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Reproductive Risk: A Worldwide Assessment of Women's Sexual and Maternal Health

Population Action International

1995 REPORT ON PROGRESS TOWARDS WORLD POPULATION STABILIZATION

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EDUCATING GIRLS: GENDER GAPS AND GAINS

Population Action International

1998 REPORT ON PROGRESS TOWARDS WORLD POPULATION STABILIZATION

Women in National Parliaments

Situation as of 30 July 1999

The data in the table below has been compiled by the Inter-Parliamentary Union on the basis of information provided by National Parliaments. **179 countries are classified by descending order of the percentage of women in the lower or single House.**

World and regional averages

WORLD CLASSIFICATION

Rank	Country	Lower or single House				Upper House or Senate			
		Elections	Seats	Women	% W	Elections	Seats	Women	% W
1	Sweden	09 1998	349	149	42.7	---	---	---	---
2	Denmark	03 1998	179	67	37.4	---	---	---	---
3	Finland	03 1999	200	74	37.0	---	---	---	---
4	Norway	09 1997	165	60	36.4	---	---	---	---
5	Netherlands	05 1998	150	54	36.0	05 1995	75	17	22.7
6	Iceland	05 1999	63	22	34.9	---	---	---	---
7	Germany	09 1998	669	207	30.9	1997*	69	13	18.8
8	New Zealand	10 1996	120	35	29.2	---	---	---	---
9	Argentina	10 1997	257	71	27.6	12 1995	72	4	5.6
"	Cuba	01 1998	601	166	27.6	---	---	---	---
10	Austria	12 1995	183	48	26.2	11 1994	64	13	20.3
11	Viet Nam	07 1997	450	117	26.0	---	---	---	---
12	Mozambique	10 1994	250	63	25.2	---	---	---	---
13	Seychelles	03 1998	34	8	23.5	---	---	---	---
14	Belgium	06 1999	150	34	22.7	06 1999	71	20	28.2
15	Australia	10 1998	147	33	22.4	10 1998	76	23	30.3
16	Monaco	02 1998	18	4	22.2	---	---	---	---
"	Namibia	12 1994	72	16	22.2	11 1992	26	1	3.8
17	China	1997-98	2979	650	21.8	---	---	---	---
18	Spain	03 1996	348	75	21.6	03 1996	257	34	13.2
19	Lao People's Democratic Rep.	12 1997	99	21	21.2	---	---	---	---
20	Switzerland	10 1995	200	42	21.0	10 1995	46	8	17.4
21	Canada	06 1997	301	62	20.6	1999	105	32	30.5
22	Dem. People's Rep. of Korea	07 1998	687	138	20.1	---	---	---	---
23	Costa Rica	02 1998	57	11	19.3	---	---	---	---
24	Guyana	12 1997	65	12	18.5	---	---	---	---
25	United Kingdom	05 1997	659	121	18.4	1999*	1165	103	8.8
26	Turkmenistan	12 1994	50	9	18.0	---	---	---	---

27	Uganda	06 1996	279	50	17.9	---	---	---	---
28	Lithuania	10 1996	137	24	17.5	---	---	---	---
29	Ecuador	05 1998	121	21	17.4	---	---	---	---
"	Mexico	07 1997	500	87	17.4	07 1997	128	19	14.8
30	Rwanda	11 1994	70	12	17.1	---	---	---	---
31	Latvia	10 1998	100	17	17.0	---	---	---	---
32	El Salvador	03 1997	84	14	16.7	---	---	---	---
"	Luxembourg	06 1999	60	10	16.7	---	---	---	---
33	United Rep. of Tanzania	10 1995	275	45	16.4	---	---	---	---
34	Dominican Republic	05 1998	149	24	16.1	05 1998	30	2	6.7
35	Suriname	05 1996	51	8	15.7	---	---	---	---
36	Angola	09 1992	220	34	15.5	---	---	---	---
37	Bahamas	03 1997	40	6	15.0	03 1997	16	5	31.3
"	Czech Republic	06 1998	200	30	15.0	11 1998	81	9	11.1
38	Eritrea	02 1994	150	22	14.7	---	---	---	---
39	Zimbabwe	04 1995	150	21	14.0	---	---	---	---
40	Jamaica	12 1997	60	8	13.3	12 1997	21	5	23.8
"	Saint Kitts and Nevis	07 1995	15	2	13.3	---	---	---	---
"	San Marino	05 1998	60	8	13.3	---	---	---	---
"	United States of America	11 1998	435	58	13.3	11 1998	100	9	9.0
41	Venezuela	11 1998	206	27	13.1	11 1998	57	5	8.8
42	Poland	09 1997	460	60	13.0	09 1997	100	11	11.0
"	Portugal	10 1995	230	30	13.0	---	---	---	---
43	Slovakia	09 1998	150	19	12.7	---	---	---	---
44	Guatemala	11 1995	80	10	12.5	---	---	---	---
45	Philippines	05 1998	217	27	12.4	05 1998	23	4	17.4
46	Mali	07 1997	147	18	12.2	---	---	---	---
47	Senegal	05 1998	140	17	12.1	01 1999	60	11	18.3
48	Azerbaijan	11 1995	125	15	12.0	---	---	---	---
"	Congo	01 1998	75	9	12.0	---	---	---	---
"	Ireland	06 1997	166	20	12.0	08 1997	60	11	18.3
49	Colombia	03 1998	161	19	11.8	03 1998	102	13	12.7
50	Israel	05 1999	120	14	11.7	---	---	---	---
"	Kazakhstan	12 1995	77	9	11.7	12 1995	47	4	8.5
51	Bolivia	06 1997	130	15	11.5	06 1997	27	1	3.7
52	Fiji	05 1999	71	8	11.3	02 1994	32	3	9.4
53	Cape Verde	12 1995	72	8	11.1	---	---	---	---
"	Italy	04 1996	630	70	11.1	04 1996	326	26	8.0
"	Saint Lucia	05 1997	18	2	11.1	05 1997	11	2	18.2
"	Trinidad and Tobago	11 1995	36	4	11.1	11 1995	31	9	29.0
54	France	05 1997	577	63	10.9	09 1998	321	19	5.9
55	Bulgaria	04 1997	240	26	10.8	---	---	---	---
"	Chile	12 1997	120	13	10.8	12 1997	48	2	4.2
"	Peru	04 1995	120	13	10.8	---	---	---	---
56	Syrian Arab Republic	11 1998	250	26	10.4	---	---	---	---
57	Russian Federation	12 1995	450	46	10.2	1997*	178	1	0.6
58	Guinea-Bissau	07 1994	100	10	10.0	---	---	---	---
59	Nicaragua	10 1996	93	9	9.7	---	---	---	---

60	Zambia	11 1996	158	15	9.5	---	---	---	---
61	Dominica	06 1995	32	3	9.4	---	---	---	---
"	Honduras	11 1997	128	12	9.4	---	---	---	---
62	Malta	09 1998	65	6	9.2	---	---	---	---
63	Bangladesh	06 1996	330	30	9.1	---	---	---	---
"	Sao Tome and Principe	11 1998	55	5	9.1	---	---	---	---
64	Ghana	12 1996	200	18	9.0	---	---	---	---
65	Republic of Moldova	03 1998	101	9	8.9	---	---	---	---
66	Guinea	06 1995	114	10	8.8	---	---	---	---
67	Botswana	10 1994	47	4	8.5	---	---	---	---
68	Gabon	12 1996	120	10	8.3	01 1997	91	10	11.0
"	Hungary	05 1998	386	32	8.3	---	---	---	---
"	Malawi	06 1999	193	16	8.3	---	---	---	---
69	Cambodia	07 1998	122	10	8.2	1999	61	?	?
"	Samoa	04 1996	49	4	8.2	---	---	---	---
70	Burkina Faso	05 1997	111	9	8.1	12 1995	176	21	11.9
"	India	02 1998	545	44	8.1	03 1998	220	19	8.6
71	Côte d'Ivoire	11 1995	175	14	8.0	---	---	---	---
"	Madagascar	05 1998	150	12	8.0	---	---	---	---
72	Croatia	10 1995	127	10	7.9	04 1997	68	4	5.9
"	Mongolia	06 1996	76	6	7.9	---	---	---	---
73	Malaysia	04 1995	192	15	7.8	03 1998	69	12	17.4
"	Slovenia	11 1996	90	7	7.8	---	---	---	---
"	Ukraine	03 1998	450	35	7.8	---	---	---	---
74	Mauritius	12 1995	66	5	7.6	---	---	---	---
75	The F.Y.R. of Macedonia	10 1998	120	9	7.5	---	---	---	---
76	Tunisia	03 1994	163	12	7.4	---	---	---	---
77	Central African Republic	11 1998	109	8	7.3	---	---	---	---
"	Romania	11 1996	343	25	7.3	11 1996	143	2	1.4
78	Andorra	02 1997	28	2	7.1	---	---	---	---
"	Uruguay	11 1994	99	7	7.1	11 1994	31	2	6.5
79	Belize	08 1998	29	2	6.9	06 1993	8	3	37.5
"	Georgia	11 1995	231	16	6.9	---	---	---	---
80	Iraq	03 1996	250	16	6.4	---	---	---	---
81	Greece	09 1996	300	19	6.3	---	---	---	---
"	Maldives	12 1994	48	3	6.3	---	---	---	---
"	Sierra Leone	02 1996	80	5	6.3	---	---	---	---
82	Benin	03 1999	83	5	6.0	---	---	---	---
"	Burundi	06 1993	117	7	6.0	---	---	---	---
"	Uzbekistan	12 1994	250	15	6.0	---	---	---	---
83	Nepal	05 1999	205	12	5.9	06 1997	60	5	8.3
84	Brazil	10 1998	513	29	5.7	10 1998	81	6	7.4
85	Cameroon	05 1997	180	10	5.6	---	---	---	---
"	Thailand	11 1996	393	22	5.6	03 1996	262	21	8.1
86	Cyprus	05 1996	56	3	5.4	---	---	---	---
87	Sri Lanka	08 1994	225	12	5.3	---	---	---	---
"	Sudan	03 1996	400	21	5.3	---	---	---	---
88	Albania	06 1997	155	8	5.2	---	---	---	---

89	Yugoslavia	11 1996	138	7	5.1	03 1998	40	4	10.0
90	Iran (Islamic Rep. of)	03 1996	266	13	4.9	---	---	---	---
"	Kiribati	09 1998	42	2	4.8	---	---	---	---
91	Saint Vincent & the Grenadines	06 1998	21	1	4.8	---	---	---	---
92	Japan	10 1996	500	23	4.6	07 1998	252	43	17.1
93	Singapore	01 1997	93	4	4.3	---	---	---	---
94	Turkey	04 1999	550	23	4.2	---	---	---	---
95	Liechtenstein	02 1997	25	1	4.0	---	---	---	---
96	Equatorial Guinea	03 1999	80	3	3.8	---	---	---	---
"	Lesotho	05 1998	79	3	3.8	05 1998	33	9	27.3
"	Mauritania	10 1996	79	3	3.8	04 1998	56	0	0
97	Republic of Korea	04 1996	299	11	3.7	---	---	---	---
98	Haiti	06 1995	83	3	3.6	04 1997	27	?	?
"	Kenya	12 1997	224	8	3.6	---	---	---	---
99	Algeria	06 1997	380	12	3.2	12 1997	144	8	5.6
100	Swaziland	10 1998	65	2	3.1	10 1998	30	4	13.3
101	Tajikistan	02 1995	181	5	2.8	---	---	---	---
102	Paraguay	05 1998	80	2	2.5	05 1998	45	8	17.8
103	Chad	01 1997	125	3	2.4	---	---	---	---
104	Lebanon	08 1996	128	3	2.3	---	---	---	---
"	Pakistan	02 1997	217	5	2.3	03 1997	87	1	1.1
105	Bhutan	1997*	150	3	2.0	---	---	---	---
"	Egypt	11 1995	454	9	2.0	---	---	---	---
"	Ethiopia	05 1995	543	11	2.0	05 1995	108	?	?
"	Gambia	01 1997	49	1	2.0	---	---	---	---
"	Solomon Islands	08 1997	49	1	2.0	---	---	---	---
106	Papua New Guinea	06 1997	109	2	1.8	---	---	---	---
107	Kyrgyzstan	02 1995	70	1	1.4	02 1995	35	4	11.4
108	Yemen	04 1997	301	2	0.7	---	---	---	---
109	Morocco	11 1997	325	2	0.6	12 1997	270	2	0.7
110	Djibouti	12 1997	65	0	0.0	---	---	---	---
"	Jordan	11 1997	80	0	0.0	11 1997	40	3	7.5
"	Kuwait	07 1999	65	0	0.0	---	---	---	---
"	Micronesia (Fed. States of)	03 1999	14	0	0.0	---	---	---	---
"	Nauru	02 1997	18	0	0.0	---	---	---	---
"	Palau	11 1996	16	0	0.0	11 1996	14	1	7.1
"	Tuvalu	03 1998	12	0	0.0	---	---	---	---
"	United Arab Emirates	12 1997	40	0	0	---	---	---	---
"	Vanuatu	03 1998	52	0	0.0	---	---	---	---
?	Antigua and Barbuda	03 1999	19	?	?	03 1999	17	?	?
?	Armenia	05 1999	131	?	?	---	---	---	---
?	Barbados	01 1999	28	?	?	01 1999	21	?	?
?	Belarus	11 1996	110	?	?	02 1997	63	19	30.2
?	Bosnia and Herzegovina	09 1998	42	?	?	09 1998	15	?	?
?	Estonia	03 1999	101	?	?	---	---	---	---
?	Grenada	01 1999	15	?	?	01 1999	13	?	?
?	Indonesia	06 1999	500	?	?	---	---	---	---
?	Liberia	07 1997	64	?	?	07 1997	26	?	?

?	Libyan Arab Jamahiriya	03 1997	760	?	?	---	---	---	---
?	Marshall Islands	11 1995	33	?	?	---	---	---	---
?	Nigeria	02 1999	360	?	?	02 1999	109	8	7.3
?	Panama	05 1999	72	?	?	---	---	---	---
?	South Africa	06 1999	400	?	?	06 1999	90	?	?**
?	Togo	03 1999	81	?	?	---	---	---	---
?	Tonga	03 1999	30	?	?	---	---	---	---

** Data valid as of or for the year indicated*
*** The figures on the distribution of seats do not include the 36 special rotating delegates appointed on an ad hoc basis, and the percentages given are therefore calculated on the basis of the 54 permanent seats.*

Pew Global
Stewardship
Initiative

TALKING POINTS
WHY THE WORLD CONFERENCE ON WOMEN IS IMPORTANT

BACKGROUND

In September, the world's nations will gather in Beijing for the United Nations Fourth World Conference on Women (WCW). Delegates to the WCW will agree on a Platform for Action that will help guide the policies of the U.N. and national governments into the next century. A parallel conference for nongovernmental organizations (NGOs), called the NGO Forum on Women '95, will be held at roughly the same time.

The WCW seeks to improve the lives of girls and women by ensuring equal access to education, health care and opportunity. Improving girls' and women's lives is a vitally important goal in its own right. It is also the key to alleviating poverty, protecting the environment and ensuring that all children are wanted and cared for. **We will not solve the problems that threaten our children's future unless women are fully empowered to help themselves, their families, their communities and the world.**

The WCW is part of an ongoing series of U.N. meetings on human rights, population growth, poverty and the environment. Each U.N. conference acknowledges and builds on the documents produced at previous conferences, moving the international dialogue a step further. **And each recent conference has underscored the importance of women's empowerment. The WCW offers a crucial opportunity to make that goal a reality.**

But the WCW is under attack. A handful of delegations may derail the conference by reopening issues that were agreed by consensus at previous conferences — especially the 1993 World Conference on Human Rights and the 1994 International Conference on Population and Development (ICPD). If they succeed, the important work of the WCW could remain unfinished. And the WCW Platform for Action may be stripped of language that recognizes the human rights of women and the right to plan one's family.

A small but vocal minority has launched a misinformation campaign which says the conference is seeking to promote a radical anti-family agenda. This is simply not true: The WCW seeks to strengthen families by promoting a better balance of parental responsibility for children and by helping parents combine jobs and family life. It acknowledges the rich context of women's lives, and addresses their needs as individuals, as wives, daughters and mothers, as workers, and as members of the human community. Nor

is the WCW dominated by "western feminists" — as some have charged. In preparations for the WCW, women with many perspectives and from all parts of the world have come together to address issues of common concern.

The gains made at previous U.N. conferences are also threatened in the U.S. Crippling amendments to the Foreign Assistance Act and shrinking budgets for population and development assistance could make it impossible for the U.S. to keep promises made at earlier conferences. Those cuts will also frustrate efforts to alleviate poverty and promote democracy and stability in the developing world. The stakes are high: If we don't act now, our children will inherit a world that is poorer, more crowded, and more polluted than the one we now inhabit.

Our goals until mid-September are simple:

- Educate Americans about what is at stake in Beijing.
- Help Americans understand what is really written in the WCW document — so they can dismiss claims made by those who are misrepresenting it.
- Assure that the U.S. government takes the lead in upholding agreements made at previous conferences.

This memo outlines messages concerning:

- Three overarching messages that could be used to argue the case in the media;
- What the Cairo consensus is, and why it is important; and
- Debating points that might be used to argue those messages.

OVERARCHING MESSAGE POINTS

To be successful, spokespersons must use messages that are urgent, informative and advise people what to do. At the same time, try to demonstrate how the issues being addressed by the WCW will fit into the "traditional family values" arguments opponents will make. Using their language to reframe our message should help win support for progressive positions.

- **The World Conference on Women is of crucial importance to you and your family — and to women worldwide.**

- **The WCW is under attack.** Some groups are lying in the press about what is in the conference document. And a few delegations want to derail the WCW by reopening issues that were settled by consensus at previous U.N. conferences.

- **Write the President and your members of Congress today.** Tell them you want the U.S. to be a leader in improving women's health and opportunities around the world.

WHAT THE CAIRO CONSENSUS IS, AND WHY IT IS IMPORTANT:

- Women's empowerment is a cornerstone of the Cairo document. Empowering women is vitally important in its own right. And, where women are able to make the decisions that affect their lives, they tend to have smaller, healthier and better-educated families.

- The goal of the Cairo agreement is to make sure that every child is a wanted child. It would also strengthen families, empower women, broaden access to health care and education, and stabilize population growth.

- The Cairo agreement asks governments to ensure that all men and women have access to reproductive health care services, including family planning. Where couples cannot or do not plan their families, high fertility can make it hard for parents to provide for their children.

- High fertility is also a cause of rapid population growth, which can undermine efforts to provide jobs, a safe environment, and a decent quality of life for future generations. Our children's future depends on how well the world deals with these issues today.

- The Cairo agreement also recommends social investments that have been shown to encourage smaller families — such as education for girls and efforts to reduce child mortality.

- The Cairo agreement utterly rejects any form of coercion in family planning and population programs.

- Access to family planning is an important component of women's self-determination. Without the ability to plan and space her children, a woman may find it difficult to finish her education or plan for the future.

- The Cairo document is not a binding treaty — it is a template for population policies that enable couples to make voluntary decisions about family size. The Cairo document does not require any country to change its laws, and it does not create any new rights.

DEBATING POINTS

Why is this conference important to Americans?

- The issues on the WCW agenda — jobs, education, health care, domestic violence — are of great concern to American women.

- Improving the lives of girls and women is an important goal in its own right. It is also the key to alleviating poverty, protecting the environment and ensuring that all children are wanted and cared for.

- Unless women are empowered to help themselves and their families, our children will inherit a world that is poorer, more crowded and more polluted than the one we now inhabit.

Does the WCW document say that motherhood is oppressive to women?

- Absolutely not. The WCW document recognizes the profound importance of motherhood and family life. But it does acknowledge that families are under a lot of pressure, which makes women's lives much more challenging. For example, even though women have entered the paid labor force in unprecedented numbers, they still have most of the responsibility for child care and domestic chores.

- The Platform for Action would help ease women's burdens by encouraging men to shoulder their full responsibility for the children they father, and by promoting policies that help both parents balance jobs with caring for a family.

- Recent legislation in the U.S. supports the WCW's principles. The Family and Medical Leave Act, signed into law by President Clinton in 1993, guarantees that most workers will not have to choose between keeping their jobs and caring for a new child or sick family member.

Is the WCW against traditional families?

- No. It acknowledges the realities of family life today — especially the prevalence of single-parent households. One in three families worldwide is headed by a single parent — usually the mother — and most female-headed families are poor. The Platform for Action would help those families by promoting greater male responsibility for the children they father, and through programs that give poor women access to economic opportunity.

Some critics say the WCW document only mentions the family five times. Is that true?

- No. The family is mentioned dozens of times in the WCW document, and concern for family well-being is an integral part of the Platform for Action.

Does the WCW promote individual freedom at the expense of family responsibility?

- No. The WCW underscores the responsibilities of men and women to each other and of parents to their children.

- The WCW document's section on family planning — which was agreed to just last year at the ICPD in Cairo — affirms the freedom of women and men to choose the number and spacing of their children. Family planning is good for women and for families. It has been shown to reduce maternal and child mortality, and planned families tend to be smaller, healthier and better-educated.

What about men's family responsibility?

- Too many men are not living up to their responsibilities as partners and parents. The WCW calls for greater male responsibility in family planning and family life.

- Studies show that men want a greater role in family life, but cultural biases discourage male involvement in the care of their children and "keep them in their place." The Platform for Action recommends ways to overcome those biases.

Does the WCW promote abortion on demand?

- Absolutely not. The WCW document incorporates language from the ICPD, which was agreed to by consensus less than a year ago. The ICPD document — and the WCW Platform for Action — clearly state that abortion should not be promoted as a method of family planning. They say that abortion should be safe in countries where it is not against the law, but they do not call for legalizing abortion.

- An important way to reduce abortions is to reduce unwanted pregnancies through increased access to contraceptives and reproductive health services.

- Some delegations want to reopen this issue at the WCW — which could detract from other important issues that have not recently been agreed to by the international community.

Does the WCW document want men and women treated the same in every way?

- The document acknowledges the innate biological differences between men and women, and notes that women's special role in childbearing warrants support and respect. It also says that it is wrong to discriminate against girls and women on the basis of gender. For example, it condemns the preference of sons over daughters which leads to depriving little girls of food and medical care.

Does the WCW impose Western values on other cultures?

- No. We are proud to promote the important values of democracy and the recognition that all people are created equal.

- The WCW document reflects the concerns and aspirations of women from all over the world — not just western cultures.

Does the WCW promote teen sex?

- The WCW reiterates language from the Cairo ICPD, which recognizes that adolescents need special help in learning about safe and responsible sexual behavior, including voluntary abstinence and condom use.

- Parents all over the world are grappling with the problems of adolescent pregnancy and seeking ways to protect girls from unwanted or dangerous sexual relations. Girls need to be armed with information and support as well as meaningful life options if they are to resist pressure to engage in early sexual activity.

WORLD PRIORITIES

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FAX: (202) 333-0280

July 21, 1995

Nicole Rabnor
Office of the First Lady
Old Executive Office Building
Washington, D.C. 20500
FAX: (202) 456-6244

Dear Ms. Rabnor,

Thank you for your attention to our invitation to Hillary Rodham Clinton to write a brief foreword to our publication. As you requested, we are faxing a draft of available chapters of ***Women...a world survey*** for your review. The statistical tables are prepared but we did not think you would want them at this time. Please keep in mind that this is a draft, and is currently in the typesetting process in preparation for printing. We are sending you the four completed chapters that are available at this time. The maps in the draft are the old maps from the 1st edition and are being updated by the graphics staff.

Please do no allow any dissemination of this material in its present form.

Sincerely,

R Sivard

Ruth Leger Sivard
Director

WOMEN
...a world survey

Ruth Leger Sivard

"We hold these truths to be self-evident, that all men [and women] are created equal."

US Declaration of Independence 1776
[and Elizabeth Cady Stanton 1848

Supporting Organizations

Carnegie Corporation of New York
437 Madison Avenue, New York 10022

The Ford Foundation
320 East 43rd Street, New York 10017

The Rockefeller Foundation
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The purpose of this survey is to bring together in an easily accessible and abbreviated form a range of factual information on the situation of women in the world community today. To give perspective to the picture, the focus is on changes which have occurred since World War II; in the statistical record, this is essentially the 35-year period beginning 1950.

CHART 1

Female Life Expectancy at Birth, 1995

Age	
82	Japan, Switzerland
81	Australia, Canada, France, Greece, Iceland, Italy, Netherlands, Norway, Spain, Sweden
80	Austria, Belgium, Cyprus, Germany, New Zealand, US
79	Barbados, Costa Rica, Denmark, Ireland, Israel, Kuwait, Malta, Portugal, United Kingdom
78	Albania, Cuba, Singapore
77	Brunei, ex-Czechoslovakia, Jamaica, Poland
76	Bulgaria, Chile, Panama, Uruguay, ex-USSR, ex-Yugoslavia
75	Argentina, Bahrain, Fiji, Hungary, N. Korea, S. Korea, Mauritius, Mexico, Qatar, Sri Lanka, Trin. & Tob., UAE
74	China, Malaysia, Romania, Venezuela
73	Colombia, Finland, Luxembourg, Oman, Thailand
72	Jordan, Lebanon, Saudi Arabia, Turkey
71	Dominican Republic, El Salvador, Syria, Tunisia
70	Brazil, Ecuador, Guatemala, Guyana, Honduras, Iran, Iraq, Nicaragua, Paraguay
69	World Average: Algeria, Peru, Philippines
68	Libya, Morocco, South Africa, Vietnam
67	Botswana, Indonesia, Mongolia
66	Bolivia, Lesotho
65	Egypt
64	
63	India, Namibia
62	Burma, Kenya, Pakistan, Swaziland
61	
60	Cameroon, Ghana, Haiti
59	Liberia, Madagascar, Papua New Guinea, Togo
58	
57	Gabon, Zimbabwe
56	Nepal, Nigeria, Yemen
55	Bangladesh, Cambodia, Laos, Sudan
54	
53	Congo, Zaire
52	Cote d'Ivoire, Equatorial Guinea, Mauritania, Senegal, Tanzania
51	Angola, Burkina Faso, Chad, Ethiopia, Somalia
50	Burundi, Mali, Niger
49	Benin, Gambia, Mozambique
48	Central African Republic
47	Guinea, Rwanda, Sierra Leone
46	Afghanistan
45	Malawi
44	
43	Zambia
42	Uganda

Perspectives

The women's revolution, with its goal of achieving equal rights with men, is proceeding at a measured pace. Its victories are not quick or easy, but neither are they bloody. In this respect, there is a strong contrast between this revolution and other revolutions, both historic and current. The struggle for women's rights follows the peaceful, lawful route. It moves ahead without the deployment of a single attack helicopter, multiple rocket launcher, laser-guided bomb, or even one rifle.

There are other differences too. The revolution in which women are engaged is the first on record to be universal in scope, the first to speak for ~~more than~~ half the world's population. Its goals, when fully realized, will overcome centuries of discrimination against women, but, more than that, they are expected by their proponents - men as well as women - to liberate economic and social forces that will significantly advance the world's development and prosperity.

In all respects, therefore, the women's revolution is radically different from the record of other revolutions/wars in the past 50 years. Whatever their goals, those wars had the effect of retarding rather than promoting world development. They diverted national priorities, wealth, and technology from productive to destructive purposes. At its peak, in the late 1980's, militarism consumed in a single year close to $1,000,000,000,000 of the world's economic product. The major wars alone killed over 25,000,000 people between 1945 and 1995, while impairing the lives of many hundreds of millions more. –

As an international force, the women's movement took off with the founding of the United Nations in 1945. The Charter of the UN gave women the global platform that they needed and the legal basis for reform. In 1948 the principles of the Charter were made more explicit in the Universal Declaration of Human Rights, which not only condemned discrimination based on sex but also established the basis in law for protection against it. In 1993 the UN World Conference on Human Rights reaffirmed women's human rights as an "inalienable, integral, and indivisible part of universal human rights."

Looked at now, 50 years after the Charter, the progress toward equality actually achieved by women is considerably more modest than the promise. The factual evidence available shows a continuing wide gap between the status and rights of women and of men (***charts*** opposite). There is no country where this gap has been eliminated in all major fields of activity. It is clear that discrimination, imbedded in religious and social customs and public laws over thousands of years, cannot be peacefully removed in a mere fifty years.

Nevertheless, there are a number of bright spots in the record of those few decades, and it is the intention of this report to explore what they are, as well as what is left undone.

Diversity

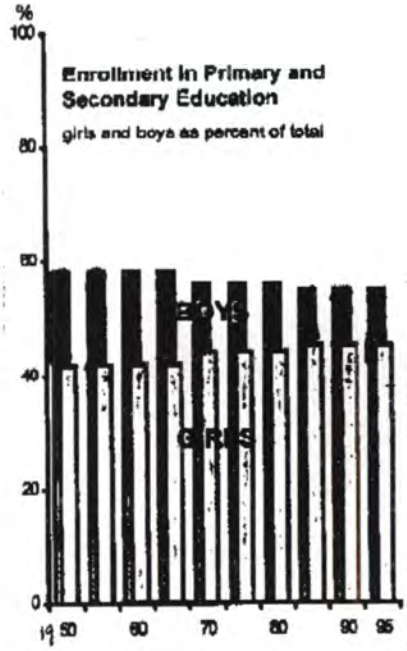
The ~~35,000~~ women who are coming together in Beijing, China this year for their Fourth World Conference, represent 2.8 billion of their sisters living in countries where the average annual income ranges from under $100 per capita to over $37,000. The attendees are ambassadors for a vast and far from homogeneous portion of the world's population. All generalizations about the situation, roles, and status of the female half of humanity must be seen as simplifications of a variety that is virtually infinite.

