

PROGRESS OF THE WORLD'S WOMEN 2019-2020



FAMILIES
IN A CHANGING
WORLD

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ISBN: 978-1-63214-156-9

Design: Blossom - Milan

Printing: AGS Custom Graphics, an RR Donnelly Company

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FAMILIES IN A CHANGING WORLD

FOREWORD

Phumzile Mlambo-Ngcuka

**Under-Secretary-General and UN Women
Executive Director**



Photo: Kea Taylor

No institution has more universal and personal significance to each of us than the family. Families are places of love and nurturing where we can go for support and nourishment, especially in times of hardship or conflict; where we may bear and raise children, and care for those in need.

Although the experience of family life is essentially universal, families themselves do not take one form, and nor should they. Across the world, we see families where two parents take care of young children, but we also see households that include grandparents and other relatives, women raising children on their own, and individuals and couples who have chosen to be child-free. Our societies are simply unimaginable without families, in all their rich diversity.

At the heart of this Report is a recognition of the vital importance of families to our cultures and economies, balanced by the knowledge that, all too often, they are also places of violence and discrimination for women and girls. The shocking pervasiveness of intimate partner violence means that statistically, home is one of the most dangerous places to be for a woman.

We have seen great progress on eliminating discrimination against women in laws, however it is no accident that family laws have been the slowest to change, given that they govern matters like women's rights to choose who and when to marry, provide the possibility of divorce if needed, and shape women's access to family resources.

Families can be 'make or break' for women and girls, which means that governments have a particular responsibility to safeguard women's and girls' rights, not only in the public sphere, but in the home too.

To do so, this Report outlines a comprehensive family-friendly policy agenda to bring equality and justice home. It spans violence prevention and response, family law reform, investments in public services, especially reproductive healthcare, education and care, and social protection. We show that these policies are vital, effective and affordable.

With this Report, we are calling on governments, civil society and the private sector to recognize the diversity of families, and to work together to implement the proposed policy agenda to advance women's rights and ensure that all families can flourish.

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.

Phumzile Mlambo-Ngcuka

ACKNOWLEDGEMENTS

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Financial support

UN Women would like to thank the William and Flora Hewlett Foundation, the Ford Foundation, the Open Society Foundations, and the Government of Ireland for their generous financial support for the preparation of this Report. All of UN Women’s supporters have played their part insofar as funding for this volume of *Progress* was drawn in part from the core budget to which they contribute.

ACRONYMS AND ABBREVIATIONS

ART	assisted reproductive technology
ASEAN	Association of Southeast Asian Nations
CDR	care dependency ratio
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CESCR	Committee on Economic, Social and Cultural Rights
CRC	Convention on the Rights of the Child
CSE	comprehensive sexuality education
CSW	Commission on the Status of Women
DHI	disposable household income
DHS	Demographic and Health Surveys
ECEC	early childhood education and care
ECLAC	Economic Commission for Latin America and the Caribbean
FAO	Food and Agriculture Organization of the United Nations
GCM	Global Compact for Safe, Orderly and Regular Migration
GCR	Global Compact for Refugees
GDP	Gross Domestic Product
GRB	Gender-responsive budgeting
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICTs	information and communications technologies
IDP	internally displaced person
ILO	International Labour Organization
IOM	International Organization for Migration
IOSC	Isange One-Stop Centre, Rwanda
IPV	intimate partner violence
LFPR	labour force participation rate
LGBTI	lesbian, gay, bisexual, transgender and intersex
LIS	Luxembourg Income Study
LTC	long-term care
MICS	Multiple Indicator Cluster Surveys
MIPEX	Migrant Integration Policy Index
NGO	non-governmental organization
OECD	Organisation for Economic Cooperation and Development
PPP	Purchasing Power Parity
SDG	Sustainable Development Goal
SMAM	singulate mean age at marriage
SNA	System of National Accounts
TFR	total fertility rate
VAC	violence against children
VAW	violence against women
VAWG	violence against women and girls
WHO	World Health Organization
UN CEDAW	United Nations Committee on the Elimination of Discrimination against Women
UN DESA	United Nations Department of Economic and Social Affairs
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UDHR	Universal Declaration of Human Rights
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime

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EXECUTIVE SUMMARY

The world is rapidly changing. Families, and the role of women and girls within them, are also changing. Today, there is no 'standard' family form, nor has there ever been. In order for laws and policies to support families and meet the needs of all their members, they must evolve and adapt. *Progress of the World's Women* assesses the scale and scope of transformations in family life, and their implications for gender equality and women's empowerment.

Drawing on the best available data from around the world, this Report proposes a comprehensive agenda for key policy actors – including gender equality advocates, national governments and international agencies – to make human rights a reality for all women and girls, no matter what kind of family they live in.

Today there are many indications that women are increasingly able to exercise agency and voice within their families. These include the rising age of marriage; greater social and legal recognition of a diversity of partnership forms; declines in birth rates as women are better able to choose whether and when to have children, and how many; and women's increased economic autonomy. These transformations are both causes and consequences of largescale demographic changes, dramatic shifts in women and girls' access to education and employment, ideational and normative changes, and legal reform, often driven and inspired by women's activism.

This activism and a strong reaffirmation of human rights values are needed more than ever, in a context in which backlash against the gains that have been made is growing stronger by the day. Concerted efforts to roll back the achievements of many decades of work for gender equality, by those who deny women the right to make their own decisions, have recently been cloaked in the rhetoric of 'family values'. In reality, the proponents of these views have not only sought to undermine women's rights, but have simultaneously adopted policies that erode the conditions that enable families and their members to thrive.

Families can be make or break for women and girls

Families are a key building block of societies, without which communities and economies could not function. It is through families that people share resources such as housing and income, look after those who are sick and frail, and reproduce, nurture and care for the next generation. Families can be places of love and affection, and pivotal for each member's sense of identity and belonging.

However, within families, women and girls too often face violence and discrimination. Over their lifetimes, around one in three women can expect to experience physical or sexual abuse at the hands of an intimate partner. In some countries, girls are not able to inherit property, while in others, women are required by law to obey their husbands, their voices stifled and their agency eroded. The recognition of families as a contradictory space for women and girls is at the heart of this Report.

The inequality, discrimination and disadvantage that women and girls can face in their family lives and relationships are neither natural, nor inevitable. Therefore, the urgent challenge for policy-makers, activists and people in all walks of life, is to transform families into a home for equality and justice, a place where women and girls can exercise voice and agency, and where they have economic security and physical safety.

Unlocking progress on the Sustainable Development Goals

Ensuring that families are places of equality and are free from discrimination is essential for the achievement of the Sustainable Development Goals (SDGs). Meeting SDG 5, gender equality and the empowerment of all women and girls, for example, demands the elimination of violence and an end to harmful practices; ensuring women have access to economic resources, including through equal inheritance rights and equality in family laws; and promoting shared responsibility for the provision of unpaid care and domestic work, which falls disproportionately on women's shoulders.

To 'Ensure healthy lives and promote well-being for all' (SDG 3), women need access to reproductive healthcare and family planning; to 'Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' (SDG 4), girls must be able to delay marriage and complete their schooling; to 'Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all' (SDG 8), family-friendly policies and workplace regulations must be in place, including those that enable women and men to combine care-giving with paid work.

Implementing the family-friendly policy agenda outlined in this Report has the potential to create synergies and unlock progress across generations, both on gender equality and on sustainable development more broadly. In order to tailor and apply this agenda to national and local contexts, policy-makers need to understand how gendered power relations enable or constrain women's rights in families; and recognize the diverse and changing nature of family forms.

WOMEN NEGOTIATING COOPERATION AND CONFLICT IN FAMILIES

This Report approaches families as institutions where both cooperation (solidarity and love) and conflict (inequality and violence) coexist (see Figure 1.2).¹ It draws on insights from feminist economics to explain how unequal outcomes within families are influenced by family members' unequal bargaining power, for example in the sharing of resources or the division of unpaid care and domestic work, and proposes solutions.

In addition to the role of earned income in enabling women to negotiate for their rights within families, the Report also highlights the valuable contribution of social support systems (e.g. community groups or women's rights organizations), state-based entitlements (e.g. social protection systems and legal services) and progressive social norms.² Understanding families in this way, how do women and girls fare within them?

More resources in (some) women's hands

Progress is notable in women's increased access to resources, through earned income, social protection, and asset ownership. This has triggered some shifts in the balance of power within the home, giving women greater economic security and weight in decision-making processes, and helping them buffer their families from economic privation.

Yet even in developed countries where women's gains have been more sweeping and sustained, those who live with a male partner still generally contribute less than half of the family income and accumulate an even smaller share of its wealth.³ 'Motherhood penalties'

in the form of reduced employment rates and a pay gap between women with and without children are a persistent problem.⁴ Moreover, in a world where wealth and assets are increasingly concentrated and controlled by a fraction of the global population, women's gains have been uneven between countries, and among different groups of women.⁵ Lone-mother families are much more likely to live in poverty than two-parent families, because they lack income protection from a second earner (see Figure 4.7).⁶

But care-giving remains strongly feminized

While overall, women's access to economic resources has improved, the distribution of unpaid care work remains very unequal. Compared to men, women do three times the amount of unpaid care and domestic work within families, with particularly stark inequalities in developing-country contexts, where access to time-saving infrastructure and public services is more limited.⁷

In many regions there is a stark care deficit, in which the needs of children and older persons in particular are not matched by institutionalized care services. When professional care is unavailable or unaffordable, women and girls are expected to fill the gap, which either reduces their time for schooling, paid work and rest, or results in care needs being neglected. This dynamic has negative consequences for women's ability to access decent paid work, as well as for their own mental and physical health.

... even when women migrate

In an increasingly globalized world, and one in which forced displacement is on the rise, many families negotiate their members' sustenance and care at a distance. While families, communities and states increasingly rely on women's ability and willingness to migrate and generate income, men do not always take responsibility for the care of dependents back home. Indeed, migration underscores the extent to which women's roles as care providers within families endure; in a mother's absence, grandmothers and older daughters often step in to assist in dependents' care.

When families migrate together—which they are not always able to do—they have uneven access to social protection and public services. Such gaps are particularly acute for migrants with irregular status, and in contexts of humanitarian crisis.

Violence against women and girls persists

The darkest manifestation of conflict within families is violence against women and girls. Following decades of feminist activism, violence in the family has been recognized as a public concern rather than a private issue. There now exist laws, action plans, protection and support services, and a growing number of violence prevention measures.

Despite these efforts, violence against women and girls in families persists at astonishingly high rates throughout their lives and across world regions. Violence in the family is frequently lethal: in 2017, an estimated 58 per cent of all female victims of intentional homicide were killed by a member of their own family, amounting to 137 women killed each day.⁸

FAMILIES TODAY: CHANGING AND DIVERSE

Families today do not take a single form, nor did they in the past. Based on the latest available global data, the Report documents the significant diversity in family structures and relationships that exists across regions, within countries, and over time.

Taking the household as a unit of analysis, a little over one-third of households globally (38 per cent) consist of a couple with children of any age (see Figure 2.2).⁹ Even these households are far from homogeneous, as they vary by income level, for example, or the age difference between children. Almost two-thirds of all households take a different form, and among these, nearly one third (27 per cent) are extended households that may include grandparents, aunts or uncles, for example.

Lone-parent households, 84 per cent of which globally are lone-mother households, and households composed of heterosexual or same-sex couples without children, are also common in many regions.¹⁰ In ageing societies, single-person households are increasingly prevalent.

What explains variation in family composition across regions, and within countries? Differences in public policies, social norms, demographic shifts and employment patterns all play a role.¹¹

Changes in intimate partnerships

Over the past three decades, significant changes have occurred in whether, when, and with whom women and men form intimate partnerships. Women and men across all world regions are delaying marriage.¹² This has enabled women to complete their education, gain a stronger foothold in the labour market, and support themselves financially.¹³

Cohabitation is on the rise, and in some regions, an increasing number of women are opting out of marriage altogether. These decisions can arise out of necessity as much as choice when the cost of setting up a family for some couples is too high.¹⁴ It can also reflect women's growing reluctance to enter into partnerships in which they are expected to take on a subordinate role.

A rise in divorce rates has been one of the most visible features of family change in most regions since the 1980s.¹⁵ The liberalization of divorce laws in some developed countries has led to lower rates of suicide by women, lower incidence of reported domestic violence and fewer instances of women being murdered by their spouses.¹⁶

Yet increases in divorce and separation can also give rise to other forms of vulnerability for women. Ending a relationship typically entails far more adverse economic consequences for women than for men.¹⁷ All too often, women lose access to marital assets, resources, or even child custody.

Women's voice and agency in reproductive matters

Childbearing is one of the central pillars of family life, and one in which great transformations are occurring. All over the world, birth rates are declining, albeit at different rates across regions.

On the one hand, this shift indicates that women are exercising greater agency and voice in decisions regarding whether and when to have children, and how many. In practical terms, smaller families can

be less costly to maintain, and women's care and domestic work burden within them may be smaller.

On the other hand, declining birth rates in some regions also indicate that women and men may be having fewer children than they desire. Couples may be limiting the number of children they have in response to economic conditions that make child-rearing financially challenging or because in the absence of quality long-term care services, they also have older parents to care for. Women may also choose to have fewer children because men still do not do their fair share of unpaid care and domestic work.

Understanding both the gender dynamics of families, and the diversity of forms they take across regions, over time, and even within women and men's own lifetimes, are essential bases for policy-making.

WHAT ROLE FOR PUBLIC ACTION?

The relationship between families, economies and governments is a symbiotic one: each needs the other to flourish and to achieve stable and prosperous societies. Well-functioning markets and states need families to produce labour, buy goods and services, pay taxes, and nurture productive members of society. Yet the contributions that families make are not infinitely elastic. Treating them as a 'bottomless well', on which the private and public sectors infinitely draw, can have dire consequences for families and their individual members. Austerity, stagnating wages, conflict, and accelerating climate change make it especially difficult for families to sustain themselves; in this context, supportive communities, markets and states are all the more imperative.¹⁸

States have a special responsibility to support families, as a result of their human rights obligations. More than 70 years ago, the Universal Declaration of Human Rights (UDHR) recognized families as a fundamental unit of society, one which requires protection and assistance.¹⁹ In international law, the protection of the family is intrinsically linked to the principle of equality and non-discrimination, especially with regard to marriage.²⁰ The Convention on the

Elimination of All Forms of Discrimination against Women (CEDAW) makes clear that family relations must be read in light of this principle (article 16). Applying it to the family context implies that all laws, policies and practices regarding the family should be undertaken without discriminating against individual members of the family or against any form of family.

CEDAW also contested the artificial separation of the 'public' from the 'private' sphere and made clear that States have as much obligation to ensure human rights are fulfilled in the 'private' world of marriage and family, as they do in the 'public' world of markets and politics.²¹

Additional conventions evoked in this Report provide a legal framework and detailed policy guidance on a comprehensive set of social, economic and cultural rights, including the obligation to ensure that all couples and individuals have the right 'to decide freely and responsibly the number, spacing and timing of their children' (ICPD Programme of Action);²² the obligation to eradicate violence against women and girls in all its manifestations, including within families (CEDAW General Recommendation 35);²³ and the obligation to protect the rights of the child (CRC).²⁴

While this Report identifies governments as the principal actors, duty bearers, and champions of gender equality and women's rights, other key agents of change also have a role to play. Chief among these are women's rights and feminist organizations, which

have historically been a major engine of change, often building alliances with labour unions, faith organizations, and the private sector, to change and implement laws and policies that advance gender equality within and outside the family.

FAMILIES IN A CHANGING WORLD

The chapters that follow provide a thematic assessment of women's rights and family life in today's changing world. They provide empirical research and statistics to show how demographic, social and economic dynamics are impacting family life and what this means for gender equality; and policy analysis to guide gender equality advocates in governments and civil society on how to respond.

Chapter 1: Why families? Why now? Elaborates the Report's analytical framework, and its grounding in human rights, providing a broad-brush picture of change and continuity. The chapter gives an historical perspective on the patriarchal foundations of families, and an overview of the geographical variations in family structures and dynamics. It identifies some of the transformations that have been witnessed in family life, including the diversification of partnership forms, the de-linking of sex from biological reproduction, the end of the male breadwinner model, the commodification and globalization of care, and changing inter-generational contracts.

Chapter 2: Families: Continuity, change and diversity provides the empirical grounding for the Report's central claim that families are diverse. Bringing together the best available global, regional and national data, the chapter provides an authoritative overview of what is known about families in today's world. It reviews evidence on changes in fertility and childbearing, partnership formation and dissolution, and women's living arrangements. Key challenges and recommendations for improving data collection on families from a gender perspective are identified.

Women's voice in intimate relationships is the focus of **Chapter 3: Family formation and women's choices.**

The chapter looks at the factors that enable or constrain women's ability to enter partnerships of their choosing, if and when they want; how control over reproductive choices shapes their rights, voice and agency within partnerships; and the conditions under which women can leave unsatisfactory relationships, and re-partner if they wish. The chapter identifies key areas for public action so that women can enjoy more gender egalitarian relationships, including reform of family laws, and investments in family planning and secondary education.

The importance of women's financial independence, whether through earnings, assets or entitlements to social protection, is demonstrated in **Chapter 4: An income of her own.** The chapter reviews evidence of progress in women's control over resources and its unevenness across countries and social groups, but shows that gender inequalities remain deeply wired into the dynamics of family life. Women who are single as a result of separation, divorce or widowhood, including lone-mother families face particular deficits both in terms of time and money, and a higher risk of poverty compared to two-parent families. The chapter outlines a supportive policy framework, including a universal social protection system, to empower women and men to sustain their families in an increasingly unequal and volatile world and in the face of shifting demographic and family structures.

Families' role in providing care and nurturing people—whether young or old, healthy or frail—is taken up in **Chapter 5: Caring families, caring societies.** Across diverse contexts, primary responsibility for the care of children and adults is assigned to women, often as a non-negotiable part of being a mother, wife or daughter. The chapter explores gender and other inequalities in the provision of unpaid care, and

how these arrangements are impacted by social norms, socio-economic and demographic factors and public policies. An approximation of care needs is provided, to show how families in diverse settings seek to respond to these needs. Enhanced public investment in care-related services that are accessible, affordable and of adequate quality is needed, to complement the care that families and friends provide, while ensuring decent employment conditions for care workers.

The question of why families are such a conducive space for violence against women is central to **Chapter 6: When home is where the harm is.** Acknowledging the alarming breadth of forms of family-related violence that women and girls are targeted for, the focus here is on intimate partner violence, elucidating multiple factors associated with its prevalence, including the cultural devaluation of women, the impunity for perpetrators of intimate partner violence, and the naturalization of masculinist hierarchy and men's dominance over women. The chapter explores the multiple factors that trigger men's 'retreat into the physical' as part of the search for the wide range of policies and programmatic interventions needed to prevent such violence in the first place, and to deal with its consequences where it occurs.

The impact of migration on family life and women's rights is the subject of **Chapter 7: Families on the move.** For women, the decision to migrate may be driven by a variety of reasons – to escape conflict, violence, or restrictive social norms, or to secure a better future for themselves and their children. While migration can open up new opportunities for women, the chapter shows that it often requires families to navigate a complex web of policies and regulations, which tend to reinforce existing inequalities, on the basis of gender, socio-economic class, and family form. These regulations can also weaken women's bargaining power in families, for instance by tying women's migration status to a resident or citizen spouse, or by restricting access to public support in cases of violence. To respond to these challenges, the chapter highlights key social and economic policies that can ensure that the human rights of migrant women and their families, irrespective of their legal status, are protected.

Policy insights from across the chapters are brought together in **Chapter 8: Recommendations to bring equality home.** There are two mutually reinforcing ways that States can support the realization of human rights within diverse families: by setting norms and laws for gender equality in family life to create a level-playing field; and by providing support, resources and services to enable families to thrive, care for and nurture their members. These two broad areas are elaborated through eight recommendations:

1. Establish family laws that recognize diversity and promote equality and non-discrimination.
2. Ensure high quality, accessible public services to support families and gender equality.
3. Guarantee women's access to adequate, independent income.
4. Support families to care by providing, time, money and services.
5. Prevent and respond to violence against women in families.
6. Implement policies and regulations that support migrant families and women's rights.
7. Invest in gender-sensitive data on families and households.
8. Ensure resources are in place for family-friendly policies.

As outlined in recommendation 8, the implementation of this policy agenda will require political will and the investment of resources. The Report includes a summary of a specially commissioned costing analysis to demonstrate that implementing a basic package of family friendly policies is feasible and affordable. Such investments have significant pay-offs for women and girls, for families and for society. They would build children's human capabilities, safeguard the dignity and human rights of people with disabilities and older persons, and create decent employment opportunities for women and men in the care sector. Importantly, these investments would provide some of the key foundations for a vision for families as a home for equality and justice—a place where women and girls can exercise agency and voice, and where they have economic security and physical safety.



WHY FAMILIES? WHY NOW?

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KEY MESSAGES

01

Families are a fundamental building block of our changing world. Supporting them through family-friendly policies, to ensure that each individual can thrive and achieve their potential, is essential for creating peaceful and prosperous societies.

02

Human rights instruments provide a strong framework for women's and girls' rights in families based on the principles of equality and non-discrimination, the right to live a life free from violence, and the best interest of the child.

03

Patriarchy is strongly inscribed in laws and social norms, and despite progress, it is still in evidence in many countries, for example where women are denied equal inheritance rights, or equal rights to confer their nationality to children.

04

Families are contradictory spaces for women. They are a site of love, nurturing and solidarity; but also the place where women are most likely to experience violence and discrimination.

05

Family relationships are often characterized by 'cooperative conflict': while there are gains from cooperation, women's individual interests may be at odds with their male relatives, and limited alternatives mean that they have to bargain for their fair share, often accepting compromises, at the expense of their own rights and well-being.

06

Families are not isolated from other institutions, nor can they act as shock absorbers: when economies fail, or public services are cut, women take on the additional work to ensure the well-being of families. But women's resources are not infinitely elastic and require support.

1.1 INTRODUCTION

The world over, families are a fundamental unit of society, one with enormous significance for individuals and also for economies. It is often through family relations that people share resources such as housing and income, look after those who are sick and frail, and reproduce, nurture and care for the next generation. Equally importantly, though less tangibly, family life is a common site of love and affection and is pivotal for women's and men's sense of identity, belonging and purpose. This is not to say that families are automatically benign or egalitarian. Nor are they isolated entities, able to sustain their members without supportive communities, markets and states.¹ Social and cultural norms, laws, economic and social conditions, and public policies all contribute to and shape the rights and responsibilities of family members vis-à-vis one another, especially those who are married or in a union, as well as intergenerationally.

Individual rights, however, have historically been delivered to men as 'heads' of families with considerable power and control over the labour and lives of women and children, while responsibility for the care and nurturance of family members has been assigned to women.² Gender equality requires a more equal division of both rights and responsibilities. It requires equal command of resources (e.g. income, time, care), equal voice in family decision-making and equal recognition and respect.³ This concern for equality extends well beyond formal legal equality to encompass substantive equality, ensuring that women can enjoy the same rights and freedoms as men.⁴

Human rights principles—most notably, equality and non-discrimination—provide the compass for changing laws, policies and social norms to enable women's substantive enjoyment of their rights in families, which include not only civil and political rights but also economic, social and cultural rights.⁵ These rights are indivisible and interdependent, in the sense that civil and political rights cannot be secured without guaranteeing economic, social and cultural rights, and vice-versa. Where women have secure and equal rights to family property or an income of

their own, for example, they are also likely to have greater voice in household decision-making.⁶

That said, there are limits to what families, even egalitarian ones, can do when they are stripped of socio-economic support and a conducive normative and legal environment. It is unrealistic and risky to assume that family members can provide an unlimited supply of care for one another, especially when much of this work continues to fall on the shoulders of women and girls.⁷ To be able to provide care and sustenance for their members, families require a range of inputs: decent jobs and viable livelihoods, social protection systems and public services that are accessible, affordable and meet quality standards. Without such inputs, those who are privileged will transmit their privileges to their children, while others, despite their best efforts, will face an uphill struggle. Creating societies where everyone's rights can be realized requires collective action, not least the responsibility for everyone to pay their fair share of taxes in order to finance and build inclusive public services, infrastructure and social protection systems. In the absence of such solidaristic systems, families become a key transmitter of inequality from one generation to the next.

Families today are at the forefront of many challenges. They are torn apart in the midst of protracted conflicts, humanitarian crises and population movements that are increasingly regulated by migration and refugee policies that undermine family life. These shocks come on the heels of a lingering global recession, reinforced by austerity measures that have wreaked havoc on people's livelihoods and eroded some of the social policy support that families, particularly women, received.⁸ Women and men, together or separately, are compelled in many countries to leave their children behind as they migrate either domestically, to neighbouring countries or further afield in search of a living. In many other contexts, low earnings mean long working hours that leave very little time for rest and care, let alone leisure and family life. This is the context within which this Report is set.

Chapter overview

To provide a wider perspective on the subject of families, this chapter begins with a broad-brush account of diverse family systems around the world and some of the important legal reforms that have weakened, though not yet eradicated, their patriarchal features and practices. Section 1.3 then lays out the conceptual and normative framing of the Report. This sees families as contradictory sites for women's rights as there is both cooperation (solidarity and love) and conflict (inequality and violence).

It also identifies key human rights principles that can support and accelerate gender-responsive changes in laws and policies that better reflect the needs of women in diverse families. Section 1.4 highlights some of the most prominent legal, socio-economic and demographic changes that are impacting the achievement of gender equality, cross-referencing subsequent chapters that delve more deeply and draw policy lessons. Finally, the chapter outlines key elements of a family-friendly policy agenda with gender equality at its heart.

1.2 LOOKING BACK: PATRIARCHIES PAST AND PRESENT

The family (see Box 1.1 on definitions) is an institution that has historically been a stronghold of patriarchy and embodied men's social power and domination over women. Patriarchy in its wider definition means "the manifestation and institutionalization of male dominance over women and children in the family and the extension of male dominance over women in society in general."⁹ It has been inscribed in laws and social norms across large swathes of the world during

periods of state-building and Western colonization.¹⁰ The Napoleonic Code, Muslim personal status laws in all their diversity, the Hindu code bills and Anglo-American common law, among others, have all upheld men's power to control property and their wives' public activities and to act as the legal guardians of their children. Women were obliged to obey their husbands, had limited access to divorce and, in many traditions, fewer inheritance rights than men.¹¹

BOX 1.1

HOUSEHOLDS AND FAMILIES: OVERLAPPING BUT DISTINCT

The terms 'family' and 'household' are often used interchangeably but they refer to distinct entities. The family is a universal social institution based on human needs and activities linked to sexuality, reproduction and daily subsistence. Its members share a social realm defined by relations of kinship, conjugality and parenthood. It is a microcosm of productive, reproductive and distributive relations with its very own power structure as well as strong ideological and emotional components. In it, there are shared or collective tasks and interests, yet its members also have their own differentiated interests rooted in their location in productive and reproductive relations, as well as in the system of gender relations.¹² Beyond actual social relations, the family also functions as an "ideology of relatedness that explains who should live together, share income and perform certain common tasks."¹³

The household is a unit of residence comprised of one or more individuals who reside together and who share resources linked to the daily reproduction of life, including shelter and food, as well as some social activities. Very often people who reside together (in a household) are related by ties of kinship and marriage and hence are also part of a family. Indeed, census and household survey data from 86 countries and areas show that only 2.0 per cent of households are composed of non-family members, attesting to the importance of family and kinship relations in defining living arrangements (see Chapter 2).¹⁴ But family members may also reside in different households, sometimes separated by long distances, as in the case of transnational families (see Chapter 7). Census and household survey data—and thus the statistics cited in most research and policy documents, including this Report—generally relate to households, while qualitative research, including ethnographic studies, are better able to capture family relations that cut across households.

The patriarch, as the 'head' of the family (*pater familias*), enjoyed various prerogatives, both legally and in practice: in decision-making; in control over his wife's and children's activities, labour and mobility; and in considerable sexual privilege, including in the form of polygyny in some instances and sexual double-standards in many others.¹⁵

Patriarchy, however, is neither static nor monolithic. As feminist historians have argued, it is important to trace "the various forms and modes in which patriarchy appears historically, the shifts and changes in its structure and function, and the adaptations it makes to female pressure and demands."¹⁶

Varieties of patriarchy

Patriarchal relations persist all over the world, in developed and developing countries, although they are diverse in form, reach and level of intensity.¹⁷ Researchers in developing contexts in particular have drawn attention to some of the key differences in patriarchal family and kinship structures. Each family system, as they have shown, has distinct principles underpinning inheritance and descent, marital practices and organization of work. Together these different rules and practices set the structural constraints within which women strategize and exercise agency.¹⁸

The area from Northern Africa to Bangladesh, for example, includes regions with widely different economies, histories, cultures and religions. Nevertheless, they share some common family characteristics: kinship is predominantly patrilineal (i.e. with male descent and inheritance), post-marital residence tends to be patrilocal (i.e. the couple settles in the husband's home or community) and households are organized on the basis of strong conjugal bonds. Cultural rules prescribe male responsibility for economic provisioning in return for female caregiving (and obedience). There is a strong premium on female chastity that tends to constrain women's participation in the public domain.¹⁹ These older norms have been considerably altered by legal, socio-economic and demographic changes as well as feminist advocacy for women's rights, but they have not disappeared and still colour both cultural ideals and actual practices, though not uniformly so.²⁰

A somewhat different and less rigid set of gender relations characterizes the kinship systems in South India and South-Eastern Asia. Here too households are organized on the basis of conjugal bonds, but a greater degree of public mobility is allowed for women. This translates into women's higher rates of employment, whether in agriculture, marketing or manufacturing, and greater responsibility for managing their household's finances. Kinship patterns tend to be more bilateral, with women having some rights of inheritance, greater flexibility in their marital residence and continuing interaction with their natal kin after marriage.²¹

These two family systems are often contrasted with the much weaker cohesiveness of the conjugal unit in Sub-Saharan Africa, the Caribbean and parts of South America.²² Sub-Saharan African kinship systems, in particular, despite considerable intra-regional differences, provide a degree of relative autonomy for women: typically, women are responsible for their own and their children's upkeep, with varying degrees of assistance from their husbands; they have some degree of access to and control over their own plots of land; and where polygamous unions are prevalent, especially in West Africa, women and men often have their own separate household budgets.²³

Convergence or diversity of family forms

The theme of diversity also stands out in sociological studies of the family. The American sociologist, William J. Goode, who studied family patterns in major world regions in the 1950s, predicted that with industrialization, family patterns would change, kinship ties would weaken, and there would be a convergence toward the 'Western nuclear family' model (i.e. married couple with children). Although his work still stands as a major accomplishment, his convergence hypothesis has certainly proven wrong.²⁴ The 1950s-style Western nuclear family is now widely recognized to have been short-lived, even in Europe and Northern America.²⁵ That particular family model "began to crumble" shortly thereafter, as divorce rates rose rapidly in the 1960s and 1970s, birth rates plunged, the proportion of births outside of marriage rose and married women with children moved into the labour force in large numbers.²⁶ Throughout the

West, “marriage held a more dominant position in family life at mid-century than before or since.”²⁷

Nor have family patterns in other world regions converged toward a uniform family form. Fifty years on, as Chapter 2 shows, households containing a couple with children of any age account for just over one third (38 per cent) of all households globally. This is a significant proportion, but undermines the assumption that the two-parent with children family form is the norm everywhere.²⁸

A little over three decades after Goode’s global study, an equally encyclopedic study of family patterns across the world by Goran Therborn concluded that there is little evidence of global convergence: “All the main family systems of the world have changed over the past century, but they are all still here.”²⁹

The slow retreat of patriarchy: continuity and change

While there has been no convergence towards a single family form, family systems have undergone considerable change. Over the course of the 20th century, many countries revised their family laws to eliminate discrimination against women. Legal reforms were sometimes propelled by wars, revolutions and anti-colonial movements, as in China where the victory of communism “meant a full-scale assault on the most ancient and elaborate patriarchy of the world.”³⁰ In many other contexts, the presence of women’s rights movements, which forged alliances with other social movements, and the consolidation of international norms on human rights and the elimination of discrimination against women, helped compel progressive policy-making on issues such as violence against women, participation in decision-making and workplace equality.³¹

At a time when arranged marriages were still dominant in large parts of Asia and Africa and prevalent in Eastern Europe, and when a significant number of states in the United States still prohibited inter-racial marriages, the words of the 1948 Universal Declaration of Human Rights (UDHR) were revolutionary: “Men and women of full age, without any limitations due to race, nationality or religion, have the right to marry and to found a family ... They are entitled to equal rights

as to marriage, during marriage and its dissolution ... Marriage shall be entered into only with the free and full consent of the intending spouses.”³² Among the early international conventions on women’s rights drafted by the Commission on the Status of Women (CSW) were the Convention on Nationality of Married Women (1957) and the Convention on Consent to Marriage, the Minimum Age for Marriage and Registration of Marriages (1962). Needless to say, neither cohabitation nor same-sex relationships were within the purview of international conventions at the time.

At the global level, the achievements of women’s rights movements, consolidated in the historic Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other agreements, showed that human rights are as important in the ‘private’ world of marriage and family as they are in the ‘public’ world of markets and politics. In doing so, CEDAW contested the artificial separation of the ‘public’ from the ‘private’ sphere.³³ The Convention in turn inspired local coalitions to mobilize around the reform of discriminatory family laws and provisions in civil and criminal codes to recognize the harms done to women regardless of who the perpetrators are. Despite such questioning and important legal and social reforms, the notion of ‘separate spheres’ persists to this day, limiting definitions of rape as a crime and the types of work recognized as economically valuable.³⁴

Challenges to the heteronormative (heterosexual as ‘normal’ or preferred) basis of families have come more recently as greater numbers of people, especially among younger cohorts, have shown their acceptance of same-sex partnerships and marriage in a range of countries across Europe and Northern America as well as in parts of Latin America and the Caribbean and Asia. Decades of social science research has also shown that sexual orientation is not an important predictor of quality parenting, paving the way for full joint adoption by same-sex couples in some countries.³⁵ These legal, normative and social changes are a salutary reminder that not only have the forms and definitions of the family been changing, but so too have ideas about marriage and sexuality that have long provided the rationale for them. These ideas and definitions remain contested and divisive.

Patriarchy's staying power: remaining legal enclaves

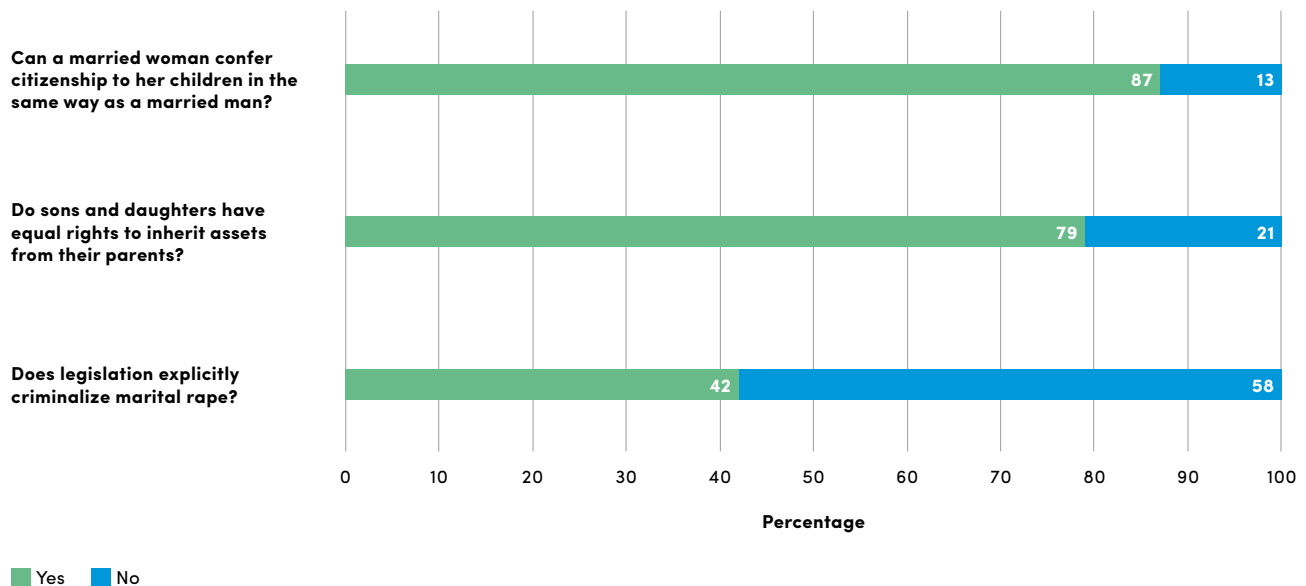
Patriarchy, or the law of the father/husband, may have been “the big loser of the 20th century,”³⁶ but legal equality between women and men is yet to be achieved anywhere. This can be clearly seen by looking at three critical areas of law that affect women’s rights: equality between daughters and sons to inherit family property, equality between women and men to pass on their nationality to their children, and the criminalization of marital rape (see Figure 1.1). The momentous changes of the last century notwithstanding, family laws covering 189 countries and spanning a 10-year time span (2009–2017) still reflect an incomplete and uneven picture marked by many patriarchal legal enclaves.³⁷

With regard to gender equality in the inheritance of family property, a long-standing demand of women’s movements in many parts of the world, daughters and sons are still treated unequally in more than one in five countries for which data are available. This is particularly so in the Northern Africa and Western Asia, Sub-Saharan Africa and

Central and Southern Asia regions.³⁸ Given the continuing significance of agriculture in many regions, discriminatory inheritance laws constrain women’s rights to land and become an impediment to their well-being and autonomy, a theme further discussed in Chapter 4.

The second example of legal inequality captured in Figure 1.1 is a woman’s inability to pass her nationality to her children. By 2018, in 13 per cent of all countries with data, married women could not confer their nationality to their children in the same way that married men could; legal inequality was particularly entrenched in the Northern Africa and Western Asia region, where more than half of the countries (54 per cent) did not meet equality standards.³⁹ This infringement is debilitating since in most countries access to employment and entitlements to public services and social protection are conditional on nationality. It is also particularly concerning as increasing numbers of women and men migrate and set up families in places other than their countries of origin.

FIGURE 1.1 PROPORTION OF COUNTRIES WITH OR WITHOUT LEGAL EQUALITY IN SELECTED AREAS OF LAW, 2018



Source: UN Women calculations using data from the World Bank 2018e.

Notes: A subset of 185 countries and territories, instead of the full sample of 189 is used due to data gaps regarding equal rights with respect to inheritance rights. The data are current as of 1 June 2017.

In many societies, deeply entrenched social norms exist around male sexual entitlement and women's presumed consent to all sexual activity within marriage. Despite feminist protests in the 19th century, men had a legal right to sex within marriage in Western jurisprudence until the 1970s.⁴⁰ By 2018, as shown in Figure 1.1, only 42 per cent of countries (77 out of 185) have explicit legislation criminalizing marital rape. Of the remaining 108 countries, 74 have provisions in place for women to file a criminal complaint against their husbands for rape. This leaves 34 countries (out of 185) where marital rape is not criminalized nor can women file a criminal complaint in the case of rape by their husbands. Furthermore, 12 countries (out of 185) still retain clauses exempting perpetrators of rape from prosecution if they subsequently marry the victim, which is highly discriminatory and in conflict with human rights standards. In several countries, including more recently Jordan, Lebanon, State of Palestine and Tunisia, public awareness campaigns and advocacy efforts by women's rights organizations have led to the successful repeal of such laws (see Story of Change, "Historic victory: reforming the laws that forced women to marry their rapists").

Patriarchal practices: persistence and resurgence

Patriarchy, however, is not only a legal matter. It is also maintained through day-to-day practices and lived realities. Even when women enjoy legal equality, their rights can be violated in practice. When such violation of rights happens systematically, it reveals the persistence of unequal power relations, structural impediments and discriminatory social norms. The 2015–2016 edition of *Progress of the World's Women* put the spotlight on the concept of substantive equality (as elaborated by the CEDAW Committee) to draw attention to this deeper understanding of gender equality, which goes beyond formal equality and relates to outcomes and the actual enjoyment of rights.⁴¹ Even with equality established in laws, women and girls can face discrimination and harm through intimate family relationships that can deprive them of dignity, resources and voice, and put their lives at risk.

This dark side of family life is evident in the pervasive nature of intimate partner violence, the focus

of Chapter 6. Although different definitions and methodologies make it hard to compare data on prevalence rates across countries, there is enough evidence to show that violence against women is serious and ubiquitous. For example, 17.8 per cent of women aged 15–49 worldwide have experienced physical and/or sexual violence by an intimate partner in the last 12 months.⁴² The most recent published global study on homicide shows that although women account for a far smaller share of all homicides than men, they bear by far the greatest burden of intimate partner/family related homicide: in 2017, 82 per cent of all intimate partner homicide and 64 per cent of all intimate partner/family-related homicide victims were women.⁴³

In some parts of the world, women and girls face additional risks. In large swathes of Asia, especially in the northwest of Southern Asia, girl children have long faced discrimination in the intra-household distribution of food and various forms of health-seeking behaviour, putting their well-being and even survival in jeopardy.⁴⁴ In the context of declining fertility rates (see Chapter 2), the availability of amniocentesis and ultrasound scanning has made it possible for parents in some countries to reconcile their desire for smaller families with continued preference for sons through sex-selective abortions.⁴⁵ By 2017, the countries with abnormally high sex ratios (greater than 105 males per 100 females) in Southern, Eastern and South-Eastern Asia, in addition to China and India, were Afghanistan, Brunei Darussalam, Bhutan, Malaysia, Maldives and Pakistan.⁴⁶

Yet transitions to smaller families in societies marked by son preference have not been accompanied by rising sex ratios at birth everywhere. In both Bangladesh and the Republic of Korea, for example, since the mid-1990s, son preference seems to have weakened, as highly masculine sex ratios at birth have declined in the context of fertility reduction.⁴⁷ Both economic changes and public policies that brought women increasingly into public life altered social norms and led to a "reassessment of the value of daughters."⁴⁸

In countries where significant progress has been made in terms of legal equality, and where there

has also been an apparent convergence in gender roles, women's lives seem to have changed more than men's. In other words, the convergence has been one-sided. In developed countries, most of the changes that are heralded as 'revolutionary' involve women moving into positions and activities previously limited to men, with few changes in the opposite direction. Because the activities that are done by women continue to be devalued, women have had strong incentives to enter male jobs but men have had little incentive to take on female jobs.⁴⁹ This asymmetry is also visible in the division of unpaid care work, which remains unequal in nearly all developed countries (see Chapter 5).⁵⁰

Today, alongside the slow historical retreat of patriarchy there is a resurgence of patriarchal sentiments. This is animated by a range of forces, including some with immense political power, that are making concerted efforts to roll back

the achievements of many decades of work for gender equality. Those who deny women the right to make their own decisions sometimes embrace the rhetoric of 'family values' while simultaneously adopting policies that erode the very conditions that enable families to function and their members to thrive. The discourse of 'family' is too often used to make moralistic arguments that blame and shame marginalized social groups, rather than advocate for policies that help families.⁵¹

Universal human rights norms and principles, and the human rights obligations that States have voluntarily signed up to, are of critical significance in this context. They provide a strong foundation for laws, policies and social norms that enable equality, non-discrimination and respect for the dignity of the human person—including within the realm of the family—and create a bulwark against the current patriarchal backlash.

1.3 THE REPORT'S CONCEPTUAL AND NORMATIVE FRAMING

How do intra-family dynamics impinge on women's enjoyment of their rights? Feminist sociologists have described families as a "tangle of love and domination," "simultaneously supportive and oppressive," "arenas of gender and generational struggles" and "crucibles of caring and conflict."⁵² Economists are also increasingly turning away from mainstream economic models (also called unitary models), which held that the family is a cohesive unit within which resources are pooled and equitably shared by an "altruistic family head."⁵³ In recent decades, a range of bargaining and collective models has been developed that pay attention to intra-household inequalities and conflicts. This section points to the useful insights these models offer, as well as their limitations, before turning to the role of human rights principles in supporting and accelerating changes in family-friendly laws and policies.

Cooperative conflicts in family life

As a growing body of empirical evidence emerged in the 1980s to document gender inequalities within families—in the distribution of food, medical attention, hours of work and leisure, access to income and voice in decision-making—the unitary model lost some of its explanatory power. Families, feminist economists argued, are contradictory sites for women's well-being: they include cooperation and sharing of resources, to be sure, but also conflict and inequality.⁵⁴ The suggestion that women voluntarily relinquish leisure time or food would be somewhat more persuasive, they contended, if women were in a position to demand their fair share.

The juxtaposition of women's lack of economic power and the resulting unequal allocation of household resources gave the alternative approaches, broadly referred to as bargaining or collective models (see Box 1.2), much of their persuasiveness vis-à-vis the

BOX 1.2

HOUSEHOLD BARGAINING (OR COLLECTIVE) MODELS

The bargaining approaches within economics describe intra-household interaction as containing elements of both cooperation and conflict. Household members cooperate because cooperative solutions make each of them better off than non-cooperation or because there is no viable alternative. However, many different cooperative outcomes are possible with respect to who does what, who gets which goods and services, and how each member is treated. Some of these outcomes are more favourable to one party than another (one person's gain is another person's loss), which goes to the heart of the conflict between those cooperating. Which outcome prevails depends on the relative bargaining power of different household members. Each person's bargaining power is in turn determined by a range of factors, in particular the strength of her/his 'fallback position' (their position in case cooperation fails). Hence, an improvement in a person's fallback position (e.g. if they have an independent source of income) was hypothesized to strengthen their hand in the bargaining process. In other words, the stronger a person's ability to survive outside of the family, the greater her or his bargaining power within it.⁵⁵

The research on household modelling also provides policy insights. If the aim of a particular transfer payment, for example, is to improve women's well-being or the well-being of children, the unitary model predicts that the impact is unaffected by who the recipient is. According to bargaining models, however, the welfare effects of a transfer may be quite different depending on who receives it. In fact, many policies and interventions that aim to promote gender equality have been influenced by the bargaining model and have targeted women.

However, more recent work by feminist economists, particularly in agrarian contexts, suggests that while the bargaining models are an improvement over those that were gender-blind and assumed that gains from a policy or intervention would be shared equally within the family, their framing implies a zero-sum game and downplays the jointness and shared gains. Targeting women can also lead to opposition and backlash from men. By contrast, acknowledging that households have joint interests, and designing interventions to strengthen cooperation and collective action among household members, may open new areas for policies and interventions.⁵⁶

unitary model.⁵⁷ The Nobel laureate, Amartya Sen, coined the term 'cooperative conflicts' to capture the specificities of the gender conflict within families. "Conflicts of interest between men and women," he suggested, "are very unlike other conflicts, such as class conflicts. A worker and a capitalist do not typically live together under the same roof—sharing concerns and experiences and acting jointly. This aspect of 'togetherness' gives the gender conflict some very special characteristics."⁵⁸

Much of the formal modelling by micro-economists narrowly focuses on income as the primary determinant of bargaining power. In her major contribution to the field, feminist economist Bina Agarwal, however, draws attention to several other key determinants of power that are qualitative in nature but not considered by other economists. These include social support systems (e.g. community groups or women's rights organizations), state-based entitlements (e.g. social protection systems and legal services) and social norms.⁵⁹

Economic factors, such as women's earning capacity, can have an important bearing on how intra-family arrangements are negotiated, as Chapter 4 makes clear. Yet the impact is not always direct or straightforward. The basis for gender inequality may persist long after the material conditions for its reproduction cease to exist. For example, even when women become de facto breadwinners they may still defer to their male partners and continue to hand over their wages.

Evidence from developed countries suggests that even when women and men both work full-time and provide equal income, including instances when women earn more than their husbands, women tend to do more housework as if to 'neutralize' their 'deviance' from traditional gender roles.⁶⁰ Social expectations of what women and men should do and how they should behave mediate the bargaining power that women may gain (or lose) as a result of their changing earning capacity. Social norms, which tend to be sticky, shape the impact of economic factors on gender power dynamics (see Box 1.3).

BOX 1.3

SOCIAL NORMS AS STRUCTURAL CONSTRAINTS TO GENDER EQUALITY

Broadly speaking, social norms are the informal 'rules' and shared beliefs that govern behaviour in societies and groups.⁶¹ Social norms vary across societies and they can change over time.

Some social norms contribute to well-being within families, such as norms of sharing resources with family members. Others fuel discrimination and inequality, for example, norms that attach less value to girls than boys or that reinforce women's obedience to their husbands. Social norms often prescribe expected behaviour on the basis of gender and family relationships (these are sometimes called gender norms). This impacts on women's bargaining power within families by, for example, assigning them (unpaid) responsibility for homemaking and children's care.⁶²

How do social norms work? They are driven by a complex interplay of social, economic, political and environmental factors and are closely intertwined with laws and public policies.⁶³ For example, the social norm that men should be the primary breadwinner can privilege men in hiring and firing practices, particularly during economic downturns when enterprises are downsizing their workforce.⁶⁴ Likewise, in contexts where women's work outside the home is frowned upon, women often express a preference for employment in the home rather than outside in order to conform to the dominant norms as this enhances their status.⁶⁵

Social norms are maintained through a system of rewards and sanctions.⁶⁶ Conforming to a social norm can be rewarded with trust, praise and respect in one's group. Acting against a norm may provoke feelings of guilt and shame in an individual as well as social stigma and ostracism from their community.⁶⁷ For women, the cost of transgressing a social norm can have significant material impact, including provocation of violence. This was evidenced in Mexico in the 1990s and 2000s, when a surge in global demand for low-wage labour resulted in women entering the public sphere as *maquila* workers, challenging the norms of male provider and female homemaker. Rates of violence against women and murders of *maquila* workers skyrocketed, while judges, politicians and the media largely failed to properly investigate or even acknowledge the violence.⁶⁸

That said, just because a social norm exists does not mean that individuals agree with it (social norms and attitudes are not the same thing). A woman who was married as a child may wish for her own daughter to marry as an adult (or not marry at all). She may, however, conform with the norm and marry her daughter young because her family's social standing in the community depends on it. This paradox helps explain the 'patriarchal bargain',⁶⁹ whereby women make constrained choices that uphold gender inequality but offer individual benefit. Moreover, just because a social norm exists does not mean that everyone will act in accordance with it. A father in a heterosexual, two-parent household who chooses to assume primary responsibility for domestic work and children's care, despite the criticism he may receive from his friends or colleagues, acts against a social norm.

Nor are bargaining and conflict always explicit. In some instances, women may not overtly bargain with their intimate partners or other family members (siblings, parents, etc.) over their share of land or other household resources. Unequal outcomes do not always result from an explicit process of bargaining because a certain unequal order may be culturally accepted or seen as non-negotiable. On the other hand, the absence of overt protest and questioning of intra-household inequalities by women, as Box 1.3 explains, does not necessarily reflect acceptance of their legitimacy.

Bargaining models can also be criticized for ignoring emotions and attachments (unless these are part and parcel of bargaining), which are central to intra-family solidarities and conflicts. Moreover, while the framework can work for relationships that are, or should be, based on reciprocity, such as among intimate partners, it is less relevant for other family relationships, such as between mothers and children or adult children and their frail older parents. In these relationships, no reciprocity may be expected or practised and 'exit' tends to be heavily stigmatized.

Importantly, Agarwal's work has also drawn attention to the inter-related nature of bargaining within and outside the family. As Figure 1.2 illustrates, families are embedded within a wide institutional web that includes not only states and markets but also groups, coalitions, social movements and social norms. This web offers multiple levers that women can use to exert power both within their private and intimate relations as well as vis-à-vis other actors.⁷⁰ This work has been pivotal in adding nuance and complexity to the ways in which economists have captured intra-household bargaining using formal models.

Evidence from Southern Asia, for example, suggests that group membership and collective action are critical for contesting restrictive social norms that impinge on women's autonomy and mobility. Ethnographic research on women members of a trade union of waste-pickers in Pune, India, found that group-based membership gave women three distinct (but inter-related) pathways of change: first, a stronger fallback position due to improved material resources; second, changes in women's understanding of self and their rights due to the cognitive resources they had access to as members of the union; and third, expanded relational networks that went beyond those of family and kinship. Transformations within the home were most visible in the areas of domestic violence, distribution of domestic chores and husbands' financial accountability.⁷¹

Bringing a human rights perspective to families

The cooperative conflict framework provides insights into power dynamics within families, but it does not provide a normative guide for supporting and accelerating change in laws and policies. For this, we need to turn to human rights principles.

Several human rights instruments, including the Universal Declaration of Human Rights (UDHR), see the family as the fundamental unit of society requiring protection and assistance. A contemporary understanding of the family must be cognizant of present-day conditions, including legal and social developments that have occurred over time.⁷² Three

human rights principles are particularly germane to the family: equality and non-discrimination, the right to live a life free of violence, and the best interest of the child.⁷³

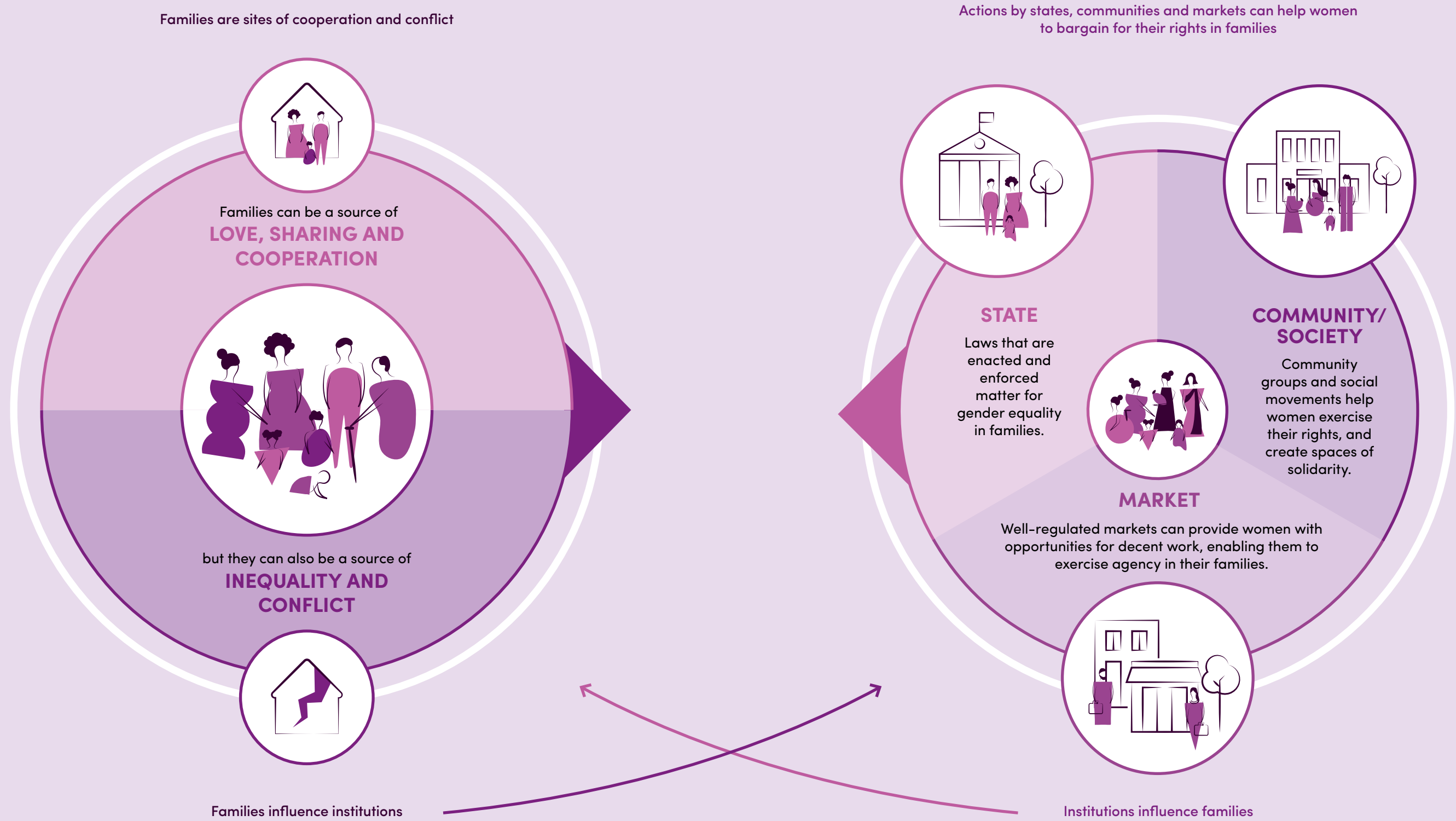
In international law, the protection of the family is intrinsically linked to the principle of equality and non-discrimination, especially with regard to marriage.⁷⁴ CEDAW makes clear that family relations must be read in light of this principle. Applying it in the family context implies that all laws, policies and practices regarding the family should be undertaken without discriminating against individual members of the family or against any form of family.⁷⁵

Over the years, perceptions as to what forms of treatment are acceptable from an equality and non-discrimination point of view have evolved, providing broader protection to individuals. That evolution is reflected, for example, in the protection given to children who are born outside of formal marriage or in lone-parent families. Moreover, the principle of equality and non-discrimination not only entails a negative obligation on the part of the State not to discriminate, it also imposes a positive duty to recognize differences between individuals and take necessary measures to achieve substantive equality.

