Combat HIV/AIDS, malaria and other diseases

Establishes the value of anti-violence efforts in HIV prevention, highlighting the evidence that violence against women undermines HIV prevention and care efforts, and conversely that preventing this violence contributes to the prevention of HIV.

Goal 7: Ensure environmental sustainability

Opens useful avenues for designing interventions which, in addition to preserving the environment, can empower and protect women in both rural and urban settings.

Goal 8: Develop a global partnership for development

Supports arguments for the participation of women and their representative organizations in policy and programme design, thereby allowing such efforts to include issues important to women, such as violence.

Source: World Health Organization (WHO), *Addressing Violence against Women and Achieving the Millennium Development Goals*, Geneva, 2005, p.7.

1. Diagnosis: types and dimensions of violence against women

The various expressions of physical, sexual and psychological violence against women, girls and female adolescents can be differentiated on the basis of conditional elements, including situations of greater vulnerability (HIV/AIDS, female migration, trafficking of girls, adolescents and women, poverty, the ethnic dimension, amongst other forms), the relationships with the perpetrator (domestic violence, incest) and also the position in the life cycle (violence against girls, adolescents, adult women and elderly adults). The data in general indicate that, despite the heterogeneity of the studies, violence against women in the home, especially that perpetrated by partners, is taking place in all social, economic and educational groups in the region. Thus violence makes women vulnerable in all aspects of their lives. Accordingly, if Goal 3 is to be

attained, it is essential to have indicators showing the magnitude and characteristics of this situation, since only then will it be possible to design efficient government policies to address the problem.

Gender-based violence may happen in public or private spaces, may occur in the context of intimate relations and may be perpetrated by people known to the victim or by strangers. Expressions of sexist violence are: labour discrimination, sexual harassment, rape, trafficking in women, forced prostitution, early marriage, economic violence and the forms of physical, social and sexual ill-treatment suffered by women of all ages in the street, in the family space or in sexual and sentimental relations by their partners. In recent years, there has also been an increase in *femicide*, or assassinations of women for gender reasons, as the last link in a long chain of violence suffered by women. Although few figures are available and they are not comparable, they do show similar tendencies in each of the countries covered, so that data are available on the three types of violence (see table II.6).¹⁴ If these data are supplemented with other sources, the following situation emerges:

In Brazil, in 2001, one in every five women declared that they had suffered some form of violence from a man and 33% admitted suffering forms of physical violence involving armed weapons, aggression and rape within marriage.¹⁵ In Colombia, data from the National Institute of Legal Medicine and Forensic Sciences (2000) showed that from 1996 to 2000 the number of reports of domestic violence nationally went from 51,451 to 68,585, that is, there were 17,134 more reported cases.¹⁶ Of this total, women were the victims in 79% of all the cases of domestic violence reported. The study also showed that women between 25 and 34 years of age experienced the highest rate of violence within the couple. In Ecuador, according to the 2004 Demographic and Maternal and Child Health Survey, 28% of all women between 15 and 49 years of age reported having suffered physical ill-treatment before the age of 15, and 25% reported having suffered psychological ill-treatment (Lara, 2006a). In Haiti, 25.4% of women between 15 and 49 years of age have suffered some form of violence, with women between 30 and 39 years of age being most at risk (28.6%), followed very closely by the youngest women (28.1%).¹⁷ In Mexico, 38.4% of women aged 15 and older, in a couple and cohabiting with their partners, suffered emotional violence from their husband or partner; 29.3% suffered economic violence; 9.3% physical violence and 7.8% sexual violence. Only 56.4% of all women interviewed in the national survey on relationship dynamics in the home stated they had suffered no type of violence.¹⁸ In Nicaragua, data presented by the World Health Organization (Asling-Monemi *et al.*, 2003) showed a similar percentage, with 40% of women of reproductive age suffering physical violence from their partners. In 70% of cases, this violence was severe and some 31% of women were beaten during at least one of their pregnancies. In Peru, the latest demographic and family health survey revealed that 42.3% of women had suffered physical abuse by their husbands and 28% by other men.¹⁹

¹⁴ In addition to the data given in table II.6, the analysis is supplemented with additional non-comparable information.

¹⁵ Study by the Perseu Abramo Foundation on a sample of 2,502 women in 187 municipal areas. See Brazil, Office of the President of the Republic (2004), p. 36.

¹⁶ ISIS International, “*Violencia contra la mujer. Datos y Estadísticas*” (*Violence against Women, Data and Statistics*) [online] <http://www.isis.cl/temas/vi/dicenque.htm#col>.

¹⁷ Haiti 2005-2006, Survey on morbidity, mortality and use of services (EMMUS-IV), *Preliminary version of the data*, 2007.

¹⁸ Data from the National Institute of Statistics, Geography and Informatics (INEGI) and INMUJERES, 2003 National Survey on Relationship dynamics in the Home (ENDIREH).

¹⁹ See ENDES 2000, cited in Flora Tristán Peruvian Women’s Centre (2005), p. 13.

Table II.6
**WOMEN 15 TO 49 YEARS OF AGE VICTIMS OF PHYSICAL, SEXUAL OR EMOTIONAL VIOLENCE
 BY A CURRENT OR PREVIOUS PARTNER**
(In percentages)

Country	Physical violence	Sexual violence	Emotional violence
Bolivia 2003	52.3	15.2	53.8
Colombia 2005	39.0	11.5	65.7
Dominican Republic 2002	21.7	6.4	67.5
Ecuador 2004	31.0	12.0	41.0
Haiti 2005/2006	14.3	10.8	17.0
Mexico 2003	9.3	7.8	38.4
Peru 2004	42.3	9.8	68.2

Source: Bolivia 2003: <http://www.measuredhs.com/pubs/pdf/FR159/12Chapter12.pdf>.
 Colombia 2005: http://www.measuredhs.com/pubs/pdf/toc.cfm?ID=282&PgName=country.cfm0ctry_id=6.
 Dominican Republic 2002: <http://www.measuredhs.com/pubs/pdf/FR146/12Capitulo12.pdf>.
 Ecuador 2004: ENDEMAIN 2004 (draft).
 Haiti 2005-06: Survey on morbidity, mortality and use of services (EMMUS IV) (preliminary results).
 Mexico 2003: ENDIREH 2003.
 Peru 2004: <http://www.measuredhs.com/pubs/pdf/FR120/12Chapter12.pdf>.

A study published by the World Bank indicates that 30% of adult women in Antigua and Barbuda, and Barbados and one out of four women in Guyana suffered physical violence in their intimate relationships (Heise, Pitanguy and Germain, 1994). In the British Virgin Islands, a 1998 study showed that 25.5% of women had been physically attacked.²⁰ In Trinidad and Tobago, a study by the Caribbean Association for Feminist Research and Action (CAFRA, 1998) stated that 30% of women in the sample had suffered from domestic violence. This study also added that 76% of the victims had been in positions of economic dependence, being housewives or unemployed. The UNIFEM/ECLAC study showed that in Suriname 69% of women in conjugal relationships were affected by violence. Regarding Dominica, the report included the results of a qualitative study which reported that 32% of those interviewed had been victims of violence by their spouse or partner. Two thirds of this group were women and, while the men stated that they had suffered verbal violence, most of the women had been physically assaulted.

The degrees in which physical violence can take place can vary from simple blows to severe violence with death threats, at times occurring alongside strong psychological violence and often with sexual violence. Without a doubt, the fear of violence and harassment is a constant obstacle to the mobility of women, which limits their access to a range of functions and activities beyond the private world, preventing them from having an independent life and enjoying their full rights. In many cases, poverty and the lack of protection due to their distance from support networks, along with the influence of traditional gender models, lead to situations of even greater vulnerability.

With emotional violence, the aggressor may employ different strategies to control the time, freedom of movement, social contacts and networks of the victim, limiting her participation in activities beyond the domestic environment. As shown in table II.6, it is the figures for this type of violence that maintain the

²⁰ This study included a sample of approximately 6% of women from 15 to 44 years of age. See Haniff (1998) cited in ECLAC/UNIFEM (2005), p. 4.

highest levels across countries and years, ranging from 17.0% in Haiti to 67.5% and 68.2% in the Dominican Republic and Peru respectively.

In the case of sexual violence (which ranges from 6.4% in the Dominican Republic to 15.2% in Bolivia), it can be assumed that the low percentage registered is due to the fact that this type of violence is not always reported, as a result of cultural conditioning and prejudices, which include the moral burden implicit in reporting a partner, as well as the fear and shame before family and community. For example, in Bolivia, the Ministry of Health and Sports and the Pan American Health Organization carried out two studies of the prevalence of domestic and family violence in certain municipal areas, which indicated a prevalence of 68.2% in 1997 and 1998 and of 55.4% in 2003. According to 2005 figures of the Deputy Minister for Women, about 75% of cases of violence are not reported by the victims (Arauco, Mamani and Rojas, 2006). Of those women who did declare having suffered violence in their home, 53% took no action and little more than 17% made a report to the *Brigadas de Protección de la Familia* (Family Protection Brigades), the integrated legal services or the legal system; the remaining 30% opted to seek solutions within the framework of their own family groups. In 2004, in Chile, reports of domestic violence, both at the police and judiciary levels and in the health services, accounted for approximately 20% of crimes with a more serious social impact and 90% of reports were lodged by women (Provoste and Valdebenito, 2006, pp. 9 and 10).

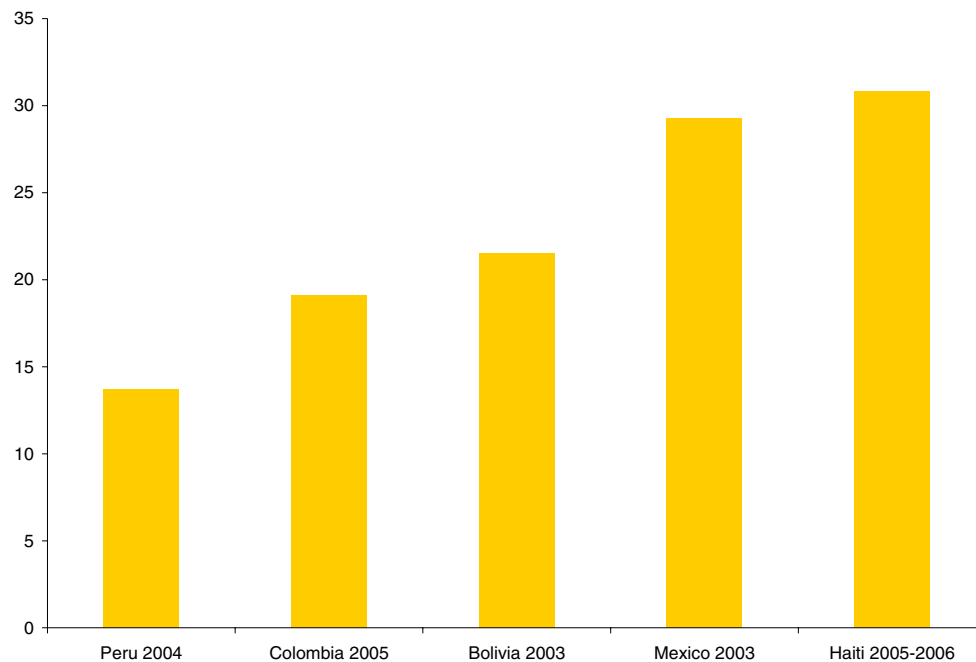
(a) Economic and educational dimensions of violence

Economic violence is more subtle and translates into a series of control mechanisms and vigilance of the behaviour of women in terms of the use and distribution of money and the constant threat of denying economic resources. Both strategies (the vigilance and the threats) reinforce dependency (or power) ties in keeping with the traditional figure of the man as “provider” in charge of bringing the food into the home and the figure of the passive woman in the domestic space. The constant threat of having no independent income—aggravated in situations of poverty—encourages situations of economic uncertainty, limiting the freedom of movement of women and the availability and accessibility of resources and services.

Compared with other forms of violence, the figures available on economic violence are lower and range from 13.7% in Peru in 2004 to 30.8% in Haiti in 2005 and 2006. With the exception of Haiti, information relating economic violence with other variables such as socio-economic or educational level, occupation or employment—among others—is not available, obscuring the broader view of the effects of economic violence on the various groups of women. In that Caribbean country, the analysis shows that the most important variable explaining this type of control over women’s autonomy is whether they engage in paid work: if they do, 14.1% of the men reported exercising that type of control; if they do not, 62.2% of men so reported. However, educational level does not seem to be an especially important factor: of those who had experienced economic violence, 27.8% had no education, 32.0% had primary education and 31.1% had secondary or higher education.²¹

²¹ Haiti 2005-2006. Survey on morbidity, mortality and use of services (EMMUS-IV), *Preliminary version of data*, 2007.