Yet national averages can convey a sense of the scope and significance of this diversity. Life expectancy (***chart 1***), a broad measure of national well being,

The Global Gender Gap

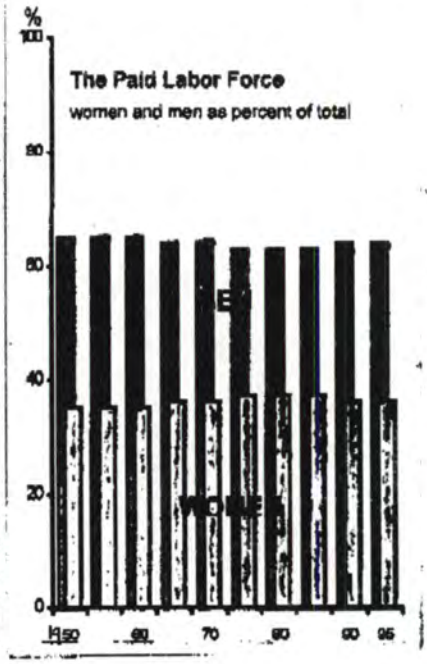
1950-1995

■ represents gap between male and female participation in education, paid work, and parliament representation.



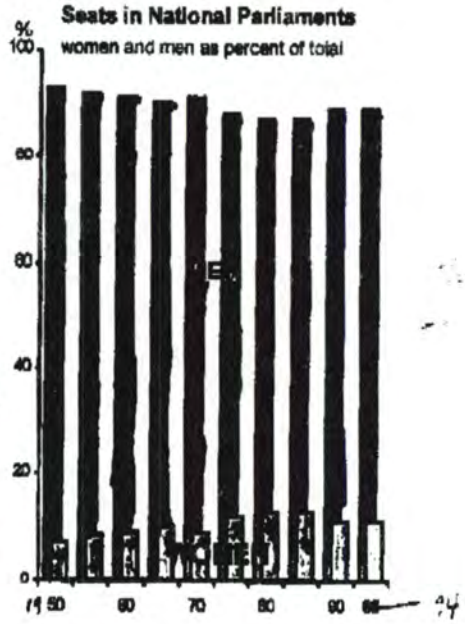
in education -

School enrollment at primary and secondary levels comes closer to female-male equality than any other broadly-based measure delineating gender differences. On average, boys still represent the majority (55 percent) of all students in primary and secondary grades. The ratio of girls is creeping up, but slowly.



in paid work -

Although the number of women who are economically active has increased by 500 million since 1950, they remain a minority in the world's paid labor force. In 1950 women accounted for 35 percent and in 1995 for 36 percent of the total. Most work that women do is not paid, nor is it officially classified as labor.



in political representation -

Seen from a global perspective, political equality between the sexes has been most elusive of all. In only five countries, all in northern Europe, have women achieved at least 30 percent representation in the governing legislative body. On average, they now have 11 percent while men hold 89 percent, of all parliamentary seats.

"There are clear geographical and developmental differences to the types of problems women face, but the fundamental problem of gender discrimination is the same."

Gertrude Mongella
Tanzania, 1995

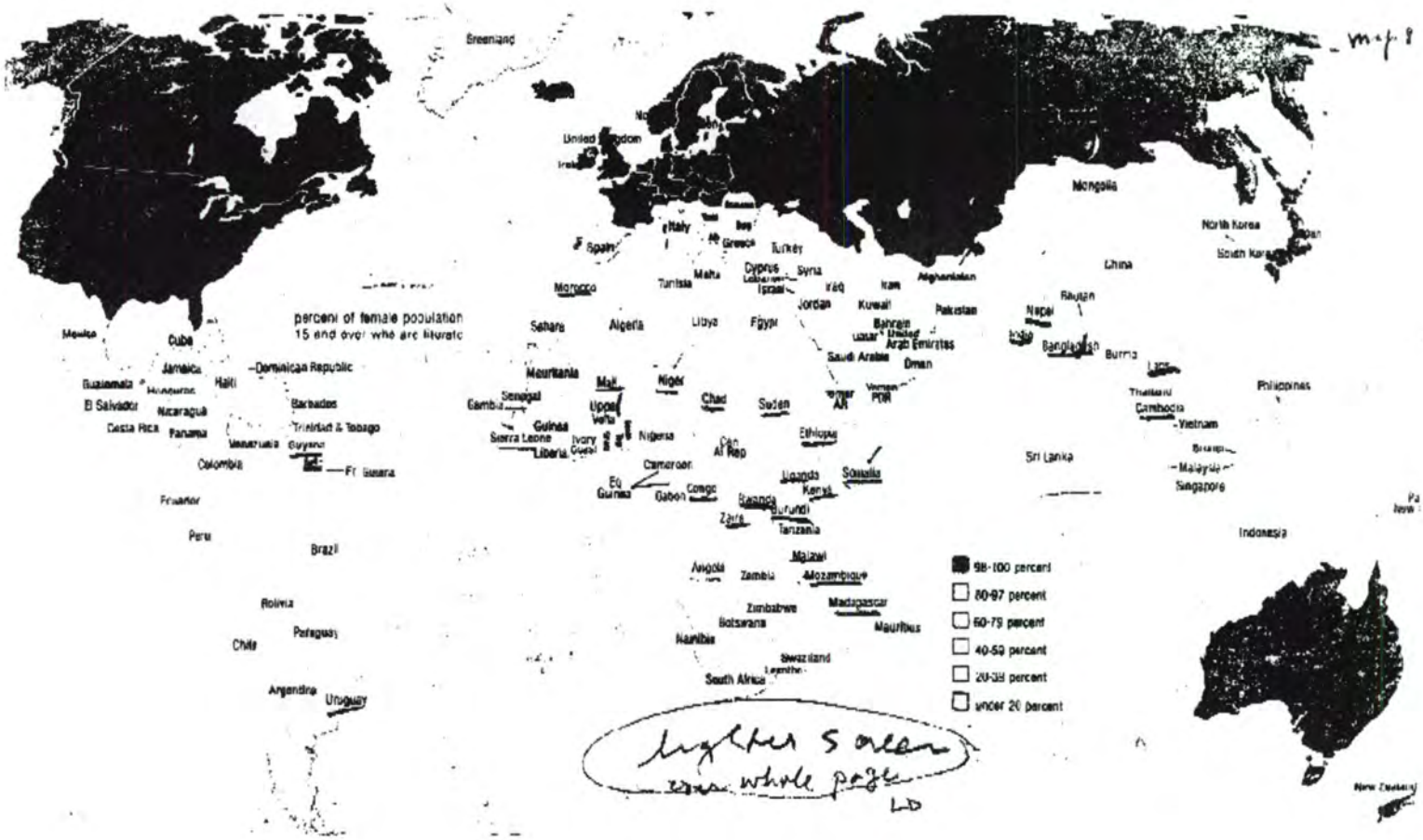


TABLE 1

The World's WOMEN in the Development GAP, 1995

	Poorest fifth of world population	Richest fifth of world population
GNP per capita (US$)	250	18,320
Share of world total GNP (%)	1	86
Female activity rates		
Fertility rate (children born per woman)	4	2
Women in paid labor force (% of female labor force)	13	21
Women in legislative body (% of total seats)	9	13
Female education		
Adult literacy rate (% of ages 15 and over)	41	95
First level enrollment (% of ages 6-11)	68	108
Second level enrollment (% of ages 12-17)	30	86
Third level enrollment (% of ages 18-23)	3	36
Required years in school (both sexes)	7	9
Average years in school by age 25 (females)	1	10
Female health		
Life expectancy (years)	59	79
Contraceptive use (% of married)	37	71
Births attended by health aide (%)	32	88
Infant mortality rate (per 1,000 births)	87	15
Maternal mortality rate (per 10,000 births)	41	3
Infants with low birth weight (%)	20	6

For women in the poorest fifth of the world population, life is quite different from what it is for the richest fifth.

Less than half the females who are 15 years of age and older have had enough schooling to be able to read and write. On average they have spent a total of one year in school, one-tenth as much as their sisters in the richest fifth of the global population. Their yearly income averages $250, about 1 percent of the income of those in the richest fifth.

While many women among the poorest work back breaking 16-hour days, most are not in the paid labor force, and their work is not considered to have economic value.

For women in the poorest fifth the chances of premature death are much greater than for the richest. Only one birth in three is attended by a trained aide. Four times as many babies are born with dangerously low birthweight; six times as many babies die in the first year; fourteen times as many women die in childbirth.

For the 570 million poorest women in the world of 1995, life is brutish as well as 20 years shorter than for the richest.

reveals marked differences among countries in the length of life of the average woman. In fact, women in some of the richer countries may hope to live 35-40 years longer than women in some of the poorest. Adult literacy rates (*map 1* opposite), show an even wider gulf between the highest and lowest national averages. From 99 or 100 percent in most developed countries, the proportion of adult women who are able to read and write drops to a low of 7 percent in the least developed.

Other evidence, from women's economic, family, and political roles, provides contrasts that are equally striking. There are countries where 8 in 10 women are economically active; others where religious or social customs disapprove of women working outside the home, and less than 1 woman in 10 enters the paid labor market. In some countries women begin their reproductive lives before age 15 and may bear eight or more children over their lifetime; in others, the average is less than two children. In some, women take an active political role—and in several have reached the pinnacle of national political power—but in others they have not yet attained the minimal political right of suffrage.

The variety among women revealed in national averages of this kind is but a pale reflection of the large differences among them in the whole range of human activities. Variety in many instances results not from individual preferences but from social custom or level of national or personal income. Relatively few women at the lowest levels of income (*Table 1*, opposite) have the opportunity of choice that a paid job might provide.

Commonality

"Women all over the world have a lot of things in common."

Wang Jiaxiang
China, 1994

Despite this diversity of experience and status, women in recent years, and to a remarkable degree, have begun to come together on common ground. The gulf between the most and least privileged among them may seem in many respects to be wider than the gulf between women and men in particular cultures, but what women have found to bind them together is a single thread that winds through all cultures. They share a sense of an inequality of opportunity, the injustice of the traditionally-imposed second place, whether in the family, economic, social, or political setting. Their priorities and values are in many respects different from men's but they have found that their voices are not heard and they are largely excluded from the decision-making process.

Women's sense of inequality shared has produced a movement for change which is now emerging everywhere. It differs from earlier drives by women for equal rights in several respects:

. . . It is geographically broad-based, with support groups and links worldwide. Women's organizations are proliferating in all countries. The world conferences in the 1970's and 1980's (doubling international attendance each time) aroused wide interest, setting the stage for record attendance at the Conference in 1995. In organizing the meetings and in helping to define the objectives of the women's movement, the United Nations plays a critical supporting role.

. . . The issues and focus are also broad. Women are coming together to address problems that are quite remote from their own lives. They are beginning to break through institutional barriers to help one another. They are looking at their rights as human beings, but also, and with increasing sophistication and power, at the social structures and public priorities which affect these rights: in particular, at issues related to justice, development, and peace.

. . . And more than before, they are finding awareness and support by men and male-dominated institutions. The link between women's advancement and socio-economic progress in general begins to be more widely recognized. When women are better informed and educated, the evidence shows, the family's health and income benefit. When women are given training and skills, the nation's productivity gains and the economy grows. What is good for women is also good for society at large. This is the solid basis for the steady progress that is underway.

Women's Education

Education may well be the field in which women's gains in recent decades have been most significant. From a global perspective, the advances, as reflected in school enrollment and in literacy rates, have been outstanding, both in numerical terms and in their promise for the future.

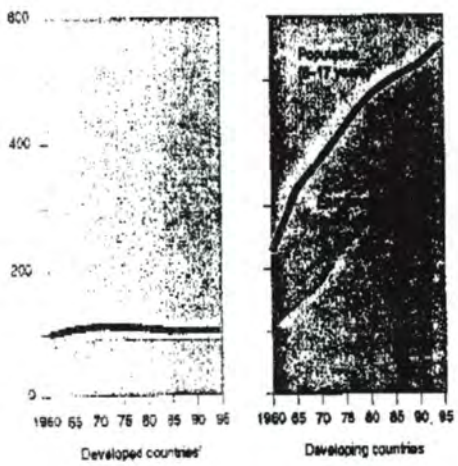
Education reenforces the human and global potential. It has favorable effects on women's health, on the number of children they bear, and on the health those children will have. It draws women into the paid labor force, improving their own independent status and earning power while enlarging the world's productive economy. Educating women also serves as a stimulus to their entry into the political arena, where their numbers are still woefully scarce and their priorities often overlooked.

Political leaders have increasingly recognized the importance of an educated population, of women as well as men, to ensure the development and prosperity of the nation. With public support, education budgets have grown even more rapidly than the school-age population. Most governments have also acted to remove any barriers to school entry and to provide equal access to girls and boys. Laws requiring school attendance are widespread.

A remarkable rise since 1960 in the enrollment of girls at all levels of schooling therefore gives grounds for optimism that education has become a major force for the improvement of women's lives and status. That large inequalities still exist is also evident, however, and the record is not complete without a look at these deficiencies as one guide to the progress which must still be made.

CHART 10

Girls' Enrollment in School* and Girls' School-Age Population (6–17 years)



* First and Second levels
Developed countries include industrialized countries and countries in transition.

Enrollment

In 1995, according to UNESCO projections, close to 300 million more girls will be enrolled in the world's elementary and secondary schools than in 1960. Most of this increase has been in developing countries, where the school-age population of girls (6-17 years) doubled between 1960 and 1995, and the numbers enrolled more than tripled. At all age levels, many more girls are now able to attend school than could a generation ago.

School-age population—Despite these favorable trends and a growing body of law guaranteeing access, it is also apparent that basic education is not yet available to large numbers of the world's children, and that girls are particularly disadvantaged.

By 1994, according to UNESCO records, close to 211 countries with autonomous school systems had compulsory schooling and in most cases the laws required 8 or more years of school. But "compulsory" in this case has an important qualifier and that is availability of schools. Almost all school regulations exempt children from attending if there is no suitable school within reasonable distance of the residence. Lack of school places is a serious limiting factor, particularly in the poorer countries where governments find it increasingly difficult to meet the costs of new schools to accommodate their burgeoning populations. Laws relating to education, therefore, are not uniformly enforced.

Chart 10 reveals the wide gap in developing countries between the population of girls ages 6-17 and gross enrollment at the first and second levels of education. While the ratio of enrollees to school-age population has been growing steadily since 1960, in absolute numbers the difference between them remains substantial. About 200 million girls of school age apparently are not enrolled in school. The gap is broader still when drop-out rates and absenteeism are considered, both of which are more common for girls than for boys. In rural areas of the developing world especially, the advantages to the family of girls' help in the fields, or at home taking care of younger children, can often override what benefits are seen in female education.

Dividends of Education for Women

Developed Countries

Table 4

Education and Empolyment

Level of Educational Attainment	Labor Force Participation Rate* 1991 Women %	Labor Force Participation Rate* 1991 Men %	Unemployment Rate* 1991 Women %	Unemployment Rate* 1991 Men %
Primary	36	74	13	11
Lower secondary	54	85	10	8
Upper secondary	69	91	8	6
Non-university	81	93	4	4
University	84	94	4	3

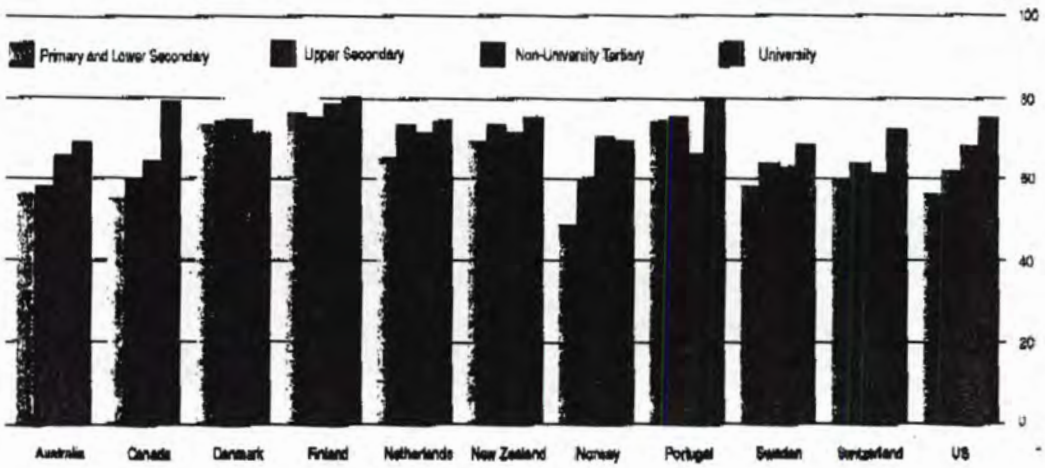
* ages 25-64; average country rate OECD countries

What the Numbers Show

Education, for women particularly, pays high dividends. In the developed countries *(table 4)*, the gap between men's and women's participation in the paid labor force shrinks as women move up to higher levels of educational attainment. More education also appears to give more protection against unemployment; rates drop for both women and men but somewhat faster for women.

As might be expected, earnings too respond to higher education *(chart 11)*. In virtually all of the developed countries shown below, women's earnings gained relative to men's as levels of education rose.

Women's Annual Earnings as a Percent of Men's* at Four Levels of Educational Attainment

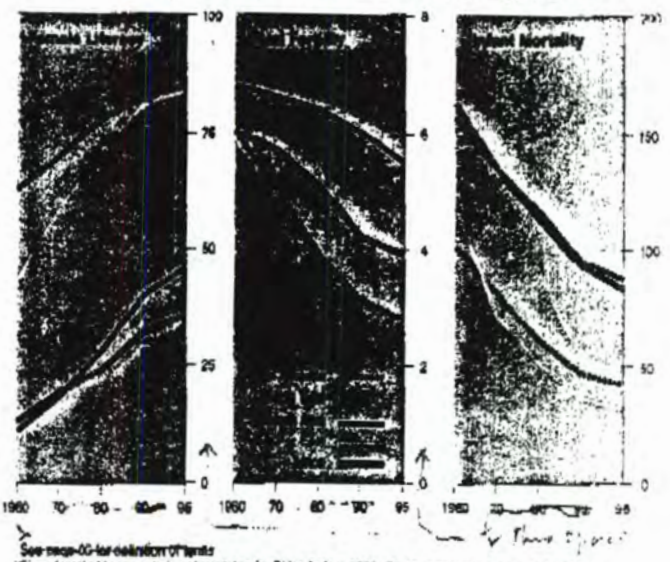


* At ages 25–35 for both men and women

Developing Countries

CHART 12

Female Literacy and Related Trends in Developing Regions



See page 00 for explanation of terms

*Since female literacy rate is not available for China before 1960, China is not included in the first chart.

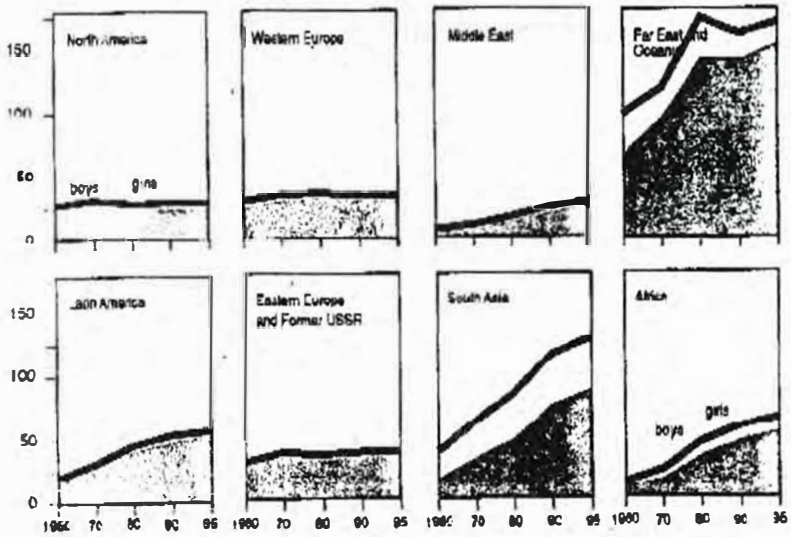
Negative Correlations

Rising female literacy , lower fertility rates, and reduced infant mortality go together. In the Far East, where the rate of female literacy doubled between 1960 and 1995, both fertility and infant mortality dropped to the lowest levels among developing regions.

Africa, often a laggard in indicators of social development, scored a particularly strong gain in female literacy during this period. Over the same years, its fertility rate declined, and infant mortality dropped sharply; Africa's rates in 1995, however, were still the highest of any region.

CHART 13

Enrollment of Girls and Boys, First and Second Levels of Education



Gender differences must be seen in absolute numbers in order to gauge their full significance in terms of unmet educational needs. There has been an improvement overall in girls' enrollment relative to boys', but the gap in numbers is getting larger as enrollment expands. In 1960, there were 67 million more boys than girls enrolled in first and second levels of education. Currently boys outnumber girls by 82 million. In South Asia alone, where the male educational advantage is most pronounced, there would have to be 42 million more school places just to bring girls' enrollment up to boys' at the present time.

Gender Comparisons While girls' enrollment has increased faster than boys' since 1960, the more favorable trend for girls has so far failed to eliminate a broad disparity between the sexes. At all levels of education, and in all regions except Eastern Europe and the former USSR *(chart 13)*, boys still represent a majority of students. In global enrollment at the primary level girls are 46 percent of all students; at secondary and tertiary levels, 45 percent of all.

Except at the third level, gender comparisons have not shown dramatic change over the 35-year period. In primary schools the proportion of girls in total enrollment has gone up three percentage points since 1960 (from 43 to 46 percent); in secondary schools, five percentage points (from 40 to 45 percent). The most pronounced improvement in female participation (see page 00) has occurred at the highest level of education, where girls have been furthest behind. In 1960 girls were only 34 percent of the student body in university and vocational schools; in 1995 they represent 45 percent of the students.

Behind these averages are continuing major differences in national and regional patterns. Reflecting economic as well as cultural differences, developing countries in general reveal significantly greater sex inequalities in education than do the developed. At increasingly higher educational levels the inequality becomes more pronounced. ***Map 2***, pages 24-25, portrays both national and regional inequalities.

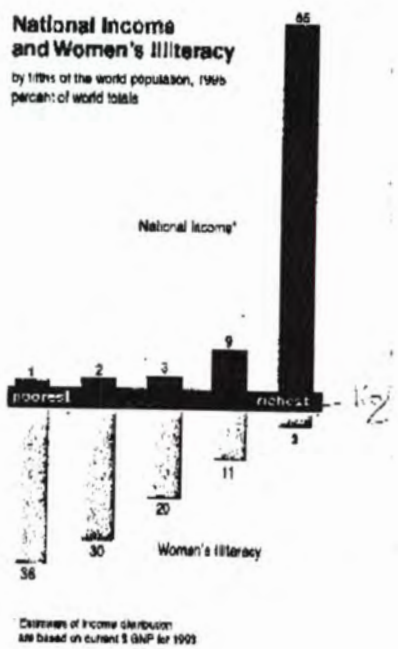
Literacy

In trend and geographic comparisons, literacy tends to mirror the patterns evident in school enrollment. Since 1960 there has been a marked increase in the number of women who are literate. Excluding China, for which data are not available before 1980, the number of women in the world who can read and write has increased by over 600 million in the past 35 years. The literate portion of the world's female population is now the highest on record, and is projected by UNESCO to grow another 13 percent by the end of the century.

As in school enrollment, however, women suffer a decided handicap in literacy in comparison with men and there is no clear sign as yet that this handicap is shrinking. In 1995, when women have an average literacy rate of 71, men have a rate of 84 percent. Since 1960, the male advantage has narrowed slightly in many regions but widened further in South Asia and Africa, where less than half the women are literate, compared with two-thirds of the men.

Low literacy rates for women have a common denominator in poverty and

CHART 14



*Estimates of income distribution are based on current $ GNP for 1993

women's low status in the household. ***Chart 14*** shows 86 percent of the world's female illiterates residing in the three poorest fifths of the world population, where national income per capita ranges from $90 a year to a high of $850 a year. The two most populous countries in the world, India and China, are included in that number. Together they have over 300 million women who are unable to read and write. In India there are 70 percent more female than male illiterates; in China, over twice as many females as males who are illiterates.

In many of the countries where illiteracy remains high, a large portion of the adult population has had no schooling whatsoever. Available data vary widely, but suggest that, in Africa and South Asia particularly, a majority of the female population 25 years and over is without any formal education. In addition, the continuing shortage of school places for younger generations steadily adds to the number of illiterates in those regions. The data on girls' enrollment in school and on adult illiteracy are a reminder that the poorer countries are still far from the goal of basic education for all.

Content and Other Constraints

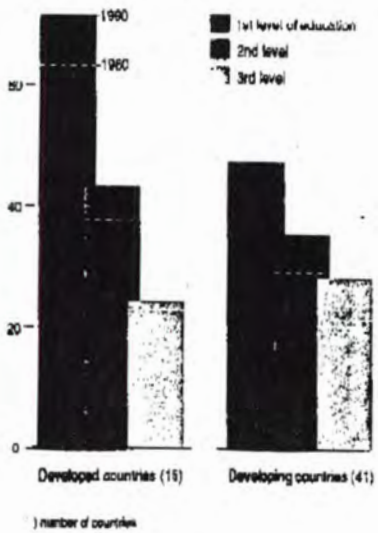
Equality of education for women suffers not only from lack of access to schooling but also from restrictive stereotypes outside of school and in the education process itself. Stereotypes of what is "natural" and "acceptable" for each sex create subtle barriers to the full development of intellectual abilities even when academic access is unlimited. This is a problem shared by both industrialized and developing countries.

The socialization process begins at the earliest ages within the family and community. Culturally-imposed sex roles and constraints shape self-images, attitudes, and ambitions. The process is common to all societies, although much more rigidly observed in some. In general, girls are expected to be passive and obedient; boys active, competitive, combative. Even modern media of communication tend to reinforce sex stereotypes: e.g., advertising consistently identifies women with household cleaning products, men with machinery and advanced technology.

Curriculum content—Textbooks and school curricula can help to alter or to reinforce stereotypical patterns. Teachers serve as role models, especially in societies where educated adults are rare. In all cultures the treatment they give to subjects in the curriculum, their reaction to students of both sexes, can help to suppress bias or to perpetuate it.

CHART 15

Women Teachers as percent of All Teachers, 1980 & 1990



) number of countries

Relatively little information with broad coverage is available on the content of education as it affects the images that girls have of themselves or their occupational orientation later. The evidence at hand suggests that teachers as well as teaching materials in the past have tended to reflect cultural stereotypes. There is a likelihood that this tendency is diminishing, at least in industrialized countries, as teachers have become more aware of the need to eliminate material suggestive of academic limits and choices for women. Emphasizing that what students see in print they believe, educators are giving closer scrutiny to teaching materials, and some texts are under revision. Progress is slow, however, and recent empirical evidence indicates that discriminatory materials are still common.

Teaching staffs—Segregation within the school system itself can have done little to banish sex stereotypes. Women teachers are clustered in the lower grades and ranks, teach the softer subjects, and in equivalent positions average lower pay than men. Data for 56 countries reporting for all three levels of education in both 1980 and 1990 ***(chart 15)*** show that women teachers are in the majority in the first level of schooling but are a progressively smaller proportion of the teaching staff as the educational level rises. Although the proportion of women teachers increased between 1980 and 1990, especially in developing countries, that pattern did not change. While women were a larger majority of the teachers at the beginning level of education in 1990, they represented less than half the teachers at the second level and only one quarter at the third. Even where women outnumber men in teaching staffs, they are usually a minority among school principals and heads of departments.

Table 5

Gaps in Academia -
US Institutions of Higher Education

	% women by rank		% women's salaries of men's	
	1982-83	1992-93	1982-83	1992-93
Professor	10	16	91	88
Associate Prof.	21	29	95	93
Assistant Prof.	36	42	94	93
Instructor	52	48	94	94
Lecturer	47	52	89	89
No academic rank	...	...	90	91
All ranks	...	...	81	80

Within institutions of higher education, vertical segregation is equally pronounced. Although there are now signs, in the United States at least, that women are beginning to break through the glass ceiling in academia, there are still relatively few holding professorial rank (see ***table 5***). At the level of full professor in the US, women now account for 16 percent of the rank, while as associate professors they are 29 percent, and as assistant professors 42 percent of those ranks. Segregation by rank is further emphasized by pay differentials for full-time faculty. In 1992-93 women's pay averaged 80 percent of men's; 10 years earlier it was 81 percent of men's.

Whenever teachers specialize by subject, a strong pattern of horizontal segregation is also evident. Women teachers are over-represented in the human and social sciences, such as languages, culture, history, and are severely under-represented in mathematics and technical subjects. Educators and administrators in science and technology are mainly male.

Fields of Specialization—Given curriculum choices, girls tend to select subjects that conform to an imposed cultural image, and not necessarily to their own potential ability or preference. Textbook stereotypes, in other words, become self-fulfilling prophecies. On the secondary level, girls continue to enroll in home economics and health-related fields, just as boys predominate in industrial programs, engineering, and agriculture. As a result, women find themselves largely excluded from participation in development projects such as those involving forestry or agriculture. Yet in many areas—the Caribbean, for one—training women to engage in such non-traditional fields as forestry, masonry, and carpentry has proved successful, advancing development goals, while at the same time increasing women's self confidence.

