



Counting the Cost of Gender Inequality

Women's second-class status carries a financial and social cost, and not just for women. Men, and society in general, also pay a price.

For this reason empowering women is a central aim of sustainable development. As Nobel laureate Amartya Sen has observed, the "overarching objective" of development is to maximize people's "capabilities" — their freedom to "lead the kind of lives they value, and have reason to value".¹ It is not only a matter of economics: as Dr. Nafis Sadik has said, "Better health and education, and freedom to plan their families' future, will widen women's economic choices; but it will also liberate their minds and spirits."

Empowerment and equality are important human rights aims in themselves, and an exclusively economic analysis of gender inequality would result in "commodification" of women and men.² However, the economic dimension should not be ignored: promoting gender equality also promotes the stable growth and development of economic systems, with social as well as strictly economic benefits.

Much of women's work, paid and unpaid, has an economic impact, though their contribution is rarely noticed or fully quantified. If it were

recognized for what it is and supported accordingly, its increased value would offset any costs or supposed savings derived from inequality, for example, in women's unpaid farm labour.

Inequality between men and women results in lost opportunities and prevents mutual gain. In general, discrimination:

- **Diverts resources** from women's activities, sometimes in favour of less productive investment in men;
- **Rewards** men, but also some women, blinding them to productive alternatives;
- **Obstructs** social as well as economic participation and closes off possible partnerships;
- **Reduces** women's effectiveness by failing to support them in meeting their responsibilities, challenges and burdens.

One of the keys to sustainable development will be recognizing the costs of discrimination, making them visible to policy makers and families, and designing ways to eliminate them.

PHOTO: Slum in Haiti. Men, and society in general, pay a price for women's second-class status.

UNICEF/0749/Nicole Toutounji

BOX 23

Development and Human Rights

Do democracy and basic political and civil rights help to promote the process of development? According to economist Amartya Sen, the question is misguided, since “the emergence and consolidation of these rights can be seen as being *constitutive* of the process of development”.

As Sen notes with regard to education, “If education makes a person more efficient in commodity production, then this is clearly an enhancement of human capital. This can add to the value of production in the economy and also to the income of persons who have been educated. But even with the same level of income, a person may benefit from education — in reading, communicating, arguing, in being able to choose in a more informed way, in being taken more seriously by others and so on We must go *beyond* the notion of human capital . . . to take note also of the instrumental role of capability expansion in bringing about *social* change. . . .”

BOX 24

Women’s Work Is Under-rewarded

Much of women’s work is unpaid, and even when cash exchanges are involved, the contribution of women is not included or is discounted in national statistics. For example, in rural areas, women not only prepare but also grow most of the family food, and it is primarily girls and women who collect water, fuel for cooking and fodder for domestic animals.

In West Africa, the Caribbean and Asia, between 70 and 90 per cent of all farm and marine produce is traded by women. Street and market stands are part of an under-recorded informal economy that generates an estimated 30 per cent of all urban wealth.

It is estimated that women’s unpaid household labour accounts for about one third of the world’s economic production. In developing countries, when unpaid agricultural work and housework are considered along with wage labour, women’s work hours are estimated to exceed men’s by 30 per cent.

Discrepancies in pay are often more entrenched in developed countries. For example, in Kenya women’s average wages in non-agricultural employment are 84 per cent of men’s, while in Japan women earn only 51 per cent of what men earn.

It is clear from several studies that increased earning power of women has a greater and more immediate effect on family welfare than increased earnings for men. A study in South India, for example, found that while women kept barely any income for their exclusive personal use, men kept up to 26 per cent.

The Costs of Economic Invisibility

Women’s economic contributions are under-counted because they are often in the “informal” sector where reporting is less systematic. Better accounting would make women’s economic activity more clearly visible, and the benefit of supporting it could be compared with other opportunities for investment.

Women are often ignored in allocating resources. After the land is first cleared for subsistence agriculture, women do most of the work; but women seldom own the land, and loans and extension services go to landholders. Agricultural outreach programmes directed to women could significantly improve outputs, income and family welfare. One study concluded that giving women farmers in Kenya the same support as that given men could increase their yields by more than 20 per cent.³

Eliminating discrimination would increase national income as well as the income of women. A study in Latin America estimated that ending gender inequality in the labour market could increase women’s wages by 50 per cent while increasing national output by 5 per cent.⁴

Women’s position as managers of household resources magnifies the impact of economic inequality. Reduced education, economic opportunity, control of resources and access to reproductive health services have an immediate effect on children’s nutritional status, health and development, on the mother’s health and on the size of the family.⁵

The Costs of Denying Health Care

Some 30 per cent of the per capita economic growth in Great Britain between 1780 and 1979 has been attributed to improvements in health and nutritional status. Similar estimates have been claimed from cross-national studies for more recent times.⁶

On the other hand, under-investment in health care exacts considerable costs from both men and women. Life expectancy is shorter in poorer countries and among the poor in all countries. Ill-health reduces income and increases stress.