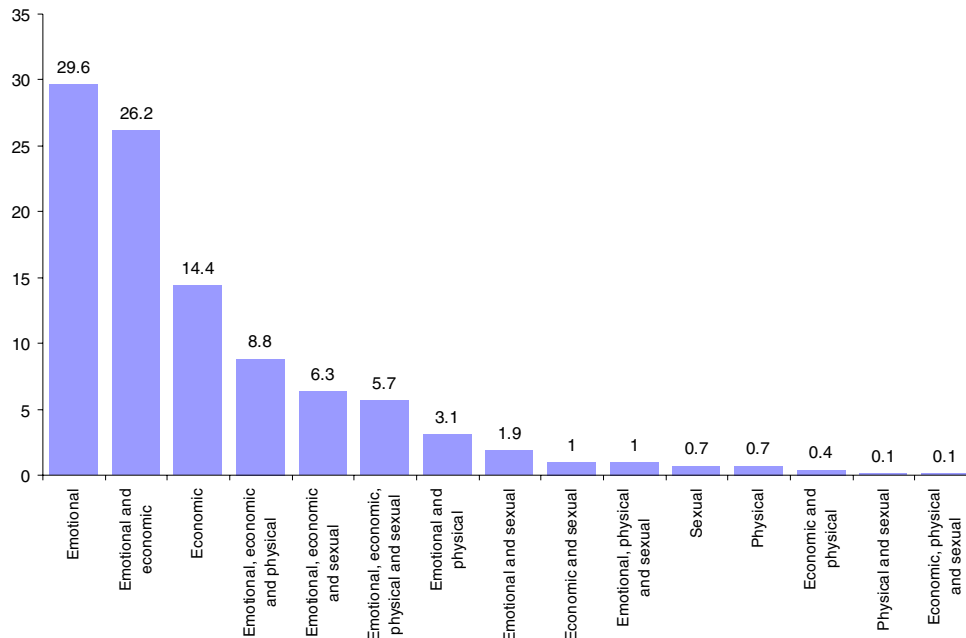
Figure II.27
WOMEN BETWEEN 15 AND 49 YEARS OF AGE VICTIMS OF ECONOMIC VIOLENCE BY A PARTNER
(In percentages)



Source: Alternatives considered as economic violence:
 Bolivia 2003: <http://www.measuredhs.com/pubs/pdf/FR159/12Chapter12.pdf>.
 Variable considered: threat to withhold economic support.
 Colombia 2005: http://www.measuredhs.com/pubs/pdf/toc.cfm?ID=282&PgName=country.cfm0ctry_id=6.
 Variable considered: monitoring spending.
 Haiti 2005-06: Survey on morbidity, mortality and use of services (EMMUS IV) (preliminary results).
 Variable considered: lack of trust about money.
 Peru 2004: <http://www.measuredhs.com/pubs/pdf/FR120/12Chapter12.pdf>.
 Variable considered: lack of trust about money.
 Dominican Republic 2002: <http://www.measuredhs.com/pubs/pdf/FR146/12Capítulo12.pdf>.
 Variable considered: monitoring spending.

The broadest studies in the region on violence against women have been carried out in Mexico. They are a good example of the importance of making specific measurements to unveil the reality of violence. Figure II.28 shows percentages for the various types of violence against women in Mexico, revealing that emotional violence has the highest incidence (29.6%) and comes in second place when combined with economic violence (26.2%). It is noted, in addition, that cases of sexual and physical violence are more numerous when combined with economic violence. These figures could indicate the existence of a close relationship between the various mechanisms of abuse and the mechanisms of economic violence (vigilance, lack of trust and threats related to money), in which the use of economic violence would strongly reinforce male power that maintains a situation of violence in the private world.

Figure II.28
**MEXICO 2003: PERCENTAGE DISTRIBUTION OF WOMEN WHO EXPERIENCE ONE OR MORE
 TYPES OF VIOLENCE**
(In percentages)

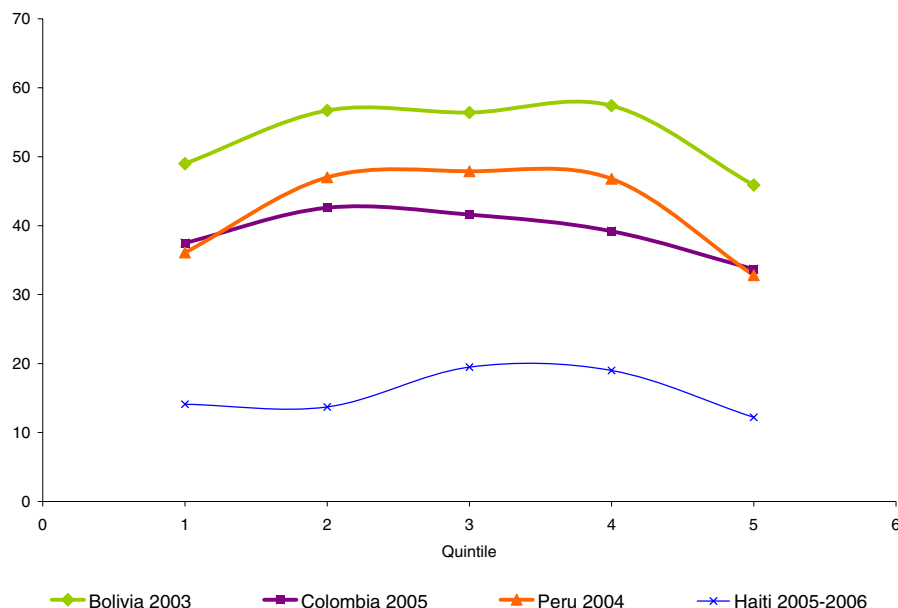


Source: National Institute of Statistics, Geography and Informatics (INEGI), National Survey of Relationship Dynamics in the Home (ENDIREH), 2003, Mexico City.

One of the myths surrounding violence states that it is a poverty-related evil, and information from many studies shows poor women are more exposed to violence. However, the fact that violence exists in all social groups, including the high-income bracket, could suggest that economic autonomy—in other words, access by women to their own income—is more important than whether or not their households are poor. As is shown in figure II.29, violence has similar characteristics in the four countries analyzed, independently of the victims' income level. Rates of physical violence are relatively higher among women in the middle quintiles (3-4 in Haiti and 2-3-4 in the other countries), but large differences are absent.

The risk of suffering physical and sexual violence is greater in the “very low” social stratum than in the other strata (2.7 and 2.5, respectively) (INEGI/CRIM, 2004). This confirms the findings of a study conducted in Trinidad and Tobago in 1996, which noted that, among the 30% of women who had suffered domestic violence, the abuse was mainly concentrated among those with only primary education, while 76% of the victims were in positions of economic dependence, being housewives or unemployed (CAFRA, 1998).

Figure II.29
**WOMEN BETWEEN 15 AND 49 YEARS OF AGE, VICTIMS OF PHYSICAL VIOLENCE,
 BY INCOME PERCENTILE**
(In percentages)

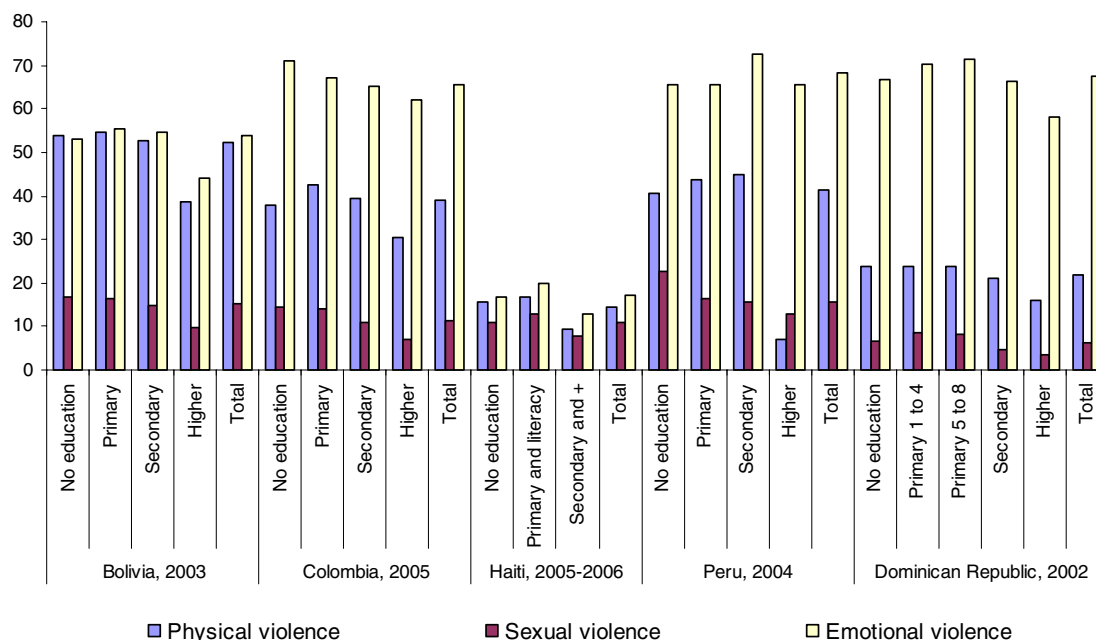


Source: Bolivia 2003: <http://www.measuredhs.com/pubs/pdf/FR159/12Chapter12.pdf>.
 Colombia 2005: http://www.measuredhs.com/pubs/pdf/toc.cfm?ID=282&PgName=country.cfm0ctry_id=6.
 Haiti 2005-06: Survey on morbidity, mortality and use of services (EMMUS IV) (preliminary results).
 Peru 2004: <http://www.measuredhs.com/pubs/pdf/FR120/12Chapter12.pdf>.

Figure II.30 shows that physical violence is experienced by all women, irrespective of their educational level, but rates are higher among the least educated. However, the percentage is still high among women with higher education. With the exception of the Dominican Republic and of women with higher education in Colombia and Haiti (secondary education onward), sexual violence exceeds 10 percentage points in the five countries. Emotional violence is above 50% in all the countries, with the exception of Haiti and with a slightly lower level among Bolivian women with higher education, reaching a peak in Peru (2004), where 68% of women state that they have suffered this type of violence, irrespective of educational level.

In general, the women who suffer most physical violence are those with only primary level studies —except for Peru, where women with secondary education are the main victims, with a gap of more than 37 percentage points between them and women with higher education (44.7% compared with 7.1%). As for sexual violence, there is a tendency for a reduction as educational level rises; however, the differences between the percentages for each educational level are very small, above all between primary and secondary levels, meaning that no relationship can be stated to exist between higher educational level and lower levels of sexual violence. The figures for women with higher education are only slightly lower than those for other categories.

Figure II.30
**WOMEN BETWEEN 15 AND 49 YEARS OF AGE, VICTIMS OF PHYSICAL, SEXUAL OR
 EMOTIONAL VIOLENCE BY A PARTNER, BY EDUCATIONAL LEVEL**
(In percentages)



Source: Bolivia 2003: <http://www.measuredhs.com/pubs/pdf/FR159/12Chapter12.pdf>.
 Colombia 2005: http://www.measuredhs.com/pubs/pdf/toc.cfm?ID=282&PgName=country.cfm0ctry_id=6.
 Haiti 2005-06: Survey on morbidity, mortality and use of services (EMMUS IV) (preliminary results).
 Peru 2004: <http://www.measuredhs.com/pubs/pdf/FR120/12Chapter12.pdf>.
 Dominican Republic 2002: <http://www.measuredhs.com/pubs/pdf/FR146/12Capítulo12.pdf>.

Despite broadly disseminated opinions to the contrary, the data suggest that education is not a protection factor against violence even though the magnitude of physical violence diminishes at higher educational levels. When considering the importance of education in the transmission of values, the data available lead to the conclusion that education in the region has not managed to modify models of patriarchal domination and the widespread idea of male superiority. Moreover, the information presented in figures II.29 and II.30 indicates that violence against women in its various expressions affects all educational levels and all income quintiles.

The data from demographic surveys also confirm the relationship between domestic violence and women's sexual and reproductive health. In most countries, the likelihood that women who experience domestic violence will have unwanted pregnancies is higher than for women without such experience. The differences found between the two groups range from 9.3 percentage points in Nicaragua to 13.7 percentage points in Colombia, where unwanted pregnancies also result from violations that occur in situations of armed conflicts.²²

²² In situations of armed conflicts, such as exist in Colombia, armed men kidnap women and keep them for some time as sexual slaves, forcing them to perform domestic tasks. In some cases, after raping them, they have sexually mutilated them before killing them. Those who survive the violence are often pregnant (Lara, 2006b).

The unmet need for family planning to limit pregnancies is greater among women who have experienced violence than among those who have not. The situation is, surprisingly, reversed in the case of unmet need for spacing pregnancies, which is slightly higher among women who have not experienced violence in Colombia, Haiti and Peru. Moreover, women who have experienced violence are more likely to terminate a pregnancy (induced or spontaneous abortion) or to have non-live births than women who have not experienced abuse, with percentage point differences ranging from 8.3 in Haiti to 16.6 in the Dominican Republic (see table II.7).

Table II.7
**SELECTED INDICATORS OF WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH ACCORDING TO
 THEIR EXPERIENCE OF DOMESTIC VIOLENCE IN SELECTED COUNTRIES
 IN LATIN AMERICA AND THE CARIBBEAN**
(In percentages)

Country	Unwanted pregnancy ^a	Unmet need for family planning		Foetal death or terminated pregnancy
		For spacing ^b	For limiting ^c	
Colombia				
Ever experienced violence	31.5	1.9	3.8	30.8
Never experienced violence	17.8	3.2	3.4	21.6
Dominican Republic				
Ever experienced violence	22.0	7.5	5.9	39.7
Never experienced violence	11.5	6.2	4.4	23.1
Haiti				
Ever experienced violence	27.0	13.5	29.3	24.1
Never experienced violence	31.9	15.1	24.8	15.7
Nicaragua				
Ever experienced violence	23.9	5.7	10.0	25.8
Never experienced violence	14.6	6.4	8.3	17.4
Peru				
Ever experienced violence	37.6	2.9	7.2	26.9
Never experienced violence	26.9	3.7	6.9	16.7

Source: Economic Commission for Latin America and the Caribbean (ECLAC), based on Sunita Kishor and Kiersten Jonson, *Profiling Domestic Violence: A Multi-Country Study*, Maryland, ORC Macro, 2004.

^a Percentage distribution of unwanted births in the five years preceding the survey (including current pregnancies) according to experience of violence.

^b Unmet need for spacing: includes pregnant or amenorrheic women whose pregnancy was wanted but mistimed, and fecund women who are neither pregnant nor amenorrheic and say they want more children and would prefer to wait two or more years.

^c Unmet need for limiting: includes pregnant or amenorrheic women whose most recent pregnancy was unwanted and fecund women who are neither pregnant nor amenorrheic and who say that they do not want more children.

With respect to maternal mortality, domestic violence is considered a cause of indirect obstetrical death, since the pregnancy unleashes or aggravates the violence and the woman dies as a result. A study conducted in Mexico, which counted violent deaths in maternal death statistics, found that these accounted for 14.8% of the total for one year in the state of Morelos, ranking third among the causes of maternal death. In addition, 9.3% of the total of 43 violent deaths from homicide or suicide in one year in that state involved pregnant or puerperal women (Campero et al., 2006). Violence against women during pregnancy is also associated with mental health problems including depression, post-traumatic stress and abuse of alcohol and other drugs (WHO, 2005).