As ***chart 10*** illustrates, a similar pattern for women exists in third level education. Of the six fields of specialization selected for comparison, women still predominate in education and the humanities. Yet in the last three decades, there has been a greater relative increase in women's participation in the more technical and higher paid fields of medicine and law; in medicine, women now represent the majority of students enrolled; in law, they are 45 percent of enrollment. Impressive as these numbers are, they nevertheless mask what remains a continuing reality: women's share in sciences is still relatively modest even in developed countries, and has not improved at all in other regions.

"Investment in the education of girls may well be the highest-return investment available in the developing world. Enhancing women's contribution to development is as much an economic as a social issue."

Lawrence Summers, 1994
United States

Barriers to Higher Education—In the developing countries, a broad spectrum of economic and social constraints erects formidable barriers to women's entry into the realms of higher education. High among these is the relatively small number of students in many countries who are able to complete secondary education, the prerequisite for third level courses. Low enrollments and high dropout rates reflect the reluctance of parents to support the education of daughters who are needed at home, are less likely than their brothers to find well paying jobs, and are more likely to marry and leave home.

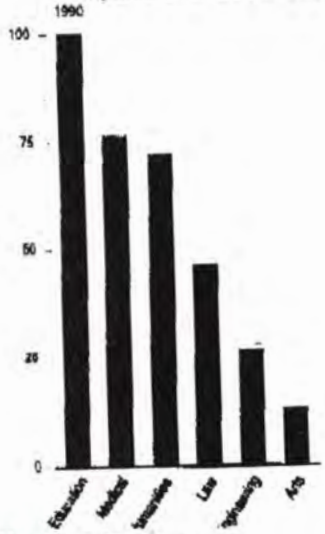
In rural areas, difficult access to secondary schools located far from homes, and poor quality of education hold back girls who aspire to third level schooling. There are also may regions with more conservative cultures in which parents are unwilling to expose their traditionally sheltered daughters to the freer standards of coeducational university life.

Yet encouraging women to continue on to advanced studies offers both economic and social dividends. From a practical point of view, investing in the higher education of women yields a high rate of return, both for the family and for the economy at large. Entering the labor market opens the door to a lifetime of potential wage gains for women whose earnings can enhance their family's well being, contribute to the GNP, and improve their country's financial health. ***Chart 11***, page 19, shows that in developed countries higher education increases women's pay relative to men's.

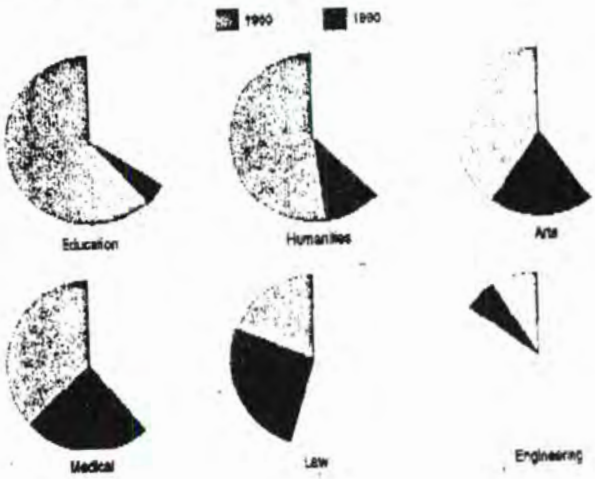
The social returns of training at the university level are no less important. Educated women who earn more also have a wider choice of opportunities to be productive. They enlarge the pool of talent which can provide economic and political leadership in the community and beyond. And since educated women tend to have educated children, they are passing on a valuable legacy of competence and effectiveness.

Women Students at the Third Level . . . Selected Fields of Specialization

Enrollment in Five Fields Compared with Enrollment in Education



Women's Share of Total Enrollment and Increases since 1960



Closing the Gender Gap

Shortchanging women of the right to education on any level is misguided on many fronts. Not only does it mean that a large proportion of the population is excluded from its rightful place in society, but it also retards progress on every score, not the least of which is in improving world health in general. Women's education represented by literacy rates has a clear correlation with lower fertility and lower infant mortality (***chart 12***, page 19. Each additional year of school for women has been shown to result in a 5-10 percent drop in child mortality.

Yet despite the clear advantage of education for women, a marked gender gap still persists in the developing world. In fact, in most developing countries women trail behind men in all levels of enrollment, the gap being the widest of all at the third level. On average, women enrollment is 84 percent of men's at the first level, 75 at the second level, and only 64 percent at the third level (***Map 2***, pages 24-25)

Substantial efforts, social and economic, are being made to narrow this gap. Many of them are designed to make education, especially third level, accessible and more attractive to women. Reserving spaces for women when advanced education facilities are expanding has proved to be helpful: in Nepal and in Ethiopia, for example, 10 percent of student spaces in engineering and agricultural institutes have been set aside for women. In regions where the social aspects of higher-level, coeducation schooling are a deterrent, women's dormitories and single-sex schools are being created.

Some practical job-related measures are also proving useful, such as tailoring academic programs to meet specific demands of the labor market: in India and the Philippines, offering education courses in marketable skills like textile design and computer training attracted more requests for admission than could be met. Incentives of scholarships and other financial assistance are encouraging girls to choose less traditional courses in mathematics and science.

Badly needed are even more special programs to raise the level of women's education. Currently, there are programs designed to improve girls' preparation on the secondary level and to provide cash for families to cover school-related expenses. another approach is to create flexible, part time, third-level courses for working or married women. Governments are also trying to offer substantial three-year scholarships and to create specific fellowships aimed at increasing the number of women teaching science and technology.

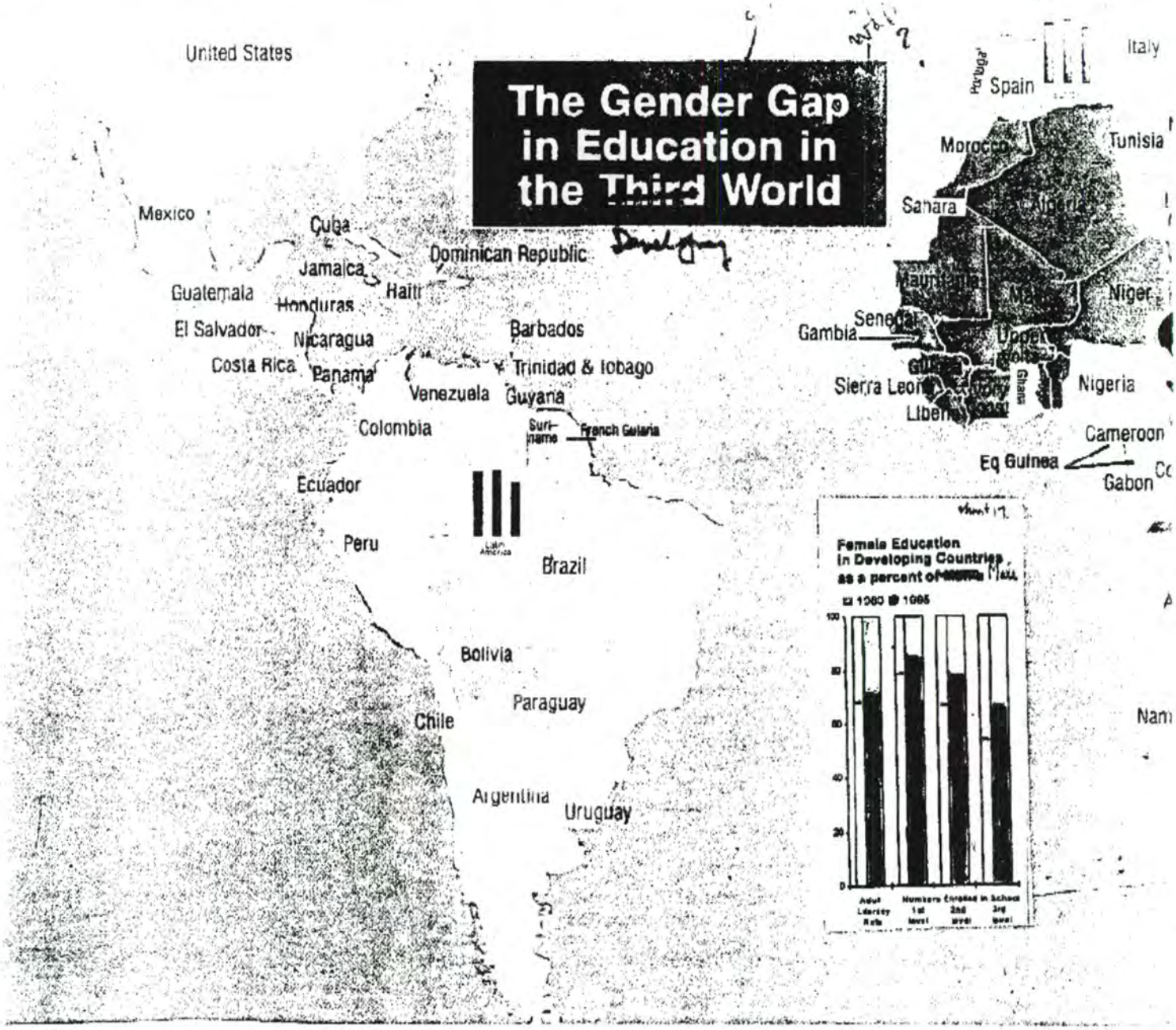
The measures that can be taken to meet the special educational needs of women are both plentiful and useful. But finding funds for them is difficult for many developing countries already faced with the almost insurmountable task of providing basic schooling for rapidly growing populations. The hope for the future lies in more world-wide funding of special programs. There are signs that this support is growing much of it directed at improving higher education of women; almost two-thirds of the projects of this nature that are sponsored by the World Bank have been developed in recent years.

Map 2 overleaf

The Gender Gap in Education In the Developing Countries

For a rough summary measure of the gap between the sexes in education opportunity in the Developing World, female-male comparisons in literacy and school enrollment have been combined in a simple average for each country. The results show broad national and regional differences, with Latin America recording the smallest gender gap and South Asia the widest. If the patterns of the 1990's continue, a women's chances of obtaining an education in the developing world will be about three-fourths those of a man's

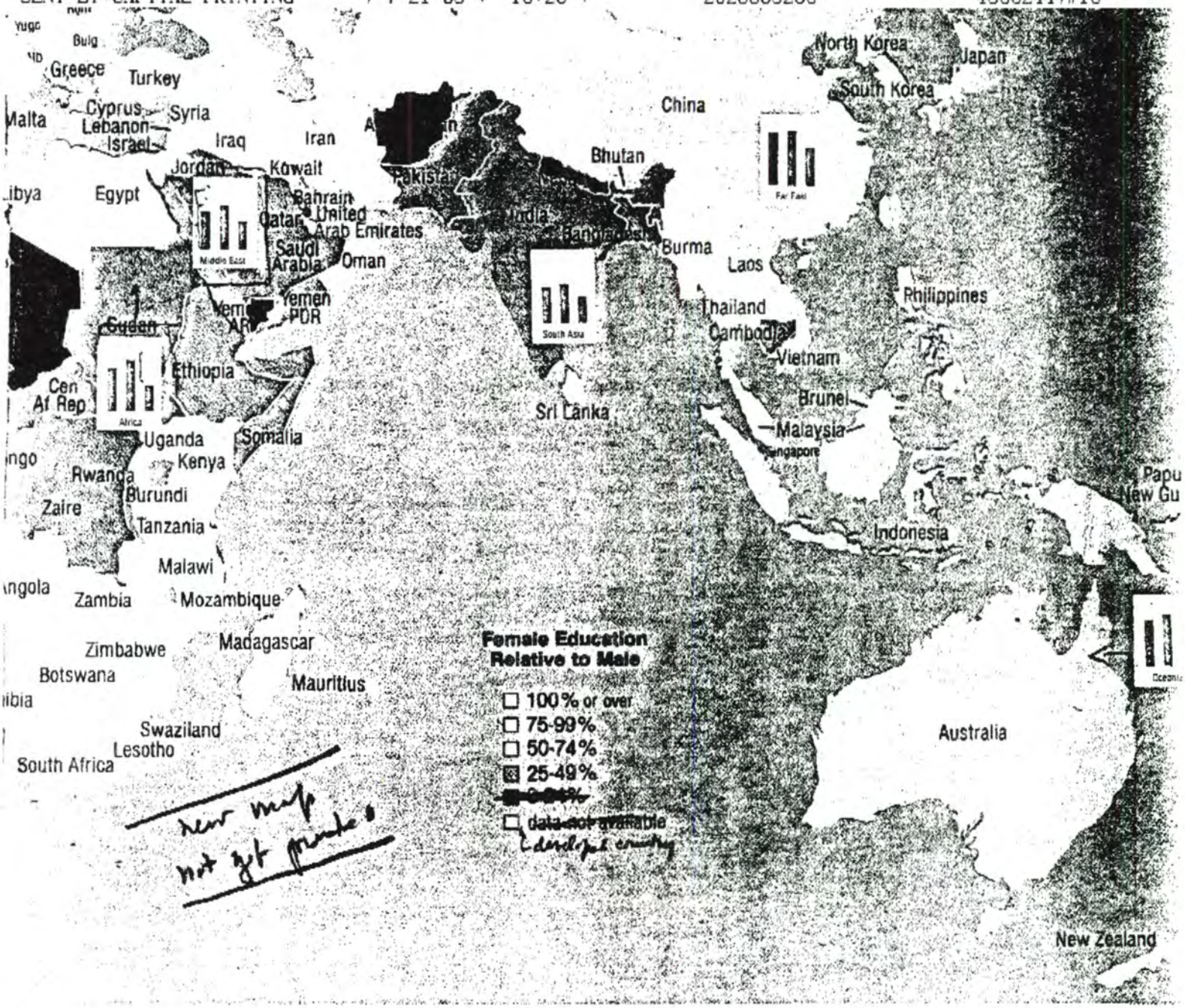
The Gender Gap in Education in the Third World



If Male Education = 100, Where Does

Female Education as a Percent of Male, 1995

	Adult Literac Rate	Numbers Enrolled 1st Level	2nd Level	3rd Level	Aver-age		Adult Literac Rate	Numbers Enrolled 1st Level	2nd Level	3rd Level	Aver-age		Adult Literac Rate	Numbers Enrolled 1st Level	2nd Level	3rd Level	Aver-age
Developing Countr	**77**	**84**	**75**	**64**	**75**	Panama	99	92	103	125	106	United Arab Emira	101	93	103	263	138
						Paraguay	97	94	103	94	97	Yemen	40	37	20	21	42[c]
Latin America	**97**	**95**	**106**	**89**	**97**	Peru	87	94	95	82	86						
Argentina	100	102	112	113	107	Trinidad & Tobago	90	97	102	66	91	**South Asia**	**57**	**73**	**50**	**46**	**60**
Barbados	99	90	87	125	100	Uruguay	101	95	124	128	112	Afghanistan	32	49	47	39	42
Bolivia	84	91	92	52	80	Venezuela	98	98	133	91	105	Bangladesh	53	80	57	21	63
Brazil	100	93	126	98	104							India	58	73	58	47	59
Chile	100	96	105	85	97							Nepal	34	59	47	34	44
Colombia	100	98	106	121	106	**Middle East**	**75**	**86**	**71**	**64**	**74**	Pakistan	48	58	45	45	49
Costa Rica	100	96	100	82	96	Bahrain	89	99	103	122	103	Sri Lanka	94	93	104	70	90
Cuba	99	94	103	126	106	Cyprus	93	93	98	97	96						
Dominican Rep.	100	97	112	70	93	Iran	76	86	77	49	72	**Far East**	**84**	**90**	**85**	**66**	**82**
Ecuador	96	95	102	71	91	Iraq	63	66	62	63	69	Brunei	89	90	99	90	92
El Salvador	95	103	94	85	94	Jordan	85	96	96	96	94	Burma	86	93	94	113	97
Guatemala	78	85	75	29	67	Kuwait	91	94	93	111	97	Cambodia	46[b]	...	...	...	
Guyana	99	95	106	100	100	Lebanon	95	89	96	64	86	China	81	88	81	43	73
Haiti	85	93	103	66	88	Oman	...	66	61	82	86[a]	Indonesia	87	04	85	60	82
Honduras	100	99	106	61	91	Qatar	101	93	98	197	122	Korea, South	98	95	91	52	84
Jamaica	110	98	104	81	98	Saudi Arabia	69	86	86	94	84	Laos	64	90	66	58	70
Mexico	95	94	98	80	92	Syria	65	88	79	78	78	Malaysia	86	94	103	101	97
Nicaragua	103	102	132	99	109	Turkey	78	95	82	61	74	Mongolia	87	98	104	147	109



Female Education Stand on a Scale of 0-100?

Female Education as a Percent of Male, 1995

	Adult Literac Rate	Numbers Enrolled 1st Level	2nd Level	3rd Level	Aver-age
Philippines	99	96	97	115	102
Singapore	90	92	96	83	90
Thailand	96	95	97	88	94
Vietnam	94	92	92	38	79
Oceania	**81**	**86**	**81**	**47**	**74**
Fiji	95	97	98	80	88
Pap. New Guinea	78	83	68	37	67
Africa	**69**	**82**	**78**	**54**	**71**
Algeria	66	88	84	50	72
Angola	51	92	73	19	59
Benin	53	51	43	15	41
Botswana	74	104	107	93	95
Burkina Faso	30	63	54	33	45
Burundi	47	82	69	37	59
Cameroon	69	85	72	15	60
Central African Re	75	63	45	23	52
Chad	56	44	27	12	35
Congo	81	87	73	22	66
Cote d' Ivoire	60	71	48	27	52
Egypt	61	82	80	55	70
Equatorial Guinea	76[b]	. . .	. . .	. . .	. . .
Ethiopia	54	73	94	29	63
Gabon	72	98	118	42	83
Gambia	47	68	60	---	58
Ghana	71	82	64	26	91
Guinea	44	46	31	11	33
Kenya	81	95	77	45	75
Lesotho	77	116	140	214	137
Liberia	41	54	39	31	41
Libya	72	93	134	106	101
Madagascar	82	97	100	95	94
Malawi	58	81	60	38	59
Mali	59	57	49	18	46
Mauritania	52	76	54	20	51
Mauritius	91	96	105	67	90
Morocco	54	70	73	61	65
Mozambique	40	75	57	38	53
Namibia	. . .	109	125	160	138[a]
Niger	33	56	43	17	37
Nigeria	70	78	73	38	65
Rwanda	74	99	80	26	70
Senegal	53	72	53	27	51
Sierra Leone	40	70	58	22	48
Somalia	39	52	54	25	43
South Africa	100	97	116	87	100
Sudan	80	74	84	69	72
Swaziland	97	99	102	96	99
Tanzania	72	98	73	18	65
Togo	55	64	35	15	42
Tunisia	70	89	83	76	80
Uganda	68	82	57	43	63
Zaire	78	75	51	22	57
Zambia	83	91	60	40	69
Zimbabwe	89	96	80	41	77

. . . Not available — None or negligible
[a] Enrollment only; women's literacy not available.
[b] Literacy only; women's enrollment not available.
[c] Literacy rates for 1990.

Women's Health

It is ironic that the health of women, creators and caretakers of humanity, has historically been neglected. Health care for women in their child-bearing years has vastly improved in recent decades. Yet in many parts of the world, they still suffer from a legacy of prejudice, especially in their early and late years.

Measured by numerical yardsticks, health conditions for women are distinctly better than they were 45, or even 10, years ago—longer life for mothers and children, a declining birthrate, reduced incidence of infectious diseases, improved quality of water and sanitation, greater access to primary care and to family planning. But overall, the rate of progress has been slow and uneven. In many parts of the world, women are still dying in large numbers from avoidable complications of pregnancy and childbirth. Maternal mortality, mainly eliminated in the industrialized world, still exacts a heavy toll in poorer countries. Too many women continue to be malnourished and burdened by unwanted pregnancies. Now the growing menace of human immunodeficiency virus (HIV) is an added threat.

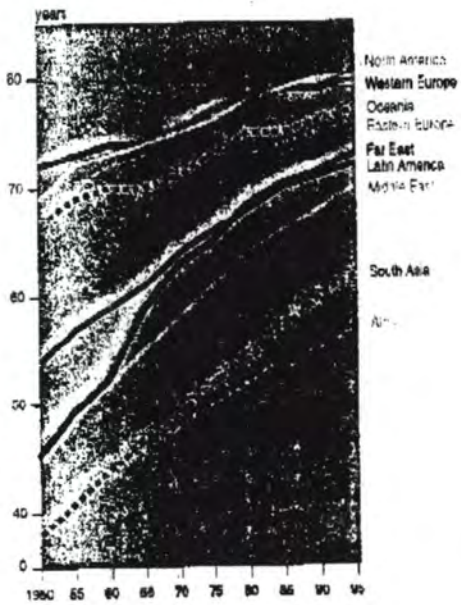
A gender gap also remains. In much of the world, women are still more likely than men to be hungry, poor, illiterate, and sick. Issues formerly soft-pedaled are ringing out: violence against women, the continuing practice of favoring boys from birth on, the persistence of the ritual of genital mutilation, are all detrimental to women's health. The vision of health for all will remain a mirage until greater attention is focused on women's specific health needs from childhood through the post reproductive years.

Life Expectancy

Records of mortality continue to provide the only consistent basis for judging women's health in global terms. The widely-used indicator of life expectancy based on age-specific mortality figures offers insights into women's physical well-being over time and in different areas of the world. The current figures may not reveal much about the quality of health during life, but they do highlight one encouraging trend: women born today will lead longer lives than those born 45 years ago. In 1995, the average female at birth can expect to live 18 more years than the female baby born in 1950. The flip side of the coin is that mortality records continue to show marked variations below the average, and female infants in many of the poorer countries will still have a shorter life span than those born in industrialized countries 45 years ago.

CHART 18

Female Life Expectancy at Birth

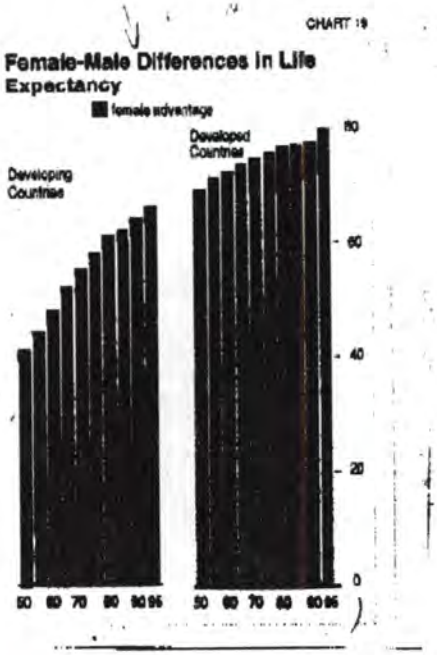


Geographic differences—Over the years, the gap between the highest and the lowest national life expectancy has continued to shrink. In 1950, the spread was 43 years; UN projections for 1995 reduce it to 40 years. ***Chart 18*** shows a narrowing of the range among regional averages as well. While the regions of the developing South rapidly improved in life expectancy, the upward trend slowed in the developed countries as they approached what seems to be a ceiling to longevity gains.

In 1995, the average girl in developing countries can hope to live 14 years longer than a girl in her mother's generation. Yet female life expectancy remains unacceptably low in many developing countries. In contrast to the average of 80 years in industrialized countries, millions of women in the least developed, mainly those in Sub-Saharan Africa, cannot yet expect a life of more than 50 years.

Gender differences—Worldwide, more boys are born than girls, yet in general the number of women who reach old age is considerably greater than the number of men. Women seem to have a genetic biological advantage which makes them more resistant to infection and malnutrition. On average, they live four years longer than men, although the differential in longevity varies considerably among

Prepared by **Arlette Brauer**, Editor of *The Modern Medical Encyclopedia* and former Contributing Editor of *MD* magazine. Mrs. Brauer was author of The Challenge of Social Development in *World Military and Social Expenditures 1993*.



countries and, as ***chart 19*** shows, between developed and developing regions. In developed countries, the average woman's life is now seven years longer than the average man's, while in developing countries the gap is only three years. The smaller advantage in longevity which women have in poorer countries in part reflects the larger gaps in those countries between men's and women's living conditions. In their work habits and in their relatively greater access to education, nutrition, and health care, men tend to live under more favorable conditions than women in developing countries.

But in some areas there are other factors at work as well. Population comparisons strongly suggest a continued pattern of discrimination against females in parts of Asia and Africa. In India and China, the world's two most populous countries, the ratio of men to women tilts sharply in favor of men. The preference for boys is so marked that girl babies are often neglected while boys receive more medical attention and are better fed. Infanticide also plays a role in some countries, especially since ultra-sound technology has have made it easy to determine the sex of a fetus. In Bombay, India, only one male was found in 8,000 abortions performed after the sex of the fetus was determined. The sex-screening tests are already outlawed in India and China, but are said to still be common.

In the developed countries, on the other hand, the life-style advantages may be in women's favor. Studies show a strong correlation between women's life expectancy and per capita GNP in those countries, stronger than between men's life expectancy and GNP. While benefiting from better living and health standards, women have generally been less inclined than men to succumb to some of the health-threatening temptations often associated with affluence: excessive consumption of food, a taste for alcohol and fast cars, and reckless behavior leading to high accident rates. The changing life styles which increase stress for women coping with competing demands of home and workplace may in time narrow the differential which is currently in women's favor.

Health Hazards

A number of health hazards specific to women threaten their well being as well as their life span. Women who live in countries where their right to education is ignored and where poverty is endemic are the most vulnerable to these hazards. This harsh reality accounts in part for the very broad differences among the world's women in life expectancy. Some of these hazards are all too familiar; they include malnutrition, anemia, the dangers of pregnancy and of giving birth. Others, like violence in its many forms and, more recently, by acquired immuno-deficiency syndrome (AIDS), have been only gradually acknowledged.

Malnutrition—Spawned by poverty and ignorance, malnutrition remains a serious problem for women throughout the developing world. Their caloric intake is still well below the minimum daily requirements, particularly in rural areas, where it is half that of urban areas. The level of nutrition is particularly low among the women of South Asia.

The causes of malnutrition are many, ranging from inadequate food supply to food taboos and the physiological drain of child bearing, but another factor plays a key role: the inequitable distribution of food within the household. In the many regions of the world where girls are perceived as less valuable to the support of the family than boys, it is the boys who are given the more nourishing food. Men, too, are given the lion's share; the women in the household eat last and least.

Nutritional neglect of girls lays the groundwork for later health problems in their reproductive years. Some 450 million adult women of reproductive age in developing countries are handicapped as a result of childhood diet deficiencies. Under-nutrition contributes to high rates of maternal mortality; it also increases the risk of giving birth to low weight, stunted, protein-deprived, possibly brain damaged children, with a poor chance of survival.

Lack of adequate nourishment reaches beyond the childbearing years through a woman's lifetime. It erodes her productivity and energy needed for laboring in the fields as well as in the household. In later years it conspires to make old age more difficult because of a lifetime deprived of protein, vitamins, and minerals.

One of the most threatening consequences of poor nutrition is iron deficiency, called anemia in its most severe form. This most widespread of nutritional diseases is also the most neglected in the world today, according to the World Health Organization. In the developing countries, 40 percent of women suffer from it, more of them in Asia and Africa than in Latin America, where income levels are higher. An estimated 60 percent of South Asian women and 44 percent of women in the Sub-Saharan area of Africa are anemic.

Although its symptoms are subtle, anemia can have many extreme side effects. Iron deprived women are more

CHART 20

vulnerable to infection and have less capacity for work. In pregnancy, anemia threatens the life of the child as well as the mother. During pregnancy, 83 percent of South Asian women become anemic ***(chart 20)***, as do close to two thirds of the women in the Far East, a stark contrast to the 10 percent who suffer from anemia in the industrialized world.

The insidious scourge of anemia can be checked through concerted public health efforts. Progress is slowly being made in India, where almost half of the estimated 466 million women suffering from anemia live. There, inexpensive ferrous sulfate tablets are offered to almost three quarters of pregnant women, at a cost of less than one fifth of a cent each.

Perils of pregnancy—Records of maternal mortality highlight the sharp contrasts in the health of women between the developing and the industrialized world. Virtually all maternal deaths and most maternal illnesses occur in the poorer countries: of the half million women who die each year from causes related to pregnancy and childbirth, 99 percent are in developing countries. The contrast is most pronounced in Africa, where maternal mortality is 64 times higher than in the more affluent regions. Poverty and its henchmen—poor nutrition, lack of adequate health care and of education—are largely responsible for the dramatic gap in this major indicator of health. Yet overall, there has been visible improvement in maternal mortality rates over a thirty-year period. In Latin America, for example, the death rate in 1990 had declined by more than two thirds since 1960 ***(chart 21)*** but was still six times higher than Europe's—and Latin America has the best regional record of the developing countries. Cutting maternal mortality to half its 1993 global toll by the year 2000 is a major goal of WHO.

Repeated childbearing, short birth intervals, and becoming pregnant at an early age seriously undermine women's health, especially in the developing world. An estimated 62 million women a year are left weakened by injuries and illnesses resulting from pregnancy, labor, unsafe abortions, and sexually-transmitted diseases (STD's). Closely-spaced pregnancies, especially unwanted ones, multiply the risks of hemorrhage, infection, and obstructed labor for mothers (and endanger children's health during the first five years). Becoming pregnant too early or too late in life can be equally hazardous; girls aged 10 to 14 are five times more likely to die in pregnancy or childbirth than women of 20 to 24 years; women who are over 34 are also at five times greater risk of dying.