Public investment in primary health care in many countries shrank as a proportion of government expenditures during the 1990s, and costs were shifted to clients. But poor people, especially women, cannot afford fees and depend on public services.

The effects of cuts, including those related to health-sector reform, can be measured.⁷ In Indonesia after the late-1990s economic crisis, use of health care declined and health outcomes worsened, mostly for women and particularly the poor.⁸ A controlled experiment demonstrated that health centre use declined in areas where fees were imposed, more recovery time was needed after illness and labour force participation dropped — particularly among the poor, men over 40, and women in households with low economic and educational status.



Globally, girls have a greater chance of surviving childhood than boys, except where sex discrimination is greatest.⁹ But the gap between children in poor and non-poor households is more pronounced for girls: boys in poor households are 4.3 times more likely to die than boys in non-poor households. Girls in poor households are 4.8 times more likely to die; their greater susceptibility probably reflects their lower chance of receiving medical care.¹⁰

The contrast at older ages is different. Fully 19 per cent of non-poor men are likely to die between ages 15 and 59, compared to 9 per cent of non-poor women. But the risk of death in poor households compared to non-poor households is 2.2 times greater for men and 4.3 times greater for women. Limited access to health care among the poor has a greater relative impact on women than men. In particular, poor women are more likely to die as a result of pregnancy.

Health care systems reflect different gender roles within the health professions. Nurses or paramedics, including midwives, and outreach health workers are more likely to be women. Most doctors and decision makers — ministers, civil servants, senior practitioners and hospital administrators — are men; they may be more amenable to dealing with men's health problems, or more likely to discount women's problems.

A disproportionate share of research has focused on diseases that are major killers of men. In pharmaceutical research and development, clinical trials often do not fully explore the efficacy, side-effects and contraindications for women.¹¹

Men's health can also be harmed by gender-related factors, particularly by unreasonable expectations about the ability to withstand pain as part of "masculinity". This can lead men to delay seeking medical attention. Late detection of many diseases can increase their severity and the likelihood of disability or death.

Maternal Mortality and Morbidity

The cost of a lost life cannot be sensibly calculated.¹² Maternal deaths and illness affect women, children, spouses, extended families and communities in many ways. The economic costs of a mother's death include her lost contributions (monetary and non-monetary) to the family and its survival, increased mortality among her children, increased burdens of home maintenance and childcare to her survivors, and additional impacts on communities and society.¹³

The direct effects on children's well-being have been strongly documented. Children are more likely to die if either parent dies, but much more likely if it is the mother. A woman's

death¹⁴ also has a bigger negative impact on children's growth, and on school enrolment rates, particularly in poor families;¹⁵ younger children enrol later, and those aged 15-19 drop out earlier.

A study in India found that when women died, the survival of the household was often challenged because men were unaccustomed to managing the household budget and affairs. Older children often dropped out of school to help support the family or were sent off to live with grandparents. Traditional extended family structures help the affected to cope with an adult death, but nuclear families are increasingly the norm, particularly in cities and among the middle-class.¹⁶

The Economic Cost of HIV/AIDS

High rates of HIV/AIDS infection, due in part to gender inequality (Chapter 2) and a failure to invest in prevention, have severely damaged economic and social prospects in many countries. The concentration of deaths in the early to mid-adult years has taken many trained workers, depleting workforces and requiring duplicate investments of scarce resources in personnel development. The international community has belatedly come to recognize the threat.¹⁷

In highly affected countries, it is estimated that the pandemic has reduced per capita GDP growth by 0.5 per cent a year.¹⁸ Where growth is already slow, this is a major impact; the health system and the poor suffer most. The epidemic is also imposing substantial additional costs on health systems. In some of the most affected countries, infected persons occupy more than half the available hospital beds.

The pandemic exacts its costs in different ways. Stalled or reversed development in low-income countries is hard to quantify and harder to restore. Social support networks have been strained beyond bearing. Many of the millions of AIDS orphans live without adequate education, health care or nutrition. Many are hard-pressed to support themselves, their siblings and their over-burdened adoptive families.

UNAIDS estimates that \$1 billion a year is needed for HIV/AIDS prevention and care in sub-Saharan Africa alone. The ICPD Programme of Action estimated that the global costs of key elements of an HIV/AIDS prevention package would cost \$1.3 billion this year, increasing to \$1.5 billion by 2010.¹⁹

Gender-based Violence

The global costs of gender violence and abuse are difficult to assess. They include the direct

In highly affected countries, HIV/AIDS has reduced per capita GDP growth by 0.5 per cent a year.