(b) Violence against girl children and adolescents

In violence against girl children and adolescents,²³ the discriminatory patterns for gender and age are combined. Girls are particularly vulnerable to violence by adults, who can combine the cultural undervaluation sustained in gender relations with abuse of their greater physical strength, authority, economic capacity or social position, as well as trust, to produce cases of physical and sexual abuse in the home and at school. The situation of violence against girl children, boy children and adolescents is heterogeneous, fed by the combination of high levels of inequality and discrimination, poverty and social violence. Both in Latin America and the Caribbean, the relationship of violence against girl children with poverty and the lack of social protection results in the denial or limitation of opportunities for the full development of their potential from a very early age (UNICEF, 2004, p. 44).

In Costa Rica, the national report that followed up the World Summit for Children (Costa Rica, 2000) revealed that 62.3% of victims of aggression are young women, and that 14.4% and 16.4% are girls and boys respectively; the profile of the perpetrators showed that 45% are husbands, 22.9% are fathers, 13.1% other family members, 8.9% mothers and 5.7% sisters. The Demographic and Health Survey (DHS 2000) in Colombia showed that 42% of women stated that their husbands or partners punished their children by striking them.²⁴ Moreover, the women recognized that they also hit their children in 47% of cases. With regard to the sexual abuse of children (boys and girls), national statistics for Peru,²⁵ such as ENDES 2000, quote studies estimating that 8 of every 10 cases of sexual abuse are committed by a member of the victim's family circle and that 6 of every 10 pregnancies in girls between 11 and 14 years of age are the product of incest or rape.

It can be seen from table II.8 that emotional violence against young women between 15 and 19 years of age is the main constant in the countries studied, with the lowest rate being 18.9% in Haiti and a worrying figure of 79.3% in the Dominican Republic. The Regional Secretariat for the Study of Latin America, Cuba and the Dominican Republic (2005) collected information relating to school surveys completed in Chile, Costa Rica, Panama and Peru, which revealed that between 5% and 40% of female adolescents had experienced sexual abuse at least once in their lives. Difficulties in discerning the frontiers between physical and emotional violence, the tendency to minimize light violence or the fear of recognizing the seriousness of physical violence could explain the lower percentage of victims declaring physical violence compared with psychological violence. In the countries studied, between 5.6% and 7.6% of young women—in other words, a large number—reported having experienced physical violence to a degree that includes aggression with death threats, ranging from severe physical violence, attempted strangulation and burns to armed attacks. The physical and sexual violence reflects the widespread nature of authoritarian and abusive behaviours by adult men in primary socialization spaces of girls and boys, such as the family circle, the school and workplaces.

²³ See also UNICEF (2005b) and (2005c).

²⁴ Data presented in Muñoz et al. (2004), quoted in Regional Secretariat for the Study of Latin America, Cuba and the Dominican Republic (2005), p. 28.

²⁵ See Regional Secretariat for the Study of Latin America, Cuba and the Dominican Republic (2005), p. 28.

Table II.8
**YOUNG WOMEN BETWEEN 15 AND 19 YEARS OF AGE VICTIMS OF PHYSICAL, EMOTIONAL OR
 SEXUAL VIOLENCE BY THEIR PARTNER**
(In percentages)

Country	Physical violence	Physical violence with death threats	Sexual violence	Emotional violence
Bolivia 2003	43.9	6.6	11.1	48.7
Colombia 2005	37.6	6.9	7.5	68.0
Dominican Rep. 2002	19.1	7.6	5.3	79.3
Haiti 2005/2006	21.1	6.8	10.8	18.6
Peru 2004	27.3	5.6	4.5	75.6

Source: Bolivia 2003: <http://www.measuredhs.com/pubs/pdf/FR159/12Chapter12.pdf>.
 Colombia 2005: http://www.measuredhs.com/pubs/pdf/toc.cfm?ID=282&PgName=country.cfm0ctry_id=6.
 Dominican Republic 2002: <http://www.measuredhs.com/pubs/pdf/FR146/12Capítulo12.pdf>.
 Haiti 2005-2006, Survey on morbidity, mortality and use of services (EMMUS-IV), *Preliminary version of data*, 2007.
 Peru 2004: <http://www.measuredhs.com/pubs/pdf/FR120/12Chapter12.pdf>.

As far as school is concerned, some studies show the existence of acts of violence perpetrated by teachers and other school staff, with or without the overt or tacit approval of education ministries and other authorities that oversee schools, including corporal punishment, cruel and humiliating forms of psychological punishment, sexual and gender-based violence, and bullying.²⁶ Violence in dating couples is also a frequent problem in the school system: in Morelos, Mexico, the total prevalence of this type of violence in public schools was 28% in 2006 (Rivera-Rivera and others, 2006).

(c) Violence in the public sphere

Sexual violence against women in the public arena and outside the couple —rape in the street, forced prostitution, sex tourism and pornography— is an increasing problem in many countries and is directly related to the processes of social disintegration, loss of social capital and the weakening of community networks (especially in the case of migrant women), as well as the lack of law enforcement institutions able to contain outbreaks of social violence. While available data show that violence within the couple is most widely recognized, it cannot yet be stated that violence perpetrated by strangers is less frequent or less serious; there is simply not enough information.

Although the scope of this analysis on gender-based violence in the context of the achievement of Goal 3 does not allow it to cover all the forms of violence against women, it should be noted that the 2006 in-depth study by the United Nations Secretary-General on all forms of violence against women and the regional study on the same subject recently coordinated by ECLAC (2007c) state that such violence includes assaults by third parties, sexual harassment at work, trafficking in women, links with HIV/AIDS, together with forms of violence tolerated by the State and its agents against migrant, indigenous and Afro-descendant women and violence against women in armed conflicts.

Women suffer daily from violence in local neighbourhoods, on public transport, in the workplace, schools, hospitals and other public institutions. This situation is due not only to power relationships

²⁶ See the report of the independent expert for the United Nations study on violence against children, document A/61/299 of 29 August 2006.

between men and women but also to the “historical deficit” of female participation in urban design, so that they are placed in dangerous situations on a daily basis (Massolo, 2005). Indeed, recent studies in the Central American region clearly indicate that femicide is not linked only with domestic or sexual violence and that in some countries, such as Guatemala, El Salvador and Honduras, it is “linked to the development of youth gangs or *maras*, where women have begun to appear on the scene as murder victims” (CCPDH, 2006).

When analyzing the role of the community in violence, it is also necessary to consider the lack of adequate health services to meet the protection and confidentiality needs of victims of sexual violence. Even where health, medical and legal services do exist in the region, they still do not provide a close, efficient and immediate service for the victims of sexual violence. In particular, institutional violence is expressed through criminalization of the victim by the police or courts, negligence in investigating the underlying causes of the case by health services, the trauma to victims in repeating the experience throughout the legal processes, the slowness and complexity of administrative procedures and the low priority given to these services in government policies and budgets. Institutional violence is also expressed in the language gap between women who speak indigenous languages and authorities who ignore those languages, further complicating communication.

Violence against migrant women deserves special attention, because of their greater vulnerability explained by a group of conditioning factors surrounding migration circuits. Many of the migrating women come from rural areas and cross international frontiers —often without the necessary documentation or any support network— exposing themselves to various forms of sexual violence in exchange for protection. The acts become more serious in proportion to the women’s inability to speak the language of the authorities, as they have access to neither legal help nor interpreters in the majority of cases. It is important to point out that cases of rape in custody and other forms of sexual violence against undocumented women, as well as the lack of reports of these rapes, are key issues in illustrating the common roots between violence against women and forms of discrimination and intolerance.²⁷

In addition, immigrant status and ethnicity may be involved in the sexual violence experienced by indigenous women who emigrate to cities and take up certain types of work. A qualitative study on sexual violence in the sector of female domestic workers conducted recently in Peru noted that “the ‘live-in’ arrangements for domestic service place such workers in a vulnerable situation —particularly if they are minors— and make it easier for employers to subjugate them sexually by means of harassment and/or sexual abuse. Faced with such behaviour, these women tend to protect their integrity and their livelihood, find it very difficult to denounce the aggressor and usually do not ask for help for fear of reprisals or of not being believed.” (Ojeda Parra, 2007).

Gender violence creates a vicious circle, because the factors that make women want to leave home and are conducive to trafficking in women and girls include poverty, lack of options for women and girls in their communities and families, and the domestic and sexual violence facing them in their country of origin. In addition, mobile populations such as migrant workers, undocumented migrants, victims of trafficking in persons and internally displaced persons are vulnerable to other forms of violence such as

²⁷ International Organization for Migration (IOM), on the basis of United Nations, Migrant Workers. Report of the Special Rapporteur, Ms. Gabriela Rodríguez Pizarro, submitted pursuant to Commission on Human Rights resolution 2003/46 (E/CN.4/2004/76), January 2004; Human Rights of Migrants. Report prepared by Ms. Gabriela Rodríguez Pizarro, Special Rapporteur, in pursuance of resolution 2001/52. Addendum: Mission to Ecuador (E/CN.4/2002/94/Add.1), February 2002; Report of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance (A/CONF.189/PC.2/23), 18 April 2001.

sexual violence and harassment at work. In a study on drugs and violence among Dominican women who were victims of human trafficking, 96.2% said that they had been abused when working abroad and 61.0% had been abused when working in the Dominican Republic (Luciano and Tapia, 2003). Another study conducted by the United Nations Population Fund (UNFPA) on the southern frontier of Mexico shows that 70% of migrant women are victims of violence and 60% suffer some kind of sexual abuse during the journey, ranging from coercive sex to rape (Mora, 2006). Indeed, the Mexican frontier with the United States is one of the most dangerous places, where women are subjected to sexual violence, forced prostitution, trafficking and femicide.

(d) Femicide

The final link in the various forms of violence against women is selective murder for gender reasons, otherwise known as femicide. Femicide is an expression of violence which takes different forms depending on the social space in which it occurs and the features of the perpetrator, whether this is a partner or former partner in a private space or as the final act of sexual violence in the public sphere.

A European study from 2003 asserts that the main cause of death among young women in Europe is domestic violence at the hands of their boyfriends, husbands, fiancés or former partners (Odio, 2004). In Chile, 581 women were murdered between 1990 and 2000; in 345 of the cases the perpetrators were men with whom the victim was in a relationship.²⁸ Other data indicate that there were at least 84 femicides in Chile between 2001 and 2002 (United Nations, 2004a, p. 46). According to the latest data of the National Women's Service (SERNAM), there were 48 femicides in 2006 and 43 between January and September 2007. A similar situation exists in Costa Rica. According to research from 2001, femicides represent an increasing number of all homicides of women: 56% in the first half of the 1990s and 61% in the second. In these cases, the partners or former partners of the women were responsible for 61% of the femicides (Carcedo and Sagot, 2001).

In El Salvador, 134 women were murdered between September 2000 and December 2001, and the murderer was a current or previous partner in 98.3% of cases (CEMUJER, 2002). According to data from the Association of Women for Dignity and Life (Las Dignas), released by the Prudencia Ayala Feminist Coalition, analysis of violence against women published in the press in 2005 showed that half of all reported cases of violence ended in homicide and more than 40% were rapes and other sexual assaults. In 65% of all cases, the perpetrators were family members and familiar males, and in almost half of all cases the victims were minors. According to figures from the Institute of Forensic Medicine, released by the Prudencia Ayala Feminist Coalition, 316 women were murdered in 2006. In Uruguay, according to the National Department of Social Prevention of Crime, which is part of the Ministry of the Interior, one woman dies every nine days as a consequence of domestic violence.²⁹ In Puerto Rico, the Office of the Ombudsman for Women has collected information which shows that more than half of victims are married (32.3%) or in consensual relationships (25.8%), although 25% of the victims are separated or were formerly partners in consensual relationships. The same figures show an increase in this form of violence, which has risen from 23 cases in 2001 to 31 in 2004.

In the English-speaking Caribbean, intimate femicide increased in Jamaica and the Bahamas. In the Bahamas, homicides of women by their partners accounted for 42% of total assassinations in 2000

²⁸ "Feminicidio en Chile 2001-2002" ("Femicide in Chile 2001-2002"), information obtained from the ISIS International database[online] <http://www.isis.cl>.

²⁹ See *El Nuevo Diario*, Managua, 27 November 2006 [online] <http://www.elnuevodiario.com.ni/2006/11/27/ultimahora/2374>.

and 53% in 2002 (ECLAC/UNIFEM, 2005).³⁰ Data from the same source show that, in 1997, 21% of reported murders in Jamaica had some link with domestic matters; figures for this category rose to 33% in 2000 and 28.7% in 2001. In Belize, femicide is recognized as an important issue due to the large amount of protection orders sought in the Family Courts. The annual Ministry of Health report on domestic violence announced an increase in cases in the last three years. In 2005, 8 of the 81 murder victims in the country were women but it is not clear whether these cases were strictly femicide (CCPDH, 2006).

One positive change in the perception of gender violence is the recognition of femicide as a crime in its own right, which is no longer watered down in consideration of the relationship between the perpetrator and the victim, as was the case in so-called “honour crimes”. Femicide is beginning to be recognized as a specific form of aggravated crime against women, categorized separately precisely because it is perpetrated by husbands, former husbands or boyfriends, even when the relationship ended a long time previously. It is also important to note that the media have given the issue more critical treatment in recent years, alongside the classic tabloid coverage which these women’s deaths have traditionally received.