Adolescent pregnancy is a growing threat worldwide. The more than 15 million girls from 15 to 19 years who give birth each year are highly vulnerable to complications of labor. Adolescent mothers-to-be often compound pregnancy problems by their reluctance to seek prenatal advice, thus imperiling both their own health and that of the unborn child. To add to these dangers, teenagers are more likely to seek unsafe, late abortions, and to suffer from those that are illegal or incomplete.

Unsafe abortions take a heavy toll in women's lives. Reports of the numbers of abortions performed worldwide tend to be incomplete and understated. WHO's estimate is that some 50 million women per year have abortions; almost half of these have undergone clandestine procedures, mainly in countries where abortion is illegal or severely restricted ***(table 6)***. These illicit, often primitive, procedures can lead to serious, long-term complications, and frequently result in death. Worldwide estimates of deaths from clandestine abortions range widely from WHO's 70,000 to other estimates of over 200,000 a year.

Since a woman's health is linked to the number of children she bears, it is encouraging to note that world fertility is decreasing. It has dropped over one-third since 1960, even in the developing world, from an average of over six children per woman in poorer countries to an average of less than four. By contrast, the average in market economies is less than two children. The lowest fertility rate in the world is in Italy and Spain at 1.4, the highest in Rwanda at 7.8 per women.

Table 5

Legal Status of Abortion

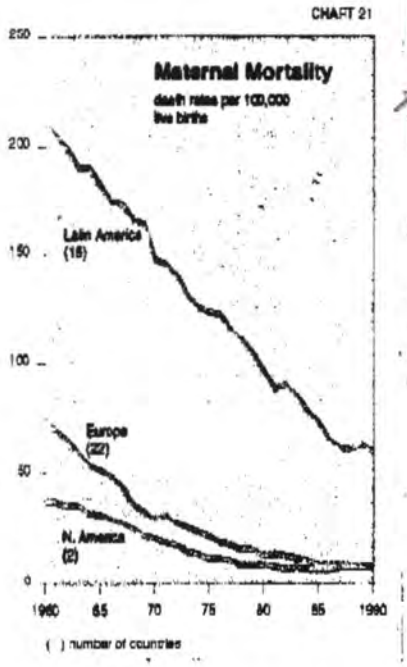
number of countries, ranked by restrictions of abortion law

Legal grounds	Africa	Asia	Europe	Americas	Total
To save a woman's life	20	15	1	14	50
Other maternal health reasons	20	12	5	7	44
Social and social-medical reasons	2	5	2	1	10
On request	1	5	30	4	40

Available data on the legal grounds for abortion indicate that about one country in four allows abortion on request. Many countries, including some with the most stringent policies, waive restrictions in specific cases, such as rape and incest.

"The problem of unsafe abortion is one of the most neglected and ignored health and human rights problems in the world today."

Mahmoud F. Fathalla, Egypt, 1993



AIDS—A growing and serious challenge to women's health in the last decade is the steady, stealthy increase in women of the human immunodeficiency virus (HIV) infection which can lead to AIDS. Contrary to the popular perception of HIV/AIDS as primarily affecting men, HIV infections are proliferating faster among women than in any other group. In Africa, women now account for 55 percent of all new cases of HIV. In the US, cases of AIDS among women have risen by 17 percent a year. WHO projects that by the year 2000, more than 13 million women will have been infected by the AIDS virus, and about four million will have died from it. Tragically, infected women can pass on the virus to their children; some one million children have been born with HIV transmitted to them during pregnancy, and more than half a million of them have already contracted AIDS.

Even in developed countries, where homosexual contact and intravenous needles used to account for the majority of infections, unprotected sex between men and women, especially among drug addicts, is now the chief cause of HIV infection. For anatomical and physiological reasons women are more than twice as likely as men to contract it during heterosexual sex. Women who must resort to commercial sex, or are exploited sexually, or gang raped in the course of war, are especially vulnerable. Women are also handicapped by social and economic factors, since men's traditional dominance in sexual decisions can make it difficult for women to assert their own wishes for sex safety measures.

Short- and long-term solutions and stratagems must be pursued vigorously to protect women from AIDS, particularly in the underdeveloped societies where the infection is spreading like a brush fire. Short-term measures should include caring for other sexually-transmitted diseases which increase the risk of contracting the virus. Public health programs which integrate HIV care with maternal, child care and family planning services can be effective. Efforts to develop women-controlled safe and effective barrier methods, including the use of microbicides, should be made top priority in research agendas.

Violence against women—The modern world has been reluctant to recognize that violence against women is an important health issue as well as a flagrant violation of their human rights. Yet in its many forms, violence—physical, sexual, and mental—is a significant health problem for women. Much of it is undocumented, especially if it occurs within the family, where shame and fear silence women's voices, but World Bank studies estimate that trauma resulting from rape and gender violence alone account for five percent of the total "burden of disease" among women of reproductive age in developing countries.

"Where, after all, do universal human rights begin? In small places, close to home —so close and so small that they cannot be seen on any maps of the world . . . Such are the places where every man, woman and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere."

Eleanor Roosevelt
United States, 1958

The sad truth is that in many societies gender violence is not only conveniently ignored but even at times sanctioned by custom or law. It is a legacy of an age-old perception of women as property of men. In this modern age, there still exist marriage ceremonies which mention a husband's right to beat his wife, and in some countries, such as Uganda, wife beating is customary. In some societies, such as India, bride burning, an archaic type of wife abuse, persists, along with other forms of abuse linked to the customs of dowry payment demands. It is this vestigial sanctioning of abuse even in a supposedly enlightened era which spawns the violence that is a major threat to women's health.

Domestic abuse is considered the world's most common form of violence. It brutalizes millions of women in almost every culture—but is particularly linked to poverty and lack of education. It is estimated that one-quarter of the world's women are severely abused in their own homes. Battering is considered the leading cause of injury for women of reproductive age, reportedly higher than from automobile accidents, muggings, and rapes combined. The medical system has in the past tended to ignore problems such as domestic violence, but the physical consequences of wife beating, which run the gamut from severe emotional disorders, internal injuries, miscarriages, and broken bones to the death of the victim, has been straining health resources significantly. Pregnant women who are battered are twice as likely to have a miscarriage.

Rape and sexual assault impose a tremendous toll of psychological as well as physical damage on their victims, who are also subjected to the risk of unwanted pregnancies and to social stigma. Reliable information on the incidence of rape

"Our country has three times as many shelters for neglected dogs and cats as for bloodied and fearful women."

Brent Staples
United States, 1995

is hard to obtain since it tends to be unreported, but in the US, studies indicate that, on average, 78 adult women and a similar number of girls and adolescents are raped hourly. Wartime mass rapes, which have contributed to the tragedy of armed conflicts since the beginning of recorded history, continue to exact their barbaric toll; they have been documented in war torn countries around the globe.

Another form of violence against women which has recently been exposed to public attention is the dangerous custom of ritual genital mutilation, also called female circumcision, which is still performed on women in many parts of the developing world as a prelude to marriage. It is a painful and hazardous procedure, often done without either anesthesia or regard for hygienic safety, endured by an estimated two million girls each year in 28 African countries where it is a common practice. WHO calculates that over 100 million girls have undergone genital mutilation, which can result in hemorrhage, tetanus, infections, or death. The girls who survive can be plagued with long-term complications, obstructed labor, and sometimes sterility.

In response to the heightened awareness of the many faces of violence against women, women's organizations have staffed crisis centers around the world. Their goal is to change the cultural attitudes which permit a range of male abuse, from forced prostitution to sexual harassment. Strong government support is needed to bolster these grass root efforts to combat gender-based abuse.

Health Care

Women still need greater access to effective health care, especially in the less affluent countries. Family planning centers, the main source of general health information for the majority of women in the developing world, are now assuming a larger role as they expand into reproductive health services, and give men as well as women guidance in health matters. They reach out to women beyond providing information on spacing births or limiting pregnancies to advise them on maternal health and nutrition. They can also help women prevent reproductive tract infections which expose them to AIDS. According to the World Bank, at a mere two dollars per person per year, the expanded services could reduce maternal illnesses and deaths substantially. This is a cost-effective investment since a healthy woman is an asset to economic development.

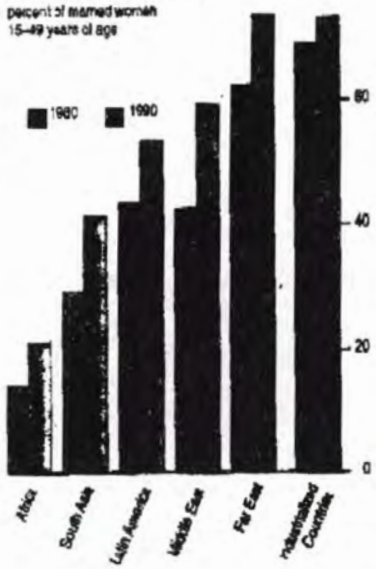
Yet crisis centers and extended family planning services cannot entirely take the place of essential general health services, and these are still woefully inadequate in the developing world. Maternal deaths and other medical problems are directly linked to shortages of health centers, especially in rural regions. In the less-developed countries, only about half of the births are attended by trained personnel, in vivid contrast to the richest fifth of the world's population, where almost all deliveries are by medically-trained personnel. Training traditional birth attendants as part of community-based programs to improve health care would greatly improve their usefulness in rural areas.

Family planning—Family size and family health are closely related. In families with too many children, who are too closely spaced, both young and old suffer, especially women. Family planning helps women avoid high risk and unwanted pregnancies and thus improves their general health and that of their children. Spacing births judiciously also frees women to continue their education and to increase their income-earning potential.

A reproductive revolution has been gaining momentum in the developing world since 1958, when Sweden first gave funds for population control to Sri Lanka (then Ceylon). The success of family planning programs in the last 25-year period can be seen in the declining birth rates. The use of contracep-tion has grown in the face of resistance, mainly for religious or cultural reasons, to the spread of family planning services. Many couples now have the option of using modern methods of fertility control and can choose those which are long-lasting and reversible. In the Far East, contraceptive use among married women of reproductive age now equals that of developed countries, 73 percent ***(chart 22)***. In Africa, especially the Sub-Saharan countries, where maternal and infant mortality is the highest, poverty most extreme, and population growth most rapid, contraceptive use is the lowest. An estimated 37 million women of re-

CHART 22

Use of Contraception



WHO estimates that in 1960 fewer than 10 percent of the world's women used a contraceptive method. Since then the use of contraception has been rising steadily and in 1990 is estimated to include more than half of the women of child-bearing age.

productive age in the region who would prefer to limit or space births do not yet have access to modern family planning methods.

Most countries in the developing world offer a measure of public support for family planning programs, although less than two percent of government spending—and less than two percent of international aid—is currently earmarked for these programs. Many developing countries not only provide most contraceptive methods free of charge, but in some cases, such as for sterilization or insertion of intrauterine devices (IUDs), also award some cash as recompense for lost work time and travel. Voluntary female sterilization remains the most widely used contraceptive method in the world.

Although helping women to space or limit future births may have averted many hundreds of thousands of maternal deaths and deaths of young children yearly, a worldwide need for family planning remains unmet. Among married women alone, approximately 120 million who wish to avoid pregnancy are not yet using up-to-date contraceptive methods. Public support is needed to provide extended family planning services that offer health-care counseling as well, particularly in rural areas.

Gender Bias in Health Care—In spite of a formal world pledge in 1979 to protect women from discrimination in health care and family planning, gender bias in health care persists. Women do receive more health care overall, but more major diagnostic and therapeutic procedures are performed on men. Perhaps because of a perception that men's contributions to society are greater than women's, male smokers are more readily tested for lung cancer, and men more often considered for cardiac catherization or kidney dialysis. Heart disease tends to be treated less aggressively in women.

Gradually, more medical issues affecting women are being covered in medical school studies around the world, in addition to the classical topics of obstetrics and gynecology. There are a number of diseases that are far more prevalent among women than men, such as osteoporosis, Alzheimer's, depression, thyroid problems (15 times more common in women), and rheumatoid arthritis (three times more common). In the US some medical schools are offering women's health tracks in their residency programs so that a greater number of physicians can be adequately trained to address the needs of women. A separate new women's health specialty has been suggested to focus exclusively on the care of women, just as there exists a specialty for the care of children.

Originally pioneers in health care, women remain in the majority as providers, but still primarily in support roles. Discrimination in the health field persists. There are encouraging signs, however, that the pattern is continuing to change. In developing countries more priority is being given to the training of women both as community health workers and as physicians. In industrialized countries, there has been an appreciable increase in the proportion of female doctors. Globally, the number of women graduating yearly from medical school in the last ten years has risen from one quarter to one third of the total. Yet in countries where the proportion of women physicians is as high as 70 percent (mainly in the developed world), few hold positions of authority.

Greater numbers of women professionals *per se* are unlikely to change the coverage and orientation of medical care. But in combination with the continued emphasis on the essential global need for primary health care, on the prevention of ill health and the expansion of medical services, they are more likely in time to improve radically the attention given to women's health needs.

Health and Wealth

Poverty, targeted by WHO as the single greatest enemy in the global crusade against disease and death, clearly emerges as the major enemy in women's health in the accompanying table. The gap between rich and poor is extreme. Women at the lowest echelon of poor countries face a life span 32 years shorter than that of their counterparts in the well-off North. The women in the poorest countries are one-tenth as likely to use contraceptives, and fifty times as likely to die when giving birth.

Table 7

Five Countries with the Highest GNP per Capita and Five with the Lowest

	GNP Per Cap Curr $	Female Life Expectancy (yrs)	Total Fertility Rate (per woman)	Contra-ceptive Prevalence (% child-bearing ages)	Female Infant Mortality (per 1000 births)	Low Birth Weight Infants (% of infants)	Maternal Mortality (per 100,000 births)	Births Attended (percent)
Highest GNP								
Luxembourg	38,790	73	1.8	...	8	4	22	100
Switzerland	36,550	82	1.8	71	6	5	7	99
Japan	31,370	82	1.7	64	4	6	10	100
Denmark	26,550	79	1.8	78	6	6	4	99
Norway	25,960	81	2.2	84	5	4	6	100
Average*	**31,300**	**82**	**1.7**	**65**	**4**	**6**	**9**	**100**
Lowest GNP								
Mozambique	90	49	6.1	4	114	20	300	25
Tanzania	90	52	6.3	10	97	14	340	53
Somalia	110	51	6.5	1	111	16	1,100	2
Ethiopia	130	51	6.5	..	95	16	....	10
Uganda	140	42	6.7	6	105	...	500	38
Average*	**110**	**50**	**6.4**	**8**	**100**	**16**	**447**	**25**

.. not available * These are weighted averages, based on population for the first four indicators and on births for the others.

Legal Rights, Political Power

"Those persons without rights at law are minors, married women, criminals, and the mentally deficient."

Napoleonic Civil Code
France, 1804

The idea of including women in "government of the people" took root about 2,500 years after the first recorded advocacy of political democracy. To the Athenians who brought democracy to that ancient city-state, "citizens" were male Athenians only; slaves and women had no part in the democracy. The religions that evolved later, Europe's great cultural Renaissance after the Middle Ages, the revolutions and bills of rights beginning in the seventeenth century were male-oriented. When philosophers and constitutions made references to the democratic ideals of the brotherhood of men, or to the rights and freedoms of "individuals", to liberty, justice, and equality for the "people", even to "human" rights, women were not in the picture.

On history's canvas, women even in the most economically advanced societies remained a class apart until well into the nineteenth century, when they began organized movements for reform. In the Scandinavian countries, some of the legal barriers to the participation of women in society began to come down by mid-century. In the US, the first Women's Rights Convention was held in 1848. The Convention, in a Declaration of Sentiments, produced eleven resolutions. The ninth, a call for "the sacred right to the elective franchise," later became the central rallying point for the movement for women's rights.

Women's Suffrage

The reaction to the demand for women's suffrage was often intensely hostile, sometimes violent, and as the chronology opposite shows, the struggle was a long one. It was not until near the end of the nineteenth century (1893) that the first country, New Zealand, granted women the right to participate in national elections on the same basis as men (***chart 23***). In the years up to 1940, 26 countries had followed suit.

Greater progress in women's voting rights occurred after World War II. By 1950 the number of countries granting suffrage to women had more than doubled. The wave of reform continued through the 1950's and 1960's, a period marked by political liberation of colonies as well as of women. In 1995 women have a legal right to suffrage everywhere except in six states in the Middle East (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates) and in Brunei, a small oil-rich monarchy in southeast Asia.

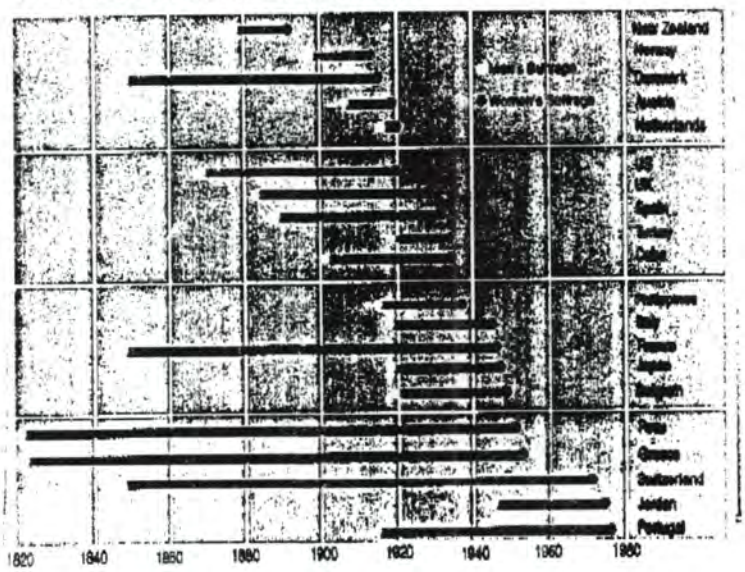
The last major population group to be enfranchised, women are now legally "of the people" in most of the world, at least in terms of the right to vote.

The legal right to suffrage, of course, does not necessarily mean that it is operative under existing political conditions in all of the countries listed opposite (***map 3*** and ***table***). Men as well as women have restrictions on their voting rights when countries are at war or are under the control of military, autocratic, or abusive governments. At present, more than half of the world's population live in countries which have suspended elections or put other restrictions on the electoral process. Most of these countries are under some form of military control; over one-third of them are in a state of war.

CHART 23

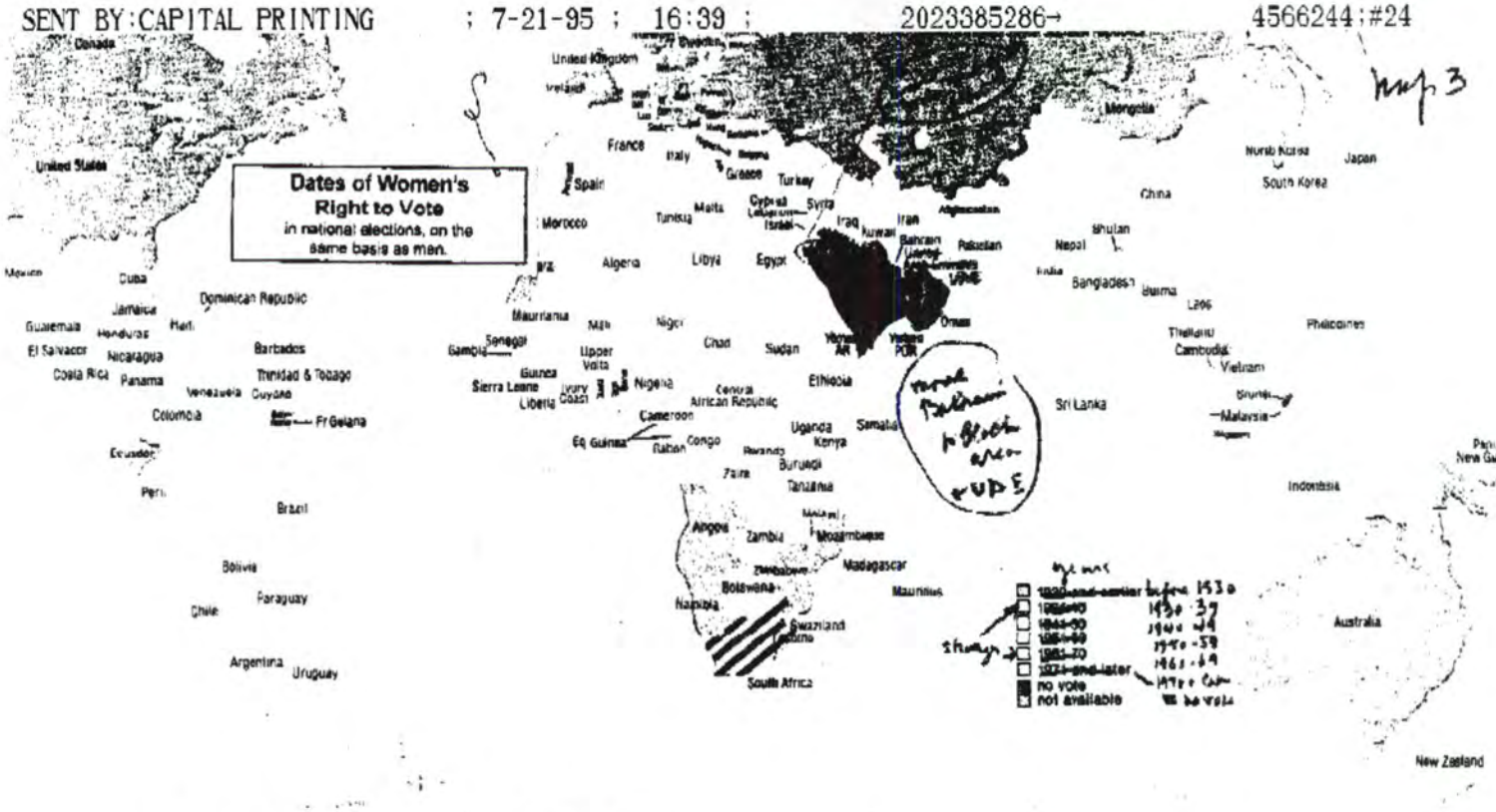
Gap In Years Between Men's and Women's Right to Vote

Selected Countries, ranked in sequence of dates of women's suffrage



Gender Gap in Suffrage

While women's suffrage is now almost universal, history shows long delays between men's right to vote and women's. Most countries which became independent after World War II provided in statutes or constitutions for equal voting rights for women and men. But in long-established states the time elapsed between men's suffrage and women's ranged from one to 134 years, with the average delay for women amounting to 47 years.



Countries Granting Women's Voting Rights, by decade

Before 1910	1910's	1920's	1930's	1940's		1950's		1960's		1970's	1980's	1990's
Finland	Austria	ex- Czechoslovakia	Brazil	Albania	Jamaica	Barbados	Madagascar	Afghanistan	Iran	Angola	Central Af.Rep.	Cambodia
New Zealand	Denmark	Lebanon	Cuba	Argentina	Japan	Benin	Malaysia	Algeria	Kenya	Fiji	Iraq	South Africa
	Germany	Mongolia	Pakistan	Bangladesh	Korea, N.	Bolivia	Mali	Australia	Lesotho	Jordan	Namibia	
	Iceland	Sweden	Philippines	Belgium	Korea, S.	Colombia	Mauritania	Botswana	Libya	Mozambique	Zimbabwe	
	Ireland	United Kingdom	Spain	Bulgaria	Laos	Cote d Ivoire	Mauritius	Burkina Faso	Malawi	Papua New Guinea		
	Luxembourg	United States	Sri Lanka	Burma	Liberia	Egypt	Nepal	Burundi	Morocco	Portugal		
	Netherlands		Thailand	Cameroon	Malta	Ethiopia	Nicaragua	Canada	Nigeria	Switzerland		
	Norway		Turkey	Chile	Mexico	Gabon	Peru	Chad	Paraguay	Yemen		
	Poland		Uruguay	China	Niger	Ghana	Sierra Leone	Congo	Rwanda			
	ex- USSR			Costa Rica	Panama	Greece	Somalia	Cyprus	Uganda			
				Dominican Republic	Romania	Guinea	Sudan	El Salvador	Zaire			
				Ecuador	Senegal	Guyana	Tanzania	Equatorial Guinea	Zambia			
				France	Singapore	Haiti	Togo	Gambia				
				Guatemala	Syria	Honduras	Tunisia					
				Hungary	Trinidad & Tobago	India						
				Indonesia	Venezuela							
				Israel	Vietnam							
				Italy	ex- Yugoslavia							

Gender Equality Under Law

Women's struggle for equality under law has from the earliest days gone much deeper than the right to participate in voting. Beginning in the 19th century the historical record shows new attention to legal, economic, and social issues of direct concern to women. For the first time, family issues moved into the public arena, with married women's property acts, guardianship of children, and employment rights. Matters such as divorce and family planning, once regarded by legislatures and courts as essentially private affairs, increasingly became the subject of public regulation.

Changes took time, as well as organized pressure by women. Until the 1920's, English laws on divorce gave husbands the right to divorce their wives on grounds of adultery, but wives, in order to exercise their right to divorce, needed additional grounds, such as assault. In France and Spain, female but not male adultery was grounds for imprisonment. By the 1970's, however, most European countries gave equal freedom to both spouses to terminate marriage, and divorce was by mutual consent, with a minimum of legal restriction.

Predominantly Catholic countries also moved toward state accommodation of family matters. Italy's divorce law, passed in 1970, allowed divorce after a five-year separation. In 1975, France passed the first abortion law in a Catholic country, permitting termination of pregnancy up to the tenth week.

International Treaties

The six international conventions relating to sexual equality which are listed on *page 34* date from the 1950's to the 1980's, and give a clue to the range of issues underlying the battle for equal rights. These conventions are among a much larger number sponsored by the UN and its affiliated agencies.

The conventions are important in providing basic concepts and a framework for necessary action by legislative bodies. They set the stage for reform at the national and local level.

Ratifications—Those governments which have ratified conventions have in principle agreed to be legally bound by their terms and to take specific actions to comply with the provisions. Ratification is the first step in national compliance. Ratification is also the only simple summary measure of what has been achieved in law on women's rights.