Gender discrimination is a lifelong tax on women's self-esteem and capabilities.

costs of, for example, treating the health effects of violence; ill-health; missed work; law enforcement and protection; shelter; marital dissolution; child support; and all the other consequences of adapting to or escaping abuse. They also include the indirect costs of preventing women from working or contributing in other ways, and of missed education, including holding young girls out of school to avoid exposure to boys.

In poor communities, the costs are reckoned largely in development opportunities missed. Elsewhere, the direct costs are equally important and often substantial. Some estimates are available, particularly for more developed countries. The World Bank estimates that in industrialized countries sexual assault and violence take away almost one in five healthy years of life of women aged 15-44.

In the United States employers pay an estimated \$4 billion a year for absenteeism, increased health care expenses, higher turnover and lower productivity.²⁰ In Canada, annual health-related costs of violence against women are estimated at \$900 million. However, in British Columbia alone, one study estimated selected costs at \$385 million a year.²¹

These estimates include the costs of policing, corrections, compensation for criminal injury, victim assistance and counselling costs, partial estimates of mental health care, income assistance to affected families, safe houses and other transition facilities, lost work time and treatment for men who commit assault. They do not include costs of emergency medical treatment (whose relation to violence is often concealed by the victims) or intergenerational effects (such as treatment for children of abused mothers and support costs for dissolved abusive relationships).

Similar studies are available for Germany, the Netherlands, New Zealand, Switzerland and the United Kingdom.²²

Psychological Costs

Gender discrimination is a lifelong tax on women's self-esteem and capabilities. Gender discrimination thwarts women's aspirations and restricts their opportunities. It denies them the experience that will build competence and self-direction, and enable equal partnerships with men.

The restrictions placed on women can produce a state of "learned helplessness" typical of clinical depression. Women suffer disproportionately from depressive syndromes, which are the most important contributors to the global burden of ill-health.²³

Few experiences are as devastating to women's sense of personal competence as un-

wanted sexual experiences, especially repeated ones, and their consequences. Unwanted pregnancies and later responsibilities in child-rearing create unlooked-for obligations and restrict women's options. An unwanted pregnancy can create lifelong resentment which is often passed on to the child.²⁴ The extent to which women will go to avoid this outcome is clearly shown in the extent of their recourse to abortion, even when they know it to be illegal and probably unsafe.

Conversely, inflated expectations of independence and mastery confine men's potential and choices. The physical risks men feel expected to take are reflected, for example, in the high loss of life among young males from road accidents, the world's ninth leading cause of lost years of life. Occupational injuries are also a major risk factor for death and disability.²⁵ While men are more commonly in occupations that involve physical risks (for example, mining, operation of heavy machinery and trucking), definitions of masculinity increase their vulnerability.

The psychological cost to men of gender inequality has never been assessed, nor until recently even thought of. Traditional gender power relationships, however limiting, may have created relatively few psychological conflicts in men because of their strong validation by societal norms, but the rapid changes which most societies are now undergoing challenge these norms. The result is to create doubt, uncertainty and inner conflict among men of all generations.

Education: Costs of the Gender Gap

Denying education to women has slowed social and economic development. In countries where the ratio of female-to-male primary or secondary enrolment is less than 0.75, GNP per capita is roughly 25 per cent lower than elsewhere.²⁶ This is most apparent in parts of Africa and South Asia, where inequities are acute. Economic advances in East and South-east Asia, on the other hand, were facilitated and reinforced by progress in women's education (see below).

Investment in women's education is an efficient economic choice. It has been estimated that a 1 per cent increase in female secondary schooling results in a 0.3 per cent increase in economic growth.²⁷ The relationship between female secondary education and economic growth is also strong (when male and female secondary enrolment is included in analyses,²⁸ only female secondary schooling shows a



strong and consistent relationship). Economic returns on investment in women's education are found to exceed those for men.²⁹ One reason is that women who use their skills to increase their income invest more in child health and education.³⁰

Educated parents are more likely to invest in their children's education, and educated mothers support educating their daughters.³¹

Most regions have seen progress, though uneven, in primary and secondary enrolment. Some of the most rapid increases have taken place in South Asia and Africa, but levels remain low in these regions. War, economic adjustment and increased expenses for families in some countries have reduced educational opportunities, especially among the poor.

