

TAKING STOCK OF WOMEN'S PROGRESS

by Lori Ashford

The advancement of girls and women has been on many governments' agendas in the last decade and was central to the plan of action of the Fourth World Conference on Women, held in Beijing in 1995. Gathering data about women—especially about their health, education, and political and economic status—is a critical part of efforts to monitor progress toward achieving the goals of Beijing and other international conferences.

disadvantages relative to men. For example, girls' literacy and schooling lag well behind boys' in much of sub-Saharan Africa and South Asia, and childbearing begins early in these regions. Deaths related to pregnancy and childbirth, though preventable, show no signs of abating. Women's political leadership may be critical to tackling these issues, but women hold less than one-fifth of seats in national parliaments around the world.

Advances in Girls' Education

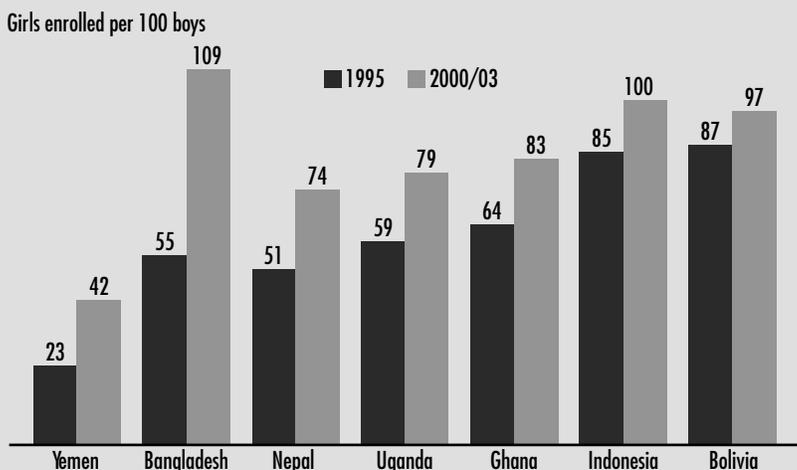
Perhaps the best news of the last decade has been the increase in girls' access to education at all levels. The Beijing Platform for Action and the Millennium Development Goals (developed at the United Nations Millennium Summit in 2000) call for universal primary education for boys and girls and for closing the gender gap in secondary and higher school enrollments. Neither goal has been achieved worldwide yet, but the progress made in the past five to 10 years makes clear that governments are promoting girls' education.

Girls' school enrollments are up nearly everywhere in developing regions: About 91 girls were enrolled per 100 boys at the secondary level in the early 2000s, compared with 84 girls per 100 boys in 1995. The level of literacy among young women (ages 15 to 24) in developing countries was also about 90 percent of young men's literacy in the early 2000s.

Progress in closing the gender gap in school enrollments has been impressive in some of the countries where girls lagged farthest behind boys, such as Bangladesh, Ghana, Nepal, Uganda, and Yemen (see Figure 1). In Bangladesh, gains in girls' education may be attributed to special interventions such as community schools for girls and the large-scale training of women teachers.² In Uganda, the government eliminated school fees as part of an effort to boost girls' education.

Still, gaps remain between girls' and boys' schooling, and overall enrollments need to increase, especially in sub-Saharan Africa and South Asia. In Bangladesh, where gender parity has been achieved in secondary school enroll-

Figure 1
The Gender Gap in Secondary Schooling Is Closing in Many Countries



NOTE: Figures for 2000/03 are those of the latest available year.

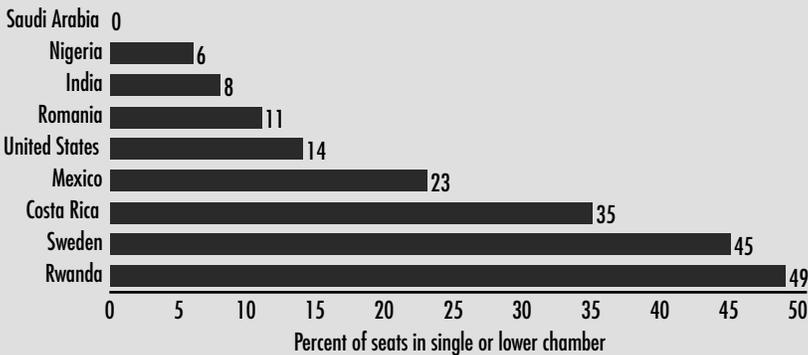
SOURCE: UNESCO Institute of Statistics Database; UNESCO *Statistical Yearbook 1996*.