As of March 1995, 139 of the 185 members of the United

(Continued page 35)

Table 6

Selected International Conventions on the Rights of Women

✓- Ratified or Acceded. S - Signed but did not ratify.
as of March 1995

A= Elim. of all discrimination
B= Equal political rights
C= Equal marriage rights
D= Equal pay for equal value
E= Maternity protection
F= Equality in employment

	A	B	C	D	E	F
America						
Argentina	✓	✓	✓	✓		✓
Barbados	✓	✓	✓	✓		✓
Bolivia	✓	✓		✓	✓	✓
Brazil	✓	✓	✓	✓	✓	✓
Canada	✓	✓		✓		✓
Chile	✓	✓	S	✓	✓	✓
Colombia	✓	✓		✓		✓
Costa Rica	✓	✓		✓		✓
Cuba	✓	✓	✓	✓	✓	✓
Dom. Rep.	✓	✓	✓	✓		✓
Ecuador	✓	✓		✓	✓	
El Salvador	✓	S				
Guatemala	✓	✓	✓	✓	✓	✓
Guyana	✓			✓		✓
Haiti	✓	✓		✓		✓
Honduras	✓			✓		✓
Jamaica	✓	✓		✓		✓
Mexico	✓	✓	✓	✓		✓
Nicaragua	✓	✓		✓		✓
Panama	✓			✓		✓
Paraguay	✓	✓		✓		✓
Peru	✓	✓		✓		✓
Trin. & Tob.	✓	✓	✓			✓
United States	S	✓	S			
Uruguay	✓	S		✓	✓	✓
Venezuela	✓	✓	✓	✓	✓	✓
Europe						
Albania	✓	✓		✓		
Armenia*	✓			✓		✓
Austria	✓	✓	✓	✓	✓	✓
Azerbaijan*				✓	✓	✓
Belarus*	✓	✓		✓	✓	✓
Belgium	✓	✓		✓		✓
Bosnia/Herz**	✓	✓	✓	✓	✓	✓
Bulgaria	✓	✓		✓		✓
Croatia**	✓	✓	✓			✓
Czech Rep.	✓	✓	✓	✓		✓
Denmark	✓	✓	✓	✓		✓
Estonia*	✓					
Finland	✓	✓	✓	✓		✓
France	✓	✓	S	✓		✓
Georgia*	✓					
Germany	✓	✓	✓	✓		✓
Greece	✓	✓	S	✓	✓	✓
Hungary	✓	✓	✓	✓	✓	✓
Iceland	✓	✓	✓	✓		✓
Ireland	✓	✓		✓		
Italy	✓	✓	S	✓	✓	✓
Latvia*	✓	✓		✓		✓
Lithuania*	✓			✓		✓
Luxembourg	✓	✓		✓	✓	
Macedonia**	✓	✓	✓			
Malta	✓	✓		✓		✓
Moldova*	✓	✓				
Netherlands	✓	✓	✓	✓	✓	✓
Norway	✓	✓	✓	✓		✓
Poland	✓	✓	✓	✓	✓	✓
Portugal	✓			✓	✓	✓
Romania	✓	✓	✓	✓		✓
Russia*	✓	✓				
Slovakia	✓	✓	✓	✓		✓
Slovenia**	✓	✓		✓	✓	✓
Spain	✓	✓	✓	✓	✓	✓
Sweden	✓	✓	✓	✓		✓
Switzerland	S			✓		✓
UK	✓	✓	✓	✓		
Ukraine*	✓	✓		✓	✓	✓
Yugoslavia**	✓	✓	✓	✓	✓	✓
Asia						
Afghanistan	S	✓		✓		✓
Bahrain						
Bangladesh	✓					✓
Brunei						
Burma		S				
Cambodia	✓					
China	✓			✓		✓
Cyprus	✓	✓		✓		✓
India	✓	✓		✓		✓
Indonesia	✓	✓		✓		
Iran				✓		✓
Iraq	✓			✓		✓
Israel	✓	✓	S	✓		✓
Japan	✓	✓		✓		
Jordan	✓	✓	✓	✓		✓
Kazakhstan*						
Korea, N.						
Korea, S.	✓	✓				
Kuwait	✓					✓
Kyrgyzstan*				✓	✓	✓
Laos	✓	✓				
Lebanon		✓		✓		✓
Malaysia						
Mongolia	✓	✓	✓	✓	✓	✓
Nepal	✓	✓		✓		✓
Oman						
Pakistan		✓				✓
Philippines	✓	✓	✓	✓		✓
Qatar						✓
Saudi Arabia				✓		✓
Singapore						
Sri Lanka	✓		S	✓	✓	
Syria				✓		✓
Tajikistan*	✓			✓	✓	✓
Thailand	✓	✓				
Turkey	✓	✓		✓		✓
Turkmenistan*						
UAE						
Uzbekistan*						
Vietnam	✓					
Yemen	✓	✓	✓	✓		✓
Oceania						
Australia	✓	✓		✓		✓
Fiji		✓	✓			
NewZealand	✓	✓	✓	✓		✓
Papua NG	✓	✓				
Africa						
Algeria				✓		✓
Angola	✓	✓		✓		✓
Benin	✓		✓	✓		✓
Botswana						
Burkina Faso	✓		✓	✓		✓
Burundi	✓	✓		✓		✓
Cameroon	✓			✓		✓
Cen.Afr.Rep.	✓	✓		✓		✓
Chad				✓		✓
Congo	✓	✓		✓		
Cote d'Ivoire	S			✓		✓
Egypt	✓	✓		✓		✓
Equ. Guinea	✓			✓	✓	
Ethiopia	✓	✓				✓
Gabon	✓	✓		✓		✓
Gambia	✓					
Ghana	✓	✓		✓	✓	✓
Guinea	✓	✓	✓	✓		✓
Kenya	✓					
Lesotho	S	✓				
Liberia	✓	S				✓
Libya	✓	✓		✓	✓	✓
Madagascar	✓	✓		✓		✓
Malawi	✓	✓		✓		✓
Mali	✓	✓	✓	✓		✓
Mauritania		✓				✓
Mauritius	✓	✓				
Morocco	✓	✓		✓		✓
Mozambique				✓		✓
Namibia	✓					
Niger		✓	✓	✓		✓
Nigeria	✓	✓		✓		
Rwanda	✓			✓		✓
Senegal	✓	✓		✓		✓
Sierra Leone	✓	✓		✓		✓
Somalia						✓
South Africa	S	S	✓			
Sudan				✓		✓
Switzland		✓		✓		✓
Tanzania	✓	✓				
Togo	✓			✓		✓
Tunisia	✓	✓	✓	✓		✓
Uganda	✓					
Zaire	✓	✓				
Zambia	✓	✓		✓	✓	✓
Zimbabwe	✓		✓	✓		
Ratified*	123	102	42	116	31	111

* countries of ex-USSR. ** countires of ex-Yugoslavia.

***covers only the countries included in this publication. The total number of ratifications of each convention appears in the table to the right above.

Table 6

Abbreviated Titles and Terms

Entered into force		Countries ratifying*
1981	*Elimination of all forms of discrimination against women (Women's Convention):* to enact laws embodying principles of equality and modify those based on stereotyped sex roles; application to rural women specifically mentioned.	139
1954	*Equal political rights:* to ensure women's right to vote, eligibility for election to public office on equal terms with men.	105
1964	*Equal marriage rights:* to ensure free consent to marriage by both parties, minimum age of marriage, official registration of marriages.	44
1953	*Equal pay for equal value:* to appraise jobs objectively and set rates of remuneration without regard to sex for work of equal value.	127
1955	*Maternity protection:* to provide maternity leave before and after confinement, with cash and medical benefits.	31
1960	*Equality in employment:* to promote equality of opportunity and treatment in employment in order to eliminate any discrimination.	126

*As of March 1995 for all conventions. Number of countries ratifying represent all countries in UN system; table at left shows only those countries covered in this report.

Highlights of the Women's Convention of 1981*

General Principles

–Discrimination against women continues and hampers the growth and prosperity of society and of the family.
–Change in the traditional role of men as well as of women is needed to achieve full equality.
–Governments shall take measures necessary to ensure rights for women on equal terms with men.

Rights to be Ensured

Civil
–to be equal before the law including with respect to property and contracts.
–to have equal access to family benefits and bank credit.

Political
–to vote in all elections and be eligible to hold office at all levels of government.
–to participate in the formulation of government policy.
–to represent their governments at the international level.

Education
–to have the same conditions as men for vocational guidance, scholarships, and diplomas at all levels.
–to have textbooks free of stereotypes about sex roles.
–to have information about family health and planning.

Employment
–to have equal pay for work of equal value.
–to have maternity leave with pay, without loss of seniority.
–to have social services that permit parents to combine family obligations with work.

Health
–to have equal access to health services.
–to have free health services during pregnancy, where needed, and adequate nutrition.

Marriage
–to enter marriage and choose spouse with free consent.
–to have same rights and responsibilities during marriage and its dissolution; also as parents.
–to decide on number and spacing of children.
–to have right to choose a family name and occupation.

*Convention on the Elimination of All Forms of Discrimination Against Women

(continued from page 33)

Nations have ratified (and six have signed*) the most comprehensive of the international instruments, the Women's Convention, which identifies both the general principles of equality and the specific rights that must be addressed.

The UN review committee has pointed out, however, that more reservations have been attached to the Women's Convention than to any other human rights treaty and that the reservations are often vague, making it difficult to determine what their impact on the obligations of the parties may be. There is also, of course, the regrettable lack of commitment to the treaty by 40 of the UN member states, which have not yet ratified it.

Religious and customary law—Of the member states not ratifying or signing the Convention, many are countries with large Islamic populations, where religious law governs family behavior and often takes precedence over secular law. Traditionally, Islamic law permits polygamy, and divorce by the husband without court formalities. It decrees that a woman must be under a male "guardian" and cannot leave the house unless accompanied by a male relative; in court, a woman's testimony is worth less than a man's; a daughter inherits less than a son.

Over 40 countries in the world are estimated to have a majority Muslim population and at least half of them have some form of Islamic legal system. However, the degree of adherence to all aspects of Islamic law varies in the Muslim world. In Saudi Arabia, sex segregation is the law; even banks must maintain separate offices for women only. On the other hand, the civil law in Tunisia and Turkey, for example, more closely follows the principles of equality as enunciated in the Women's Convention. Among the countries in which Moslems represent a majority of the population, six have ratified the Convention without reservation, twelve with reservations. Others have not yet acted on it.

Customary or traditional law still takes precedence in many countries, especially in Sub-Saharan Africa. Countries may outlaw sex discrimination in their constitutions but find exceptions for matters regarded as customary practice. Kenya, for example, exempted inheritance of property from its constitutional provision on equality. Burundi's family code invalidated the dowry but allowed a wife to work only with the consent of her husband. Zimbabwe's Court ruled that, under customary law, the oldest son is the natural heir to his deceased father, even if there is an older daughter. Somalia endorsed legal equality but permits a traditional practice, female genital mutilation, which is a danger to women's health and life.

National Implementation

The commitments made by countries ratifying the international conventions on women's human rights have practical significance only when they are carried out through national laws and standards. The follow-up measures are critical for meaningful change. At present there is no systematic world-wide assessment of the overall progress achieved using sex disaggregated data.

Several periodic sources do, however, provide a running account of national reports made to the UN and of legislative and judicial measures taken, and perhaps at some point the UN will establish a form of annual accounting to make it possible for the public to judge comparative national, and global, results of the women's revolution. Hopefully, this will include references to specific examples of implementation, the country's overall plan of action, the coordinating body, and the budgets devoted to the programs.

Table 9

Chronology in France - One Country's Gradual Advance in Women's Legal Rights*

1880 - equal access to secondary education.
1884 - equal access to university education.
1907 - married women's right to keep their own salaries.
1938 - woman no longer to be considered minors under law.
1945 - women's suffrage and right to run for public office.
1946 - women given "equal rights with men in all domains."
1953 - right to bank accounts without husband's consent.
1965 - equal rights and duties of spouses in marriage.
1968 - contraception legalized.
1970 - equal division of parental responsibilities.
1972 - equal pay for work of equal value.
1975 - voluntary termination of pregnancy before tenth week.
1977 - parental leave following birth or adoption of a child.
1980 - guarantees for flexible and part-time work schedules.
1980 - pregnancy cannot be a basis for discrimination.
1983 - concept of "head of family" in fiscal law is abolished.
1985 - children can take the mother's family name.
1991 - individuals guilty of sexual harassment in the work-place face one year in prison and $16,000 fine.

* Under the Code Napoleon, the civil code enacted in France in 1804 (and subsequently adopted in a number of countries throughout the world), wives were under the guardianship of their husbands, and had no legal capacity to sell, give, buy, or receive property without their consent. The 111-year chronology in France is illustrative of the very gradual advance which occurred in most industrialized countries.

Based on available records, it would appear that most countries have already moved to establish broad constitutional or legislative provisions asserting the equality of the sexes and guaranteeing equal rights to both women and men. Constitutions and laws have been written or re-written to require gender equality. Afghanistan, Chad, Fiji, Namibia, Nepal, and Yemen are among the countries which have recently (in the 1990's) approved new constitutions, with general guarantees of this nature.

Many states have taken a further step, making provisions for official machinery—new legal commissions, tribunals, or ombuds(wo)men—to oversee progress on women's rights, and to act on complaints of inequality. Costa Rica, for example, has set up a defense counsel for women and Mauritania a Ministry for the Status of Women. Mexico, Argentina, and Pakistan have provided for special female agents or police to deal with sex crimes. Niger created centers throughout the country for the education and promotion of women. China established committees at all government levels for the protection of women and children. The new South Africa established a Sub-Council on the Status of Women to work with the executive council in preparing the new constitution.

Now the major emphasis must be on translating broad principles into national policies and concrete programs that can redress centuries of discrimination. The objectives are both to correct laws and practices that are discriminatory, and to promote equality in an affirmative way, especially to ameliorate the conditions of the most disadvantaged.

The extension of the principle of gender equality from broad guarantees to specific programs, with adequate funding, puts new emphasis on the range of issues relating to sex equality and on the positive allocation of resources needed to correct past discrimination and ensure women's human rights.

In *education*, for example, it means literacy programs for adult women who missed minimum schooling, special support for girls to choose non-traditional subjects and to receive training in technical skills and in leadership to broaden their work options.

(continued, page 37)

* The US has signed but not yet ratified it.

Legal Rights and Women's Health

The understanding of "health" in international legal practice is conditioned by the definition of health in the Constitution of the World Health Organization (WHO). The definition is comprehensive: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

The challenge of securing women's health, therefore, focuses not simply on physical and mental health services, but on the justice of the foundations upon which societies function. In other words, the neglect of women's health is seen as part of a larger social problem of systemic discrimination against women. Laws that deny or obstruct women's access to health services are being challenged as violations of women's basic human rights.

Paternalistic control of women's sexual and reproductive behavior manifests itself in many ways in laws and policies.

Laws condition women's access to health services by, for example, requiring married women to secure their husbands' authorization in order to obtain contraception, sterilization, and abortion services.

Medical procedures that only women need are often criminalized, contributing significantly to high rates of pregnancy-related death and sickness. Each year at least 500,000 women die world-wide from preventable pregnancy-related causes, including unsafe abortion and lack of basic obstetric care.

Laws that prohibit practices that are detrimental to women's health, such as female genital mutilation and early marriage, are rarely or inadequately enforced.

The Legal Instruments - The modern era of rights that can be brought to bear on women's health began with the adoption of the Charter of the United Nations (UN) in 1945. Under Article 55(c) of the Charter, the UN shall promote "universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to...sex...."

The UN Charter contributed to both universal and regional human rights instruments. The Universal Declaration of Human Rights, adopted by the UN General Assembly in 1948, prohibits discrimination based on sex. The Declaration was given legal effect through two implementing Covenants: one on Civil and Political Rights and one on Economic, Social, and Cultural Rights.

The leading modern instrument on women's equal rights, derived from the Universal Declaration, is the Convention on the Elimination of All Forms of Discrimination Against Women (the Women's Convention), adopted unanimously by the UN General Assembly in 1979. The Convention is the first legally binding international treaty in which member countries assume the legal duty to eliminate discrimination against women in all civil, political, economic, social, and cultural areas, including health care and family planning.

International Protection - Virtually all states are now party to the Women's Convention *(see page 34)*. The near unanimity in ratification may, however, suggest more progress in legal protection than is warranted by the record to date:

- While the Convention requires states parties to report periodically on their progress in bringing their laws, policies, and practices into compliance with its terms, many states have yet to report on a timely basis.
- Moreover, 45 states parties have accepted the Convention only with reservations. These reservations mean that the states reserve their obligations to eliminate discrimination in certain sectors. For example, reservations relating to equality in the family may mean that women have a double burden of family responsibilities and work, leading to more stress and higher risk of ill health.

The lack of timely reporting and the extent of the reservations raise the question whether all countries ratifying the Women's Convention are serious about their commitment to eliminate all forms of discrimination against women. On the other hand, a review of laws on human rights reveals a large and rich body of legislation dealing specifically with women's rights, much of it in the last decade.

Regional Protection - In the Americas, Europe, and Africa, countries are joining in regional conventions to strengthen women's rights. Alarmed by the rise of violence against women, the Organization of American States in 1994 adopted the Convention on the Prevention, Punishment, and Eradication of Violence Against Women, the first formal treaty on this subject.

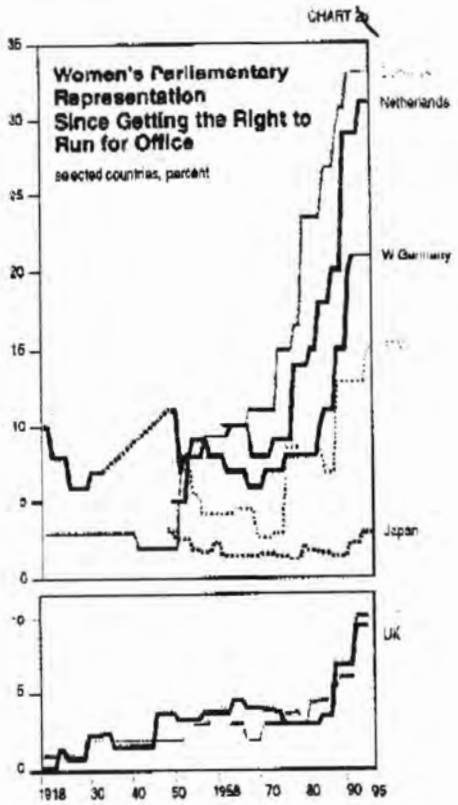
Regional protection, with the advantages of geographic proximity, cultural similarity, and economic interdependence, is gathering momentum. In Europe, the Court of Human Rights has held several national governments, including Belgium, Ireland, and the Netherlands, in violation of the duty to respect the human rights of women. In Africa, a number of national courts, among them Botswana, Tanzania, and Zimbabwe, have required governments to change laws that are discriminatory against women.

National Protection - The protection of human rights through national constitutions and domestic laws is the first line of defense for women. Courts and parliaments are increasingly addressing discrimination. Liberalization, however, is slow in countries in which traditional, social, and religious practices have been used to reinforce women's subordinate status. Even countries with sex equality provisions in their constitutions may accept customary practices that can limit their application.

Some countries are moving to address women's health through comprehensive laws that require the removal of discriminatory and stereotyping practices and also provide a range of reproductive and other health services.

Other countries are addressing specific causes of women's ill-health, such as unsafe abortion, by liberalizing laws on access to contraception and abortion services. Since 1965, over 80 countries, ranging from Barbados to Italy, Singapore, and Zambia, have reformed their laws to facilitate access to safe abortion services and to contraceptive services to reduce the need for abortion. Legislatures and courts are increasingly recognizing the needs of mature adolescents for confidential health services, including those relating to sexually transmitted diseases.

Prepared by **Rebecca Cook**, Professor, Faculty of Law, University of Toronto, Canada; Editor, *Rights of Women* (1994).



(continued from page 35)

In *health care*, gender equality calls for an adequate period of paid maternity leave for women in the paid work force, provision of public services to protect women's reproductive rights and to prevent or punish violence against women both in the streets and in the home.

In the economy, it requires the extension of child care provisions to both parents, equal access to credit facilities, equal pay for work of equal value, and equal rights to buy land and inherit property.

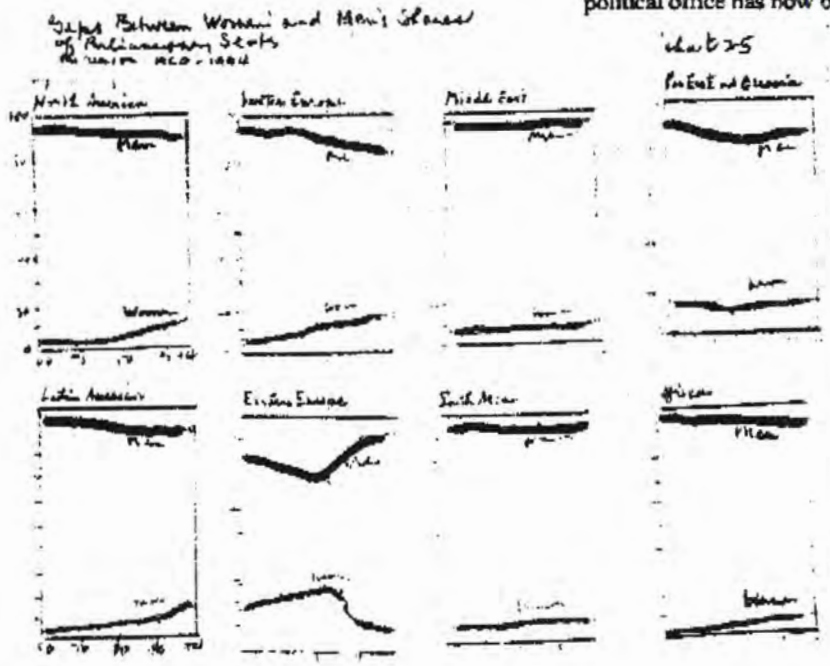
In government, it calls for a significant increase in the number of women in legislative and top government positions, and equal participation with men in government councils where priorities are set.

The range of issues and needs is so broad, the national situations so varied, that it is impossible at this time to judge the degree of overall progress on legal equality achieved so far. Clearly most of the world community has already responded, with broad constitutional or legislative reforms, to the need to end discrimination against women. Follow-up in terms of specific programs and budgets, goes more slowly. It is also possible that relatively few countries are prepared at present to redress the neglect of centuries in the terms illustrated above. Yet in many respects a strong current of change is visibly underway. With the spotlight turned on by well-organized women's groups and public attention alerted, it is quite possible that some countries will achieve in a few years the degree of progress on equal rights that the old democracies took over 100 years to attain (*table 9*).

Women in Government

The translation of human rights into political power proceeds more slowly in most countries. While getting the vote under law is now past history for almost all (99 percent) of the world's women, effective use of it to achieve political equality is still a distant goal. A more equitable representation of women in official decision-making positions remains one of the major objectives of women's organizations.

The first legal instrument designed to further women's rights worldwide was addressed to their political rights. The UN convention on equal political rights covered not only suffrage but also women's equal eligibility for election to all public offices. As of March 1995 this convention had been ratified by 105 countries. Like suffrage, the right of women to hold political office has now been achieved in most countries.

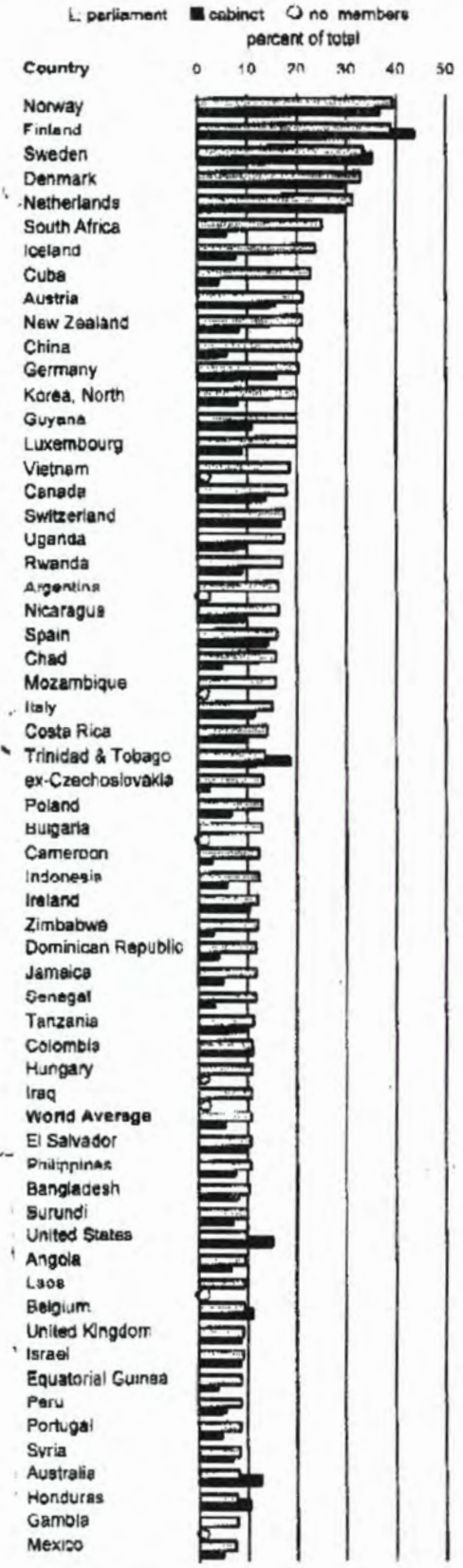


In this respect, as in others previously reviewed in this report, there is a large gap between rights and reality. While there is evidence that women are voting in increasing numbers, overall they have made relatively slow progress so far in political representation.

Chart 24, showing countries for which a record is available from the beginning of women's right to vote, attests to major advances in some cases. But these are largely European countries and not typical of global change. Four of the seven are well above the world average in women's representation in politics.

Pictured over a broader geographic spectrum (*chart 25*), political progress is much less impressive. Comparisons of women's and men's shares of parliamentary seats reveal enormous gaps between them in every region of the world. Eastern Europe, which had been the star performer in this respect under the communist governments—with women in the mid-1980's reaching an average of 29 percent

Representation of Women in National Parliaments and Executive Cabinets, 1994*



* 60 countries with the highest representation of women in national parliaments, as of 5/30/94.

all parliamentary seats—has since seen a dramatic drop in women's representation to a low of 7 percent of total seats in the transition governments of 1994. This sharp regional decline, combined with setbacks in some developing countries delayed further overall gains in women's representation. On a global basis, the proportion of women in national parliaments was down to 11 percent in 1994, no higher than it was 20 years ago.

After a period of relatively small but seemingly steady advances in women's political participation, the loss of momentum in the past five years has been disappointing. A stronger feminine voice in official decision-making is especially critical at a time when women are striving to ensure that legislative agendas give higher priority to issues of particular importance to them. The imbalance existing at present between the numbers of women and men in political office is wholly inconsistent with the democratic ideal.

Improving women's generally poor political showing will not be easy. But at least one group of countries has established that it can be done and that it need not take another half-century to achieve. As ***chart 26*** shows, in 1994 four Nordic countries and the Netherlands outranked all others in the more than one-third share of seats women held both in parliaments and in cabinets. In the past 20 years, women in those countries have doubled their political representation.

To identify all of the factors that may explain the scarcity of women both as candidates for office and as major actors in the political arena would be to repeat the subjects covered at length in this survey, and a few more besides. Women's multiple roles in the household and in production and reproduction limit their free time for other responsibilities, as cultural stereotypes limit their incentive to compete politically. But there is also the practical fact that the reins of power and finance are in men's hands. The women who do try to enter national politics must be exceptionally well prepared to compete, not only in skills and financial resources, but also with self-confidence. For these reasons, women starting out in politics need a strong back-up team, a supporting role that at least some of the growing number of women's groups now seem prepared to take.

Other forms of structural support are also deemed essential to attract more women candidates. The Inter-Parliamentary Union (IPU), which has 129 of the world's legislatures among its members, has outlined a series of strategies which could bring about a more equitable political partnership between women and men. The suggestions include: a temporary quota system for women candidates; women's branches in all political parties; child care centers to enable women to attend political meetings; training of women in skills important for political candidacy. Some of these measures have already been adopted in Europe.

* * * * *

A question of general interest is what effects, if any, would the increased entry of women into the political arena have on public policies and priorities? Would they assure greater equality of opportunity for all people, a greater emphasis in international affairs on accommodation, cooperation, and peace? Answers at this time are necessarily speculative. The few women who have attained the highest positions of political power are largely in male-dominated governments where independence is circumscribed. Yet in broad opinion surveys women have revealed attitudes significantly different from men.

Women as a rule tend to be more compassionate and socially concerned, more supportive of family issues, of cooperation and negotiation, significantly less supportive of military interventions. The conduct of their own revolution for human rights speaks for their strong dedication to peaceful change. When women have had a chance to use power in settings where there is a deep feminist consciousness and social commitment to justice —as in the Nordic countries— government policies are noteworthy for their emphasis on equality, development, and peace. These are also the primary goals which in 1995 draw women together for their Fourth World Conference. ■

"If ever the world sees a time when women shall come together purely and simply for the benefit of mankind, it will be a power such as the world has never known."

Matthew Arnold, United Kingdom, 1822-1888

Women at the Top

Neither honors nor titles have gone to women in anything like their representation as half the human race. Are they less intelligent, less capable, less talented than the other half? Who are the gate-keepers?

Since the first Nobel prizes were awarded in 1901, women have received 10 percent of the prizes in peace, 9 percent in literature, 3 percent in chemistry and medicine, 1 percent in physics, none in economics.

Of the 40,500 members of 178 national parliaments in the world, 11 percent are women.

Of the 344 senior policy positions in the United Nations, 15 percent are held by women.

Of the 45 major universities in the United States, 9 percent are headed by women.

Of the 185 national missions which act as embassies to the United Nations, 3 percent are headed by women.

Of the 154 ambassadors to the United States in the capital city of Washington, 3 percent are women.

Of the 300 most senior posts in the European Union, 1 percent are held by women.

Of the 2,500 highest paid executives in the *Fortune 500* companies in the US, less than 1 percent are women

Of the 190 independent states in the world, less than 1 percent of the presidents or prime ministers are women.

Although progress to the top is slow and the proportion of women remains small, individual women are scoring new breakthroughs in every field. Recent "firsts" reflect a kaleidoscope of change throughout the world.

In Kuwait, ***Rusha al-Sabah*** is the country's first woman to hold public office.

In Britain, ***Stella Rimington*** is the first woman Director-General of the Security Services.

In India, ***Kiran Bedi***, formerly tennis champion of Asia, is the first woman warden of the largest prison in the country.

In Pakistan, ***Benazir Bhutto*** is the first woman to head a Muslim country.

In Norway, ***Liv Arnesen*** is the first woman to ski unaccompanied from the edge of the Antarctic Continent to the South Pole.

In Thailand, ***Charatsri Teepirach*** is the country's first woman provincial governor.

In the United States, ***Beverly Harvard***, chief of police in Atlanta, Georgia, is the first black woman to head a major police department.

In New Zealand, ***Dame Silvia Cartwright*** is the first woman appointed to the Supreme Court.

In Uganda, ***Dr. Specioza Kazibwe*** is the first woman Vice President of the Republic.

In South Africa, ***Dr. Nkosazana Zuma*** is the first woman to direct the Ministry of Health.

In Finland, ***Elizabeth Rehn*** is the first woman to head the Defense Ministry.

In Japan, ***Hisako Takahashi*** is the first woman to serve on the 15-member Supreme Court.

In Turkey, ***Tansu Ciller*** is the country's first woman Prime Minister.

In Germany, ***Rita Sussmuth*** is the first woman President of the Bundestag, parliament's lower house.

In Jordan, ***Toujan Faisal*** is the first woman to serve in Jordan's 80-member parliament

In El Salvador, ***Rhina de Rey Prendes*** is the first woman in the country's history to run for president.

In Britain, ***Alison Hargreaves*** is the first woman climber to conquer Mount Everest alone and without oxygen supplements.

In France, ***Marie Curie***, 61 years after her death, is the first woman to be enshrined in the Pantheon, the memorial dedicated to the "great men" of France.

"So—against odds, the women inch forward"
Eleanor Roosevelt
United States, 1946

Times Roman

Center of Concern

FAX COVER SHEET

Fri Jul 21 1995 4:58 pm

To: Office of the First Lady
Attn: Ms. Melanne Verveer
Fax #: 456-6244

From: James E. Hug, SJ
Fax #: (202)832-9494
Voice #: (202)635-2757

Fax: 2 pages and a cover page.