The scope and content of the right to live a life free from violence, in particular for women, children, people living with disabilities and older persons, has been elaborated and clarified through internationally agreed standards and the work of human rights treaty monitoring bodies. These developments make it clear that States have a positive duty to prevent, protect and punish cases of violence, including when it takes place within the family. States in fact "may be responsible for private acts if they fail to act with due diligence to prevent violation of rights or to investigate and punish acts of violence, and for providing compensation."⁷⁶ It is now commonly accepted that this obligation of due diligence means that States are required to take effective legal measures, including penal sanctions, civil remedies and compensatory provisions to protect women against all kinds of violence, including abuse and sexual assault in the family.

FIGURE 1.2 WOMEN NEGOTIATING FOR RIGHTS IN FAMILIES

Gender inequality in family relationships means that women often have to bargain for their fair share - of money, food, leisure time and decision-making power.



Source: Based on Sen 1990a; Agarwal 1997.

Finally, the principle of the best interest of the child is paramount under the Convention on the Rights of the Child (CRC). The CRC Committee has stressed that the best interest of the child is a dynamic concept that encompasses issues that are continuously evolving.⁷⁷ Children should not be separated from their parents against their will and should maintain personal contact with them, unless there is evidence of abuse or neglect of the child. From both case law of domestic courts and human rights monitoring bodies it is clear that in cases involving the care and custody of minors, the determination of the child's best interests cannot be based on speculation, assumptions or stereotypes regarding the parents' circumstances or on traditional concepts of the family. The assessment must be based on specific parental behaviours and their impact on the child's well-being.⁷⁸

The diversity of family forms has been widely recognized. As the Beijing Platform for Action puts it, "In different cultural, political and social systems, various forms of the family exist,"⁷⁹ and these can arise with or without a formal and lawful marriage. The Committee on Economic, Social and Cultural Rights (CESCR) has been emphatic about seeing the diversity of family forms as a "normal part of the continuous change of society" with individuals having "the same right to protection and assistance even if they do not succeed in living together as a family."⁸⁰ The CRC Committee has also stressed that family should be understood in a broad sense, including biological, adoptive or foster parents or, where applicable, members of the extended family or community as provided for by local custom.⁸¹ The UN Working Group on the Issue of Discrimination against Women in Law and Practice also states that the family exists in various forms.⁸² The recognition of diversity means that, whatever form the family takes, "the treatment of women in the family both at law and in private must accord with the principles of equality and justice for all people, as article 2 of the Convention (CEDAW) requires."⁸³

Individual rights, collective rights and collective action

It is clear that human rights are about individual freedoms. However, various human rights documents recognize the rights of groups, or collective rights.⁸⁴ For example, the UDHR (article 23) recognizes that

everyone has the right to form and join a trade union.⁸⁵ The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) recognizes that human rights must go beyond the individual to recognize the rights of communities to control resources such as land, as well as to maintain their language and culture.⁸⁶

However, the recognition of collective rights does not abrogate the rights of individuals within communities. This commitment to individual rights is particularly important for women, because appeals to culture and tradition can be used to legitimate their subjugation and deny them their equal rights.⁸⁷ In some contexts, socially conservative forces have reshaped laws, state institutions and social norms in the name of culture and tradition, reinforcing discrimination against women and resulting in the violation of their human rights.⁸⁸ As the Special Rapporteur in the field of cultural rights has elaborated, the reality of diversity within all communities makes it imperative to ensure that women's voices are heard without discrimination, particularly those who represent the perspectives, interests and desires of marginalized groups.⁸⁹ Furthermore, "the existence and cohesion of a specific cultural community, national or subnational, should not be achieved to the detriment of one group within the community, for example women."⁹⁰

The realization of human rights is also critically dependent on a strong state, collective responsibility and international cooperation.⁹¹ This includes the requirement under the International Covenant on Economic, Social and Cultural Rights (ICESCR) that governments deploy the maximum of their available resources toward the realization of economic and social rights, including women's rights, with implications for government expenditure and tax policy.

In summary, a contemporary approach to the family requires an integrated application of critical human rights principles such as those of equality and non-discrimination, freedom from violence and the best interest of the child. It means addressing families (in law and policy) in present-day conditions and ensuring that each individual within the family is granted equal protection in the enjoyment of their rights.

1.4 CHANGING FAMILIES IN A CHANGING WORLD

As the previous section suggested, family relations are never disconnected from broader structures and processes. This section highlights a number of tensions that mark contemporary family dynamics that call for greater public debate and creative policy solutions. The chapters that follow provide a closer look at the issues and policy options.

Diversified partnerships, persistent inequalities

Age at first union has been increasing globally (see Chapter 2). This is a positive development for women's rights, as Chapter 3 will argue, since the age at which a woman enters into a union or marries has an impact on her ability to make decisions about key aspects of her life. Nevertheless, many challenges remain: according to the latest estimates, approximately 650 million girls and women alive today were married before their 18th birthday.⁹² Chapter 3 explores the main drivers, both normative and structural, of child marriage.

At the same time, in a wide range of countries there is today more diversity in types of partnerships, both in terms of legal recognition as well as actual practice. As Chapter 2 shows, cohabitation has become highly prevalent in some regions, whether as a substitute for, or a precursor to, marriage. Campaigns for the rights of lesbian, gay, bisexual, transgender and intersex (LGBTI)⁹³ persons to be able to marry and enter legally recognized partnerships have also come to the fore in recent years in some regions.

Against this landscape of increasing diversity of relationship recognition, women and men seem to be marrying or forming unions with people of their own class or educational group (referred to as assortative mating). In other words, even when partnerships are freely chosen rather than arranged, people tend to partner with people like themselves: highly educated men are increasingly likely to partner with women with similar levels of education. These women are also more likely to be in full-time employment, compared to women with lower levels of education.

Evidence for the United States and other high-income countries suggests that as people with similar socio-economic backgrounds form unions, it may contribute to greater income inequality.⁹⁴ Those with college or university degrees in the United States are postponing marriage but eventually marrying each other and pooling two incomes, while those with lower education are less likely to marry, instead having children in short-term cohabiting unions or as lone parents.⁹⁵ The growing class divide is not limited to the United States, as evidence from Australia, New Zealand and Latin America attests.⁹⁶

Marriage and union formation can also reinforce inequalities along other dimensions, such as race and ethnicity. If there are socio-economic inequalities between different racial and ethnic groups, then marriage within groups will tend to reinforce those inequalities. In fact, a strong tendency to marry within one's own racial or ethnic group persists in several countries. A three-country study of Brazil, South Africa and the United States finds that this practice is particularly common in the latter two. Even though inter-racial or inter-ethnic marriage is more common in Brazil, the fact that white people still tend to marry each other means that their privileged economic and social position stays intact. "Put another way, the higher rates of endogamous marriage among the white population in Brazil help secure and maintain its more advantageous class and race position simultaneously."⁹⁷

The de-linking of sex from biological reproduction

Changes in social norms along with the availability of modern methods of contraception and family planning have worked together to de-link sex from biological reproduction. This has allowed women greater control over their own sexuality and reproduction. The implications have been far-reaching for women's health and their capacity to control some of the most intimate decisions that affect their lives. Globally, a far higher proportion of women aged 15–49 who were married or in a union and wanted to use a modern method of contraception were able to do so in 2015 (77.2 per cent) than in 1970 (42.2 per cent) (see Figure 3.3).

However, the satisfied demand for modern contraception is lower in the least developed countries, among women in rural areas and in the poorest quintiles. As discussed in Chapter 3, in many countries access to family planning can be a challenge, whether due to cost barriers, distance, low quality of services, or the perception or reality that they are only for married women, putting women's sexual and reproductive health and rights at risk.

Technological advances have made women's bodies even more 'reproductively malleable' in the 21st century, as some groups of women who were previously 'medically infertile' can now choose reproductive technology or surrogacy.⁹⁸ Yet sophisticated assisted reproductive technology (ARTs) and commercial surrogacy are experienced differently and unequally, as Chapter 3 also shows. On the one hand, ARTs are providing new and expanded options for some single individuals and same-sex couples to have children. On the other hand, the fact that access to ARTs is limited can reinforce gender and social inequalities. Contracts that transfer the child borne by the 'surrogate' woman to the 'commissioning parent(s)' can also reinforce socio-economic inequalities: it is invariably women from the poorer social groups in developing countries who enter international commercial surrogacy arrangements to bear children for those from the more affluent countries and groups who are unable or unwilling to do so themselves.⁹⁹

The end of the male breadwinner model: adapting to women's new roles

The male-breadwinner family, where it existed, is slowly disappearing. Chapter 4 discusses how, over the past decades, rising levels of female education, falling fertility rates and changing aspirations, as well as transformations in social norms, have brought large numbers of women into the arena of paid work. This has coincided with a period of labour market informality and persistent occupational segregation, leaving women largely confined to a limited range of sectors and occupations with low earning capacity.¹⁰⁰

Though far from equal to men's, women's increasing access to resources has triggered some important shifts in the balance of power within the home, giving women greater voice in joint decision-making, for example. Yet such gains have been highly uneven between countries as well as within them. Across regions, being married or in a union and having a young child take a toll on women's labour force participation rates. In many regions, women from poorer households lag behind their better-off counterparts in terms of having an income of their own, especially where there is little public support for women's employment through the provision of affordable childcare services and paid leave. While women who are married or in a union, and those who live in extended households, benefit from income-pooling with other household members, Chapter 4 illustrates that families with children that are maintained by women alone are highly vulnerable to poverty and also have less time for unpaid care and domestic work.

The gains in women's earning capacity and breadwinning roles have not been accompanied by a commensurate increase in men's contributions to unpaid care work, an issue taken up in Chapter 5. Research suggests that in contexts where women's entrance into employment increases their overall workday, this often leaves them feeling worse off despite their increase in market income. Hence, while the male-breadwinner/female-carer model may be disappearing, a family model where both paid and unpaid care work are equally shared has yet to take its place.¹⁰¹ At the same time, the rising numbers of families maintained by women alone point to the need for greater responsibility on the part of fathers to contribute, in terms of both care time and income, to the upkeep of their children. Public support for lone-mother families, however, is also necessary and should not be made contingent on paternal payment of child support.

The commodification and globalization of care

The movement of care workers across borders has reached every corner of the world today. While some of this is occurring between countries and regions with comparable levels of development, much of it is

between countries with divergent levels of prosperity and opportunity. It includes the flow of care workers from developing to developed countries, but also intra-regional movements from less to more affluent countries. This is happening in the context of growing inequalities not only within countries but also between them.

In many developing countries, women are being pushed to migrate in response to unemployment and under-employment and because viable income-generating opportunities are not available where they live.¹⁰² Migrant women from poorer countries have found employment as domestic workers and caregivers in rapidly growing cities and more affluent countries, where the rise in local or native-born mothers' entry into the labour force, coupled with ageing populations and limited state support, has created a growing demand for non-family caregivers.¹⁰³ These migrant care workers have little choice but to work for substandard wages. Many of them in turn delegate the care of their own children to female kin, especially their own mothers, or to hired domestic workers who may be migrants from poorer rural areas.¹⁰⁴ The more limited research on migrant men and 'left behind' fathers indicate a mixed picture with regard to how they give meaning to and perform their fathering roles.¹⁰⁵ These caregiving dynamics within families whose members live apart are discussed in detail in Chapter 7.

The de-coupling of care from the family across borders is not entirely new: immigrants from Ireland to the United States in the 1850s, for example, included impoverished women who worked in domestic service, much like their counterparts in Europe.¹⁰⁶ However, unlike female migrants in the past, who were mostly young, single and childless, those who move now tend to be older, often married and with children of their own. Indeed, earning money for their children's education and healthcare is one of the main motivations for seeking work abroad.¹⁰⁷

The appropriate response to the kind of 'brain drains' and 'care drains' afflicting many developing countries is not to impose restrictions on women's right to migrate or to choose where they want to

live and have their families. Public policy, rather, must enable a different kind of development, one that generates livelihoods, the right to an adequate standard of living, labour rights, and migrant rights including the right to family reunification. This is very different from the current scenario facing millions of women for whom the decision to migrate to be able to work and sustain themselves and their families is a highly constrained one. For many of these women, family life has to be traded off against the right to an adequate standard of living, a choice that no one should have to make.¹⁰⁸

Changing inter-generational contracts: ageing and long-term care have a female face

Adequate and dignified care provision for care-dependent older persons is becoming an urgent policy issue in all countries. The number of people in the 60–79 and over 80 age brackets is already higher in low- and middle-income countries compared to high-income ones.¹⁰⁹ It is set to become significantly more so over the next decades.¹¹⁰ Because functional ability declines with age, an ageing population will dramatically increase the proportion and number of people needing long-term care (LTC), even though there is great diversity in health and functional ability among older persons of similar age. Women account for the vast majority of people in need of LTC in part because on average they live longer than men. Women are also less likely than men to have a spouse or partner to care for them when they need it because women tend to marry or cohabit with men who are older than they are, and have lower rates of re-marriage (see Chapter 2).

Despite rapid population ageing, governments have been slow to acknowledge the importance of long-term care. Especially in middle- and lower-income countries, much of the public debate on ageing has focused on the provision of income security for older persons, a clearly important issue but not sufficient for addressing care needs. The low priority accorded to LTC could stem from a pervasive view that 'families' (read women) are best placed to care for the older generation. As Chapter 5 illustrates, however, models of exclusive family care are unsustainable.

Migration means generations are more likely to be living apart. Care services are needed to effectively replace the role of unpaid family carers, especially for those who have no children. At the same time, women's increasing attachment to the labour force and the concomitant reliance of families on their earnings make it difficult for them to provide full-time care for ageing spouses or parents while also holding on to their jobs. Social norms and expectations are also changing, and older persons themselves sometimes express a preference for

greater autonomy, preferring not to be a burden on their children. There is therefore an urgent need to create and develop regulatory frameworks and standards for LTC services in order to raise quality standards, protect those in care, hold providers to account and empower service users and their predominantly female employees, a significant proportion of whom are migrant women. States have a responsibility for ensuring that the LTC system works, even if they do not provide or fund all services (see Chapter 5).

1.5 MOVING FORWARD: FAMILY-FRIENDLY POLICIES WITH WOMEN'S RIGHTS AT THEIR CENTRE

The state can play a proactive role in protecting individuals from harm and in promoting equality within families, in line with its human rights obligations. Families should not be treated as a 'bottomless well' on which the private and public sectors draw for labour services, taxes and the nurturance of productive and active citizens.¹¹¹

Contexts where families are stretched by extremely long hours of badly paid work or structural unemployment, socio-economic insecurity, poor and dilapidated infrastructure and loss of hope and self-respect are not conducive to family life.¹¹²

To be able to replenish their human energies and care for each other, families require inputs from both the public and the private sectors, including decent jobs and viable livelihoods, social protection, quality public services and sustainable infrastructure. The duty to provide 'assistance', outlined in the ICESCR among others, imposes on States a variety of obligations ranging from the adoption of appropriate labour laws to ensuring social protection coverage for various contingencies (including maternity, paternity and old age) and accessible and affordable services.¹¹³ The inputs from the public sector (e.g. public services, transfers, physical infrastructure) and the private sector (e.g. living wages, regulated hours, paid leave)

must be sufficiently nourishing to allow families to play their part in raising children and caring for and maintaining all their members in a context of equality and non-discrimination. Moreover, these inputs must be extended to all people, regardless of their migration or refugee status.

Social protection systems and public services need to be complemented by family-friendly policies in businesses and the private sector.¹¹⁴ Economies need to be regulated to provide an adequate standard of living so that women (and men) are not pushed to migrate to sustain their families and so that those who work long hours do not live in poverty. To ensure that social protection systems (e.g. family allowances or pensions) aimed at supporting families do not discriminate against certain families or family members, attention should be paid to the rules and requirements of these various entitlements. For example, requiring a marriage certificate of all families registering for a social protection programme can discriminate against those who cohabit or whose marriages are not registered or recognized.

A costing analysis commissioned for this Report (see, "What will it Cost?") shows that financing a package of family-friendly policies that would advance women's rights is in fact affordable for most countries in

terms of the share of gross domestic product (GDP) that they would need to allocate. To finance these investments, societies need to mobilize sufficient resources from a variety of sources, both domestic and international, and do so in a gender-responsive way. This requires an enabling global environment that does not undermine national efforts at resource mobilization through illicit financial flows and loopholes that encourage tax evasion and avoidance.

This policy agenda builds children’s capabilities, safeguards the dignity and human rights of people with disabilities and older persons, and creates decent employment opportunities for women and men in the care sector. Importantly, it is anchored in a vision for families as a site of equality and justice—a place where women and girls can exercise agency and voice, and where they have economic security and physical safety.



FAMILIES: CONTINUITY, CHANGE AND DIVERSITY

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KEY MESSAGES

01

Families are diverse and are shaped by demographic trends, policies and social norms. For policies to effectively promote gender equality and women's empowerment, they need to take account of the diversity of family forms in which women live.

02

Couples living with their children are the most common household form, making up 38 per cent of all households. Extended families (27 per cent), single person (13 per cent) and lone parent families (8 per cent), the majority headed by women, are also significant shares of households globally.

03

There has been a rise in women's age at first marriage everywhere, but globally, one in five women aged 20–24, were married under the age of 18.

04

Greater gender equality has helped drive sweeping changes in patterns of partnership formation and childbearing in Latin America and the Caribbean, and in developed countries, resulting in lower fertility, lower rates of marriage, more divorce and increasing cohabitation.

05

In most other developing regions, there is greater continuity: marriage remains the norm and divorce is rare and often stigmatized.

06

Fertility rates are declining, with sharp reductions everywhere except Sub-Saharan Africa, where change has been slower. In high-income countries, below replacement fertility rates reflect women choosing to have fewer or no children, but in some cases also having fewer children than they would like.

07

Given their greater longevity, women are over-represented among older persons in all countries, and are more likely to live alone. Women represent more than 60 per cent of those above age 80.

08

Statistics need to be improved, including by strengthening civil registration and vital statistics systems and developing new methodologies to capture family diversity, as a basis for policy-making that reflects the reality of how families live today.

2.1 INTRODUCTION

Families do not take a single form today, nor have they in the past. Indeed, family systems and relations respond and adapt to their environments, including broader socio-economic processes, public policies, demographic trends and social and cultural norms.¹ As a result, they are characterized by great diversity.

Yet far too often policies are designed on the basis of an 'ideal family', irrespective of its actual prevalence in a given context. Stereotypical assumptions about families, and women's and men's roles, shape policies, leading to significant—albeit often unintended—gender bias and discrimination.² For instance, social policies designed with a male breadwinner and a female homemaker in mind may not effectively reach the millions of women who combine both roles or adequately support the vast majority of those living in extended or lone-parent families.³

Against this backdrop, this chapter documents change, continuity and diversity in families and households across countries and regions in an effort to provide a solid empirical grounding for policies that promote gender equality and women's empowerment regardless of the kind of family they live in.

What does diversity mean in the context of family life? On the one hand, it refers to the reality that, over their life-course, individuals belong to various households and families and have changing roles, entitlements and obligations within them.⁴ On the other hand, family diversity acknowledges differences in the organization of families over time as well as across societies at a specific moment.⁵ While the focus here is mostly on the latter meaning, both aspects of family diversity are relevant for gender equality.

Why does family change and diversity matter for women's rights? This chapter answers this question by analysing the available data on four aspects of family life: conjugal relations, fertility, household composition and ageing. What it shows is that the impact of these domains of family life on gender equality is complex and context-specific.⁶

For example, the extent to which marriage or motherhood are considered to be a woman's destiny in a given society can shape the rights women have in forming and exiting their preferred partnerships and whether or not they bear any children. In turn, demographic change—especially with regards to fertility and ageing—has consequences for how women and men allocate their time between paid work and care responsibilities. And household composition and size have an impact on women's well-being and access to resources. For instance, lone-parent households tend to be poorer than two-parent households because they often lack the additional resources of an adult partner who lives in the same household (see Chapter 4).⁷

By reviewing the available statistical information, including from population censuses and nationally representative household surveys, this chapter takes stock of the existing evidence and knowledge gaps about how women and girls live in families today. Good practices in data collection are included, where possible, to nurture innovative solutions to current methodological limitations.

Chapter overview

The chapter is organized as follows: after a discussion in the first section on the methodological assumptions, limitations and possibilities inherent to a global review of family patterns, the remainder of the sections are organized along four areas of family life that have a significant bearing on gender equality. Sections 2.3 and 2.4 show how partnership formation and fertility patterns are reshaping the positions of women and girls within contemporary families in diverse regional contexts. Section 2.5 analyses the main opportunities and risks women face in various contexts while living in different household structures across the globe and at different points in their lives. Finally, section 2.6 illustrates the gendered impacts of population ageing, including older women's living arrangements and access to appropriate care.

2.2 WHAT CAN HOUSEHOLD-LEVEL DATA TELL US ABOUT FAMILIES?

The realities of families are constantly changing and can be difficult to capture. In-depth, longitudinal studies that follow individuals throughout the life-course can perhaps shed the most light on family relations and composition, yet these remain relatively rare, particularly in developing countries, and are often not comparable.

Censuses and household surveys, the main sources of data for this chapter, are key to constructing a comparative picture of family life. Yet they are not always available for all of the dimensions analysed here and for all regions, thereby restricting the generation of regional and global aggregates and the coverage of identical time periods. That said, the available data do allow an illustration of broad trends across regions.

Three additional considerations in the use of censuses and household surveys to study families merit a brief discussion: the use of households (rather than families) as a unit of analysis; gendered assumptions and practices that bias data collection; and the restricted coverage of some vulnerable population groups.

Households and families: distinct but inter-connected

Censuses and nationally representative surveys identify households, rather than families, as their unit of analysis. Given that family members can reside in different households, household-level data are an imperfect proxy for the study of families. Nevertheless, households and families tend to overlap because people who live together in a household are very often related to each other by ties of kinship and marriage (see Chapter 1, Box 1.1).⁸

In statistical analyses, ‘household’ commonly refers to a unit of housekeeping and/or residence where members need not be related to each other.⁹

Established definitions describe the household as one or more individuals “making common provisions for food or other living essentials” and/or “sleeping under the same roof.”¹⁰ Widely accepted definitions are nonetheless not universally used; variation exists across countries and statistical bodies. This in turn influences the quality of socio-demographic indicators produced to establish household size or dependency ratios.¹¹ User awareness and data collection improvements are required, particularly in contexts with complex and fluid household structures.¹²

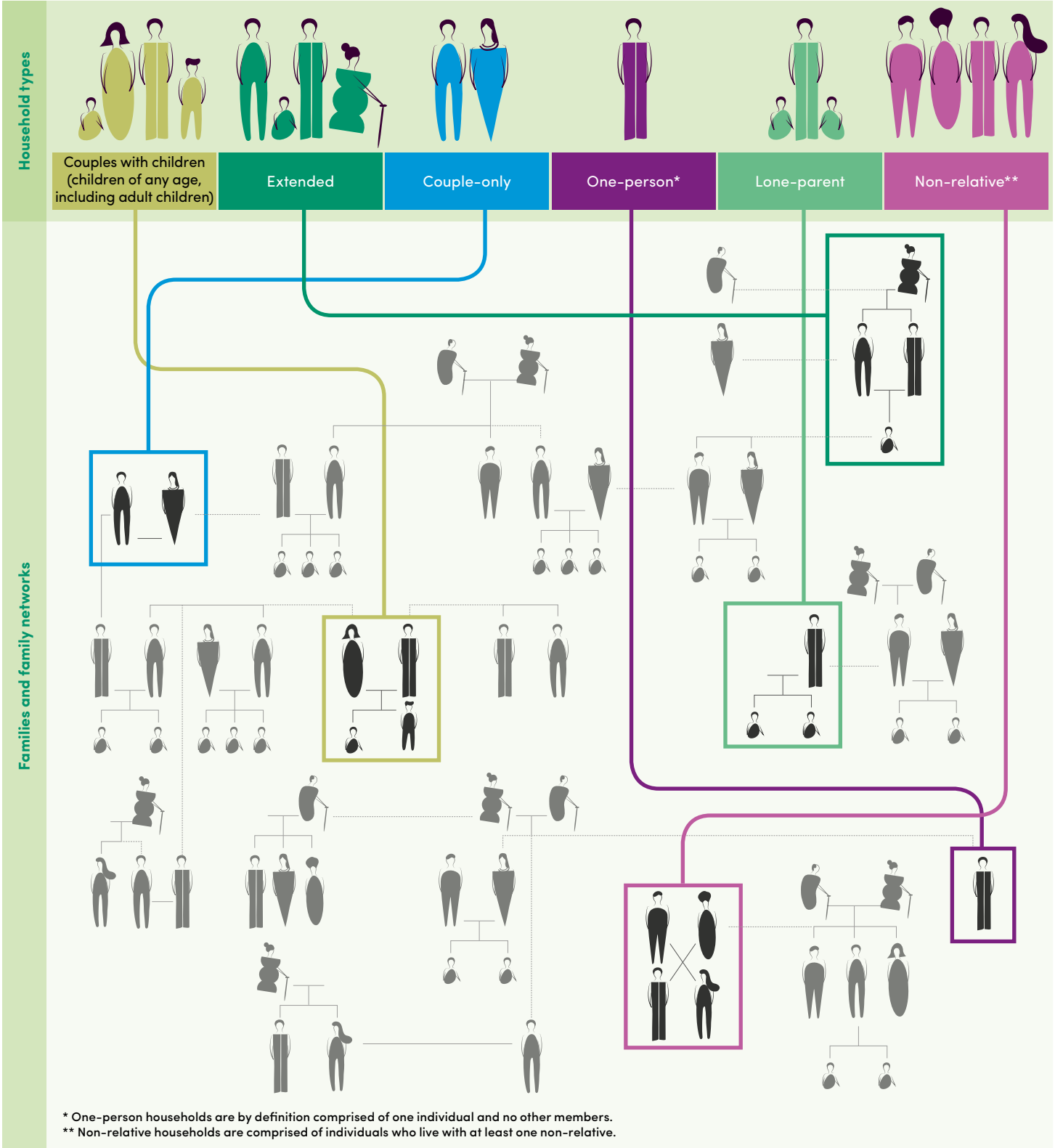
A household can include one person only. However, there are no one-person families, since the latter is a relational concept that requires at least two people.¹³ A family within the household refers to two or more household members who are related to each other through blood, adoption or marriage.¹⁴ A household may therefore encompass more than one family, while families can extend beyond one household (see Figure 2.1). This is the case in households where family members have migrated or in contexts where families extend across multiple households, as in polygamous family arrangements.¹⁵ Regional and national efforts to capture families that do not fit the standard concept of independent, heterosexual, nuclear households are a promising development that can offer useful insights to policy-makers (see Box 2.1).

While the conceptual distinction between family and household is important, statistical evidence from 86 countries, accounting for 78.5 per cent of the world’s population, shows that most households are composed of family members. Moreover, only 14.5 per cent of all households are comprised of individuals that either live alone or with at least one unrelated member.¹⁶ Therefore, analysing who lives in households—whether single individuals, couples with or without children or extended families—provides critical insights into the changing and diverse nature of family life around the world.

FIGURE 2.1

HOUSEHOLDS AND FAMILIES: CONNECTED BUT DIFFERENT

Censuses and household surveys capture households, but families extend beyond household walls and encompass a broader set of relationships.



BOX 2.1

EFFORTS TO DEFINE 'EMERGING' FAMILIES IN STATISTICS

Statisticians strive to devise ways to capture 'emerging' types of families and households. These family definitions vary across national and regional contexts since they reflect context-specific patterns and policy concerns. For instance, having legally recognized a greater diversity of partnership forms, several countries in Latin America and the Caribbean have prioritized documenting cohabiting and/or same-sex couples.¹⁷ European countries have considered a broader set of family forms. This includes 'blended families' comprised of a married or cohabiting couple with one or more children, along with one or more children from one or both of the partners' previous unions.¹⁸ In a few countries, surveys now include 'living apart together' relationships, which are characterized by partners who maintain an intimate relationship but live in two separate households.¹⁹

Addressing social norms and gender stereotypes in data collection

Gender stereotypes and social norms commonly influence data collection tools such as censuses and household surveys.²⁰ In general, social norms affect data collection through two main avenues: through the range and framing of questions being asked and through the responses provided, which often reflect what the respondents deem acceptable for government officials to hear.²¹ As a result, statistics often inadvertently reflect prevailing norms on what families or households should look like and what women's and men's respective roles ought to be.²²

A long-standing problem of survey terminology is the under-estimation of women's work. Prior to 2013, even though production in family farms was part of the definition of employment, few labour force surveys captured it. In Brazil, innovative feminist initiatives have sought to measure the totality of women's work in rural family farms by combining bottom-up data collection tools with

strategies to foster policy change at the national level. At the grassroots, Sempreviva Organização Feminista encouraged rural women to create agricultural 'logbooks' to promote recognition of their multiple labour contributions to their households and communities. Equipped with these records, activists successfully advocated for the Brazilian agricultural census to better capture women's work (see Story of Change, "The simple scheme that's driving a quiet revolution for Brazil's female farmers").

Preconceptions about women's position and intra-household decision-making power in survey design and implementation can also inadvertently reinforce patriarchal power relations. Wives are commonly defined as economic dependents of male 'heads' of households,²³ even in cases where their incomes are higher than those of their husband's.²⁴ Given the ambiguities with the concept of 'headship' (see Box 2.2), this Report refrains from using terms such as male-headed versus female-headed households.²⁵

BOX 2.2

SHORTCOMINGS OF USING HOUSEHOLD HEADSHIP AS AN ANALYTICAL CATEGORY

A recurring theme in policy debates on family and household diversity has been the prevalence and implications of female household headship.²⁶ There are many questions about the reliability and significance of estimates of households differentiated by 'headship', given the ambiguities in how it is defined and understood by both enumerators and respondents. Moreover, important questions also exist regarding the usefulness of a category such as 'female-headed household' that covers many different sub-groups of households that may not be comparable.²⁷ For example, a remarkable diversity exists in the living arrangements of lone mothers, as many live in extended households. Thus, in this Report, lone-mother households are defined as households with a woman and her children (biological, step, and adopted/foster children) and no one else as well as lone mothers living in households with their children and other relatives (see Section 2.5).

Prior to their legal recognition in many countries (see Chapter 3), same-sex partnerships were excluded from official statistics. Census rules specified that if the household head and spouse were the same sex, their partnership could not be recorded as 'spouses' but was to be noted, for instance, in the 'other type of family relationship' category.²⁸ Lesbian, gay, bisexual, transgender and intersex (LGBTI) organizations in countries such as Argentina, Brazil and Uruguay, among others, have successfully advocated for the elimination of these technical precepts, and their 2010 censuses were, as a result, better equipped to identify same-sex couples (see Chapter 3).²⁹

Enumerating same-sex couples and families in existing censuses and household surveys is difficult for several reasons, including the relatively small size of the group and biases in the framing of questions, for example some languages lack a gender-neutral word for 'spouse'.³⁰ The complexities of the legal environments as well as ongoing stigma directed at the LGBTI community create further challenges to accurate data collection.³¹ The result is under-counting of same-sex couples across countries.³² In the 2016 Australian census, for example, same-sex couples accounted for only 0.9 per cent of all couples living together.³³ Improving the collection of information on same-sex couples and families is essential to identify groups which may be at risk of discrimination and for ensuring policies and public services are responding to family diversity.³⁴

A number of countries are starting to consider whether and how to incorporate questions on individual sexual orientation and/or gender identity in their upcoming 2020 population censuses.³⁵ Yet past survey experiences and recommendations point to conceptual, methodological and practical obstacles that need to be addressed to comprehensively capture data on LGBTI individuals.³⁶ These include respondents' privacy concerns or fear of being exposed to discrimination, enumerators' and respondents' lack of understanding of sexual orientation and gender identity, and the potential risks of undermining LGBTI claims in case of under-reporting.³⁷

An extensive dialogue with LGBTI organizations and specialists, broad public awareness campaigns,

and specialised training of enumerators are thus all required in combination with methodological improvements. In the meantime, specialized or thematic surveys are an important first step countries can take to incorporate these issues in official statistics.³⁸

Limits to population coverage

Censuses and household surveys do not cover all individuals in a given country or territory.³⁹ A recent study estimates that globally 250 million vulnerable persons could be missing from household surveys and/or censuses, particularly in developing countries, either by design or in practice.⁴⁰ These include the homeless, people living in institutions, mobile, nomadic or pastoralist populations and those in fragile households, slum populations and areas where surveys are not regularly conducted due to security risks.

As such, the quantitative information available may not adequately reflect the family dynamics of some highly marginalized groups of women. Across regions, for instance, domestic workers, many of whom are migrants, are often excluded from the census count when they reside with higher-income households, even though they share food and other resources with their employers.⁴¹ Moreover, institutionalized populations such as incarcerated women and men are frequently excluded from censuses and household surveys. As a result, the dire effects of imprisonment on the families of more than 714,000 incarcerated women and girls worldwide, a number that has increased by more than 50 percent since 2000, continues to be invisible to policy-makers, in part due to their exclusion from surveys.⁴²

Beyond improvements in censuses and household surveys, strengthening civic registration and vital statistics systems—which compile universal information over the life-course on the occurrence and characteristics of vital events such as births, marriages and deaths—is of critical significance to address the current limitations of statistics on families.⁴³ As state-led administrative systems, they are unparalleled in their potential to provide reliable information disaggregated at the lowest level by sex, geography and other relevant individual characteristics. If comprehensive enough to provide real-time data, they can also play

a strategic role in the planning of family policies and facilitate access to the services and benefits described in subsequent chapters.⁴⁴ Nevertheless, at present more than 110 low- and middle-income countries lack functional registration systems and under-record vital events of specific populations.⁴⁵ Alongside efforts to address biases and gender gaps in coverage, these systems require financing and improvements, especially in developing countries.⁴⁶

These limitations notwithstanding, census data and household surveys, when carefully interpreted and viewed in combination with qualitative studies, are an indispensable source of information with which to generate comparative insights regarding how women live in households and families.

The most recent evidence covering 86 countries and territories, and accounting for 78.5 per cent of the world's population, confirms that women and girls live in a great variety of household types, with distinctive residential patterns emerging across regions (see Figure 2.2).⁴⁷ These patterns are further explored in section 2.6.

Households consisting of a couple with children, including young and adult unmarried offspring, account for 38.4 per cent of all households worldwide.⁴⁸ This household type, however, is itself not uniform. It may include, for instance, married or cohabiting couples, first-timers or re-partnered unions. Moreover, it also includes households at different points in family formation: younger couples with small children who just recently started a family; middle-aged couples with adult children who may still be living with their parents for various reasons; blended families residing with children from previous unions of either parent; and older couples whose

children moved away but then returned to reside with one older parent.⁴⁹

From a policy standpoint, it is important to identify within this diverse group those households with the most pressing care and income needs.

The second most widespread household form (26.6 per cent) is the extended family household, which includes at least one adult plus other relatives and may also include children.⁵⁰ In developing countries where this type is most prevalent, households may include grandparents, aunts, uncles or in-laws in addition to parents and children (see Figure 2.2).

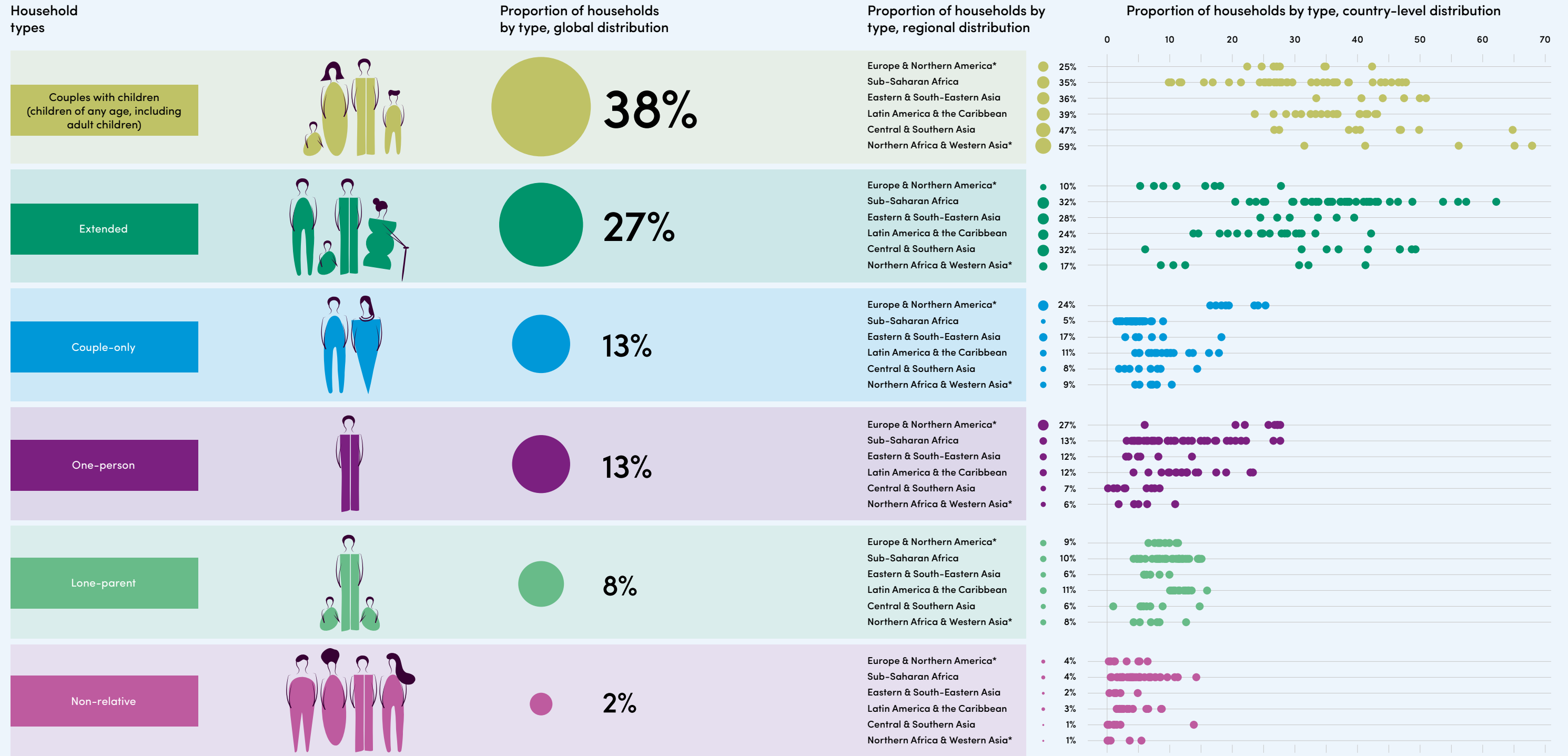
The global share of lone-parent households is smaller than couples with children and extended households but is still significant (7.5 per cent).⁵¹ Most of these families are led by women (84.3 per cent), who tend to juggle paid work, child-rearing and potentially also the care of other dependents.⁵² Living without a partner can be a transitory phase before a new partnership or remarriage,⁵³ a structural feature of particular family systems,⁵⁴ or may indicate an individual woman's life choice. Lone-mother households are particularly prone to income poverty, and in some contexts exposed to stigma and discrimination (see section 2.5).

Regarding other relevant household types illustrated in Figure 2.2, one-person households are particularly widespread in the high-income region of Europe and Northern America (27.1 per cent), more than double the global average (12.5 per cent).⁵⁵ These households are composed of various socio-demographic groups, including younger generations setting up their own homes and an increasing share of older persons who live alone.

FIGURE 2.2 HOUSEHOLD TYPES: GLOBAL AND REGIONAL AVERAGES

Globally, less than four in every ten households are formed by a couple living with children (of any age).

Diversity is the norm in household composition: in Sub-Saharan Africa and Central and Southern Asia, close to a third of all households are extended; in several regions, one in ten are lone-parent households.



Source: Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.

Note: Regional estimates marked with an asterisk (*) are based on less than two-thirds of their respective regional population and should be treated with caution: Europe and Northern America (41.0 per cent of the population) and Northern Africa and Western Asia (36.1 per cent of the population). Global and regional distributions of households by type may not total 100 due to rounding. Population coverage was insufficient for Oceania and therefore not shown.

2.3 WHEN AND HOW WOMEN ENTER AND EXIT PARTNERSHIPS

Choosing whether, when and who to marry or partner with is among life's most important decisions.⁵⁶ The evidence presented in this section shows that, although a great degree of heterogeneity is observed across and within regions, the last decades (from 1980 to 2010) have been characterized by delays in women's age at first marriage as well as increases in cohabitation, separation or divorce, and non-marriage.⁵⁷

Overall, parental power over spousal selection—a cornerstone of patriarchy—has to some extent receded in the past decades, allowing women relatively more freedom in choosing their life partner and type of union. The rise in age of first union for women, and the concomitant decline in rates of child, early and forced marriage in most regions, are indicative of this trend. Evidence of greater autonomy in spousal selection practices also exists in contexts where marriage continues to be the dominant form of partnership for women.⁵⁸ South-Eastern Asia, for instance, witnessed a clear move away from arranged marriage in almost all countries over the last half of the 20th century.⁵⁹ In Northern America, parts of Europe, Australia and New Zealand and Latin America and the Caribbean, women's potential partnership options have progressively expanded.⁶⁰ In tandem with the increasing prevalence of non-marriage, cohabitation as an alternative or prelude to marriage has increased across different social classes.⁶¹ Over the last two decades, formal unions

have also expanded to include same-sex couples in some countries (see Chapter 3).⁶²

In some parts of the world, life-long marriage is a thing of the past.⁶³ Even as formal divorce rates have levelled off or declined in nations that used to have some of the highest levels, the rise in cohabitation means that total rates of union dissolution and re-partnering remain high and may even be increasing.⁶⁴ Consequently, blended families are likely to be growing in number in some regions.⁶⁵ However, the absence of cross-national data on rates of re-married or re-divorced people limits the extent to which policy-makers, legislators and service providers can account for this multiplicity of family formations and experiences.⁶⁶

Despite these transformations in intimate partnerships, the evidence also points to significant continuities.⁶⁷ For instance, in many regions, including Central and Southern Asia, Eastern and South-Eastern Asia and Northern Africa and Western Asia, long-lasting heterosexual marriages continue to be universal.⁶⁸ And long-standing challenges to women's rights remain to be addressed: globally, in 2017, one in five women aged 20–24 was married under the age of 18.⁶⁹

While the availability of data on marriage globally is relatively good, differences in how marriage and other forms of union are recognized and recorded by governments and statistical agencies can hamper cross-country analyses (see Box 2.3).

BOX 2.3

CAVEATS ON TREND DATA AND CROSS-COUNTRY COMPARABILITY OF DATA ON MARRIAGE AND MARITAL STATUS

Marital status is one of the variables that all countries are expected to record through their censuses. The UN Principles and Recommendations for Population and Housing Censuses (Revision 3) suggest the use of a minimum of five categories for marital status: (a) single (never married); (b) married; (c) married, but separated (whether legally or de facto); (d) widowed and not remarried; and (e) divorced and not remarried.

The UN Principles also acknowledge the need to capture customary unions, such as registered partnerships and consensual unions, in contexts in which these are legal and binding under law. In countries with legal provision for registered or legal partnership, or where same-sex couples can legally marry, the recommendations call for

the inclusion of two additional sub-categories: (b)(i) opposite-sex marriage/partnership and (b)(ii) same-sex marriage/partnership. Given the diversity in the definition of marriage across countries, which in some cases may include customary unions, any comparisons need to be treated with caution.

Policy interest in cohabitation has only recently come to the fore. As a result, census data on cohabitation exist only for a limited number of countries and, even then, mostly for recent years. Hence, reliable cross-country comparisons and trend analysis are not easy to make.⁷⁰ The difficulties in making comparisons can be illustrated with longitudinal data from Brazil, where women in cohabiting unions were treated as single in the censuses of 1940 and 1950 and as married in those of 1960 and 1970.⁷¹

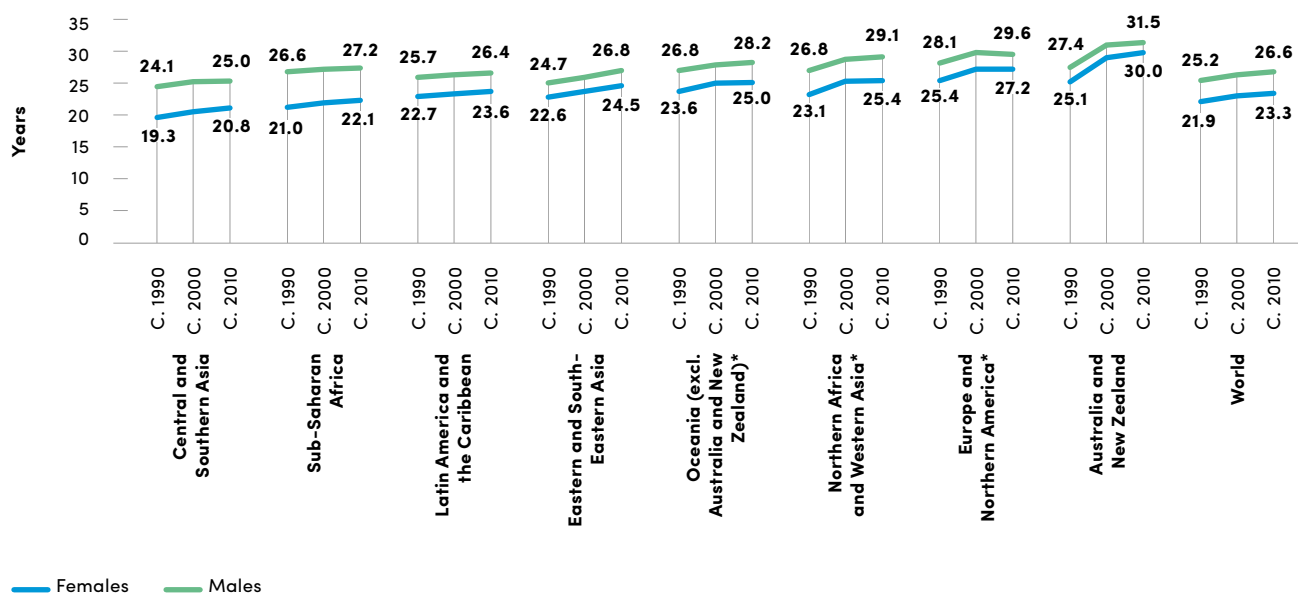
Civil registration records provide an alternative source of data on marriage and divorce. One potential weakness, however, is that they do not always recognize or register all types of partnerships. This is the case, for instance, where the definition of marriage excludes some forms of heterosexual partnerships. For example, the issue of how to treat polygamous marriages may also arise in countries where polygamy is not officially recognized and thus such unions are inaccurately captured in censuses and civil registration records.

Global increases in women's age at first marriage

Globally, and across all regions, both women and men are delaying marriage, yet women still marry earlier

than men.⁷² Since the 1990s, women's singulate mean age at marriage (SMAM)—used here as a proxy for the mean (average) age at first marriage—increased from 21.9 years circa 1990 to 23.3 years circa 2010 (Figure 2.2).

FIGURE 2.3 SINGULATE MEAN AGE AT MARRIAGE BY SEX AND REGION, CIRCA 1990-2010



Source: Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESA 2017m.

Note: C. = circa. The analysis covers 109 countries, comprising 79.2 per cent of the world's female population of reproductive ages (15-49). C. 1990 includes 1986-1995, C. 2000 includes 1996-2005 and C. 2010 includes 2006-2015. Global and regional averages are calculated by weighting the latest female and male SMAMs (singulate mean age at marriage), within each 10-year period, by the population of females and males of reproductive ages (15-49) at the end of the 10-year period. For example, the latest female and male SMAMs available C. 1990 have been weighted by the population of males and females, respectively, on 1 July, 1995. The SMAM is the mean age at first marriage among persons who ever marry by a certain age limit, usually before the age of 50 years. It measures the average number of years lived as single or 'never married' by a hypothetical cohort of individuals for which the proportions never married at each age are the same as those observed at a moment in time for a given population. In countries where data on consensual unions/cohabitation or other types of customary unions are reported, women and men in these unions are not considered single or never married but currently married, to allow comparison with countries where the currently married are reported together with consensual unions/cohabitation or other types of customary unions. For Oceania (excluding Australia and New Zealand), data are available for only 6 countries covering 12.2 per cent of the population, in Northern Africa and Western Asia the data are available for 11 countries covering 54.6 per cent of the population, and in Europe and Northern America, 24 countries covering 39.4 per cent of the population. Regional and global estimates marked with an asterisk (*) are based on less than two thirds of their respective regional population and should be treated with caution. In all other regions, aggregates are based on data covering two thirds or more of the population.

There are significant differences in women’s age at first marriage between regions as well as between social groups within countries.⁷³ Women residing in rural areas, for instance, tend to marry at an earlier age than the national average.⁷⁴ Women continue to marry earliest in Central and Southern Asia (20.8 years), followed by Sub-Saharan Africa (22.1 years) and Latin America and the Caribbean (23.6 years). In Eastern and South-Eastern Asia, Oceania (excluding Australia and New Zealand) and Northern Africa and Western Asia, women marry later, on average around the age of 25. At present, women marry the latest in Europe and Northern America (27.2 years) and Australia and New Zealand (30 years).⁷⁵

Later marriage results from the interactions of social, cultural and economic forces (see Chapter 3).⁷⁶ While delayed age at first marriage or union is positively correlated with more years of secondary and higher education,⁷⁷ it can also arise out of necessity as much as choice.⁷⁸ Women’s educational attainment and the search for employment opportunities are among the factors driving the significant increases in age at first marriage in Northern Africa and Western Asia,⁷⁹ where a 2.3 year increase over two decades puts this

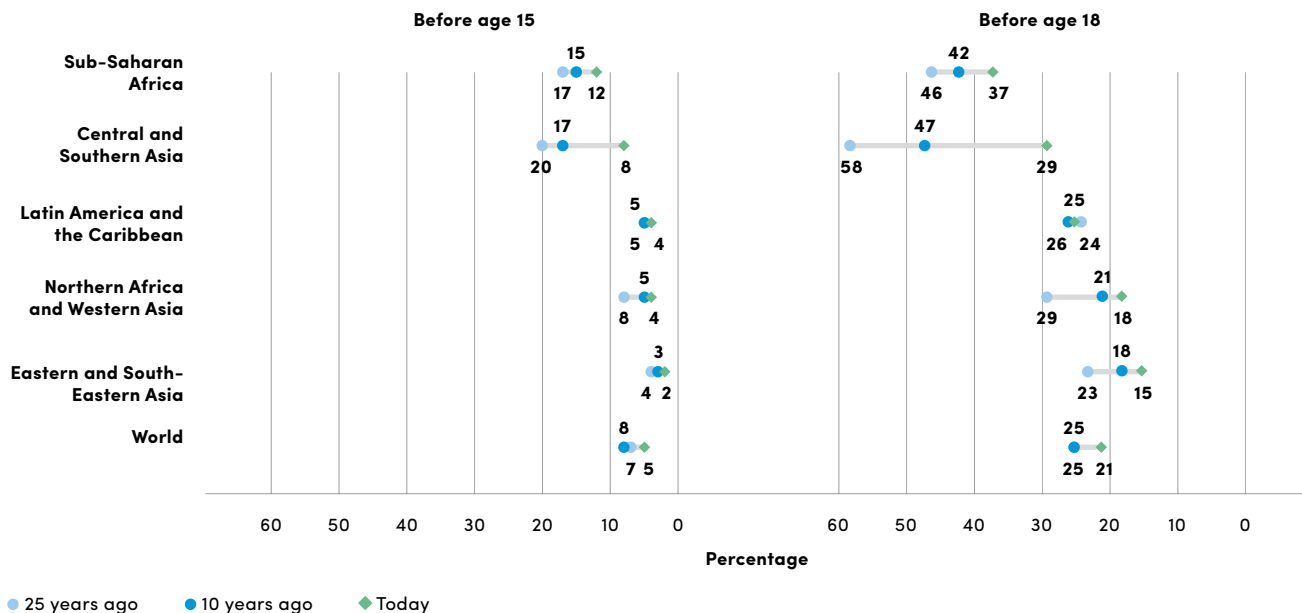
region second only to Australia and New Zealand (4.9 years), as shown in Figure 2.4. Algeria in particular stands out, with women’s SMAM increasing by more than five years, from ages 23.7 to 29.1, within the same period. Nonetheless, while women in Northern Africa and Western Asia may marry later today than in decades past, marriage continues to be an important rite of passage for (almost) all women in the region, meaning most will eventually marry (see Figure 2.3).

Significant declines in child, early and forced marriage

The decline in child, early and forced marriage in most regions is encouraging, yet more needs to be done to eliminate the practice. Over the past 25 years, the marriage rate for girls before the age of 18 declined worldwide from 25.0 to 20.8 per cent, and before the age of 15 from 7.1 to 5.0 per cent (Figure 2.4).

Marriage or union formation at a young age can have several adverse impacts, including on women’s sexual and reproductive health, their access to education, relative bargaining position within the family and a life free from violence.⁸⁰

FIGURE 2.4 PROPORTION OF WOMEN AGED 20-24 WHO WERE MARRIED OR IN A UNION BEFORE AGE 15 AND BEFORE AGE 18 BY REGION



Source: UNICEF 2019b global databases, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative sources, 2011–2018.

Notes: The analysis covers 105 countries comprising 77 per cent of the global population of women aged 20–24 years. Population coverage was insufficient to calculate regional aggregates for Oceania (excluding Australia and New Zealand), Australia and New Zealand, Europe and Northern America. In all other regions, aggregates are based on data covering two thirds or more of the population of women aged 20–24 years.

The decline in child marriage conflates two different types of unions in need of particular policy solutions:⁸¹ those between adolescents of similar age; and those between girls and considerably older men, where girls' agency or voice is further constricted.⁸²

The incidence of child, early and forced marriage continues to be particularly high in Sub-Saharan Africa, where over a third of women aged 20–24 are married or in a union before the age of 18 (37.2 per cent), followed by Central and Southern Asia (29.4 per cent). Along with Northern Africa and Western Asia (17.8 per cent), these are also the regions where marriage is nearly universal. Child marriage and early union formation before the age of 18 also remains common in Latin America and the Caribbean (24.7 per cent), the only region where the practice has increased over the past 25 years (from 23.5 to 24.7 per cent).