The data provide reasons for both optimism and concern, according to the Population Reference Bureau's *Women of Our World 2005*.¹ On the positive side, girls and women have seen steady gains in a number of areas over the past decade. In most developing countries, girls' school enrollments have risen markedly, more couples are using modern contraception, and women are choosing to have fewer children. In addition, women's share of the nonfarm workforce and of seats in national parliaments has edged up slightly.

But women everywhere, particularly those in the poorest countries, still face social and economic

Figure 2

Women's Share of Seats in National Parliaments Averages Only 16 Percent Worldwide



SOURCE: International Parliamentary Union, Women in National Parliaments as of Oct. 30, 2004.

ments, only about one-half of all secondary school-aged children are enrolled.

Moreover, enrolling girls in schools does not guarantee that they will receive a quality education or even graduate. It is an important first step, and other indicators of educational attainment, such as completion rates—currently not available for all countries—should be gathered more systematically.

Women's Gradual Gains in the Workforce

Reducing gender inequality in the workforce is viewed as key to increasing women's earnings and promoting economic development more broadly. Over the last decade, women's participation in the global labor force has gradually increased (reflected in economic activity rates). Of all wage earners in the nonfarm sector, which includes industry and services, women accounted for 38 percent in the early 2000s, up from 35 percent in 1990. Increases in women's share of this sector were modest but fairly consistent across countries in Asia and the Pacific and in Latin America and the Caribbean. In sub-Saharan Africa and the Middle East and North Africa, fewer and less recent survey data are available.

Yet even where women have made significant gains in paid employment, labor markets remain segregated, and "female" jobs pay markedly less than "male" jobs.³ For example, for 15 countries in Latin America and the Caribbean, the average women's income per working hour was 78 percent of men's in 2000, up from 68 percent in 1990.⁴

While the increases are welcome, gender equality in the workforce is still far from reality.

Women's Political Representation Rising but Still Low

Women's gains in political representation parallel those made in the workforce: The trends are positive but the levels are still low. While women's share of seats in national parliaments has increased nearly everywhere, in only a handful of countries has women's representation reached more than one-fourth of seats (see Figure 2). The Beijing Platform for Action called for women to hold a "critical mass" of 30 percent of parliamentary seats—a level believed sufficient to bring about change in national political processes.⁵ As of late 2004, only 14 countries out of 183 surveyed had reached or exceeded the 30 percent mark of women's representation in the single or lower house of parliament.

Countries often establish affirmative action measures, such as reserved seats or quotas, to overcome men's historical advantages in electoral systems. Of the 38 countries that held elections in 2003, one-half had some type of mechanism to improve women's chances of being elected.⁶ An example of the success of such measures is Rwanda, where women hold the world's record of 49 percent of seats in the lower house of parliament.

Monitoring one indicator, such as share of parliamentary seats, clearly has limitations in revealing the degree to which women participate equitably at all levels of decision making. Data are not available worldwide on women's share of all leadership positions, nor do the data reveal how fully women participate when they are elected or appointed. As with school enrollments and other indicators of women's status, the indicators should be viewed as benchmarks or starting points for measuring gender equality.

Declining Family Size and Increasing Contraceptive Use

Throughout the developing world, women are having fewer children than a decade ago (3.0 children per woman in 2005, compared with 3.4 in 1995). This is good news, reflecting the increasing ability of women and couples to act on their preferences. For decades, survey data have shown that women in developing countries have more children on average than they desire.

An estimated 57 percent of women in developing countries (excluding China) use some form of contraception in 2005, compared with 51 percent in 1995. Still, a large unmet need remains for contraception: More than 120 million women worldwide say they would prefer to avoid a pregnancy but are not using any method.⁷ Unmet need tends to be highest in the poorest countries and among the poorest women within countries.