Note: FYI

Forward to *WOMEN ...a world survey*
by First Lady Hillary Rodham Clinton

Women represent ~~over~~ half the world's population. And yet in country after country, they lack access to education, jobs, health services, and political and civil rights. Where women lack access to education, health care and economic opportunity, children tend to be less educated, less well nourished and families tend to be both larger and poorer. Where women are illiterate, the environment is often poorly managed and democracy remains fragile.

An important lesson of the last several decades is that where women prosper, countries prosper. We know that investing in women -- in their health and education -- is vital to improving global prosperity. And we know that investing in women, so that they can assume their rightful places in decision making bodies, is essential to continued democracy and prosperity.

But what is it that we must do to bring women fully into our national lives? Among other things, women must be able to attend school and learn, not just to be literate, but to acquire the knowledge and skills -- of medicine, of engineering, of management, of computers and so forth -- that will contribute to the prosperity of their families and nations. Women must have access to health care, especially as expecting or new mothers. Wives, together with their husbands, must have access to family planning services to enable them to make voluntary, responsible and informed choices about the size of their families. Furthermore, children -- girls as well as boys -- must have access to preventive and curative medical care that will enable them to grow into healthy adults.

Often the discussion of such problems as education and health care for girls and women is viewed as "soft," labelled dismissively as a women's issue belonging, at best, on the edge of serious debate about all the problems we confront on the cusp of the 21st century. I want to argue strongly, however, that the questions surrounding social development, especially of women, are at the center of our political and economic challenges.

Too often a deafening silence still sounds when women's concerns are raised. Ruth Leger Sivard's report, *WOMEN ...a world survey*, should inspire all of us to redouble our efforts to further women's progress around the world.

~~First Lady~~ Hillary Rodham Clinton
United States

THE WHITE HOUSE
WASHINGTON

OFFICE OF THE FIRST LADY

phone 202-456-6266
fax 202-456-6244

TO Ruth Leger Sivard

FROM Nicole Rabner

FAX # 333-0280

PHONE # 965-1661

OF PAGES (including cover) 2

COMMENTS As discussed, please find Mrs. Clinton's foreward attached. Please call me with any questions.

file women's issues

JUNE 25, 1996

MEMORANDUM FOR JOHN HILLEY
ALEXIS HERMAN
JANET MURGUIA
RAHM EMANUEL
CAROL RASCO

FROM: BETSY MYERS

RE: UPCOMING LEGISLATION OF IMPORTANCE TO WOMEN

Several new pieces of legislation are being introduced in Congress that are important to and are supported by our women constituents. This provides a great opportunity for the President.

Rep. Lowey - The Workplace Violence Prevention Tax Credit Act
Currently assigned to the Ways and Means Committee, this bill would provide **a tax credit to businesses that establish workplace programs addressing violence against women**; the tax credit is forty percent of the cost of the program. Counseling services, a hotline, security equipment and personnel, education services, and work leave for court dates are encouraged, among other programs. Business leaders from Liz Claiborne, Polaroid, and The Body Shop recently publicly supported the bill. **The President's support would capitalize on his existing leadership on corporate responsibility and domestic violence.**

Sen. Lautenberg - Domestic Violence Offender Gun Ban
This bill would impose a **ban on persons convicted of any crime involving acts of domestic violence from purchasing or possessing fire arms**. This initiative improves upon current federal law, which only bans persons convicted of felonies. This legislation is currently at a standstill, but Senator Lautenberg hopes to add it as an amendment to the Stalking Bill. **Support of this bill would highlight the President's protection of families.**

Sen. Kennedy - Amendment to Exempt Battered Immigrants from LSC Funding Restrictions
This bill would further the protection of immigrant victims of domestic violence provided by the Violence Against Women Act **by allowing legal services to use non-federal funds to represent immigrants fleeing violent relationships**. Legal service organizations are currently prohibited from providing any legal assistance to illegal immigrants. The bill was prompted by the tragic domestic violence related murder of Marciella Batista, a Cuban immigrant and is currently lingering in committees. **The President's support on this bill would be very popular among women voters.**

Rep. Lowey - Sexual Harassment Prevention Act of 1996
This recently introduced bill would **protect independent contractors from sexual harassment in the workplace**, a protection not guaranteed by the Title VII of the Civil Rights Act or any other

federal laws. Growing numbers of women are being employed in low wage jobs as "independent contractors," from janitors to maids to bank tellers for Bank of America, and find themselves without legal protection. For example, in a hearing held last year by Senator Metzenbaum one woman employee of an insurance company testified that she had been sexually harassed for over a decade by her supervisor but had no legal recourse as an independent contractor. Labor Secretary Reich has recently launched a project to study and propose alleviation for the growing number of these low wage earners.

This bill also calls for a fifteen percent increase in EEOC funding.

The President and Secretary Reich should consider joining forces to support Representative Lowey's bill.

Sen. Wellstone and Rep. Roybal-Allard - Domestic Violence and Welfare Reform
This concurrent resolution would act as **a "watchdog" on welfare reform legislation** by eliminating current program requirements **that inhibit a domestic violence victims' ability to leave the abusive situation**. This would be accomplished by implementing such mechanisms as counseling and tolling time limits on welfare, and includes both federal and state welfare programs.

Bipartisan support has been achieved for this bill in the House and is nearing the same in the Senate.

Rep. Roybal-Allard - Battered Women's Employment Protection Act
This would serve to **prevent and reduce the incidence of domestic violence by enabling battered women to retain employment and gain financial independence**, thereby allowing the individual to leave the abusive situation. This would be accomplished through two mechanisms: first, state provision of unemployment insurance to women who lose their jobs as a result of domestic violence, and second, access to reasonable employment leave to seek legal and medical assistance.

Sen. Dodd - Family and Medical Leave Act (Revision)
This is an amendment to the 1993 Family and Medical Leave Act, which would **lower the threshold of coverage to worksites with 25 or more employees from the current minimum of 50 or more employees.** Currently, the Family and Medical Leave Act applies to only 60 percent of America's businesses. The bill would also grant parents 24 hours of unpaid leave per year to participate in their children's school or community group activities, similar to the President's proposal on 6/24..

Women's Economic Equity Act
Sponsored by Rep. Lowey and Rep. Morella, this bipartisan omnibus package consists of thirty bills and will be introduced by the Women's Caucus the second week of July. The bills all relate to women and economics, and the issues vary from sexual harassment to child care to fair pay.

The package is largely symbolic; it has been introduced once a year for several years and never goes anywhere. Still, it is worthy of the President's attention.

Women's Health Equity Act of 1996

The second Omnibus bill is from Senator Boxer and consists of 36 bills. Already introduced to the House, the bill will soon be introduced to the Senate. The bill is organized under two titles, Research (Title I) and Services (Title II). Title I **increases funding for research including breast cancer, lupus, and cervical cancer.**

Title II would cover issues including **insurance discrimination based on genetic information, protecting domestic violence victims from losing their insurance, a constitutional right to choose, and smoking prevention for women and children.** All of these bills focus on improving health conditions for women, both nationally and internationally.

FY97 House L/HHS Bill for Title X Family Planning Grants

Some of the pending legislation is not in the best interest of the majority of American women. In particular, Chairman Livingstone has penned an **amendment limiting eligibility for planning family services**. Currently, only individuals above 250 percent of poverty pay full cost for the services; the services are free for those with incomes less than or at 100 percent above poverty. With this amendment, only individuals with incomes no greater than 150 percent of poverty could receive the family planning services.

Another possible amendment comes from Representative Istook **requiring parental notification for birth control and STD services.**

file welfare repro

CENTER ON BUDGET AND POLICY PRIORITIES

To: Gene Sperling (cc: Pauline Abernathy)

From: Bob Greenstein

Subject: Welfare and the Budget — and a Proposal for How to Use the $13 Billion

Date: December 7, 1996

This memo addresses several questions regarding welfare and the budget. It also proposes a specific option to meet the $13 billion cost constraint. The issues that this memo addresses are:

- How much money should be allocated and should the SSI administrative fix count against it?
- What are the highest priority items to include, particularly in the immigrant area, and how could they be addressed within a $13 billion ceiling?
- Should some of the welfare "fix it" funds be used for various ideas in the work area and for the dependent care tax credit?

How Much Should Be Allocated? Should SSI Count?

If the funding available is limited to $13 billion over five years *and* the SSI administrative changes are counted against it, there will not be sufficient funds to address the provisions of greatest severity in the immigrant and food stamp areas. As discussed below, I believe $13 billion is the minimum needed for a carefully targeted package of immigrant and food stamp changes designed to address those aspects of the bill that will cause the most extreme hardship. As a result, I would urge that the SSI administrative changes be financed elsewhere in the budget. The following points may be of interest:

- CBO data show that the amount by which the savings in the welfare bill exceed those in the FY 1997 Clinton budget is $15 billion, not $13 billion.
- The immigrant and food stamp cuts in the welfare bill exceed those in the President's budget by $21 billion. The reason the bill as a whole saves just $15 billion more than the President's budget is that the bill contains over

$6 billion more for the welfare-work-child care area than the President's budget did.

- When the President announced his decision to sign the bill, he pledged to fix the most serious problems in the food stamp and immigrant areas. In August, when $13 billion was set aside, it was understood it would be reserved to address the food stamp and immigrant problems of which the President had spoken. This was communicated to some key constituencies around the time of the Democratic convention.

- When the FY 1998 Clinton budget is unveiled, the figure for the welfare fix-it proposals that most people in the media and Congress will look at is the cost of the legislative proposals the President is submitting to Congress, not the cost of administrative actions on matters such as the SSI child disability criteria. Moreover, Republicans will criticize the Administration's welfare fix-it package regardless of the exact dollar level of the package.

The specific package proposed in this memo totals about $12 billion in legislative proposals and $13 billion when administrative actions in the food stamp and Medicaid areas are counted. This proposal meets the $13 billion constraint, not counting the SSI administrative changes.

The Highest Priorities and The Proposed Package

1. Food Stamps

The new welfare law takes $27 billion out of the food stamp program if the food stamp immigrant cuts are counted and $23 billion if the immigrant savings are excluded. *Half of all cuts in the welfare bill — and 73 percent of all the non-immigrant cuts — come in the food stamp area.*

To leave adequate room to address the immigrant issues, the food stamp *legislative* package can be limited to $2.6 billion, if necessary. Including the administrative action the Administration took recently in the food stamp area, the total cost of the food stamp component of the package proposed here is $3.3 billion. This is the bare minimum needed.

The most critical element of the food stamp component of this package addresses the problems caused by the extraordinarily harsh provision of the new law that limits food stamp benefits for jobless individuals aged 18-50 to three months out of each three-year period. Specifically, I would urge that you adopt the work requirement

proposal for these 18-50 year old individuals that was contained in the Administration's FY 1997 budget. Essentially the same provision was part of the Blue Dog budget, the Castle-Tanner bipartisan welfare bill, the Deal welfare bill of 1995, and the welfare bills that Senator Daschle offered. This proposal would provide workfare slots or other work opportunities to the 18-50 year olds and cut them off food stamps if they did not perform the assigned work tasks. But it would *not* cut these people off without providing them a work slot; it would not deny them aid because no workfare position was available.

CBO estimates that under the food stamp provision of the new law affecting the 18-50 year olds, close to one million individuals who are willing to work and would perform workfare if a slot were offered will be denied stamps because no job or workfare slot is available. These people are generally ineligible for any other form of basic assistance — they can't get AFDC, SSI, Medicaid, or housing assistance. In most states, they can't get any state or local cash welfare assistance either. For many of them, food stamps is the only safety net they have. Denial of food stamp assistance would cause extreme hardship among this group.

USDA data show the average income of these people is just 28 percent of the poverty line. More than 40 percent are women. Nearly one-third are between the ages of 40 and 50.

Lesser measures in this area would be inadequate. For example, cutting people off food stamps after six months without offering them a work slot, rather than after three months, still would lead to destitution. It also would create a slippery slope; there's nothing magical about six months, and Congress would be tempted to keep knocking a month or two off the six months each time it wanted to finance a new tax break or an increase in a middle-class entitlement.

History bears out this fear. In the late 1980s and early 1990s, a number of states limited cash welfare assistance for this same group to a specified number of months out of the year. Once that occurred, it became impossible to maintain that number of months of benefits in these state legislatures. By 1996, nearly every state that had limited cash assistance to a specified number of months out of the year for this group had subsequently reduced the number of months to *zero* — and eliminated aid entirely for this group.

This food stamp package is a modest one. For example, despite the unprecedented depth of the food stamp cuts in the welfare bill, it restores only $600 million of the nearly $20 billion in other food stamp benefit cuts. This is the least that should be done here.

2. Legal Immigrants

The single most critical need in the immigrant area is to provide an exemption for those who become disabled after entering the United States. This is the most critical group to help because these individuals cannot work and generally are unable to naturalize, given their condition.

This is the most important immigrant issue to address politically as well as substantively. Protecting the disabled is the top priority of the Hispanic organizations and other constituencies working on immigrant issues. And it may be among the immigrant fixes that can most readily be sold in budget negotiations. The original House welfare bill, passed during the height of the "revolutionary tide" in the first 100 days of 1995, exempted from its immigrant cuts *both* those too disabled to naturalize and those age 75 and over. These exemptions were later dropped by the Republicans largely for cost reasons, not for ideological reasons.

There is good reason that this provision has been accorded priority by the immigration groups and was initially passed by the House. Unless the new law is softened in this area, individuals who are old and very sick — such as 80-year-old legal immigrants who've been disabled by strokes or other maladies and who have virtually no income other than SSI and possibly food stamps — will lose virtually their entire safety net. As the attached column by *New York Times* columnist Bob Herbert indicates, losing SSI can mean they can't pay the rent and are turned out on the streets. Can we in good conscience allow that to occur?

Due to the $13 billion budget constraint, I'd limit the protection for immigrant children to maintenance of Medicaid coverage. The families of these children are much more likely to be able to naturalize and earn income than disabled immigrants are. But the immigrant parents may not be able to afford to buy health insurance for their children. (I'd also note that under the new welfare law, states have the option to maintain welfare aid for poor families with children that entered the United States before August 22, 1996; so far, it appears that most states will adopt this option. Poor immigrant children thus fare considerably better under the new law than poor disabled and elderly immigrants do.)

I also would extend for one or two years the law's provision exempting refugees and asylees from the immigrant benefit restrictions for their first five years in the U.S. No one can naturalize in exactly five years; it's impossible. Many refugees come to the U.S. fleeing political persecution and arrive with the clothes on their back and no relatives here to provide financial support. Some of them are impoverished and need aid. Cutting them off assistance before it is possible for them to naturalize is overly harsh. This proposal also has an added attraction — it is quite important to the immigration groups but has only a small cost.

This package of immigrant proposals ought to cost a little more than $9 billion.

What About a Two-Year Delay On The Immigrant Cuts?

I understand that an alternative under consideration is a two-year delay of the immigrant cuts. At first blush, this alternative looks appealing. But upon closer examination, it turns out to have serious drawbacks. I believe such a course of action would be extremely unwise.

I've heard two arguments made on behalf of the "delay proposal." First, a delay will let you "live to fight another day." Second, to make the kind of selective changes in the immigration area that I've proposed would involve picking and choosing among immigrant categories and consequently would anger Hispanics and other constituencies concerned about immigration issues. By contrast, it is argued, a delay would protect everyone.

I strongly believe both of these arguments are mistaken and that the delay proposal would very likely lead to a tragic result — full implementation of all of the immigrant cuts, with no moderation, once the delay period expires. Let me take the arguments made for the delay proposal and examine them more closely.

There are two major political obstacles to enacting legislation to ameliorate the immigrant cuts (or, for that matter, to enacting any welfare fix-it proposals). First, under the "Pay-As-You-Go" requirements of the Budget Enforcement Act, any legislation to restore any cuts in the welfare bill must be paid for with tax increases or other entitlement cuts. Second, there is nothing close to a majority in Congress for such changes. As a result, it will be impossible for the foreseeable future to pass separate welfare legislation that alters the draconian immigrant cuts in the welfare bill.

There is one — but only one — way to surmount these obstacles and achieve changes in the immigrant provisions: to secure changes in these provisions as part of a mega-budget deal. In such a budget deal, the "Pay-As-You-Go" problem vanishes. So does the fact that stand-alone welfare legislation can't secure majority support in Congress.

But this means that *once a balanced budget deal is struck, the Administration's leverage to lessen the immigrant cuts is gone*. For the Administration to use up this leverage to secure as part of the budget deal only a temporary delay — after which the immigrant cuts hit with full force and land like a ton of bricks on poor immigrant communities — would be tragic. For it is extremely unlikely there will be any way to stop these cuts from taking full effect, without significant amelioration, when the delay period ends. There will be no way politically to pay for immigrant benefit restorations at that time and no way to get the votes to pass legislation easing the cuts. Adding to the political

difficulty is the fact that the principal effect of the immigrant cuts is concentrated in about a dozen states. Nor is the 1998 election — when Democrats are expected to lose seats — likely to help.

It is far better to secure whatever permanent changes we can in the immigrant provisions this year as part of a budget deal than to squander the leverage a budget deal gives the Administration on a temporary delay instead.

This also is the view of the groups that work on immigration issues. In attempting to determine priorities over the past month or so, these organizations have looked at delay proposals and have rejected them. I believe they would be much angrier with a delay proposal than with proposals for specific substantive changes. They also understand you cannot fix the welfare bill cuts for all groups of immigrants but will have to make choices in this area.

3. Medicaid Issues

The package proposed here also includes two other pieces. It maintains Medicaid for children who lose SSI eligibility, at a cost of about $300 million. And it incorporates the necessary administrative actions I understand you must take regarding Medicaid waivers, at a cost of $200 million.

4. How It All Adds Up

Overall, this proposal looks as follows:

Program	Legislative Proposals	Administrative Changes	Total Cost
Food Stamps	2.6	0.7	3.3
Immigrants	9.2		9.2
SSI/Medicaid	0.3		0.3
Medicaid Waivers		0.2	0.2
Totals	12.1	0.9 (excludes SSI administrative changes)	13.0 (excludes SSI administrative changes)

This package does not include the proposal to make the Dependent Care Tax Credit refundable. While that proposal has merit, it ought not be necessary to include it in the welfare package rather than on the tax side of the budget. The Dependent Care Tax Credit proposal does not change anything in the welfare bill. Indeed, it has less of

a direct relationship to the welfare bill than the Administration's proposal to alter the Work Opportunity Tax Credit, and that is *not* considered part of the Administration's $13 billion welfare fix-it package.

If, however, the Dependent Care Tax Credit proposal must be counted as part of the welfare package, I would strongly recommend against it. It is not nearly as high a priority as dealing with these critical food stamp, immigrant, and SSI issues. This matter is discussed in more detail later in this memo.

Should Part of the $13 Billion Be Used for Other Purposes?

I've heard the point made that proposals in the immigrant area can't pass, so why propose much in this area? But in fact, virtually *nothing* in the welfare fix-it area can pass Congress on its own.

The key to advancing welfare fix-it proposals lies in the budget negotiations that are widely expected to occur. If food stamp and immigrant proposals are a priority for the President, the Administration should be able to secure a substantial share of these proposals in the hard bargaining that will transpire when negotiations take place. After all, in a budget deal, each side is likely to get a reasonable share of its priorities. The fact that Congress won't pass welfare fix-it proposals outside of a budget deal is not a strong argument either for further limiting the amount allocated to the welfare fix-it area or for substituting other, less essential, welfare-related measures for the critical changes needed in the food stamp and immigrant parts of the legislation.

Because the $13 billion is fully needed to address the most serious problems in the legal immigrant and food stamp areas, I believe other proposals that have been floated in recent days should be accorded lower priority and should not draw any funds from the food stamp and immigrant proposals. The work area is a case in point. There are serious questions about how to provide subsidies to employers without having a large share of the subsidy go to subsidize employers for hires they would have made anyway. I would urge that priority be placed on modifying the design of the President's new $3 billion jobs program for welfare recipients so it has the best possible chance of success, rather than on pouring more money into this area before we know how effective such an intervention turns out to be.

This also holds true for the idea of funneling more money into the $1 billion fund the welfare bill contains for performance bonuses for states. These bonuses are supposed to reward states with effective welfare-to-work programs. But while this is a goal worthy of support, no one has yet figured out how to make such a bonus system work effectively.

The welfare bill that Congress passed in 1995 included criteria for determining which states would receive these performance bonuses. As the bill was examined, however, it became increasingly clear that these criteria would likely have perverse, if unintended, effects — they would reward states in which the economy was booming and consequently absorbing more welfare recipients, as well as states that designed their welfare block grant programs in such a way that their caseloads were less disadvantaged and more employable than caseloads in the average state. These states would get bonuses regardless of whether their work programs were particularly effective. At the same time, states that had more effective work programs but weak economies or more disadvantaged caseloads would not get similar performance bonuses. In short, the performance bonus provision in the 1995 version of the welfare bill would not have done a good job of rewarding states with effective work programs.

Congress recognized this problem in 1996 and removed from the legislation the criteria for determining which states would get performance bonuses. Congress did not put alternative criteria in their place, however, since no one could figure out what criteria to write into the legislation to produce the desired results. Instead, the final welfare bill punted on this issue; it directed HHS to establish the criteria for determining which states would receive the bonuses.

That did not solve the problem. As of yet, no one has yet figured out how to design performance bonus criteria that distinguish job placements which occur largely because of a robust economy or the characteristics of a state's caseload from job placements due to an effective welfare-to-work program. But figuring out how to design these criteria is crucial; otherwise, the performance bonus is not likely to work very effectively or efficiently.

It would not be wise to pour more money into the welfare bill's performance bonus structure until this problem is resolved. It would be particularly unwise to take money badly needed in the food stamp and legal immigrant areas and divert it to an untested performance bonus fund instead.

Finally, a few observations about the proposal to make the Dependent Care Tax Credit refundable and why I believe this proposal should not be pursued if it must count against the $13 billion ceiling. Those who would be affected are families for which we have already increased the earned income tax credit rather massively over the past few years and expanded Medicaid so most of their children qualify for it. Some of these families also will benefit from the minimum wage increase. Their situation does not come close to that of indigent food stamp recipients who can't find work and old, disabled immigrants who face the loss of virtually all of their benefits. Those groups are faced with utter destitution and the lack of any safety net whatsoever.

In addition, the new welfare law contains a substantial amount of child care money. The amount of child care money in the bill is sufficiently large that CBO forecasts states won't draw it all down. Moreover, as a result of these child care funds, a considerable number of former welfare recipients who move to work are likely to receive federal child care subsidies and not to have large out-of-pocket costs that would qualify them for a substantial refundable dependent care tax credit, if one existed. Another point is that families would receive their refundable credit once a year in a lump sum payment; as a result, the credit would be less effective in helping families meet weekly or monthly child care costs than direct child care subsidies are.

It should be noted that a proposal to make the child care tax credit refundable would be difficult to pass, even in budget negotiations. Rep. Bill Archer, chair of the House Ways and Means Committee, is adamantly opposed to creating any more refundable tax credits. He is likely to be unyielding on this matter; for him, it poses a matter of principle and basic ideology. Given how much Senator Roth, the Senate Finance Committee chairman, dislikes the EITC, he, too, is likely to be intensely opposed to a new refundable credit. In addition, right-wing "pro-family" groups intensely dislike the Dependent Care Tax Credit and can be expected to oppose vigorously any move to enlarge it; in their ideologically driven view of the world, the credit wrongfully favors families in which both parents work over traditional families in which the mother stays home with her children. Adding to the difficulty in securing approval for this proposal in the budget negotiations is the fact that it would likely prove difficult to reach a compromise on this matter — either the credit is refundable (the source of Chairman Archer's opposition) or it is not.

Having said this, I believe that if you can include the Dependent Care Tax Credit proposal in the tax part of your budget package, paid for by a few base broadeners, it would be worth doing. It would be an advance to make this credit refundable and thereby provide some additional support to a substantial number of low-income working families. But I believe it would be a mistake to substitute this proposal for the crucial immigrant and food stamp proposals.

I also think it would be mistaken to propose expanding this tax credit, as distinguished from making it refundable. Expanding the non-refundable DCTC would involve giving another tax cut to middle and upper-middle class families on top of the $500 per-child tax credit and the education tax cuts. That would not be a valid use of funds intended to lessen the blows of the welfare bill on impoverished families. Even if expansion of a non-refundable Dependent Care Tax Credit could be financed outside the welfare package, I believe it still would be inadvisable, given the daunting task that lies ahead in balancing the budget.

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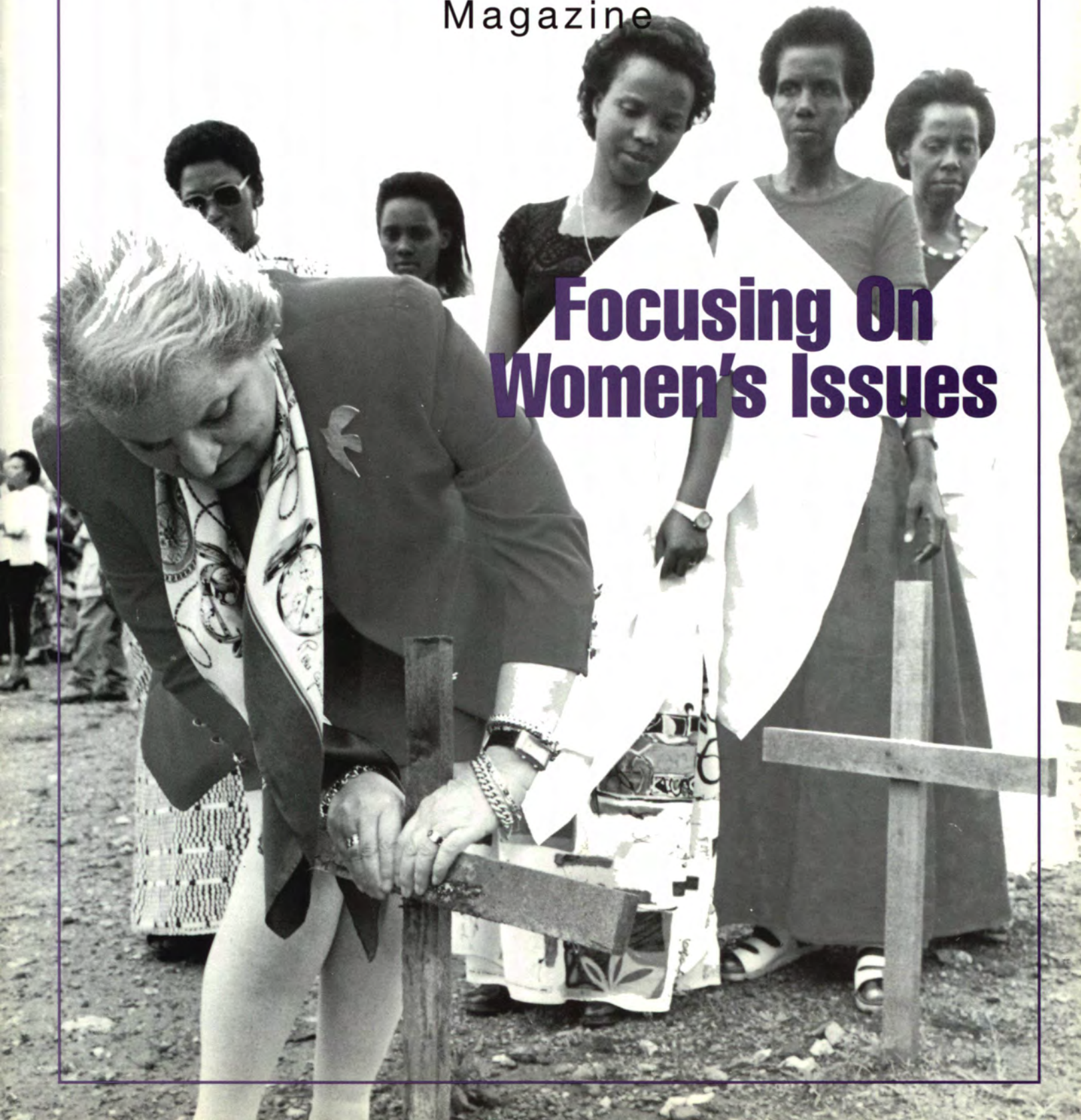

Focusing On Women's Issues

The Status of Women in Eastern Europe

Prepared by:
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June 1996

STATUS OF WOMEN IN EASTERN EUROPE

International Programs Center
Population Division
U.S. Bureau of the Census

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The transition to a market economy in the countries of Eastern Europe has affected the status of women in a myriad of ways. The changes brought about by the social and economic reforms have had both negative and positive effects on the status of women in this area.

Benefits that women previously enjoyed under the old regimes, such as subsidized child care and paid maternity leave, are no longer guaranteed. On the other hand, because of the high levels of education that these women have, many new opportunities are opening up to them.

In the next few pages we present some general information on some standard indicators on the status of women: education; labor force; and reproductive health. Included in this report are some striking findings about the relationship between abortion and maternal mortality in Romania.

At the end of the report are data tables for the Czech Republic, Estonia, Hungary, Poland, Romania, and Slovakia. These tables provide more detailed information for each country.

EDUCATION

One of the positive legacies of the Communist regimes in Eastern Europe is that women were given equal access to educational opportunities. As a result of this, women at younger ages have comparable educational attainment to men. In some countries young women even surpass men in terms of educational attainment (see Figure 1).