At the same time, significant variations also exist within regions. A cohort analysis comparing child

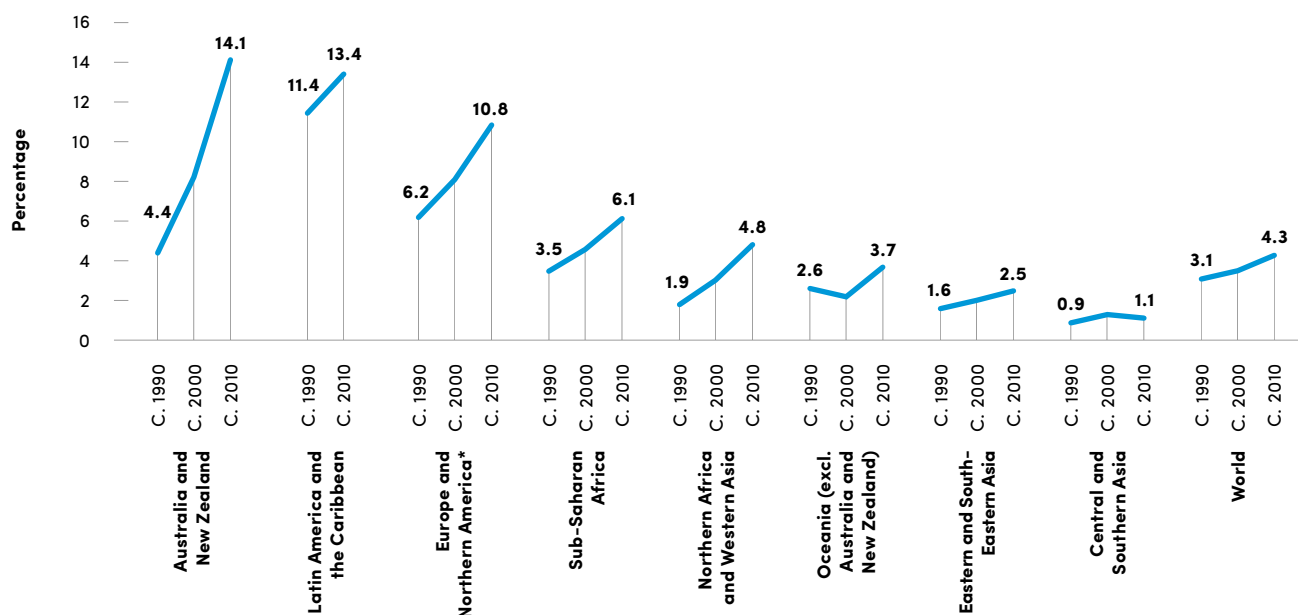
marriage rates of women aged 20–24 and 45–49 in 62 countries shows that in Sub-Saharan Africa, for instance, early union formation increased, rather than declined, in 6 of the 34 countries in the sample: Angola, Burkina Faso, Madagascar, Mali, Mozambique and Zimbabwe.⁸³

More women are opting out of marriage

As marriage rates have decreased globally since the 1980s,⁸⁴ the share of never-married women aged 45–49 increased from 3.1 per cent circa 1990 to 4.3 per cent circa 2010 (Figure 2.5). This confirms that women are gradually opting out of marriage and other formal unions and not just postponing them, at least in some regions and countries.

Based on data circa 2010, a significant share of women in their late forties had never married in Australia and New Zealand (14.1 per cent), Latin America and the Caribbean (13.4 per cent) and Europe and Northern America (10.8 per cent),

FIGURE 2.5 PROPORTION OF NEVER-MARRIED WOMEN AGED 45–49 BY REGION, CIRCA 1990–2010



Source: Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESA 2017m.

Note: C. = circa. C. 1990 includes 1986–1995, C. 2000 includes 1996–2005 and C. 2010 includes 2006–2015. Regional averages calculated by weighing the latest proportion of never-married women aged 45–49 within each 10-year period, by the female population aged 45–49 at the end of the 10-year period. For example, the latest share of never-married women aged 45–49 available C. 1990 has been weighted by the female population aged 45–49 on 1 July, 1995. The analysis covers 134 countries and areas with populations of 90,000 inhabitants or more in 2017, comprising 87.6 per cent of the world's female population aged 45–49. In the case of Europe and Northern America, the data are for 25 countries covering 42.2 per cent of the population. Estimates for LAC for the year C. 2000 were suppressed due to concerns over the potential break in series in the available data. Regional and global estimates marked with an asterisk (*) are based on less than two-thirds of the region's population and should be treated with caution. In all other regions, aggregates are based on data covering two thirds or more of the population. In countries where data on registered partnerships, consensual unions/cohabitation or other types of customary unions are reported, women and men in these unions are not considered single or never married but currently married, to allow comparison with countries where the currently married are reported together with consensual unions/cohabitation or other types of customary unions.

followed by Sub-Saharan Africa (6.1 per cent). In the last region, a handful of countries show noteworthy shares of never married women in their late forties, including Botswana (32.3 per cent), Namibia (31.1 per cent) and South Africa (26.4 per cent), with rates that are significantly above the regional average.⁸⁵

Marriage remains nearly universal in Central and Southern Asia and Eastern and South-Eastern Asia, where circa 2010 only 1.1 per cent and 2.5 per cent of women aged 45–49 had never married, respectively (Figure 2.5). Non-marriage remains extremely rare in China and India,⁸⁶ where less than 1 per cent of all women aged 45–49 have never been married.⁸⁷ Some high-income East Asian nations, however, have witnessed steep increases in non-marriage among women.⁸⁸ Based on data circa 2010, the share of non-married women in their late forties was highest in Japan (16.1 per cent), followed by Singapore (12.8 per cent).⁸⁹ Chapter 3 explores some of the reasons why women in these countries are opting out of marriage altogether.

Increases in cohabitation in several regions

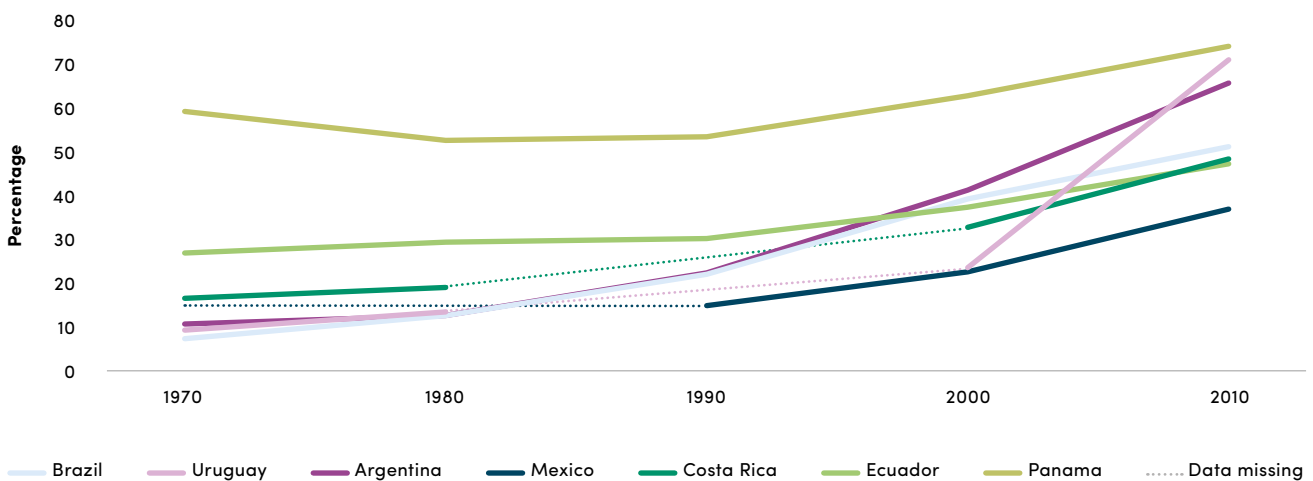
Cohabitation can be an informal prelude or alternative to marriage, with varying entitlements for women in terms of social protection, inheritance, custody and maintenance.⁹⁰ It is increasingly

common for women to live with a partner as either a stepping stone or an alternative to formal marriage in Europe and Northern America and in Latin America and the Caribbean.⁹¹

Evidence from a sample of 30 European and Northern American countries show diversity in rates of cohabitation. In Northern and Western European countries, the majority of women aged 25–29 are choosing cohabitation over marriage, for example in Estonia (60.6 per cent cohabiting among all in a union), Denmark (59.4 per cent), Iceland (57.3 per cent) and France (57.2 per cent).⁹² In contrast, cohabitation is least common in Eastern European countries such as Belarus and Poland, where fewer than 1 in 10 women aged 25–29 in a union are cohabiting (9.0 and 7.7 per cent, respectively).

Cohabitation has risen exponentially over the last four decades in countries in Latin America and the Caribbean (Figure 2.6), resulting in some of the highest cohabitation rates recorded since the 1970s.⁹³ Cohabitation in the region has been historically common among less educated women who begin to cohabit during adolescence or young adulthood and are also more likely to become mothers early.⁹⁴ More recently, the region has witnessed a rise in cohabitation among more

FIGURE 2.6 PROPORTION OF COHABITING WOMEN AGED 25-29 OVER ALL WOMEN IN A MARITAL UNION, SELECTED COUNTRIES IN LATIN AMERICA, 1970-2010



Source: Esteve et al. 2016.

Note: Data cover five census rounds, from 1970 to 2010. Estimates were unavailable for Mexico in 1980 and for Costa Rica and Uruguay in 1990. Marital union refers to all those currently married or cohabitating.

educated women of different age groups. With the liberalization of divorce and changing social norms, the practice of cohabitation has expanded as a prelude to marriage, as a pattern of life after divorce and as a life-long choice.⁹⁵

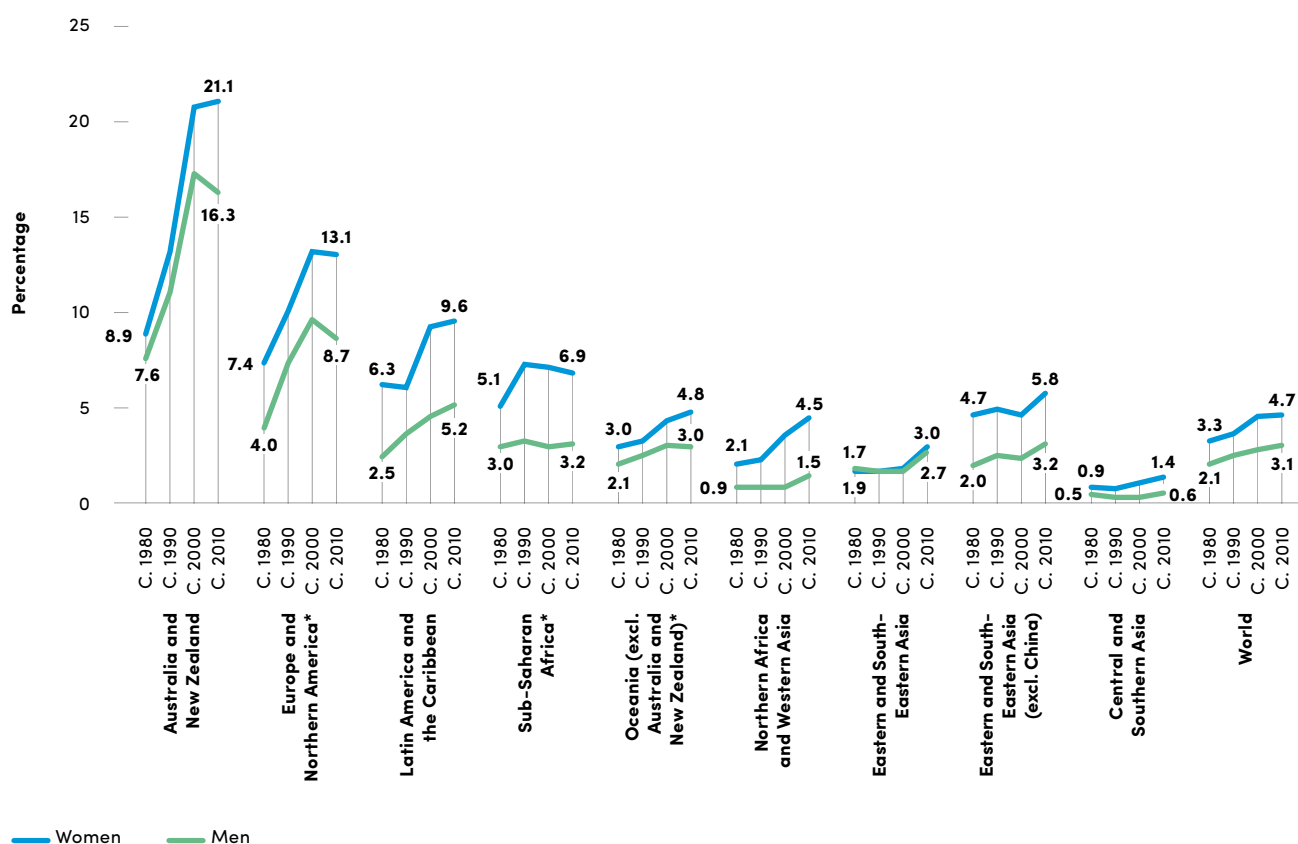
Increases in and regional diversity of separation and divorce

A rise in divorce and separation rates has been one of the most visible features of family change in most regions.⁹⁶ Since the 1980s, the proportion of divorced or separated women aged 45–49 has increased steadily, from 3.3 per cent circa 1980 to 4.7 per cent circa 2010 (Figure 2.7). Globally

and across regions, women are more likely to be divorced or separated than men—a phenomenon that may be explained by higher remarriage rates of men, often to younger women.⁹⁷

Higher divorce rates may, in some contexts, be indicative of women being able to sustain themselves financially through paid work independently of marriage. Yet escalations in divorce and separation can also imply more vulnerability for women.⁹⁸ In reality, ending a relationship entails far more adverse economic consequences for women than for men. Too frequently, women lose access to marital assets, resources or even child custody (see Chapters 3 and 4).⁹⁹

FIGURE 2.7 PROPORTION OF DIVORCED OR SEPARATED PERSONS AGED 45–49 BY SEX AND REGION, CIRCA 1980–2010



Source: Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESA 2017m.

Note: C. = circa. C. 1980 includes data from 1976–1995, C. 2000 includes 1986–1995, C. 2000 includes 1996–2005 and C. 2010 includes 2006–2015. Regional averages are calculated by weighing the latest proportion of divorced or separated women aged 45–49 within each 10-year period, by the female population aged 45–49 at the end of the 10-year period. For example, the latest share of divorced or separated women aged 45–49 available C. 1990 has been weighted by the female population aged 45–49 on 1 July, 1995. The analysis covers 95 countries and areas with populations of 90,000 inhabitants or more in 2017, comprising 78.0 per cent of the world's female population aged 45–49. In the case of Europe and Northern America, data are available for only 23 countries covering 50.4 per cent of the population, in Sub-Saharan Africa the data are for 17 countries covering 44.4 per cent of the population, and in the case of Oceania (excluding Australia and New Zealand) 6 countries covering 12.0 per cent of the population. Regional and global estimates marked with an asterisk (*) are based on less than two thirds of their respective regional population and should be treated with caution. In all other regions, aggregates are based on data covering two thirds or more of the population.

Based on data circa 2010, divorce and separation among women in their late forties were more common in high-income contexts, such as Australia and New Zealand (21.1 per cent) and Europe and Northern America (13.1 per cent). High-income regions are followed by Latin America and the Caribbean (9.6 per cent), where the share of women in their late forties who are divorced or separated is double the global average. Rates in Sub-Saharan Africa fall in the middle of the global distribution (6.9 per cent). In contrast, divorce and separation remain rare in Eastern and South-Eastern Asia (3.0 per cent), including China, and Central and Southern Asia (1.4 per cent). In India, while the number of

divorcees has doubled over the past two decades, still only 1.1 per cent of women are divorced,¹⁰⁰ with those in urban areas making up the largest proportion.¹⁰¹

Figure 2.7 also shows that in the Eastern and South-Eastern Asia region, excluding China, divorce rates are much higher, exceeding the global average rate (see Chapter 3). From a very low base, there has been a considerable increase in rates of divorce in Northern Africa and Western Asia, which have more than doubled over the period.¹⁰² This could reflect a (limited) change in the acceptability of divorce or separation in these regions or greater willingness on the part of women to report their status as divorced or separated.¹⁰³

2.4 FERTILITY AND GENDER EQUALITY

Global fertility decline is one of the most salient demographic trends of recent decades.¹⁰⁴ Women's ability to freely and responsibly decide the number and spacing of any children they want to have has positive implications for their well-being and opportunities and their enjoyment of human rights.¹⁰⁵

Progress in gender equality and women's empowerment—as reflected in the gains in girls' educational attainment, female labour force participation and access to healthcare, and in the reductions in infant and child mortality—are key drivers of declines in fertility observed worldwide.¹⁰⁶ In turn, these broader social gains are connected to micro-level shifts in family formation and preferences among individuals and couples, including delays in union formation, postponements in childbearing and the desire for smaller families.¹⁰⁷

The worldwide trend of declining fertility, however, is highly uneven across regions and social groups, pointing to three challenges. First, rates of adolescent motherhood, which is most prevalent in Sub-Saharan Africa and Latin America and the Caribbean, are much higher among young women in poorer groups than among their wealthier counterparts. Second,

while couples increasingly desire smaller families in many parts of Sub-Saharan Africa, the pressure from extended family members in conjunction with women's unmet need for family planning fuels high fertility rates.¹⁰⁸ Third, low fertility rates in Europe and Northern America and in some of the high-income countries in Eastern Asia are indicative of the difficult choices that women (and their partners) have to make when juggling parenthood and paid work, often in the context of economic uncertainty.¹⁰⁹ The challenges are particularly acute for women, given that even when they are in paid work, they are still expected to do the vast majority of unpaid care and domestic work.¹¹⁰

Global fertility declines

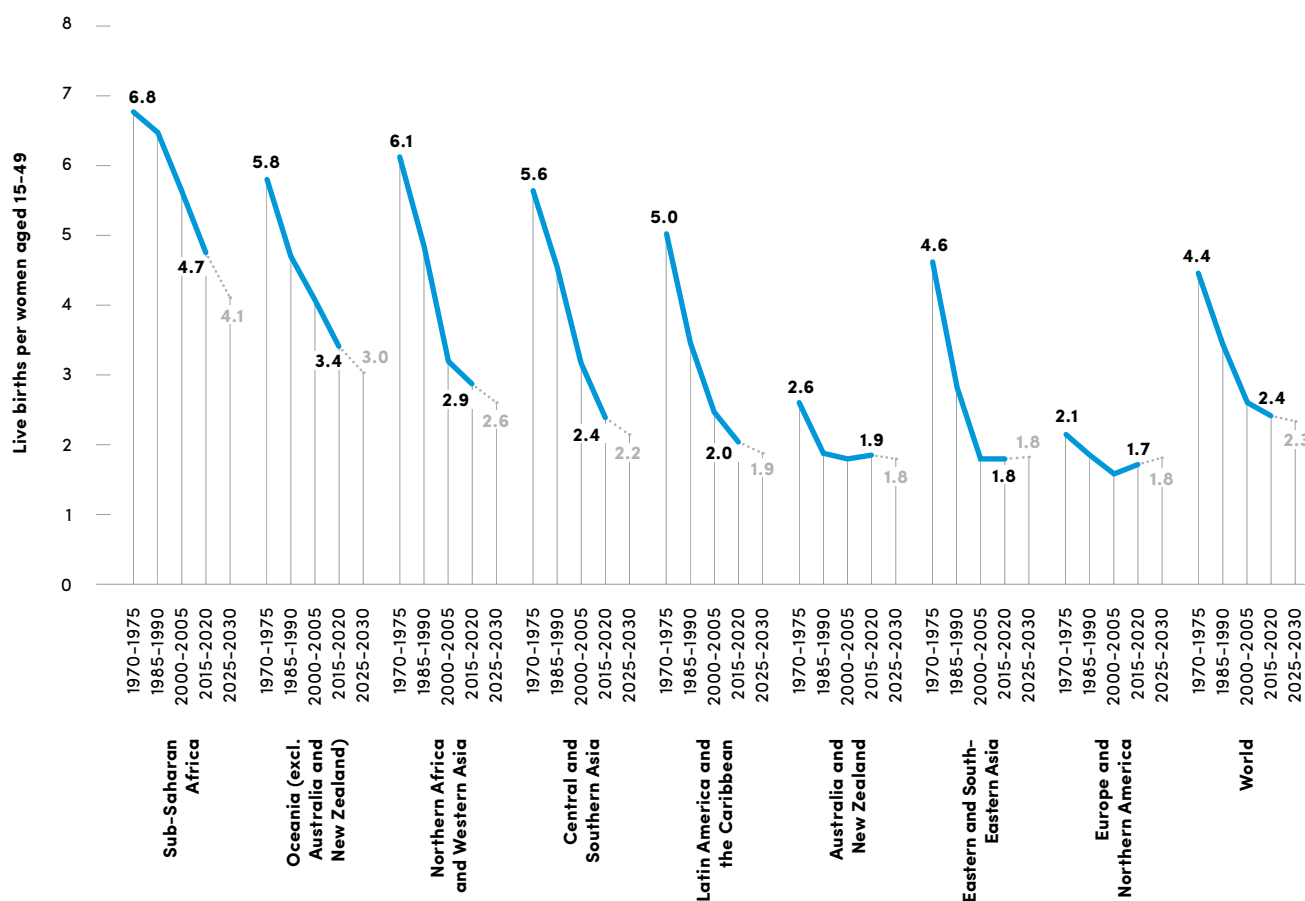
The current global total fertility rate (TFR) is estimated at 2.4 live births per woman, almost half of the level observed in 1970–1975 (4.4 live births) (Figure 2.8). Based on this trend, further decline to 2.3 live births is projected for the period 2025–2030.

Only five decades ago, high fertility—conventionally defined as more than five live births per woman—was a common feature of most developing regions.¹¹¹ In contrast, the 2015–2020 fertility levels are projected to be below five

live births per woman in Central and Southern Asia, Northern Africa and Western Asia, Oceania (excluding Australia and New Zealand) and Sub-Saharan Africa.¹¹² Compared to other developing regions, fertility decline in Sub-Saharan Africa has been modest, with the regional average (4.7)

almost double the global rate (2.4).¹¹³ Below-replacement fertility rates—that is, fewer than 2.1 live births per woman—are observed in Europe and Northern America, Eastern and South-Eastern Asia, Australia and New Zealand, and Latin American and the Caribbean.

FIGURE 2.8 TOTAL FERTILITY RATE BY REGION, LIVE BIRTHS PER WOMEN AGED 15-49, 1970-1975 TO 2025-2030



Source: Regional aggregates are UN Women calculations from estimates published in UN DESA 2017m.

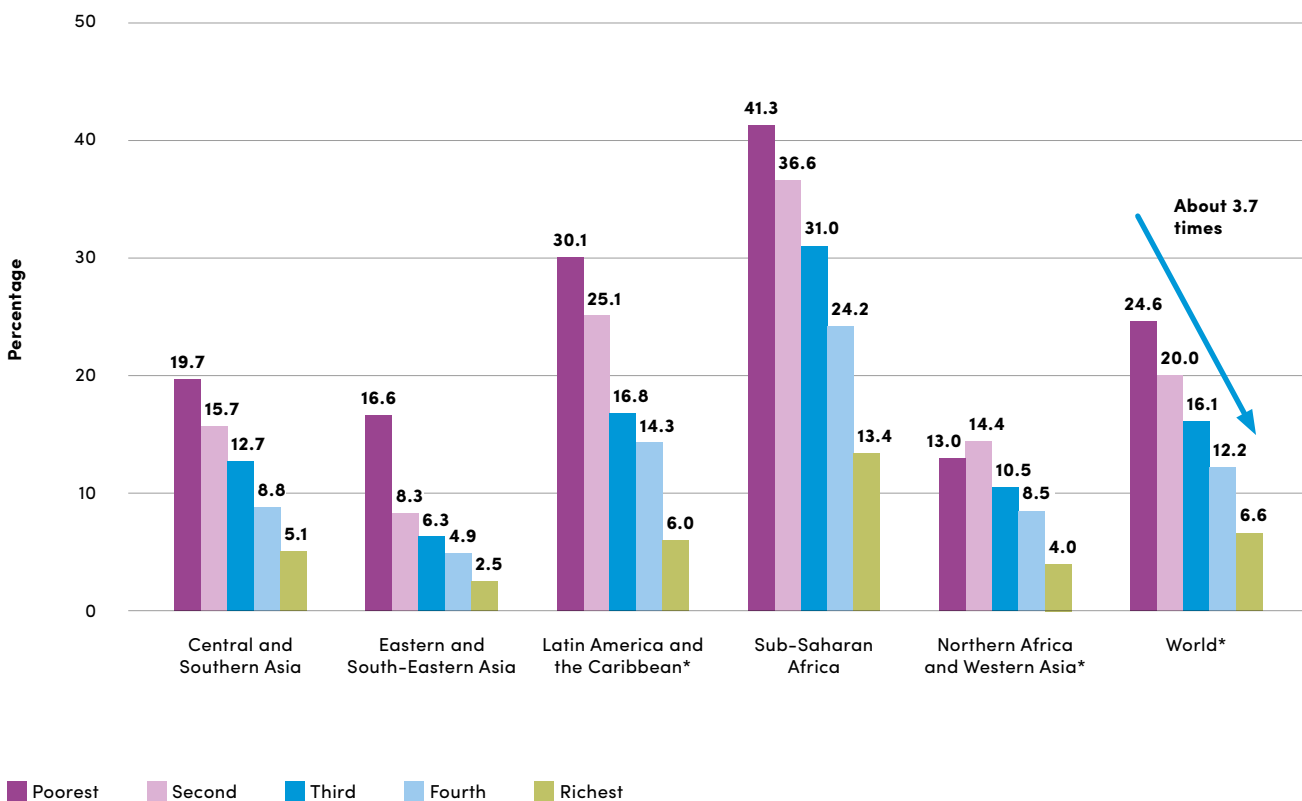
Notes: Includes 201 countries and areas with populations of 90,000 inhabitants or more in 2017. Regional averages calculated by weighting the five-year Total Fertility Rates by the population of women of reproductive ages (15-49) at the beginning of the five-year period. Total Fertility Rates and population of women of reproductive ages (15-49) for the periods 2015-2020 and 2025-2030 are based on medium (standard) variant projections.

Inequalities among young women: adolescent motherhood

Recent estimates show that most adolescent mothers live in developing regions.¹¹⁴ Early pregnancies occur mostly within a union but are often unintended.¹¹⁵ In some cases, child or adolescent pregnancy can be the result of rape, incest or other forms of sexual violence.¹¹⁶ Early pregnancies disproportionately affect women from economically disadvantaged groups and

can trap families in the inter-generational transmission of poverty and disadvantage.¹¹⁷ Globally, women aged 20–24 in the lowest wealth quintile are 3.7 times more likely to give birth before the age of 18 than those in the highest wealth quintile (Figure 2.9). Early motherhood results in many adverse implications for adolescent girls, including limiting their educational attainment and subsequent occupational prospects as well as increasing the risk of maternal and infant mortality.¹¹⁸

FIGURE 2.9 PROPORTION OF WOMEN AGED 20-24 WHO GAVE BIRTH BEFORE AGE 18 BY REGION AND WEALTH QUINTILE, LATEST AVAILABLE YEAR



Source: UN Women calculations from ICF International 2007–2017. Demographic and Health Surveys and UNICEF (various years). Multiple Indicator Cluster Surveys. Notes: A woman is considered to have given birth by age 18 if her first live birth was before age 18. The exact indicator is calculated using the methodology provided in Rutstein and Rojas 2006. The same methodology was replicated for MICS surveys. In case of countries where both DHS and MICS were available, the latest available survey was used.

Estimates were weighted using the population of women aged 20–24 using UN DESA 2017m. The analysis covers 92 countries, comprising 58.9 per cent of the world’s female population aged 20–24. For Latin America and the Caribbean, the data covers 53.5 per cent of the region’s population, and in Northern Africa and Western Asia the data cover 57.4 per cent of the region’s population. Regional and global estimates marked with an asterisk (*) are based on less than two thirds of their respective population and should be treated with caution. In all other regions, aggregates are based on data covering two thirds or more of the population. Population coverage was insufficient to calculate regional aggregates for Australia and New Zealand, Europe and Northern America and Oceania (excluding Australia and New Zealand).

As Figure 2.9 shows, early pregnancy is most prevalent in two developing regions: Sub-Saharan Africa and Latin America and the Caribbean. Adolescent birth rates are highest in the former, where 27.8 per cent of women aged 20–24 give birth before the age of 18, a figure that rises to 41.3 per cent among women in the lowest wealth quintile. This is followed by Latin America and the Caribbean (18.2 per cent of women aged 20–24 give birth before age 18, see Figure 2.9), a region where wealth disparities are particularly acute. In this case, women aged 20–24 in the lowest wealth quintile are five times as likely to give birth before the age of 18 as those in the highest wealth quintile.¹¹⁹ Sharp disparities in adolescent fertility are also observed within countries by educational attainment, place of residence, ethnicity and race. In all regions, not only poorer but also less educated girls, as well as those living in rural areas, are most likely to give birth before they are 18.¹²⁰

While the social and economic costs of early motherhood are severe, modern contraceptives, including emergency contraception, are frequently out of reach for those adolescents who need them the most.¹²¹ Stigma, third-party consent requirements, inadequate protections for confidentiality and costs are common barriers.¹²²

Barriers to realizing fertility preferences in Sub-Saharan Africa

Between 1970–1975 and 2015–2020, fertility in Sub-Saharan Africa is projected to decline from 6.8 to 4.7 live births per woman (Figure 2.8). Improved attainment in education is estimated to account for almost half of the fertility decline witnessed in the region since the mid-1980s.¹²³ Girls' education not only reduces the likelihood of child marriage but also delays childbearing, increases the likelihood of healthier birth outcomes and is associated with couples' increased communication about family planning and use of modern methods of contraception.¹²⁴ Nevertheless, the projected relative decline during this period is the smallest among all developing regions (30 per cent), while high fertility rates (more than 5 live births per woman) are expected to continue through 2015–2020 in 12 countries, many of which have a recent history of conflict or crisis.¹²⁵

Explanations for Sub-Saharan Africa's high fertility rates have shifted from a focus on limited economic development or pro-natalist socio-economic and cultural practices, to an emphasis on the gradual change in preferences toward smaller families.¹²⁶ Fertility remains particularly high in West and Central Africa, where a limited shift in couples' preferences coincides with low usage rates of modern contraception.¹²⁷ An opposite trend is observed in Eastern and Southern Africa, where the desire to limit family size is more widespread and contraceptive use increased by more than 15 percentage points between 1990 and 2010.¹²⁸ This transformation in attitudes and expectations has, nonetheless, been poorly translated into couple's reproductive behaviour. Hence, women in many high-fertility countries continue to have more children than they would like.¹²⁹ This discrepancy can be explained by at least two factors.

First, many young couples in Sub-Saharan Africa face contradictory pressures to simultaneously have a large family and limit their fertility. The historical preference for high fertility in the region was mostly associated with children's importance as workers in agrarian economies heavily reliant on family labour as well as high levels of infant mortality.¹³⁰ More recently, longitudinal studies in West African countries that have seen structural transformation of their economies, such as Nigeria, show that parents highly value their children's formal education and want to limit family size. Parents' preferences notwithstanding, there is often pressure from extended kin urging couples to have more children.¹³¹

Second, limited access to and use of effective contraception contribute to persistently high fertility rates.¹³² In West and Central Africa, one in four women who are married or in a union want to delay or limit the number of births (26.1 per cent and 25.4 per cent, respectively) but have no access to modern methods of contraception.¹³³ These high levels of unmet need for family planning have remained constant for the past 30 years in both sub-regions, contrary to the reductions observed worldwide, as well as in all other parts of Africa.¹³⁴

Social norms that oppose contraceptive use, fear of side effects and lack of appropriate methods all play a role in limiting contraceptive access in the region of Sub-Saharan Africa (see Chapter 3).¹³⁵ In addition, a small but still substantial share of women (10 to 15 per cent) in Benin, Burkina Faso, and Congo, cite economic cost as the main barrier to accessing contraception.¹³⁶ Even in countries with well-established family planning programmes—such as Ghana and Kenya—heavy reliance on donor funding has made programmes highly vulnerable to resource gaps and sudden disruptions as a result of changes in donor commitments and priorities.¹³⁷

Low fertility in developed countries: the challenge of work and family reconciliation

Very low levels of fertility can also reflect gender inequality. During the past 25 years, in parts of Europe and Northern America and Eastern and South-Eastern Asia, the transition from already low to below-replacement fertility levels has been the result of shifts in socio-cultural and economic processes.¹³⁸ In some of these societies, high rates of female education and labour force participation have not been matched by state support for childcare; consequently, women are choosing to have fewer children, or none at all.¹³⁹ Today, just under half of the world's population (46 per cent) lives in countries with below-replacement fertility rates of 2.1 live births.¹⁴⁰

In Southern and Central European countries such as Austria, Germany, Portugal and Spain, women have consistently delayed marriage and childbearing or reduced the number of children they bear, resulting in projected total fertility rates that are between 1.2 and 1.5 live births per woman for the period 2015–2020.¹⁴¹ In these contexts, very low fertility rates seem to be driven by three factors. One is the social expectation that women fully devote themselves to child-rearing, frequently for a span of several years, which makes it a difficult proposition for highly educated women who have career ambitions. Another is that men have assumed little responsibility for childcare and

domestic work, making it difficult for women to combine motherhood with employment. And finally, rising economic insecurity and unemployment contribute to delays in first births and a smaller number of children overall, especially among highly educated women.¹⁴² Indeed, these combined factors have resulted in women having fewer children than they would like.¹⁴³

A somewhat similar story emerges from low-fertility settings in East Asian countries such as Japan and Republic of Korea. But, in these contexts, young women's fertility preferences (their desired number of children) are below replacement level.¹⁴⁴ For instance, in the Republic of Korea, regardless of the social policies enacted since 2005 to support families with children, female university students intend to have either no children at all or at most only one.¹⁴⁵ Low fertility is sustained by the combination of unfavourable working conditions for women with families, including over-representation in irregular jobs with no maternity, parental or unemployment benefits, rigid expectations with respect to women's family responsibilities, and men's reluctance to assume a bigger share of unpaid care and domestic work.¹⁴⁶

It is important to underline that women's labour force participation does not automatically lead to low birth rates. Good working conditions for parents, and social policies that combine maternity and parental leave and publicly funded childcare services, play an important role in supporting couples to realize their desired family size.¹⁴⁷ This combination of factors, and the slow increase in the time men dedicate to care and housework, has fuelled a shift towards higher fertility in some Northern European countries, where historically fertility rates were low, alongside a rise in marriage and other stable relationships.¹⁴⁸ In Sweden, for example, an increase in the number of births per woman over the past two decades (from 1.6 live births in 1995–2000 to 1.9 in 2015–2020)¹⁴⁹ has raised the total fertility rate to almost match women's actual fertility preferences.¹⁵⁰

2.5 WITH WHOM DO WOMEN AND GIRLS LIVE?

Women and girls live in a variety of household types across countries and regions.¹⁵¹ Demographic factors, social norms and differences in public policies and employment patterns all play a part in shaping living arrangements.¹⁵² Whether women can enjoy their rights is not dependent on the type of household they live in, per se, but rather on the broader policies and social norms that shape their experiences of family life.¹⁵³ For example, the presence of young children who need intense care does not have to intensify gender inequality in time allocation. Investments in universal social protection and affordable care services, and sharing of unpaid responsibilities between women and men, can go a long way in reducing the ‘motherhood penalties’ that women often experience (see Chapter 4). In order for policies to effectively reach all families, and the individuals within them, the diversity of living arrangements must be fully recognized.

Global declines in household size

Trend data suggest household size is slowly declining in all regions.¹⁵⁴ This is a pattern that mirrors fertility decline and is mostly driven by a reduction in the number of children per household.¹⁵⁵ Nonetheless, wide regional variation exists across countries driven by the relative number of births, the average life expectancy and the prevalence of extended households, among other factors. In 2017, while the global average was 3.7 people, household size ranged from an average of 2.2 persons per household in the Netherlands and Norway to 8.3 persons in Senegal.¹⁵⁶

Changes in household size over time are also stratified by socio-economic status within countries.¹⁵⁷ In Latin America and the Caribbean, for example, shrinking household size has mostly been led by higher-income groups. Low-income households have remained significantly larger due to both their higher fertility rates and as a strategy to pool resources and labour.¹⁵⁸

Overall, smaller families with fewer children may indicate reduced domestic and care work burdens borne by women. Yet the relationship between the number of children and women’s unpaid care work is not straightforward, if women are expected to provide more intense levels of care, for example (see Chapter 5).

Global variations in household structure

In many parts of the world, diversity is a key feature of people’s living arrangements.¹⁵⁹ As Figure 2.3 shows, couples who live with children of any age, including adult offspring, represent 38.4 per cent of all households globally, making this the most prevalent household type in most regions. When restricted to couples with at least one child below age 18, the figure drops to 33.0 per cent (Figure 2.10).¹⁶⁰ Thus, while this type of household is the most common, they still only constitute about one third of all households.

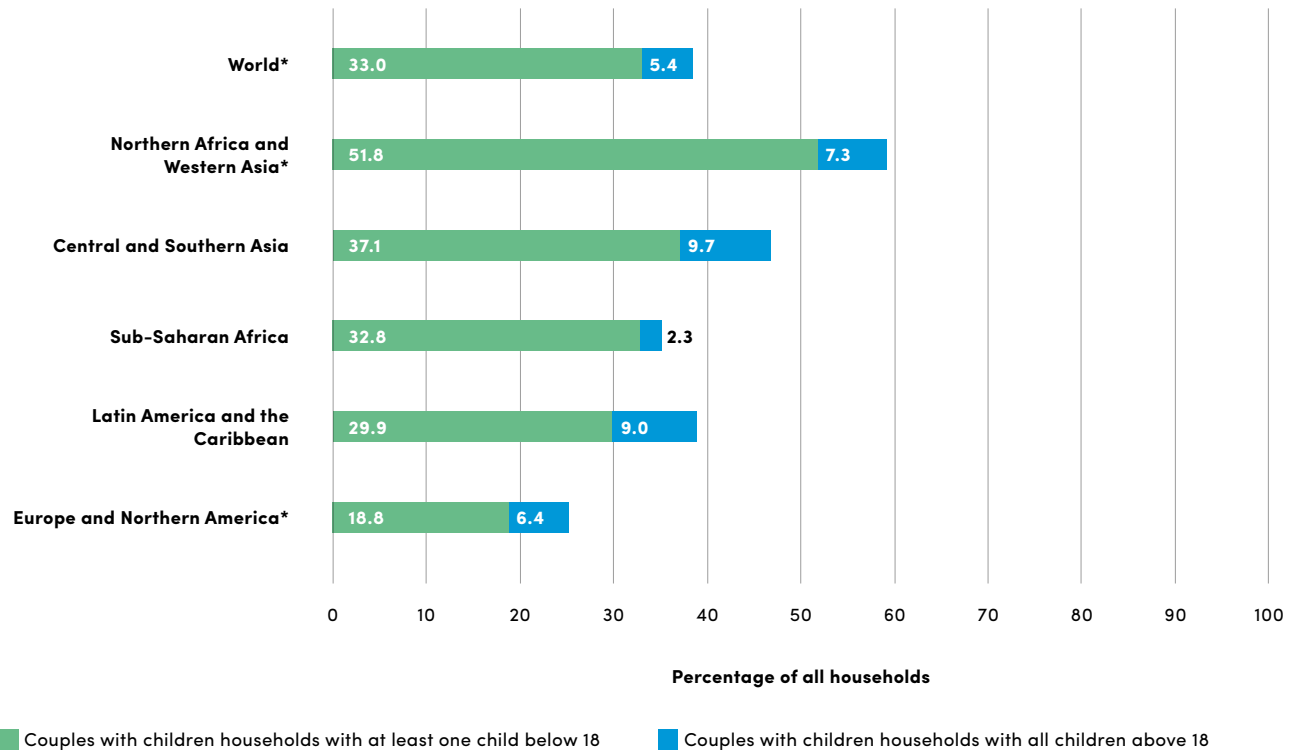
The next most common living arrangement across regions is extended households, which may include couples with children plus other family members. Almost one third of all households are extended (26.6 per cent),¹⁶¹ and they are particularly prevalent in developing country contexts.¹⁶²

Households consisting of couples without children (12.9 per cent) and one-person households (12.5 per cent) are almost equally common worldwide.¹⁶³ The Europe and Northern America region has the highest proportion of couple without children (23.6 per cent) and one-person households (27.1 per cent).¹⁶⁴ In this context, the prevalence of one-person households likely reflects the ability of older persons to bear the financial cost of living alone,¹⁶⁵ social norms that favour solitary living and progress towards healthy ageing and independent living (see Chapter 5).¹⁶⁶

Lone-parent households—one parent living with at least one child of any age—account for 7.5 per cent of all households and are mostly composed of mothers living with their young children.¹⁶⁷

FIGURE 2.10

COUPLES WITH CHILDREN HOUSEHOLDS AS A PROPORTION OF ALL HOUSEHOLDS, BY AGE OF CHILDREN AND REGION, LATEST AVAILABLE YEAR



Source: Regional aggregates are UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.

Notes: This analysis covers 88 countries and territories comprising 61.3 percent of the world’s population, based on latest available data from 2007 onwards. Regional and global averages are weighted by the total number of households in 2017. For Europe and Northern America and Northern Africa and Western Asia, only 42.9 percent and 36.1 percent of the region’s population respectively is covered. These estimates including the global average marked with an asterisk (*) are based on less than two thirds of their respective regional population and should be treated with caution. Country and/or population coverage was insufficient to calculate regional aggregates for Eastern and South-Eastern Asia and Oceania (excluding Australia and New Zealand) and therefore not shown. In all other regions, aggregates are based on data covering two thirds or more of the population.

Girl children and adolescent girls: in which types of households do they live?

Between and within countries and regions, significant diversity exists in the living arrangements of those under the age of 18, shaped by varying structural factors and distinctive child-rearing practices.¹⁶⁸ As a result, in some contexts, children are more likely to be born outside of marriage and in others to spend parts of their childhood moving back and forth between different parental homes.¹⁶⁹

The vast majority of children under 15 years old, a group that makes up one quarter of the world’s population, live with two parents.¹⁷⁰ Data for 88 countries indicate that this living arrangement is widespread in Northern Africa and Western Asia, where it encompasses 70.3 per cent of children under

15.¹⁷¹ Conversely, Sub-Saharan Africa has the lowest rate of children under 15 living with two parents (45.4 per cent).¹⁷² In general, children living with both parents reside mostly in two-parent households (53.4 per cent), followed by extended family households (36.8 per cent).¹⁷³

A small but significant number of children (0–14 years) and adolescents (15–17 years) live with only one parent (7.1 and 9.5 per cent, respectively), the majority of whom are lone mothers.¹⁷⁴ Depending on the context and prevailing family system, living only with their mothers can imply a greater likelihood of living in poverty (see Chapter 4). Yet it can also indicate an improvement in children’s personal safety when a mother and her children have left an abusive or violent household (see Chapter 6).¹⁷⁵

Finally, a very small proportion of children live without both parents. Sub-Saharan Africa stands out in the proportion of children living with grandmothers, reflecting the extent of male migration and AIDS-related orphanhood.¹⁷⁶

A small proportion of adult children reside with their parents

The transition into adulthood is becoming more complex. Young people in many contexts are increasingly less likely to experience a standardized 'package' of life-course transitions related to housing, employment and relationships with partners.¹⁷⁷ As a result, a small but significant proportion of adult children live with their parents at various points in their lives.

In part, this is reflected in the share of couple-with-children households where all children are 18 years or older, which comprise 5.4 per cent of all households globally (Figure 2.10).¹⁷⁸ This phenomenon of older children living with their parents is most common in countries where inadequate housing policies or high rental costs coincide with heightened youth unemployment and under-employment.¹⁷⁹ In this context, two distinct patterns can be identified.

In Southern European countries, the 'returnee' or 'boomerang' pattern refers to the increasing number of young adults who return to live with their parents, after having lived autonomously, due to unemployment or inability to pay rent. In Greece, for example, the prolonged economic crisis has limited the ability of young people to gain economic independence from their parents.¹⁸⁰

A second pattern reflects the barriers faced by single women and men to marry in contexts of widespread youth unemployment and rigid gender norms. Under these circumstances, potential husbands are still expected to be able to raise the necessary economic resources for a marriage ceremony and to set up a separate home.¹⁸¹ In Armenia, in part as a result of high marriage costs, a high proportion of adult children still live with their parents (16.1 per cent).¹⁸²

One-parent households: mostly lone mothers

Lone mothers comprise the overwhelming majority (84.3 per cent) of one-parent households,¹⁸³ indicating that women bear primary responsibility for child-rearing and ensuring the family's economic survival. Multiple processes lead lone mothers to establish their own homes, including male migration, intimate partner violence, abandonment, a quest for independence, or social norms or laws that make it difficult for women to re-marry or enter a new union, among others. Moreover, lone mothers may be single, divorced, separated or widowed, and they may be co-residing with their children only or 'embedded' in extended households.¹⁸⁴ In some countries, unmarried mothers may experience severe social isolation and shame.¹⁸⁵

The lower prevalence of lone-father households across all regions (a global average of 15.7 per cent)¹⁸⁶ reflects the fact that in most societies, mothers are seen as children's 'natural' caregivers. Hence, men are more likely to re-marry and establish a new home, leaving their offspring in the care of their mothers or other female relatives.

In terms of age composition, mother-child households globally are most likely to include adult women aged 25–34 and 35–59 living with one or more children under the age of 18 (17.5 and 35.5 per cent, respectively).¹⁸⁷ The proportion of younger lone mothers (below age 25) heading one-parent households is 3.4 per cent (see Figure 2.11). This relatively small proportion still amounts to some 3.8 million extremely vulnerable young women, many below the age of 17, living alone with their children.¹⁸⁸

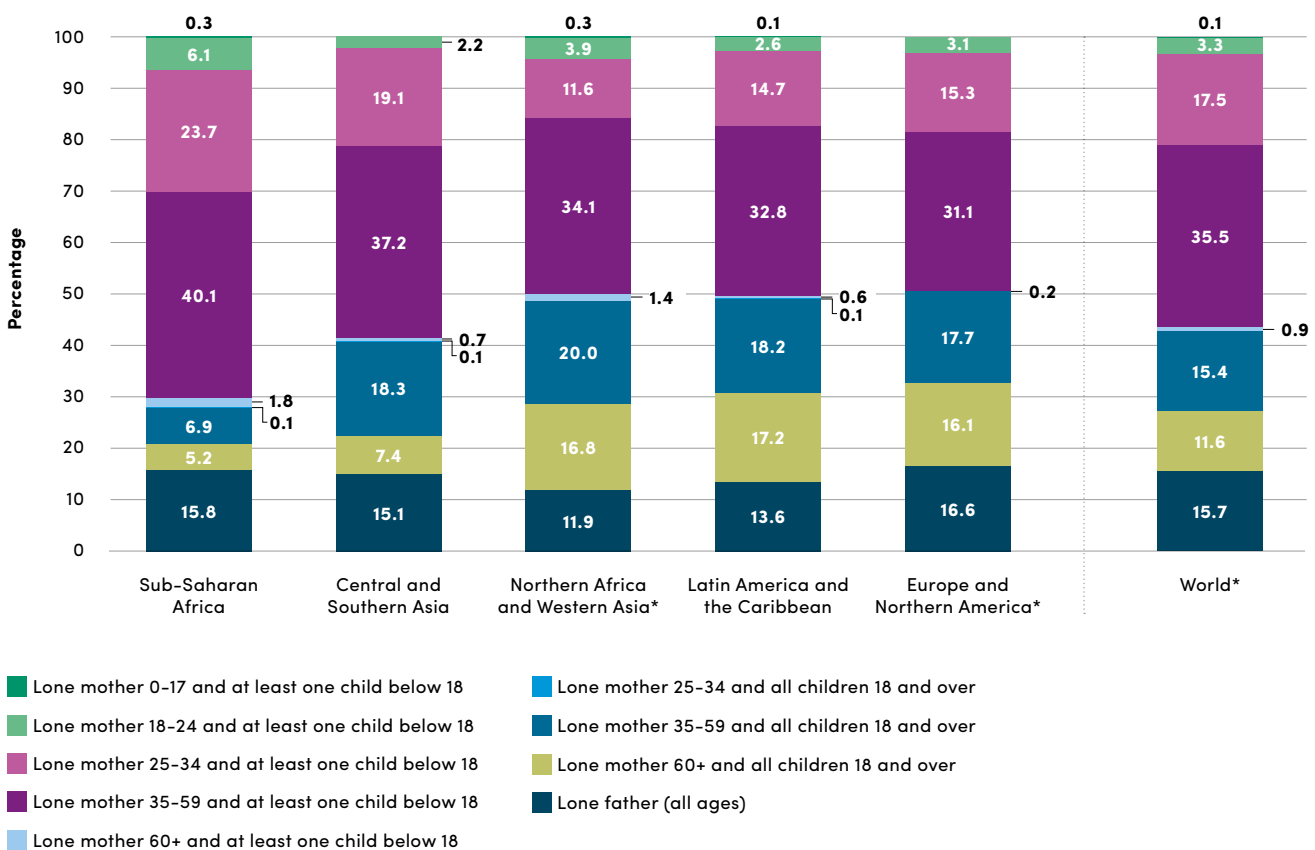
Latin America and the Caribbean is the region where lone-mother households are most common and on the rise,¹⁸⁹ followed closely by Sub-Saharan Africa (9.5 and 8.8 per cent, respectively).¹⁹⁰ Male labour migration in both Sub-Saharan Africa and Central America has been associated with absentee fathers who have moved away from rural areas.¹⁹¹ Europe and Northern America (7.8 per cent) and Northern Africa and Western Asia (6.9 per cent) have a share

of lone-mother households equal to or slightly above the global average (6.9 per cent). In contrast, the incidence of lone-parent households in Central and Southern Asia and Eastern Asia and South-Eastern Asia is lower than the global average (4.9 and 5.0 per cent of all households, respectively).¹⁹² In these regions, economic barriers, cultural patterns of residence and social stigma attached to childbearing outside of marriage partly account for lower rates of lone motherhood.¹⁹³

Mother-child families are almost universally at a considerably higher risk of being poor.¹⁹⁴ The reasons for this include the smaller number of income-

earners in the household and women's lower earnings compared to men (see Chapter 4). Yet even while lone-mother households may suffer disproportionately from income poverty, evidence from Costa Rica and Mexico suggests their members may also benefit from a greater degree of autonomy and well-being in the absence of a potentially unfaithful, violent or controlling male figure.¹⁹⁵ Thus, lone-parent households under certain circumstances can express new aspirations for women and lead younger generations to question social norms that are harmful or limiting. There is some evidence, for instance, of increased gender-awareness and sensitivity among sons and daughters of lone mothers.¹⁹⁶

FIGURE 2.11 LONE-PARENT HOUSEHOLDS BY AGE AND SEX OF PARENT, AGE OF CHILD AND REGION, LATEST AVAILABLE YEAR



Source: Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.

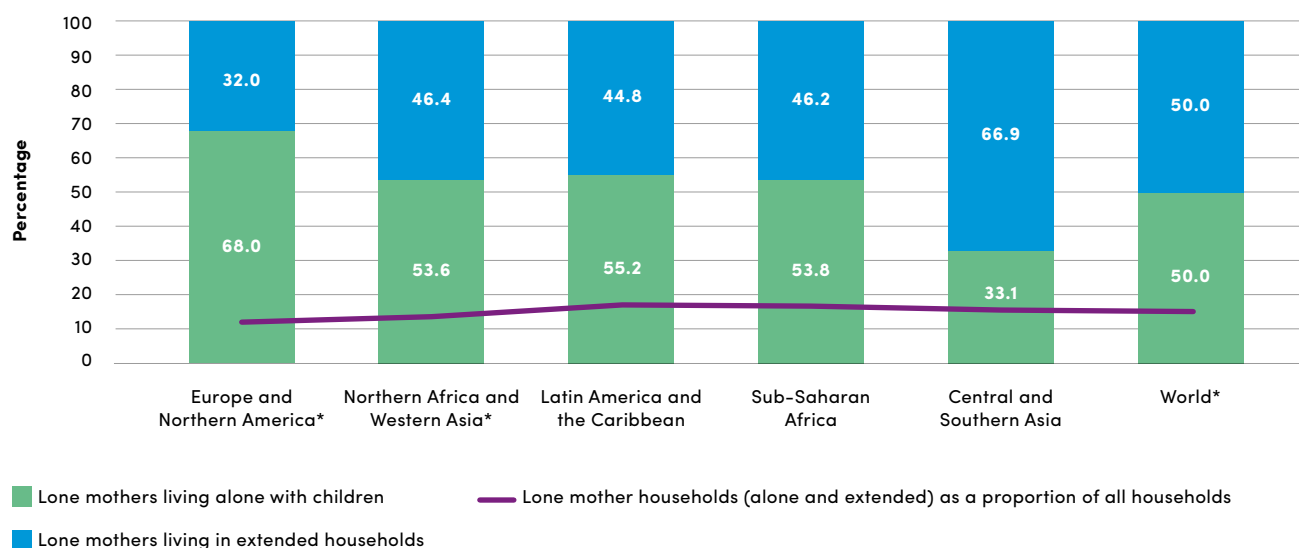
Notes: This analysis covers 88 countries and territories comprising 61.3 per cent of the world's population, based on latest available data from 2007 onwards. Regional and global averages are weighted by the total number of lone-parent households in 2017. Regional and global estimates marked with an asterisk (*) are based on less than two thirds of their respective regional population and should be treated with caution. For Europe and Northern America and Northern Africa and Western Asia only 42.9 and 36.1 per cent of the region's population respectively is covered. Country/population coverage was insufficient for Eastern and South-Eastern Asia, and Oceania (excluding Australia and New Zealand) regions and therefore not shown. Lone-parent households are households where only the lone-parent and their children (of any age) are present. For purposes of visualization, categories that represented 0 per cent of the lone-mother universe 0-17 and 18-24-year-old lone mothers with children above 18 were omitted. Biologically implausible categories such as lone mothers aged 0-24 with children above 18 have also been omitted. See Annex 3.2 for the country level data.

Half of lone mothers live with other relatives

Globally, half of lone mothers reside in extended households (50.0 per cent). Living together and pooling resources enables savings in housing costs as well as providing protection against the consequences of poverty.¹⁹⁷ Indeed, the rates of lone-mother poverty would likely be even higher if not for shared living arrangements. The other reason for joint living relates

to care: grandparents, especially grandmothers, and siblings play an important role in supporting lone mothers with childcare. These two factors—resources and care—partly explain the significance of this residential pattern in developing country contexts, even with significant variations observed across regions (Figure 2.12). Indeed, the term ‘lone mothers’ only applies to half of mother-child families; the other half live with at least one other adult relative.

FIGURE 2.12 LONE MOTHERS BY LIVING ARRANGEMENT AND REGION, LATEST AVAILABLE YEAR



Source: Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.