Adolescent childbearing is also high in the poorest countries and among the poorest women. In India, about one in every 10 adolescents ages 15 to 19 gives birth each year, and in Somalia and Liberia, one in every five adolescents gives birth each year. In most countries, teen fertility is lower than a decade ago because young women are marrying later. But the wide disparities in teen births among and within countries are cause for policy concern: The poorest adolescents are three times more likely than the wealthiest adolescents to give birth in their teens, according to a recent analysis.⁸ And these teen births have serious implications for the health of mothers and their babies and for the life prospects of both.

Maternal Deaths: No Drop Yet

The complications of pregnancy and childbirth remain a leading cause of death and disability among women in developing countries. Whereas women in developed countries face a 1 in 2,800 chance of dying from pregnancy-related causes, women in developing countries face a 1 in 61 chance. The vast majority of maternal deaths occur in just two regions: sub-Saharan Africa and South-Central Asia (see Table 1).

Trends in maternal deaths are hard to assess. Measuring maternal mortality is difficult and complex, resulting in a wide margin of uncertainty in the estimates. In general, however, it appears that mortality rates did not decline over the 1990s and that the numbers of deaths may have increased due to population growth (more women of childbearing age).⁹

The percentage of births attended by skilled personnel is a key indicator used to monitor progress toward reducing maternal deaths. If a pregnant woman receives assistance during labor and delivery from a medically trained person—a doctor, nurse, or professional midwife—she is more likely to receive the appropriate medical care in the event of a life-threatening complication. Improvements in this area from the mid-1990s to

Table 1

Deaths Related to Pregnancy and Childbirth: Almost All Still Occur in Less Developed Countries

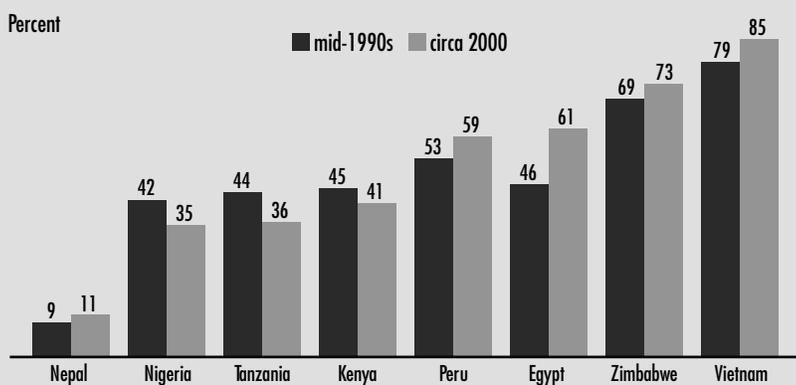
	Numbers of maternal deaths	Lifetime chance of dying from maternal causes
World total	529,000	1 in 74
Less developed countries	527,000	1 in 61
More developed countries	2,500	1 in 2,800
Africa	251,000	1 in 20
Sub Saharan Africa	247,000	1 in 16
Northern Africa	4,600	1 in 210
Asia	253,000	1 in 94
South-Central Asia	207,000	1 in 46
Southeast Asia	25,000	1 in 140
East Asia	11,000	1 in 840
Western Asia	9,800	1 in 120
Latin America & Caribbean	22,000	1 in 160

NOTE: More developed countries include Europe, Canada, the United States, Japan, Australia, and New Zealand; all are excluded from the regional totals.

SOURCE: WHO, UNICEF, and UNFPA, *Maternal Mortality in 2000*.

Figure 3

Births Attended by Skilled Personnel: Mixed Progress



NOTE: Skilled personnel are defined to include a doctor, nurse, or midwife. Survey dates for Nigeria are 1999 and 2003.

SOURCE: ORC Macro, Demographic and Health Surveys.

around 2000 were only slight, and survey data from some countries show a drop in skilled assistance (see Figure 3). Unfortunately, the declines in skilled birth assistance occurred in countries that have had high maternal death rates.

Renewed political commitments and funding will be needed to overcome issues such as a short-

For More Information

PRB's *Women of Our World 2005* is available online at www.prb.org/2005women. To receive a print version, contact:

International Programs
Population Reference Bureau
1875 Connecticut Ave., NW
Suite 520
Washington, DC 20009 USA
Tel.: 202-483-1100
Fax: 202-328-3937
E-mail: prborders@prb.org
Website: www.prb.org

age of trained personnel and weak health infrastructure—particularly a shortage of facilities for emergency obstetric care. Involving men in maternity care is also key, as they are often in a position to make decisions about medical care.