One way to illustrate how much education levels have changed over time is to examine educational attainment by age group. Figure 2 presents these data for Romania and shows just how dramatic the increase in education has been over time for both sexes but particularly for women. For instance, only 29 percent of women ages 65 and older had a secondary school education while for women ages 25 to 29, 88 percent had achieved this level of education. This pattern of increasing levels of education over time is found in all of the countries of Eastern Europe. These highly educated cohorts of women may be in a good position to take advantage of the changes brought about by economic restructuring.

LABOR FORCE

Women in Eastern Europe have some of the highest labor force participation rates in the world, with nearly 80 percent of all working age women active in the labor force. For comparison, 54 percent of working age women in the United States were active in the labor force. Since the transition to market economies the activity rates of women have decreased in some countries (e.g., Czech Republic, Hungary, and Slovakia) (See Figure 3).

Even though women in Eastern Europe have high labor force activity rates they are still segregated into certain professions. The fields in which women dominate also tend to be the fields with lower than average wages. For instance, women tend to make up the majority of medical doctors in Eastern Europe but this profession has relatively low salaries unlike in the United States. Figure 4 presents the distribution of the employed female and male population by selected branches of the economy for the Czech Republic. This chart shows that women tend to dominate in fields such as education and health while men are more likely to work in construction, industry and agriculture. Although this graphic is for the Czech Republic similar patterns are found for all the countries of Eastern Europe.

One of the positive effects of economic restructuring is that women are now more likely to have and run their own businesses. The number of women starting their own businesses has doubled in Poland since the transition, so that by 1992, 9 percent of all working women owned their own business.

One of the negative effects of the transition to market economies, is that unemployment, which was virtually unknown prior to 1989, has become a problem in many of the countries of Eastern Europe. In all of the countries of Eastern Europe, with the exception of Hungary, women have higher unemployment rates than do men (see Figure 5). The fact that many of the layoffs that have taken place in the last few years are concentrated in industries where men tend to dominate and women still have higher unemployment rates, could be an indication that women are being discriminated against when it comes to layoffs. Women also tend to remain unemployed longer than men in these countries.

WOMEN'S REPRODUCTIVE HEALTH

Women's reproductive health is an area that warrants special attention in the countries of Eastern Europe. It was long neglected under the former Communist governments, and there have been consequences, still apparent today, in higher than average abortion and maternal mortality rates. The major problem was that modern contraceptives were not readily available. This fact has led, in the countries in which abortion was legal, to some of the highest abortion rates in the world, and in the countries in which abortion was not legal to extremely high maternal mortality rates.

Unfortunately, the data available on contraceptive prevalence and abortion rates are limited. Still, the U.S. Centers for Disease Control recently carried out reproductive health surveys in the Czech Republic and Romania which contain more detailed information on contraceptive prevalence than was previously available. Information from these surveys will be presented in the section on contraceptive prevalence.

Abortion

For most of the countries of Eastern Europe, abortion was legal during the Communist period and remains so today. There were two exceptions to this, Albania and Romania. Since the transition to market economies, both of these countries have changed their laws. In Albania, abortion was made legal in 1991. Romania's extremely restrictive laws on abortion and contraception were lifted in December of 1989. In contrast to the relaxation in Albania and Romania, Poland has gone in the opposite direction. In 1993, abortions were made illegal except in cases when the mother's life was in danger, the fetus had a serious malformation, or the pregnancy was a result of rape or incest.

There are two different ways to examine abortion data. One is to look at the number of abortions per 1000 women in the reproductive ages (15 to 44 or 15 to 49). Figure 6 presents these rates for the countries of Eastern Europe where the data are available. From this graph we can see that Romania has the highest number of abortions per 1000 women of all of the countries of Eastern Europe, 138. Bulgaria has the second highest rate, 52, and Poland has the lowest rate, just 4. By comparison, the rate in the United States in 1992 was 26.

A second way to examine abortion data is to look at the ratio of abortions to live births. Figure 7 presents these ratios for the countries of Eastern Europe where the data are available. Again Romania had the highest ratio. In 1992 in Romania, there were 266 abortions for every 100 live births. Thus, nearly three times as many pregnancies ended in abortions than ended in births. Bulgaria also had more pregnancies that ended in abortions than births, with a ratio of 126. The remaining countries had ratios that ranged from 47 to 68 per 100 births with the exception of Poland which had a ratio of 6. By comparison, the 1992 United States figure was 38.

Maternal Mortality

One of the consequences of illegal abortions is higher than average maternal mortality rates. Figure 8 shows 1988 and 1993 maternal mortality rates for selected countries in Eastern Europe. The most striking feature of this graph is the change in rates in Albania and Romania between the two years. These countries still have the highest maternal mortality rates in Eastern Europe in 1993 but these rates are much lower than they were in 1988

when abortion was illegal in both countries. Albania's rate has been cut in half and Romania's 1993 rate is approximately one third of what it was in 1988. These decreases in maternal mortality are directly linked to the decrease in deaths due to illegal abortions.

Figure 9 displays the maternal mortality rates for Romania for the years 1985 through 1993. This graph shows the dramatic effect of the restrictive abortion laws being repealed in December 1989 with the immediate drop in maternal mortality in 1990.

Contraceptive Use

One of the reasons that abortion rates have been so high in Eastern Europe is the lack of or failure to use modern contraceptive methods. But there are very little hard data on contraceptive prevalence rates for these countries. A reproductive health survey done in Romania in 1993 shows that a very small proportion of the female population used modern methods of contraception. Figure 10 shows the percent of women aged 15 to 44 by contraceptive method. Only 14 percent used a modern method (IUD, condom, pill, injectables). Among the remaining, nearly 43 percent used no method, while another 43 percent used traditional techniques such as rhythm and withdrawal. Since, traditional methods have a much higher failure rate than modern methods, the high proportion of women who used the former is most likely a contributing factor to the high rates of abortion in Romania.

A survey similar to the one done in Romania, was carried out in the Czech Republic. This survey found a much larger proportion of women used modern contraceptive methods, nearly 40 percent. Approximately 20 percent of women used traditional methods, and around 40 percent used no methods. As with Romania, the notable proportion of women using traditional methods is most likely associated with the higher than average abortion rates in the Czech Republic.

One of the more surprising findings of both surveys was that women who reported knowledge of the different types of methods, tended to be misinformed. For instance, women were incorrect in their assessment of the efficacy of the different methods. Many who used traditional methods, such as withdrawal or rhythm, thought they were as efficient as the modern methods. Also, many women cited negative side effects as reasons for not using modern methods. This could explain why many of the women in both countries relied on these relatively inefficient methods.

There is very little information on contraceptive prevalence rates in the other countries of Eastern Europe. It is likely that the use of modern contraceptive methods is low since abortion rates in many of these countries remain high. Women's reproductive health is still an area that deserves attention in Eastern Europe.

Figure 1. Percent with College Education for Persons Ages 25 to 29 in Eastern Europe

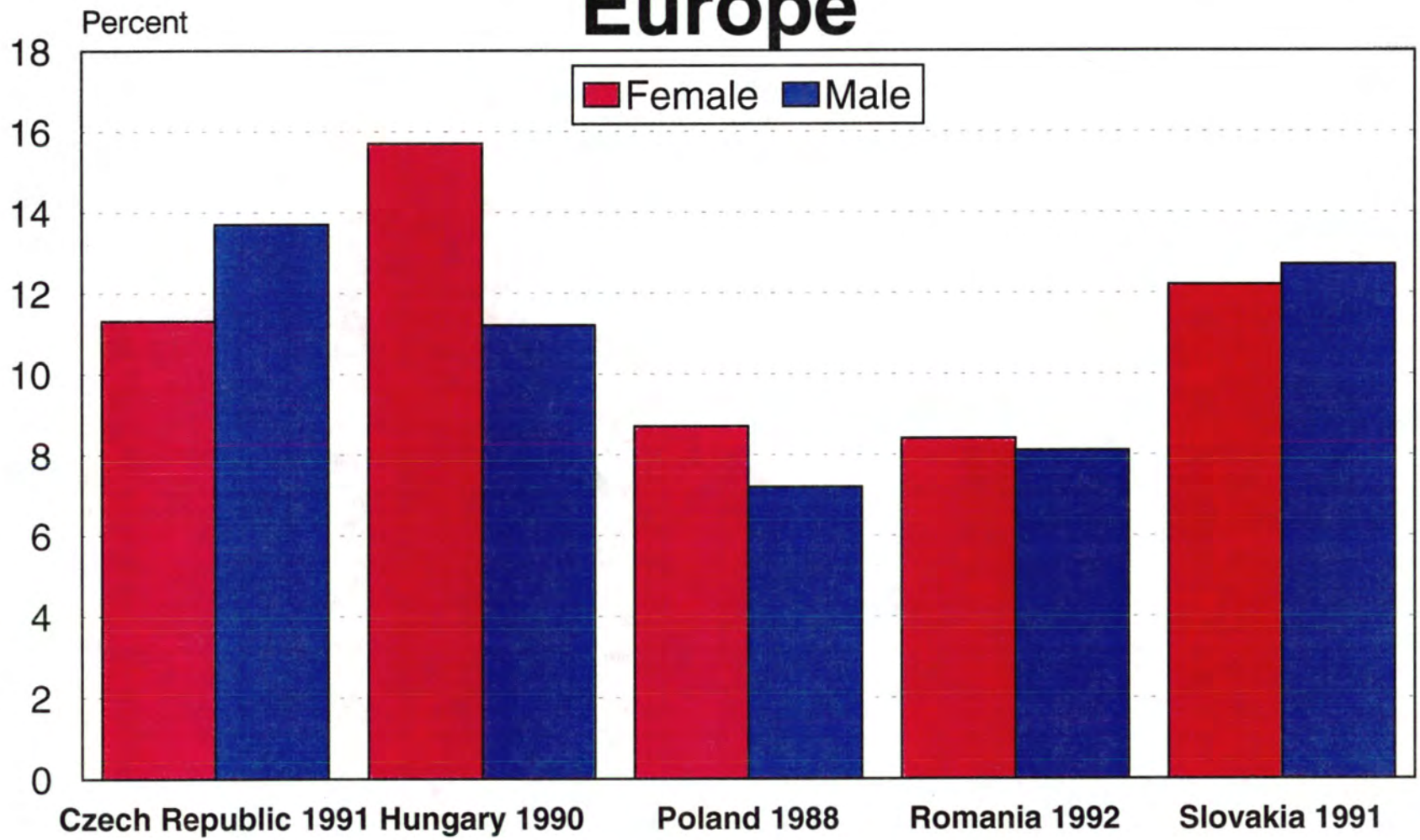

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Figure 2. Percent with Completed Secondary Education or Higher in Romania: 1992

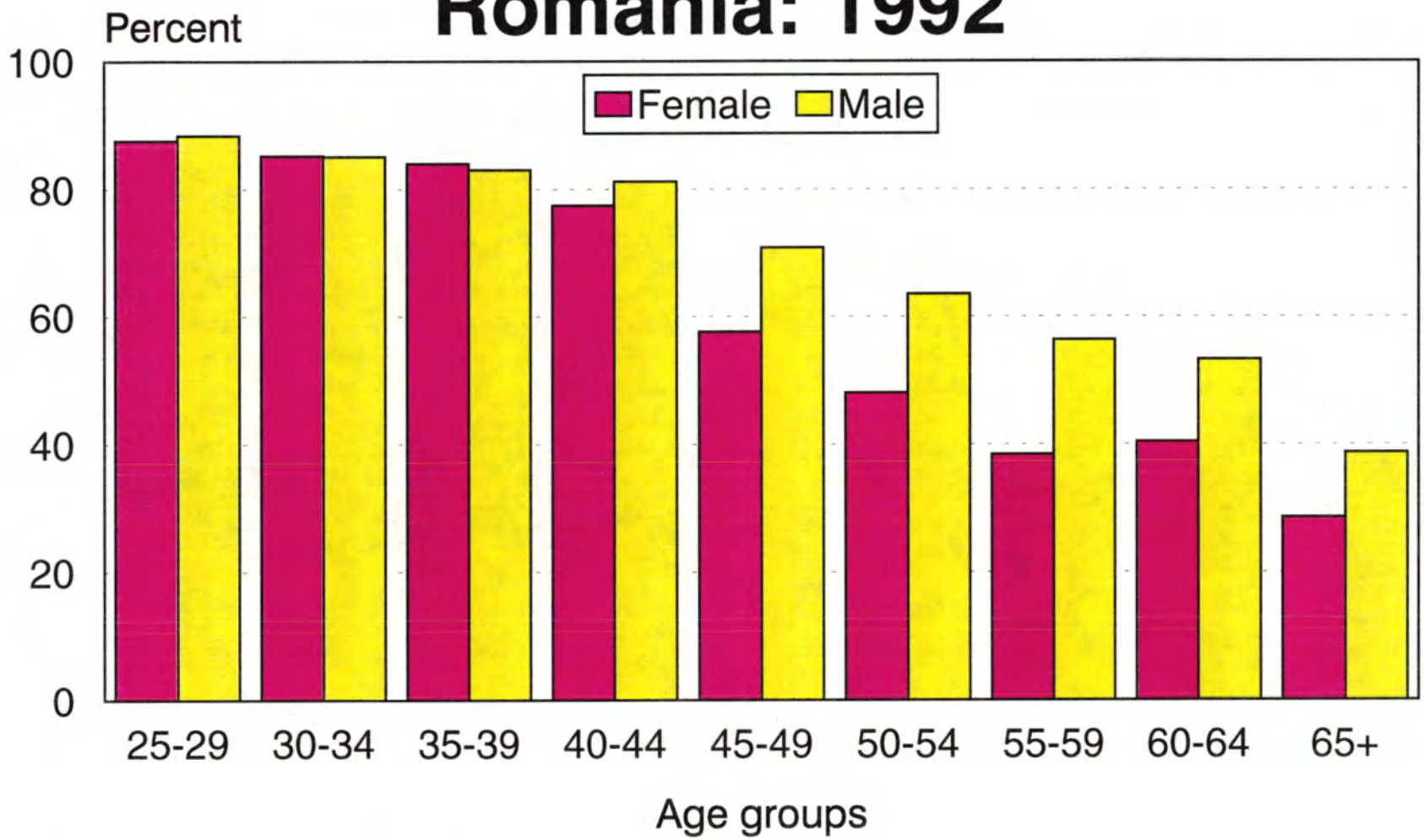

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Figure 3. Female Labor Force Participation Rates: 1989 and 1994

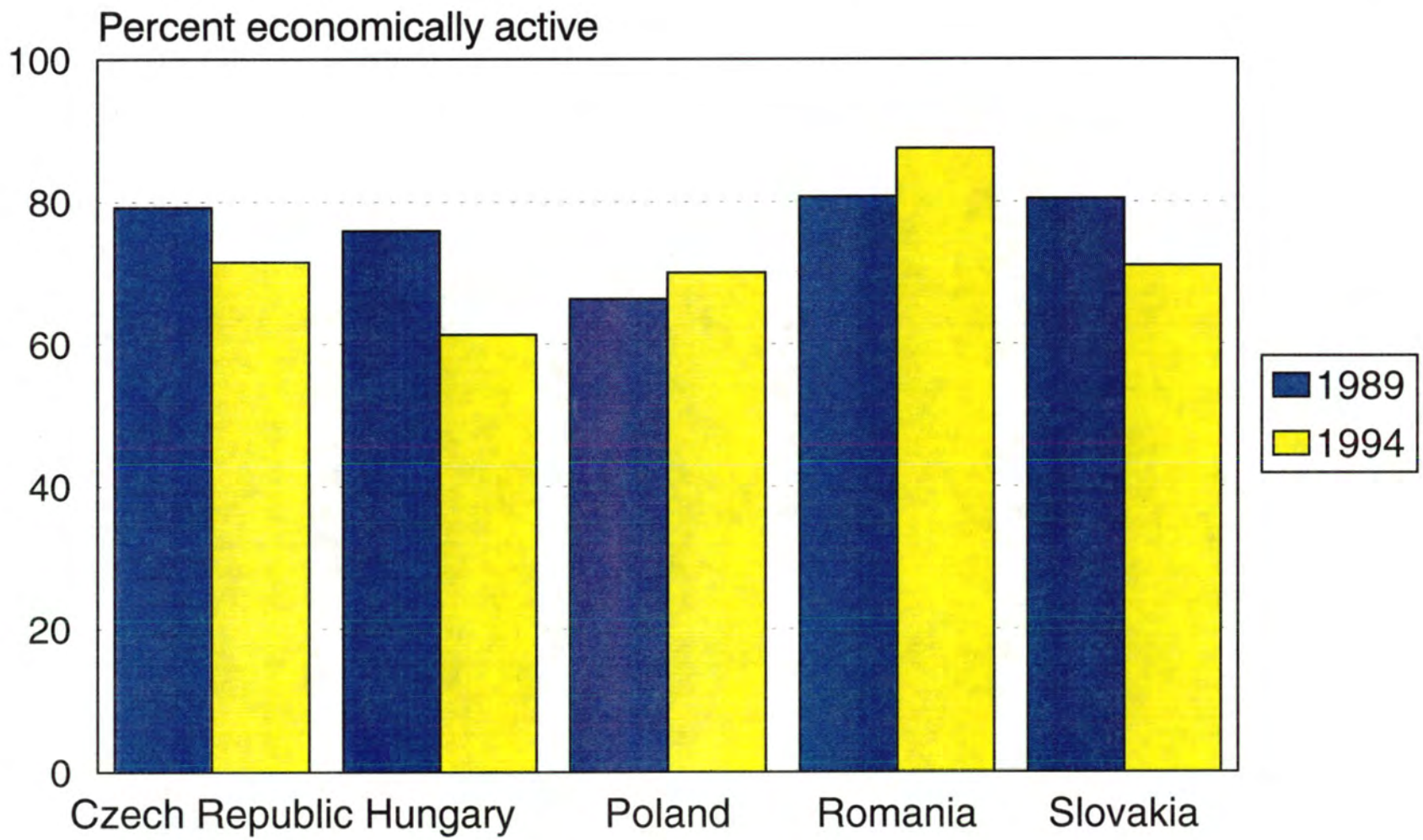

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Figure 4. Gender Distribution by Selected Branches of the Economy in the Czech Republic: 1994

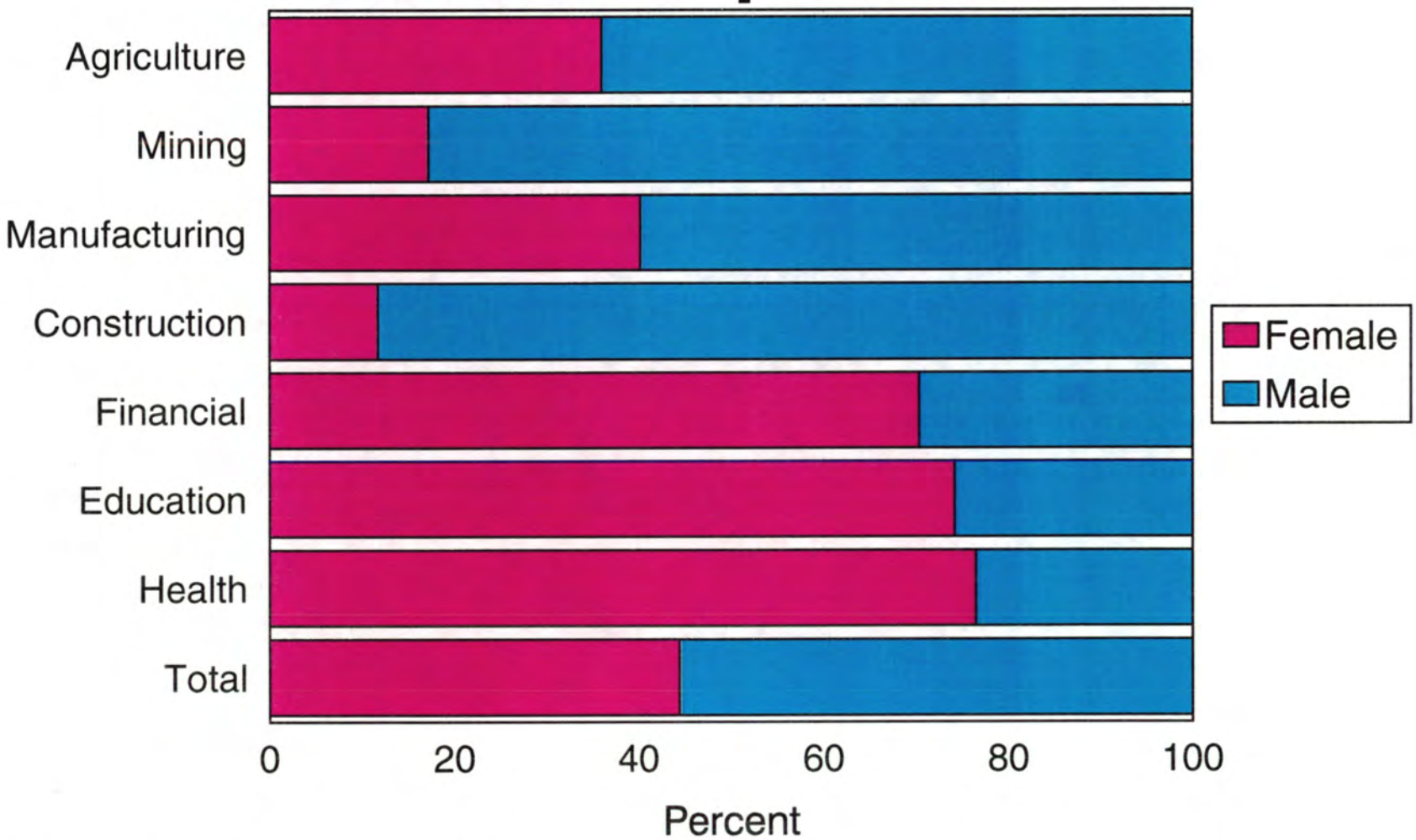

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Figure 5. Unemployment Rates in Eastern Europe: 1995 Second Quarter

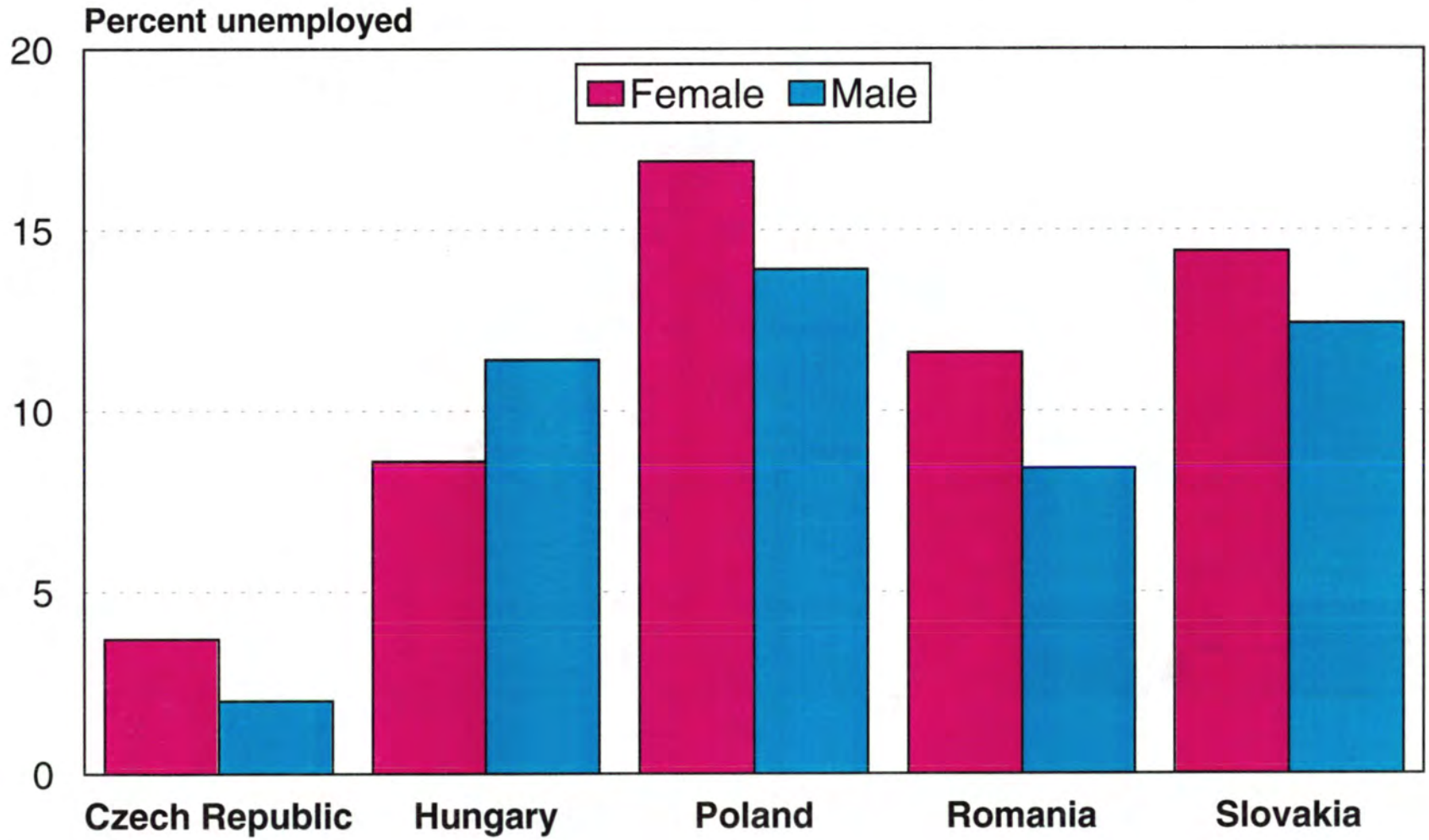

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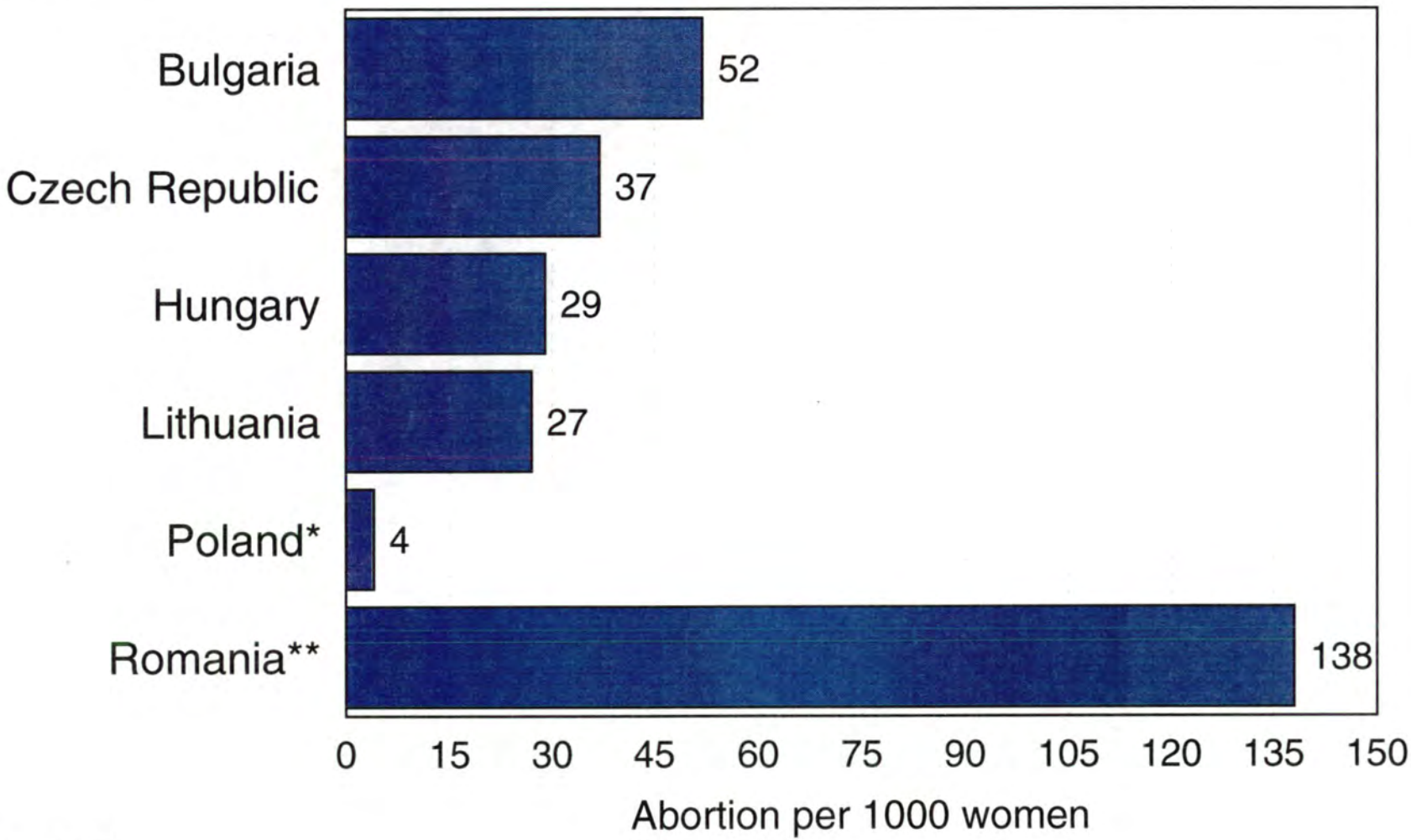
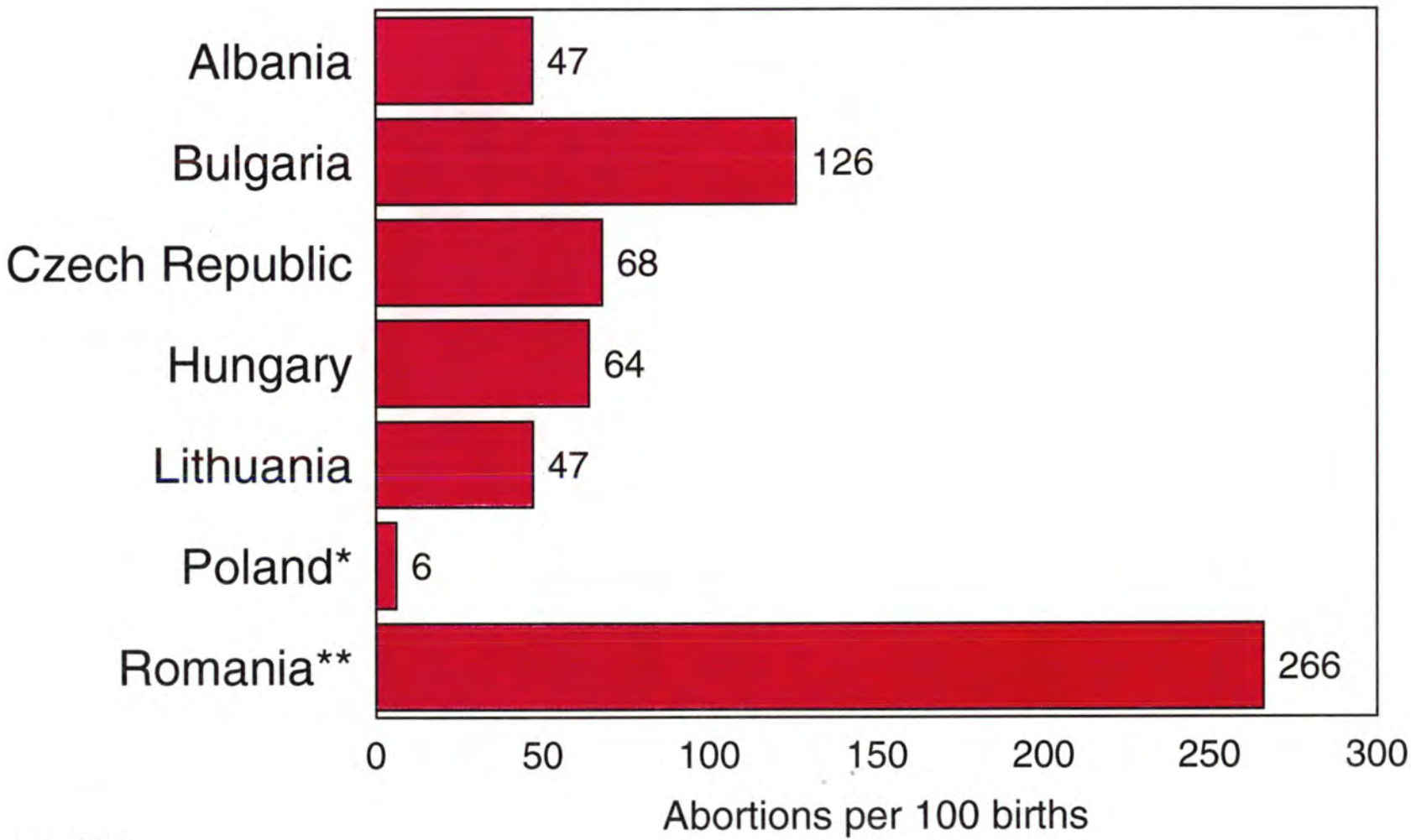
Figure 6. Abortions per 1000 Women Ages 15 to 44 in Eastern Europe: 1993