Notes: This analysis covers 85 countries and territories comprising 59.7 per cent of the world's population, based on latest available data from 2007 onwards. Regional global averages of lone-mother households (alone and extended) weighted by the total number of households in 2017. Regional and global estimates marked with an asterisk (*) are based on less than two thirds of their respective regional population and should be treated with caution. For Europe and Northern America and Northern Africa and Western Asia, only 41.0 per cent and 36.1 per cent of the region's population respectively is covered. Country/population coverage was insufficient to calculate regional aggregates for Eastern and South-Eastern Asia, Oceania regions and therefore not shown. In all other regions, aggregates are based on data covering two thirds or more of the population. 'Lone mothers living alone with children' refers to households where only the lone mothers and their children (of any age) are present. 'Lone mothers in extended households' are difficult to capture because relational information of household members is only provided as it relates to the household head. The figure above only includes lone mothers who report themselves to be the head of the household; where they do not self-report as head of household; they are not captured. Thus, estimates of lone mothers in extended households may be undercounted.

The proportion of lone mothers living in extended households depends on a range of factors, including household income levels, available housing and state support to set up one's own home, the salience of extended households as a household types in each context and the degree of social acceptance of lone mothers living independently. As a result, the proportion of lone mothers co-residing with extended family varies across regions. In Central and Southern Asia, the region with the highest share, co-residence with extended family occurs for the vast majority of

lone mothers (66.9 per cent) (Figure 2.12). Limited public support in terms of income and care services for lone mothers and the historical prevalence of patriarchal extended households in this region could be central drivers of this.¹⁹⁸

In Sub-Saharan Africa, where extended households are widespread, almost half of all lone mothers reside with other relatives (Figure 2.12). In Sierra Leone, the vast majority of lone mothers (82.4 per cent) live in extended households.¹⁹⁹ Evidence from South Africa underscores

the impact household income levels can have on decisions on residence: lone mothers from the poorest income quintiles are much more likely to live in extended households than those from higher income groups.²⁰⁰

Conversely, in Latin America and the Caribbean, less than half of lone mothers co-reside with other relatives (44.8 per cent).²⁰¹ In this region the prevalence of co-residence with relatives is stratified by educational levels (a proxy for socio-economic class) in an unexpected way. It is actually women with higher levels of education who are aided by living with their parents or relatives, whereas less educated lone mothers are less likely to receive support from their parents or relatives via co-residence.²⁰²

Women's position in extended households

Extended households are most common in Sub-Saharan Africa and Central and Southern Asia (32.0 per cent in both regions), where rates are significantly above the global average of 26.6 per cent, followed by Eastern and South-Eastern Asia (27.5 per cent) and Latin America and the Caribbean (23.6 per cent).²⁰³ Extended households support individuals (including, but not only, lone mothers) through periods of economic instability and change, including migration (see Chapter 7) as the various members can help absorb caretaking, health and educational responsibilities.²⁰⁴ This living arrangement is significantly less widespread in Europe and Northern America (10.3 per cent) and Northern Africa and Western Asia (17.4 per cent).²⁰⁵

Extended living arrangements are highly context-specific and vary by urban or rural location, class and family system. In urban settlements, low-income households often include close relatives to cope with housing costs.²⁰⁶ There is some evidence to suggest that the prevalence of extended households increased in Brazil and Colombia during the 1980s and 1990s in response to impoverishment and under-employment in cities.²⁰⁷

Grandmothers play significant roles in extended family households. This is perhaps unsurprising, given the high proportion (53.3 per cent) of older women (aged 60 or older) who co-reside with extended family members globally.²⁰⁸ Rather than being economic dependents,

grandmothers often carry out domestic and care work and, when possible, also share their assets and pensions. Recent studies in Chile, for example, show that the steady proportion of extended households over the past 30 years have supported mothers in the early stages of family formation so they can continue their paid work while leaving their children under the supervision of their grandmothers.²⁰⁹

At the same time, extended living undergirds the well-being of older generations in contexts of limited state-provided care and income security for older persons. For instance, evidence shows that residing with relatives can support unmarried older women (mostly widows) to pay for household expenses in the city and avoid solitude (see Chapter 5).²¹⁰

While living with extended family may be a useful strategy for weathering high living costs at different stages of family formation, it can also come with inter-generational conflicts of various sorts. In some regions, younger women occupy subjugated positions within extended households and may be exposed to family power dynamics of control and exploitation that hinder their enjoyment of rights and opportunities. For instance, girls in extended households with a greater number of members needing care may end up leaving school to take on additional domestic responsibilities—such as cooking, fetching water or cleaning—or caring for younger siblings, cousins or older relatives.²¹¹

In contexts characterized by patrilocal family systems where newly wed women move in with their husband's family, hierarchical power relations may also restrict young wives' movements and choices while simultaneously exploiting their labour under the strict vigilance of mothers-in-law.²¹² For instance, a 2012 study found that women in Tajikistan who lived with their in-laws were around 25 per cent more likely to experience psychological abuse by their husbands.²¹³ Research in Nepal, where patrilocal families are quite common, also points to the gatekeeping role that mothers-in-law play in younger women's access to health services as well as in their disempowerment, ranging from choosing their clothes to making decisions over childbearing or children's marriages.²¹⁴

Moreover, the sharing of resources and labour that characterize extended families has its limits.²¹⁵ An ethnographic study in Nicaragua found that, over a decade, with every new risk and crisis to which families were exposed, their members became less cooperative and more competitive over the scant

economic and personal resources available.²¹⁶

The lesson from the study is clear: familial sharing and support has a breaking point. Intra-family transfers cannot be a substitute for universal social protection systems, quality public services and decent employment options.

2.6 POPULATION AGEING AND ITS IMPACT ON FAMILIES

Along with fertility, population ageing is one of the most significant global demographic trends shaping family systems today. This is because the increasing weight of older generations as a share of the population has significant bearing on the organization of gender and inter-generational caring relations.

Population ageing, globally, is driven in part by lower fertility rates but also by increases in life expectancy due to improved living standards and better access to healthcare services.²¹⁷ Persons aged 60 years and above accounted for over one eighth (13 per cent) of the world's population in 2017.²¹⁸ This share is increasing at different rates in different regions.²¹⁹ Projections show that, by 2020, older persons—those who are 60 years and above—will make up a relatively larger share of the population in four world regions: Europe and Northern America (24.9 per cent), Australia and New Zealand (21.9 per cent), Eastern and South-Eastern Asia (16.6 per cent) and Latin America and the Caribbean (12.8 per cent).²²⁰

Global gains in longevity: older populations are predominantly female

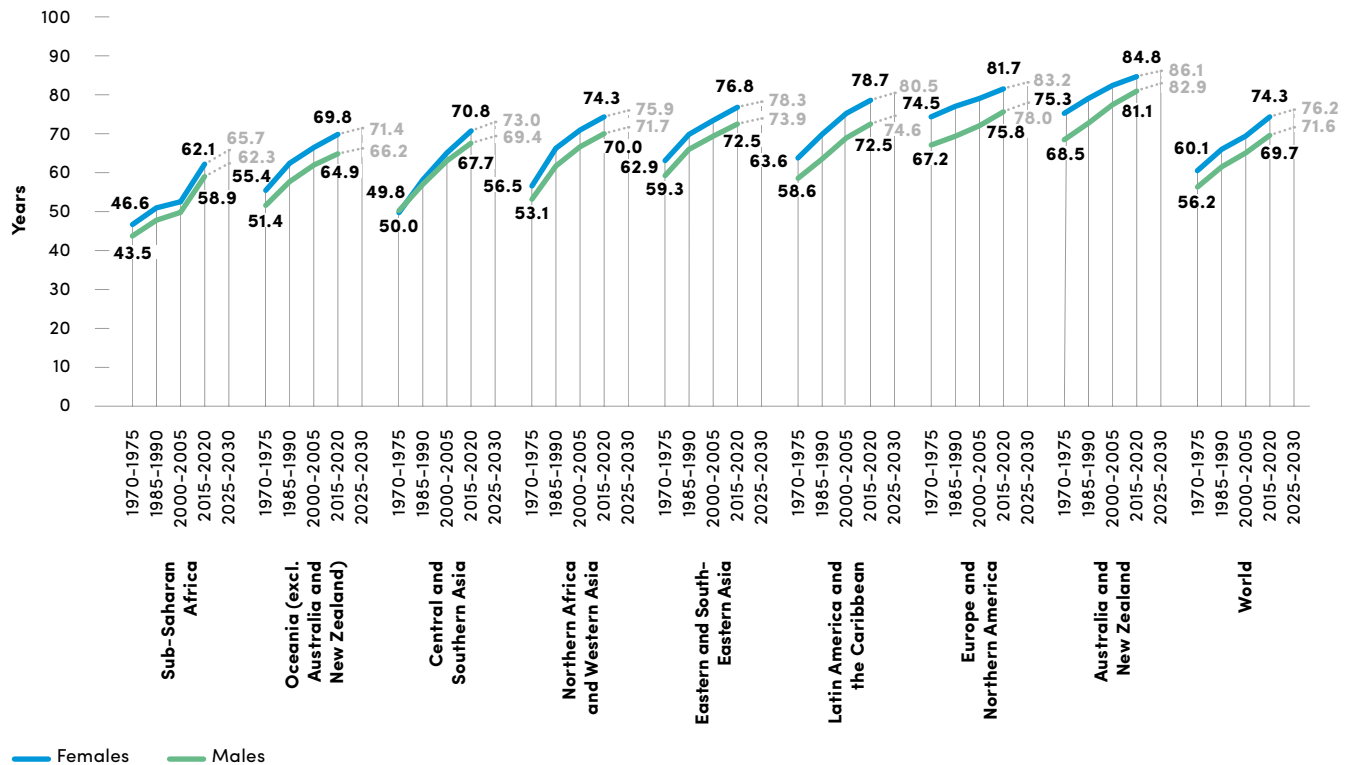
Between 1970–1975 and 2015–2020, life expectancy at birth is projected to rise globally by 14.2 years for women and 13.5 years for men (Figure 2.13). While longevity is increasing in all regions, some of the largest gains are expected to occur in regions such as Sub-Saharan Africa and Central and Southern Asia that had the lowest life expectancy levels four decades ago. On the other hand, longevity gains in regions that had achieved high life expectancies by 1970–1975 are projected to be smaller.

Women, on average, live longer than men in all regions and countries. At the global level, men's life expectancy is projected to be lower than women's by 4.6 years during the period 2015–2020 (69.7 vs. 74.3 years). Regionally, the gender differential is projected to be widest in Latin America and the Caribbean (6.2 years; 72.5 vs. 78.7 years) and Europe and Northern America (5.9 years; 75.8 vs. 81.7 years). It is narrowest in Sub-Saharan Africa (3.2 years; 58.9 vs. 62.1 years) and Central and Southern Asia (3.1 years; 67.7 vs. 70.8 years).

Given their greater longevity, women are over-represented among older persons in all countries, especially as they advance in age. In 2017, women were 54 per cent of those aged 60 years or over globally and more than 60 per cent of those above age 80.²²¹ Over the course of their lives, older women are more likely to have prioritized family obligations over paid work, which can have adverse implications for their income security and access to healthcare in old age.²²² As a consequence, women are more vulnerable to the social, health and economic disadvantages associated with old age (see Chapter 5).²²³

Men are also living longer lives. This partly drives the decrease in widowhood among women aged 45–49 across all regions over the past four decades, standing at 6.4 per cent circa 2010.²²⁴ Widowhood remains disproportionately high in Central and Southern Asia and Sub-Saharan Africa, however, where it has only moderately decreased over the past four decades and still affected more than 1 in every 10 women aged 45–49 circa 2010 (11.7 and 11.6 per cent, respectively).²²⁵ Widowhood for women often entails adverse economic consequences in terms of loss of income and assets (see Chapter 4).

FIGURE 2.13 LIFE EXPECTANCY AT BIRTH BY SEX AND REGION, 1970-1975 TO 2025-2030



Source: Regional aggregates are UN Women calculations from estimates published in UN DESA 2017m.

Notes: Includes 201 countries and areas with populations of 90,000 inhabitants or more in 2017. Regional averages calculated by weighting five-year period life expectancies by the number of births over the same five-year period. Life expectancies for the periods 2015-2020 and 2025-2030 are based on medium (standard) variant projections.

While women are over-represented among the population potentially requiring long-term care, they are also the vast majority of those responsible for providing it, both paid and unpaid.²²⁶ The sustainability of inter-generational support systems that rely predominantly on family members for long-term care is unclear, especially considering the decline in household size and women’s increased labour force participation, a conundrum that is further explored in Chapter 5.

More older women live alone

Most older persons live with their adult children or in extended households. Yet a significant proportion of them live alone. Among these, women aged 60 and over (15.8 per cent) are more likely than men (7.7 per cent) to live by themselves.²²⁷ This is partly explained by gender differentials in longevity and women’s propensity to marry or cohabit with men

who are older than they are. This trend, however, does not include older persons who have been institutionalized in hospitals or nursing homes, a pattern most visible in higher-income countries.

By around 2010, the proportion of women aged 80 or over living alone was 32 per cent globally, whereas the proportion of men living alone was 15 per cent.²²⁸ Europe, where progress in the promotion of healthy, active and independent living among older persons is notable, has the highest proportion of women aged 80+ living alone (55.7 per cent).²²⁹ The reverse pattern is observed in Asian countries. In China, for instance, the number of women living independently decreases with age, such that by the age of 80, only 17 per cent of women live alone, compared to 32 per cent of those aged 60-79 years.²³⁰ Strong family norms that assign care of older relatives to daughters-in-law likely explain this trend.

While in some contexts living alone may be associated with economic disadvantage and social isolation, this is not always the case. Evidence from the Philippines, Thailand and Viet Nam suggests that that many older women who live on their own

maintain a close connection with their descendants.²³¹ In many cases, adult children or kin live close by or in adjacent houses and thus provide some level of care. These caring arrangements are frequently missed in statistics, however.²³²

2.7 CONCLUSION

Families in all parts of the world are in flux, mirroring and adapting to demographic changes, employment patterns and shifting social norms. Across regions, families have experienced deep transformations over the last decades—including decreasing fertility rates and population ageing, rising age at first marriage, increasing proportions of divorced, separated and cohabiting women, and reductions in household size—all of which have distinct and contradictory consequences for gender equality.

Yet there are also significant continuities in family patterns and gender relations. Transformations in family life are more pronounced in some regions than others, and long-standing practices are being adapted to contemporary lifestyles. The result is that these changes, while widespread, are not consistent across regions, countries or social groups. Hence, despite the global changes described above, marriage remains nearly universal in some regions, while high fertility persists in others.

To ensure that all women and girls are able to benefit from public policies, it is important that the diversity in family forms is captured in statistics and taken into account in policy-making. Evidence provided in this chapter counters some of the assumptions about contemporary families, marital practices, child-rearing and living arrangements. For instance, the diversity of household types across regions runs counter to

the expectation that with economic development there would be convergence towards a family model consisting of a husband, wife and young children. While this family form accounts for over a third of all households globally, the majority of living arrangements are more complex. A more accurate picture of family life today includes extended households, lone parents, same-sex couples, parents living with their adult children and children living with their grandparents. This evidence offers opportunities to ground policies and laws in a more accurate understanding of women and girls' living arrangements and family relations.

Data limitations, however, constrain the ability of policy-makers to design and adapt public policies based on the realities of contemporary family and household structures. A significant number of countries do not report on some of the standard indicators used in this chapter, and some of the key factors for assessing women's status in families are not measured systematically. Available statistics require methodological reshaping in order to better capture diversity in household composition and individual-level data. This should include innovative data collection techniques, gender-sensitive lines of questioning and the use of qualitative methods. The more robust and accurate portrait of family life that such measures might enable is crucial for ensuring that women and girls can enjoy their human rights, no matter what kind of family they belong to.





MAKING PROGRESS/STORY OF CHANGE

The simple scheme that's driving a quiet revolution for Brazil's family farmers

Detailed logging of produce, and addressing gender bias in censuses, is helping to raise the profile of the women vital to production on the country's farms.

It is such a small, simple idea: a four-column logbook for Brazilian women working in family agriculture to record how much of their production is sold, given away, exchanged or consumed. And yet the logbooks have had far-reaching positive impacts on the lives of hundreds of rural women, changing the way they and their partners value their own production and even helping them benefit from government policies aimed at family farmers.

"Learning to look at our production was very helpful for us," says Janete Dantas. She records the milk, eggs, chickens, fruit and vegetables produced on the smallholding she and her mother run near Itaóca, in São Paulo state, and how much it adds to their family's income. "When we do the calculations at the end of the month, we see how big our contribution is."

Janete Dantas, centre, with her mother, Maria Nilda, right, and her sister, Mayla, left, on their family farm.

Photo: Lianne Milton

The logbooks are part of a quiet revolution being pushed through by feminist agricultural groups that has even influenced government census data. As a result of their pressure, Brazil's 2017 Agricultural Census retained a question on the sex of agricultural producers and was able to provide data showing that the number of establishments run by women rose to 18.6 per cent, with almost a million women involved, compared with 12.7 per cent some 11 years earlier.¹

Agribusiness is a pillar of the Brazilian economy, worth nearly a quarter of its Gross Domestic Product (GDP), with crops such as soybeans and coffee from industrialized farms, mainly employing men, among the country's most important exports.² But Brazil also has millions of family farmers with a total annual turnover of US \$55.2 billion a year.³ Here, women play a fundamental role.

“There is little visibility and value given to women’s work in rural areas.”

“We are learning a lot about women’s production capacity,” says Beth Cardoso, a coordinator at the Alternative Technology Centre of the Forest Zone in Minas Gerais state. “There is little visibility and value given to women’s work in rural areas.”

With the Centre, Cardoso helped launch an earlier version of the logbooks scheme in 2011. Two years later, it developed into the ongoing Cadernetas Agroecológicas (agro-ecological notebooks) project. This has since spread across Brazil, with hundreds women currently participating.⁴

São Paulo-based group Sempre Viva Organização Feminista (SOF - Evergreen Feminist Organization) also took part in the logbooks project and works to make women’s importance to Brazilian agriculture more visible.⁵

In much of rural Brazil, women tend household gardens, selling or swapping produce and providing food for their families, says SOF’s Miriam Nobre, an agronomist. But the value of their production goes unnoticed, especially if their partner is not a farmer.

That changed for Janete Dantas and her mother after they spent 18 months filling in the logbooks and



A simple logbook like this one, in which women family farmers record their production, has raised awareness about their contribution to Brazil's economy.

Photo: Lianne Milton



Janete Dantas, second right, with her mother, Maria Nilda, centre, and her sisters, Mayla, left, and Leni, right, shucks cassava skins.
Photo: Lianne Milton

sharing the experience with other women. Janete works up to three hours a day on the smallholding she and her husband, a driver, share with her parents. Her mother, Maria, 68, works six hours a day. Before participating in the logbook project, they had never calculated the value of their work, and how much food it put on the family table. “We see how much we eat ... and how much what we produce is worth,” Janete says. “We are able to give more value to it.”

Projects like these have obliged the Government to acknowledge the role of women in Brazilian agriculture, something Nobre places within the wider context of the struggle for rural women’s rights in Latin America. “I see this as part of the fight for recognition of the work of women,” she says, “and for the ways rural women are guaranteeing sustenance in their communities.”

Women have also been able to use the logbooks to get a document called DAP (Declaração de Aptidão ao Pronaf), which allows them to benefit

from financing for family farming and to participate in a government scheme guaranteeing that 30 per cent of food for school meals is procured from such smallholdings.⁶

The logbooks have helped women in rural areas see themselves differently and forced men to value them more too. In a country where progress on women’s rights has been slow, this is an important change. “We can see more empowerment of the women, an increase in their autonomy from the moment they can see their own production,” Cardoso says. “It seems simple, but it is fundamental [in taking] them out of subjugation.”

“When we do the calculations at the end of the month, we see how big our contribution is.”



FAMILY FORMATION AND WOMEN'S AGENCY

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KEY MESSAGES

01

The formation of intimate partnerships and childbearing are two central pillars of family life. Both processes decisively shape the trajectories of women's lives, affecting their well-being, opportunities and enjoyment of human rights.

02

Yet, too often, women do not have full control over partnership formation and childbearing. They must navigate unequal power relations, on the basis of gender and age, with their partners, as well as a broader set of family members.

03

Discriminatory laws and social norms, and lack of access to economic resources, limit women's agency in partnership formation; stifle their voices within family relationships; and prevent them from leaving an intimate partnership if they need to.

04

Family laws, which govern marriage, divorce, child custody and guardianship, adoption, and inheritance, include gender discriminatory provisions in many parts of the world. The global trend is towards greater equality, but further progress is urgently needed.

05

Some countries have taken steps to legally recognize diverse partnership forms, including cohabiting couples, providing protection and rights to women in those relationships. Some 42 countries and territories have legalized same-sex partnerships and/or marriage.

06

Access to quality education, including comprehensive sexuality education, enables women to make empowered choices about partnerships and reproduction. Schools should be welcoming to pregnant girls and young parents.

07

Women need access to high-quality reproductive healthcare services, to make informed decisions on childbearing. Policies should ensure choice of contraceptive methods, enable access for adolescent girls, and address social norms and family members' attitudes that hamper women's reproductive agency.

3.1 INTRODUCTION

Two central pillars of family life are the formation of intimate partnerships and childbearing. These processes decisively shape the trajectories of women's lives, including their well-being, opportunities and enjoyment of a whole range of human rights.

Women form partnerships for a variety of reasons, such as love, companionship, financial security and to have children. Yet while egalitarian partnerships can be caring and supportive, all too often women do not have full control over partnership formation and childbearing. They have to navigate unequal power relations, on the basis of gender and age, with their partners as well as a broader set of family members. For this reason, partnerships and reproduction are two long-standing areas of feminist concern.

No matter what kind of union women enter into—short- or long-term, formal or customary marriage, cohabitating or living apart, heterosexual or same-sex—they can only thrive if they can exercise agency and voice in their intimate relationships. This means that women have the capacity to exercise strategic control over their lives (agency), including to define goals and act on them, as well as to negotiate their relationships with others (voice).¹

In a partnership, in the context of unequal power dynamics, the extent to which women can exercise agency and voice depends on their bargaining power.² This is shaped by access to resources, social support systems (including kinship networks and women's organizations), state support (such as social protection systems or legal frameworks and services) and social norms and beliefs that ascribe different abilities, capacities and entitlements to women and men.³

Trend data from developed countries in particular show that as gender equality and women's opportunities have advanced in the areas of law, education, employment and access to family planning, women are delaying marriage and childbearing and entering into other forms of

consensual unions. The transformation in families is, however, incomplete. Some women are opting out of partnerships when men's attitudes remain rigid and inequitable or in response to economic conditions that make childbearing too costly.

Women's agency remains highly constrained in regions where marriage is almost universally practised. Partnership formation is often determined by a broader kinship network and frequently involves economic considerations that constrain women's voice once they are married. While child marriages have declined in part due to positive shifts in norms around educating girls, the practice is still prevalent in many countries, especially where poverty, conflict and crisis are rife.

While the trends and challenges differ across regions, action is required in virtually every country to guarantee women's equality as they enter, shape and exit relationships. Public action is needed in two broad areas: first, in the realm of equal and inclusive family laws and policies; and second, in the area of family-responsive public services, in particular education and healthcare.

Chapter overview

This chapter examines the extent to which women's agency and voice in intimate partnerships and reproduction are shaped by laws, social norms and economic and social policies. The chapter begins by looking at the human rights frameworks and family laws that govern marriage and unions, divorce and child custody, among others. Family laws do not always express the principles of equality enshrined in human rights frameworks, although progress is being made. Section two elaborates on key social and economic factors that enable and constrain women's agency in entering partnerships. It looks at regions where partnership formation is changing through increasing rates of cohabitation and delayed marriage, as well as regions where marriage remains socially prescribed and child marriages are practised. Section three examines women's agency and voice, first within different

kinds of partnerships and then in the context of reproduction, with a focus on the role of social policies and services. Finally, the chapter addresses the role of laws and social stigma in shaping women's ability to exit partnerships, including when children are involved.

The key question for policy and public action in this chapter is, how can women's fallback position be improved so that their ability to negotiate and shape family life can be strengthened and their family relationships support the realization of their human rights?

3.2 HUMAN RIGHTS, FAMILY LAWS AND WOMEN'S AGENCY

States, communities and religious institutions shape partnership formation and family life through laws and policies. 'Family laws' refer to the specific bundle of laws that govern marriage, divorce, child custody and guardianship, adoption and inheritance. Yet other laws also affect women's rights within families. These encompass a range of issues, including property ownership within marriage and married women's rights to pass on their nationality to spouses and children. Together, these laws have an enormous bearing on gender equality and, for that reason, are a critical arena for women's rights advocacy and have been covered in many human rights conventions.

What do human rights frameworks say about partnerships?

Women's rights in marriage were included in some of the earliest human rights conventions agreed at the United Nations and have been further elaborated and reinforced continuously ever since. The Universal Declaration of Human Rights (1948), for instance, states that "men and women of full age, without limitation due to race, nationality or religion, have the right to marry and to found a family." Moreover, marriage should only be entered into with the "free and full consent" of both intending spouses, who are entitled to equal rights if the marriage dissolves.⁴ The right of women and men with disabilities to found and maintain a family was confirmed in the Convention on the Rights of Persons with Disabilities (2006).⁵

Following the Conventions on the Nationality of Married Women (1957) and on Consent to Marriage, Minimum Age for Marriage and Registration of

Marriage (1962),⁶ article 16 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979) is devoted to protecting women's rights in all matters related to marriage and family relations.⁷ In its General Recommendation 21, the Committee on the Elimination of Discrimination against Women elaborates the scope of protection of this article to cover women in informal marriages (including customary, religious and common law) and de facto (cohabiting) partnerships. The recommendation states that women in such situations should share equal rights and responsibilities with men and that property laws discriminating against women in such unions, or in the event of their dissolution, should be eliminated.⁸

The Convention also requires States Parties to implement a minimum age of marriage, equal for women and men, further stating that "the betrothal and the marriage of a child shall have no legal effect."⁹ A child is defined by the Convention on the Rights of the Child as anyone under 18 years of age. The overwhelming majority of child marriages, both formal and informal, involve girls, although at times their spouses are also under 18 years of age. Child marriage is considered a form of forced marriage given that one and/or both parties have not expressed full, free and informed consent.¹⁰ The economic, emotional and health risks posed by child marriage are addressed by numerous other human rights treaties and resolutions, including a 2014 joint General Recommendation (31) issued by the CEDAW Committee and the Committee on the Rights of the Child on harmful practices including child marriage.¹¹

At least 25 States Parties to CEDAW have entered reservations to article 16, the majority citing incompatibility with religious or customary provisions.¹² Even where these reservations are not in place, in some instances, constitutions enshrine gender equality, but so called 'clawback' clauses continue to guarantee the primacy of religious or customary law.¹³

Polygamy, the practice of taking multiple spouses, is a contentious issue in family law. While polyandry (one woman, multiple husbands) exists in a few societies, polygamy commonly refers to the much more common practice of polygyny (one man, multiple wives). The CEDAW Committee General Recommendation 21 states that polygamous marriage should be discouraged and prohibited because it inherently disregards a woman's right to equality with men.¹⁴ The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (the 'Maputo Protocol') takes a more pragmatic approach, given that polygamy remains common in parts of Africa. It requires States Parties to enact appropriate national legislative measures to guarantee that "monogamy is encouraged as the preferred form of marriage and that the rights of women in marriage and family, including in polygamous marital relationships are promoted and protected."¹⁵

International human rights law prohibits discrimination on any grounds and thus also establishes States' obligations to safeguard the human rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) people.¹⁶ Treaty bodies and Special Procedures have repeatedly affirmed that laws that criminalize sexual conduct between same-sex partners violate international human rights norms and must be repealed.¹⁷ The scope of protection under international human rights law for LGBTI persons is the subject of the Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity. These principles state that all people have the right to "found a family," regardless of their sexual orientation or gender identity.¹⁸ In November 2017, the Inter-American Court of Human Rights ruled that same-sex marriage should be recognized and required that all

States Parties to the American Convention on Human Rights comply with the decision.¹⁹

Family laws: a challenging area for reform

In spite of these wide-ranging human rights norms, family laws in many parts of the world include discriminatory provisions that create substantial legal inequality for women.²⁰ In some contexts, the age of marriage for girls continues to be set lower than for boys.²¹ Some laws place restrictions on women's rights once they get married (see Figure 3.1). Others limit women's ability to choose their own residence, for example, or to apply for a passport or travel outside of the country. Where family law does not recognize certain relationships, such as cohabiting or same-sex partnerships, the individuals involved may be denied entitlements such as social protection that those in recognized partnerships enjoy.

Family laws fundamentally shape women's agency with regard to entering and exiting partnerships, their reproductive choices and their decision-making power within families. The consequences of restrictive laws for women's rights can be dire. Without the legal right to divorce, for instance, or to custody of her children, a woman may be trapped in a violent relationship with life-threatening implications.

Changing family laws remains challenging, especially in contexts where religious authority is strongly institutionalized within the state.²² Family laws are the area of law that are most likely to be subject to legal pluralism. In these systems, laws and regulations based on different religious (Christian, Muslim, etc.) or ethnic identities exist alongside one another, sometimes in addition to a civil code. In practice, this means that different groups of women living in the same country may be subject to distinct sets of laws. Customary laws are often presented as being based on tradition, while religious laws are derived from particular interpretations of scripture. Women may opt for a customary or religious marriage because it is socially more acceptable or it represents an important part of their cultural identity. In some contexts, civil law is associated with colonial rule and is thus seen as less legitimate.²³

Efforts to enact a unified civil code, effectively eliminating religious or customary provisions, have in some instances become extremely divisive because they are perceived to marginalize minority groups, with some women feeling forced to choose between their

rights as women and their cultural rights.²⁴ However, discriminatory family laws can and do change. As the example of Tunisia shows (see Box 3.1), this is often the result of determined campaigning and advocacy by women's rights and feminist organizations.

BOX 3.1 PROGRESS ON FAMILY LAWS IN TUNISIA

Tunisia has long been a leader in the Arab world on gender-equitable laws. In 1956, its Code of Personal Status provided for marriage based on mutual consent and equality for women in divorce proceedings.²⁵ In 2018, steps were taken to make Tunisia the first country in the region to legislate for equal inheritance rights.²⁶

In 2014, the Government removed all reservations to CEDAW and a new constitution was enacted that granted women far-reaching new rights.²⁷ Women's civil society organizations had worked across party lines and historical divisions between Islamic and secular women's rights groups to establish the National Dialogue for Women, which developed an inclusive platform for their demands regarding the new constitution.²⁸ To make the process more accessible and transparent, women's organizations translated proceedings of the constituent assembly and broadcast them via social media, which also created opposition to a draft clause that would have positioned women as 'complementary' to men.²⁹ As a result of women's activism, the draft was amended to provide that "all citizens, male and female, have equal rights and duties, and are equal before the law without any discrimination" (article 21).³⁰

The new constitution provided a firm foundation for significant legislative changes in 2017, including passing of the Law on Eliminating Violence Against Women, repeal of the penal code provision that had allowed a rapist to escape punishment if he married his victim, and changes to laws that prevented Muslim women from marrying non-Muslims.³¹

The Individual Freedoms and Equality Commission (COLIBE), composed of scholars, lawyers and feminists, made further recommendations for harmonizing legislation with the constitution, including a draft bill in 2018 to change laws that limit women's inheritance to half that of men's.³² Islamic feminists in the region argue that inheritance laws require reform not only on the basis of equality and justice but also to keep pace with changes in the structure and dynamics of family life. Women's lesser access to inheritance has historically been justified because men were perceived as the sole breadwinners and expected to provide exclusively for their wives and families. Now that a sizeable proportion of households in some countries in the region are maintained by women alone,³³ Islamic feminists argue that the case for change is irrefutable and urgent.³⁴

Recent years have also seen increased recognition of same-sex partnerships in family law, although progress has been challenging and uneven. Starting with the Netherlands in 2001, today there are 42 countries and territories worldwide where same-sex couples can marry or enter into legally recognized partnerships (see Table 3.1). Some 68 countries, however, have laws that explicitly criminalize consensual sexual relations between partners of the same sex, and in 11 of these, such relations are punishable by death.³⁵ Some laws create obstacles for transgender people to create the families of their choice. For example, in Europe, 21 countries require married transgender people to divorce as a mandatory requirement in order to transition.³⁶

Most advances have been made in Europe and Northern America, Latin America and the Caribbean and Australia and New Zealand. But there has also been progress recently in Asia. In May 2017, the constitutional court in Taiwan Province of China ruled that, in its definition of marriage as between a man and a woman, the civil code was unconstitutional because it discriminated against same-sex couples. In May 2019, the legislature passed a law allowing same-sex marriage for the first time.³⁷ Meanwhile, in September 2018, the Supreme Court of India repealed Section 377 of the Penal Code, a colonial-era clause that had previously criminalized same-sex relations.³⁸

TABLE 3.1 RECOGNITION OF SAME-SEX MARRIAGES AND PARTNERSHIPS

Region	Same-sex marriage	Partnership recognition for same-sex couples	Both
Europe and Northern America	Belgium, Canada, Denmark, Finland, Iceland, Ireland, Luxembourg, Norway, Portugal, Spain, Sweden, United States (12)	Andorra, Croatia, Cyprus, Czechia, Estonia, Greece, Hungary, Italy, Liechtenstein, San Marino, Slovenia, Switzerland (12)	Austria, France, Germany, Malta, the Netherlands, United Kingdom (6)
Australia and New Zealand	(0)	(0)	Australia, New Zealand (2)
Latin America and Caribbean	Argentina, Mexico (2)	Chile, Ecuador (2)	Brazil, Colombia, Uruguay (3)
Sub-Saharan Africa	(0)	(0)	South Africa (1)
East and South-Eastern Asia	(0)	(0)	Taiwan Province of China (1)
Central and South Asia	(0)	(0)	(0)
Northern Africa and Western Asia	(0)	Israel (1)	(0)
Oceania (excl. Australia and New Zealand)	(0)	(0)	(0)

Source: Ramón Mendos 2019.

Notes: Based on a review of 193 countries and territories. The 'Same-sex marriage' column includes states that have legalized marriage for same-sex couples, but where there is no other form of legal partnership recognition available. The 'Partnership recognition for same-sex couples' column includes states that have some other form of union recognition for same-sex couples, that is not 'marriage' per se, but may offer similar rights—for example, 'Civil Unions', 'Registered Unions', or 'Civil Partnerships'. The range of rights enshrined by partnership recognitions in this grouping is varied: whilst some recognitions enshrine rights similar to marriage, such as adoption and parenting rights, tax and social security benefits, pensions, inheritance, and healthcare, others enshrine a more limited array of family rights. Some same-sex partnership recognitions, for example, do not guarantee same-sex adoption and parenting rights. The 'both' column indicates states where both marriage and alternative partnership recognitions are available to same-sex couples. Data current: as of May 2019. The numbers in parentheses refer to the number of countries where these legal provisions exist.

Legalisation of same-sex marriage is often a stepping stone to broader recognition of LGBTI rights. For example, Argentina became the first country in Latin America and the Caribbean to legalize same-sex marriage in 2010, which acted as a catalyst for further advances including the right to medically assisted reproduction and adoption for same-sex couples.³⁹

Laws are critical in setting a normative standard, but legal reform alone is often insufficient to bring about social change. Even when laws change, practices

on the ground typically take longer to shift, and women often lack access to justice institutions due to cost, distance and stigma. Moreover, justice actors typically reflect the gender stereotypes and bias of society at large.⁴⁰

Bearing this in mind, the next section turns to social and economic changes that are also required to strengthen women's agency and voice in their intimate relationships, beginning with partnership formation.

3.3 AGENCY IN PARTNERSHIP FORMATION

Women and men should have an equal right to enter a consensual partnership at the time of their choosing. They should also have an equal right to decide against

entering a partnership. However, the extent to which women have agency in partnership formation varies geographically as well as by class and race/ethnicity.

Globally, the age of marriage is rising (see Chapter 2, Figure 2.3), and in some regions and countries women are opting out of marriage altogether. These trends indicate that women are exercising greater choice and agency in partnership decisions. Overall, delays in marriage can result in women entering conjugal unions in a better bargaining position, at least in part because they may have gained additional years of education or employment experience.⁴¹ At the same time, as explained below, these trends can also indicate sluggish change in social norms around marriage as well as men's declining economic opportunities. These shifts notwithstanding, the majority of women worldwide still live in countries where marriage is largely universal and age at first marriage is usually young.

What factors enable and constrain women's agency in choosing an intimate partner? Building on the trends identified in Chapter 2, the following sections tease out key social and economic dynamics, first in regions where partnership formation is changing and then in regions where marriage remains universal. The section concludes by identifying avenues for public action to expand women's agency in this arena.

Factors enabling and constraining women's agency where partnership formation is changing

In developed countries, changing patterns of partnership formation—including a rise in age of marriage, delayed childbearing and growing rates of cohabitation—have been driven by interlinked ideational, legal and material change.⁴² Alongside growth in women's educational attainment and labour force participation (see Chapter 4), second-wave feminism problematized the patriarchal foundations of heterosexual marriage and challenged women's traditional family roles.⁴³ The liberalization of divorce laws and recognition of women's property rights reinforced these normative changes. Moreover, the sexual revolution triggered the widespread availability of contraception, enabling women to have sexual relationships without necessarily having children. Generally these patterns are a positive reflection of women's empowerment: marriage and childbearing are no longer compulsory for women but among several valid choices.

But men's attitudes and expectations of marriage have, in some cases, been slower to change. Higher rates of non-marriage may also reflect women's growing reluctance to enter into partnerships in which they are expected to take on subordinate gender roles. For example, in the high-income countries and territories of East Asia (Japan, the Republic of Korea and Taiwan Province of China), cohabitation and childbearing outside of marriage remains relatively rare; and despite some change, social norms still prescribe that women should marry men of equal or higher status in terms of education and class (hypergamy).⁴⁴ In contexts where women are out-performing men in education, and economic stagnation has impacted on men's wages in particular, women's advances may have ironically made them less attractive marriage partners.⁴⁵ In all regions, even when women work outside of the house, they bear primary responsibility for unpaid care and domestic work at home (see Chapter 5). Where the norm of filial piety (meaning respect and care for one's elders) prevails, this often includes caring for the husband's parents, with little support from the state.⁴⁶

The interaction of these social norms—of hypergamy, the gender division of labour and filial piety—has led some women to opt out of marriage altogether, contributing to extremely low birth rates in these countries.⁴⁷ In this instance, material and ideational change have not occurred at the same pace, resulting in an incomplete transformation in marriage and family life.⁴⁸

In Latin America and the Caribbean, the so-called 'cohabitation boom' has been driven by two trends. On the one hand, cohabitation in the region has historically been a coping strategy, common among poorer women who are more likely to begin to cohabit and become mothers as adolescents or young adults.⁴⁹ On the other hand, the region has more recently witnessed a rise in cohabitation among wealthier women of different age groups. With the liberalization of divorce and changing social norms, the practice of cohabitation has expanded as a prelude to marriage, as a pattern of life after divorce and as a lifelong choice.⁵⁰

In other contexts, delayed marriage or non-marriage is less indicative of women's empowerment and more closely related to men's lack of economic resources. While in many countries in Europe the trend seems to traverse social classes, the rise in cohabitation in the United States is driven by racial and economic inequalities.⁵¹ Using education as a proxy for socio-economic class, studies find that while cohabitation has increased for all groups,⁵² for highly educated white women it is often a short precursor to marriage, while for African American women, especially those with less education, this transition is less likely.⁵³ In 2012, 87.9 per cent of highly educated white women had married by the age of 40–44, compared to 70.9 per cent of African American women with the same level of education; and while a similar proportion of white women with low education were married (87.1 per cent), only 55.8 per cent of African American women with low education were.⁵⁴ Since the 1980s, rates of marriage have declined for all groups, but at a much steeper rate for African American women and men, and for the least educated among them, than for any other ethnic group.⁵⁵

A combination of factors explains this growing class and race divide. The loss of manufacturing jobs since the 1970s has led to significant declines in earnings and increases in unemployment, which has impacted on the ability of less-educated groups to support a stable family life.⁵⁶ Meanwhile, although African American women are increasingly well educated, high levels of unemployment and incarceration of African American men, who are five times more likely to be in prison than white men,⁵⁷ all contribute to a “deficit of marriageable men,” in a context where inter-racial marriage remains relatively rare.⁵⁸

Constraints on women's agency in the regions where marriage is universal

Marriage remains largely universal and socially compulsory in much of Southern and Eastern Asia, Sub-Saharan Africa and Northern Africa and Western Asia. In these regions, the extent to which women can exercise agency in partnership formation is highly constrained by a mix of social norms and economic factors.

In many countries, choosing a partner is not an individual decision but one that is taken by the wider family or social network. In India, for example, the practice of arranged marriages remains

commonplace. In traditional parent-arranged marriages, women often exercise little agency in choosing a partner and may meet their husband-to-be for the first time on their wedding day.⁵⁹ The practice, however, has evolved over time and has been partially replaced by semi-arranged marriages, particularly in urban areas.⁶⁰ In these arrangements, families are involved in suggesting potential matches, but women choose whether to marry and who to partner with.

Women in semi- and self-arranged marriages are three times as likely as those in family-arranged marriages to exercise agency on key areas of decision-making—including on expenditures, when to have children (and how many) and contraception—and twice as likely to be able to visit friends and relatives unescorted. Those in semi-arranged marriages are also less likely to experience marital violence compared to those in traditional parent-arranged marriages.⁶¹

In spite of these changes, marriage in many contexts continues to be a largely economic arrangement between families. Where bridewealth or dowry is practised, women's subordination within families can be reinforced throughout their lives (see Box 3.2).

Lack of economic resources drives competing trends. In some cases, high levels of unemployment explain lower rates of marriage, as in Southern Africa.⁶² In Botswana and Namibia, for example, marriage has shifted from a universal rite of passage to an exclusive practice for those with economic resources and middle-class aspirations.⁶³ In Northern Africa and Western Asia, men are traditionally expected to cover marriage costs and subsequently fill the role of exclusive provider.⁶⁴ In Egypt, about 70 per cent of marriage costs (such as celebrations, housing, furniture and clothing) are borne by the groom and his family, with the bride's family covering the remaining third.⁶⁵ One study found that marriage costs were 11 times the average annual household expenditure; for the poorest quintile of waged workers, fathers and grooms would need to save their entire earnings for more than 7 years to accumulate enough to be able to marry.⁶⁶ As a result, in Egypt—but also other countries in the region—a highly significant transition to adulthood is being postponed while an often undesired period of so-called ‘waithood’ is imposed on people in their twenties.⁶⁷

BOX 3.2

MARRIAGE PAYMENTS AS A CAUSE AND CONSEQUENCE OF WOMEN'S SUBORDINATION IN FAMILIES

Dowry is the practice whereby the bride's parents transfer payments to the groom's family. Historically practised in Western Asia, Europe, Eastern Asia and some parts of the Americas,⁶⁸ dowry remains widespread in Southern Asia despite long-standing feminist campaigns and legislation prohibiting the practice in, for example, both Bangladesh and India.⁶⁹ In the latter, economic liberalization and commercialization have contributed to the spread of the practice from upper- to middle- and lower-caste Hindus, as well as to Christians, Muslims and tribal groups.⁷⁰ The status and economic position of families is linked with weddings as a public display of wealth. Gifts that were once voluntary and/or nominal have become compulsory and have spiralled up in value. Dowry has shifted from a signifier of marriage to a central condition for a daughter's eligibility.⁷¹

Dowry practices can fuel violence against women when, for instance, the bride's family fails to pay the dowry in full or the gifts are deemed unsatisfactory. Husbands are the most common perpetrators and mothers-in-law are often implicated.⁷² Women in Kerala, in Southern India, expressed contradictory views on dowry: while they noted the centrality of a substantial dowry to securing a good marriage, they also identified dowry as "the main problem women face." Such assessments underscore the challenges faced by women's rights advocates as they campaign to end the practice.⁷³

Bridewealth is a marriage payment system practised in parts of Sub-Saharan Africa, China and Oceania (excluding Australia and New Zealand), in which the groom transfers assets to the bride's family to compensate them for the costs of raising their daughter and the loss of her agricultural and reproductive labour.⁷⁴ In Sub-Saharan Africa, the practice is widespread among Christian and Muslim communities in both urban and rural areas.⁷⁵ While traditionally a range of goods such as livestock, clothing, beads and household goods were given, families are now more likely to pay cash; the amount given has increased over time, sometimes exponentially.⁷⁶ While some women regard bridewealth payment as a marker of prestige, evidence suggests that it reduces women's sexual and reproductive autonomy, including their ability to consent to sexual relations.⁷⁷ By facilitating broader control over wives, it may also contribute to domestic abuse and curtail women's ability to leave a violent relationship, which would require bridewealth repayment.⁷⁸ Following a long-running campaign by a women's organization called Mifumi, such repayments were found to be unconstitutional and "dehumanizing of women" by the Constitutional Court of Uganda in 2015.⁷⁹

In contrast, girls can be pushed into marriage when economic scarcity intersects with discriminatory social norms that frame marriage and childbearing as women's destiny. Where dowry is practised, families may marry their daughters off at a young age to keep the payments affordable; in contexts of bridewealth, families may rely on payments from a daughter's marriage to support younger siblings.⁸⁰ At the same time, marriage can be seen as a way to protect girls' chastity and purity, on which their reputation and social status depend. Studies from countries as diverse as Brazil and Timor-Leste find that, marriage is seen as a 'fix' for the dishonour of adolescents' extra-marital childbearing.⁸¹

These dynamics contribute to the situation whereby one in five women globally are married or in a union

under the age of 18. While the overall rate of child marriage has declined by a quarter since 2002, most of the decline is concentrated among girls under the age of 15 (see Chapter 2, Figure 2.4). Because of the youthful structure of populations in developing regions, the actual number of girls married young is in fact increasing. According to latest estimates, some 12 million girls are marrying in childhood each year.⁸²

Conflict and crises can also trigger higher levels of child and forced marriage. In environments where girls and young women are exposed to rape and sexual assault, families may marry off their daughters in order to protect them from the dishonour associated with being a victim or becoming pregnant as a result of these crimes.⁸³

In refugee camps in Jordan and Lebanon, girls from urban Syrian communities—areas where child marriage was not commonly practised before the conflict—are increasingly being married young.⁸⁴ According to the latest household survey in Syria (2006), 13 per cent of Syrian women were married before the age of 18.⁸⁵ But, in 2016, as many as 40.5 per cent of Syrian women living in Lebanon were married before the age of 18 (compared to 6 per cent of Lebanese women).⁸⁶

Public action to support women's agency in entering into partnerships

A number of factors can improve women's agency in partnership formation. Laws on the minimum age of marriage are important, as well as investments in education that include comprehensive sexuality education (CSE), and opportunities for women's labour market participation.

Minimum age of marriage laws

Laws that prohibit marriage for girls or boys before the age of 18 set an important normative standard. Globally, the legal age of marriage for girls is 18 in all but four countries and territories.⁸⁷ Nevertheless, nearly two thirds of countries and territories allow girls to be married earlier with parental or judicial consent.⁸⁸ There are positive signs of change: between 2015 and 2017, among a set of 112 countries, 9 countries improved their laws on the minimum age for marriage, typically by eliminating such exceptions.⁸⁹

There is some evidence that in Sub-Saharan Africa, countries with laws that consistently set the age of marriage at 18 have lower rates of child marriage.⁹⁰ Yet given its complex social and economic drivers, ending the practice requires broader public action.⁹¹

Investments in quality education for girls

Evidence from 78 developing countries shows that educational attainment is related to increased age of marriage: women aged 20–24 with secondary education are much less likely to have married before the age of 18 than those with primary or no education.⁹² The correlation is bidirectional: girls who are in school for longer are less available for marriage; but getting married early also typically curtails girls' opportunities to go to school.⁹³

Advances in education have also been linked to a decrease in adolescent pregnancy in Latin America and the Caribbean, although the fact that early unions and pregnancy remain prevalent among the poorest groups suggests that additional investments are required (see Chapter 2, Figure 2.9).⁹⁴ Comprehensive sexuality education that includes information about sex, contraception and healthy and consensual relationships should be provided to both girls and boys, as should access to comprehensive family planning and reproductive healthcare.

The United Nations Educational, Scientific and Cultural Organization (UNESCO) has defined CSE broadly as "a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives."⁹⁵ In recognition of young people's diverse identities, CSE should account for inequalities on the basis not only of gender but also socio-economic class, ethnicity, race, immigration status, disability, sexual orientation and gender identity.⁹⁶

Implementing CSE programmes can be challenging, especially in contexts where school infrastructure is weak, human resources are limited and there are cultural barriers to teaching the full range of material. Nevertheless, progress has been made in difficult contexts, generating some important lessons for implementation.⁹⁷ A comprehensive global review of sexuality and HIV education evaluations found that curricula that address gender and power were associated with significantly more positive outcomes, including reduced pregnancy and sexually transmitted infections, than those that did not. The most effective programmes used participatory and learner-centred teaching approaches, facilitated critical thinking, addressed gender and power explicitly, fostered personal reflection about how these concepts affect one's own life and relationships, and helped participants value their own potential as individuals and as change agents.⁹⁸

Girls who become pregnant while in school should be supported to continue their education, including through access to childcare facilities. In Sub-Saharan Africa, special accommodations for teenage mothers such as time off for breastfeeding are available in Cabo Verde and Senegal; while in Gabon, childcare centres have been established near schools. However, in a number of countries, including Equatorial Guinea, Sierra Leone and the United Republic of Tanzania, pregnant girls can be expelled, and in many others there are no policies to encourage re-entry into school after they have given birth.⁹⁹

Pathways to employment

Prospects for employment can also help families to see the value of schooling their daughters and enable girls to aspire for futures beyond early marriage and childbearing.¹⁰⁰

In Bangladesh, significant declines in child marriage and fertility can be attributed in part to women's employment in the export garment industry, which employs an estimated 15 per cent of all women aged 16 to 30.¹⁰¹ One study found that girls who live in villages close to garment factories were 4.4 percentage points more likely to be in school, 28 per cent less likely to get married and 29 per cent less likely to give birth over the course of an average year, relative to girls that lived elsewhere. The largest effect in terms of marriage was on younger girls aged 12–14, which is likely to be related to them staying on in education in anticipation of employment in the garment sector.¹⁰² These jobs, even though they are often poor quality, have given young Bangladeshi women a measure of freedom from their natal homes and from expectations to marry and have children young.¹⁰³

3.4 VOICE AND EQUALITY WITHIN PARTNERSHIPS

Historically, marriage contracts have entailed a forfeiture of women's individual rights, and in some countries this is still the situation today. In 19 countries and territories (out of 189 with data), the law explicitly requires women to obey their husbands. Some laws restrict married women's freedom of movement: in 17 countries and territories, married women are not allowed to travel outside of the home in the same way as married men; and in 37 countries and territories, married women are not allowed to apply for a passport in the same way as a married man (see Figure 3.1).¹⁰⁴

Kinship systems have a significant impact on women's capacity to exercise voice and agency in their intimate partnerships. A qualitative study that compared married women's agency in patrilineal Lesotho and matrilineal southern Malawi found that the systems gave women highly differential access to economic and emotional resources. The patrilineal system (where brides move to the husband's family) disrupted young women's social networks and reduced their livelihood options. Women reported feeling disempowered on the basis of age in addition to gender; they had little claim over household

resources, were required to undertake arduous agricultural work and were denied opportunities for education or alternative employment. In contrast, the impact of these unequal power dynamics was reduced in the matrilineal system (where husbands move to the bride's family). There, women reported concern about their husbands leaving them, which could entail repayment of bridewealth, but also that they were happy in their marriages.¹⁰⁵

What other dynamics enable and constrain women's agency and voice within an intimate relationship? This section begins by looking at two factors that affect women's bargaining power. The first is age at first marriage and the second is type of partnership and the extent to which it is legally recognized. Polygynous marriage and cohabitation are explored in depth. This chapter thus brings into view the fact that marital relationships are often embedded within the broader family network and, especially in those countries and regions where extended household forms are common, women's agency is impacted not only by the conjugal partnership itself but also by the power dynamics between women and their in-laws and their own relatives.

FIGURE 3.1 WOMEN'S AGENCY IN MARRIAGE AND PARTNERSHIPS

Laws, social norms and access to economic resources shape women's agency in marriage and partnerships.

Women's agency to enter marriage

Women should be able to choose freely whether to enter a partnership, when and with whom. Children, by definition, cannot consent to marriage.



1 in 5 young women aged 20 to 24 were married as children
42 countries and territories have legalized same-sex unions or marriage
But, in **68 countries**, consensual sex between same-sex partners is against the law.

Women's agency within marriage

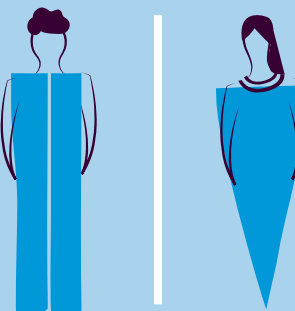
Within marriage, women's rights are often curtailed by discriminatory laws.



Despite progress, in many countries when a woman marries, her rights to move freely, work and make decisions for herself are stripped away.

Women's agency to exit marriage

Even where divorce is accessible to women, lack of economic resources may prevent them from leaving.



In some countries, women lack the same rights as men to initiate a divorce or may lose custody of their children if they do, which can lock them into unhappy or abusive marriages.

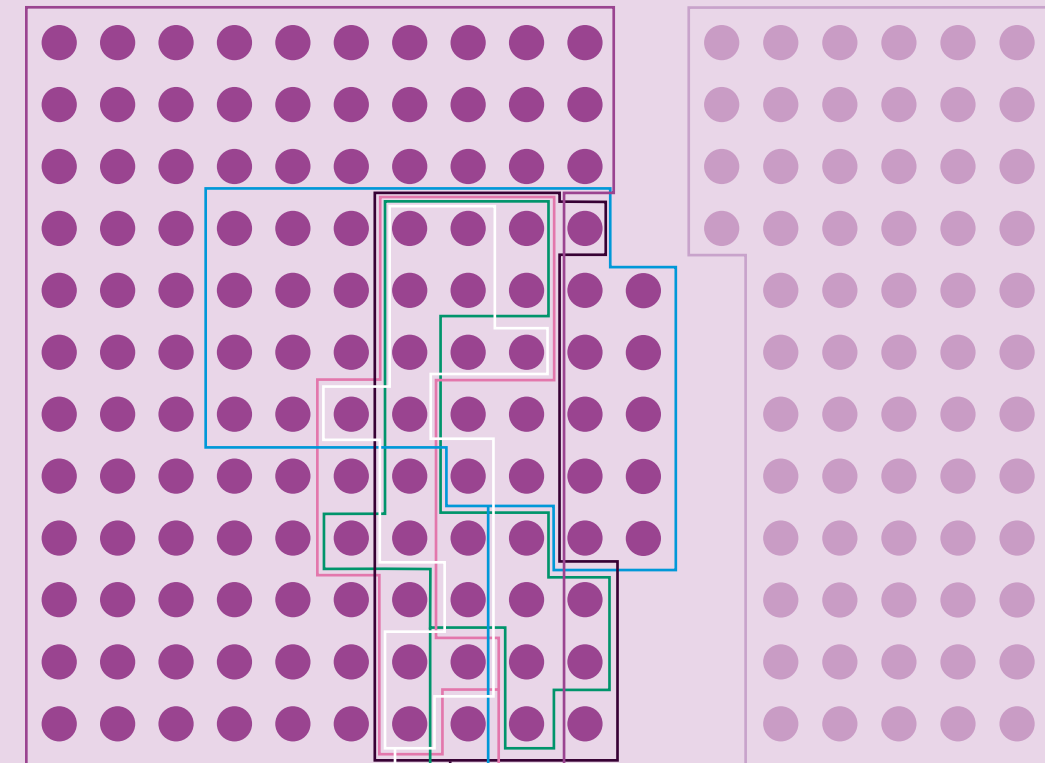
Laws that affect women's agency within marriage.

1. Compared to married men, do married women have the same right to:

- travel outside the home?
- get a job or pursue a trade or profession?
- choose where to live?
- apply for a passport?