Enrolment has generally improved more for girls than for boys, so the gender gap in schooling is closing in most regions. Nevertheless, the gap is still wide in many countries. In 22 African and 9 Asian countries, enrolment for girls is less than 80 per cent that for boys.³² The divide is largest in South Asia and sub-Saharan Africa, particularly for secondary education; fewer than 40 per cent of secondary students are women. Girls outnumber boys where overall access to basic education is higher, in Southern Africa, Latin America and most of East Asia.

Educational access is lower in rural areas for both boys and girls, but particularly for girls. In Niger, for instance, in cities there are 80 girls in school for every 100 boys, but in rural areas only 41 girls in school for every 100 boys.³³ These differences reflect the lower value that parents place on education compared with household activities for girls, and their expectations of future returns from their investments.

Parents may not want their daughters to encounter boys or men in classrooms or on the way to school or may fear for their safety, making distance an important factor. In Pakistan, where schools are sex-segregated, 21 per cent of girls in rural areas — more than twice the proportion of boys — do not have a school within 1 kilometre of their homes.³⁴

Micro-credit: Investing in Women

The impact of micro-credit programmes clearly demonstrates the positive effects of providing women access to resources and control over their life choices.

Micro-finance schemes help empower women in their families and communities by making low-cost loans to small, women-run businesses. Revolving credit funds for women

BOX 25

Gender Inequality in Education Persists

Studies repeatedly show that investment in educating girls and women raises every index of progress towards sustainable economic growth and development. Despite this, an estimated two thirds of the 300 million children without access to education are girls, and two thirds of the some 880 million illiterate adults are women.

In 1996, 29 per cent of the world's females over age 15, compared to 16 per cent of males, were illiterate. In the past few decades, all regions expanded primary education, though in Africa, progress began to slow in the 1980s because of higher costs for parents and declining school quality. In the developing countries as a whole, the gender gap at the primary level has narrowed significantly, although it persists in sub-Saharan Africa, North Africa and South Asia. Female representation decreases at the secondary and post-secondary levels, but the gender gap has narrowed somewhat in recent decades.

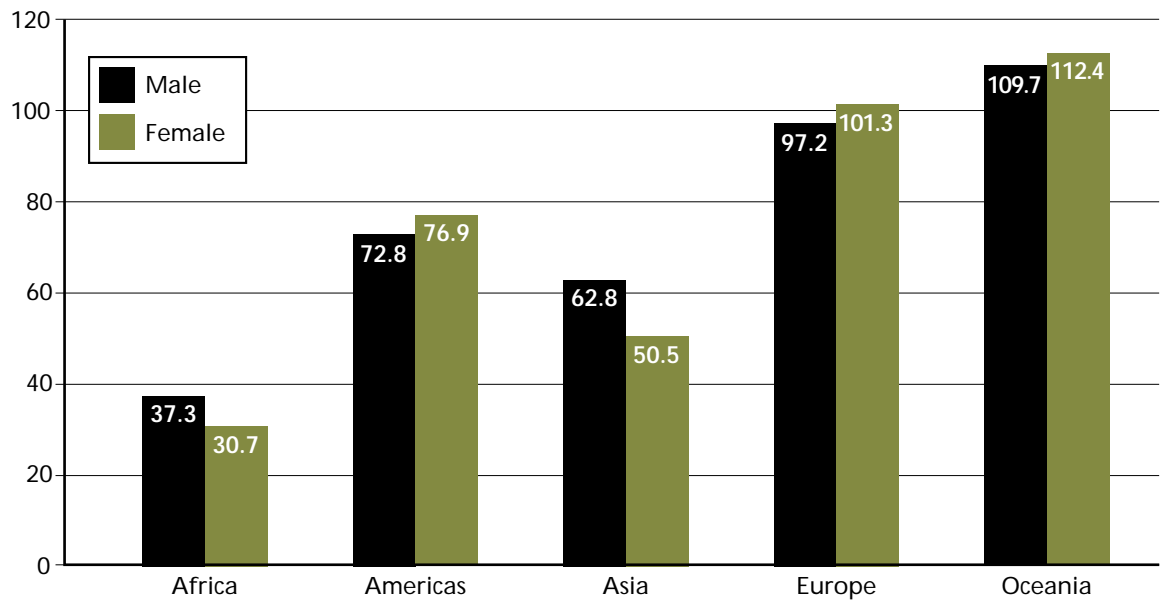
Larger gender gaps are observed in regions with lower overall levels of education. Faced with a choice, some parents choose to educate sons because there are more and better-paying jobs for men than for women. Some girls are taken out of school to work at home. Some families are not willing to educate girls if the school is distant or the teachers are male. Some parents invest less in girls' education because economic returns will go to their future husbands' families after marriage.