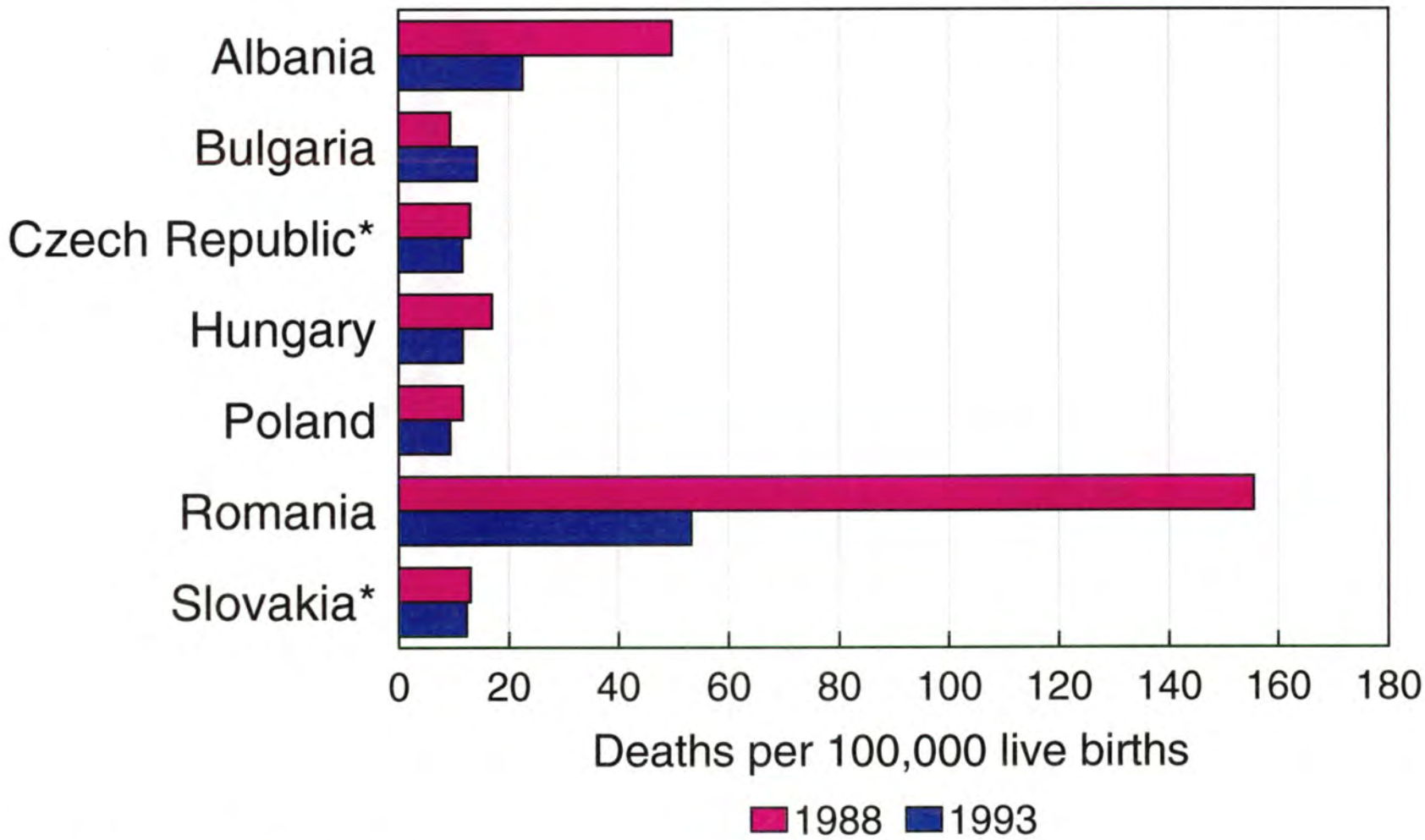
* data for 1991
** data for 1992
International Programs Center, U.S. Bureau of the Census

Figure 7. Abortions per 100 Births in Eastern Europe: 1993



* data for 1991
**data for 1992
International Programs Center, U.S. Bureau of the Census

Figure 8. Maternal Mortality Rates in Eastern Europe: 1988 and 1993



* 1988 data are for Czechoslovakia

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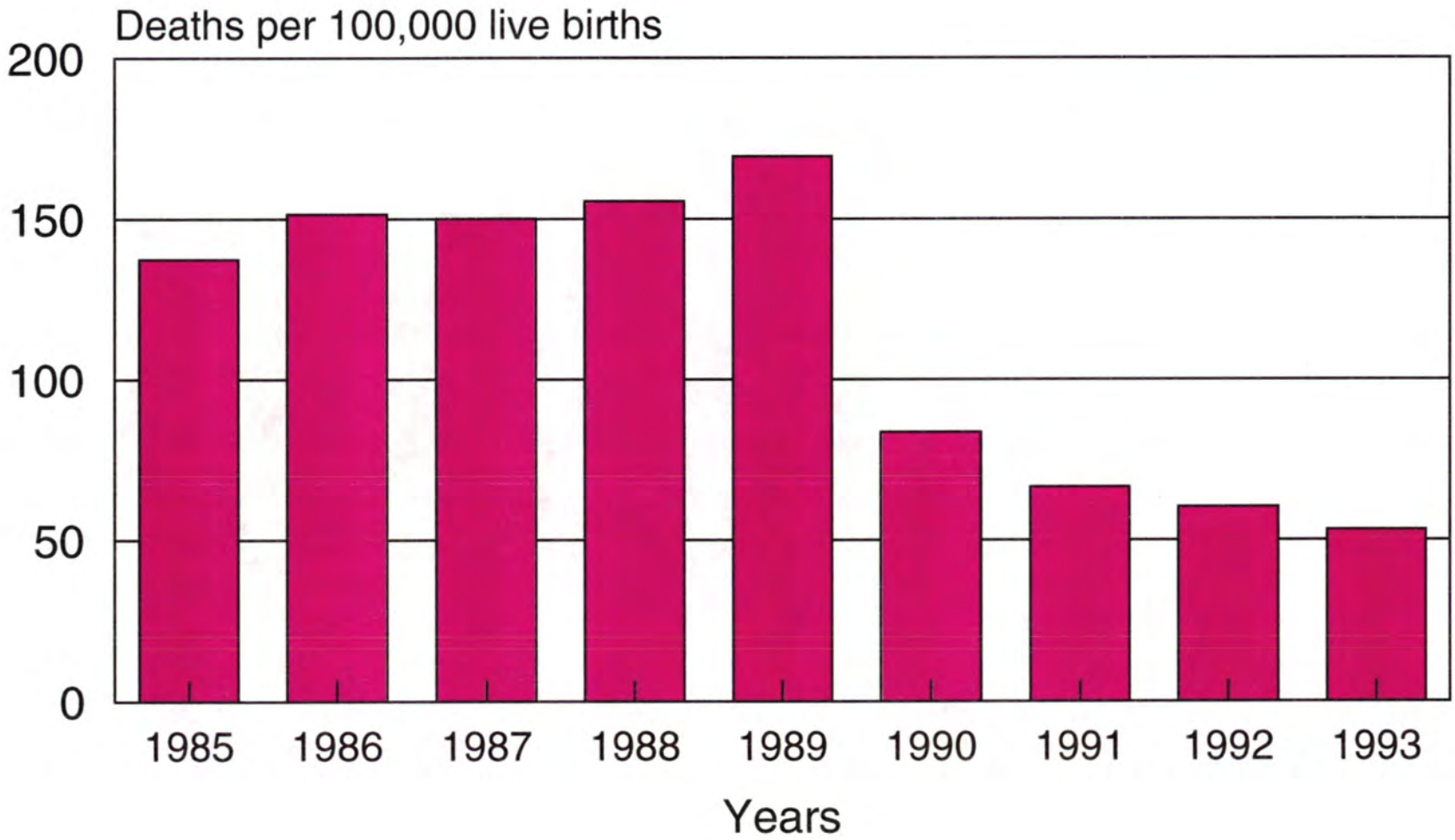
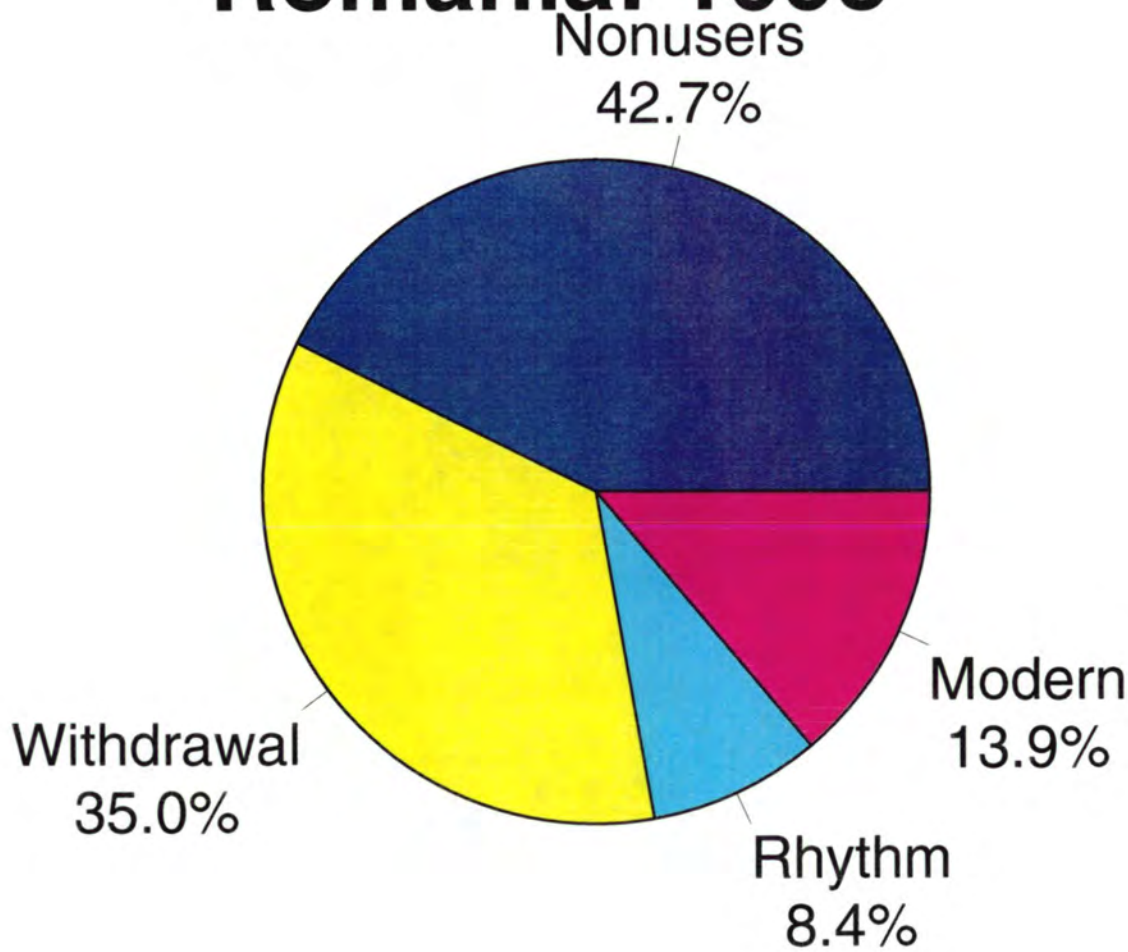
Figure 9. Maternal Mortality Rate in Romania: 1985-1993



International Programs Center, U.S. Bureau of the Census

Figure 10. Use of Contraceptive Methods by Women in Union Ages 15 to 44, in Romania: 1993



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CZECH REPUBLIC

Table 1. Population: 1996

Age	Both Sexes	Male	Female
All ages	10,321,120	5,012,455	5,308,665
0- 4	567,494	291,675	275,819
5- 9	641,262	328,371	312,891
10-14	675,850	345,815	330,035
15-19	830,186	424,691	405,495
20-24	876,909	447,701	429,208
25-29	691,971	353,484	338,487
30-34	690,597	351,878	338,719
35-39	667,566	337,945	329,621
40-44	793,383	397,721	395,662
45-49	826,349	411,187	415,162
50-54	681,725	333,608	348,117
55-59	510,522	243,741	266,781
60-64	475,458	217,797	257,661
65-69	474,755	203,678	271,077
70-74	422,531	164,438	258,093
75-79	215,247	77,086	138,161
80+	279,315	81,639	197,676

Table 2. Demographic Indicators

Date	Total Fertility Rate *	Life Expectancy at Birth	
		Male	Female
1991	1.8	68.2	75.7
1992	1.7	68.5	76.1
1993	1.6	69.3	76.4
1994	1.5	69.5	76.6
1995	1.4	70.0	77.5
1996	1.4	70.1	77.7

Date	Infant Mortality **		
	Both Sexes	Male	Female
1991	10.4	11.6	9.1
1992	9.5	10.7	8.3
1993	9.2	10.3	8.0
1994	8.8	9.9	7.7
1995	8.5	9.5	7.4
1996	8.4	9.4	7.3

Table 3. Unemployment Rates : 1991-1995.2

Year	Male	Female
1991	2.3	3.0
1992	2.6	3.6
1993	2.4	3.5
1994	2.6	4.1
1994.1	3.0	4.0
1994.2	2.4	3.9
1994.3	2.4	4.1
1994.4	2.5	4.0
1995.1	2.5	3.8
1995.2	2.0	3.7

Table 4. Educational Attainment: 1991 (In percent)

Age	Completed Secondary and above	
	Male	Female
25-29	89.4	86.8
30-34	88.5	80.3
35-39	84.9	72.4
40-49	84.1	69.5
50-59	74.9	50.4
60+	58.0	31.6

Age	University	
	Male	Female
25-29	13.7	11.3
30-34	14.3	11.0
35-39	13.0	8.5
40-49	11.4	7.5
50-59	10.7	4.3
60+	8.7	1.7

* Total fertility rate is the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.

** Infant mortality is the number of infant deaths per 1,000 live births.

ESTONIA

Table 1. Population: 1996

Age	Both Sexes	Male	Female
All ages	1,459,428	680,418	779,010
0- 4	75,545	38,563	36,982
5- 9	107,724	54,921	52,803
10-14	108,977	55,199	53,778
15-19	104,098	52,951	51,147
20-24	104,580	53,148	51,432
25-29	100,748	52,830	47,918
30-34	100,634	50,301	50,333
35-39	107,259	52,292	54,967
40-44	104,331	50,089	54,242
45-49	98,435	46,224	52,211
50-54	76,668	35,058	41,610
55-59	93,322	41,411	51,911
60-64	79,203	33,455	45,748
65-69	75,682	29,580	46,102
70-74	54,841	16,686	38,155
75-79	29,204	8,416	20,788
80+	38,177	9,294	28,883

Table 2. Demographic Indicators

Date	Total Fertility Rate	Life Expectancy at Birth	
		Male	Female
1990	2.0	64.7	74.9
1991	1.8	64.4	74.9
1992	1.7	64.0	74.9
1993	1.4	63.9	74.9
1994	1.4	63.1	74.5
1995	1.4	62.2	74.0
1996	1.6	62.5	74.1

Date	Infant Mortality		
	Both Sexes	Male	Female
1990	12.1	14.0	10.1
1991	12.8	14.4	11.0
1992	13.4	14.7	12.0
1993	13.4	14.9	12.0
1994	15.4	18.0	12.8
1995	17.4	21.1	13.6
1996	17.4	20.3	14.3

Table 3. Unemployment Rates

Note: No data available.

Table 4. Educational Attainment: 1989 (In percent)

Age	Completed Secondary and above	
	Male	Female
25-44	77.3	86.9
45-54	51.0	61.3
55-64	37.3	37.9
65+	28.8	21.5

Age	University	
	Male	Female
25-44	16.6	19.9
45-54	15.1	15.1
55-64	11.7	9.1
65+	7.1	2.8

* Total fertility rate is the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.

** Infant mortality is the number of infant deaths per 1,000 live births.

HUNGARY

Table 1. Population: 1996

Age	Both Sexes	Male	Female
All ages	10,002,541	4,771,598	5,230,943
0- 4	554,664	283,695	270,969
5- 9	600,614	307,267	293,347
10-14	620,221	317,001	303,220
15-19	778,594	398,526	380,068
20-24	809,668	415,317	394,351
25-29	678,315	345,514	332,801
30-34	583,871	294,202	289,669
35-39	676,350	336,458	339,892
40-44	832,618	410,343	422,275
45-49	724,505	352,434	372,071
50-54	624,088	295,419	328,669
55-59	558,252	250,433	307,819
60-64	523,856	226,883	296,973
65-69	494,827	204,955	289,872
70-74	429,240	165,045	264,195
75-79	238,504	84,799	153,705
80+	274,354	83,307	191,047

Table 2. Demographic Indicators

Date	Total Fertility Rate *	Life Expectancy at Birth	
		Male	Female
1990	1.8	65.1	73.7
1991	1.9	65.0	73.8
1992	1.8	64.6	73.7
1993	1.7	64.5	73.8
1994	1.6	64.8	74.2
1995	1.5	64.1	73.9
1996	1.5	64.2	74.0

Date	Infant Mortality **		
	Both Sexes	Male	Female
1990	14.6	16.2	13.0
1991	15.7	17.4	13.9
1992	13.9	15.3	12.5
1993	12.3	13.5	11.0
1994	12.4	13.7	11.0
1995	12.5	13.9	10.9
1996	12.3	13.8	10.8

Table 3. Unemployment Rates : 1991-1995.2

Year	Male	Female
1991	4.8	3.5
1992	11.7	8.8
1993	14.9	10.9
1994	12.9	9.7
1994.1	14.2	10.0
1994.2	12.4	9.4
1994.3	12.0	9.7
1994.4	11.7	8.9
1995.1	12.9	9.7
1995.2	11.4	8.6

Table 4. Educational Attainment: 1990 (In percent)

Age	Completed Secondary and above	
	Male	Female
25-44	72.8	62.1
45-54	36.0	30.4
55-64	23.6	13.5
65+	16.7	6.8

Age	University	
	Male	Female
25-44	12.6	14.2
45-54	12.9	8.8
55-64	11.6	4.3
65+	8.2	2.3

* Total fertility rate is the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.

** Infant mortality is the number of infant deaths per 1,000 live births.

POLAND

Table 1. Population: 1996

Age	Both Sexes	Male	Female
All ages	38,642,565	18,808,447	19,834,118
0- 4	2,401,970	1,233,950	1,168,020
5- 9	2,830,595	1,452,160	1,378,435
10-14	3,355,908	1,713,539	1,642,369
15-19	3,241,126	1,654,672	1,586,454
20-24	2,928,291	1,493,053	1,435,238
25-29	2,480,641	1,267,806	1,212,835
30-34	2,565,693	1,299,236	1,266,457
35-39	3,122,611	1,571,426	1,551,185
40-44	3,223,310	1,606,516	1,616,794
45-49	2,790,055	1,374,842	1,415,213
50-54	1,741,982	837,125	904,857
55-59	1,807,150	843,743	963,407
60-64	1,783,688	805,853	977,835
65-69	1,639,100	697,061	942,039
70-74	1,269,492	481,640	787,852
75-79	663,892	237,766	426,126
80+	797,061	238,059	559,002

Table 2. Demographic Indicators

Date	Total Fertility Rate *	Life Expectancy at Birth	
		Male	Female
1990	2.0	66.5	75.5
1991	2.0	66.1	75.3
1992	1.9	66.7	75.7
1993	1.8	67.4	76.0
1994	1.8	67.5	76.1
1995	1.7	67.9	76.3
1996	1.7	68.0	76.4

Date	Infant Mortality **		
	Both Sexes	Male	Female
1990	15.7	17.5	13.8
1991	14.8	16.6	12.8
1992	14.1	15.7	12.5
1993	13.2	14.6	11.6
1994	12.9	14.3	11.4
1995	12.6	13.9	11.2
1996	12.4	13.8	11.0

Table 3. Unemployment Rates : 1991-1995.2

Year	Male	Female
1991	7.8	11.9
1992	11.8	15.7
1993	13.5	16.6
1994	15.0	18.3
1994.1	15.8	17.8
1994.2	15.2	18.4
1994.3	14.6	18.8
1994.4	14.2	18.1
1995.1	14.3	16.9
1995.2	13.9	16.9

Table 4. Educational Attainment: 1988 (In percent)

Age	Completed Secondary and above	
	Male	Female
25-29	35.4	56.0
30-39	35.5	51.8
40-49	33.7	40.7
50-59	28.5	27.2
60-64	23.7	15.9
65+	16.9	11.6

Age	University	
	Male	Female
25-29	7.2	8.7
30-39	9.8	10.3
40-49	11.2	9.9
50-59	9.4	5.7
60-64	7.6	2.8
65+	4.9	1.5

* Total fertility rate is the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.

** Infant mortality is the number of infant deaths per 1,000 live births.

ROMANIA

Table 1. Population: 1996

Age	Both Sexes	Male	Female
All ages	21,657,162	10,579,766	11,077,396
0- 4	1,099,425	564,006	535,419
5- 9	1,580,196	805,492	774,704
10-14	1,588,898	810,525	778,373
15-19	1,864,128	954,874	909,254
20-24	1,753,383	898,300	855,083
25-29	1,833,703	922,629	911,074
30-34	1,147,029	575,885	571,144
35-39	1,475,465	735,875	739,590
40-44	1,596,183	790,972	805,211
45-49	1,409,444	693,848	715,596
50-54	1,083,992	523,841	560,151
55-59	1,272,056	599,937	672,119
60-64	1,219,308	564,999	654,309
65-69	1,065,636	479,793	585,843
70-74	829,417	348,157	481,260
75-79	384,658	144,182	240,476
80+	454,241	166,451	287,790

Table 2. Demographic Indicators

Date	Total Fertility Rate *	Life Expectancy at Birth	
		Male	Female
1992	1.5	66.1	73.2
1993	1.4	66.6	73.2
1994	1.3	65.6	73.3
1995	1.3	65.4	73.4
1996	1.3	65.5	73.6

Date	Infant Mortality **		
	Both Sexes	Male	Female
1992	23.2	25.6	20.5
1993	23.1	25.8	20.3
1994	23.4	26.4	20.2
1995	23.6	27.0	20.0
1996	23.2	26.7	19.6

Table 3. Unemployment Rates : 1991-1995.2

Year	Male	Female
1991	2.2	4.0
1992	6.2	10.7
1993	8.1	12.9
1994	9.0	13.0
1994.1	9.6	13.6
1994.2	8.9	13.0
1994.3	8.6	12.9
1994.4	9.0	13.0
1995.1	9.4	12.6
1995.2	8.4	11.6

Table 4. Educational Attainment: 1992 (In percent)

Age	Completed Secondary and above	
	Male	Female
25-29	88.4	87.6
30-34	85.1	85.2
35-39	83.0	84.0
40-44	81.2	77.4
45-49	70.8	57.6
50-54	63.5	48.1
55-59	56.3	38.4
60-64	53.2	40.4
65+	38.7	28.5

Age	University	
	Male	Female
25-29	8.1	8.4
30-34	10.3	9.1
35-39	11.5	8.1
40-44	11.2	8.3
45-49	9.4	6.7
50-54	7.3	3.9
55-59	6.2	2.9
60-64	6.9	2.6
65+	5.6	1.9

* Total fertility rate is the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.

** Infant mortality is the number of infant deaths per 1,000 live births.

SLOVAKIA

Table 1. Population: 1996

Age	Both Sexes	Male	Female
All ages	5,374,362	2,616,856	2,757,506
0- 4	348,229	178,076	170,153
5- 9	396,510	202,564	193,946
10-14	439,872	224,739	215,133
15-19	470,539	239,941	230,598
20-24	444,564	226,094	218,470
25-29	368,250	187,015	181,235
30-34	386,676	195,182	191,494
35-39	406,760	205,596	201,164
40-44	423,026	211,467	211,559
45-49	359,294	177,026	182,268
50-54	268,931	126,899	142,032
55-59	237,766	108,795	128,971
60-64	223,849	99,085	124,764
65-69	210,529	88,656	121,873
70-74	182,255	72,219	110,036
75-79	94,031	35,588	58,443
80+	113,281	37,914	75,367

Table 2. Demographic Indicators

Date	Total Fertility Rate *	Life Expectancy at Birth	
		Male	Female
1991	2.0	66.8	75.2
1992	1.9	67.6	76.2
1993	1.8	68.4	76.7
1994	1.7	68.4	76.5
1995	1.7	68.9	77.1
1996	1.7	69.0	77.2

Date	Infant Mortality **		
	Both Sexes	Male	Female
1991	13.2	14.1	12.3
1992	12.1	14.0	10.1
1993	11.6	13.4	9.8
1994	11.2	12.9	9.5
1995	10.8	12.4	9.1
1996	10.7	12.3	9.0

Table 3. Unemployment Rates : 1991-1995.2

Year	Male	Female
1991	6.3	6.9
1992	11.1	11.7
1993	12.5	12.9
1994	13.8	15.0
1994.1	14.4	14.8
1994.2	13.6	14.8
1994.3	13.4	15.3
1994.4	13.9	15.4
1995.1	14.1	15.2
1995.2	12.4	14.4

Table 4. Educational Attainment: 1991 (In percent)

Age	Completed Secondary and above	
	Male	Female
25-29	88.1	85.9
30-34	86.3	79.6
35-39	82.0	72.0
40-49	79.4	64.4
50-59	62.1	36.0
60+	36.4	14.8

Age	University	
	Male	Female
25-29	12.7	12.2
30-34	13.9	12.8
35-39	14.2	12.1
40-49	13.4	9.7
50-59	10.5	3.7
60+	6.7	1.1

* Total fertility rate is the average number of children that would be born per woman if all women lived to the end of their childbearing years and bore children according to a given set of age-specific fertility rates.

** Infant mortality is the number of infant deaths per 1,000 live births.