2. Does legislation explicitly criminalize marital rape?

3. Are married women required by law to obey their husbands?



NO

In 17 countries, there are restrictions on married women traveling outside their homes

In 19 countries, married women do not have the same rights as married men to get a job or pursue a trade or profession

In 31 countries, married women lose the right to choose where to live

In 37 countries, married women are not allowed to apply for a passport

YES

In 111 countries, marital rape is not explicitly criminalized in law

In 19 countries, married women are required by law to obey their husbands

In 64 countries, marital rape is explicitly criminalized and women are not required by law to obey their husbands. Married women have the same rights as married men to travel outside their homes, get a job, choose where to live and apply for a passport

Source: UNICEF 2018a; Ramón Mendos 2019 and World Bank 2018e.

Note: The analysis on laws that affect women's agency within marriage is based on a sample of 189 countries and territories.

The rest of the section examines a central area of family life: reproduction. Women and their partners make reproductive decisions in the context of broader economic and social policies such as the availability of maternity and paternity leave and childcare, as discussed in Chapter 5. Within partnerships, however, women's ability to exercise agency with regards to fertility is significantly impacted by their access to sexual and reproductive healthcare services and by social norms around childbearing.

Age of marriage and spousal age difference matter for women's agency

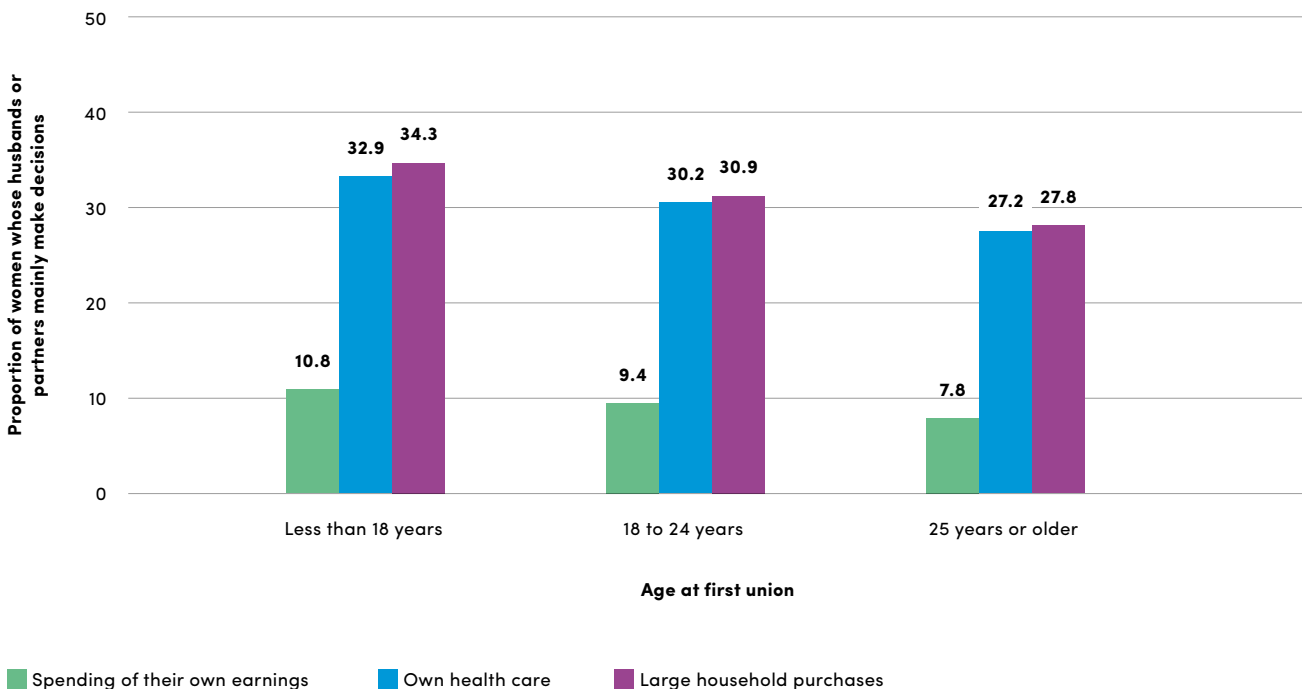
It is common for women and girls to marry considerably older men. Analysis of data for 57 countries shows that the median age gap for women married or in a union aged 20–24 was 6.8 years, while for those married or in a union before the age of 18, it was 7.5 years. A cohort analysis comparing women aged 20–24 and women aged 45–49 shows that there has been little

change over time. This suggests that while rates of child marriage are decreasing, large spousal age differences remain the norm.¹⁰⁶

The impact of marrying at an early age, often to older men, on women's ability to make household decisions is profound. In Figure 3.2, analysis of data for the same 57 countries shows that a higher proportion of women who married before the age of 18 report that their partner is the main decision-maker on several aspects of their life, including how their own earnings are spent (10.8 vs 7.8 per cent), their health care (32.9 vs 27.2 per cent) and large household purchases (34.3 vs 27.8 per cent), when compared to those whose first marriage occurs after the age of 25.

Marrying or partnering with older men is also associated with higher prevalence of violence against women, women's lower capacity to negotiate condom use, and higher HIV infection rates.¹⁰⁷

FIGURE 3.2 DECISION-MAKING BY AGE AT FIRST UNION, CURRENTLY MARRIED OR IN-UNION, WOMEN AGED 15-49, LATEST AVAILABLE YEAR



Source: UN Women calculations based on ICF International 2007–2017, Demographic and Health Surveys.

Notes: Based on a sample of 57 countries. DHS 2007 or later are available for 62 countries. However, for Armenia, Guatemala, Rwanda, São Tomé and Príncipe and Ukraine, certain variables such as age of current partner were not available; in other cases, the sample size was insufficient.

Does type of partnership make a difference for women's agency?

Women's ability to exercise agency and voice is influenced by the kind of partnership (formal marriage, civil union, polygynous marriage or cohabitation) that they are in. The extent to which different partnership types are recognized and protected in law has an important bearing on this question. While the legal recognition of civil unions and cohabitation advances women's rights, legal prohibition of polygyny is a more contested area.

Women's rights in polygynous partnerships

In Sub-Saharan Africa, it is estimated that one quarter of women are in polygynous marriages.¹⁰⁸ Polygyny predominates in agricultural societies, where the practice originally functioned to facilitate high levels of fertility and thus support survival.¹⁰⁹ In recent years, a reduction in child mortality has been correlated with a decline in the practice.¹¹⁰ Nonetheless, according to recent data the proportion of currently married or in-union women aged 15–49 in polygynous partnerships exceeds one third in at least five Sub-Saharan African countries, including Niger (36.1 per cent), Chad (37.9 per cent), Gambia (38.7 per cent), Burkina Faso (42.2 per cent) and Guinea (47.8 per cent).¹¹¹

Polygyny is founded on patriarchal social norms that define men as power holders over strategic resources, which include women and children. Yet anthropological research illustrates great diversity in polygynous relationships in terms of how spouses are chosen, resource sharing, living arrangements and divorce, with each of these factors impacting on women's rights and agency within these marriages.¹¹² Some women enjoy greater autonomy in polygynous relationships and benefit from the pooling of resources and of domestic and agricultural labour that such families allow. However, they also often have to negotiate complex relationships with co-wives and compete for (sometimes) scarce resources.¹¹³ Polygyny is often associated with forced and child marriage.¹¹⁴

Human rights frameworks posit that polygyny undermines women's rights and dignity and should be abolished (see section 3.2).¹¹⁵ The challenge for policy, then, is how to achieve that outcome, given that simply legislating against it has had little impact on its prevalence.¹¹⁶ Prohibition may also further marginalize women in polygynous marriages by denying them legal recognition or access to services.¹¹⁷

Sub-Saharan African countries such as Kenya and South Africa have enacted legislation that follows the pragmatic approach of the Maputo Protocol.¹¹⁸ The Kenyan Marriage Act (2014) defines marriage as "the voluntary union of a man and a woman whether monogamous or polygamous" and sets the minimum age of marriage at 18 years. While such legislative approaches have been criticized by some for legitimizing polygyny, these moves bring polygynous relationships and the women in them within the protection of wide-ranging human rights provisions (CEDAW, Maputo Protocol), including equal property rights, equal rights to divorce and equal rights and responsibilities vis-à-vis children.¹¹⁹

Women's rights in cohabiting partnerships

While the rise in cohabitation in some regions is associated with women's growing economic and social equality, does it translate into more equitable partnerships? Several studies have looked at this question and the answer is: it depends. Social class and the social acceptability of cohabitation both play a role.

A recent study of low-income women in Chile found that the rise in cohabitation reflected a loosening of parental power in dictating daughters' partnering decisions, indicating an increase in women's autonomy. This does not, however, mean the relationships themselves were more equal in terms of gender relations.¹²⁰ The study found that couples followed conventional gender roles, with men as breadwinners and women responsible for the majority of unpaid care work. There seemed to be greater gender equality among wealthier cohabiting couples, who tended to be dual earners and

reported sharing expenses and housework; however, this only lasted while they remained childless. If and when the couple had children, cohabiting women reported that they fell back into more traditional gender roles and typically received more support from their mothers than from their partners for childcare and housework.¹²¹

In Europe, the gender division of paid and unpaid work tends to be more unequal in marriage than cohabitation, but context matters. In Italy, where cohabitation is relatively uncommon and is not legally recognized, cohabiting women have a more equal division of labour with their partners than their married counterparts.¹²² This may reflect the fact that the women and men who choose this path are more likely to want to renegotiate traditional gender roles. In France, where cohabitation is very common and most 'marriage-like', the gender division of labour is similar to that within marriage.¹²³

This highlights the fact that, whatever form women's relationships take, discriminatory social norms are hard to shift. This reinforces the need to ensure that women's rights to social security entitlements, custody and inheritance are protected in cohabiting partnerships. To date, wide variation exists in the rights afforded to cohabiting couples. In France and the Netherlands, women in cohabiting partnerships have comparable rights to married women if they register their partnerships.¹²⁴ In Australia, both heterosexual and same-sex cohabiting couples have legal rights equivalent to marriage, without the need to register, making it a model for other countries.¹²⁵

The path towards recognition of cohabiting partnerships in South America has been gradual and uneven, often starting with reforms to equalize the status of children born outside of marriage as in Colombia (1968),¹²⁶ Argentina (1985), Chile (1998) and Uruguay (2004).¹²⁷ In the 1990s and 2000s, these four countries took further steps to recognize informal unions.¹²⁸ Cohabiting couples in Colombia have similar rights to married couples in respect to healthcare,

pensions, citizenship, child support and alimony payments, and these rights are assumed on the basis of at least two years of monogamous co-residence, with registration not required to claim them.¹²⁹ Since 2007, these rights have applied equally to heterosexual and same-sex cohabiting couples.¹³⁰

Reproductive agency

International human rights frameworks set important normative standards around women's reproductive rights in both marriage and other intimate partnerships (see Box 3.3). This is because women's reproductive agency has a critical bearing on the broader conditions of their lives, including their physical and emotional well-being, their economic opportunities and the amount of time they spend on unpaid care (see Chapter 5). Thus, a key indicator of women's voice and agency within their intimate partnerships is the extent to which women can make decisions about whether and when to have children and how many to have.

Discriminatory social norms and inadequate reproductive healthcare services pose major barriers to women's ability to negotiate their rights within relationships. In families and communities, the belief that young women's sexual desire should be controlled fuels harmful practices such as female genital mutilation (see Chapter 6), as well as child, early and forced marriage. Within marriage, women's social status and perceived worth is all too often linked to their ability to produce children (in some cases, specifically sons).¹³¹ Where access to safe and desired contraceptive methods is limited, women's autonomy is greatly reduced. In the context of same-sex partnerships or delayed motherhood, reproductive agency is at once facilitated by new technology and limited by their often prohibitive costs. Considering factors such as discriminatory social norms and economic stratification, this section focuses on two components of women's reproductive agency: first, their access to modern contraception and safe abortion; and second, their access to assisted reproductive technology.

BOX 3.3

HUMAN RIGHTS GUARANTEES OF WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Women's sexual and reproductive health and rights are guaranteed in a comprehensive and wide-ranging set of human rights conventions and policy instruments developed since the 1960s. These include the rights of women to control matters related to their sexuality; to decide on whether, when and how many children to have; to be informed about and have access to family planning; to be able to access reproductive and maternal healthcare; and to access safe abortion under some circumstances.

The right to sexual and reproductive health is an integral part of the right to health enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966).¹³² Article 16 of CEDAW (1979) guarantees women equal rights in deciding "freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights."¹³³

The 1994 International Conference on Population and Development (ICPD) Programme of Action provided the first comprehensive definition of reproductive rights, which rests on "the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standards of sexual and reproductive health."¹³⁴ The Programme of Action requires that all have access to "safe, effective, affordable and acceptable methods of family planning of their choice", as well as healthcare services to support and enable healthy pregnancy and safe childbirth.¹³⁵ The Programme of Action further elaborated that "in circumstances where abortion is not against the law, such abortion should be safe."¹³⁶

The Beijing Platform for Action (1995) reinforced these commitments, stating that "the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence."¹³⁷

Several human rights treaty bodies have elaborated States' duties to ensure all women enjoy these rights in practice. For example, in 2016, the Committee on the Rights of the Child urged States "to adopt comprehensive gender and sexuality-sensitive sexual and reproductive health policies for adolescents, emphasizing that unequal access by adolescents to such information, commodities and services amounts to discrimination."¹³⁸

The CEDAW Committee and the Committee on the Rights of Persons with Disabilities have emphasized the need to guarantee the sexual and reproductive health and rights of women with disabilities. This includes "respect for autonomous decision-making by women, including women with disabilities" and ensuring that "women with disabilities are protected against forced abortion, contraception or sterilization against their will or without their informed consent."¹³⁹

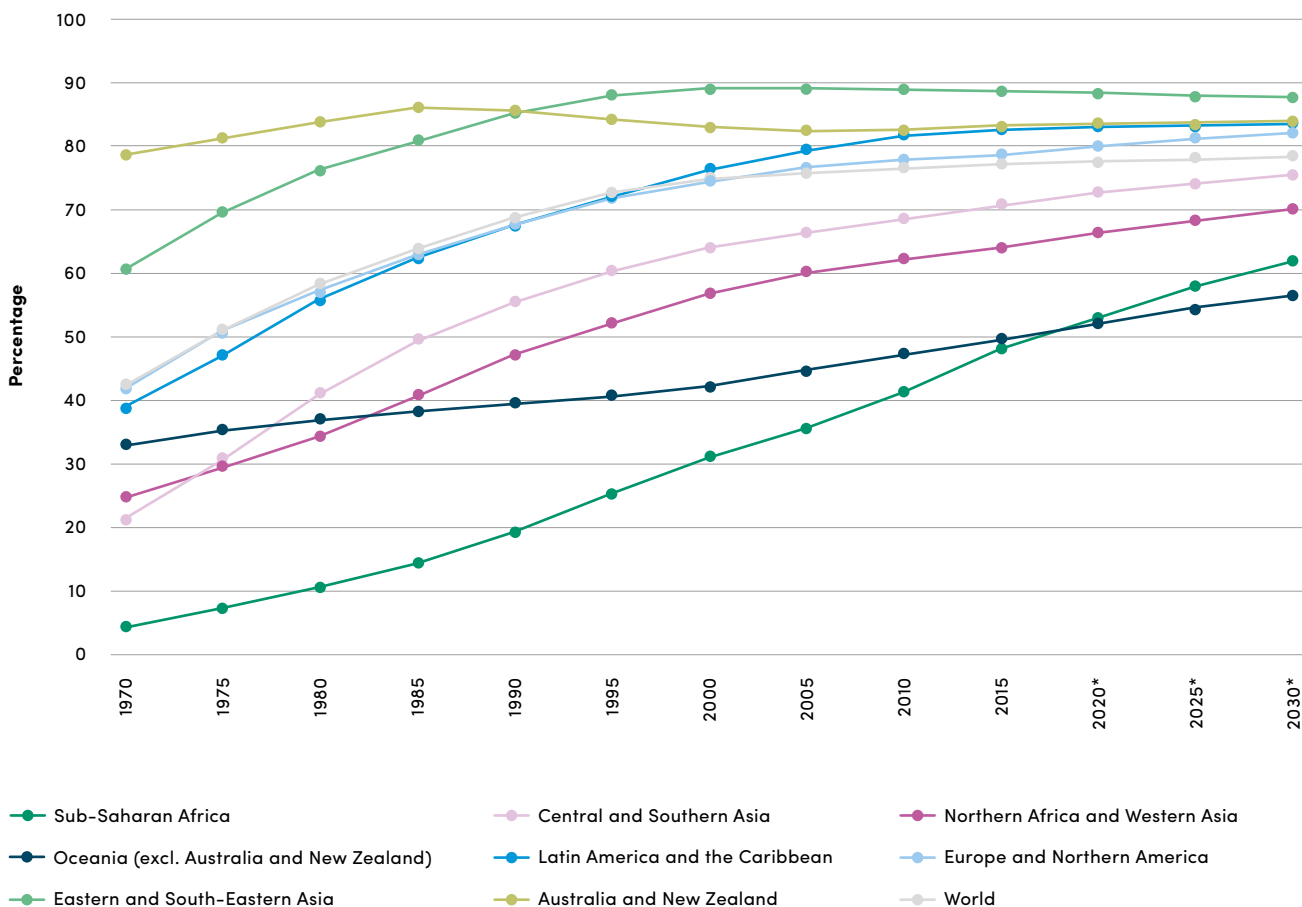
Treaty body jurisprudence has indicated that denying women access to abortion where there is a threat to the woman's life or health, or where the pregnancy is the result of rape or incest, violates the rights to health,¹⁴⁰ privacy¹⁴¹ and, in certain cases, to be free from cruel, inhumane or degrading treatment.¹⁴² Most recently, in 2018, the Human Rights Committee stated in General Comment 36: "States parties must provide safe, legal and effective access to abortion where the life and health of the pregnant woman or girl is at risk, or where carrying a pregnancy to term would cause the pregnant woman or girl substantial pain or suffering, most notably where the pregnancy is the result of rape or incest or is not viable." It also recognizes that criminalization of women or providers who undertake abortion "compel[s] women and girls to resort to unsafe abortion."¹⁴³

Social norms as a barrier to family planning

Figure 3.3 shows that in 1970 only about 42.2 per cent of women worldwide aged 15–49 married or in a union who wanted to use a modern method of contraception did so; by 2015, this had reached 77.2 per cent. From a very low base, Sub-Saharan Africa, Central and Southern Asia and Northern Africa and Western Asia have all made significant progress. However, satisfied demand for modern contraception is lower in the least developed

countries among women in rural areas and in the poorest quintiles. For example, in 33 of the least developed countries, 34 per cent of women in the bottom quintile who were married or in a union had their need for family planning met by modern contraceptives, compared to 51 per cent of those in the top quintile. Similarly, only 39 per cent of women in rural areas compared to 50 per cent of women in urban areas had their family planning need met with modern contraception.¹⁴⁴

FIGURE 3.3 DEMAND FOR FAMILY PLANNING SATISFIED BY MODERN CONTRACEPTIVE METHODS BY REGION, MARRIED OR IN-UNION WOMEN AGED 15-49, 1970-2030



Source: UN Women calculations from UN DESA 2018b and UN DESA 2018c.

Notes: Includes 185 countries and areas with populations of 90,000 inhabitants or more, based on data available as of February 2018. Country median (adjusted) estimates of percentages were converted into number of women estimates by multiplying each estimated percentage by the number of married or in-union women aged 15–49 for the reference year and country. Regional and global estimates of percentages were obtained by dividing the number of women using modern contraceptive methods by the number of married or in-union women aged 15–49 who expressed a demand for family planning for the reference year and region. Data for 2020, 2025 and 2030, marked with an asterisk (*), are based on projections.

There are a number of factors that prevent women from accessing modern contraception. The accessibility and quality of services play an important role: women report that cost, distance, the perception (or reality) that family planning services are only for married women and discriminatory treatment by service providers

are common barriers.¹⁴⁵ Rwanda is an example of a country where access to family planning has increased significantly as a result of government policies that have focused on health systems strengthening, training of healthcare staff and the roll out of community-based health insurance schemes (see Box 3.4).

BOX 3.4

SCALING UP FAMILY PLANNING AND HEALTHCARE SERVICES IN RWANDA

In a region where weak health systems and high fertility rates are common, Rwanda has made tremendous strides in rapidly increasing access to family planning and reproductive health services, with measurable benefits for women, families and the broader society.

In 1970, the demand for family planning met by modern contraception in Rwanda was 0.2 per cent. By 2030, it is projected to reach 78.2 per cent, well above the average for Sub-Saharan Africa (62.0 per cent).¹⁴⁶ Over the past four decades, Rwanda's total fertility rate more than halved from 8.3 to 3.8 live births per woman,¹⁴⁷ while the maternal mortality ratio declined from 1,300 deaths per 100,000 live births in 1990 to 290 in 2015.¹⁴⁸

This remarkable progress, particularly in the decade 2005 to 2015, is the result of government action that has prioritized health systems strengthening.¹⁴⁹ After the 1994 genocide, Rwanda established five nursing and midwifery schools to increase the number of trained nurses, midwives and general doctors. The Ministry of Health also encouraged traditional birth attendants to act as community mobilizers for maternal and child health in coordination with health facilities.¹⁵⁰ Today, community healthcare workers also play an important role in service delivery, distributing condoms and contraceptives.¹⁵¹ Community-based health insurance was introduced in 1999 and initially targeted the poorest and most vulnerable. Since 2006, it has been extended to all citizens, and by 2010 coverage rates had reached 78 per cent of Rwandans.¹⁵² Coverage is associated with significantly increased use of health services and significantly lower incidence of catastrophic out-of-pocket health expenditure.¹⁵³

All of this has been achieved through effective mobilization of both domestic and external resources. Rwanda has a rigorous mechanism for managing donor funding, insisting that all donor support is channelled to existing government priorities.¹⁵⁴ Healthcare expenditure has increased from US\$7.91 per capita in 2002, to US\$48.08 in 2016, exceeding the World Health Organization (WHO) recommended minimum of US\$44.00.¹⁵⁵

A number of challenges remain. Discriminatory attitudes and beliefs remain entrenched in some contexts. Many women report that they cannot access contraception without their husband's approval.¹⁵⁶ Unmarried adolescent girls' access to family planning is often limited, including due to disapproving attitudes among some community health workers.¹⁵⁷ Youth corners in health centres or stand-alone youth centres have helped to provide services and privacy for young women, but these are not yet widespread.¹⁵⁸

Analysis of data in 52 countries revealed that one of the most common reasons that women do not use contraceptives is concern about side effects and health risks.¹⁵⁹ Where trend data are available, these concerns have either increased or stayed the same since 2000.¹⁶⁰ A review of qualitative studies in Mali, Nigeria, South Africa, the United Republic of Tanzania and Viet Nam found that women feared that using

birth control could lead to infertility.¹⁶¹ Such fears are most consequential in contexts where women's social status is linked to their ability to become pregnant. For example, one 19-year-old woman in Mali reported that if you are thought to be infertile "you won't be loved, especially if you have a mother-in-law who wants grandchildren. If you have a co-wife, at every opportunity she will boast that she has children and

you don't."¹⁶² Rights-based approaches to family planning provide women with information to counter unfounded fears as well as a choice of methods, especially if they experience side effects.¹⁶³

Studies in Côte d'Ivoire, India and Jordan also document pressure from partners and other family members in regards to women's sexual and reproductive health.¹⁶⁴ In Jordan, for instance, 11 per cent of female users of family planning clinics reported that their husband had refused to use a contraceptive method or had stopped them from using one; 13 per cent of women reported coercion from a family member (including their own mothers, their mothers-in-law and their sisters-in-law).¹⁶⁵ In Uganda, for instance, young women are caught in the middle of an incomplete generational shift in attitudes; while they want to continue their education and have fewer children, the still-influential older generation continues to favour large families.¹⁶⁶

A review of programmes in 12 developing countries identified ways to involve men in family planning services which included creating a 'comfort zone' for men to discuss family planning and sexual and reproductive health; fostering a shared responsibility for family planning, including through challenging unequal gender norms and improved communication between partners; and providing models of positive male behaviour.¹⁶⁷

Unequal access to safe abortion

Of the estimated 55.7 million abortions that occurred worldwide each year between 2010 and 2014, nearly half (or 25.1 million) were unsafe, of which 97 per cent were in developing countries.¹⁶⁸

Evidence shows that making abortion illegal does not reduce abortion rates. In fact, in countries where abortion is prohibited or severely restricted, rates tend to be higher than in those countries where abortion is available on broad grounds or upon request.¹⁶⁹ Where abortion is prohibited, women may

resort to illegal abortions, with dire impacts on their health. While difficult to quantify, unsafe abortion-related deaths are estimated to account for between 8 and 11 per cent of all maternal deaths worldwide.¹⁷⁰ This translates to 22,800 to 31,000 lives lost each year that could be avoided.¹⁷¹ Many other women suffer long-term ill health and disability as a result of unsafe abortion practices, constituting a major public health concern.¹⁷²

According to the World Health Organisation (WHO), in 2017, 89 per cent of countries in a 122-country sample allowed abortion to save a woman's life, with 34 per cent permitting it upon request.¹⁷³ Laws that include a complex set of conditions such as counselling requirements or a doctor's permission can push an abortion beyond the legal threshold.¹⁷⁴ Whether women can access safe abortion is also determined by access to adequate healthcare services and infrastructure, including aftercare, and social norms and attitudes among healthcare providers, families and communities.¹⁷⁵

Women in rural areas, where infrastructure is weak, as well as poorer women who cannot afford to pay are especially disadvantaged and may have to resort to dangerous self-induced terminations or procedures administered by those without adequate medical training. A review of data from health provider surveys in 14 countries where unsafe abortion is prevalent showed that rural poor women were more likely to experience complications (49 per cent), compared to urban non-poor women (29 per cent). Of those who experienced complications, nearly 80 per cent of the wealthier urban group received care, compared to just over half of the poor rural women.¹⁷⁶ In countries where abortion is highly restricted, the availability of medical abortion drugs has reduced the number of deaths that result from unsafe practices.¹⁷⁷ Nepal and Ireland are examples of countries that have taken steps to legalize abortion and make it more widely and safely available (see Box 3.5 and Story of Change, "Compassion was a key message").

BOX 3.5

PROVIDING ACCESS TO SAFE ABORTION AND FAMILY PLANNING IN NEPAL

Nepal is an example of a low-income country that has made significant progress in improving women's access to sexual and reproductive healthcare, including access to safe and legal abortion. It is one of the few countries in the world that has gone from banning abortion outright to allowing it on request in recent times.¹⁷⁸

Legal reform, which took place in 2002, was the first of many steps.¹⁷⁹ The Government subsequently established a task force to develop and implement plans for the provision of safe abortion services, including incorporating training into medical and nursing school curricula; the establishment of a simple process for certifying facilities; permitting trained mid-level staff to provide abortions; strengthening referrals between all reproductive healthcare services; and conducting information campaigns to educate the public about legal reform and to decrease stigma.¹⁸⁰ In 2009, first trimester medical abortion was introduced, improving access particularly for women in rural areas. By 2015, more than half of abortions were provided this way.¹⁸¹

These measures have had many positive impacts from a public health perspective and for women's health. The maternal mortality ratio declined from 548 per 100,000 live births in 2000 to 258 in 2015.¹⁸² A 2013 hospital-based study shows a significant downward trend in serious complications, infection and injury.¹⁸³ Post-abortion counselling and services have been strengthened, resulting in 80 to 85 per cent of women using contraception following an abortion during 2008–2011.¹⁸⁴

Major challenges remain. In 2014, more than half of abortions were still carried out by an unapproved provider, potentially under unsafe conditions.¹⁸⁵ In a predominantly rural country, access to safe services for women in remote areas remains a challenge and women's overall awareness of the availability of legal abortion continues to be low.¹⁸⁶ Nevertheless, Nepal's experience shows what can be achieved in a relatively short time when strong government leadership combines with major donor support and the committed involvement of women's health advocacy groups.¹⁸⁷

Expanding access to assisted reproductive technology

The ability to make reproductive choices is not only about limiting fertility. Worldwide, approximately 1 in 10 couples experience infertility, and most of those individuals live in the developing world.¹⁸⁸ For example, the countries of central Africa have particularly high rates of involuntary childlessness (one in three couples), due in large part to reproductive tract infections. This sub-region also has some of the highest fertility rates in the world, creating a paradox of "barrenness amid plenty."¹⁸⁹ In addition to provoking social stigma and ostracism, infertility can lead to poverty when families rely on children as a source of paid and unpaid labour. Couples who do not have children may also have difficulty securing care in old age.¹⁹⁰ Policies and services to address related palliative care and childlessness in these contexts are very scarce.¹⁹¹

Infertility is increasing in developed countries as women delay childbearing to pursue higher

education and a career in the absence of adequate social support (maternity leave, childcare) and limited change in men's willingness to assume a fair share of unpaid care work.¹⁹² Assisted reproductive technology (ART) is increasingly available to some women and couples, including same-sex couples, who cannot otherwise conceive. The centres that provide this technology are frequently for-profit, not covered by health insurance and, as a result, very costly. In addition, they are not always regulated, which can mean that women are not made aware of the potential health risks associated with bio-medical intervention.¹⁹³

Given the cost, access is highly stratified. In the United States, for example, although rates of infertility are higher among Hispanic and African American women, compared to white women, these groups are also those who are most likely to lack health insurance to enable them to access

ART.¹⁹⁴ While most European countries provide some support, only 6 out of 22 countries include full coverage through national health insurance systems, 10 permit single people to access these services and 7 allow lesbians to access them.¹⁹⁵ For transgender people, undergoing medical transition often leads to infertility, but fertility preservation technology is rarely available.¹⁹⁶

A new social and medical phenomenon of 'cross-border reproductive care' has surfaced as a result of uneven regulations, costs and access to ART.¹⁹⁷

In India in 2011, for example, it was estimated that a cycle of In Vitro Fertilization (IVF) would cost approximately US\$2,000, compared to \$20,000 in the United States.¹⁹⁸ Low-income women from developing countries are increasingly implicated in transnational contracts to provide either eggs or surrogacy at a fraction of the cost charged by surrogates in wealthier countries.¹⁹⁹ The global surrogacy trade raises difficult questions about women's rights and ethical and regulatory issues in trying to balance the interests of infertile couples and the rights of the surrogates they use (see Box 3.6).

BOX 3.6

PAID TO REPRODUCE: SURROGACY, BETWEEN EMPLOYMENT AND EXPLOITATION

For individuals facing fertility problems, IVF with donor gametes or surrogacy may be options. While some can find an egg 'donor' or 'altruistic' surrogate, usually a family member or friend, growing numbers are turning to commercial transactions in which the egg donor or surrogate mother is financially compensated. This has fostered a transnational industry that includes specialized agencies, brokers and other service providers such as physicians and lawyers.²⁰⁰

Costs associated with commercial reproductive surrogacy vary considerably around the globe. For women who engage in surrogacy in low-income countries, the sums involved may represent multiples of their average annual earnings. But abusive work conditions have also been reported. These include problematic recruitment practices and serious impediments to informed consent (such as contracts written in non-native languages); implantations of an excessive number of embryos; delayed access to potentially health-preserving (and even life-saving) abortions; coerced abortions when prospective parents change their minds; and the routine use of caesarean births to facilitate the prospective parents' needs, even when medically unnecessary. As a result of these concerns, several countries, including Cambodia, India, Nepal and Thailand, have recently introduced regulations to either ban or limit commercial surrogacy.²⁰¹

The complex legal and ethical issues raised have divided feminists. Some argue that commercial surrogacy is inherently exploitative: the "technological colonization of the female body."²⁰² Others assert that women who choose to be surrogates are expressing agency, albeit often in very constrained circumstances. They argue that surrogacy should be recognized as labour and the emphasis should be on regulation and protection. However, depending on national law, legally enforceable contracts may allow prospective parents to compel surrogates to 'perform' pregnancy and childbirth to their specifications and could further expose women to pressure from their own family members and others who view their reproductive labour as a good source of income.²⁰³

In 2018, the Special Rapporteur on the sale and sexual exploitation of children made clear that commercial surrogacy, that entails the transfer of a child for compensation on the basis of an enforceable agreement, violates international human rights laws that prohibit the sale of children and made recommendations as to how this could be addressed.²⁰⁴ As the debate continues, the market for commercial reproductive surrogacy remains subject to a patchwork of discordant national rules and is rife with the potential for the abuse of the women who work within it.

3.5 AGENCY TO EXIT PARTNERSHIPS

A woman's fallback position in a partnership depends on the options she has to leave it. The dissolution of a relationship through divorce or separation is not necessarily a single discrete event but can be a complicated and drawn-out process that involves estrangement, alienation, stress, conflict and even violence.²⁰⁵ When children are involved, divorce and separation can be particularly difficult.

Three factors shape a woman's ability to leave a partnership: the legal regime governing divorce and child custody, including her access to justice, the level of social stigma associated with divorce and separation, and her access to resources (see Chapter 4). The presence of these conditions largely explains variation between countries in historical and contemporary divorce rates. For example, in the 1950s, Indonesia and Malaysia had the highest divorce rates in the world. Divorce was easy to obtain, especially for men, and the largely bilateral kinship systems permitted women to return to their natal homes in the event of separation.²⁰⁶ In the latter half of the 20th century, arranged marriage declined in these countries and so did divorce, since it was no longer needed as an escape route from unsatisfactory partnerships that had been decided by others. Over the last two decades, however, divorce rates in South-Eastern Asia have begun to increase again in line with the global trend, likely driven by women's growing economic independence.²⁰⁷ Economic, social and legal factors also explain why higher-income countries tend to have higher divorce rates than lower-income countries (see Chapter 2, Figure 2.7).

This section takes a closer look first at the role of social norms and family laws in shaping women's exit

options and second at women's rights when it comes to child custody.

Social norms, laws and exit options

Women's legal right to initiate divorce on the same terms as men is an important basis for ensuring their exit options, even while it is not always sufficient to overcome social stigma. Legal divorce is relatively new. It was prohibited until the late 20th century in countries with large populations of Catholics such as Italy (1970), Spain (1981), Argentina (1987), Ireland (1996) and Chile (2004).²⁰⁸ Today, there is only one country in the world, the Philippines, where legal divorce is not permitted, although a bill to legalize it is currently under consideration.²⁰⁹ In many other countries, the conditions under which women are permitted to initiate a legal divorce are different than those for men.²¹⁰

In countries with plural legal systems, women's agency in exiting a marriage depends on how they entered it. In Ghana, for example, it is estimated that 80 per cent of couples marry under customary law.²¹¹ In these circumstances, divorces are often negotiated by the families involved and women are generally entitled to very little property. According to Zimbabwe's Matrimonial Causes Act, courts must equitably divide marital property in the dissolution of a registered customary marriage. However, because many Zimbabwean women have unregistered customary marriages, they are unable to access this right.²¹² Under both Jewish and Islamic law, men have the unilateral right to divorce. Women, however, can often only terminate the marriage contract with their husband's consent or through application to the courts.²¹³ In such cases, it is imperative that women have access to justice in family courts (see Box 3.7).

BOX 3.7

FORMALIZING DIVORCE IN INDONESIA'S RELIGIOUS COURTS

Religious courts in Indonesia deal with all aspects of family law and are the only institution that can formalize divorce cases and settle child custody and maintenance claims. These courts deal with 97 per cent of divorce cases, most of which are initiated by women.²¹⁴ In contexts where rates of intimate partner violence are high, women use divorce as an escape route from abusive marriage, making the accessibility of the family courts of paramount importance.

Religious courts also legalize informal marriages, which is important not only for women but also for children as it allows them to obtain a birth certificate with both the father's and the mother's name on it, in turn enabling access to education. Mandatory marriage registration and widespread availability of birth certificates also enable the enforcement of minimum age of marriage laws.²¹⁵

However, women face a number of barriers in accessing the courts, including cost, distance, language and understanding of the legal process. Over the past decade, the Government has implemented a number of policies to address these problems. Non-governmental organizations (NGOs), including the Woman Headed Family Empowerment (PEKKA) programme, played a key role.

As a result of PEKKA's advocacy, court fees, which previously amounted to approximately 122 per cent of the monthly income of someone living on the Indonesian poverty line, can be waived.²¹⁶ The Government also provides free legal advisory services at courts across the country, and PEKKA has trained paralegals who have helped over 125,000 individuals resolve family law issues, obtain legal identity documents and access social protection programmes.²¹⁷ PEKKA also helps coordinate mobile courts. Between 2008 and 2018, there was an 18-fold increase in court cases being heard by judges travelling to villages and hearing cases in circuits courts, which, effectively bring justice to women.²¹⁸

As a result of these interventions, women's access to the family courts increased by 132 per cent between 2007 and 2016, compared with 19 per cent between 1999 and 2006. Out of the approximately 500,000 people who filed cases with the family courts in 2016, 57 per cent had their fees waived, had access to a circuit court or were given legal advice.²¹⁹

The first country to introduce 'no-fault' divorce was the Soviet Union in 1917.²²⁰ Yet it was in the 1970s when the no-fault option expanded and 'irretrievable breakdown' of a marriage was widely introduced as grounds for divorce. While most countries require mutual consent of both partners, some did away with this condition and introduced unilateral no-fault divorce (for example, Australia, New Zealand, Fiji and most European countries and states in the United States).²²¹ Some countries, such as the United Kingdom, still require a separation period, which can lock women into unhappy relationships if their partners refuse to cooperate.²²² Studies have found that the liberalization of divorce laws, in particular a move away from fault-based divorce in some developed countries, has led to lower rates of suicide by women, less reported domestic violence and fewer instances of women being murdered by their spouses.²²³ No-fault divorce makes the breakdown of marriages less complicated,

expensive and conflictual, which is important for any children involved.²²⁴

When it comes to the separation of cohabiting couples, there is often a major lacuna in existing laws, policies and institutions (see section 3.4). As a result, it is more challenging to ensure each partner gets an equitable share of resources and to achieve a suitable settlement for children's care.²²⁵ In Namibia, the Legal Assistance Centre has proposed legal reforms to protect cohabitants, which would include a 'mutual duty of support', with the possibility of claiming maintenance after a relationship ends; and the right to an equitable division of property, taking into account both paid and unpaid contributions to a couple's assets. They also propose a 'supplementary registration of relationships' that would enable couples to register other agreements on, for example, joint custody over their children during the period of their cohabitation.²²⁶

Even with legal recognition in place, enforcing men's responsibilities to their partners and children in the event of separation is often very difficult. This reinforces the need to ensure state support for women in this situation (see Chapter 4).

Women's rights in custody arrangements

For many women, child custody is a major factor in the decision to exit or remain in a partnership. Historically, a male prerogative over guardianship and legal custody gave fathers sole legal authority over a child's personal affairs, including property, travel, education and marriage. However, a 'tender years' presumption, which gave physical custody of children up to a specified age to mothers, was introduced at the end of the 19th century in many secular law systems.²²⁷

Such 'tender years' provisions remain commonplace in countries that apply Islamic law. In these contexts, however, the mother may have physical custody of her children, but guardianship typically stays with the father, even in cases of divorce and separation. In practice, this severely restricts women's agency, including her ability to make caregiving decisions, choose where she lives and control her own financial affairs. In many cases, women under Islamic law lose custody of their children if they remarry.²²⁸

In Australia, Canada, Israel, the United States, much of Europe and some countries in Latin America and the Caribbean, 'tender years' provisions have since been replaced with gender-neutral custody laws of various kinds, putting women's and men's right to custody on an equal basis and reversing historical policies and practices that tended to favour the mother.²²⁹ The gender-neutral approach can result in either parent winning sole custody or, more often, parents sharing custody. The latter arrangement tends to win strong support from both fathers' rights groups and child rights advocates who, based on the Convention on the Rights of the Child, emphasize the importance of children maintaining strong contact with both of their parents. While these newer laws were intended to create greater gender equality, they have had mixed outcomes for women and children.²³⁰

Voluntary joint custody agreements can work well in situations where parents typically shared parenting beforehand and need minimal legal intervention to come to an agreement. But in high-conflict cases where parents cannot agree, involuntary joint custody is the most damaging of all residential arrangements for children who get caught in the middle.²³¹ In cases of domestic violence that cannot be proven or are ignored by courts, joint custody arrangements force women to remain in contact with their abuser.

Moreover, while gender-neutral policies may attempt to more equitably assign children's care between mothers and fathers, they do not correspond to the reality that women do the majority of unpaid care of children. In some cases, men claim joint custody to reduce their financial responsibilities for maintenance.²³²

Between 2006 and 2008, the Australian Government established 65 Family Relationship Centres offering free or low-cost mediation services to couples (married and cohabiting) intending to separate.²³³ It was hoped that these centres would shift social norms around care, encouraging fathers to be both caregivers and breadwinners, and enable both parents to have a clearer and fairer expectation of one another's roles.²³⁴ Subsequent evaluations have found that the centres helped reduce family court legal filings by a third over five years, as well as reducing the use of lawyers for parenting disputes.²³⁵ However, concerns remain about the training of mediators and their ability to deal effectively with gender power imbalances and provide culturally appropriate services for Indigenous families.²³⁶

Policy debates on this issue are still unfolding. But it is clear that while shared parenting is the ultimate goal, presumptions of joint custody may not have the intended impact in contexts of highly unequal power relations between women and men, a fact to which policy-makers, justice providers and mediators need to be highly sensitive as they define laws, policies and services for families.²³⁷

3.6 CONCLUSION

Trends in many parts of the world indicate that women are increasingly (albeit unevenly) able to exercise voice and agency in their relationships, due in part to women's activism and partnerships between governments and women's organizations to enable women to realize their rights. Indeed, one of this chapter's key findings is that the state has a critical role to play in protecting and promoting women's rights within the formation and dissolution of marriage and partnerships, both in law and through policy.

Yet much work remains to be done, from state to household levels. Trends that indicate an increase in women's voice and agency, such as delayed marriage and childbearing, provide evidence that women are making choices, although sometimes under constrained circumstances. Choosing not to marry or to have fewer (if any) children, for instance, may be a response to men's unwillingness to do their fair share of unpaid care work or a coping strategy when disabling economic policies make setting up a family challenging.

As such, the chapter ends with two broad sets of recommendations pertaining to family laws and supportive public services. First, family laws have a critical bearing on women's equal rights within marriage and the strength of their fallback position, yet they remain the area of law that is most likely

to discriminate against women. Despite decades of normative agreement that discriminatory laws need to be eliminated, further progress is needed to ensure that family laws regarding marriage (including on minimum age), divorce, custody and inheritance are reformed to align with human rights frameworks that guarantee equality for women and men. Going beyond this, a new generation of family law is needed that recognizes diverse partnership forms, including cohabiting and same-sex partnerships. To ensure that laws are implemented effectively and are accessible to all, major investments are needed in family court systems and other institutions to help families resolve legal issues.

A second area of focus for public action is investment in gender-responsive public services, which could increase women's ability to negotiate more equal intimate relationships. This includes improving girls' access to high-quality secondary education, ensuring that curricula and teachers are gender-sensitive, scaling up comprehensive sexuality education and making schools accessible to adolescent parents. Finally, investments are needed in sexual and reproductive healthcare services, and safe abortion, to ensure that women can make informed decisions about their reproduction, as well as access to assisted reproductive technology for those that need it.





MAKING PROGRESS/STORY OF CHANGE

'Compassion was a key message'

In May 2018, Ireland voted to overturn its near-total ban on abortions—a long-awaited victory for women's rights activists.

Annie Hoey walked into the headquarters of Together For Yes in Dublin minutes before the exit poll in the Irish abortion referendum came in on 25 May 2018. When she heard the result, she had to sit down.

"There was laughing, screaming, crying, cheering," says the former president of the Union of Students in Ireland and key Together For Yes campaigner.

Irish citizens had voted overwhelmingly to repeal the eighth amendment, the ban on abortion. With a 64.5 per cent turnout, 66.4 per cent of people voted Yes, while 33.6 per cent voted No.¹

"The campaign was not led by one group or directed at one group, and that was really important," says Hoey. "There were heartbreaking stories about the effect of the eighth amendment in every walk of life."

When launching Together for Yes, youth activists teamed up with veterans who had fought the bitter 1983 referendum that had cemented Ireland's effective ban on abortion.² Back then, some of those campaigners—including Ailbhe Smyth, the co-chair of the Together for Yes campaign—had been publicly denounced for their participation.³

Yes voters celebrate as the result of the Irish referendum on the 8th amendment concerning the country's abortion laws is declared at Dublin Castle on May 26, 2018 in Dublin, Ireland.

Photo: Getty Images/ Charles McQuillan

Yet, in the intervening decades, the political and social landscape of Ireland changed and its restrictive abortion laws came under increasing international pressure, both from a 2010 European Court of Human Rights (ECHR) ruling and criticism from the UN Committee on the Elimination of Discrimination against Women (UN CEDAW).⁴

Then, in 2012, 31-year-old dentist Savita Halappanavar died in a Galway hospital after being refused an abortion during a miscarriage.⁵ “There was a spontaneous outpouring of sadness and rage,” says Smyth.

After this tragedy, a key strategy for activists pushing to overturn Ireland’s restrictive abortion laws was breaking the silence and enabling people to tell their stories.

“The most powerful and compelling way to help people understand the urgency of this was to have a woman saying: this is what happened to me,” Smyth says.

Storytelling projects—such as In Her Shoes—were launched throughout the country.⁶ “Compassion was one of our key messages,” says Smyth. “This wasn’t about whether you would have an abortion, or if you approved of abortion, but were you going to stand in the way of a woman that needed one?”

Irish politician Clare Daly from Independents 4 Change says the tone of the campaign was also key. With 78.3 per cent of the Irish population identifying as Catholic, helping people reconcile their religion with a desire for reproductive rights also played an important role.⁷ “It was about positive togetherness. If the opposite side is shouting, be rational and compassionate. Talk about real women,” says Daly.

Jon O’Brien, the president of Catholics for Choice, says the result in Ireland has given an injection of hope to other Catholic countries, such as Argentina, fighting for similar rights. “That this Catholic country, this jewel in the crown, could vote with compassion, that gives hope to Catholic and non-Catholic countries.”

“The most powerful and compelling way to help people understand the urgency of this was to have a woman saying: This is what happened to me.”



Two women look at written notes left on the Savita Halappanavar mural. Savita Halappanavar, who became the symbol of the Yes campaign, died aged 31, due to complications following a septic miscarriage in Galway in 2012.

Photo: Getty Images/ Charles McQuillan

“It was about positive togetherness. If the opposite side is shouting, be rational and compassionate.”

Annie Hoey says that the success of the Together for Yes campaign must now act as a launch pad for further campaigning.

“Migrant women, trans people, rural communities—we need to make sure everyone who needs access to abortion will get it,” says Hoey, “both in Ireland and around the world.”



Shortly after the Ireland referendum, protesters in London hold “My Body, My Choice” placards during a pro-choice campaign outside the Houses of Parliament.

Photo: Getty Images/ Charles McQuillan

Story: Alexandra Topping



AN INCOME OF HER OWN

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KEY MESSAGES

01

Families need adequate income to thrive. Yet prevailing economic conditions and growing inequality create challenges for many families, where female labour force participation is stagnant, the quality of available jobs is poor, and wages are insufficient for a decent standard of living.

02

Independent access to income, through employment, assets or social protection, is important for women's equality in intimate relationships, strengthening their bargaining position and enabling them to exit partnerships if they need to.

03

Putting economic resources in the hands of women, including mothers and grandmothers, can also have important benefits for the well-being, health and education of children.

04

Women's access to independent income falls well short of that of men. Even though women are in the labour market in ever greater numbers, marriage and childbearing often dampen their access to paid work.

05

When relationships break down or a partner dies, women, particularly those with young children, are especially vulnerable to poverty.

06

Lone parents, the majority of whom are women, are much more likely to live in poverty than two-parent families, because they often survive on a single income and lack social protection coverage and childcare support.

07

Legal and policy measures are needed to ensure women have secure access to assets and land, through equitable marital property regimes and equal inheritance laws.

08

Gender-responsive social protection systems, including universal family benefits and pensions, are the best way to ensure all women are reached.

4.1 INTRODUCTION

It is within families that people share resources such as housing and thereby protect those who do not have any earnings of their own from poverty. However, in many contexts, a single (often low) income is insufficient to pull the entire household out of poverty. Moreover, in a world that is increasingly monetized and marked by changing social risks and family forms, strengthening women's command of economic resources is hugely important.

Having an income of her own can enhance a woman's well-being and rights and amplify her voice within and beyond her family.¹ Women's increasing access to resources over the past decades has triggered some shifts in the balance of power within the home, giving them greater socio-economic security and weight in decision-making processes and helping them buffer their families from economic privation. Yet the gains in women's access to income and wealth have been uneven across countries, and they have also been stratified across socio-economic groups in the context of growing inequalities.²

Women's growing presence in the labour market has coincided with adverse labour market conditions and pervasive occupational segregation, while they continue to assume a disproportionate share of unpaid care and domestic work.³ Even in high-income countries where women's socio-economic gains have been more sweeping and sustained, those who live with a male partner still generally contribute less than half of the family income and accumulate an even smaller share of its wealth.⁴

While social protection coverage has expanded since the mid-1990s, and has been propelled by the United Nations' work on the Social Protection Floor, progress has stalled in recent years as austerity measures have taken hold.⁵ Globally, less than one third of the world's population is covered by comprehensive social security systems, with women over-represented among those who remain excluded.⁶ The fact that in most countries social protection continues to privilege those engaged in uninterrupted, full-time and formal employment conspires against women's equal access to these systems.

Across diverse regional contexts, the dissolution of conjugal bonds as a result of separation, divorce or widowhood has more adverse economic consequences for women than for men. Families maintained by lone parents, mainly lone mothers, who lack income protection from a second earner, face significant deficits both in terms of time and income and a higher risk of poverty compared to two-parent families.⁷

Chapter overview

What would a policy agenda look like that provides income security and sustainable livelihoods for diverse families and also has gender equality at its heart? To answer this question, this chapter begins by explaining why it is important for a woman to have resources of her own—be it from labour market earnings, assets or entitlements to social protection—regardless of the family structure in which she lives (see Figure 4.2). It then examines women's gains in control over resources across diverse regional settings, focusing in particular on labour market earnings and productive assets. This shows that progress has been uneven across countries, as well as within them, and identifies some of the constraints that stand in women's way. The chapter then looks at marital property and inheritance regimes and the gap between women and men in terms of asset ownership. This is followed by a discussion of partnership dissolution which has growing salience in many regions and entails economic penalties for women. In closing, the chapter proposes a supportive policy framework to empower women and men to sustain their families in an increasingly unequal and volatile world and in the face of shifting demographic and family structures.

In this chapter, the terms 'family' and 'household' are used interchangeably. As discussed in Chapters 1 and 2, the family is a universal social institution whose members share a social realm defined by relations of kinship, conjugality and parenthood, while the household is a unit of residence comprised of one or more individuals who live together and share some basic amenities such as shelter and food. Given the limited availability of comparable data on resources within families, this chapter draws mainly on household data, yet maintains use of the term 'families', especially when referring to intimate social relations.

4.2 WHY WOMEN'S CONTROL OVER RESOURCES MATTERS

The extent to which women have control over income and assets has a significant bearing on their position within the family and the well-being of their dependents, especially children. This section explores both of these relationships in detail.

Benefits for women's rights and economic security

As Chapter 1 showed, in the cooperative conflict framework, women's access to material resources of their own can enhance their economic security while amplifying their voices in intra-household decision-making.⁸ This is because having options outside of the family gives women a degree of security in case of family breakdown. Research also suggests, however, that the simple fact of earning money is not sufficient to bring about shifts in women's control over resources. A broader range of factors, including the nature of paid work and the gender norms defining 'sharing rules' for resource distribution within the household,⁹ shape women's ability to "translate income into voice and agency in the home."¹⁰

Analysis of data from 60 developing countries provides a glimpse of intra-household dynamics and the impact of women's earnings. It shows that married women who have cash earnings of their own are more likely than married women without such earnings to have a final say, either alone or jointly with their partner, in large household purchases.¹¹ Yet despite the positive and significant association between own earnings and greater voice, close to 10 per cent of women who have their own income have no independent or joint say in how the income is used.¹² This underlines the point that having an income does not automatically translate into voice within the home. In-depth research on a smaller number of countries, as shown below, provides further insights into the dynamics involved.

Analysis of successive rounds of survey data on Bangladesh for over a decade (1999–2011) finds that being employed is positively associated with women's participation in household decision-making

on a range of issues, including their own healthcare, large household purchases, visits to their families and child health.¹³ The expansion of opportunities for an independent income in this context has taken place alongside other changes that have been conducive for women's household bargaining power, including falling fertility rates, a rapid rise in female education, access to more information and shifts in social norms.¹⁴

Another study, using both survey data and qualitative interviews, finds that it is "the nature of women's paid work, rather than the simple fact of earning money, that has the potential to bring about shifts in gender relations."¹⁵ Forms of work that are formal or semi-formal and offer women a regular, relatively independent source of income with some work-related social benefits, hold the greatest potential in terms of "how women view themselves and how they are viewed by others, as well as their capacity for voice and agency" within the home.¹⁶ It bears underlining that what is common to the various activities that come under the formal or semi-formal category of work is the 'regularity of earnings'.¹⁷ Further research exploring the empowering potential of paid work in Bangladesh, Egypt and Ghana, shows that economic activities that take place within the confines of family relations, most notably unpaid work in family farms and enterprises, entail the weakest potential for transforming women's lives, including their capacity for personal agency and voice in household decision-making.¹⁸

A smaller number of studies have analysed the relationship between women's ownership of productive assets (in the case of dual-headed households) and its impact on household decision-making. A study on Ecuador, for example, where joint ownership of major assets among couples is common, finds that women's share of the couple's wealth is positively and significantly associated with the likelihood of egalitarian decision-making (on whether to work and how to spend income). Interestingly, when the level of earnings and employment were roughly equal, this too was associated with more egalitarian decision-making

on how to spend the income.¹⁹ Beyond decision-making on financial matters, evidence from Ecuador, Ghana and India also suggests that when women own assets such as land and housing, they tend to enjoy a greater degree of protection against intimate partner violence as well as an escape route out of abusive situations (see Chapter 6).²⁰

Having an income or assets of their own is also critical for women in the case of relationship dissolution (divorce, separation and widowhood). Lone-parent families, the majority of which are headed by lone mothers, face substantially higher risks of poverty compared to two-parent families with children across a range of countries, as section 4.5 (below) will show.²¹ The notable differences in lone-mother poverty that exist across countries can be partly explained by differences in women's access to resources, including maternal employment rates, parental leave schemes, the design and generosity of family allowances and the specificities of marital property regimes (see section 4.4). In old age, having their own income or assets is critical in securing women an adequate standard of living, especially for the significant proportion that live alone (see Chapter 2).²²

Increased resources in women's hands also benefit children

Gender norms that assign responsibility for children's care to women also seem to influence how women spend their income. Thus, beyond its positive implications for women's own well-being, dignity and rights, women's control of resources is also associated with positive outcomes for children.²³ Studies in Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, Nepal and Niger find a positive association between women's earned income or asset ownership and spending on food and children's education.²⁴ Pensions may also be 'spent better' when older women are their recipients compared to older men, with the benefits accruing to other family members, especially grandchildren.²⁵

From a public policy perspective, the evidence on the positive implications of women's control of resources has been so persuasive that a new generation of child-oriented anti-poverty programmes (conditional and unconditional cash transfer schemes) in developing countries have purposefully directed the payments to mothers (see Box 4.1 and section 4.6 for a critical assessment of the implications for women).