Once girls reach puberty, pregnancy may prevent them from staying in school. Students who become pregnant often drop out of school, or school authorities expel them. Mothers' unwanted pregnancies may lead them to withdraw daughters from school to help at home.

Family size influences educational attainment: children of either sex from small families have better educational opportunities. One study in Thailand found that with other factors being equal (income, religion, residence, parents' educational attainment and parents' ambitions for their children), in families with four or fewer children 31 per cent went to upper secondary school. In families with more than four children only 14 per cent went to upper secondary school. Similarly, a study in Bangladesh found that children in small families stayed in school longer because they were not called upon to care for younger siblings at home. However, in both the Thailand and Bangladesh studies, boys had a higher level of educational attainment than girls.

Education, in particular that of women, has a larger impact on infant and child mortality than the combined effects of higher income, improved sanitation and modern-sector employment. Botswana, Kenya and Zimbabwe, with the highest levels of female schooling in sub-Saharan Africa, show the lowest levels of child mortality. In Kenya, for example, 10.9 per cent of children born to women with no education will die by age 5, compared with 7.2 per cent of the children of women with primary school education and 6.4 per cent of the children of women with a secondary school education.

are supported by the World Bank,³⁵ regional lending institutions, national credit organizations (such as Grameen Bank in Bangladesh) and non-governmental organizations.³⁶

Figure 6: Gross Enrolment Rates in Secondary School, by Sex and Region, 1997

Source: United Nations Population Division. 2000. *World Population Monitoring, 2000: Population, Gender and Development* (see Technical Notes).

BOX 26

New Information Technologies and Women's Empowerment

New information technologies present many opportunities for empowering women, despite gender inequality in their accessibility and use.

Most of those involved in the design, development, marketing, selling, installation, management and servicing of new technologies are men, reflecting an implicit assumption that only men are technologically capable. Women are concentrated in low-skilled assembly jobs.

Surveys of Internet users indicate that about 35 per cent are women — mostly in North America, Europe and Australia, which in 1999 accounted for 80 per cent of all Internet use — although the percentage of women is increasing. A survey of women's groups and individual women around the world found that women often mentioned lack of training and the cost of equipment as obstacles to using the Internet.

Even so, many women around the world are using the new technologies effectively, understanding both their capacity and their potential for transforming women's lives. For example, women used the Internet to build extensive international and local lobbying networks for the various global conferences of the 1990s.

New technologies can be used to help poor women. In Bangladesh, a Grameen Bank project leases cellular phones to women, each of whom serves as her village's telephone operator — earning an income, raising her status and increasing the community's access to information of various kinds. These "telephone ladies" can link villages to distant information sources. For example, farmers can gain better prices for their products and avoid exploitation by middlemen when they are aware of the prices at city markets. Such advantages reward communities far more than the \$30-40 per month of profit the telephone ladies reap.

(Selected Internet sites devoted to gender equality, reproductive health and population issues can be found in the online version of this report, at www.unfpa.org.)

These lending programmes have proven financially viable (with higher repayment rates than more conventional commercial lending and with viable and competitive interest rates). They can also create an important channel for nutritional and health information, including reproductive health information, and serve as training grounds for community leaders.

Micro-credit programmes have been shown to contribute to reproductive health when provided with proper technical support. Increased income and autonomy for women can result in the adoption of new health and family planning practices.

Micro-credit alone will not create equality of economic opportunity. Critics of the micro-credit pioneer, Grameen Bank, have suggested that men actually control, and sometimes divert, a share of the loans intended for women.³⁷ Some men feel threatened as their wives gain greater economic independence, and violence can result unless the men too are drawn into the scheme and its benefits. Other analysts emphasize that credit is also needed to help women move from small-scale to larger enterprises.³⁸

Demography and Gender: Costs and Opportunities

Besides affecting fertility, health and mortality (Chapter 2), women's opportunities and choices strongly influence the future impact of two other demographic developments: the unprecedented numbers of young adults of working and childbearing age, and the ageing of populations.



The Demographic Bonus

Enabling women and men to choose the number, timing and spacing of their children accelerates the “demographic transition” from high fertility and mortality to low fertility and mortality. Industrial countries have already gone through this transition, and it is well under way in many other countries. Most of the least developed countries have yet to experience it.

The transition brings tangible economic benefits. Among them is a temporary “demographic bonus”, as the numbers of dependent children rapidly decline in relation to the working-age population; this creates an opportunity for countries to invest more in stimulating economic growth. To take advantage of this opportunity, countries need to invest in education, training and employment for young people and in health, including reproductive and sexual health. Slower fertility decline dilutes the effect of the bonus.