2. Policies

Latin America and the Caribbean has a regulatory framework for dealing with gender violence, since all the countries in the region have laws designed to deal with domestic violence and penal codes have been revised to cover some sexual offences. In addition, there are national programmes, regional campaigns and concerted actions involving multiple stakeholders against violence. Despite these achievements, the main challenges relate to effective implementation of these laws and these programmes. This requires greater political commitment, more public funds and a management model that includes the relevant aspects of the phenomenon (personal factors, family and couple relationships, community and social life, socio-economic context and education and employment policies) in the planning and implementation of specific activities. In particular, any action strategy should, *inter alia*:

- (i) Ratify, enforce and publicize the international instruments on the protection of the rights of women, girl children and adolescents, such as the Follow-up Mechanism of the Belém do Pará Convention (MESECVI) and the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women.
- (ii) Draft new legislation covering the manifestations of physical, sexual and psychological violence, sometimes not covered, and ensure that all forms of violence are addressed.
- (iii) Devise comprehensive policies defining plans and programmes as measures of positive action that tackle the structural causes of violence against women and include indicators and follow-up and evaluation systems to measure attainment of targets, define priority areas for intervention and study the effects of the activities conducted.
- (iv) Establish inter-agency strategic alliances and collaboration networks at the national, regional, local and community level for technical consultancies, research and cooperation projects provided with sufficient human and financial resources.

³⁰ See [online] <http://www.sernam.cl/basemujer/index.htm>.

III. CONCLUSION

A. TOWARDS THE FULL ATTAINMENT OF THE THIRD MILLENNIUM DEVELOPMENT GOAL

As in other regions of the world, the Millennium Development Goals and their targets and indicators are a road map enabling the governments of Latin America and the Caribbean to coordinate their actions and achieve better social, economic, environmental and institutional outcomes, in areas where synergies require simultaneous progress and a coordinated approach. The eradication of extreme poverty is a crucial goal but it seems unattainable without parallel progress in education, health, gender equality and access to development for women and men suffering hunger and poverty. This report has highlighted the interrelationships between gender equality and women's empowerment (Goal 3) and poverty eradication (Target 1 of Goal 1) and at the same time analyzed the complexity and the challenges involved in any advance with respect to Goal 3.

A summary is given below of the progress made and of the main challenges and proposals that emerge from this report in the central areas covered.

1. Evolution and monitoring of Goal 3 and its relationship with poverty eradication

An analysis focusing on the monitoring of the original indicators of Goal 3 shows that major progress has been made in the region. For example, with respect to Target 4 —the only target set for Goal 3, concerning elimination of gender disparity in primary and secondary education by 2005 and at all levels by the end of 2015— educational access and coverage for both sexes is one of the region's biggest successes. Compared with other regions, data for 2004 place Latin America and the Caribbean above the world average for all educational levels. Only in Guatemala and Guyana are girls at a disadvantage at the primary level. Female enrolment is even higher than male enrolment at the secondary level, while at the higher or tertiary level female enrolment is far higher than male enrolment in 21 of the 26 countries for which information is available.¹ With regard to the relationship between the literacy rates for women and men between 15 and 24 years of age (indicator 10), parity has been achieved in most of the countries, except for some with a large indigenous population, such as Guatemala, Bolivia and Peru, where rapid progress has nevertheless been made in recent years. However, this report emphasizes that, although illiteracy in the adult population aged 15 and older (additional indicator proposed by the Economic Commission for Latin America and the Caribbean, ECLAC) is tending to decline, there is still a wide gap between men and women in countries such as Bolivia, El Salvador, Guatemala, Ecuador, Mexico, Paraguay and Peru.

In addition, some progress can be observed in the other two original indicators for Goal 3: as regards political representation, the presence of women in national parliaments (indicator 12) is tending to increase in most countries of the region. Worldwide, from 1990 to 2006, the proportion of women in parliaments increased by slightly more than four percentage points, reaching 17.15%. In Latin America and the Caribbean, the increase was 8.5 points over the same period, reaching 20.34% in 2006. However,

¹ Argentina, Aruba, Belize, Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, Guyana, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Trinidad and Tobago, Turks and Caicos Islands, and Uruguay.

parity still seems a distant prospect. In the economic sphere, with regard to indicator 11 —concerning the share of women in wage employment in the non-agricultural sector— there has been a steady reduction in the gap between men and women, despite the heterogeneity among countries. Thus the proportion of women employed in the non-agricultural sector increased by four percentage points in 1990-2004, reaching 42% at the regional level. Only in four countries (Suriname, Puerto Rico, Honduras and Jamaica) did the proportion of women decline, while there were no changes in Cuba, Panama and the Bahamas. In 10 countries,² there was a slight or moderate increase and in the nine others³ a large increase of more than five percentage points was observed. However, other supplementary and additional indicators used in this report —for instance, the proportion of women employed in low-productivity sectors, the femininity index of poverty or the gender-disaggregated unemployment rate— show a much more contrasted situation.

Evaluation of the full implementation of Goal 3 involves analyzing gender disparity which the original indicators do not fully reflect. This report noted that gender equality and women's empowerment have repercussions in several areas, particularly in view of the need to reduce poverty in the region. A study of the way in which men and women experience and tackle poverty highlights a series of gender inequities that leave women more exposed to poverty and facing more obstacles to overcoming it. In almost all the countries of the region for which data are available,⁴ there are more female heads of household in poor and indigent families.⁵ While 30% of all households had a female head in 2005, in indigent households the figure was as high as about 37%. This disparity has actually widened, since it has in fact steadily increased over time, and at a faster rate more recently. For example, in 1990 and 2002, in the 12 countries for which information is available, the proportion of indigent households headed by women increased from 27% to 32%, and between 2002 and 2005 alone the proportion increased from 32% to 36%.⁶

The femininity index of poverty⁷ in 12 countries up to 2002 had a relatively stable average value of about 108.5 women for 100 men.⁸ However, this ratio increased in 2005, reaching 112 women for 100 men. The situation is the same also in countries such as Argentina, Chile and Costa Rica, which are not noted for having high absolute poverty levels. In the years and countries analyzed, women are also found to be more present among the poor than among the non-poor. In 2005, Costa Rica and Panama had the greatest disparity, with 137.7 and 124.8 women respectively for 100 men.

In the 11 countries for which information is available,⁹ women have historically had a larger representation in low-productivity jobs, with a few exceptions: Argentina (Greater Buenos Aires) and Honduras, where the gap has shrunk. The widest gaps —over 10 percentage points— are found in Chile,

² Barbados, Belize, Bolivia, Chile, Costa Rica, Dominican Republic, El Salvador, Guatemala, Mexico and Paraguay.

³ Argentina, Bolivarian Republic of Venezuela, Brazil, Colombia, Ecuador, Netherlands Antilles, Peru, Trinidad and Tobago, and Uruguay.

⁴ Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Panama, Paraguay and Uruguay.

⁵ Additional indicator proposed by ECLAC.

⁶ The proportion of households headed by women among non-poor households was 21%, 27% and 28% respectively for 1990, 2002 and 2005.

⁷ Additional indicator proposed by ECLAC, which concerns women between 20 and 59 years of age living in urban areas. The index is over one hundred when women are over-represented in the group of poor households.

⁸ Argentina, Bolivia, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Honduras, Mexico, Panama, Paraguay and Uruguay.

⁹ Argentina, Bolivia, Brazil, Chile, Costa Rica, Ecuador, El Salvador, Honduras, Panama, Paraguay and Uruguay.

Brazil, El Salvador, Paraguay (Asunción), Ecuador and Bolivia. In addition, —with the exception of Honduras, Mexico and El Salvador— unemployment in urban areas was greater for women than for men in the period 1990-2005.

The change in the income of women compared with that of men shows that the gap between the sexes has tended to shrink slowly. Equity of earnings could occur sooner among wage earners (circa 2015), while the overall picture is not so good, since by that date women's income would be only 76% of men's. The discrepancies between the earnings of men and women tend to be larger in rural areas, and among more educated women.

In this context, this report expresses the view that women's economic empowerment and generation of their own income are a basic challenge to be addressed by government policies. Based on the simple average of the countries for which there is information on this subject, in 2005 approximately 40% of urban women and 53% of rural women aged 15 and older did not have an income of their own. In 1999, those percentages were 45% and 59%, so that the decrease has been slow and insufficient. Accordingly, advancing towards gender equality must be part of any poverty reduction strategy with a view to achieving Target 1. As a corollary, a gender-sensitive approach must be adopted to the monitoring of the Millennium Development Goals in general and of Goal 3 and Target 1 in particular. In this connection, the supplementary and additional indicators described here are a first tool and an input for improving the strategies in existing policies. However, much remains to be done to produce information with gender indicators, especially for time usage measurement and valuation of unpaid care work.

In addition to the ties existing between Goal 3 and poverty eradication, the achievement of full equality between the sexes and empowerment of women has at least four aspects relevant from the viewpoint both of the monitoring of progress and of the strategies to be followed in public policies: (i) the unpaid care work performed almost exclusively by women; (ii) the fact that women are insufficiently involved in decision-making at all levels; (iii) violence against women; and (iv) full exercise of reproductive rights. The evidence produced throughout this report shows that the major cultural change required to achieve gender equality and full empowerment of women would be difficult to achieve without policies and strategies that deal with these four aspects.

Before setting out some findings, challenges and recommendations in these four areas, mention should be made of a recurring regional problem: where regulations or laws to promote equality between the sexes or empowerment of women already exist, their specific enforcement also poses a new challenge, because gender equality policies must be carefully designed and require stronger political will when it comes to their implementation by all sectors, as well as participation and active follow-up by civil society.

2. Unpaid work performed by women

The piecemeal information provided by various time usage surveys conducted in Cuba, Ecuador, Mexico and Uruguay confirms that women spend more time than men working, assume the greater share of unpaid work in the home and —even when they participate in the remunerated labour market— continue in addition to bear the brunt of the domestic workload.¹⁰ The gender distribution shows that total time spent on paid and unpaid work varies between 53% and 55% for women, while women in paid

¹⁰ Because the surveys used different methodologies and had different levels of geographical coverage, they are not directly comparable, although they do provide evidence of the distribution of time usage between the sexes in each specific case and thus indicate common patterns.

employment perform a double day's work. In fact, entry into the paid labour force considerably increases women's total workload without substantially altering the gender distribution of unpaid care work. The comparison between the overall workload of the total population and the workload of the segment of this population engaged in paid work reveals the extent of this double shift, since the total working time of women with jobs averaged between 77 and 84 hours a week, while for men it varied between 58 and 68 hours.

Despite the far-reaching economic and social changes in Latin America and the Caribbean over recent decades, the responsibility for unpaid dependant care still falls primarily on women. This has important consequences for their autonomy and economic independence, since primary care responsibility limits the time and opportunities that they have for participating in the labour market. In the long term this responsibility reduces their access to social security benefits in old age, since retirement-related pensions and benefits depend on the amount of time devoted to paid work in the formal sector. In other words, women's freedom to choose paid work depends on how they can balance this with unpaid dependant care work, based on a sexual division of labour that has changed very little. Any alteration of that balance requires a redistribution not only of paid employment between women and men —changing the horizontal and vertical segmentation— but also of care-giving within the family and between the families and society.

The balance between the world of work and child care at home has so far consisted of: (i) leave for childbirth and care of sick children; (ii) provision of child care facilities; and (iii) tax exemptions and monetary payments of various kinds to enable women to purchase child care. These benefits are provided universally, connected with employment or targeting families that are below certain poverty levels. These initiatives are at a very precarious stage of development in Latin America, when compared with other public services such as health and education. Maternity benefit regulations, for example, focus on pregnancy, childbirth and breast-feeding and very few relate to child care in other phases of family life. In addition, the labour provisions in force usually say very little about men, whose rights as workers are based on the assumption that there is a woman to look after the children, the home and the men themselves.

In addition, there are very few regulations on assistance with the care of sick children and they focus on working women, without considering men as subjects of provisions casting them in the role of care-giver. This situation is a source of employment discrimination against women, because it assumes that the recruitment of women is more costly for the employer. Policies to assist with the care of dependent or sick family members tend to cover only small children and do not explicitly cover sick, incapacitated or elderly adults, whom women also have to look after.

Lastly, flexitime —which was supposed to help women in paid employment to balance domestic and profession responsibilities— has not been specifically used for this purpose but has resulted in the offer of part-time or fixed-term jobs, performed mainly by women, that are noted for being precarious in terms of stability, remuneration and social benefits. This being so, part-time employment can be seen less as an employment option enabling women to combine home-making with paid work than as the result of the lack of work options for women wanting to enter the labour market. In addition, contributory schemes of social security are linked to paid employment; since women bear the main responsibility for unpaid work and gravitate towards highly precarious jobs without coverage, their work record is affected and even limited by the family obligations of caring for children sick adults and elderly adults. All these situations dramatically restrict women's enjoyment of their civic rights.

In the area of health, current trends towards reduced public spending, privatization of health care services and linking of insurance to paid employment widen the gaps between women and men, not only

as regards access to these services but also as regards the allocation of time between the private and public spheres. Unpaid work at home has traditionally been the cornerstone supporting health care and is in fact subsidizing the social welfare system, since women are the ones who bear the brunt of the structural adjustments that are undermining public delivery of services.

Challenges and recommendations

The main challenge in this area is how to implement social and economic policies, mechanisms, adjustments and incentives to ensure the delivery of care, respecting the principle of gender equality. This means redistributing unpaid dependant care between women and men, reducing men's paid working time and increasing their time at home by means of paternity leave and leave to care for children and other family members. It also involves increasing the supply of high-quality public services for the care of children, old people and the sick and devising monetary payments or other incentives to remunerate dependant care at home. Since public care services cannot completely replace home care, expanded supply of such services should be a partial strategy, in the context of a broader review of the labour regulations that create glaring inequities between men and women.