4.3 WOMEN'S ACCESS TO OWN INCOME: A RISING TIDE?

Given the potentially positive outcomes of equalizing access to and control over resources, it is encouraging that in some regions increasing numbers of women have joined the labour force, one important channel for obtaining an income. Progress has been uneven, however, and the outcomes for women have been mixed. They depend on several factors outlined below, not least the type of employment they obtain and the extent to which responsibility for unpaid care and domestic work is shared with men, a theme further discussed in Chapter 5.

First, being in the labour force does not necessarily mean that women have their own income: they may be looking for work but unable to find it

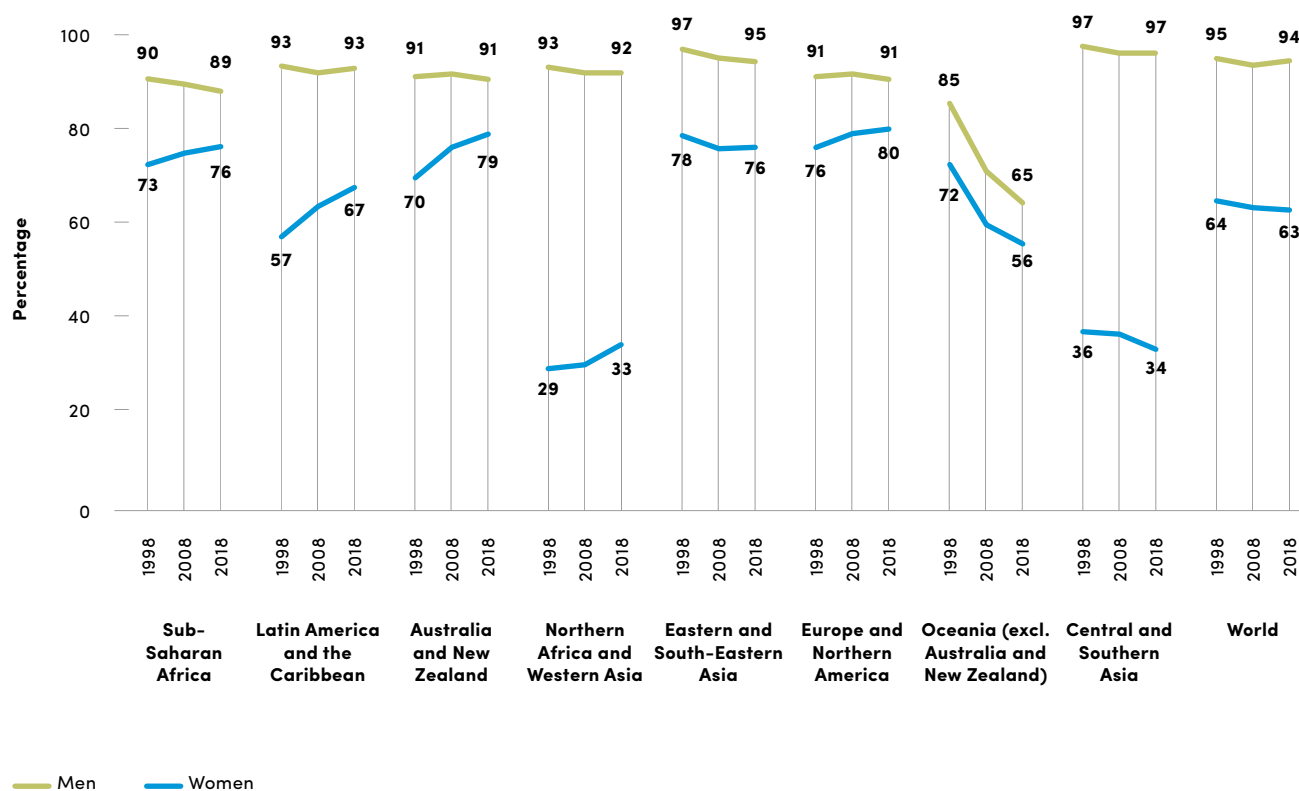
(currently unemployed), or they may be working as contributing family workers on family farms and enterprises with no direct remuneration. Second, even if they are directly remunerated for the work they do, their earnings may not provide an adequate standard of living for themselves and any dependents they may have. In developing and emerging countries, as many as one in four working women and men live below the moderate poverty threshold (US\$3.10 per day in Purchasing Power Parity terms), rendering them within the category of the working poor.²⁶ Third, in the context of economic distress and shocks such as unemployment or financial crises, women may be pushed to earn an income rather than freely choosing it.²⁷

Likewise, in social contexts where there are norms of female seclusion, there is a strong association between household poverty and women's labour force participation; in India, for example, women from lower castes and tribal groups have always had a higher labour force participation rate (LFPR).²⁸ Finally, when there is little sharing of responsibility for unpaid care and domestic work between women and men, or time-saving infrastructure to reduce its drudgery, entrance into the labour force can mean longer workdays for women, undermining their health and leaving them worse off despite the increase in market income.²⁹

With these provisos in mind, Figure 4.1 provides a bird eye's view of LFPRs across regions over the past

two decades. These data are likely to underestimate the totality of women's paid work, since surveys often fail to fully capture part-time, subsistence, seasonal or home-based work, that is typically undertaken by women. In developing contexts, the most significant change has happened in the Latin America and the Caribbean region, where the female LFPR has risen by 10 percentage points (from 57 to 67 per cent). The female LFPR is also high in Sub-Saharan Africa and has risen slightly over this period. The Central and Southern Asia region presents a contrasting scenario, marked by a decline of 2 percentage points from an already low base (from 36 to 34 per cent). Despite a small increase, the lowest LFPR (33 per cent) in 2018 is in the Northern Africa and Western Asia region.

FIGURE 4.1 LABOUR FORCE PARTICIPATION RATE AMONG INDIVIDUALS AGED 25-54, BY SEX AND REGION, 1998-2018



Source: Weighted averages calculated by UN Women using data from ILO 2018c and UN DESA 2017m.

Notes: Data refer to latest available in reference period for 188 countries. The sample of 188 countries covers most of the world's population aged 25-54 in 2018.

FIGURE 4.2 WHY WOMEN'S CONTROL OVER RESOURCES MATTERS

Having an income of her own strengthens a woman's bargaining power in families. But, in every region, women's access to independent income falls well short of that of men.

KEY SOURCES OF INCOME

SOCIAL PROTECTION

The combination of contributory and non-contributory social protection systems can reduce the risk of poverty for women and their families

EARNINGS

Access to decent paid work is key to gender equality

ASSETS

Assets such as land and housing can generate income and provide security in old age

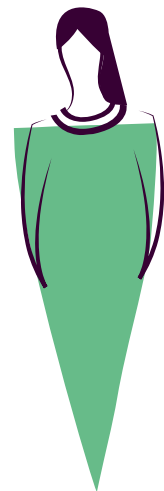
BARRIERS TO ACCESSING INCOME

Social protection coverage has expanded since the mid-1990s, but has stalled in recent years as austerity measures have taken hold

Women are more likely to interrupt their employment when they marry and have children

In many countries, women and men do not have equal rights to own and inherit assets such as land and other property

RIGHTS DIGNITY EQUALITY



Globally, while marriage tends to increase men's participation in the labour force, it has the opposite effect for women.



Labour force participation rate among individuals aged 25–54, by sex, marital status and region, latest available year

Source: UN Women calculations based on data from ILO 2018b; LIS (various years) and ABS 2016b.

Notes: Data for the latest available year for each country were used, ranging from 2007–2018 and for a sample of 93 and 109 countries for the global and regional analysis, respectively. The Australia and New Zealand region contains information for Australia only. The regional aggregates presented are weighted averages based on population figures for persons aged 25–54 years (men and women respectively), obtained from UN DESA 2017m.

Labour force participation rate: what difference do marriage and children make?

Marriage and child-bearing have a discernible gender-differentiated impact on labour market participation. Opportunities for women are far greater today than they were before World War II, when many developed countries had ‘marriage bars’ and outright discrimination that restricted married women’s employment while bolstering the ‘male-breadwinner’ family.³⁰ Nevertheless, women’s employment to this day continues to be shaped by domestic and caregiving responsibilities in a way that men’s is not.

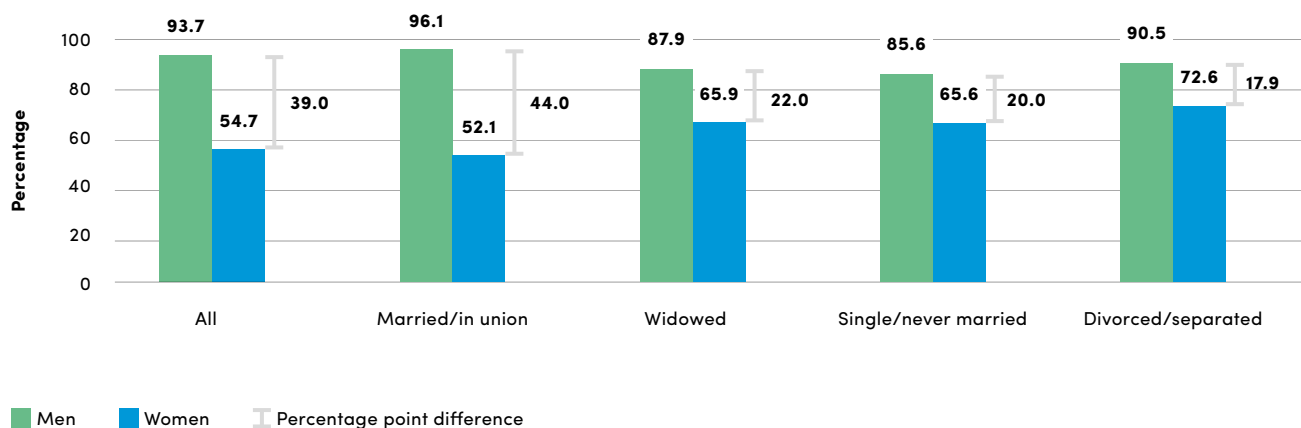
At the broad global level, marriage seems to depress women’s labour force participation while it has the opposite effect on men. Data for a sample of 93 countries show that just over half of women aged 25–54 who are married or in a union are in the labour force, 52.1 per cent, compared to 65.6 per cent of those who are single/never-married and 72.6 per cent of divorced/separated women (see Figure 4.3). Men’s LFPR shows far less variation by marital status, with men who are married or in a union recording the highest rate of labour force participation at 96.1 per cent. Gender differences in labour force participation are thus at their widest for those who are married or in a union, while narrower (yet still quite large) gaps exist among single or never-married, divorced or separated and widowed

women and men (see Figure 4.3). Marriage thus seems to reinforce traditional gender roles, while being single, separated, divorced or widowed tends to partly erode sex role differentiation.³¹

The labour force participation rate for women who are married or in a union is particularly low in the Central and Southern Asia region (29.1 per cent), compared to the much higher rates in Sub-Saharan Africa (73.8 per cent), Europe and Northern America (78.2 per cent) and Latin America and the Caribbean (60.3 per cent) (see Figures 4.2 and 4.4).

Sub-Saharan Africa stands out as the only region where women who are married or in a union have a higher labour force participation rate than single/never married women. Research on this topic is limited, but the higher LFPR of women who are married or in a union could be explained by the confluence of several factors: the presence of children in the household and cultural norms prescribing maternal responsibility for their upkeep; the possibility of delegating care of children to other household members when households are larger in size; and the possibility of taking children along to informal workplaces such as family farms. Single/never married women within the 25–54 age band in this region are also, in the aggregate, a smaller

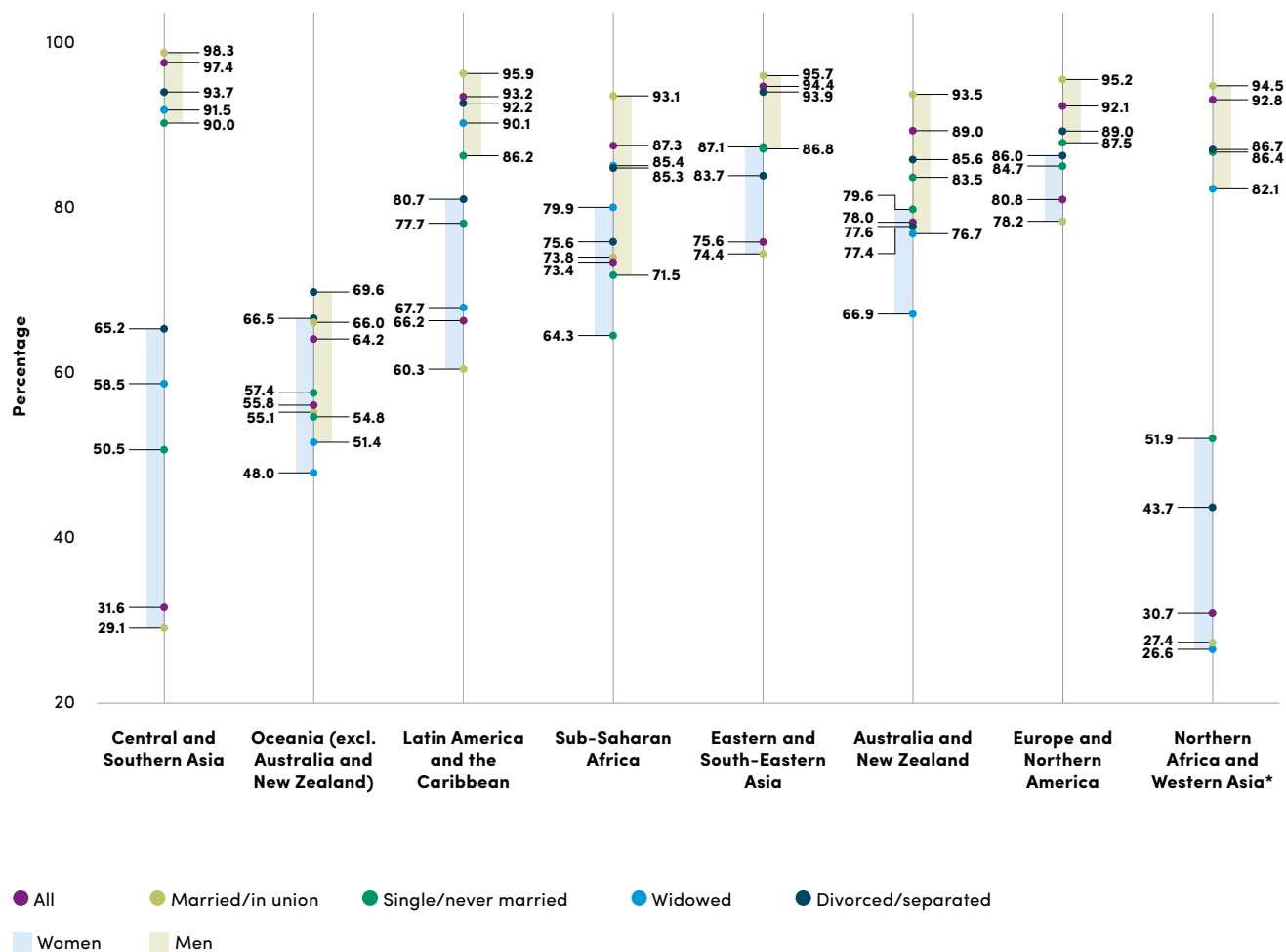
FIGURE 4.3 LABOUR FORCE PARTICIPATION RATE AMONG INDIVIDUALS AGED 25-54, BY SEX AND MARITAL STATUS, GLOBAL, LATEST AVAILABLE YEAR



Sources: UN Women calculations based on data from ILO 2018b; LIS (various years) and ABS 2016b.

Notes: Data for the latest available year for each country were used, ranging from 2007–2018 and for a sample of 93 countries. Aggregate figures above are weighted averages based on population figures for persons aged 25–54 obtained from UN DESA 2017m.

FIGURE 4.4 LABOUR FORCE PARTICIPATION RATE AMONG INDIVIDUALS AGED 25-54, BY SEX, MARITAL STATUS AND REGION, LATEST AVAILABLE YEAR



Sources: UN Women calculations based on data from ILO 2018b; LIS (various years) and ABS 2016b.

Notes: Data for the latest available year for each country were used, ranging from 2007–2018 and for a sample of 109 countries. The Australia and New Zealand region contains information for Australia only. The widowed sample for men and women in Eastern and South-Eastern Asia and Europe and Northern America were suppressed due to sample size constraints. Estimates for Northern Africa and Western Asia should be treated with caution as they only represent 53.7 per cent of the population. Regional estimates marked with an asterisk (*) are based on less than two thirds of their respective regional population and should be treated with caution. In all other regions, aggregates are based on data covering two thirds or more of the population. The regional aggregates presented above are weighted averages based on population figures for persons aged 25–54 years (men and women respectively), obtained from UN DESA 2017m.

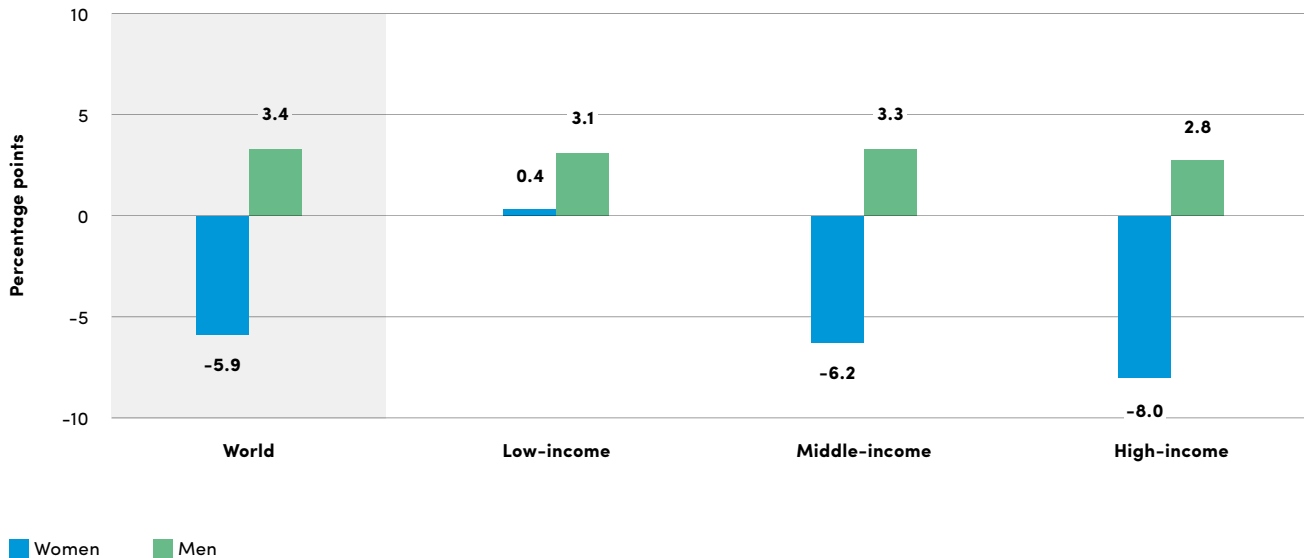
and younger sample of women, with much higher education levels than married women, implying that not having family responsibilities related to caring for children allows them to stay in education longer, and delay their entry to the labour market.

At the global level, the presence of young children (under age 6) in the household has a similar dampening effect on women's LFPR, reducing it by 5.9 percentage points (Figure 4.5, first two bars). The opposite effect is observed for men: their LFPR increases by 3.4 percentage

points with the presence of children under six. This gap indicates a striking "motherhood employment penalty."³² Strong gender norms that construct childcare and domestic work (cooking, cleaning, etc.) as maternal responsibilities and breadwinning as a paternal duty underpin these unequal outcomes.

However, a country's income level seems to make an important difference. In middle- and high-income countries, the presence of young children dampens women's labour force participation while increasing

FIGURE 4.5 IMPACT OF THE PRESENCE OF CHILDREN UNDER 6 YEARS OF AGE IN THE HOUSEHOLD ON LABOUR FORCE PARTICIPATION, BY SEX AND INCOME CLASSIFICATION, LATEST AVAILABLE YEAR



Source: ILO 2018a.

Notes: Middle- and low-income countries include women and men aged 18–54. High-income countries include women and men aged 25–54 due to higher participation in tertiary education. Ordinary least squares regressions have been estimated for women and men in the world and in each income group. All estimated coefficients are statistically significant except for those of women in low-income countries.

men's. In contrast, in low-income countries children's presence does not reduce women's labour force participation rate, indicating that in poor countries poverty may compel women to join or remain in the labour force to support their families even when young children are present (see Figure 4.5).

Yet does a woman who participates in the labour force always have an income of her own? The next two sections explore this question, first in regions where the LFPR is relatively high and rising and then in contexts where the LFPR has been marked by stagnation or decline.

High labour force participation rates: contrasting scenarios

Own income can come from labour market earnings, social protection, remittances or returns to one's assets. The Luxembourg Income Study (LIS) database covers harmonized microdata for nearly 50 mostly high- and middle-income countries on women's and men's own income. The data on income sources

are based on a restricted definition that includes labour market earnings, wage replacement benefits (sickness and work injury pay, maternity/parental pay, unemployment benefits) and all pensions (public and private).³³ Unfortunately, comparable data of this kind are not available for many developing countries.

High-income countries: still far from equal

In high-income countries, the link between a woman's employment and having an income of her own is very strong, given the relatively small role of agriculture, the formality of labour contracts and the extensive reach of social protection systems, as well as the fact that very few people work for in-kind payments. With the exception of Finland, in all high-income countries for which we have data (see endnote 35), men aged 25–54 are more likely than women of the same age group to have an income of their own.³⁴ As the percentage of men with an independent income is more or less consistent across countries, the variation in gender gaps is mostly explained by differences in women's LFPR.

The Nordic countries, with their long tradition of support for women's employment and universal social transfer systems, have the highest percentage of women with an independent income (above 90 per cent), followed by continental European countries (between 83 and 89 per cent). Australia, Canada, Ireland, the United Kingdom and the United States, which have market-driven solutions to work–family reconciliation, and the Central and Eastern European countries show lower percentages of women with an income of their own (between 73 and 84 per cent and between 68 and 90 per cent, respectively). Markedly lower proportions of women have their own income in the Southern European countries (57 to 77 per cent).³⁵

Looking at the level of income that women have compared to their (male) partners provides further insights. For women aged 25–54 in all countries, their share of couple income is always less than half and in most countries well below 40 per cent. Women's share is the largest in the Nordic countries and substantially lower in the Southern European countries (with the exception of Spain).³⁶ Interestingly, women's share of couple income tends to be larger in the 55+ age group for around half of the countries (compared to the prime working age of 25–54 years). This may be due to men having lower incomes after retirement age and/or women having higher incomes due to diminished care responsibilities.

Differentiating households by income quintiles shows that it is more common for a woman not to have an income of her own if she belongs to a lower-income household. The difference between income quintiles is particularly striking in countries where a smaller proportion of women overall have an income of their own, for example, in Southern European countries such as Greece, Portugal and Spain.³⁷ The differences among households belonging to different income quintiles can be interpreted in two ways: first, that two incomes are needed for households to move into the high-income quintiles; and second, that women from lower-income groups face greater constraints in earning an income, particularly in countries where there is little policy support for their employment through, for example, affordable childcare services.³⁸

As research has shown, income inequalities between female and male partners reflect a number of structural factors. These include the greater tendency for women to work part-time; their higher probability of being in non-standard employment and/or doing fewer hours of paid work; and persistent gender pay gaps, gender-based occupational segregation in labour markets and 'motherhood penalties'. These come in the form of reduced employment rates and a pay gap between women with and without children (the motherhood wage penalty).³⁹ Women in low-income households face particular constraints, especially when public support is limited.

Latin America and the Caribbean: some progress in women's access to independent income

Labour market informality is far more prevalent in Latin America and the Caribbean compared to developed countries, and being employed does not always equate with having one's own income, particularly among those who work in the agricultural sector.⁴⁰ Gender norms remain strong regarding women's roles as caregivers and men as breadwinners.⁴¹ Despite such norms, one of the largest increases in female labour force participation over the past two decades has taken place in this region (see Figure 4.1). Alongside strong economic growth, there has also been a steady expansion of social protection programmes that have put resources directly into women's hands.⁴²

Thus, across a range of countries in the region, the proportion of women aged 15+ with their own income rose steeply from 58 per cent in 2002 to 71 per cent in 2014; in the same period, men saw only a modest increase of 4 percentage points.⁴³ Among women of peak childbearing age (25–34 years), the proportion without their own income fell by nearly 14 percentage points.⁴⁴ This may have been partly driven by the diffusion of conditional cash transfer schemes targeted to mothers in low-income families. The expansion of non-contributory social pensions likewise contributed to significant improvements in access to personal income for women aged 60 and older, among whom the proportion without their own income was reduced from 32 to 18 per cent between 2002 and 2014.⁴⁵ Yet benefit levels tend to be low, and the implications

for intra-household dynamics of social protection transfers, targeted to women, have not been straightforward and may have produced some unintended consequences (see Box 4.1).

Women in the lowest income quintiles are still far less likely to have an income of their own compared to women in the highest income groups, despite the diffusion of social assistance schemes (both child-oriented cash transfers and social pensions). Furthermore, the combination of strong economic growth and social policy innovations have not been sufficient to overcome the multiple and profound inequalities that characterize the region. Despite the nearly 16 percentage point reduction in poverty between 2002 and 2014, women benefited less from this than men did. In fact, the percentage of women aged 20 to 59 living in poor households increased relative to the proportion of men in the same age range.⁴⁶

While there is no conclusive explanation for this finding, the persistently lower rates of employment among women from disadvantaged households compared to their male counterparts, the relatively modest size of social protection benefits reaching poor women and, most importantly, profound changes in family dynamics may provide part of the explanation. Lone-mother households in this region constitute a sizeable share of all households compared to other regions (see Chapter 2). It is particularly significant that between 2002 and 2014, the proportion of lone-mother households in the poorest quintile (quintile 1) increased at a higher rate than the proportion of such households in the richest quintile (quintile 5). During this period, the already elevated risk of poverty of lone-mother households relative to other household types became even more acute, which together may explain part of the reason why households in which women live benefited less from poverty reduction than those in which men live.⁴⁷

BOX 4.1

IMPACTS OF CASH TRANSFER PROGRAMMES ON WOMEN'S INTRA-HOUSEHOLD DECISION-MAKING

Cash transfer programmes have mixed implications for women's voice within the household. The programmes can have 'empowering' effects for women, increasing their influence over household expenditure decisions and their bargaining power within interpersonal relationships.⁴⁸ A study in Uruguay, for example, found that women in two-parent households were significantly more likely to make the decisions regarding food expenditure after becoming eligible for the transfer.⁴⁹ A study of Zambia's child grant programme found modest increases in women's decision-making capacities in five domains: children's schooling, own income, partner's income, children's clothes and family visits.⁵⁰

However, other studies have found that attaching punitive and/or paternalistic conditions to the cash benefit can constrain women's decision-making. For example, benefits being taken away if women do not comply with conditions, along with 'advice' (which may be interpreted as additional requirements) given in programme workshops, can limit women's ability to spend money as they see fit.⁵¹ The implicit pressures regarding spending patterns have been called 'soft conditioning'.⁵²

Moreover, cash transfers alone may be insufficient to overcome household power dynamics. For example, a study in Mexico found that around 40 per cent of male partners of beneficiaries admitted to sharing less money with their wives after enrolment in the scheme. The scheme has thus been critiqued for reinforcing gender inequalities in the household by freeing up husbands' time and money while simultaneously heightening women's domestic responsibilities through the enforcement of conditions.⁵³ A study in rural Nepal found that the empowering effects of the cash were constrained by inter-generational power relations. Some daughters-in-law receiving cash transfers were accused of getting 'secret money' or had cash taken from them by mothers-in-law, who acted as 'financial guardians' of the household.⁵⁴

Cash transfers thus need to be accompanied by significant amounts of social support to positively affect women's position in their households.⁵⁵ The impact of cash transfers on women's decision-making may also be greatest on longer-term scales, with a South African study suggesting that increasing women's bargaining power is a process that takes a long time because it has to change deeply rooted gender roles.⁵⁶

The post-2014 economic slowdown has raised further challenges, including relatively high rates of unemployment.⁵⁷ Meanwhile, some governments have put fiscal measures in place that disproportionately and negatively affect women.⁵⁸ In Brazil, for instance, the 2016 constitutional amendment imposed a drastic long-term austerity measure that could reduce social spending from 19.8 per cent of gross domestic product (GDP) in 2017 to 12.4 per cent in 2037, jeopardizing the social gains of previous decades and especially affecting health, education and social security.⁵⁹ Given their extensive family obligations and more precarious working conditions, women are likely to be disproportionately impacted by this decision, and Afro-Brazilian women in particular.⁶⁰ Likewise, the budget proposed for 2019 in Argentina includes reductions in a range of items of particular relevance for women, such as an 83 per cent reduction (compared to 2018) in the budget allocated to some care services for children under 4 years, including nutritional and health programmes.⁶¹

Sub-Saharan Africa: high female labour force participation, but largely unremunerated work

In Sub-Saharan Africa, the female LFPR is also relatively high, reaching 76 per cent in 2018 (see Figure 4.1), reflecting to a large extent the continuing significance of agriculture in the region and women's roles within farming, especially in Kenya, Malawi, Rwanda, Uganda, the United Republic of Tanzania and Zambia.⁶² However, as in Latin America and the Caribbean, women in the lowest quintiles report less access to cash earnings relative to women in the richest quintiles. This is consistent with greater reliance among women in the poorest quintiles on unpaid work in family farms and enterprises. Indeed, close to 70 per cent of all contributing family workers on family farms and enterprises in Sub-Saharan Africa are women, which means that they receive no direct pay or remuneration for their work.⁶³

While a growing number of women are engaging in off-farm income-earning activities, it is often under duress. As men's cash crop earnings have dwindled

in many countries due to faltering infrastructure, rising input costs and climate change, the search for alternative income sources has intensified.⁶⁴ Thus, in addition to domestic responsibilities and farm work, women have engaged in a variety of own-account activities from beer-brewing to tailoring and petty trade, activities that require little capital but offer low returns.⁶⁵ With increasing numbers of women searching for cash income, gender and generational hierarchies have been disrupted.⁶⁶ Research in Kenya and the United Republic of Tanzania suggests that women's earnings from non-farm activities, even if small, remain under their control. This has led to conjugal conflicts and even domestic violence in some instances as social norms are challenged by men losing their role as sole breadwinners.⁶⁷

Yet despite women's attempts to diversify their livelihoods away from farming, agriculture remains feminized in a wide range of countries in terms of labour inputs.⁶⁸ In some cases, men migrate to find work in urban areas, leaving women in charge of the family farm. The women left behind, however, may be exercising greater agency than is commonly thought (see Box 4.2).

Despite the importance of farming in women's livelihoods, in the United Republic of Tanzania for example, women have often seen their usufruct rights stripped at the time of divorce, widowhood or when husbands sell off family land to foreign and local investors, such as large-scale farmers, hunting companies and tourist hotels, without involving them in the decision-making process or sharing the proceeds.⁶⁹ Likewise, research in Malawi shows that when a man dies, the property he leaves behind may be 'grabbed' and/or its use rights may be disputed by his wider family, leaving the widow and her children without any property and forcing her to leave her marital village and place of residence.⁷⁰ Women's unequal land rights vis-à-vis men, which are foundational to gender inequalities in the region, are elaborated further in section 4.4.

BOX 4.2

'LEFT-BEHIND WIVES' OR WOMEN CHOOSING AUTONOMY?

The rural wives of men who migrate to urban areas are commonly thought of as 'left behind'. However, the view that women have no choice but to remain on the farm is contested by Archambault, who interviewed women mostly aged over 50 in the Pare mountains, a well-watered highland area in the north east of the United Republic of Tanzania, where women often choose to stay in their home area with their children.⁷¹ She found that women who remained in rural locations after their husband's urban migration saw their own situations as being "part of a larger strategy to live meaningful productive and domestic lives while fulfilling cultural obligations"; this enabled some women to feel more self-sufficient and independent than if they were to join their husbands in the city.⁷²

Some women felt that remaining in rural locations afforded them greater opportunities for economic autonomy and financial decision-making, including access to land and control over productive resources, than if they were to live with their husbands. Remaining in rural areas also enabled women to maintain close proximity to their families and networks of friends while deepening their sense of belonging to the place they consider home. Many women also believed that staying in their rural homes ensured their continued access to infrastructure and resources (such as food, water, healthcare and education). Therefore, as Archambault argues, assuming that these women are simply left behind "masks the extent to which staying [on their farms] may be part of an empowering strategy that offers women farmers a degree of economic autonomy and social well-being that they would not necessarily find elsewhere."⁷³

Decline and stagnation in women's access to resources

In some contexts, women have experienced stagnation, or even decline, in their capacity to have an income of their own due to adverse labour market conditions or severe curtailment of work-family reconciliation measures. Both China and India have seen a decline in women's labour force participation rates, albeit under very different socio-economic conditions, while experiencing stunning rates of economic growth.

Eastern and Southern Asia: high growth rates leaving women behind

Historically, Chinese women's labour force participation rates were among the highest in the world, while the gender pay gap was remarkably small by international standards.⁷⁴ Yet the more recent story in China has been one of precipitous deterioration in women's labour market outcomes. In a span of 20 years, between 1990 and 2010, the gender employment gap increased from 13.7 to 20.3 percentage points.⁷⁵ The gender earnings gap also widened, despite the upward trend in wages in absolute terms for both women and men.⁷⁶ The State's dismantling of workplace welfare services (*danwei*) exacerbated the weight of domestic and caring responsibilities that women have to balance alongside their employment. At the same time, the resurgence of patriarchal social norms placed further limitations on women's employment options during

the restructuring of state-owned enterprises, which led to massive lay-offs.⁷⁷ Urban women from low-income households, who had lost out the most in the 1990s and early 2000s, appear to be faring better; since 2003 their LFPR has been rising again.⁷⁸

The fall in women's LFPR (for those aged 25–54) in India is one of the largest globally (6.9 percentage points) during the period 1997–2018.⁷⁹ This story has distinct geographical features: women's labour force participation has stagnated in urban areas since the late 1980s⁸⁰ and has seen a concentrated decline among younger (aged 25–40) married women in rural areas. One explanation for this drop is that family incomes have stabilized as men have shifted from casualized forms of work to regular wage earning, thereby encouraging women's withdrawal from paid work.⁸¹ Given the poor quality of the paid work that is available to women, often on top of long hours of arduous unpaid domestic chores, it is not implausible that some improvements in household income levels could have eased the pressure on women to seek outside employment.⁸² Moreover, rural married women aged 25–40 are more likely to have school-age children; with girls' rising rates of secondary school attendance, women are less likely to have their daughters' help with unpaid domestic responsibilities and thus are more likely to forgo paid employment themselves.⁸³

It is concerning that only a fraction of women aged 15–49 in India—26 per cent according to the Demographic and Health Survey (DHS), 17 per cent according to the National Sample Survey Organization (NSSO)⁸⁴—receive a wage or income of their own. In practice, this renders the great majority of women financially dependent on their spouses, fathers, in-laws and other extended kin.⁸⁵ That married/in-union women in the poorest quintiles are 1.7 times more likely to report receiving cash earnings than those in the highest quintile points to the distress sale of labour in the country.⁸⁶ Poorer women, who are often from landless households, may be pushed into low-paid work to sustain their families. In contrast,

women from higher income quintiles face cultural norms that discourage their labour force participation. However, such norms are not carved in stone and can be negotiated within households when employment opportunities become available, as qualitative research from neighbouring Bangladesh shows in Box 4.3.

Persistently low labour force participation in Northern Africa and Western Asia

Despite impressive gains in women's educational attainment, as well as rapid declines in fertility, the share of women in the workforce in Northern Africa and Western Asia has barely changed at all since 1990, creating a paradox.⁸⁷

BOX 4.3

NEGOTIATING SOCIAL NORMS ON WOMEN'S PAID WORK IN BANGLADESH

Women's attempts to take up paid work, particularly waged work outside the home, generates a great deal of resistance from spouses in some parts of the world and can act as a trigger for intimate partner violence. How then did married women in Bangladesh manage to take up paid work in its export garment factories in the face of strong social norms?

Interviews with the first wave of women to enter these factories in the 1980s, a time when female factory work was still very rare, revealed that while a few women took up such work in defiance of their husbands' wishes, most often they did so when husbands had proved to be irresponsible breadwinners. The majority, however, engaged in discursive and practical strategies through which they were able to overcome their husbands' resistance. The intimate nature of marital relations meant that these women understood the nature of the fears and anxieties that lay behind this resistance and were able to put this understanding to effective use in their negotiations.

First, women justified their desire to work in terms of shared concerns about household welfare, and particularly in regard to a better future for their children. These were arguments that men, in their capacity as fathers and guardians of family welfare, found difficult to counter, particularly when they could see that there was considerable validity to the arguments.

Secondly, they sought to defuse the negative social implications of their presence in the public domain by assuring their husbands that their *purdah* had not been broken because their behaviour outside the home was beyond reproach: they never 'loitered' with others after work but came straight home; they walked to and from work with a modest demeanour, their eyes downcast, looking neither left nor right; indeed, they carried their *purdah* with them wherever they went.

In addition, many of these women took measures to ensure that their domestic responsibilities (and men's domestic comforts) were not affected by their employment. Some devolved these responsibilities to other female family members while others carried them out in the morning before they went to work, in the evening after they returned home from work, and during their weekly holiday.

In other words, the main thrust of women's strategies was to reassure their husbands that their entry into factory work would not disturb their relationships within the home in any way. In reality, of course, it did. Women did not become 'insubordinate' as their husbands had feared, but both sides recognized the value of women's financial contributions and there was a definite, but often unacknowledged, shift in the balance of power within the home.⁸⁸

Adverse demand-side developments may explain part of this stagnation. Public sector employment, the main source of employment for educated women in the region, has declined without a commensurate increase in private sector employment opportunities, especially in services that are attractive to women.⁸⁹ As neither informal work nor self-employment has constituted a viable option for educated women, unemployment and non-participation have been the main responses.

Another explanation attributes women's low LFPR to conservative gender norms, especially in the context of marriage and care. For example, women who are going to be married are more likely to exit paid work; the likelihood is highest for the year of the wedding in Tunisia and the year before the wedding in Egypt and Jordan. Concomitantly, unemployed married women who are part of the labour force are much less likely to return to employment than their single counterparts.⁹⁰ The allocation of unpaid care responsibilities to women and the dearth of accessible and affordable care services further contribute to women's low LFPR. In Algeria, for example, 72 per cent of women had completed lower secondary school or higher in 2012–13.⁹¹ Yet LFPRs among women, in the same year, remained one of the lowest in the world

(18.2 per cent).⁹² In part, this is because women are assigned primary responsibility for care in a context of inadequate public support. Indeed, the latest available figures (2012) indicate that women there spend an average of six times more time on unpaid care and domestic work than men.⁹³

Overall, although families remain a key site of income pooling and sharing, having an income of her own can be critical for a woman's well-being and voice in household decision-making. The extent to which women have been able to gain a foothold in the labour market varies considerably across countries as well as being stratified within them. A common denominator shaping their presence (or absence) is the social construction of care and domestic work as women's primary responsibility, especially when they are married/in a union and when they have young children, and the extent to which there is policy support for the distribution of this work. Having an income of one's own, whether through paid work or social protection programmes, is not automatically empowering; much depends on the nature of work or transfer, especially its regularity and reliability; intra-household dynamics; and the fluidity of social norms that regulate women's and men's rights and responsibilities within families.

4.4 WOMEN'S OWNERSHIP AND CONTROL OF ASSETS AND PROPERTY

Women's (and men's) income flows provide a snapshot of deprivation (or affluence) at a moment in time and whatever empowering potential they may have for intra-household relations. Such a snapshot conveys little about how women fare over time and the extent to which they are cushioned in cases of sudden shock (loss of employment, illness and so forth). A growing number of researchers and policy advocates have therefore been looking at assets as a stock of financial, human, natural or social resources that capture the longer-term build-up of economic inequalities between women and men.⁹⁴

Women's command of assets is of particular relevance to this chapter because it is both a manifestation of the degree of agency women have within their family relations, and particularly so within marriage or a union,

as well as affecting their bargaining power both within as well as beyond the household.⁹⁵ Women's command of assets also has an important bearing on how they will fare in case the marriage or union dissolves, whether due to separation, divorce or death of a spouse.⁹⁶ A focus on women's asset ownership necessarily draws attention to property rights and how such rights are affected by marriage or cohabitation, which has been of great importance historically and remains pertinent today.

The rules (or laws) of the game: marital property and inheritance regimes

Whether women are actually able to accumulate wealth depends crucially on the marital property regime: the specific rules governing the ownership and management of property during marriage

(or consensual union) and upon its dissolution. The inheritance regime—the rules governing wills or testaments, and what happens when there is no will—is also clearly important.⁹⁷ Both marital and inheritance legal regimes vary tremendously across countries, a variation that reflects, in broad strokes, different legal regimes derived from Roman, Islamic and common law traditions, among others.⁹⁸ As discussed in Chapter 3, the actual practice is even more complicated because in many parts of the world the state is not the only source of law. In many parts of Africa and Asia, customary law overlaps with civil law. Furthermore, legal systems may also vary across religious and ethnic groups, and there can be considerable variation at the state level in federal systems.⁹⁹

Marital property regimes can be divided into three broad categories: full community property, partial community property and separation of property.¹⁰⁰ What distinguishes them is how income and property that was acquired prior to and during marriage are treated. Under full community property regimes, all assets are pooled whether they were acquired prior to or during marriage. Under partial community property regimes, each person retains the assets with which they entered the marriage, but property acquired during marriage (regardless of whose earnings are used) is pooled. In sharp contrast, separation of property regimes treat all property as individually owned; when a marriage is dissolved, whether due to divorce or death, there is no community property to distribute.

An important watershed in the consolidation of married women's property rights has been the coming into force of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981. It underlined that women should have "equal rights to conclude contracts and to administer property" (article 15) and the same rights for both spouses "in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property" (article 16). Across the world, CEDAW has had a major impact in the distribution of property on separation and divorce. In Latin America, in particular, most countries have reformed their civil and family codes so that couples have equal responsibility for the

management of the couple's community property, although there is often a disjuncture between legal equality and actual accumulation and management of assets.¹⁰¹ Many countries in Africa have also passed legislation protecting women's property rights but, as already noted, statutory laws frequently coexist with customary systems and practices that are often multiple and fluid and may be used to disadvantage women.¹⁰²

In 2017, community property and separation of property were the two most common default marital regimes globally: community property, including full, partial and deferred full or partial community property, was observed in just over half of the world's countries (51.3 per cent); while separation of property applied in 4 out of every 10 countries (39.7 per cent). Other marital property regimes (6.4 per cent), including those governed by unwritten customs; and no default marital regime (2.7 per cent)—whereby the law requires the spouses to opt in to the marital property regime of their choice (with legal alternatives provided) before or at the time of the marriage—were observed in a smaller proportion of countries.¹⁰³ Community property was the most common default marital property regime in Europe and Northern America (88.4 per cent of countries), Latin America and the Caribbean (60.6 per cent), Eastern and South-Eastern Asia (47.1 per cent) and Sub-Saharan Africa (44.7 per cent). In contrast, separation of property was the most prevalent marital property regime in Northern Africa and Western Asia (79.2 per cent) and Central and Southern Asia (61.5 per cent).¹⁰⁴

By recognizing women's contributions to the accumulation and purchase of marital property through their unpaid care and domestic work, full and partial community property regimes can, to some extent, redress the economic penalties associated with specializing in unpaid care work. Separation of property regimes, by contrast, can penalize the spouse who does not earn an income and is thus unable to purchase property and build up her/his individual assets.

However, it is also important to consider the provisions regarding designation of persons responsible for administering marital property. In some countries where community property is

the default marital regime, men can still have administrative rights over all property; conversely, in most countries that observe separation of property as their default marital regime, the original owner retains administrative power over the assets she or he brought into or acquired during the marriage or union.¹⁰⁵ This suggests that it is important to look not only at the default marital property regime but also at the provisions regarding designation of person(s) legally responsible for administering marital property. Equally important in shaping the parameters for women's control and management of assets are social and community norms and practices regarding the accumulation, distribution and transmission of wealth, particularly in regions where customary marital and inheritance systems still prevail.¹⁰⁶

Gender equality in the inheritance of family property (land, housing, financial assets and so on) has been a long-standing demand of women's movements. There is strong evidence that inheritance has a major impact on women's ability to accumulate wealth, given the constraints they face in accumulating income (through paid work) to purchase land or other assets through the market.¹⁰⁷ Its significance notwithstanding, daughters and sons are still treated unequally in laws governing inheritance in more than one in five countries (see Figure 1.1).¹⁰⁸ Likewise, in 37 out of 183 countries for which data are available, women and men do not have equal rights to inherit assets from their spouse. The extent to which laws reinforce gender inequality is particularly stark in the Northern Africa and Western Asia, Sub-Saharan Africa and Central and Southern Asia regions.

BOX 4.4

GENDER ASSETS GAP: GENERATING EVIDENCE AND CATALYSING METHODOLOGICAL INNOVATION

The Gender Assets Gap project was created in 2009 to demonstrate the importance and feasibility of collecting individual-level data on women's and men's access to and ownership of property. The project undertook surveys that were representative at the national level for Ecuador and Ghana, and at the level of the state for Karnataka, India. One area of focus was the impact of marital property regimes on the gender assets gap.

In Ecuador, the default marital regime is partial community property whereas in Ghana and India, separation of property prevails. In both Ecuador and most of India since 2005, children of either sex are treated equally in terms of inheritance when there is no will (intestate); in Ghana the law is silent on this.

The data show a far more equitable distribution of wealth in Ecuador than in Ghana and Karnataka overall, with women owning 52 per cent of gross household physical wealth in Ecuador (roughly commensurate to their share of the population), while in Ghana and Karnataka their share was significantly lower at 30 and 19 per cent, respectively. Women's share of wealth when they were married or in consensual unions, however, was much lower in all three cases than their aggregate share: 44 per cent in Ecuador, 19 per cent in Ghana and 9 per cent in Karnataka.

Married women's much larger share of couple wealth in Ecuador compared to Ghana and Karnataka is largely explained by the fact that the majority of assets—housing, land and other real estate—are owned jointly by the couple rather than by women and men individually, reflecting the outcome of their different marital property regimes. Moreover, in both Ghana and Karnataka there is also a strong male bias in inheritance in practice, which further disadvantages women, whereas there is a much more gender-equitable inheritance regime in Ecuador.¹⁰⁹

As well as generating much-needed evidence on women's control over assets, this research project was a source of inspiration for an effort by the UN Statistics Division and UN Women to develop a global methodology to refine survey methods for capturing individual-level asset ownership (as part of the Evidence and Data for Gender Equality Programme, EDGE). The methodological refinements are now being used by the UN Food and Agriculture Organization (FAO) to support National Statistical Offices to collect data on women's (and men's) individual ownership and management of agricultural assets such as land and livestock. For the first time, the FAO Guidelines for the 2020 round of the World Census of Agriculture include a new theme on the "Intra-household distribution of managerial decisions and ownership on the holding."¹¹⁰ Once the data are collected for a large number of countries, it should facilitate a more comprehensive analysis of the impact of legal regimes on gender inequalities in actual land ownership and management.

The gender gap in assets

There has been little research that explores the impact of different marital property regimes on women's actual accumulation of assets.¹¹¹ Indeed, data on women's control over assets in general is scarce. Researchers have mined existing surveys to gauge the size of the gender asset gap for selected regions and countries, since household survey questionnaires sometimes ask for information regarding the ownership and/or control of at least one asset at the individual level.¹¹²

However, there are virtually no recent, comparable, nationally representative global data on women's and men's ownership, control or management of land.¹¹³ This makes it difficult to provide systematic individual-level global data to allow accurate tracking and monitoring of the share of women as owners or right-bearers of agricultural land, as specified in the Sustainable Development Goals (SDGs),¹¹⁴ or gender gaps in property ownership among married or cohabiting couples. However, efforts are underway to address these major data gaps (see Box 4.4).

Gender inequality in financial assets

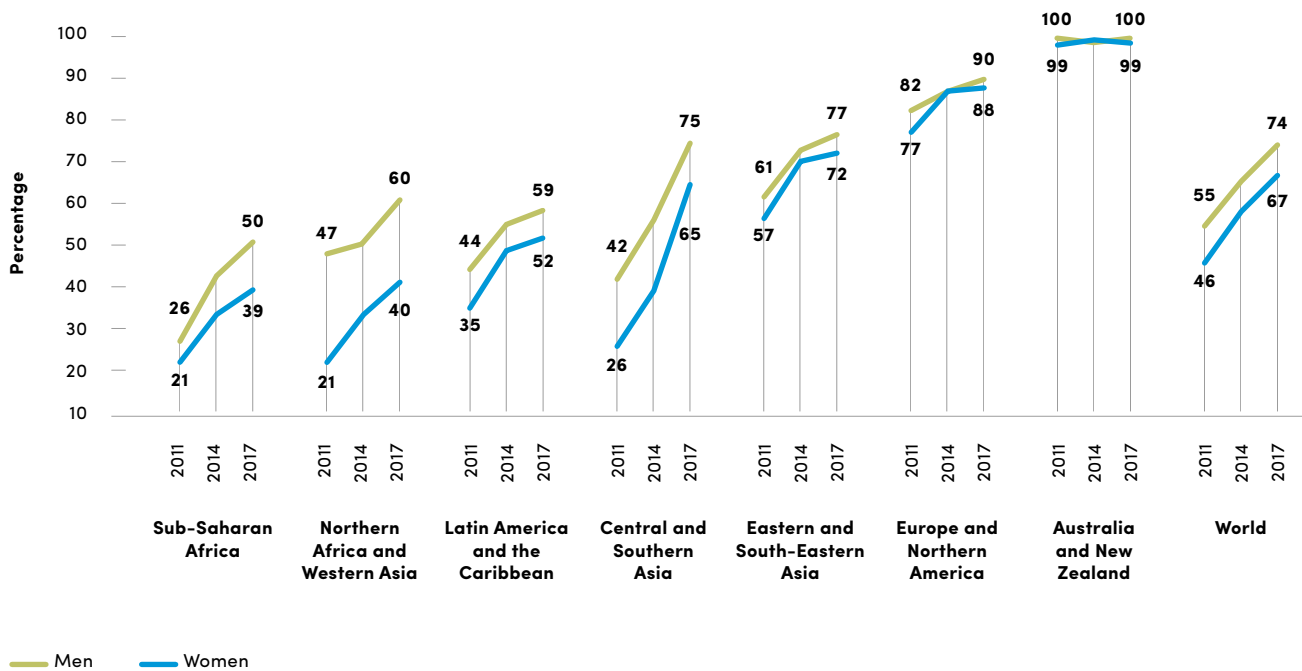
In a context where financial assets are becoming increasingly important, both as a store for savings and source of investment, data on who in the household owns bank accounts can provide insights into women's and men's access to such assets. Of course, individuals may have a bank account simply to receive their pay or a pension and may allocate the monies to routine household expenses without being able to accumulate any savings. It is nevertheless significant that a higher proportion of women compared to men report not even having a personal bank account.

As Figure 4.6 shows, gender differences among those who report having a bank account are fairly sizeable

in most developing regions. The gender gaps are particularly large in the Northern Africa and Western Asia and Sub-Saharan Africa regions. This may partly reflect gender differences in the prevalence of wage and salaried work, since there is a growing tendency for pay to be deposited directly into a bank account.¹¹⁵ Other requirements that may constrain women from opening an account include having a national identity card and/or needing a guarantor. The increase in the proportion of women who report having a bank account over a relatively short time span (2011 to 2017), especially in Central and Southern Asia, is also notable and may reflect the growing prevalence of women's participation in micro-finance institutions.

Gender gaps in the percentage of individuals who own a bank account in high-income countries (Europe and Northern America, Australia and New Zealand) are negligible (see Figure 4.6). However, in these and many middle-income countries, pensions are an increasingly important type of wealth and serve as a means of accumulating savings. All available studies suggest that men have higher wealth accumulated in their pensions compared to women, regardless of country.¹¹⁶ The reasons for the gap are in large part linked to men's preponderance in jobs that are in the formal labour market and are more likely to provide a pension, as well as their higher earnings and lower likelihood of exiting the labour market for care-related reasons.¹¹⁷ These gender inequalities often intersect with class and ethnic and racial inequalities. In the United Kingdom, for example, not only is gender a significant source of pension inequality but also women are extremely stratified by ethnic origin. Bangladeshi, Pakistani and Black respondents emerge as severely wealth-poor social groups, with meager levels of wealth and therefore little, if any, cushion that could provide financial security for themselves and their dependents now or in the future.¹¹⁸

FIGURE 4.6 PERCENTAGE OF INDIVIDUALS AGED 15+ WHO REPORT HAVING A BANK ACCOUNT, BY SEX AND REGION, 2011-2017



Source: World Bank 2018b.

Notes: Includes the percentage of respondents who report having an account (by themselves or together with someone else) at a bank or another type of financial institution. The sample includes 125 countries. Data are unavailable for the Oceania (excluding Australia and New Zealand) region. Regional and global aggregates have been weighted by the female and male population aged 15+ in 2017 using the medium (standard) variant projection obtained from UN DESA 2017m.

4.5 ECONOMIC CONSEQUENCES OF MARRIAGE AND PARTNERSHIP DISSOLUTION

In a patriarchal society, divorce, separation and widowhood are among the key factors that can leave women economically worse-off, especially when they have children to care for. As the US feminist, Gloria Steinem, once remarked, “if women have young children, most are only one man away from welfare.”¹¹⁹ This is especially so where women have allocated much of their time to domestic responsibilities and childcare, often at the expense of personal economic gain and career advancement, creating what has been termed ‘relationship-generated disadvantage’.¹²⁰

Partnership dissolutions, however, take different forms and are shaped by different legal traditions, social norms and family configurations (see Chapter 3), thus producing divergent outcomes for women in terms of economic status and personal autonomy.

Divorce and separation: gender-differentiated outcomes

The kind of outcomes that women can expect when a marriage or relationship dissolves can act as a deterrent against (or enabler for) ending it.¹²¹ This is of great concern, because difficulties in leaving an unhappy or oppressive marriage can trap women in violent relationships that put their physical and psychological safety and well-being at risk (see Chapter 6). Existing legal systems, labour markets and social protection measures, as well as the effective enforcement of alimony (if any) and child maintenance, determine women’s financial viability post-breakup.¹²²

A recent study from the United States finds an improvement in women’s economic situation post-divorce since the 1980s due to the growth in

married women's earnings and their receipt of child support and income from their personal networks.¹²³ The same study also finds that the economic consequences of cohabitation dissolution, which were modest in the 1980s, have worsened over time and come to resemble those of divorced women. Nevertheless, a 2015 study using longitudinal data for six OECD countries—Australia, Germany, the Republic of Korea, Switzerland, the United Kingdom and the United States—finds that divorce in all of them has substantial negative effects on women's incomes that are significantly larger than any such effects on men. While the social security system and arrangements such as child support influence women's post-divorce economic outcomes in all six countries, cross-country differences are best explained by women's labour market earnings and the extent to which re-partnering occurs.¹²⁴

In countries with low per capita income, dissolution of unions exacerbates conditions of poverty and fragility by entailing a division (however unequal) of existing assets.¹²⁵ Given women's weaker ownership of assets compared to men, they are likely to be disproportionately affected. Indeed, aggregate data from household surveys for 91 low- and middle-income countries show the rate of extreme poverty among divorced/separated women to be double the rate for men (8 and 3.9 per cent, respectively).¹²⁶

In India, for example, divorce rates are generally low, the default regime is separation of property, and the right to maintenance is weakly enforced. An in-depth survey of 405 separated/deserted and divorced women, covering mostly urban areas across diverse parts of the country, found the overwhelming majority to be dependent on their natal families, particularly parents and brothers, in terms of both financial support and living arrangements after separation. Even if they had some income, it was not sufficient to enable them to live on their own or independently with their children. The rate of re-marriage was also extremely low.¹²⁷

There is, however, little in-depth and longitudinal research on the economic consequences of divorce and separation in middle- and low-income countries. Longitudinal data can track

people pre- and post-divorce or separation to capture the economic consequences of partnership dissolution.¹²⁸ Cross-sectional data are less accurate because selection and 'endogeneity' are rife in women's life course: for example, higher rates of poverty among divorced or separated women compared to married women may reflect the greater risk of marital breakup among the poor rather than poverty being the consequence of divorce per se. As more panel data become available for developing countries, it should become possible for researchers to mine them.

