

III. Progress on the Gender-Specific Goals

Regional Patterns and Variations

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

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

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

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

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

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

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

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

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

Goal 3—Promote Gender Equality and Empower Women

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

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

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

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

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

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

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

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

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

Gender Parity in Education

Primary Education

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

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

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

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

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

Table 1: Selected Data on Gender Parity in Primary Education

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

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

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

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

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

Secondary Education

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

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

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

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

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

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

Table 2: Selected Data on Gender Parity in Secondary Education

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

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

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

Tertiary Education

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

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

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

Table 3: Selected Data on Gender Parity in Tertiary Education

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

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

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

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

Gender Parity in Literacy

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

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

Table 4: Selected Data on Gender Parity in Literacy Levels

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

Source: UN Statistics Division, MDG Indicators Database.

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

Women’s Representation in Wage Employment

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

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

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

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

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

Source: UN Statistics Division, MDG Indicators Database.

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

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

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

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

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

Women's Representation in National Politics

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

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

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

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

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

national parliaments, while Pacific countries average 11%.⁴¹

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

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

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

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

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

Other Gender Issues

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

Other Gender-Related Indicators

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

Goal 5—Improve Maternal Health

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

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

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

Target 6—Reduce the Maternal Mortality Ratio

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

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

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

Country MDG progress reports provide

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

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

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

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

Factors Contributing to Maternal Health (or Health Risk)

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

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

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

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

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

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

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

Table 7: Selected Data on Maternal Mortality and Related Factors

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

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

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

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

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

Other Targets and Indicators of Maternal Health

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

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

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

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

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

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

Box 4: Expanded Targets and Indicators for Maternal Health

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

Target	Indicator	Countries Reporting
1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio, ensuring faster progress among the poor and other marginalized groups. [Viet Nam has already formulated its Goal 5 target along these lines.]	• Maternal mortality ratio	Virtually all countries
	• Proportion of births attended by skilled health personnel	Virtually all countries
	• <i>Coverage of emergency obstetric care</i>	BAN, MAL, PAK; others refer generally to limited availability
2. <i>Provide universal access to reproductive health services by 2015 through the primary health care system, ensuring faster progress among the poor and other marginalized groups.</i> [Bangladesh, Cambodia, PRC, Mongolia, and Philippines have already set separate goals or targets on access to reproductive health services.]	• <i>Contraceptive prevalence rate</i>	Most countries
	• <i>Proportion of desire for family planning satisfied</i>	INO, NEP, and PHI (in terms of unmet need)
	• <i>Adolescent fertility rate</i>	BAN, PHI; others refer generally to adolescent health issues
	• <i>HIV prevalence among 15–to–24-year-old pregnant women</i>	Most countries

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

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

ENDNOTES

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

25 Ibid.

26 Data for all countries in the region are provided in Appendix 5. Countries not included in the table (1) have female-to-male enrollment ratios of 0.90 or higher and enrollment rates of 90% or higher, or (2) did not have data available.

27 UNESCAP, UNDP, and ADB. 2005. *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*

28 Data for all countries in the region are provided in Appendix 5. Countries not included in the table (1) have female-to-male enrollment ratios of 0.90 or higher (although their gross enrollment rates for both men and women are generally low), or (2) did not have data available. When available, the net enrollment rate is a more realistic indicator for elementary and secondary enrollments because it includes only students who are enrolled at the appropriate level for their age. Gross enrollment rates tend to be much higher, especially at the primary level, because they include repeaters. The distinction is much less relevant at the tertiary level.

29 UNESCAP, UNDP, and ADB. 2005. *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*

30 Data for all countries in the region are provided in Appendix 5. Countries not included in the table (1) have female-to-male literacy ratios of 0.95 or higher and literacy rates of 90% or higher, or (2) did not have data available.

31 Naila Kabeer. 2003. Gender Equality, Poverty Eradication and the Millennium Development Goals: Promoting Women's Capabilities and Participation. *UNESCAP Gender & Development Discussion Paper Series* No. 13.

32 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality.

33 ILO. 2002. *Women and Men in the Informal Economy: A Statistical Picture*. Geneva.

34 Data for all countries in the region are provided in Appendix 5. Countries not included in the table (1) have women's nonagricultural wage employment rates of 45% or higher, or (2) did not have data available.