Public provision of care services is thus a first step towards achieving a balance between family and professional responsibilities. In addition, policies must recognize that care is an essential component of development, which society has the obligation to guarantee. Recognition of unpaid care work would in turn involve its valuation in terms both of its contribution to economic development and of its fundamental importance for human development. This means not only that housewives must be included in social welfare arrangements but also that the economic conditions must be created for the social redistribution of care work, respecting the principle of gender equality in the public and private spheres. In this sense, the valuation of unpaid care work would involve:

- (i) Developing methodologies which, by measuring unpaid care work in systems of national accounts and conducting time usage surveys, will make it possible to calculate its value, in order to promote its visibility and influence public policies. The economic visibility of such work would promote the social and economic recognition of those who perform it —basically women— and weaken the mechanism of social exclusion and suppression of autonomy.
- (ii) Improving the delivery of care services in the public sphere by means of investments and legislative measures to achieve a balance of responsibilities in the public and private work spheres that is less unfavourable to women.
- (iii) Correct the bias existing in labour policies regarding leave and child care centres, which currently target only women and should include men in order to promote sharing of care-giving responsibilities.
- (iv) Overhaul insurance systems to ensure that unpaid care work by housewives is recognized in social welfare schemes and, in particular, in old-age pension schemes.
- (v) In the light of the commitments made by the Governments of the region in the Quito Consensus, ILO Convention No. 156 concerning workers with family responsibilities is extremely important. Its ratification and enforcement should be a starting-point for Government strategies designed to achieve the systematic inclusion in labour contracts of needs deriving from the reproductive obligations of women.

3. Political participation and parity

The participation and representation of women in the political life of the countries of Latin America and the Caribbean has increased in recent years, but at different rates and with insufficient access to decision-making posts. Since the mid-1990s, legislative quotas are increasingly being adopted to ensure a female presence in legislatures. Currently 11 countries of the region have quota laws in force.¹¹ Whereas in 2006 the region averaged a female presence of 20.34% in lower or single chambers of the legislature, this report shows that countries with legislative quotas generally have better results —particularly Argentina, Costa Rica, Honduras and Peru. Female representation has also increased in countries which do not have quotas, but in a slower and less stable manner, since progress depends more on political will than on regulations. As has been seen, when the three most recent government terms in Latin America are compared, the percentage of women ministers increases over time, progressing from 12.8% in the first presidential term, to 16.3% in the second and to 27% in the third and last term. In the Caribbean countries, an increase is observed between the first two terms but there is then stagnation at around 19%. The percentage of women mayors in the region has not changed substantially in the last decade, remaining constant at low levels of 5% and 6%. Thus, although parity remains a distant prospect, this report raises the possibility that it will be achieved by including it as a goal within the countries' political agenda. For this, it is essential to remove various obstacles, so that women's participation in and access to decision-making in politics becomes a reality.

A patriarchal culture still exists in the world which assigns care-giving roles to women. These prejudices undermine confidence in women's ability to govern and hold office. At the individual level, this is reflected in the fact that women have greater difficulty reconciling public life with family responsibilities—a problem rarely faced by men—and lack incentives to participate in public life. There are also differences in access to campaign funding—especially from private sources—and men usually have the advantage, because they have more developed social networks. The promotion of women's political participation and their access to decision-making posts through legislative quotas and other instruments has often met with opposition from the political parties themselves, which are still one of the forces most reluctant to accept women in parliaments and elected office. Without firm determination on their part, both to apply the legislative quotas in force and to make them more ambitious and include effective enforcement mechanisms, it will be difficult to achieve further progress in this area.

Challenges and recommendations

The empowerment of women through greater political participation and access to decision-making involves a profound cultural change—currently under way—which is essential for the attainment of Goal 3. In the face of such a huge challenge, two priorities emerge on the political scene:

- (i) The adoption of positive action measures within the Government, such as legislative quotas, is crucial but is not enough. It is also essential to have the firm political will to develop institutional mechanisms to oversee compliance with the relevant provisions. In other words, the laws or mechanisms promoting the political participation of women must be applied decisively, using effective sanctions, clear legal mandates and courts with the authority to enforce the laws whenever they are not respected.

¹¹ Argentina, Bolivia, Brazil, Costa Rica, Dominican Republic, Ecuador, Honduras, Mexico, Panama, Paraguay and Peru.

- (ii) National mechanisms for the advancement of women must develop follow-up and monitoring strategies for the systematic oversight of women's evolving presence not only in elected posts in the national legislature, at the provincial and local level, in the civil service and in the judiciary but also in parties, trade unions and civil society organizations.

4. Reproductive rights and universal access to sexual and reproductive health

In view of their importance for the empowerment of women, many countries in the region have revised their legal frameworks and adopted laws to promote the exercise of reproductive rights and non-discriminatory access to sexual and reproductive health services. However, there are still signs of backsliding and stagnation as regards the existing legislation (particularly concerning therapeutic abortion and emergency contraception), effective compliance with the legal provisions adopted, budget allocations for the implementation of policies and programmes for the promotion and protection of reproductive rights and the construction of solid partnerships between Government and civil society organizations. The extent of exclusion from health coverage in Latin America and the Caribbean has implications for the exercise of women's reproductive rights. According to ECLAC (2007b), in 2005 only 53% of the employed urban population had social security coverage. The figure for urban wage-earners was 66%. In both cases, this situation has remained unchanged since 2002. In those countries for which information is available for 1990-2005, the situation has deteriorated, since the proportion of employed persons and wage-earners contributing to social security declined from 63% to 57% and from 72% to 68%, respectively. In addition, the region's poverty reduction programmes deal only partially with reproductive rights. On the one hand, measures that make women responsible for managing payments, which ensure that they take care of their reproductive health and contribute directly or indirectly to the recognition of their rights, bring about a substantive change in the quality of life of the women beneficiaries. On the other hand, if the real impact or specific contribution in the area of reproductive rights is evaluated, most of the programmes have limitations, since they deal generically with family health and are not specifically geared to reproductive rights. In order to do so, they would have to focus on ensuring or guaranteeing rights.

Challenges and recommendations

In order to promote the exercise of sexual and reproductive health and rights in the region, comprehensive responses are needed to permit effective application of the legal provisions and existing public policies and strengthen machinery for the enforceability of rights.

Social protection in the areas of sexual and reproductive health must be extended, because a large percentage of the female population is still excluded from coverage. Such extension should be included in national development programmes and in poverty reduction strategies.

Latin America and the Caribbean are faced with major challenges in order to guarantee women's access to comprehensive reproductive health services in the context of processes to overhaul health systems:

- (i) Guarantee universal access to sexual and reproductive health services;
- (ii) Formulate national strategies for ensuring the availability of reproductive health inputs;
- (iii) Guarantee equitable access to emergency obstetric care;

- (iv) Enhance the participation of civil society in the management and oversight of sexual and reproductive health services;
- (v) Guarantee access by female and male adolescents to sex education and sexual and reproductive health services.

5. Violence against women

In Latin America and the Caribbean, physical, sexual and emotional violence is a visibly recurring reality, despite the lack of systematic and comparable statistics. Information compiled from various sources showed that one out of five women in Brazil reported having experienced some type of violence by a man in 2001 and 33% of them admitted having suffered some form of physical violence involving firearms, assaults and spousal rape. In Colombia, between 1996 and 2000, the number of complaints of domestic violence nation-wide increased from 51,451 to 68,585, and 79% of the persons subjected to domestic violence were women. In Ecuador, 28% of all women between 15 and 49 years of age reported having experienced physical ill-treatment before the age of 15 and 25% reported having suffered psychological ill-treatment in 2004. In Haiti, 25.4% of women between 15 and 49 years of age have experienced one form of violence, with women between 30 and 39 years of age being at greatest risk (28.6%), closely followed by the younger women (28.1%). In Mexico, in 2003, 38.4% of women aged 15 and over experienced emotional violence by their spouse or partner; 9.3% experienced physical violence and 7.8% sexual violence. In Nicaragua, about 40% of women of reproductive age had experienced physical violence by their partner around 2003. In 70% of the cases, this violence was severe and 31% of the women were beaten during at least one of their pregnancies. In Peru, the most recent Demographic and Family Health Survey showed that, in 2000, 42.3% of women had suffered physical abuse by their partners and 28% by other men. In Chile, according to data of the National Women's Agency (SERNAM), there were 48 femicides in 2006.

Latin America and the Caribbean already has a regulatory framework for combating gender violence, since all the countries of the region have laws punishing violence against women and penal codes have been amended to cover certain sexual offences. In addition, violence is being combated in national programmes, regional campaigns and concerted actions involving multiple stakeholders.

Despite these achievements, violence against women is still a frequent occurrence in most of the countries and there are shortcomings in the effective implementation of such laws and programmes. Because very different institutions are involved (social and family services, judicial systems, various players at each level of government), the lack of coordination complicates application of the national legislation on the subject.

Challenges and recommendations

This situation requires a management model ensuring that the various relevant aspects of the phenomenon (personal factors, family and couples relationships, community and social life, socio-economic context and education and employment policies) are covered in the planning and execution of specific actions. In particular, any action strategy should:

- (i) Ratify, apply and disseminate the international instruments on the protection of the rights of women, girls and adolescents, such as the Follow-Up Mechanism of the Convention of Belém do Pará (MESECVI) and the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women.
- (ii) Formulate new legislation dealing with forms of physical, sexual and psychological violence that are sometimes not covered and ensure that all forms of violence are tackled.
- (iii) Devise comprehensive policies, defining plans and programmes with measures of positive action addressing the structural causes of violence against women, by means of indicators and follow-up and evaluation systems to measure attainment of the targets, define priority areas of intervention and ascertain the effects of the activities conducted.
- (iv) Establish strategic inter-agency partnership and collaboration networks at the national, regional, local and community level for technical consultancies, research and cooperation projects with sufficient human and financial resources.

Annex 1

INDICATORS USED AND STATUS OF INFORMATION**1. Indicators used**

Below is an analysis of the status of the information used to calculate the indicators in this report in relation to the first three Millennium Development Goals. The information was compiled from international sources, which provide comparable national data for the different countries and periods. These data are currently published on the United Nations online database for measuring progress by the world's countries towards the Millennium Development Goals.¹

As regards the complementary and additional gender indicators in this report, ECLAC information from national household surveys was used to calculate the poverty and employment indicators. However, in other areas there is an acute shortage of information giving quantitative visibility to areas of importance for gender equity, such as the gender distribution of time spent on domestic activities, violence against women, the existence of affirmative action measures to promote women's political participation and their exercise of reproductive rights. In such cases, available information supplied by the countries was used in an attempt to illustrate the status of the situation.

The following table lists the source of information used for each of the indicators analysed in part one of this report, together with a list of countries that have provided at least one item of information in the latest period (national data for the last three years, between 2003 and 2006).

The information available indicates that most Latin American countries have the data needed to measure several of the official, complementary and additional indicators for the poverty, education and employment goals. However, in the Caribbean countries there is still a dearth of information for most of the indicators.

The information presented in this particular report was not checked for consistency with the information available in the countries, although a recent ECLAC investigation did reveal that national data available from international sources² do not always concur with national data used in the national reports measuring progress towards the Millennium Development Goals. Inconsistencies usually stem from differences in methods of calculating indicators, from employing different sources or from coordination problems, not only within individual countries (in some cases different national institutions duplicate the indicators) but also between international sources (which estimate, recalculate or model some indicators) and countries. The study concludes that, at national level, national statistical offices should be involved directly in monitoring progress towards the goals. Not only must countries give due importance to providing timely and consistent national data to international organizations, but in turn international organizations must avoid duplication of effort when collecting national data and producing indicators (Cecchini and Azócar, 2007).

¹ See United Nations, Millennium Indicators Database [online] <http://mdgs.un.org/unsd/mdg/Default.aspx>.

² These are indicators from United Nations organizations which produce information, that is to say, organizations that collect information directly from national sources and systematize it for the available periods.

INDICATORS AND SOURCES

Indicators	Source	Countries with information for the latest period (from 2003 to 2005)
Goal 1. To eradicate extreme poverty and hunger		
Complementary indicators		
1. Population without incomes of their own, by gender and age group	ECLAC, national household surveys	<i>Latin America (18 countries):</i> Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay.
2. Poverty gap ratios, according to the gender of the head of household	ECLAC, national household surveys	<i>Latin America (18 countries):</i> Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay.
3. Share in national consumption of women and men in the poorest population quintile (ECLAC)	ECLAC, national household surveys	<i>Latin America (18 countries):</i> Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay.
Additional indicators		
4. Femininity index of poverty	ECLAC, national household surveys	<i>Latin America (18 countries):</i> Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay.
5. Proportion of female-headed poor households	ECLAC, national household surveys	<i>Latin America (18 countries):</i> Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay.
Goal 2. To achieve universal primary education		
Complementary indicators		
6. Net female and male enrolment ratios in primary education	UNESCO	<i>Latin America (13 countries):</i> Bolivarian Republic of Venezuela, Bolivia, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru. <i>Caribbean (16 countries and territories):</i> Anguilla, Aruba, Bahamas, Barbados, Belize, Dominica, Granada, Cayman Islands, Turks and Caicos Islands, British Virgin Islands, Jamaica, Montserrat, St. Kitts and Nevis, St. Vincent and the Grenadines, St. Lucia, Trinidad and Tobago.
7. Net female and male enrolment ratios in the fifth grade of primary education	UNESCO	<i>Latin America (14 countries in 2003):</i> Bolivarian Republic of Venezuela, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Panama, Peru. <i>Caribbean (5 countries in 2003):</i> Aruba, Barbados, Dominica, St. Lucia, Trinidad and Tobago.
8. Literacy rate of women and men in the 15-to-24 age group	UNESCO	<i>Latin America (16 countries in 2004):</i> Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru. <i>Caribbean (2 countries in 2004):</i> Aruba, Surinam.