The economies of several East and South-east Asian countries grew at unprecedented rates from the 1960s through the 1980s, averaging as much as 8 per cent a year. This process benefited greatly from early investments in health and education, especially for women. Fertility fell rapidly, and in the 1980s these countries were able to reap many of the advantages of the demographic bonus. Analyses ascribe 30 per cent of this growth in the “Asian

BOX 27

Benefits of Micro-credit Are More than Economic

Micro-credit schemes linked to reproductive health education and services give women more control over their income, a greater voice in family decision-making, improved confidence and increased participation in community matters, according to a UNFPA review of projects in six countries.

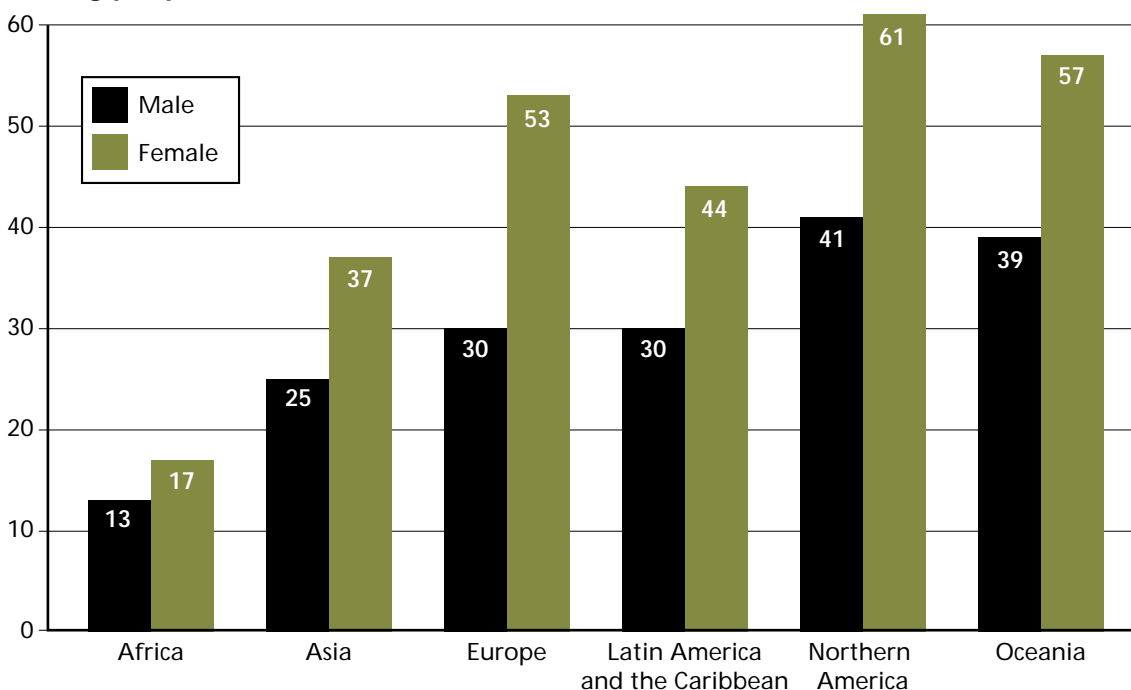
These results were strongest when income-generation efforts were accompanied by the encouragement of gender awareness and social and economic justice.

Participants said that after joining the projects, they were able to express their opinions and ideas more freely. One woman in the Philippines stated: “My husband used to decide about buying household goods and just inform me about his decisions. Now, he asks for my opinion and if I say no, he will not buy them.”

Another remarked: “Before the project I was involved mainly in household work. My husband used to treat me as a household good. After I joined the project I participated in the training programme and was selected as the president of the women’s group. Now I conduct meetings and my husband respects me.”

In India, one woman from Madras (in the Working Women’s Forum project) noted her group’s work in the community: “We have been trying to keep our neighbourhood clean; we sent a petition to the municipal corporation against contaminated water We also sent a petition to the governor to ban liquor stores.” Women in Dindigul organized a protest march to get a water pump for their village. And women in Kancheepuram sent a petition to the municipal corporation for a day-care centre.

Figure 7: Percentage of Men and Women Expected to Survive to Age 80, by Region (Among people born 1995-2000)



Source: United Nations Population Division. 2000. *World Population Monitoring, 2000: Population, Gender and Development*.



tigers” to the changing age structures that resulted from mortality and fertility declines. This amounts to the equivalent of \$1,525 per capita in economic advance over a 30-year period.³⁹

Despite the demonstrated economic benefits of public investment in education and primary health care, during the 1990s in many countries spending in these areas shrank as a proportion of government expenditures.

In the high-fertility countries of sub-Saharan Africa and South Asia, investment in education and health, including satisfying the unmet need for family planning, could help move more countries into a rapid demographic transition and offer them an opportunity for the demographic bonus as fertility declines.