The economic consequences of widowhood

Widowhood exposes many women to a wide range of socio-economic, health and quality of life deprivations. While economic insecurity in old age can be a fact of life for poor people in many societies, widowhood can exacerbate such hardships, especially where kinship systems and property regimes are discriminatory.¹²⁹

As illustrated in Chapter 2, female widowhood at ages 45–49 is most common in Sub-Saharan Africa and Central and Southern Asia, where it affected more than 1 in every 10 women based on data circa 2010.¹³⁰ Rates of widowhood were particularly high among women aged 45–49 in Lesotho (25.3 per cent), Rwanda (23.9 per cent) and Zimbabwe (22.1 per cent). These high rates are explained by the impacts of the 1994 genocide in Rwanda and by the impacts of the HIV epidemic in the other two countries.¹³¹

High rates of widowhood among women can also be driven by large gender differentials in mortality, as in the case of some countries in Eastern Europe and Central Asia. Research among the relatively high proportion of widows aged 55–59 in these regions details increased risk of multi-dimensional poverty, loneliness and isolation (see Box 4.5).

The rules governing the division of marital property and the rights of widows are very important for their economic security. In addition to the harmful effects of discriminatory inheritance laws, already noted in section 4.4, women may also face eviction and property grabbing even when statutory laws recognize their rights.

In Senegal, for example, the Family Code specifies that wives must inherit a share that is equal to that of their children; inheritance practices under both Islamic and customary laws, however, allocate only one eighth of the total bequest to widows, and this has to be shared among co-wives in the case of polygamous marriages.¹³² In practice, wives tend to be completely excluded from inheritance following their husband's death, especially if the wealth is not liquid, i.e. in the form of land or a

house.¹³³ In this context, even re-marriage does not appear to mitigate the adverse economic consequences of widowhood. There are two main reasons for this: first, poorer women are more likely to experience widowhood (due to a larger age gap between spouses in poorer households and lower life expectancy of poor men); second, the more vulnerable among the widows are those who are compelled to enter into a levirate marriage (i.e. obliged to marry the deceased husband's brother).¹³⁴

BOX 4.5

WIDOWHOOD IN EASTERN EUROPE AND CENTRAL ASIA: PERVASIVE GENDER DIFFERENTIALS IN MORTALITY AND MORBIDITY

According to the latest 2010 figures, 14.6 per cent of women aged 55–59 globally were widowed. In Eastern European and Central Asian societies, shares were highest in Kyrgyzstan (26.8 per cent), Kazakhstan (23.3 per cent), Tajikistan (22.4 per cent), the Russian Federation (20.3 per cent) and Belarus (19.6 per cent).¹³⁵ Such high prevalence of widowhood is driven by large gender differentials in mortality, morbidity and remarriage rates. Welfare systems in these countries eroded after the collapse of the Soviet Union, reversing previous gains in living standards and leading to stagnation or decline in female and male life expectancy at birth. Despite rebounds in life expectancy beginning at the turn of the century, women are expected to outlive men by close to or over a decade in the Republic of Moldova (8.5 years), Kazakhstan (9.6 years), Belarus (11.1 years) and the Russian Federation (11.3 years).¹³⁶

Research in southern Kazakhstan found a higher incidence of multi-dimensional poverty among widows than married women (74.6 vs. 61.7 per cent).¹³⁷ A study in the Russian Federation showed that widows aged 50 or older are 2.8 times more likely to be in the poorest quintile, 4.1 times more likely to feel lonely and 2.6 times more likely to report moderate or severe conflict with other people than married or cohabiting women in the same age range.¹³⁸ Solitary living is likely to be a key driver of these adverse mental health outcomes among widows,¹³⁹ with the study in the Russian Federation showing that more than half of all widows aged 50 or older lived alone (54.3 per cent).¹⁴⁰

Governments are gearing policy efforts to support the income security and foster the economic participation of those most vulnerable and at higher risk of poverty, including widows. In the Russian Federation, widows aged 55 or older may be entitled to a survivor pension, paid irrespective of the deceased husband's length of employment and coverage duration.¹⁴¹ In Kazakhstan, widows may have access to three types of survivor benefits: a pension based on the spouse's mandatory individual account, a pension based on social insurance and a state social benefit (both from age 58).¹⁴² In 2014, the country also introduced a subsidy for mandatory pension contributions for employed women on maternity leave until their child is one year old, on the grounds that the implementation of measures earlier in the life course can mitigate women's increased risk of old-age poverty.¹⁴³

In high- and middle-income countries, as was noted in section 4.4, women's economic security is strongly affected by their pension entitlements. Pension systems, however, vary in their design. In general, the closer the tie between pension benefit levels and one's employment history (and contribution records),

the greater women's socio-economic disadvantages vis-à-vis men; this is because women typically earn less money and work fewer years than men. Hence, the shift from social insurance systems to individual capital accounts (also known as pension privatization) has been detrimental to women's economic security in old age.¹⁴⁴

Survivors' benefits, which are offered in most contributory and non-contributory pension systems, have been particularly important for older women living alone; these benefits are usually lower than retirement pensions, at around 50 to 80 per cent of the deceased's benefits.¹⁴⁵ Moving away from a male breadwinner model, some countries (e.g. Denmark and Sweden) have opted for a 'non-familial' approach, which pays no benefits to survivors but provides universal access to a minimum pension.¹⁴⁶ However, as long as women's employment histories diverge from men's due to care-related factors, unequal and discriminatory outcomes will ensue if adequate provisions are not made to compensate those who have been disadvantaged during their life course by, for example, providing care credits for time taken out of employment to care for a loved one.¹⁴⁷

Lone-mother families and risk of poverty

Globally, the proportion of lone-mother families is much higher than lone-father families (see Chapter 2). Some fathers stay involved with their children when they live separately from them, by providing time, care and/or financial resources.

Ethnographic research in high-income countries shows that even fathers who are unemployed or in precarious employment situations sometimes remain present in their children's lives and provide in-kind support despite not being able to support them financially.¹⁴⁸ In the context of very high structural unemployment in South Africa, qualitative research finds that mine workers who live away from their families see economic support for their children as core to what it means to be a good father.¹⁴⁹ But there is a need for more systematic measurement of the extent to which fathers help support their children: if they send remittances, how large are these relative to the cost of supporting children?

Even when fathers are absent, lone mothers, particularly in developing countries, do not necessarily live on their own and often rely on their kinship networks both for childcare and other forms of support (see Chapters 2 and 5).¹⁵⁰ Nevertheless, lone mothers face poverty risks that are way above average in a wide range of countries (see Figure 4.7). In the sample of 40 countries with harmonized data, lone-mother households with

young children have higher rates of poverty when compared to dual-parent households with young children across every country. The rates and magnitude of this difference in poverty rates varies substantially. Luxembourg stands out with the largest percentage point difference in poverty rates between lone-mother and two-parent families, followed by Czechia, Canada and the United States.

Lone mothers are not income-poor because they stay away from paid work. In fact, a high proportion of lone parents in high-income countries, typically close to or above 80 per cent, are actively involved in some form of paid work.¹⁵¹ It is thus despite the high employment rates that lone-mother families face high poverty risks. The United States exemplifies this paradox: compared to 16 other high-income countries, lone parents there have both above-average employment rates and above-average poverty rates. This paradox is explained by high rates of low-wage employment combined with inadequate income support.¹⁵²

The reasons for lone-mother poverty more generally relate to the specific challenges they face in terms of resources, labour markets and social policies. First, lone-parent families often lack the additional and regular resources of a partner who lives in the same household.¹⁵³ Lone mothers also face the adverse consequences of gender pay gaps and 'motherhood pay penalties'.¹⁵⁴ Even in high-income countries, the rise of in-work poverty means that one person's earnings are often inadequate to keep families out of poverty.¹⁵⁵

Second, custodial mothers are not sufficiently protected financially in most countries because the levels of child support from fathers are often inadequate, with arrears or defaults in payment common.¹⁵⁶ In Malaysia, for example, where divorce rates have been historically high, the great bulk of men breach court orders to pay post-divorce compensation (*mut'ā*) and child support.¹⁵⁷ In Colombia, which has one of the highest rates of lone motherhood in Latin America, only 28 per cent of custodial mothers received child support in 2008; however, where it was received it was associated with a noteworthy effect on poverty rates.¹⁵⁸ Similar rates of child support are found in countries such as Canada, the United Kingdom and the United States, while the Nordic countries produce much higher rates.¹⁵⁹

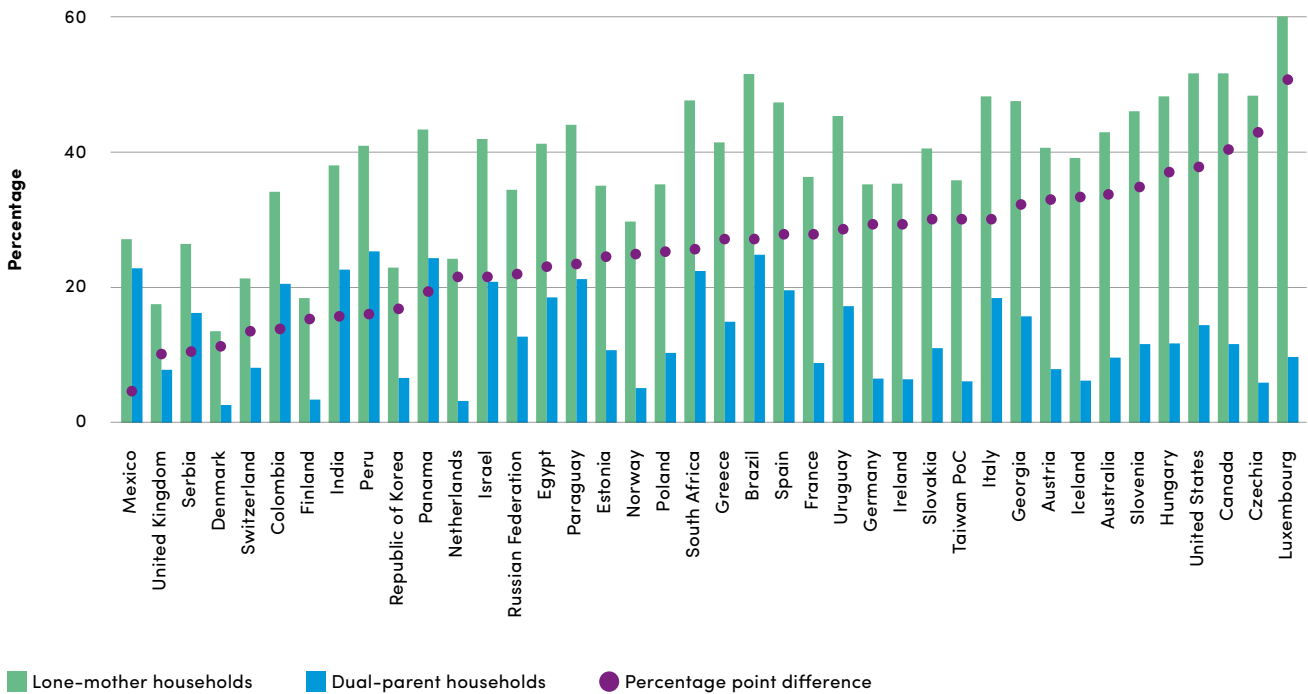
Finally, not only is living on a single income hazardous, it is particularly risky when paid work has to be juggled with many other (unpaid) demands on women’s time. Without a second caregiver in the household to fall back on, even if their contribution is not as large, work-family conflicts can become very pressing.¹⁶⁰ The risks can turn into deep poverty traps if there are no support structures in the form of affordable housing, childcare services, child or family benefits and/or paid leave provisions. These social policy measures go a long way in explaining the differences in lone-mother poverty rates across countries.¹⁶¹

Conditions of poverty, unemployment and socio-economic stress could also be leading to greater instability in intimate partnerships. In Southern Africa, for example, the high and rising incidence of lone-mother families in rural areas, marked by the loosening of the link between marriage and having children, has been associated with very high rates of structural

unemployment and the out-migration of men to neighbouring countries. In this context, many women and men seem reluctant to marry and establish common households, not through a lack of desire, but because they are unable to do so.¹⁶² Likewise, in the United States, adverse economic conditions at the bottom of the income distribution seem to be contributing to fathers not wanting to marry, which has been called “a discouraged father effect.”¹⁶³

Research in high-income countries points to some of the disadvantages that lone parents and their children face, such as poor housing conditions, lone mothers’ poor health and children’s weaker school performance. However, rigorous reviews of this evidence show that lone parenthood per se is not to blame; rather, children’s lower educational performance is explained by the variation in work intensity, the duration of income poverty, increasing levels of material deprivation and the lower quality of schools.¹⁶⁴

FIGURE 4.7 POVERTY RATES AMONG LONE-MOTHER AND DUAL-PARENT HOUSEHOLDS WITH CHILDREN 6 YEARS OF AGE OR YOUNGER, SELECTED COUNTRIES, LATEST AVAILABLE YEAR



Source: Nieuwenhuis et al. 2018.

Notes: Based on the most recent LIS datasets available for 40 countries. Data are from around 2013 (Wave 9) for 35 countries and around 2010 (Wave 8) for 5 countries. Households are restricted to lone-mother and dual-parent (headed) households with no other adults aged 18 or older present. Only opposite-sex couples are captured in the dual-parent household analysis. Moreover, the analysis is restricted to households with children aged 6 or younger (e.g. any households with children aged 7–17 are excluded from the analysis). Households may or may not include own children. Poverty is defined at the household level. Poor households are households with a disposable household income (DHI) that is less than 50 per cent of median equivalized DHI.

4.6 POLICY RESPONSES THAT WORK FOR WOMEN'S RIGHTS AND THEIR FAMILIES

As shown in *Progress of the World's Women 2015–2016*, gender-responsive economic policies, including macroeconomic policies, are essential for creating inclusive economies that generate work and livelihoods for all women and men.¹⁶⁵ Decent employment that gives women a sufficient income of their own must extend beyond the agricultural and manufacturing sectors to include the service sector, which is where most of the growth in employment is likely to take place.¹⁶⁶ As Chapter 5 shows, good quality jobs in the care sector will not only respond to families' growing care needs, especially in middle- and low-income countries where such services are in very short supply, but in doing so make the sector a formidable engine for employment generation.¹⁶⁷

Social transfers to enhance women's income security

Paid work, however, does not always provide a route out of poverty. This is particularly so when one is unable to take it up due to illness, age-related frailty or some forms of disability. There are also periods in people's lives when they have intense care responsibilities and need income replacement. To respond to the risks and volatilities that women and men face in the course of their lives, whether due to economic or social disruptions, or individual contingencies such as getting sick or old, labour markets need to work in tandem with universal systems of social protection.

Paid maternity and parental leave schemes are critical family-related provisions that facilitate women's employment and enhance their income security while making it possible for both women and men to spend time caring for young children (and for women to recover from childbirth). There is serious cause for concern regarding the limited reach of leave policies in low-income countries (see Chapter 5). In Sub-Saharan Africa, for example, less than 16 per cent of all mothers with newborn infants (regardless of their employment status) receive a maternity benefit.¹⁶⁸ In the absence of

basic income security, women who have no rights to paid maternity leave, whether they are subsistence farmers or domestic workers, often keep working far too long into their pregnancy or start working too soon after childbirth.¹⁶⁹

Child- and family-related allowances and benefits, which operate across diverse countries, have gained particular currency in virtually all developing regions in recent decades. Their aim is to offset some of the costs of raising children while promoting basic income security and investing in children's capabilities, through better nutrition, health and school attendance. Most of these programmes target mothers in the knowledge that women are more likely than men to prioritize child-oriented spending. In view of women's elevated poverty risks (compared to men) during their prime reproductive years (aged 20–34),¹⁷⁰ these cash transfer schemes constitute potentially critical interventions. Indeed, on the positive side, they have been associated with a range of favourable outcomes in terms of children's school attendance and health service use as well as reductions in child labour (see Box 4.6).¹⁷¹

There are concerns, however, regarding some of their specific features: the means-testing in targeted social transfers and low-benefit levels; the conditionalities that are attached to most programmes; and most importantly, the limited extent to which they address women's own interests (see Box 4.1).¹⁷²

While cash transfers can make a positive difference for women and girls, their potential is not realized when the benefit levels are low and narrowly targeted on the basis of means testing. A comparison across a range of developing countries shows that the more narrowly a programme is targeted, the greater the population of poor people that is excluded.¹⁷³ A recent study also finds that, on average, about three quarters of underweight women and undernourished

children were not found in the poorest quintile that is usually targeted for assistance.¹⁷⁴ This means that, on top of their opaque methods and considerable administrative costs, narrowly targeted social

protection schemes are also likely to miss most of the intended beneficiaries because many of these women and children are 'hidden' within households that are not among the poorest.

BOX 4.6

SOCIAL PROTECTION TO SUPPORT FAMILIES AND ADVANCE GENDER EQUALITY IN SOUTH AFRICA

The South African Child Support Grant (CSG) was introduced in 1998, based on the recommendations of the Lund Committee on the reform of the child and family support system. The grant aimed to redress the exclusion of large numbers of poor African women and children from the previous policy (called the State Maintenance Grant). It was also tailored to be responsive to the diversity of family forms in South Africa.¹⁷⁵ The legacy of apartheid, including the migrant labour system whereby men left their families to work in mines 11 months of the year, has left an imprint on family structures. One of the results of this long history of family disruption is that only 35 per cent of children live with both their mother and father, and more than one third of children are raised by their mothers alone.¹⁷⁶ The Child Support Grant is a flat-rate cash transfer paid to the primary caregiver (parent, grandparent, other relative or non-relative) of a child under 18 years based on the income of the primary caregiver (and spouse, if relevant). In 2016, the grant reached 11.6 million or 60 per cent of all children.¹⁷⁷ Despite gender-neutral eligibility requirements, 98 per cent of the beneficiaries in 2014 were women.¹⁷⁸ Evaluation studies have found that the grant "is acting as a small but useful supplement to the household budget,"¹⁷⁹ with proven positive impact on child and adolescent poverty, health, nutrition, education, reduced substance abuse and delayed sexual debut.¹⁸⁰ In the 2018–2019 National Treasury Budget, the CSG was R405 (ZAR: South African Rand) per month per child.¹⁸¹

The non-contributory Old Age Grant (OAG) in South Africa, originally introduced in 1928, was extended to all South Africans in subsequent decades. However, prior to 1993 the monthly amount of the grant differed, with higher monthly amounts for white people than those of other races.¹⁸² Further, African beneficiaries received the grant every two months while others received it monthly. Today, the OAG is available to citizens, permanent residents and refugees with legal status, both women and men, at 60 years and irrespective of race or ethnicity, although subject to a means test (based on income and assets). In October 2018, the OAG was R1700 per month. In 2011, well over 85 per cent of older South Africans received the grant.¹⁸³ In addition to improving the health and self-esteem of its recipients, studies find that the grant supports older women's caring roles, both to enable younger mothers in the household to work outside the home, and in the context of HIV when grandchildren lost one or both parents. In these cases, receipt of the grant has been linked to improvements in grandchildren's health and school attendance.¹⁸⁴

Both the Child Support Grant and Old Age Grant have reduced chronic poverty and the depth of poverty for women and lone-mother households, although they have not been able to fully address the highly gendered nature of poverty in the country.¹⁸⁵

Not all targeted social transfers have conditionalities attached to them. But there are concerns about those that do: requiring children to attend regular health checks, for example, or mothers to attend hygiene and nutrition sessions.¹⁸⁶ To date, there is no conclusive evidence to show that conditionalities per se create positive outcomes in terms of child health and nutrition, as opposed to the simple injection of cash into the household.¹⁸⁷ Further, the expectation that they are to be fulfilled by mothers reinforces gender stereotypes about parenting as a maternal duty while increasing the demands on women's time, often at the expense of their paid work, education or training.¹⁸⁸ Rather than reflecting negligence, failure to comply with programme requirements may be due to the lack of accessible services, their poor quality or, in the case of indigenous populations, language barriers.¹⁸⁹ Cash transfers therefore need to be backed by investments in health, education and childcare services as well as accessible infrastructure (for example, affordable and safe transport) to achieve the desired outcomes.¹⁹⁰

Non-contributory old age pensions are also crucial for women's income security. Employment-related (contributory) social insurance pensions, as already noted in section 4.4, are less likely to include women (compared to men) as direct beneficiaries given women's greater likelihood of working informally, intermittently or on an unpaid basis. In contrast, tax-financed social pension schemes, which are now available in 114 countries with varying design features, disproportionately benefit women, though low benefit levels are a concern in some contexts.¹⁹¹ Hence, a combination of contributory and non-contributory pension schemes can work best to provide universal coverage, with gender-sensitive design features such as the introduction of 'care credits' in contributory systems.¹⁹² Such reforms need to be complemented with policies that support women's employment, such as accessible childcare services, parental leave and policies to trigger equal sharing of unpaid care and domestic work within families.

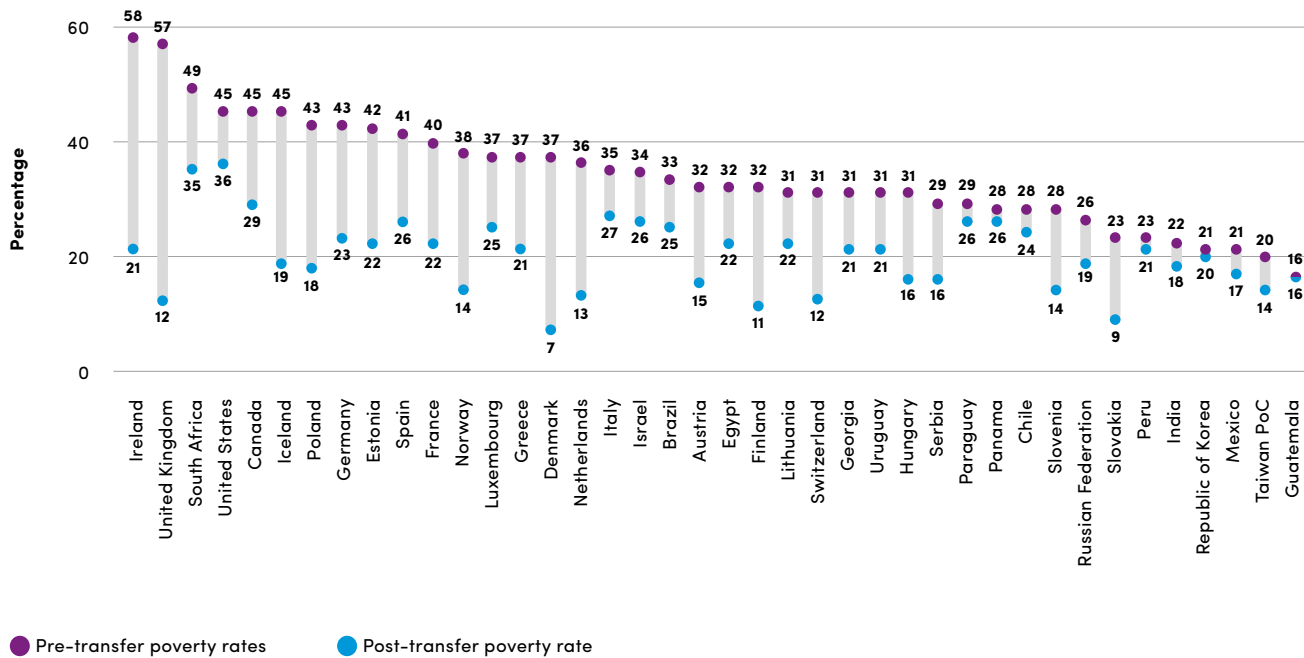
The size of social protection transfers and the terms on which they are made available can make a big difference to their effectiveness in reducing poverty. Figure 4.8 shows that while social transfers are essential for reducing poverty among lone parents in all countries, their impact varies, depending on benefit levels, for example. The transfers captured are for the most part not specifically targeted to lone parents. Yet, in some countries—Denmark, Finland, Ireland and the United Kingdom—the risk of poverty among lone parents is significantly reduced once transfers are included, while in others—Panama, Paraguay, Peru and the Republic of Korea—they show a much smaller impact (and no impact at all in the case of Guatemala).

Child support for lone-mother families

Fathers who do not live with their children are in most countries legally obliged to contribute financially to their upkeep through private transfers usually referred to as child support or child maintenance. Actually recuperating income from the non-custodial parent can be difficult, however. Some countries have been attempting to step up enforcement of child support through measures that include salary deductions, cancelling drivers' licenses and even incarceration.¹⁹³ While such measures are underpinned by the important principle that parental obligations continue after divorce or separation, they are also linked to efforts to reduce state social expenditure¹⁹⁴—for example, the so-called 'cost recovery' model in the United States.¹⁹⁵

The Nordic and some Central European countries operate systems of 'guaranteed maintenance' through which the state steps in if the non-custodial parent is unable or unwilling to pay child support.¹⁹⁶ The principle in this case is that every child has the right to be adequately provided for and that the state should guarantee this right.¹⁹⁷ Such guarantees, however, do not preclude attempts by the state to pursue fathers so they pay their fair share.

FIGURE 4.8 POVERTY RATES AMONG LONE-PARENTS BEFORE AND AFTER TRANSFERS, SELECTED COUNTRIES, LATEST AVAILABLE YEAR



Source: UN Women calculations using LIS (various years).

Notes: Based on the most recent LIS datasets available for 40 countries. Data are from around 2016 (Wave 10) for 9 countries, from around 2013 (Wave 9) for 27 countries and from around 2010 (Wave 8) for 4 countries. Lone-parent households are inclusive of all lone-parent household types, including those where other adult relatives and non-relatives are present. Households may or may not include own children. Pre-transfer poverty rates are calculated before the exclusion of taxes and addition of transfers. Post-transfer poverty rates are defined as having disposable household income (DHI) that is less than 50 per cent of median equivalized DHI.

Recent evidence suggests that punitive measures have borne little fruit. The incarceration of non-custodial parents in the United States, most often low-income African American and Hispanic fathers who live in poverty themselves, has removed them from the formal economy, diminished their economic opportunities after release and “drive[n] them underground and away from their families.”¹⁹⁸ A guaranteed benefit from the state, on the other hand, seems to be the most efficient policy for improving the economic well-being of custodial mothers and their children.¹⁹⁹ In high-income countries where the state guarantees child maintenance, rates of child poverty are lower.²⁰⁰

In order to qualify for state support, lone mothers in some contexts may have to prove an inability to receive child support from the non-custodial parent/father. This condition presents potential risks to

custodial mothers. Research among lone mothers in the Caribbean, for example, revealed a range of reasons why women did not want to apply to the court for child support from their ex-partner, including: the time, energy and other resources needed to make an application; embarrassment; likely harassment or violence by the ex-partner; irregular payment of any amounts awarded; and the likelihood that the amount of child support awarded would be less than what they could otherwise claim from public assistance.²⁰¹

The case of South Africa illustrates that it is possible to design welfare systems that support both mothers and children in lone-parent families. During the post-Apartheid reforms, a key innovation of the Lund Committee, which oversaw the overhaul of child-related transfers, was to reject the requirement that women who applied for state support on behalf of

their children should prove that they had applied for private child support. In a context in which large numbers of women were bringing up children alone, and many men were unemployed or earning very little, it was recognized that rather than squeezing money out of very poor men, resources could be better spent supporting the custodial parents and their children.²⁰² In the end, the Government decided that receipt of private child support would not render an applicant ineligible for the state Child

Support Grant (see Box 4.6). However, in cases where private support is received, the amount is included as a component of the applicant's income for purposes of the means test used to determine eligibility for the grant.

While public support is clearly needed to address the resource needs of lone-mother families, public provision still leaves the problem of abrogation of family responsibilities by fathers intact.

4.7 CONCLUSION

A policy agenda that provides income security for diverse families and has gender equality at its heart is possible. Such an agenda would support women's independent access to income and thereby amplify the voices and the choices they are able to make in their lives.


Women's effective control over resources matters for their own dignity and rights as well as the balance of power within their intimate and family relationships. Yet its effectiveness in leveraging a shift in intra-household power dynamics is contingent on a number of factors, including the nature of paid work, the regularity of the income and the norms defining the rules for resource distribution within the household. While in some regions, increasing numbers of women have gained an income of their own, such gains have been stratified across income groups and women's marital and family status. In many contexts, being married or in a union and having young children dampen women's likelihood of having a foothold in the labour market, while persistent gender pay gaps and 'motherhood penalties' continue to drag their incomes down. Where women's gains have coincided with men's declining economic prospects, gender dynamics have become particularly fraught, aggravating relationship breakdown and men's failure to financially or otherwise support their children.

Having secure access to and control over assets is equally critical, especially as a fallback option in case of relationship dissolution. Joint titles and community property marital regimes hold some promise for making household decision-making more egalitarian and partially compensating women for the time they allocate to unpaid family care. Yet social norms and practices are slow to change even when there is the political will to transform existing legislation.

Women's risk of poverty is particularly elevated during their prime reproductive years when they juggle earning an income with care-giving, especially when relationship dissolution strips away their assets and any support they may have received from their partners. Social transfers are a necessary complement to women's earnings and assets, as are much-needed reforms of child maintenance systems.

The next chapter puts the spotlight on work-family reconciliation through paid maternity and parental leave and affordable care services for children and older persons, which are needed to enhance women's employment and economic security and complement the unpaid care that families and friends provide for each other.





MAKING PROGRESS/STORY OF CHANGE

Accra's female market traders blaze a trail on childcare

An early years education centre at Ghana's biggest outdoor market has weathered tough economic challenges to give children—and women—the support they need.

Every morning, thousands of women make their way to Makola Market, one of Africa's largest urban outdoor trading centres, in the middle of Ghana's capital, Accra. As well as their wares, many also bring their young children or carry babies strapped to their backs.

"Many women up and down the country depend on markets for their survival," says Aunty Mercy, President of the Ghana Association of Traders (GATA), one of the country's largest organizations of market traders and vendors. "Markets are not safe or clean places for young children, but often mothers have no choice but to bring them anyway, and this causes stress and anxiety."

Nyhira and her mother use the Makola Market Childcare Centre in Accra.

Photo: UN Women/Ruth McDowall

Globally, women do three times as much unpaid care and domestic work as men, including the majority of childcare.¹ High quality, affordable childcare services for working parents—especially those in informal employment—should be part of social protection systems:² they allow women to increase their incomes and boost gender equality.³

“The childcare centre was being run without the voices of women being considered, so we decided to take things into our own hands.”

Yet in Ghana, as in many other countries across the world, these services are simply not in place to support working women, many of whom have to rely on networks of relatives and friends or take their children to work with them.

At Makola Market, women traders and vendors are proving that childcare services designed for and managed by the workers themselves have the potential to change this.

Every morning, 140 children are dropped off at the Makola Market Childcare Centre before their parents start their working day.

“Our aim is that women are able to concentrate on their business and feel good about their children getting a good education from people who care about their well-being and their health,” says Aunty Mercy, who is also a trained teacher and manager of the centre.



Shelly Quartey, head teacher at the nursery.

Photo: UN Women/Ruth McDowall

First opened in 1983 with the support of the then first lady, Nana Konadu Agyeman Rawlings, the childcare centre was initially run directly out of her personal office, as a public service, in coordination with market traders' associations.

Then when the Government changed in 2001, the Accra Metropolitan Assembly (AMA)—the city's political and administrative authority—took over the running of the centre. Traders say that the management, quality and affordability of the childcare went into swift decline.

"The childcare centre was being run without the needs or voices of the women at the market being considered, and so we decided to take things into our own hands," says Aunty Mercy.

Since then it has been run by a parent-teacher association (PTA), with representatives from GATA voted on to the management board by parents. Parents also provide food from their own stalls for the daily meal.

Staff welcome in children from 6:00 am and close the centre after the last child is picked up. A flexible payment system is in place, with subsidies and free places for parents who cannot afford to pay the monthly fee.

Huge challenges still exist, especially around teachers' salaries. While these were covered when the centre was under the control of the city, parents must now foot the bill for all its running costs. A national drive to reduce the public wage bill by 40 per cent⁴ has proved a significant barrier to requests for salaries to be paid by the Ministry of Education.

"We'd like to see public childcare centres like this in every market across the country."

"The proven ability of the women traders to successfully run the centre at Makola in the face of hard economic challenges has made it a pace-setter in the campaign for more access to early years childcare in Ghana," says Dorcas Ansah, Accra Focal Cities Coordinator at WIEGO, a campaigning group for women working in the informal sector.⁵

Alongside groups such as WIEGO, parents at the Makola Market Childcare Centre continue to campaign for support from the municipality; they have also insisted that plans to modernize the market should include provision for a renovated childcare centre.

"We'd like to see public childcare centres like this in every market across the country," says Ansah. "The women at Makola have proved it is possible."



Before starting their working day, vendors can drop their children off at the Makola Market Childcare Centre.

Photo: UN Women/Ruth McDowall



CARING FAMILIES, CARING SOCIETIES

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KEY MESSAGES

01

Families are one of the main places where people are cared for and nurtured. Within families, it is women who do the vast majority of this care work.

02

Globally, women do three times as much unpaid care and domestic work as men. Living in a rural area, in a poor household, being married and having young children all increase women's care workloads.

03

Care can be provided in a consensual and egalitarian manner, making it a rewarding experience. But it can also be oppressive and exploitative, hampering the caregivers' opportunities and enjoyment of rights.

04

The countries with the highest fertility rates and often the lowest incomes have the largest needs for childcare, but are also those with the smallest professional care sectors and least developed infrastructure to reduce the drudgery of domestic work.

05

The care needs for ageing populations which are concentrated in high-income countries are better met, albeit still with significant gaps. In the coming decades, care for older persons will become a pressing priority for low- and middle-income countries too.

06

Care is a 'public good' and should be supported with cash, time and public services. Social transfers and paid leaves enable parents to take time off work for children's care. Greater public investment is needed in early childhood education and care services; long-term care services for older persons and those with disabilities; and basic infrastructure to support care work.

07

In making these investments, the potential pay-offs are significant, building children's human capabilities, safeguarding the dignity and rights of older persons and those with disabilities, and creating decent employment opportunities in the care sector where women are heavily represented.

5.1 INTRODUCTION

Families are key sites for the provision and receipt of care, and they are also sources of love and affection through which people are nurtured and develop a sense of belonging. It is within families that the young and old, the healthy and frail, develop the human capabilities that undergird vibrant economies and inclusive societies.

An examination of who provides care within families reveals a stark pattern. Across diverse contexts, the primary responsibility for the care of children and adults is routinely assigned to women as an activity and a preoccupation that is seen as quintessentially feminine. It is often a non-negotiable part of being a mother, wife or daughter. The designation of women as carers has powerful normative traction, shaping social expectations as well as concrete practices that are often difficult to renegotiate and change. The fact that caring creates strong emotional attachments places care providers in a weak position to ‘bargain’ with other family members for an equal share of their time or more resources, because such bargaining puts those they care for at risk.¹

Care can be provided in a consensual and egalitarian manner, making it a rewarding experience. But it can also be oppressive and exploitative, hampering caregivers’ opportunities and enjoyment of rights. As the feminist economist Diane Elson puts it, the fact that much unpaid care work “is done for love, does not mean that we *always* love doing it.”² The context and conditions under which people care for each other, and the types of support they can rely on when they do so, are of tremendous significance.

While families assume a central role in care provision, markets, the public sector and not-for-profit providers also finance and/or deliver care, together forming a ‘care diamond’ of interdependent sites of care provision (see Figure 5.1).³ When public health services, for example, are cut back or impose user charges, the need for care does not disappear. Better-

off families may be able to switch to market-based services, but those who cannot afford out-of-pocket payments have to pick up the slack themselves, effectively shifting care into the home. Although the state may not finance or deliver all forms of support, it has a duty to ensure that such support is available, accessible and of adequate quality for everyone.

It is often assumed that families (and within them, women) will provide care to their members regardless of the socio-economic conditions and demographic changes that make caring more or less burdensome. But women’s time is not “infinitely elastic,” and coping strategies can produce unintended outcomes.⁴ In the context of health crises, girls can miss out on school because of time spent fetching water and looking after bed-ridden family members. When caring for older relatives, women may have to reduce their income-earning work or forego promotions and training opportunities. Even so, those with intense care needs may still not receive sufficient care.

Chapter overview

This chapter focuses on the family as a key site for the provision of care, while drawing attention to the complementary role that other providers play in supporting families. It explores the contours and tensions of family caregiving and the implications these have for women’s enjoyment of rights, including the right to give and receive care.⁵ The first part of the chapter looks at gender and other inequalities in the provision of unpaid care and domestic work within families and how these arrangements are impacted by deeply entrenched social norms, socio-economic and demographic factors and public policies. The next part of the chapter provides an approximation of care needs, focusing in particular on families with children and on care of older persons. It shows how families with different configurations and in diverse settings seek to respond to these needs (or fall short of doing so) through intra-family and inter-generational transfers of care.

Finally, in recognition of care as a public good, the chapter makes the case for enhanced public investment in care-related services and infrastructure that are accessible, affordable and of adequate quality. It argues that such investments are not only a necessary complement to the care that families and friends provide for each other, but also have the potential to

generate millions of decent jobs in the care sector. Redistributing care within families and incentivizing men to prioritize caregiving have proved challenging, even in high-income welfare regimes with extensive care policies. But the redistribution of care within families remains a prerequisite for substantive gender equality and women's full enjoyment of their rights.⁶

5.2 CARING FAMILIES? A STORY OF MULTIPLE INEQUALITIES

Care encompasses all of the activities that develop a recipient's human capabilities (meaning physical and mental health as well as physical, cognitive and emotional skills) through face-to-face interactions with a care provider.⁷ Beyond face-to-face nurturant relations, also called direct care, other activities

that support caregiving such as preparing meals or other forms of unpaid domestic work⁸ also take up a considerable amount of time (see Box 5.1).⁹ People provide unpaid care and domestic work not only for those with whom they live but also for family members and friends who live in separate households.

BOX 5.1

DEFINING UNPAID CARE AND DOMESTIC WORK

Direct care involves hands-on or face-to-face personal and often emotional contact, such as feeding a child or bathing a frail older person. On the other hand, domestic work (or housework) such as cleaning and doing laundry, sometimes referred to as indirect care, can involve little if any personal engagement. These activities that enable caregiving can absorb a significant amount of time, especially in low-income countries and communities where water and fuel for household use may also have to be fetched. The work of producing goods for household consumption, such as food from a garden, firewood or water, though unpaid, is not a component of unpaid care work; it is within the production boundary of the System of National Accounts (SNA), though seldom accurately measured or valued (except in time-use surveys). Unpaid care and domestic work, however, are explicitly excluded from the SNA and are therefore traditionally overlooked in economic analysis.¹⁰

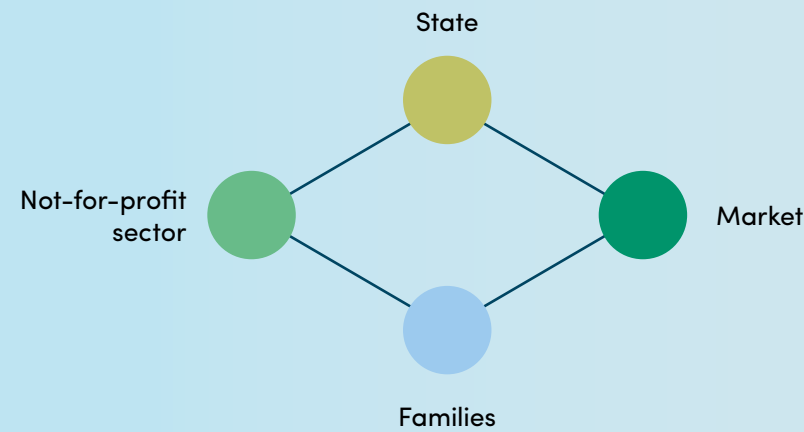
Time-use surveys are an essential tool for measuring the temporal demands of care for children and also for adults who require assistance due to ageing or disability (also known as long-term care). Many surveys ask respondents to report how many minutes of a survey day (or days) they spent doing unpaid care and domestic activities, as well as who they were with and where they were when providing direct care. Yet time-use surveys often fail to capture 'supervisory' or 'on-call' responsibilities, that is, the time the carer is in charge of a person but not involved in any concrete activity with them. In fact, analyses of time-use surveys that capture such supervisory responsibilities show that they are very time-consuming, in particular for women.¹¹ For instance, in the United States, the amount of time women allocate to supervisory childcare is two to five times larger than the time they devote to direct care activities.¹² Long-term care researchers have also observed the fact that supervisory care is likely to be under-reported by family members.¹³

FIGURE 5.1 BALANCING THE RESPONSIBILITY FOR CARE

IDEAL

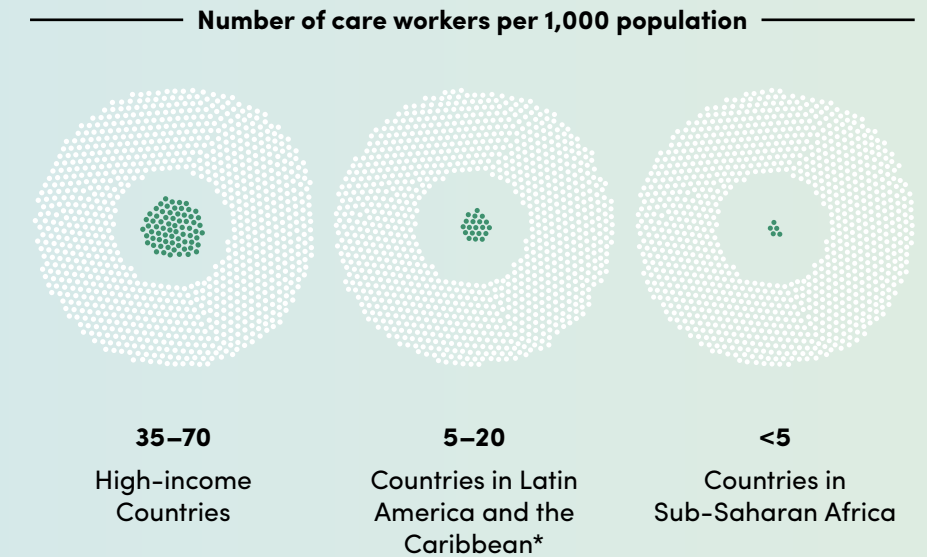
Ideally, care provision is balanced among different institutions, even if families are primary care providers.

Within the household, men and women should share the responsibility for care.



CHALLENGE

The care workforce (in state, market and not-for-profit institutions) is far too small in most developing countries to meet growing care needs.

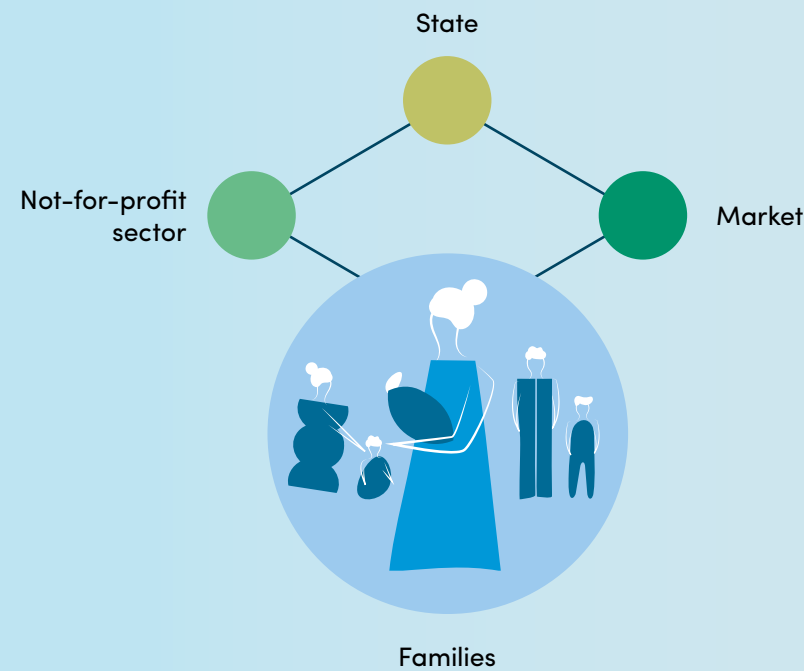


REALITY

In reality, the provision of care is not balanced across the four providers.

Families, especially when they are poor, pick up the slack, doing the bulk of care work.

Within families, women bear a disproportionate burden of this care.



SOLUTION

How can governments redistribute care more equally between women and men, and between families and society?

- ✓ Provide universal maternity and parental leave
- ✓ Invest in care services for children, older persons and people with disabilities
- ✓ Incentivize equal sharing of unpaid care work, e.g. through 'daddy quotas'
- ✓ Prioritize investments in infrastructure to reduce the drudgery of unpaid care and domestic work
- ✓ Ensure that unpaid care and domestic work is counted in statistics and taken into account in policy-making
- ✓ Ensure decent employment conditions for care workers

Source: Razavi 2007 and Duffy and Armenia, Forthcoming.

* The exception for Latin America and the Caribbean is Uruguay with nearly 40 care workers per 1,000 population.

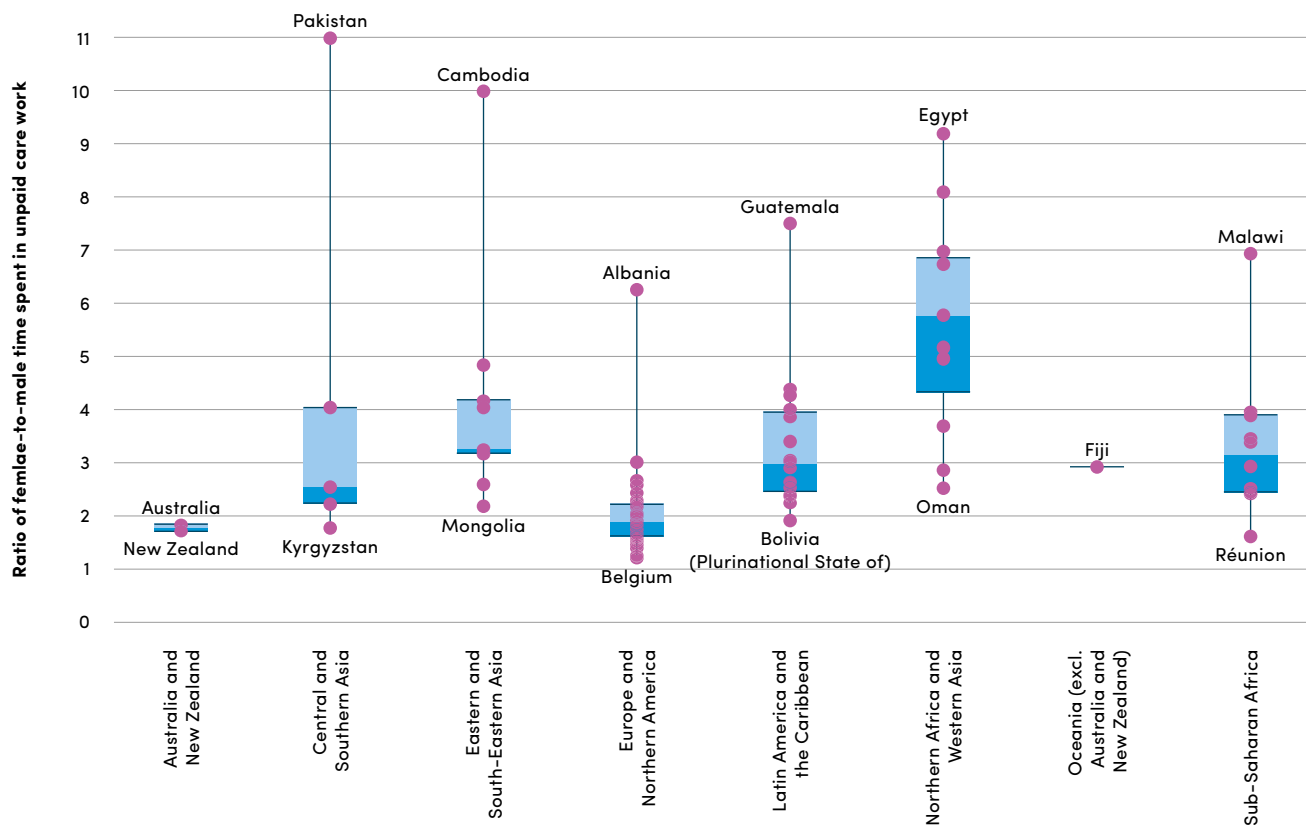
Persistent gender inequalities within families

Women are often seen as performing unpaid care and domestic work in exchange for male economic provision. Given that breadwinning is no longer (if it ever was) an exclusively male responsibility (see Chapter 4), has the division of unpaid care and domestic work between women and men within families undergone a commensurate convergence?

Time-use surveys from around the world reveal that when paid and unpaid work are combined, women work longer hours overall than men do.¹⁴ Globally, women do three times as much unpaid

care and domestic work as men do, though gender inequalities vary across countries and are particularly stark in developing country contexts.¹⁵ The gender gap in unpaid care and domestic work is at its widest in the Northern Africa and Western Asia region, where the median female-to-male ratio is almost six (see Figure 5.2). The gender inequalities do not disappear in high-income countries, but they are not as glaring.¹⁶ What explains the relatively smaller gender gaps in unpaid care and domestic work in high-income countries? Box 5.2 answers this question, underscoring the reduction of routine domestic work but also the point that the gender division of care work is difficult to renegotiate.¹⁷

FIGURE 5.2 RATIO OF FEMALE-TO-MALE TIME SPENT ON UNPAID CARE AND DOMESTIC WORK BY REGION, LATEST AVAILABLE YEAR



Source: UN Women calculations based on UNSD 2018.

Notes: Data refer to the most recent available for 88 countries and territories (2001–2017). Age group is 15+ where available (18+ in Ghana). In a number of cases, data are for those aged 10+ or 12+. In the case of Thailand (2015) they are for those aged 6+, and in the United Republic of Tanzania (2014) for those aged 5+. Data for Bulgaria, Denmark, Latvia, the Netherlands, Slovenia and Spain correspond to time spent on unpaid care among those aged 20 to 74 only. The box represents the middle 50 per cent of countries in terms of the ratio of female-to-male time spent on unpaid care and domestic work. The line below the box represents the range for the bottom 25 per cent of countries, with the country with the lowest ratio identified. The line above the box represents the range for the top 25 per cent of countries, with the country with the highest ratio identified. Dark and light blue shading in the figure represents the range for the middle 50 per cent of countries divided into two quartiles (second and third respectively). In the case of Qatar, only urban areas are covered in the analysis. Differences across countries should be interpreted with caution given heterogeneity across surveys/countries in definitions, methodology and sample coverage. See UNSD 2018 for further information on the country-level data.

It would be interesting to know whether the division of unpaid care and domestic work among same-sex couples is more egalitarian than among opposite-sex couples, given that they do not have a set 'gender script' in the way that heterosexual couples do. Systematic survey data are generally too scarce to allow proper exploration, but some countries such as Australia are beginning to produce it. In 2016,

unpaid domestic work in Australia such as cooking, laundry and gardening was more equally shared between same-sex couples compared to opposite-sex couples: 57 per cent of female same-sex couples and 56 per cent of male same-sex couples did about the same amount of unpaid domestic work. In opposite-sex couples, by contrast, a much smaller proportion, 39 per cent, divided the work equally.¹⁸

BOX 5.2

HAVE WOMEN'S AND MEN'S UNPAID CARE AND DOMESTIC WORK CONVERGED IN HIGH-INCOME COUNTRIES?

Along with the rise in women's labour force participation (and a slight decline in men's), the gender gap in unpaid care and domestic work has narrowed in high-income countries. But what explains these relatively smaller gender gaps? Analysis of trend data covering the last 40 years provides a number of useful insights.

First, it is not that men are doing their fair share. While men are slowly increasing their unpaid contributions, they still spend comparatively little time on routine housework, much less time than women on childcare (though men's allocated time is increasing) and concentrate their unpaid work on less routine chores such as shopping and house repairs.¹⁹ The continuing gender segregation in unpaid care and domestic work points to the difficulties of changing the underlying social norms related to gender roles ('doing gender').²⁰

A second finding (which has relevance for low-income countries) is that the reduction in women's unpaid care and domestic work has been mainly due to the diminution in routine housework made possible by modern domestic technology and/or the outsourcing of such work to paid domestic workers. Importantly, the time allocated to childcare has fluctuated and increased to some extent over the past four decades, especially the interactive part (e.g. playing with or reading to children).²¹ In fact, despite the increase in women's labour force participation since the 1960s, parents today appear to be devoting more time to childcare than they did 40 years ago; they do so by preserving time with children and reducing the time spent on leisure, personal activities and sleep.²² Research also points to a positive association between parental education and income, on the one hand, and time spent on childcare, on the other.²³ However, it is also possible that growing concern about the amount of time spent with children is leading mothers, particularly those with higher levels of education and income, to report on care activities in more detail.²⁴

Third, the impact of women's paid work on the division of unpaid care and domestic work between women and men is not as straightforward as household bargaining models (see Chapter 1) suggest. Data from Australia and the United States show that women have decreased their housework as their earnings have increased, along the lines predicted by these models.²⁵ However, while women do use their income-based bargaining power to reduce their own unpaid work, they either cannot or "don't try to use it to increase their husband's housework."²⁶ Instead, they either replace their own time with purchased services, outsourcing some of the work to other women, or leave housework undone. Even when women and men are both in full-time employment and contribute equally to household income, women still do more unpaid care and domestic work than men. The power of social norms is especially striking where women's earning capacity exceeds that of their husbands: in this case, the available evidence suggests that women still tend to do more housework than their husbands, as if to 'neutralize' the 'deviance' of their husband's financial dependence.²⁷

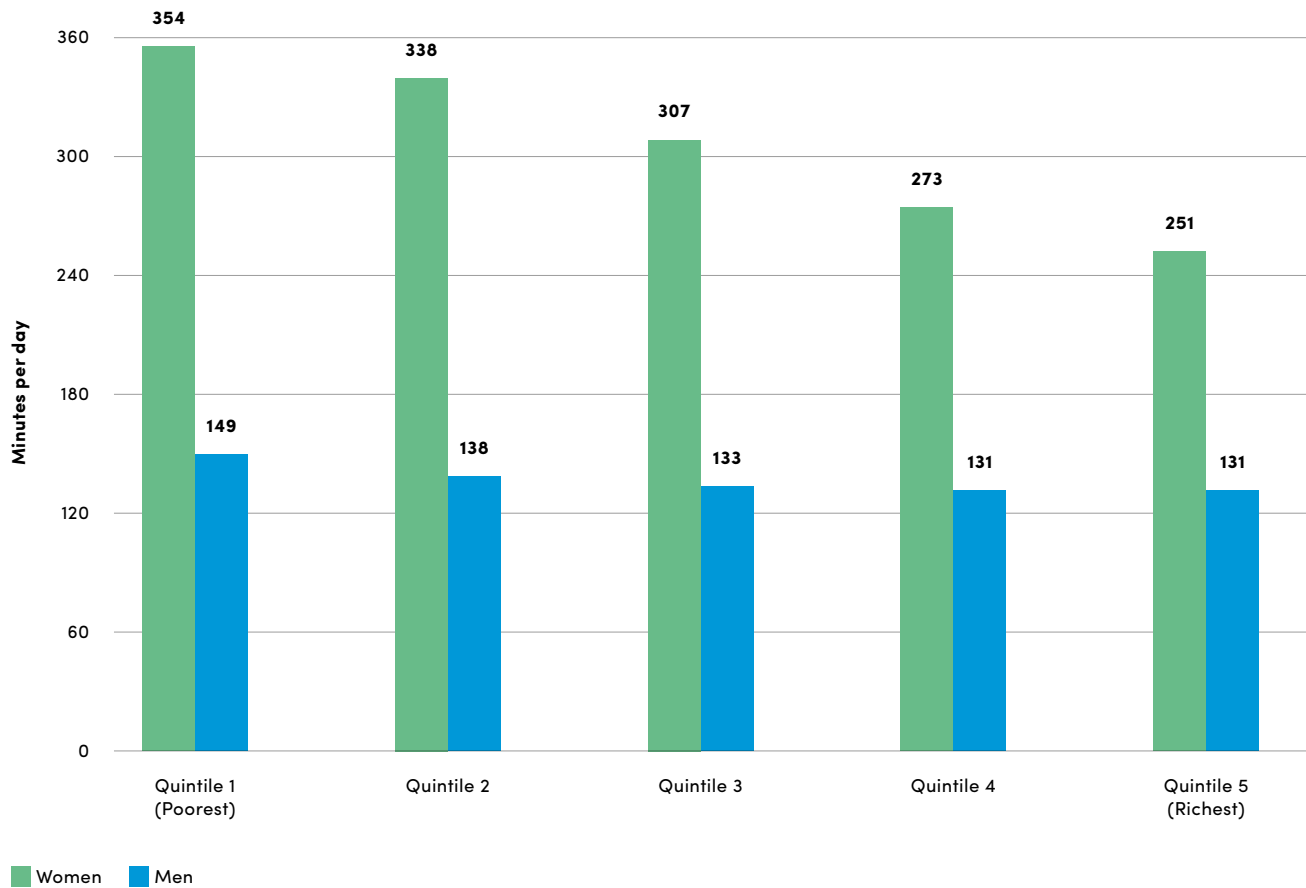
Inequalities among women: caring in divergent families

The averages reported in the previous section mask inequalities among women (and men). Rural residence, for example, tends to increase the time women allocate to unpaid domestic work.²⁸ This is not surprising, given the generally lower access to basic infrastructure such as water on tap and labour-saving technologies in rural locations, though infrastructure and service deficiencies can be equally dire in overcrowded urban slums.²⁹ For instance, it is estimated that only 71 per cent of the world’s population uses on-site, safely managed drinking water services.³⁰ Survey data for 61 countries show that in 80 per cent of households without water

on the premises, women and girls are responsible for water collection.³¹

Household wealth or income status can also make a difference, as poorer women (though not men) make up for services they cannot afford to access by increasing their unpaid time inputs. In Latin American countries, where economic inequality is relatively high by global standards, women in the poorest income group (quintile 1) allocate significantly more time to unpaid care and domestic work than those in the richest quintile (quintile 5), as shown in Figure 5.3. Men’s consistently low time inputs, regardless of their household income level, is also striking.