Indicators	Source	Countries with information for the latest period (from 2003 to 2005)
Goal 3. To promote gender equality and empower women		
Official indicators		
9. Girl-to-boy ratio in primary education	UNESCO	<i>Latin America (15 countries in 2004)</i> : Bolivarian Republic of Venezuela, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru. <i>Caribbean (17 countries and territories in 2004)</i> : Anguilla, Aruba, Bahamas, Barbados, Belize, Dominica, Granada, Guyana, Cayman Islands, Turks and Caicos Islands, Virgin Islands, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Trinidad and Tobago.
Girl-to-boy ratio in secondary education	UNESCO	<i>Latin America (14 countries)</i> : Bolivarian Republic of Venezuela, Bolivia, Chile, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru. <i>Caribbean (16 countries)</i> : Anguilla, Aruba, Bahamas, Barbados, Belize, Dominica, Granada, Cayman Islands, Turks and Caicos Islands, Virgin Islands, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Trinidad and Tobago.
Girl-to-boy ratio in tertiary education	UNESCO	<i>Latin America (9 countries)</i> : Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Honduras, Mexico, Panama, Peru. <i>Caribbean (7 countries)</i> : Aruba, Belize, Guyana, Turks and Caicos Islands, United States Virgin Islands, St. Lucia, Trinidad and Tobago.
10. Ratio of literate women to men (15-24 years old)	UNESCO	<i>Latin America (16 countries)</i> : Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru. <i>Caribbean (2 countries)</i> : Aruba, Surinam.
11. Share of women in wage employment in the non-agricultural sector	ILO	<i>Latin America (19 countries)</i> : Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay. <i>Caribbean (14 countries)</i> : Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Granada, Guyana, Haiti, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines, St. Lucia, Surinam, Trinidad and Tobago.
12. Proportion of seats held by women in national parliament (January 2006)	INTER-PARLIAMENTARY UNION	<i>Latin America (19 countries)</i> : Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay. <i>Caribbean (14 countries)</i> : Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Granada, Guyana, Haiti, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines, St. Lucia, Surinam, Trinidad and Tobago.

Indicators	Source	Countries with information for the latest period (from 2003 to 2005)
Complementary indicators		
13. Ratio of literate women to men (age 15 or over)	UNESCO	Latin America (19 countries): Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay.
14. Percentage of the female and male population working in low-productivity sectors of the labour market	ECLAC, national household surveys	Latin America (17 countries): Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay. The information available is national data compiled by the International Institute for Democracy and Electoral Assistance (IDEA), "Global Database of Quotas for Women" [online] http://www.quotaproject.org/ [date of reference: 16 August 2006].
15. Existence of a law on gender quotas for parliament		Latin America (18 countries): Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay. Caribbean (2 countries): Guyana and Haiti.
Additional indicators		
16. Female and male unemployment rate (age 15 or over)	ECLAC, national household surveys	Latin America (18 countries): Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay.
17. Women's wage income as a proportion of men's	ECLAC, national household surveys	Latin America (18 countries): Argentina, Bolivarian Republic of Venezuela, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay.
18. Male and female participation in household tasks (age 12 or over)	Time-use surveys	Latin America (5 countries): Bolivia, Ecuador, Guatemala, Mexico, Nicaragua.
19. Hours spent in paid work and unpaid domestic work (total workload)	Time-use surveys	Latin America (5 countries): Bolivia, Ecuador, Guatemala, Mexico, Nicaragua.
20. Unsatisfied demand for family planning services	ECLAC/CELADE, Demographic and health surveys	Latin America (15 countries): Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru. Caribbean (1 country): Haiti.
21. Percentage of unwanted pregnancies	ECLAC/CELADE, Demographic and health surveys	Latin America (15 countries): Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru. Caribbean (1 country): Haiti.
22. Percentage of women who suffer, or have suffered, physical, sexual or psychological violence at the hands of their current or former partner	Domestic violence surveys	The information available comes from the domestic violence modules in demographic and health surveys [online] http://www.measuredhs.com . Latin America (6 countries): Bolivia 2003, Colombia 2005, Dominican Republic 2002, Ecuador 2004, Haiti 2000, Peru 2004.

2. Time-use surveys and the measurement of domestic work and unpaid care work

Time-use surveys are the ideal instrument for ascertaining the different contributions which women and men make to productive and reproductive work in households. Such surveys not only make it possible to infer the economic importance of unpaid domestic work at aggregate level but also to uncover the links between the work and family spheres, as well as the way in which the gender roles interact in the public and private spheres. Up to now, in Latin America, special time-use surveys have been conducted or modules have been included in household surveys in Argentina (1998), Bolivia (2001), Brazil (2001), Costa Rica (2004), Cuba (2001), Ecuador (2004-2005), El Salvador (2005), Guatemala (2000), Mexico (1996, 1998, 2002), Nicaragua (1996), Panama (2006) and Uruguay (2003). The divergence in definitions and methodologies for compiling national data make it difficult to compare countries and estimate the time spent on the various domestic activities, or to identify the people who participate in them. No standard system for classifying activities has yet been put in place (ECLAC, 2007a).

To meet the need for harmonized and comparable indicators for Latin America and the Caribbean, the United Nations Statistics Division has developed and piloted a classification system that is currently under review. A system for classifying activities would make it possible to generate indicators to make visible the gender distribution of time spent on unpaid domestic work, as well as to demonstrate the overall burden of work largely shouldered by women and the economic contribution of unpaid domestic work.

Care work must be measured not only in terms of the time devoted to it but also in a way that allows for an assessment to be made of the economic value that care work represents and to post it in national accounts. A number of issues have yet to be resolved. One is the lack of detail when collecting survey information. For instance, it is common to find joint categories as broad as “care of children, the elderly, the sick and the disabled”. Moreover, there is a persistent tendency to restrict the concept of healthcare to caring for the sick and disabled, omitting such important aspects as health promotion and disease prevention. It is also essential to document the scale of unpaid care work and its distribution between the family and the community and among family members.

Proposals for estimating the value of the time devoted by women and men to unpaid care work include using the opportunity cost, the average salary that would be paid in the market or the production cost. However, it is also important to consider differences in the intensity, density and quality of an individual unit of time. Such considerations will need to be included in the estimates for household satellite accounts, whether they focus specifically on health or include all aspects of unpaid work in the home.

As far as assessing the value of women’s total contribution to the economy is concerned, unpaid work is still not measured in national accounts. For almost three decades, there have been calls from the United Nations and from academic and feminist circles for care and domestic activities in the home to be classified as value-generating work and as a measurable component of wealth. Few efforts have been made in this direction, however, not only owing to technical and methodological difficulties but also because the statistical measurement of unpaid social reproduction work would require a conceptualization of the economic system that allowed the scale and quality of this work to be properly recorded (Picchio, 2001).

The system of national accounts (SCN) review adopted by the United Nations Statistical Commission in 1993 recommended that the concept of “production” should include not just goods and services produced for the market but also goods produced in the home for family consumption. These were left out of the classification, however, and activities associated with the production of personal and domestic

services by household members for their own consumption were consequently treated as “non-economic”. One consequence of this is that these activities are not included in conventional censuses and surveys.

The inclusion of unpaid work —be it housework, caregiving or subsistence activities— in systems of national accounts has major consequences, given the importance of these instruments for policymaking and economic decision-making at both the national and the international levels. National accounts quantify all the areas deemed to be part of the national economy and resources are allocated on the basis of the information they provide. This means that any economic activities not included in this system or in the satellite accounts are not only invisible but will not receive the vital resources they need to improve their performance, while the policies and programmes that target them will not reflect their real needs or their contribution to national development.

To date, the region has had no experience of national accounts systems that bring out the non-monetary contribution of social reproduction work done by women and some men, in the way that the Total Work Accounts System (SCTT) developed in Canada does. This system was created against a background of heated political debate about budgetary constraints on social security and social policies, and was based on three observations: (i) wealth-creating work is not confined to the activities measured by conventional labour market surveys; (ii) the strong links between paid and unpaid work make it difficult to isolate their behaviour when only the economically “active” population is considered; (iii) paid work is a subset of “work of economic value”.

3. Surveys on violence and the measurement of violence against women

In the region there are no regular, nationally representative nationwide surveys on violence against women that would make it possible to standardize methods for collecting comparable national statistical data. This has hindered the development of programmes to combat violence against women. Up to now, Latin American and Caribbean countries have used differing criteria to measure violence against women, making it difficult to compare results. Apart from using different methodologies, there is also a lack of national institutions to systematize and consolidate existing information.³ Data from both specific surveys and administrative records are required to produce accurate and measurable indicators. At present standardization initiatives are under way in Bolivia, Chile, Colombia, Brazil and other countries to create information systems using single registration forms or sheets. Special mention should be made of the work carried out by the Organization of Salvadoran Women for Peace (ORMUSA), which in November 2006 published an extensive analysis of the protocols and records used by the various health, police and justice services, in order to help systematize information on and raise the profile of femicide (Urquilla Guzmán, 2006).

Given that it is fairly laborious to devise and conduct specialized surveys (which constitute an extremely effective way of measuring the prevalence and incidence of various forms of violence against women), specific modules on violence have been incorporated into population surveys. The population surveys, which use a representative sample of female victims of violence, are a reliable way of compiling information on the prevalence and types of violence found. Other highly useful sources of national data are the statistical records of police, judicial, criminal and health institutions, as well as those of non-governmental victim-support organizations.

³ ECLAC has proposed that indicators should be divided into two categories: indicators based on information from surveys and indicators based on information from administrative records (Alméras and others, 2002).

To systematize and process the databases and statistical records, a search was conducted for available information on gender violence and HIV/AIDS that could be compared across countries in the region. From a comparability standpoint, the best available source of information is deemed to be demographic and health surveys (DHS). The Demographic and Health Survey Programme (MEASURE DHS+) helps government and private institutions in developing countries to conduct national surveys. The aims of the programme are to: provide databases and analysis to population bodies, to help them consider options and make informed decisions; expand the international database on population and maternal and child health; contribute to advances in sample survey methodology; and consolidate technical capacities and resources for the implementation of complex population surveys in participating countries. The consultancy ORC Macro is implementing the MEASURE DHS+ programme with funding from the United States Agency for International Development (USAID).

Most countries do not yet have a statistical system on violence against women and there is no official regional system to compile data on the subject. Although progress has been made in terms of statistics on partner violence, reliable figures remain scarce on many other forms of violence against women.

4. Monitoring women's representation and political participation

At present it is difficult to form a precise picture of the proportion of women in politics and in decision-making positions generally. It is therefore important for national mechanisms for women's advancement to develop monitoring strategies to systematically observe the evolution in women's participation, not only in elected representative positions in the national legislature but also in provincial and local government, the public administration and judiciary, political parties, trade unions and leading civil society organizations. Only then will countries have the information needed to guide concrete actions in favour of parity and to influence public opinion more decisively.

Timely and complete data to ensure high-quality information are essential for the follow-up of political participation in the executive branch and local politics. The Inter-Parliamentary Union (IPU) regularly updates its online database using official information from national parliaments. The database provides information on the percentage of women in parliament, as well as their situation and role (chairperson, committee member, etc.). The database also contains information on electoral systems and mandates of member countries, as well as their most recent election results.

Countries do not generally maintain systematized and regularly updated databases on the number of women in the executive branch of government. To obtain national data, in September 2006 ECLAC sent a questionnaire to senior leaders of national gender mechanisms in all the Latin American and Caribbean countries, requesting information on the three latest presidential terms.⁴ This led to the creation of a regional database of comparable information, which it is hoped will be kept updated. The information collected will make it possible to calculate indicators for: (i) duration of ministerial post, by sex; (ii) cabinet composition by sex, according to ministerial area; (iii) percentage of female ministers in a given month and year; and (iv) percentage of female ministers at the beginning and end of the presidency.

In spite of this progress, more information is needed on the participation and position of women in ministerial cabinets, political parties, regional parliaments, the judiciary, local governments, the control bodies of all State authorities, the various levels of government, the armed forces, social and business organizations and trade unions.

⁴ Questionnaire on unpaid work and political participation, sent to the Latin American and Caribbean countries on 15 September 2006.

BIBLIOGRAPHY

- Abramo, Laís (2003), “Costos laborales de hombres y mujeres en países de América Latina: mitos y realidad” [online] http://portal.oit.or.cr/dmdocuments/gJanuary/costos_lab_homb_muj_al_lais_abramo.pdf [date of reference: 4 April 2007].
- Agoff, C., A. Rajsbaum and C. Herrera (2006), “Perspectivas de las mujeres maltratadas sobre la violencia de pareja en México”, *Revista salud pública de México*, No. 48, suppl. 2, Mexico City.
- Almeras, D. and others (2002), “Violencia contra la mujer en relación de pareja: América Latina y el Caribe. Una propuesta para medir su magnitud y evolución”, *Mujer y desarrollo series*, No. 40 (LC/L.1744-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC). United Nations publication, Sales No. S.02.II.G.56.
- Arauco, Eliana, Rosario Mamani and Jimena Rojas (2006), “Respuesta de los servicios de salud para atender la violencia contra la Mujer”, Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), unpublished.
- Armstrong, Pat and Hugh Armstrong (2004), “Thinking it through: women, work and caring in the new Millennium”, *Caring for/Caring about. Women, Home Care and Unpaid Caregiving*, Karen A. Grant and others, Aurora, Ontario, Garamond Press.
- Armstrong, Pat and others (2001), *Exposing Privatization: Women and Health Care Reform in Canada*, Aurora, Ontario, Garamond Press.
- Arriagada, Irma and Charlotte Mathivet (2007), “Los programas de alivio a la pobreza Puente y Oportunidades. Una mirada desde los actores”, *Políticas sociales series*, No. 134 (LC/L.2740-P/E), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), April. United Nations publication, Sales No. S.07.II.G.86.
- Asling-Monemi, K. and others (2003), “Violence against women increases the risk of infant and child mortality: a case-referent study in Nicaragua”, *Bulletin of the World Health Organization*, vol. 81, No. 1, March.
- Bart-Alexander, Karen (2007), “Women’s political participation and gender parity in decision-making at all levels in the Caribbean” (SOC/2007/2), document presented at the Subregional preparatory meeting for Central America and Mexico for the tenth session of the Regional Conference on Women in Latin America and the Caribbean, St. John’s, Antigua and Barbuda, 22-23 May.
- Brazil, Presidency (2004), “Brasil, objetivos de desenvolvimento do Milênio. Relatório nacional de acompanhamento”, Institute of Applied Economic Research (IPEA), September.
- Budlender, Debbie (2002), *Why Should we Care About Unpaid Care Work? A Guidebook Prepared for the UNIFEM Southern African Region Office*, Cape Town.
- Buvinic, M., A. Morrison and M. Shifter (1999), “La violencia en las Américas: marco de acción”, *El costo del silencio. Violencia doméstica en las Américas*, Washington, D.C., Inter-American Development Bank (IDB).
- Cabal, L. and C. Motta (eds.) (2006), *Más allá del derecho. Justicia y género en América Latina*, Bogotá, D.C., Center for Reproductive Rights/Universidad de los Andes.
- Cabal, L. and others (eds.) (2001), *Cuerpo y derecho. Legislación y jurisprudencia en América Latina*, Bogotá, D.C., Center for Reproductive Law and Policy (CRLP), Editorial Temis.
- CAFRA (Caribbean Association for Feminist Research and Action) (1998), “A pilot survey on the incidences of violence and responses to such violence among 200 randomly selected women in Trinidad”, Port of Spain.
- Calcetas-Santos, Ofelia (2000), Rights of the Child. Report of the Special Rapporteur on the sale of children, child prostitution and child pornography, Ms. Ofelia Calcetas-Santos. Addendum: Report on the mission to Guatemala (E/CN.4/2000/73/Add.2.), New York, Commission on Human Rights, Fifty-sixth session.