The Impact of Ageing

During this century, the age structure of world population will gradually shift upwards as the proportion of older people grows. This can already be seen in the more developed regions, where low fertility and low mortality are well established. It is proceeding rapidly in countries where fertility has declined very rapidly and life expectancy is longer. In countries where fertility and mortality are still high, the ageing of the population will happen more slowly.

In more developed regions, as population growth levels off or starts declining, policy makers are increasingly concerned about the financial and health needs of older populations. Attention is turning to retirement arrangements for older people (including the possibility of continuing work), reform of pension systems, review of health care and long-term care programmes, and building community support systems for older persons. The extension of public pensions is often overshadowed by concerns for their fiscal sustainability.

Action against gender discrimination is needed throughout the life cycle. The ageing of populations has different implications for men and women:

Women over age 60 outnumber men. Women live longer than men, and women’s life expectancy has increased faster than men’s. The difference between male and female life expectancy is the result of a combination of biological differences, such as lower susceptibility to heart disease in women before menopause, and cultural influences, such as greater male exposure to occupational hazards.⁴⁰ Men who are married live longer than those who are not.⁴¹

Public pension systems have been designed with an expectation that men would be the primary economic providers. Despite their larger numbers, women receive less old-age support from public programmes than men do because

they are less likely to have been in the formal labour force. Some countries used to provide pension benefits to mothers without reference to economic participation, but most have curtailed or eliminated these benefits as they reformed public systems.⁴² Pensions for women are in effect linked to the contributions of husbands. Even when women have also contributed to public social security systems, joint benefits may be capped below the full value of the husband and wife’s inputs and may be reduced disproportionately, or eliminated, at the husband’s death.

Women who are widowed are more likely to live alone than men who are widowed. Widowhood is everywhere more prevalent among women because they live longer and marry men older than themselves. Whether by choice or custom, women are also less likely than men to remarry after the death of a spouse, and often live alone. In North Africa, 59 per cent of women over 60 are widowed. Widowhood is also high in Central Asia, which has high levels of male mortality.⁴³ In some developing countries, the incidence of elderly women living alone is approaching the rate in industrial countries.

The burden of care-giving for the elderly falls more heavily on women than men. Women look after older family members in addition to their spouses and children. In developed countries, working women have as much care-giving responsibility as non-working women. Where the eldest son is expected to care for elderly parents, the actual burden generally falls on his wife.

Women without old-age support are more likely than men to be blamed for their circumstances; those with support face more precarious situations. Though women tend to live longer than men, older women often receive less support from their families,⁴⁴ and there is often an underlying assumption that they do not deserve support. Older men are more likely to have supporting family members living under their roof, whereas women tend to be guests in their children’s homes.⁴⁵

Women suffer from high rates of disability at older ages, reflecting burdens that accumulate over the life cycle. Longer lifespans do not generally increase the years of disability late in life.⁴⁶ However, particularly where gender inequity is substantial, older women’s health status is affected by their lack of health care, education and nutrition earlier in life.

Older women are more likely to be poor than older men. The accumulated impact of lower lifetime earnings, lower pensions, lower social status, and weaker access to property and to inheritance contributes to disproportionate poverty

Older women are more likely to be poor than older men.



among older women. Never-married or widowed older women are most severely affected.

The attention given to these issues in the International Year of Older Persons in 1999 has increased awareness of these facts and stimulated policy discussion and development.⁴⁷

Measuring Gender Inequalities

Choices about what indicators to use in measuring progress towards social development goals reflect development priorities. Recently, increased attention has been given to gender equality and protection of women's rights. Where women and their rights are systematically undervalued, almost any specific measure will reveal it. Where women are active and valued participants, their contributions are appreciated no matter what sphere of activity is examined.

Several composite measures are used to assess gender bias. Variation is considerable,

but all agree to a large extent on the relative standing of countries and localities.

Most standard indicators do not adequately reveal the nature, extent or impact of gender imbalances or how they are produced. For example, the proportion of women in paid employment fails to reflect women's work in the home or the informal sector. At low levels of employment, it reveals women's restricted social mobility and opportunity, but progressively higher workforce participation does not indicate increasing empowerment. At some point, for both men and women, it indicates that people have no choice but work.