35 UNRISD. 2005. *Gender Equality: Striving for Justice in an Unequal World* (pp. 42-3 and 81). Geneva.

36 Jayati Ghosh. 2004. Globalisation and Economic Empowerment of Women: Emerging Issues in Asia. Paper presented at High-Level Intergovernmental Meeting to Review Regional Implementation of the Beijing Platform for Action and its Regional and Global Outcomes, 7–10 September 2004, Bangkok.

37 UNIFEM. 2005. *Progress of the World's Women 2005: Women, Work and Poverty* (pp. 67–68). New York.

38 UNESCAP. 2005. *Gender Equality and Empowerment: A Statistical Profile of the ESCAP Region*. Bangkok.

39 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality.

40 Data for all countries in the region are provided in Appendix 5.

41 The Pacific MDG progress report calculates that the Pacific average is actually 6%, the lowest of any region in the world.

42 United Cities and Local Governments. Women Statistics—Asia and Pacific. Available: http://www.cities-localgovernments.org/uclg/index.asp?pag=sta_stats_region.asp&L=EN&rgn_id=2.

43 ADB. 2004. *Gender and Governance Issues in Local Government: Regional Report of Technical Assistance in Bangladesh, Nepal and Pakistan*. Manila; UNRISD. 2005. *Gender Equality: Striving for Justice in an Unequal World*. Geneva.

44 Government of Punjab. 2004. Human Development Report 2004: Punjab (p. 120).

45 UNIFEM. 2002. Progress of the World's Women 2002, Volume 1: Women, War, Peace (p. 13). New York.

46 Babita Basnet. 2005. "Trapped in Conflict." National 10: Weekly Spotlight, Vol. 24, No. 25 (14–20 Jan. 2005). Available: <http://www.nepalnews.com.np/contents/englishweekly/spotlight/2005/jan/jan14/national10.htm>; Government of Nepal. 2004. Review of the Implementation of the Beijing Platform for Action [and] the Outcome Documents of the Twenty-Third Special Session of the General Assembly.

47 UNIFEM. 2002. *Progress of the World's Women 2002, Part 1: Women, War, Peace* (p 16). New York.

48 ILO. 2005. *A Global Alliance Against Forced Labor: Global Report under the Follow-up to the ILO Declaration on Fundamental Principles and Rights at Work* (pp. 14–15). Geneva.

49 Government of Azerbaijan. 2004. *Report of the State Committee on Women's Problems of the Republic of Azerbaijan in Response to a Questionnaire for Governments, Relating to the Implementation of the Beijing Platform for Action (1995) and the Outcome Documents of the 23rd Special Session of the General Assembly of the United Nations (2000)*. Baku.

50 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality.

51 UNDP. 2005. *En Route to Equality: A Gender Review of National MDG Reports*. New York.

52 UN Millennium Project. 2005. *Taking Action: Achieving Gender Equality and Empowering Women*. Task Force on Education and Gender Equality; UN Millennium Project. 2005. *Who's Got the Power? Transforming Health Systems for Women and Children*. Task Force on Child Health and Maternal Health.

53 UN Millennium Project. 2005. *Who's Got the Power? Transforming Health Systems for Women and Children*. Task Force on Child Health and Maternal Health.

54 Ibid.

55 Data for all countries in the region are provided in Appendix 5. Countries not included in the table have maternal mortality ratios below 200 per 100,000 live births, or did not have data available.

56 UNESCAP, UNDP, and ADB. 2005. *A Future Within Reach: Reshaping Institutions in a Region of Disparities to Meet the Millennium Development Goals in Asia and the Pacific*

57 World Bank. 2003. *Investing in Maternal Health: Learning from Malaysia and Sri Lanka*. Washington, DC.

58 Zubia Mumtaz, et al. 2003. Gender-Based Barriers to Primary Health Care Provision in Pakistan: The Experience of Female Providers. *Health Policy and Planning*, Vol. 18, No. 3, pp. 261–69.

59 UNFPA. 2005. State of World Population 2005: *The Promise of Equality—Gender Equity, Reproductive Health and the Millennium Development Goals* (pp. 80–81). New York.

60 UNFPA. 2005. State of World Population 2005: *The Promise of Equality—Gender Equity, Reproductive Health and the Millennium Development Goals* (pp. 36 and 57–63). New York.