- Calla, Ricardo (2007), “La mujer indígena en Bolivia, Brasil, Ecuador, Guatemala y Panamá: un panorama de base a partir de la Ronda de Censos 2000”, *Mujer y desarrollo series*, No. 86 (LC/L.2766-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), forthcoming.
- Campero, L. and others (2006), “La contribución de la violencia a la mortalidad materna en Morelos”, *Revista salud pública de México*, No. 48, suppl. 2, Mexico City.
- Carcedo, A. and M. Sagot (2001), “Femicidio en Costa Rica: cuando la violencia contra las mujeres mata” [online] <http://www.isis.cl/temas/vi/reflex8.htm>.
- CCPDH (Central American Council of Defenders of Human Rights) (2006), *Primer Informe regional: situación y análisis del femicidio en la región centroamericana*, Inter-American Institute of Human Rights (IIDH)/Swedish International Development Cooperation Agency (SIDA)/ Danish International Development Agency (DANIDA) [online] <http://www.conadeh.hn/pdf/Femicidio.pdf>.
- Cecchini, Simone and Irene Azócar (2007), “Indicadores de los objetivos de desarrollo del Milenio en América Latina y el Caribe: una comparación entre datos nacionales e internacionales”, *Estudios estadísticos y prospectivos series*, No. 53 (LC/L.2767-P/E), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), July. United Nations publication, Sales No. S.07.II.G.103.
- CELADE (Latin American and Caribbean Demographic Centre-Population Division of ECLAC) (2007), *Estudio sobre la protección social de la tercera edad en Ecuador*, Quito, Ministry of Social Welfare of Ecuador, Economic Commission for Latin America and the Caribbean (ECLAC), April.
- CELADE/UNFPA (Latin American and Caribbean Demographic Centre-Population Division of ECLAC/United Nations Population Fund) (2006), “América Latina y el Caribe: desafíos y oportunidades de una sociedad que envejece”, *Temas de población y desarrollo*, No. 5, Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).
- _____ (2005), “Fecundidad: una región en la que nacen menos niños”, *Temas de población y desarrollo*, No. 2, Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).
- CEMUJER (2002), “Clínica de Atención Integral y monitoreo de medios escritos”, *La prensa gráfica y El diario de hoy* [online] <http://www.isis.cl/temas/vi/dicenque.htm#els>.
- CONAMU (National Women’s Council) (2006), *Encuesta del uso del tiempo en Ecuador 2005*, Quito.
- Cuevas, Sofía and others (2006), “Violencia y embarazo en usuarias del sector salud en estados de alta marginación en México”, *Revista salud pública de México*, vol. 48, No. 2, Mexico City.
- Darcy de Oliveira, Rosiska (2003), *Reengenharia do tempo*, Rio de Janeiro, Editora Rocco, Idéias Contemporâneas.
- De León, Magdalena (1999), “Poder y empoderamiento de las mujeres”, *Región y sociedad*, vol. 11, No. 18, Bogotá [online] http://lanic.utexas.edu/project/etext/colson/18/18_8.pdf.
- Dimenstein, G. (1992). *Meninas da noite: a prostituição de meninas-escrivas no Brasil*, São Paulo, Editora Ática S.A.
- Durán, María Ángeles (2003), *Los costes invisibles de la enfermedad*, Madrid, Fundación BBVA.
- Duvvury, N. and K. Allendorf (2001), “Domestic Violence in India: The Roles of Education and Employment”, document presented at the Annual Conference of the Institute for Women's Policy Research, “The Status of Women: Facing the Facts, Forging the Future”, Washington, D.C., 8-9 June [cited by C. Grown, G.Rao Gupta and Z. Khan, *Promises to Keep: Achieving Gender Equality and the Empowerment of Women*, Washington, D.C., 2003].
- ECLAC (Economic Commission for Latin America and the Caribbean) (2007a), Women's contribution to equality in Latin America and the Caribbean (LC/L.2738(CRM.10/3)), Santiago, Chile.
- _____ (2007b), *Social Panoram of Latin America, 2006* (LC/G.2326-P/E), Santiago, Chile.
- _____ (2007c), No more! The right of women to live a life free of violence in Latin America and the Caribbean (LC/L.2808), Santiago, Chile, forthcoming.

- _____ (2006a), Guía de asistencia técnica para la producción y el uso de indicadores de género (LC/R.2136), Santiago, Chile, United Nations Development Fund for Women (UNIFEM)/United Nations Population Fund (UNFPA), August.
- _____ (2006b), *Shaping the Future of Social Protection: Access, Financing and Solidarity* (LC/G.2294(SES.31/3)), Santiago, Chile.
- _____ (2006c), “Indicadores regionales de violencia de género” [online database] http://www.eclac.cl/mujer/proyectos/perfiles/comparados/comp_violencia.htm.
- _____ (2004), “Understanding poverty from a gender perspective”, *Mujer y desarrollo series*, No. 52 (LC/L.2063-P), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC). United Nations publication, Sales No. E.04.II.G.7.
- _____ (2003a), *Social Panorama of Latin America, 2002-2003* (LC/G.2209-P), Santiago, Chile. United Nations publication, Sales No.E.03.II.G.185.
- _____ (2003b), Report of the ECLAC-CDCC/CIDA Gender Equality Programme. Regional Conference on Gender-based Violence and the Administration of Justice (LC/CAR/G.744), Port of Spain, ECLAC subregional headquarters for the Caribbean.
- ECLAC/UNIFEM (Economic Commission for Latin America and the Caribbean/ United Nations Development Fund for Women) (2005), “Eliminating Gender-based Violence, Ensuring Equality: ECLAC/UNIFEM Regional Assessment of Actions to End Violence against Women in the Caribbean”, working document (WP/2003/4REV.1).
- _____ (2003), “Regional Assessment of Actions to End Violence Against Women in the Caribbean”, working document, Port of Spain, December.
- ECLAC/UNICEF (Economic Commission for Latin America and the Caribbean /United Nations Children's Fund) (2007), “Teenage motherhood in Latin America and the Caribbean. Trends, problems and challenges”, *Challenges Bulletin*, No. 4, Santiago, Chile, January.
- Fernández, Ana María (1999), “Orden simbólico. ¿Orden político?”, *Revista zona erógena*, Buenos Aires, May.
- FIMI (International Indigenous Women's Forum) (2006), *Mairin Iwanka Raya - Indigenous Women Stand against Violence. A Companion Report to the United Nations Secretary-General's Study on Violence Against Women*, New York.
- Flora Tristan Women's Centre (2005), *La violencia contra la mujer: feminicidio en el Perú*, Amnistía Internacional Sección Peruana.
- Folbre, Nancy (2006), “Measuring care: gender, empowerment, and the care economy”, *Journal of Human Development*, vol.7, No. 2, July.
- _____ (2001), *The Invisible Heart. Economics and Family Values*, New York, The New Press.
- Gomes, C. (2006), “Transición demográfica en América Latina: impacto y desafíos desde el trabajo y la reproducción”, *Cohesión social, políticas conciliatorias y presupuesto público: una mirada de género, Reunión internacional de expertas/os*, L. Mora, M.J. Moreno and T. Roher (coords.), Mexico City, United Nations Population Fund (UNFPA)/German Agency for Technical Cooperation (GTZ).
- Gómez Luna, María Eugenia (2001), “Cuenta satélite de los hogares. Valoración del trabajo doméstico no pagado. El caso de México”, document presente at the Workshop “Cuentas de salud con enfoque de género”, Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC)/Pan American Health Organization (PAHO).
- Gómez, Elsa (2000), “Equidad, género y reforma de las políticas de salud en América Latina”, document presented at the eighth session of the Regional Conference on Women in Latin America and the Caribbean, Lima.
- Guillaume, A. and S. Lerner (2005), *El aborto en América Latina y el Caribe*, Les numériques du CEPED, French Centre for Population and Development (CEPED).

- Haiti, Ministry of Public Health and Population (2000), *Enqueté mortalité, morbidité et utilisation des services* (EMMUS-III).
- Haniff, Nesha (1998), *A Study on Domestic Violence in the British Virgin Islands*.
- Harrington, Mona (1999), *Care and Equality: Inventing a New Family Politics*, New York, Alfred A. Knopf.
- Harris, B. (2000), Disertación ante la Comisión Interamericana de Derechos Humanos sobre el tema de la explotación sexual comercial de niños en Costa Rica, San José, 3 March.
- Heise, Lori (1998), "Violence against women: an integrated, ecological framework", *Violence against Women*, vol. 4, No. 3, June.
- Heise, Lori, Jacqueline Pitanguy and Adrienne Germain (1994), "Violence against women: the hidden health burden", *World Bank Discussion Papers*, No. 255, Washington, D.C., World Bank.
- Honduras, Secretaría de Estado en el Despacho de Salud Pública (2002), Encuesta Nacional de Epidemiología y Salud Familiar (ENESF 2001), Tegucigalpa.
- HRW (Human Rights Watch) (2005a), "UN Summit: Barriers to Schooling Undermine Goals" [online] <http://www.hrw.org/english/docs/2005/09/12/global11697.htm>.
- _____ (2005b), *International Human Rights Law and Abortion in Latin America*, July.
- IACHR (Inter-American Commission on Human Rights) (1999), *Informe sobre la situación de los derechos humanos en la República Dominicana*, Washington, D.C.
- ILANUD/UNFPA (United Nations Latin American Institute for the Prevention of Crime and the Treatment of Offenders/United Nations Population Fund) (2005), "Los derechos reproductivos de las mujeres en la administración de justicia", document presented at the fifth meeting of Latin American and Caribbean judges "Por una justicia de género", San Salvador.
- ILO (International Labour Organization) (2000), "Equidad de género en el mundo del trabajo en América Latina. Avances y desafíos 5 años después de Beijing", document presented at the eighth Regional Conference on Women in Latin America and the Caribbean [online] <http://www.ilo.org/public/spanish/region/ampro/cinterfor/temas/gender/doc/cinter/equidad/>.
- INEC (National Statistics and Census Institute)/Ministry of Health (1998), *Encuesta demográfica y de salud*, Managua.
- INEGI (National Institute of Statistics, Geography and Informatics) (2002), "Encuesta nacional sobre uso del tiempo, México 2002" [online] http://www.inegi.gob.mx/prod_serv/contenidos/espanol/bvinegi/productos/encuestas/especiales/enut/2002/ENUT_2002_TBD.pdf [date of reference: 8 February 2007].
- INEGI/CRIM (National Institute of Statistics, Geography and Informatics/Regional Informatics Center on Women) (2004), *Violencia de género en las parejas mexicanas. Resultados de la Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares 2003*, Mexico City, National Women's Institute.
- INEI (National Institute of Statistics and Informatics) (2000), *Encuesta demográfica y de salud familiar*, Lima.
- IOM (International Organization for Migration) (2003), *Salud sexual y reproductiva, enfermedades de transmisión sexual y VIH/SIDA en jóvenes de 10-24 años de una ciudad receptora de población desplazada. Montería, Colombia*.
- _____ (1996), *Trafficking in Women from the Dominican Republic for Sexual Exploitation*, Geneva, June.
- Kishor, Sunita and K. Johnson (2004), *Profiling Domestic Violence: A Multi-Country Study*, Maryland, ORC Macro, June.
- Lagarde, Marcela (2006), "¿Qué es el feminicidio?", BancoDatosFeminicidio [online] <http://www.isis.cl/Feminicidio/fdocumento.htm>.
- Lagos, Marta (2007), *La opinión pública sobre la igualdad y las políticas públicas*, Santiago, Chile, Latinobarómetro.