Indices and Other Indicators

Despite their imperfections, the international community accepts some measures as broadly indicative. The Human Development Index (HDI), pioneered by the United Nations Development Programme (UNDP),⁴⁸ captures health status and service access by including

Table 2: Gender Equality Index

| Area of life concern | Indicator(s) |
|--|--|
| Autonomy of the body | <ul style="list-style-type: none"> • Legal protection against and incidence of gender-based violence • Control over sexuality • Control over reproduction |
| Autonomy within the family and household | <ul style="list-style-type: none"> • Freedom to marry and divorce • Right to custody of children in case of divorce • Decision-making power and access to assets within the household |
| Political power | <ul style="list-style-type: none"> • Decision-making in supra-household levels (e.g., municipalities, unions, government, parliament) • Proportion of women in high managerial positions |
| Social resources | <ul style="list-style-type: none"> • Access to health • Access to education |
| Material resources | <ul style="list-style-type: none"> • Access to land • Access to houses • Access to credit |
| Employment and income | <ul style="list-style-type: none"> • Distribution of paid and unpaid labour • Gendered wage differentials • Division of formal and informal labour by gender |
| Time | <ul style="list-style-type: none"> • Relative access to leisure and sleep |
| Gender identity | <ul style="list-style-type: none"> • Rigidity of sexual division of labour |

Source: Wieringa, Saskia. 1999. "Women's Empowerment in Japan: Towards an Alternative Index on Gender Equality." Paper presented at the First Global Forum on Human Development, sponsored by the Human Development Report Office, United Nations Development Programme, New York, 29-31 July 1999.



life expectancy, economic prospects by using GDP per capita, and educational endowments by combining adult literacy and school enrolment rates.

In 1996, UNDP introduced two new indices to capture the gender-differentiated nature of human development. The first, the Gender Development Indicator (GDI), uses the same components as the HDI but differentiates them by gender.⁴⁹ The second, the Gender Empowerment Measure (GEM), uses a set of measures: seats in parliament held by women; the proportion of administrators and managers who are women; the proportion of professional and technical workers who are women;⁵⁰ and woman's share of earned income.

While these are important indicators, they do not measure the full range of women's possible options. The Gender Equality Index (GEI), developed under the auspices of the International Statistical Institute, seeks to be more comprehensive (Table 2).

Not all countries have the necessary data, however, which has prevented the full elaboration of this index.

Some attempts have been made to measure women's status using existing data sets, notably the Demographic and Health Surveys (DHS) undertaken in more than 60 countries by the end of 1999.⁵¹ The broad range of topics covered and detailed household descriptions allow a variety of studies.

One such indicator, the Threshold Measure of Women's Status (TMWS), identifies six areas of life concern — socio-economic status, female household headship, education and exposure, employment and workload, marriage and childbirth, and ascribed status — and defines thresholds of successful performance on specific indicators in each area.⁵² TMWS has a finer mesh than other summary or aggregate measures. But it still does not capture many details of decision-making within families; that would require survey questions about who decides about household purchases, for example, or whether a woman needs permission to travel outside the home.⁵³

Where data allow a comparison of all three approaches, the overall rankings of countries on the GDI, GEM and TMWS are about the same. But for many countries, the indicators differ about what areas need most attention.

An analysis, similar to the GEM and GEI, of indicators in sub-Saharan Africa also showed general consistency but wide variation on specific measures, and did not find simple causal linkages between different measures.⁵⁴ Relatively high levels of education, for example, were not clearly associated with higher levels of political power-sharing.

Other Efforts to Monitor Progress

UNFPA has identified a range of demographic, health and programme indicators that capture gender dimensions of country programmes.⁵⁵ The Fund has also selected goal indicators,⁵⁶ including reducing the gender gap in primary and secondary school enrolment; increasing the proportion of parliamentarians who are women; and increasing adult female literacy rates.

The United Nations system's common indicator framework is similar, but substitutes women's share of paid non-agricultural employment for the adult literacy indicator.⁵⁷ An assessment of progress by the United Nations Development Fund for Women (UNIFEM) is sobering: "To date, only six countries have achieved approximate gender equality in secondary school enrolment plus at least a 30 per cent share for women in seats in parliaments or legislatures plus an approximate share of nearly 50 per cent of paid employment in non-agricultural activities."⁵⁸

The World Bank is also developing a set of measures for a gender profile of countries. These include: the proportion of the population that is female; sex-specific life expectancies; female proportion of the labour force; sex-specific primary school enrolment, progression, and youth illiteracy rates; fertility rates; contraceptive prevalence; birth attendance; and maternal mortality rates.⁵⁹ The Bank has also produced more qualitative descriptions of key issues and progress for a variety of countries.⁶⁰

Health-sector reform, a key World Bank initiative, is being implemented using the measure of Disability Adjusted Life Years to decide service priorities. Some critics, however, contend that the measure suffers from gender bias, particularly since it does not consider how families are harmed by the illness of women, the primary caregivers.⁶¹

Standard development indicators do not reveal the nature, extent or impact of gender imbalances.