The Impact of HIV/AIDS on Women

One of the many tragic consequences of the AIDS epidemic has been its effect on women. Women make up almost one-half of HIV infections worldwide and 58 percent of infections in sub-Saharan Africa. In that region, the virus is spread predominantly through sex between men and women and is prevalent in the general population. Women's low status relative to men puts them at heightened risk of contracting the disease: Women are often unaware of their husbands' or partners' HIV status, may be unable to refuse sex, or may have difficulty negotiating the use of a condom. The risk is particularly high for young women, who are biologically more susceptible to the virus and often have relationships with older men who have previously been exposed to HIV.

Women also account for one-half of HIV infections in the Caribbean, but they account for a smaller share in other regions where the infections are concentrated among high-risk populations such as injecting drug users, sex workers, and men who have sex with men. Policymakers are paying close attention to the pandemic in Asia and Eastern Europe, where the numbers of infections transmitted heterosexually are increasing rapidly.¹⁰

Data That Address Inequality

The data in *Women of Our World 2005* provide a snapshot of women's situation in those areas that are most easily recorded and quantified in most countries of the world. The data do not capture all aspects of women's position relative to men, nor do they cover other issues such as the exploitation of, abuse of, and violence against women. Data on these issues are limited to a relatively small number of countries or to subgroups of women within countries.

Data on women's situation can be powerful in demonstrating that discrimination against girls and women is pervasive and merits attention.

Addressing all forms of discrimination, whether legal, social, or cultural, can contribute to improving the health, rights, and opportunities of girls and women. These improvements, in turn, can enable women to make broader contributions to economic and social development.

Acknowledgments

Lori Ashford is technical director of policy information at PRB. Thanks are due to several collaborators and reviewers who provided input and comments on this brief: Yvette Collymore, Mai Hijazi, Deborah Mesce, Farzaneh Roudi, Diana Prieto, Barbara Seligman, Rhonda Smith, Ellen Starbird, and Nancy Yinger. Funding was provided by the U.S. Agency for International Development, under the BRIDGE Project (No. GPO-A-00-03-00004-00).

References

- ¹ Lori Ashford and Donna Clifton, *Women of Our World 2005* (Washington, DC: Population Reference Bureau, 2005).
- ² United Nations, "Education and Training of Women: New Challenges," *Beijing at 10: Putting Policy Into Practice* (New York: United Nations International Research and Training Institute for the Advancement of Women, 2005).
- ³ United Nations Statistics Division, "Progress toward the Millennium Development Goals, 1990-2003," available at <http://millenniumindicatorsun.org>.
- ⁴ International Labour Organization (ILO), *2001 Labour Overview, Latin America and the Caribbean* (Lima: ILO, 2001): 21-22.
- ⁵ United Nations, "Women in Power and Decision-Making: New Challenges," *Beijing at 10: Putting Policy Into Practice* (New York: United Nations International Research and Training Institute for the Advancement of Women, 2005).
- ⁶ International Parliamentary Union (IPU), "Women Elected in 2003: The Year in Perspective," accessed online at www.ipu.org, on March 16, 2005.
- ⁷ John Ross and William Winfrey, "Unmet Need for Contraception in the Developing World and the Former Soviet Union: An Updated Estimate," *International Family Planning Perspectives* 28, no. 3 (2002).
- ⁸ Lori Ashford and Haruna Kashiwase, *The Wealth Gap in Health: Data on Women and Children in 53 Countries* (Washington, DC: Population Reference Bureau, 2004).
- ⁹ WHO/UNICEF/UNFPA, *Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF, and UNFPA* (Geneva: Department of Reproductive Health and Research, World Health Organization, 2004): 12.
- ¹⁰ UNAIDS, *2004 Report on the Global AIDS Epidemic* (Geneva: UNAIDS, July 2004): 3-10.

© May 2005, Population Reference Bureau

PRB CELEBRATING 75 YEARS » 1929-2004

POPULATION REFERENCE BUREAU

1875 Connecticut Ave., NW, Suite 520, Washington, DC 20009 USA

Tel.: 202-483-1100 ■ Fax: 202-328-3937 ■ E-mail: popref@prb.org ■ Website: www.prb.org



BRIDGE

BRinging Information to Decisionmakers
for Global Effectiveness