- Lara, Silvia (2006a), "Las metas del Milenio y la igualdad de género. El caso de Ecuador", *Mujer y desarrollo series*, No. 80 (LC/L.2611-P/E), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).
- ____ (2006b), "Las metas del Milenio y la igualdad de género. El caso de Colombia", *Mujer y desarrollo series*, No. 81 (LC/L.2612-P/E), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).
- Las Dignas (2005), "La violencia contra las mujeres a través de la Prensa", San Salvador, January-December.
- Lemaitre, Julieta (2004), "Igualdad de género en salud en las Américas. Marco legal", *Equidad de género y salud en las Américas. Elementos para un diagnóstico*, Pan American Health Organization (PAHO), Washington, D.C.
- Leslie, Joanne (1989), "Women's time: a factor in the use of child survival technologies?", *Health Policy and Planning*, vol. 4, No. 1.
- Lewis, Jane and Susanna Giullari (2006), "The adult-worker-model family and gender equality: principles to enable the valuing and sharing of care", *Gender and Social Policy in a Global Context: Uncovering the Gendered Structure of 'the Social'*, Shara Razavi and Shireen Hassim, London, United Nations Research Institute for Social Development (UNRISD).
- Lewis, Maureen and Marlaine Lockheed (2006), *Inexcusable Absence: Why 60 Million Girls Still Aren't In School and What to do About It*, Center for Global Development [online] <http://www.cgdev.org/doc/books/Inexcusable%20Absence/Overview.pdf>.
- Luciano, Dinys (2006), *Guía para el desarrollo de los estudios nacionales sobre violencia contra las mujeres y VIH en Belice, Honduras y Nicaragua*, Washington, D.C., Pan American Health Organization (PAHO).
- ____ (2005a), "Violencia de género y protección social en América Latina: apuntes para el debate", Virtual forum on violence against women and social protection, Washington, D.C., Pan American Health Organization (PAHO), unpublished.
- ____ (2005b), "La violencia sexual y salud en las Américas", document presented at the meeting on sexual violence: alternatives for care in the health sector for women survivors of sexual violence, Washington, D.C., Pan American Health Organization (PAHO).
- Luciano, Dinys and Margot Tapia (2003), *Drogas y experiencias de violencia en mujeres dominicanas víctimas de la trata de personas*, Santo Domingo, Centro de Apoyo Aquelarre (CEAPA)/Development Connections (DVCN).
- Malhotra, Anju and others (2002), "Measuring women's empowerment as a variable in international development", document prepared for the Workshop on Poverty and Gender: New Perspectives, Washington, D.C., World Bank, June.
- Marco, Flavia (2007), "El cuidado de la niñez en Bolivia y Ecuador. Derecho de algunos, obligación de todas", document presented at the tenth session of the Regional Conference on Women in Latin America and the Caribbean, Quito, August [online] <http://www.eclac.org/mujer/noticias/paginas/9/29319/PresentacionFaviaMarcos.pdf>.
- Maritime Centre of Excellence for Women's Health (1999), "Equity and diversity approaches for women care caregivers: the impact of health reform", document presented at the National Symposium "Made to Measure: Designing Research, Policy and Action Approaches to Eliminate Gender Inequity", Halifax, 3-6 October.
- Massolo, Alejandra (2005), "Género y seguridad ciudadana: el papel y reto de los gobiernos locales", Seminario Permanente sobre Violencia, El Salvador [online] http://www.americalatinagenera.org/documentos/publicaciones/doc_50_ponencia-massolo-undpsv.doc.
- Medel R., Julia and others (2006), *Cuidadoras de la vida. Visibilización de los costos de la producción de salud en el hogar. Impacto sobre el trabajo total de las mujeres*, Santiago, Chile, Center for Women's Studies (CEM), July.

- Moncayo, Maripaz (2003), "Sobre el acoso sexual" [online] www.emprendedorasenred.com.ar/articulos/articulo27.htm.
- Mora, Luis (2006), "Vulnerabilidad de las mujeres en el proceso migratorio", presentation at the first Central American meeting on trafficking in women, San José, United Nations Population Fund (UNFPA), 4-5 December.
- Morrison A. and M. Orlando (1999), "El impacto socioeconómico de la violencia doméstica: Chile y Nicaragua", *El costo del silencio: violencia doméstica en las Américas*, Inter-American Development Bank (IDB), Washington, D.C.
- Moser, Caroline (1993), *Gender Planning and Development: Theory, Practice and Training*, London, Routledge.
- Narayan, Deepa (2004), "Conceptual framework and methodological challenges", *Measuring Empowerment: Cross-Disciplinary Perspectives*, Deepa Narayan (ed.), Washington, D.C., World Bank.
- Odio, Elizabeth (2004), "Los derechos humanos de las mujeres, la justicia penal internacional y una perspectiva de género", presentation at the ninth session of the Regional Conference on Women in Latin America and the Caribbean, Mexico City, 10-12 de June [online] http://www.eclac.cl/mujer/reuniones/conferencia_regional/Elizabeth_Odio.pdf.
- Ojeda Parra, Teresa (2007), "La violencia sexual en trabajadoras doméstica en Lima" [online] <http://www.dvcn.org/Documents/VStrabDom1.pdf>.
- PAHO (Pan American Health Organization) (2005a), *PAHO Gender Equality Policy*, Washington, D.C.
- ____ (2005b), "Advances in gender mainstreaming in a PAHO technical cooperation area: national health accounts" (MSD21/4), Washington, D.C., 21st Session of the Subcommittee on Women, Health, and Development of the Executive Committee, March.
- ____ (2005c), "La salud sexual y reproductiva: también un asunto de hombres. Investigación de base para la promoción de la participación de los hombres en los programas de salud sexual y reproductiva en Centroamérica" [online] <http://www.paho.org/Spanish/AD/GE/SSRhombres2005.pdf>.
- Pantelides, Edith and Rosa Geldstein (1998), *Encantadas, convencidas o forzadas: iniciación sexual de adolescentes de bajos recursos*, Buenos Aires, Argentine Association of Population Studies (AEPA), Centre for Studies on the State and Society (CEDES) and Centre for Population Studies (CENEP).
- Pautassi, Laura C. (2005), "Legislación laboral y género en América Latina. Avances y omisiones", document presented at the expert meeting "Family-oriented policies, social. protection and inclusion", Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), 28-29 June.
- Pérez-Escamilla, R., S. Segura-Millán and K. Dewey (1995), "Infant bottle propping among a low-income urban population in Mexico", *Bulletin of the Pan American Health Organization*, vol. 29, No. 2.
- Picchio, Antonella (2001), "Un enfoque macroeconómico "ampliado" de las condiciones de vida", document presented at the international workshop on national health and gender accounts, Santiago, Chile, Pan American Health Organization (PAHO)/National Health Fund (FONASA), October.
- Pitanguy, Jacqueline (1999), "Reproductive rights are human rights", *Development*, vol. 42, No. 1, March.
- Pratt, T. (2001), "Sex slavery racket a growing concern in Latin America", *The Christian Science Monitor*, 11 January.
- PROFAMILIA (Association for Family Welfare) (2000), *Encuesta nacional de demografía y salud*, Bogotá, D.C.

- Provoste, Patricia and Lorena Valdebenito (2006), "Revisión de servicios de salud para precisar sus capacidades de atender la violencia contra la mujer. Caso Chile. Informe final", Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC), unpublished.
- Razavi, Shara (2005), "The relevance of women's unpaid work to social policy in developing countries", document presented at the Conference "Unpaid work and the economy: gender, poverty and the Millennium Development Goals", United Nations Development Programme (UNDP) and Levy Economics Institute of Bard College [online] http://www.levy.org/undp-levy-conference/papers/paper_Razavi.pdf.
- Red Thread (2000), *Women Researching Women: Selected Findings from a Survey on Domestic Violence in Guyana*, April.
- Rioseco Ortega, Luz (2005), "Buenas prácticas para la erradicación de la violencia doméstica en la región de América Latina y el Caribe", *Mujer y desarrollo series*, No. 75 (LC/L.2391-P/E), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC).
- Rivera-Rivera, L. and others (2006), "Violencia durante el noviazgo, depresión y conductas de riesgo en estudiantes femeninas (12-24 años)", *Revista salud pública de México*, No. 48, suppl. 2, Mexico City.
- Rodríguez Enríquez, Corina (2007), "La organización del cuidado de niños y niñas en Argentina y Uruguay", report presented at the tenth session of the Regional Conference on Women in Latin America and the Caribbean, Quito, August, unpublished.
- Rosemberg, H. and B. Andersson (2000), "Repensar la protección social en salud en América Latina y el Caribe", *Revista panamericana de salud pública*, vol. 8, No. 1/2 [online] <http://www.scielosp.org/pdf/rpsp/v8n1-2/3011.pdf>.
- Sagot, Montserrat and others (2003), *La ruta crítica de las mujeres afectadas por la violencia intrafamiliar en América Latina*, San José, Pan American Health Organization (PAHO).
- Secretaría Regional para el Estudio de América Latina, Cuba y República Dominicana (2005), "Estudio del Secretario General de las Naciones Unidas sobre violencia contra las niñas, niños y adolescentes. Informe de la Secretaría Regional para el Estudio de América Latina, Cuba y República Dominicana en el Caribe".
- Shier, Lydia and others (1998), *Gender Differences in Risk Behaviors Associated with Forced or Pressured Sex*, Canada.
- Silverman, Jay and others (2001), "Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality", *Journal of the American Medicine*, vol. 286, No.5, August.
- Solano, Priscilla and Marijke Velzeboer (2003), Presentations at the inter-agency expert meeting "Componentes claves para leyes y políticas contra la violencia intrafamiliar contra las mujeres", Pan American Health Organization (PAHO), Washington, D.C., 5-7 August, unpublished.
- UNAIDS (Joint United Nations Programme on HIV/AIDS) (2004), *2004 Report on the Global AIDS Epidemic*, Geneva, July.
- UNAIDS/WHO (Joint United Nations Programme on HIV/AIDS/World Health Organization) (2006), *AIDS Epidemic Update 2006*, December.
- UNDP (United Nations Development Programme) (1999), *Human Development Report, 1999*, New York, Oxford University Press.
- _____ (1995), *Human Development Report, 1995*, New York, Oxford University Press.
- UNESCO (United Nations Educational, Scientific and Cultural Organization) (2004), "Educación superior para los pueblos indígenas, el caso de Guatemala" [online] <http://www.iesalc.unesco.org.ve/programas/indigenas/informes/Guatemala/Informe%20Ind%C3%ADgenas%20-%20GUATEMALA.pdf>.
- UNFPA (United Nations Population Fund) (2005) *Population, Reproductive Health and the Millennium Development Goals*, New York.

- UNFPA/CST (United Nations Population Fund/Country Technical Services Team) (2007a), *Programas de reducción de la pobreza de Brasil, Chile, Ecuador y México: análisis de los componentes de género, empoderamiento y derechos reproductivos*, Mexico City.
- ____ (2007b), “Análisis de situación en población: América Latina y el Caribe”, Mexico City, unpublished.
- UNFPA/GTZ (United Nations Population Fund/German Agency for Technical Cooperation) (2007), “Pobreza, políticas conciliatorias y presupuesto público en América Latina y el Caribe: análisis comparativo de Brasil, Costa Rica, Chile, México y Panamá”, Mexico City.
- ____ (2006), *Cohesión social, políticas conciliatorias y presupuesto público: una mirada de género, Reunión internacional de expertas/os*, L. Mora, M.J. Moreno and T. Roher (coords.), Mexico City.
- UNICEF (United Nations Children’s Fund) (2005a), *The State of the World’s Children 2005: Childhood under Threat*, New York.
- ____ (2005b), *Part I, Legal Protection of Adolescent Rights in Eight Countries of Latin America and the Caribbean: Trends and Recommendations*, Panama City.
- ____ (2005c), *Part II, Literature Review of the Situation of Adolescents in Eight Countries of Latin America and the Caribbean: Trends and recommendations*, Panama City.
- ____ (2004), “Ciudades para la niñez. Los derechos de la infancia, la pobreza y la administración urbana”, Bogotá, D.C. [online], <http://www.unicef.org.co/conocimiento/ciudad.htm>.
- UNIFEM (United Nations Development Fund for Women) (2000), *Progress of the World’s Women, 2000*, Diane Elson (coord.), New York.
- United Nations (2006a), In-depth study on all forms of violence against women: Report of the Secretary-General (A/61/122/Add.1), New York.
- ____ (2006b), Report of the independent expert for the United Nations. Study on violence against children (A/61/299), New York, 29 August.
- ____ (2005), *The Millennium Development Goals: A Latin American and Caribbean Perspective* (LC/G.2331-P), J. L. Machinea, A. Bárcena and A. León (coords.), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC). United Nations publication, Sales No. E.05.II.G.107.
- ____ (2004a), *Femicidio en Chile*, Santiago, Chile, Corporación La Morada.
- ____ (2004b), Migrant Workers. Report of the Special Rapporteur, Ms. Gabriela Rodríguez Pizarro, submitted pursuant to Commission on Human Rights resolution 2003/46 (E/CN.4/2004/76), January.
- ____ (2002), Human Rights of Migrants. Report prepared by Ms. Gabriela Rodríguez Pizarro, Special Rapporteur, in pursuance of resolution 2001/52. Addendum: Mission to Ecuador (E/CN.4/2002/94/Add.1), February.
- ____ (2001), Report of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance (A/CONF.189/PC.2/23), New York, April.
- ____ (2000), Integration of the human rights of women and the gender perspective. Violence against women. Report of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, submitted in accordance with Commission on Human Rights resolution 1997/44. Addendum: Report on the mission to Haitii (E/CN.4/2000/68/Add.3), March.
- ____ (n/d), “What are the Millennium Development Goals? [online] <http://www.un.org/millenniumgoals/>”.
- United Nations Millennium Project (2006), *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*, New York.
- ____ (2005), *Taking Action: Achieving Gender Equality and Empowering Women*, Task Force on Education and Gender Equality, New York.

- United States Department of State (2001), "Victims of Trafficking and Violence Protection Act of 2000: Trafficking in Persons Report" [online] <http://www.state.gov/g/inl/rls/tiprpt/2001/>.
- Urquilla Guzmán, J. (ed.) (2006), *El feminicidio en El Salvador: análisis de protocolos-registros*, Organization of Salvadoran Women for Peace (ORMUSA) [online] <http://www.mujereshoy.com/media/ORMUSA%20Feminicidios%202006.pdf>.
- Waring, Marylyn (2004), *Counting for Nothing. What Men Value and what Women are Worth*, Toronto, University of Toronto Press.
- WHO (World Health Organization) (2005), *Addressing Violence against Women and Achieving the Millennium Development Goals* (WHO/FCH/GWH/05.1WHO), Claudia García Moreno (coord.), Geneva.
- _____ (2002), *World Report on Violence and Health*, Geneva.
- World Bank (2005), *Indigenous Peoples, Poverty and Human Development in Latin America: 1994-2004*, Washington, D.C.
- Zapata, Daniela (2007), "Transversalizando la perspectiva de género en los objetivos de desarrollo del Milenio", *Estudios estadísticos y prospectivos series*, No. 52 (LC/L.2764-P/E), Santiago, Chile, Economic Commission for Latin America and the Caribbean (ECLAC). United Nations publication, Sales No.S.07.II.G.100.