FIGURE 5.3 UNWEIGHTED AVERAGE TIME SPENT ON UNPAID CARE AND DOMESTIC WORK BY SEX AND INCOME QUINTILE, SELECTED LATIN AMERICAN COUNTRIES, LATEST AVAILABLE YEAR



Source: CEPAL 2018.

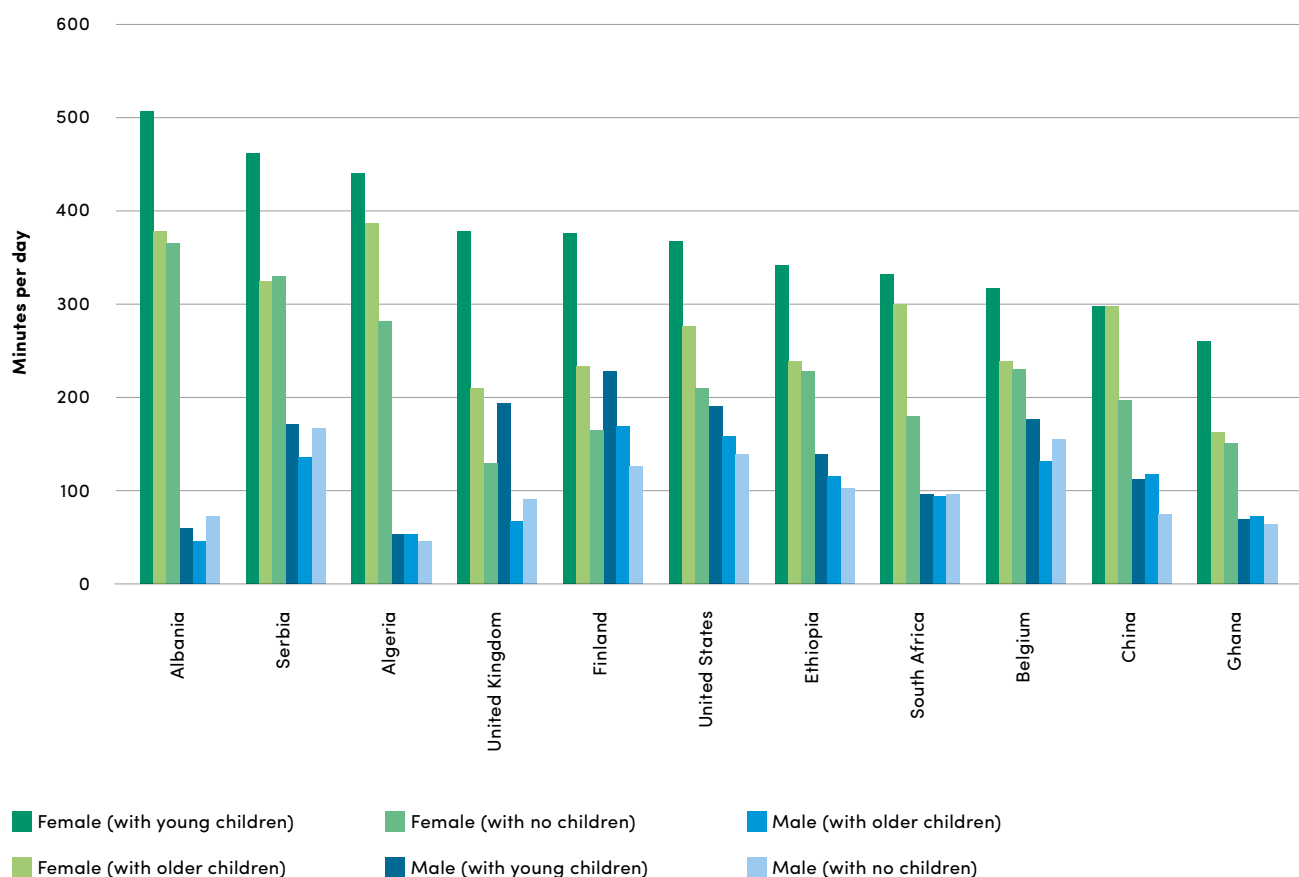
Note: The unweighted average is based on latest available data points for a set of 11 countries: Argentina (2013), Brazil (2012), Chile (2015), Colombia (2012), Ecuador (2012), El Salvador (2010), Guatemala (2011), Honduras (2009), Mexico (2014), Peru (2010) and Uruguay (2013), assigning each country the same relative importance.

A similar pattern of inequality prevails in high-income countries, even though both gender inequalities within income groups and class inequalities among women are much smaller than in Latin America. Based on analysis of five countries, women in the poorest quintile do on average 263 minutes of unpaid care and domestic work per day, compared to 231 minutes for women in the richest quintile.³²

Marital status and the presence of young children in the household are significant factors impacting the time women allocate to unpaid care and domestic work.³³ In Algeria and Tunisia, for example, married women do twice as much of this

work as single women, while in Turkey it is almost three times as high.³⁴ As for the presence of young children, a seven-country study of time use—in Argentina (Buenos Aires), India, Japan, Nicaragua, the Republic of Korea, South Africa and the United Republic of Tanzania—found that women’s unpaid care and domestic work was more intense in households with young children and the amount of work decreased as the age of the youngest child increased.³⁵ A similar trend can be seen for a wide range of countries in Figure 5.4. Again, the greater responsiveness of women’s (compared to men’s) time use to the presence of young children is notable.

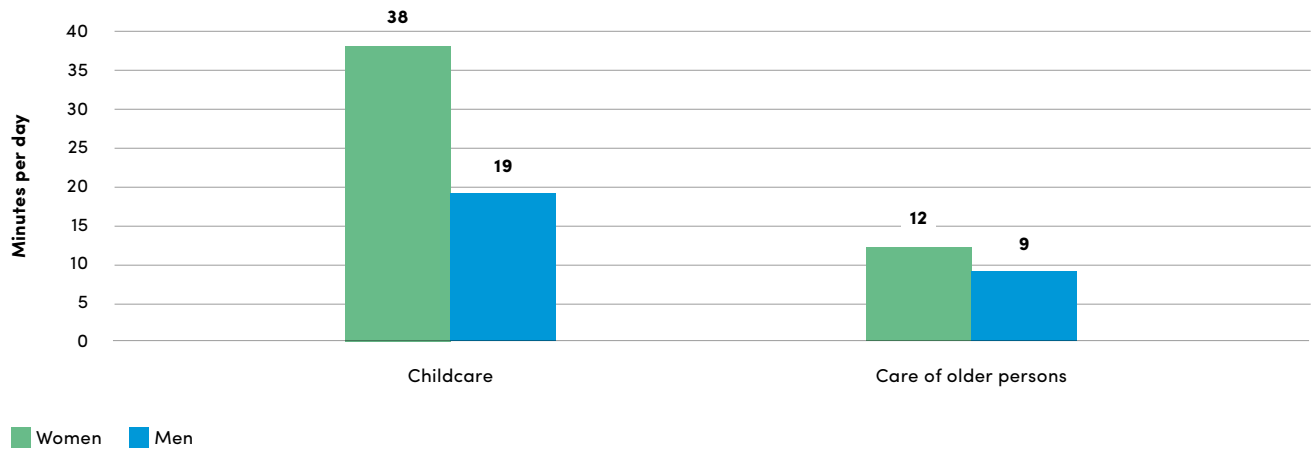
FIGURE 5.4 TIME SPENT IN UNPAID CARE AND DOMESTIC WORK BY SEX AND PRESENCE OF CHILDREN IN THE HOUSEHOLD, SELECTED COUNTRIES, LATEST AVAILABLE YEAR



Source: ILO 2018a.

Notes: Includes 11 countries that conducted time-use surveys between 2008 and 2016: Albania (2010–2011), Algeria (2012), Belgium (2013), China (2008), Ethiopia (2013), Ghana (2009), Finland (2009), Serbia (2010–2011), South Africa (2010), the United Kingdom (2015) and the United States (2016). The age group is 15 and older. The designation ‘young children’ refers to the presence of children aged 0–4 in the household and ‘older children’ refers to the presence of children aged 11–17.

FIGURE 5.5 TIME SPENT IN UNPAID CHILDCARE AND CARE OF OLDER PERSONS BY SEX, UNITED STATES, 2017



Source: UN Women calculations based on Bureau of Labor Statistics 2017.

Notes: Sample is restricted to those who are aged 18 and older. The estimates are weighted by the survey weight provided by the Bureau of Labor Statistics. Unpaid childcare is defined by the sum of the following activities: caring for and helping household children and non-household children, and travel related to child care. Unpaid care for older persons is defined by the sum of time spent on activities ranging from helping and caring for household and non-household older persons to travel undertaken to assist older persons.

Women are also primary providers of long-term care for ageing spouses and partners, as well as for parents and parents-in-law who may live separately (see section 5.7). Research suggests that men in Europe assume a relatively bigger share of the unpaid care provided for older family members (or friends) than for children, even though women still shoulder a larger part of the work.³⁶ Likewise in the United States, while women spend more time caring for both children and older persons compared to men, the gender division of care for older persons appears to be more equal than it is for childcare (Figure 5.5).

The smaller gender inequalities in care for older persons in the United States reflect the fact that, in this context, this work often entails more indirect care (e.g. assistance with finances or home repair), while older persons with serious or chronic conditions requiring direct care tend to be institutionalized in hospitals or nursing homes, with most of their care thus shifted from the family to the public, private-for-profit and not-for-profit sectors. In addition, the probing of activities in the US time-use survey urges respondents to think broadly about support to older persons not living in the same household in ways that privilege the management aspect (which men tend to do more of) rather than hands-on care.³⁷

5.3 CARE, FAMILY DEMOGRAPHICS AND UNMET NEED

In recent years as fertility rates have declined (see Chapter 2), fears of ‘population explosion’ and its implications for world hunger seem to have given way to apocalyptic views of an ‘ageing crisis’ and its presumed linkage to economic decline.³⁸ Apart from resting on questionable causal linkages, these narratives tend to ignore the very serious care implications of population dynamics. Both youthful populations and population ageing raise important

questions about existing care systems, whether paid or unpaid, especially in the case of those whose meagre incomes, savings and pensions do not allow them to access market-based care services. Drawing on care dependency ratios (see Box 5.3), this section illustrates that in low-income countries and among low-income families, the need for care far outstrips the supply of care services, thereby placing a disproportionate burden on unpaid family care providers.

BOX 5.3

WHAT IS THE CARE DEPENDENCY RATIO?

The care dependency ratio (CDR) measures the relationship between the number of people who are most likely to need care and the number of those who are most likely to provide care (it does not take into account the paid care workforce).³⁹ As with standard dependency ratios, the CDR is defined in terms of age groups, and is therefore a reflection of the age structure of the population. So low-income countries with very high total fertility rates, tend to have high CDRs due to the large number of children needing care, but even in high-income countries, with much lower total fertility rates, CDRs can be high because of ageing populations. The aggregate CDR used in this Report involves two different components, one focusing on care for young children (0–5 years old) and the other focusing on older persons needing care. However, unlike conventional dependency ratios, the age of older persons needing care, and consequently the age of potential care providers, is not fixed across countries. Instead, to account for heterogeneity in life expectancy across countries, it varies in accordance with the estimates for healthy life expectancy at 60 years old in the given country (see Statistical Note for further details). Sub-divided into components, and expressed as a percentage, the CDR for young children captures the number of children aged 0–5 for every 100 potential adult care providers, while the CDR for older persons captures the number of older persons in need of care for every 100 potential adult care providers.

A snapshot of care needs

Figure 5.6 captures the care dependency ratio (CDR) for young children (0–5 years) across regional groupings and by countries' income status (low, middle and high). The demographic weight of young children is lowest in the high-income countries of Europe and Northern America (9.2 per cent), as is to be expected from these countries' fertility rates (see Chapter 2).⁴⁰ In Eastern and South-Eastern Asia (11.0 per cent) and Australia and New Zealand (10.6 per cent), the demographic composition is similar, with 1 child aged 0–5 for every 10 potential care providers.

In contrast, the three regions with the highest average fertility levels and consequently the highest CDRs are Sub-Saharan Africa (35.7 per cent), Oceania (excluding Australia and New Zealand) (24.9 per cent) and Northern Africa and Western Asia (20.7 per cent). These are followed by Central and Southern Asia (17.7 per cent) and Latin America and the Caribbean (14.5 per cent), which have fertility rates around replacement level.

Disaggregated by country income classification, the distribution of CDRs for children aged 0–5 ranges from a low of 6.6 per cent among high-income countries (the Republic of Korea) to a high of 50.3 per cent (Niger) among low-income countries. The greatest degree of heterogeneity is observed in low-income

countries, which present the widest distribution spreads (see Figure 5.6). Fertility decline, which is well underway in many developing regions, will likely reduce the demographic weight of young children aged 0–5 in the years to come. As it stands, the global CDR for children aged 0–5 at 15.9 per cent in 2015 is projected to decrease to 13.6 per cent by 2030.

However, having fewer children is unlikely to result in a proportional reduction in women's unpaid care and domestic work. For one, there are economies of scale in providing care and so, although it may lead to some reduction, having fewer children does not lead to a commensurate decline in unpaid care work. The daily activities of bathing, feeding and looking after children still need to be performed regardless of whether there is one child or several in the home. Moreover, older children often assist with unpaid domestic chores and take care of, and entertain, younger ones, which means that the decline in unpaid care work is unlikely to be proportional.

Within countries the burden of childcare is greatest for poorer households, because poorer women tend to have more children than their richer counterparts. For example, among 35 countries in Sub-Saharan Africa, women of reproductive ages (15–49 years) in the poorest quintile have on average between 1.0 (South Africa) and 4.5 (Angola) more children than those in the wealthiest quintile.⁴¹ A similar pattern emerges for the

other countries for which we have data. Not only are the wealthiest households likely to have fewer children relative to the number of care providers, but they also tend to enjoy better access to time-saving infrastructure. In the Plurinational State of Bolivia, for example, only 38 per cent of the poorest households have water on-site (piped water) compared to 99 per cent of the richest.⁴²

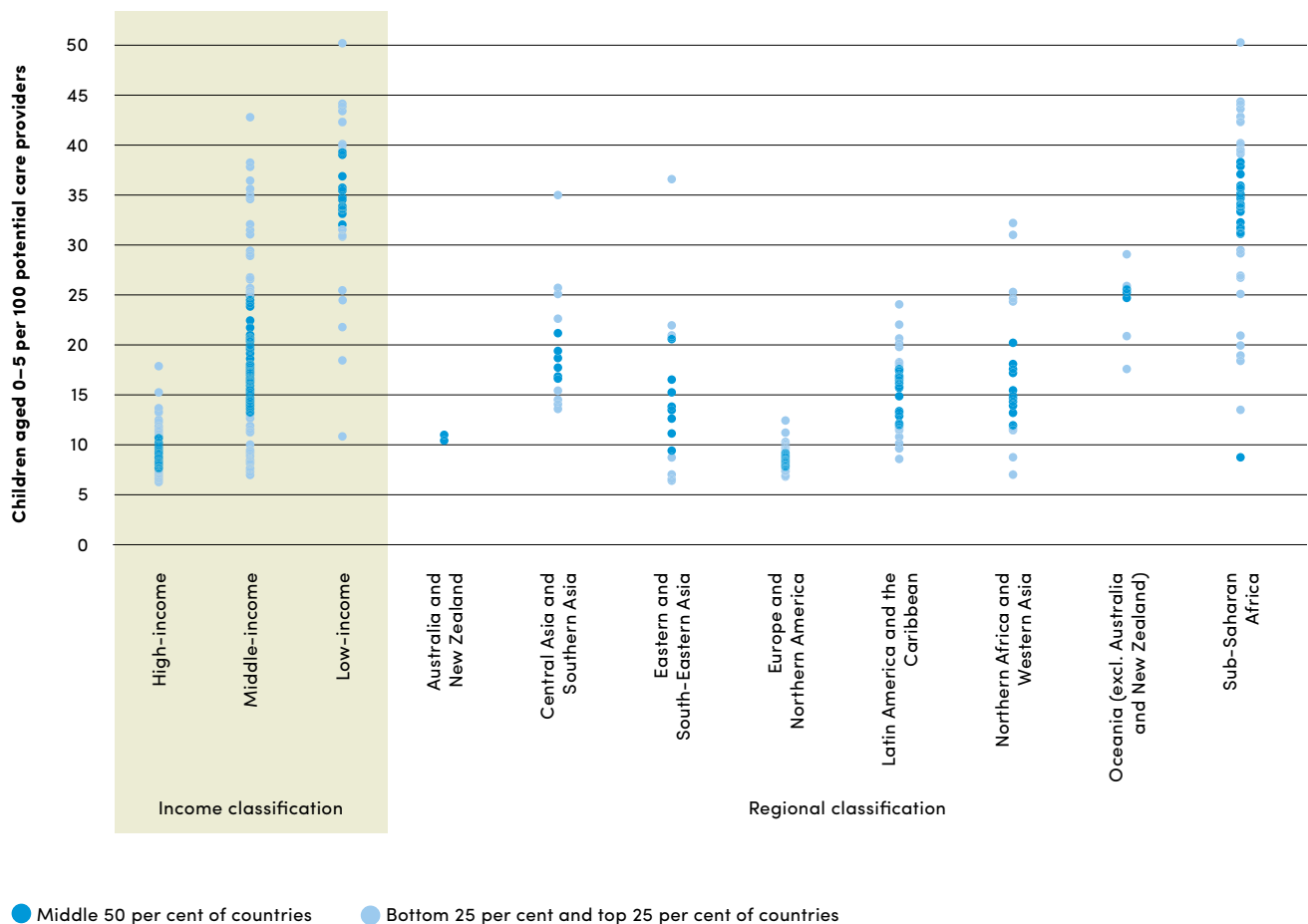
Care needs of older persons

There are important differences in the care needs of children and older persons: children’s care needs are high but fairly predictable; care needs of older

persons are lower on average but have much higher variance, which can create a challenging dynamic of unpredictability for their unpaid care providers. Considering this, what is the significance of care for older persons across regions and income groupings?

The exact reverse regional ordering emerges when analysing CDRs for older persons, which remain substantially lower than CDRs for young children in most countries. Globally, there were 4 older persons for every 100 potential care providers (4.2 per cent) in 2015.⁴³ This ratio is projected to moderately

FIGURE 5.6 CARE DEPENDENCY RATIO, CHILDREN AGED 0-5, BY REGION AND INCOME GROUP, 2015



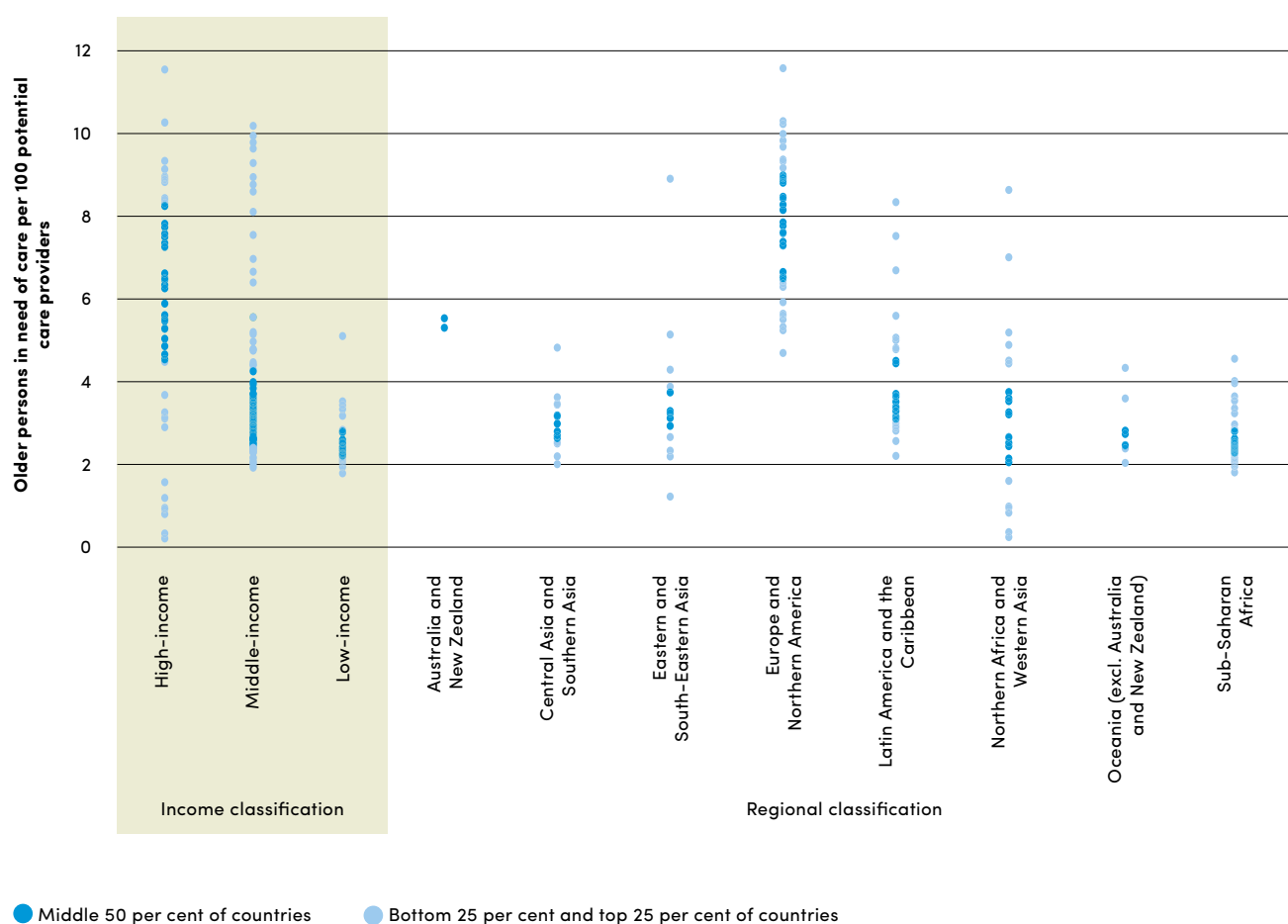
Source: ILO 2018a, Table A.2.3.

Notes: Based on a sample of 183 countries. The left side of the figure adopts World Bank classifications for low-, middle- and high-income countries. See the Statistical Note for further elaboration on the methodology employed and Annex 1 for the country-level data.

increase to 4.9 per cent by 2030. The largest CDRs for older persons are observed in Europe and Northern America (7.8 per cent) followed by Australia and New Zealand (5.3 per cent) and Eastern and South-Eastern Asia (4.0 per cent), which have high long-term care burdens (see Figure 5.7). These are followed by Latin America and the Caribbean (3.6 per cent), Central and Southern Asia (3.4 per cent) and Northern Africa and Western Asia (3.0 per cent), regions in which several countries are ageing rapidly. Meanwhile, the lowest CDRs for older persons are observed in Oceania (excluding Australia and New Zealand) (2.8 per cent) and Sub-Saharan Africa (2.5 per cent), which have the youngest age structures.

Among high-income countries, CDRs for older persons range from 0.2 per cent in the United Arab Emirates to 11.6 per cent in Lithuania, while the median ratio is 2.6 times greater than in low-income countries (see Figure 5.7). The point is not to trivialize the challenge of long-term care for older persons in low- and middle-income countries but to understand why it may not be on the radar of policy-makers yet or even recognized as a societal concern in public debate.

FIGURE 5.7 CARE DEPENDENCY RATIO, OLDER PERSONS, BY REGION AND INCOME GROUP, 2015



Source: ILO 2018a, Table A.2.3.

Notes: Based on a sample of 183 countries. The left side of the figure adopts World Bank classifications for low-, middle- and high-income countries. See the Statistical Note for further elaboration on the methodology employed and Annex 1 for the country-level data.

Unmet care needs

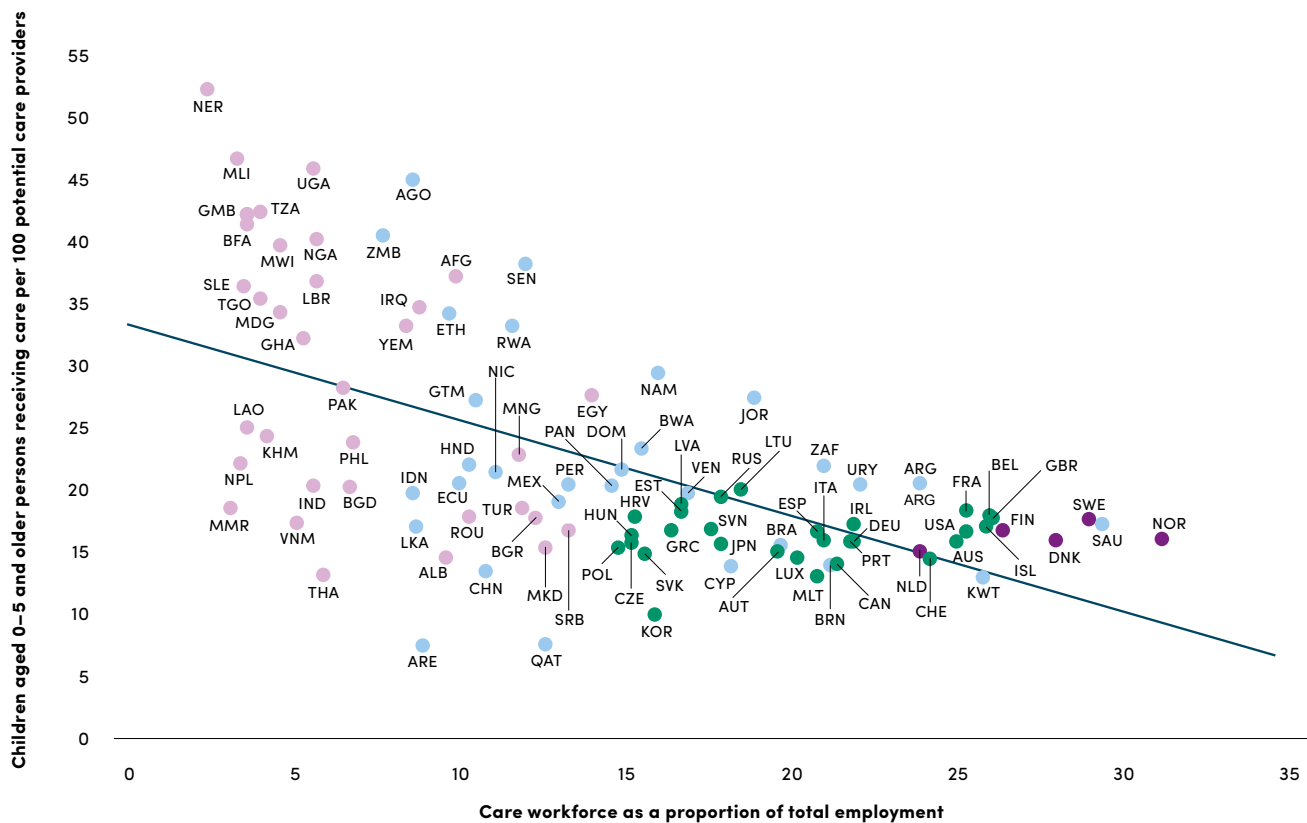
Are countries investing in the wide range of services needed to address care for children and older persons and, by extension, helping to reduce the amount of time that family members spend on unpaid care? Figure 5.8 plots CDRs for children aged 0–5 and older persons and the size of the care workforce. The care workforce is broadly defined to include care workers in the care sectors (education, health and social work) as well as care workers in other sectors, and domestic workers. Qualitative descriptors are superimposed to illustrate the magnitude and characteristics of the care workforce, which in some cases is large

and diverse and in others, heavily reliant on domestic workers.

The analysis, pooling data from 98 countries, confirms that countries with higher CDRs for young children (0–5), which tend to be among the poorer countries, also have some of the smallest care workforces. In some of the poorest countries, such as Mali and Niger, high fertility rates and the lack of an institutionalized care infrastructure come together to produce deep gaps in care service provisioning.⁴⁴ Interestingly, this pattern holds true even when we look separately at the two components of care services that most directly meet children’s care needs: education and childcare.⁴⁵

FIGURE 5.8

CARE DEPENDENCY RATIO, CHILDREN AGED 0-5 AND OLDER PERSONS (2015), AND CARE WORKFORCE SIZE AND QUALITY, LATEST AVAILABLE YEAR



Level and quality of care sector employment

- Very high (23.9–31.2%) level & very low reliance on domestic workers
- High, mid-high (14.8–26.1%) level & low reliance on domestic workers
- Varied (7.7–29.4%) level & very high reliance on domestic workers
- Mid-low (2.4–14%) level & low reliance on domestic workers

Source: UN Women calculation based on ILO 2018a, Tables A.2.3, A.4.2 and Annex A.4.3.

Notes: The analysis covers 98 countries. The care dependency ratio is defined as a ratio of the number of persons aged 0–5 years and persons at or above the healthy life expectancy age at 60 years old (care recipients), divided by the number of persons aged between 15 years and the healthy life expectancy age at 60 years minus 6 years of age (potential care providers) multiplied by 100. The care workforce includes care workers in care sectors (education, health and social work), care workers in other sectors and domestic workers. It also includes non-care workers in care sectors, as they support the provision of care services. Care workforce estimates are based on the latest available data during the period 2008–2016. Information on the level (i.e. size of the care workforce as a proportion of total employment) and quality (i.e. low reliance on domestic workers) of the care workforce is used to group countries into four distinct groups. The agglomerative hierarchical clustering technique used for this exercise was developed by the ILO, see ILO 2018a.

Several countries, including Saudi Arabia, South Africa and Uruguay, present moderate CDRs and a mid- to large-sized care workforce; in these countries, however, reliance on domestic workers is extensive. In contrast, in Denmark, Finland, the Netherlands, Norway and Sweden, where public support for care is most expansive, the dependence on domestic workers is very low. These countries tend to rely on a large and highly professionalized care workforce.

In contrast to the childcare dependency ratios, the CDRs related to care of older persons do show a

consistent relationship with the size of the paid care sector. In other words, countries where older persons constitute a relatively large group also have a relatively more sizeable care sector. The direction of causality here is difficult to untangle, as the higher proportion of older residents (in high-income countries) may be the result of larger and more institutionalized healthcare sectors, leading to longer life expectancies. What is clear is that large older populations and large paid care sectors go together in a way that is not true for children.⁴⁶

5.4 CARING FOR CHILDREN IN DIVERSE FAMILIES

Given that the presence of children has a significant impact on the time women allocate to unpaid care work, it is not surprising that globally and consistently across regions women bear a “motherhood employment penalty.”⁴⁷ Women living with children aged 0–5 years have the lowest employment rates (47.6 per cent) compared not only to fathers of young children (87.9 per cent) but also to both non-fathers (78.2 per cent) and non-mothers (54.4 per cent).⁴⁸

Research in high-income countries shows that women who are mothers bear a significant penalty in terms of wages, while for most men, fatherhood results in a wage ‘bonus’.⁴⁹ Ironically, low-income women, who can least afford it, bear the largest proportionate penalty for motherhood, while the fatherhood bonus largely accrues to men at the very top of the income distribution (see Chapter 4 for further discussion on the motherhood penalty).⁵⁰

Children’s care can be shared by many people besides biological parents, including grandparents, aunts, friends, neighbours or patrons, as in the case of child-fostering, which is widely practised in West Africa.⁵¹ Yet while family networks provide some support to those caring for young children in both developing and developed countries, in contexts of poverty there are serious limits to their resourcefulness, especially when families are separated by migration and where

extended family members have to work or are in need of care themselves (see Chapter 7).⁵²

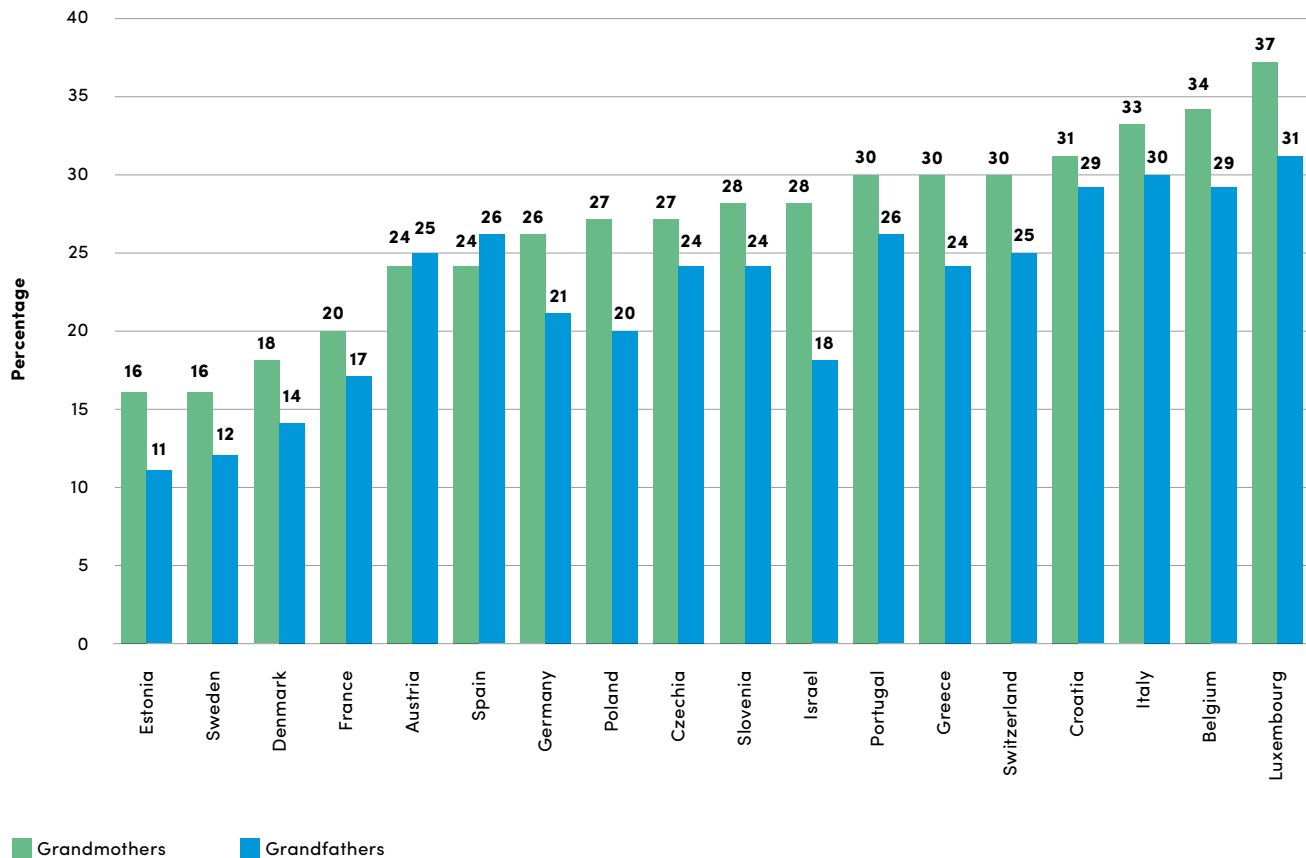
Inter-generational care chains: the role of grandparents

When parents, especially mothers, are engaged in paid work, children’s care can be delegated to older family members such as grandmothers, who may themselves be in their prime productive years. The delegation of childcare to grandparents, especially grandmothers, is not limited to those living in extended households, though geographical proximity is an important facilitator.⁵³

The regularity and intensity of the support grandparents provide varies across contexts: from the more intermittent support in times of emergency in countries where childcare services are widely accessible, to the more regular and intense support where they effectively substitute childcare services.⁵⁴ For instance, in Scandinavian countries where public care services are widely accessible, the proportion of grandparents who provide regular childcare support (almost weekly or more often) is much lower than in southern European countries where state-provided services are less generous (see Figure 5.9).⁵⁵ As seen in this figure, across countries grandmothers are at the forefront of care provision, while grandfathers are also active, though not as much in most countries.

FIGURE 5.9

GRANDPARENTS AGED 65 AND OLDER WHO PROVIDED CHILDCARE ALMOST WEEKLY OR MORE OFTEN IN THE PAST 12 MONTHS, SELECTED EUROPEAN COUNTRIES, 2014



Source: UN Women calculations from USC Program on Global Aging, Health & Policy 2014.

The absence of the middle generation can put an inordinate care burden on grandparents, whether due to migration (see Chapter 7), illness, addiction, incarceration or death. In Sub-Saharan Africa, the HIV and AIDS pandemic induced significant changes in families as the older generation took on an intense and prolonged caregiving role under traumatic conditions for both their sick adult children as well as their surviving grandchildren.⁵⁶ In Thailand, where rural-urban migration is a livelihood strategy for many families, close to 21 per cent of children live in skipped-generation households without their

parents.⁵⁷ Similarly in China, owing to extensive post-reform era migration and the restrictions on migrants from rural areas accessing urban social benefits and services, the proportion of pre-school-age children who were left behind by both parents in grandparents' full custody rose sharply from 3.6 per cent in 1991-1993 to 26.6 per cent in 2009-2011.⁵⁸ Evidence from both China and South Africa suggests that the availability of a pension increases grandparents', especially grandmothers', likelihood of taking care of a grandchild, thereby enabling the mother of that child to seek paid work.⁵⁹

The care that older family members provide to younger generations is an important feature of many loving and cooperative families. But the context in which grandparents become primary caregivers, the extent to which they have any agency or role in the decision-making process and their access to additional resources all have a bearing on whether providing care can also be burdensome.⁶⁰ Research on Indigenous Haudenosaunee grandmothers in Canada reveals that while their provision of temporary care to ‘help out’ is motivated by many positive factors such as the desire to provide “healing and health to their families and communities,” a number of more adverse circumstances can lead to full-time custodial grandparenting.⁶¹ These structural risk factors include poverty, inadequate housing and substance abuse by their adult children. These women also reported fears that their grandchildren might be taken away from them by state agencies, pointing to the need for reform of child welfare policy to ensure it is culturally sensitive and attuned to historical legacies of racism and abuse of indigenous populations.

In Southern Africa, some of the countries that were worst hit by the HIV and AIDS pandemic, such as Botswana and South Africa, had state-financed social pensions in place that played a critical role in supporting custodial grandparents in their caring roles, although these were not available to younger grandparents (in their 40s).⁶² In many other contexts where older adults do not have the material resources and have only minimal support through social assistance programmes to cope with their expanded caregiving duties, they may experience even more stress and deterioration of mental and physical health over time.⁶³

Lone-mother families: caring on their own?

In all countries for which we have data, a far higher proportion of children who live with one parent

only, live with their mothers (see Chapter 2). While custody and child maintenance regimes in cases of divorce and separation vary greatly across countries, the majority of custodial parents are mothers. They are usually not sufficiently protected financially and thus tend to face higher risks of poverty (see Chapter 4).⁶⁴

Although the proportion of children living exclusively with their mothers in, for example, Denmark, the United Kingdom and the United States may be comparable to the proportion in Ghana, Uganda and Zimbabwe, a smaller number of lone mothers in developing countries are actually living alone. This is because, as Chapter 2 elaborates, a significant proportion of lone parents in low- and middle-income countries live in extended households, that is, they live with other adults to whom they are related. For instance, in Central and Southern Asia close to 70 per cent of lone mothers live in extended households. One reason for this pattern could be financial: living together and pooling resources allows savings to be made, in terms of housing costs, as well as providing protection against the consequences of precarious living.⁶⁵ If it were not for shared living, the rates of lone-mother poverty would likely be even higher. Another reason for joint living may relate to care: the role that grandparents, especially grandmothers, as well as siblings play in supporting lone mothers with childcare.

The extent to which lone mothers are able to draw on extended kin networks for support in developing contexts varies, however, including by household income, availability of affordable housing, the relative salience of extended living arrangements in each context, and the social acceptance of lone mothers living on their own. Box 5.4 illustrates that unpartnered mothers living in urban slums in Kenya often have a relatively limited kin network on which they can rely for support in raising their children, pointing to the need for adequate childcare options.

BOX 5.4

THE ROLE OF EXTENDED KIN NETWORKS IN CARING FOR CHILDREN OF LONE MOTHERS IN NAIROBI, KENYA

In contexts across the world, grandparents and other extended kin are often relied upon to care for and financially assist their grandchildren. However, in contexts of weak state support, where mothers are single and where their living conditions are especially precarious, these family support networks can be critical.⁶⁶

Lone mothers living in slum areas can face particularly large challenges in raising children, including navigating high unemployment rates, having limited access to nutritious food, shelter or other necessities, and encountering dangers stemming from violence, accidents and poor sanitation. A large proportion of women in urban informal settlements are internal migrants, leaving mothers at a distance from extended kin support networks and thus limiting in-kind kin support. Even when they are close by, high levels of poverty make it difficult for kin to provide financial support.

A study of nearly 500 lone mothers living in a slum area of Nairobi, Kenya, found that, contrary to popular stereotypes about Sub-Saharan African families, they often had a relatively small active kin network to rely on for support in raising their children and experienced such support to highly variable extents. While half of the women received both financial and childcare support from at least one person, most women did not receive assistance from more than one or two kin at most. Indeed, almost one in five mothers did not receive either financial assistance or childcare from any kin members.

Certain kin played especially significant roles. A third of grandmothers provided both financial and childcare support, and around 45 per cent of mothers relied most heavily on the child's maternal grandmother for childcare. However, an even larger proportion of lone mothers (63 per cent) relied most heavily on the child's older sisters for childcare assistance. Older brothers and maternal aunts were the next most frequent helpers. In contrast, only 5 per cent of fathers and virtually no paternal kin offered childcare assistance. Kin members providing care did so in a variety of ways, from financial assistance to helping with childcare through activities such as supervision, feeding, bathing, playing or reading with the child.

Given this limited support provided by extended kin—often due to circumstances outside of their control, such as precarious living situations and poverty—the need for affordable and safe day-care options, as well as job creation programmes suitable for lone mothers, are key. In particular, the exceptionally high levels of child care provided by older sisters may have a negative impact on their ability to attend school or engage in leisure activities.⁶⁷ State-provided services are essential to mitigate this.

5.5 WHEN CHILDREN'S CARE NEEDS ARE NOT ADDRESSED

While at the broad global level, living with a young child has a negative impact on women's employment, this effect is much lower in low-income countries. In fact, in these countries mothers of young children (0–5 years) have a slightly higher employment-to-population ratio (72.0 per cent) than non-mothers (68.4 per cent).⁶⁸ In other words, in some contexts women seem to be taking on paid work specifically to help provide for their children.⁶⁹

Family poverty may very well push women into employment, in what is sometimes referred to as “distress sales of labour.”⁷⁰ This infringes on their right to

have time to care. When employment is predominantly informal and/or in the agricultural sector, as it tends to be in many low-income settings, women may take their children along with them to the farm or market or leave them with other family members, including their own daughters. However, the coping strategies that poor women resort to can have adverse implications both for themselves and their children.

Field research in low-income communities in India, Nepal, Rwanda and the United Republic of Tanzania found women particularly concerned about the amount and quality of care they are able to give their children

due to long working hours.⁷¹ In focus group discussions conducted by WIEGO (Women in Informal Employment: Globalizing & Organizing), women informal workers in South Africa voiced concern about neglecting their children: “there is actually no time for children. Our children do not get the attention that they deserve from us,” while informal workers in Brazil and Ghana worried about the negative impact this is likely to have on their children’s education, health and overall development.⁷²

In the absence of basic income security, women who have no entitlements to paid maternity leave, whether they are subsistence farmers or domestic workers, often keep working far too long into their pregnancy or start working too soon after childbirth.⁷³ Combined with the hazardous and physically straining working conditions of many jobs, this exposes them and their children to significant health risks. Research in rural Southern Asia finds a correlation between women’s work in intensive agricultural activities and poor nutritional outcomes

for the women themselves as well as their children, even after controlling for household socio-economic status. This is explained by the harsh trade-offs women make between time spent doing agricultural work and time left caring for themselves and their children, including time needed to prepare nutritious food (see Box 5.5).

Children are significant unpaid care providers, particularly in the Africa and Asia and the Pacific regions. The International Labour Organization (ILO) finds that approximately 800 million children in the 5–17 age bracket perform some unpaid care and domestic work for their families. Girls are much more likely than boys to perform these tasks in every age range.⁷⁴ Girls are also more likely to work excessive hours. There are 54 million children aged 5–14 who perform at least 21 hours of unpaid care and domestic work per week, two thirds of them girls. This level of work negatively impacts children’s ability to attend and benefit from school.⁷⁵

BOX 5.5

HARSH TRADE-OFFS: WHEN THERE IS NO TIME FOR (SELF) CARE

The fulfilment of needs, such as nutrition and health, requires income as well as time for care. How do women manage competing demands on their time, and at what cost?

Agriculture accounts for the bulk of women’s labour force participation in Southern Asia. Much of the work they do in the sector is unrecognized and unpaid, but agriculture is also one of the biggest sources of paid work for rural women. Recent research on the linkages between women’s agricultural work and their and their children’s health has led to a number of startling findings.⁷⁶

A study in the province of Sindh in Pakistan, which was designed to capture paid and unpaid work, found that over three times as many women worked compared to what was captured in official data sources. Moreover, two out of every three rural mothers reported doing some agricultural work while pregnant, and over one third undertook physically demanding labour such as cotton harvesting.⁷⁷ Women who worked on the cotton harvest, many of whom said they did so to provide food for their families, were undernourished (with lower body mass indexes than other women) and their children were significantly more likely to be stunted than those of mothers who did not undertake this work, even after controlling for household socio-economic status.⁷⁸ This low-paid work left them depleted, with insufficient income and with little energy or time to ensure good nutrition for themselves and their children.

A related study in two rural districts of India (Koraput and Wardha) showed that doing care work did not exempt women from agricultural labour; their days were just busier.⁷⁹ In peak agricultural seasons, there was a bigger squeeze on their time, leaving less time for self-care and childcare. Women agricultural workers who were under nourished to begin with lost more weight than their male counterparts at this time.

In Southern Asia, the relationship between women’s agricultural work and their empowerment is mediated by their class, their social identity and the local agrarian context.⁸⁰ In much of the region, neither women’s agricultural work nor their care work is properly recognized or valued. Part of the price of this neglect is paid by women workers and their children in terms of their health and nutrition.

5.6 POLICIES TO REDISTRIBUTE CHILDCARE WITHIN AND BEYOND FAMILIES

What kind of policies are needed to address the harsh trade-offs that poor women and men often have to make between earning an income to support their families and having the time to care for their children and themselves?

Paid family leave

Paid family leave enables women and men to take time off work to care for dependents without jeopardizing their income security or their own health. Maternity leave allows mothers to recover from childbirth and provide care to young infants, while paternity leave enables fathers to become active and nurturing co-parents, especially if the leave is of adequate length.⁸¹ Parental leave can be taken by parents of any gender to care for small children in the period after maternity leave expires. By reducing the economic penalties of taking time off work to provide care, paid leave policies allow women and men to enjoy the right to care.

Leave policies can also be used to foster gender equality in caregiving by incentivizing men to take more parental leave. In developed contexts where

maternity leave benefits are available to most women (the United States being an exception), many countries have introduced parental leave as well as specific measures to proactively involve fathers. While mothers still take the bulk of parental leave in most countries, fathers' uptake has increased, particularly in countries where specific incentives, such as 'daddy quotas', are in place that reserve a non-transferable portion of the leave for them on a 'use it or lose it' basis.⁸² Research suggests that when fathers are home during the initial transition to parenthood, they are able to develop a sense of responsibility that enables them to actively co-parent regardless of the policy context.⁸³

In most developing countries, however, even maternity leave is often not widely available, except to a small group of formal sector employees (or leave is available but not necessarily paid). Globally, only 41.1 per cent of mothers with newborns receive a maternity benefit, with large variations across regions; in Africa, less than 16 per cent of childbearing women are effectively covered.⁸⁴ Widespread labour market informality is at the root of this exclusion.

BOX 5.6

EXTENDING MATERNITY AND PARENTAL LEAVE: CHILE AND URUGUAY

Chile and Uruguay stand out in South America because they are the only countries that have made progress in terms not only of paternity leave but also in the introduction of shared parental leave.⁸⁵ In both cases, measures were also taken to extend leave provisions to women informal workers who are independent, self-employed or have only intermittent contributory records. In Chile, maternity leave (at 100 per cent wage replacement) was extended to six months in 2011. At the same time, the duration of paternity leave was increased from four to five days and the possibility was created for mothers to transfer six weeks of maternity leave to fathers.⁸⁶ In 2011, Uruguay extended paternity leave from 3 to 10 days and maternity leave from 12 to 14 weeks (the minimum standard required by the ILO). In addition, the reform allows both mothers and fathers to work part-time until the child reaches six months.

However, the effective use of these provisions by parents has been limited. Out of a total of more than 97,000 benefits granted for postnatal parental leave in Chile in 2017, only 193 were transferred to the father.⁸⁷ In Uruguay, only 2.6 per cent of the parental support benefits granted between 2013 and 2014 went to men.⁸⁸ The European experience suggests that to advance men's effective use of parental leave, it is necessary to introduce non-transferable quotas, that is, a proportion of parental leave that is reserved for the use of the father and is lost to the couple, in the case that he does not use it.⁸⁹

To achieve universal coverage of maternity benefits for all women workers, a combination of contributory and non-contributory mechanisms will be necessary.⁹⁰ One option that some countries such as Chile, Costa Rica and South Africa have pursued is to extend existing social insurance schemes (including maternity benefits) to informal workers. However, while such schemes can reach informal wage workers, such as domestic workers and seasonal agricultural workers, they are less effective for extending coverage to informal workers who are self-employed (e.g. family farmers, street vendors).⁹¹ Introducing non-contributory maternity and parental benefits, such as cash transfers that are financed from the regular state budget, is thus another way to support parents in informal self-employment (see Box 5.6).

Childcare services

Even if maternity and parental leave schemes are in place, young children need care beyond the period that most parents have leave entitlements. Accessible, affordable and quality early childhood education and care (ECEC) services can reduce the time women allocate to unpaid care work by shifting some of it out of the family. Such services enhance children's cognitive development, subsequent educational achievements and health outcomes, particularly among those from disadvantaged backgrounds.⁹² Universal quality childcare services are among the most effective tools for supporting the labour force participation of women with young children, including in low- and middle-income countries (see Story of Change, "Accra's female market traders blaze a trail on childcare.").⁹³

To realize their potential, ECEC services need to be adequately financed, regulated and delivered in ways that enable children from disadvantaged families to access them, ensure quality services for all, respond to the needs of working parents who may have long and irregular working hours, and provide decent working conditions for paid child caregivers and early educators. Yet services that live up to these standards are rare.

Pre-primary education, which in most countries starts at 3 years of age, has fairly low coverage rates in developing countries, reaching 39 per cent on average in 2014 compared to 87 per cent in developed countries.⁹⁴ Across a range of developing countries, children aged 3 to 5 in the richest households are

almost six times more likely to attend an early childhood education programme than children from the same age group in the poorest households.⁹⁵ Developed countries are not immune to inequalities either, whether by socio-economic, ethnic or migrant status.⁹⁶

What can be done to ensure quality care for all? Some countries are doing better than others on these fronts, providing useful lessons.⁹⁷ Three findings in particular stand out.

First, high fees should be avoided because they tend to exclude children from disadvantaged families, who stand to gain from shifting some of the childcare out of the family. In countries such as Ethiopia, Sierra Leone and many of the countries in the Northern Africa and Western Asia region, where ECEC provision is left entirely to the private sector, coverage tends to be low and skewed towards better-off urban families, thus excluding the children and parents who are likely to benefit most from access to quality services.⁹⁸

Second, while the private sector can play a useful role in expanding ECEC services, it must be regulated. In Norway, for example, for-profit providers play an important and largely positive role in ECEC provision, but they do so under tight regulations that ensure quality standards and limit the level of fees they can charge parents.⁹⁹ Where such regulations are non-existent or weakly enforced, both quality and accessibility of services for disadvantaged groups may be compromised.

Third, evidence from high- and middle-income countries shows that free, universal services are more likely to reach disadvantaged groups than narrowly targeted programmes that may be cheaper for governments.¹⁰⁰ Some countries such as Chile have made remarkable progress in increasing free ECEC coverage over the past decade.¹⁰¹ Ecuador provides another useful example, where free community-based ECEC services have been significantly expanded (see Box 5.7).

Providing universal high-quality ECEC is expensive but should be viewed as an investment. The immediate costs may well be exceeded by the significant medium- and long-term benefits by enhancing children's capabilities, reducing unpaid burdens of family care-providers, and enhancing women's employment options as well as creating jobs in the care sector (see section 5.9).¹⁰²

BOX 5.7

EXPANDING COVERAGE AND QUALITY OF CHILDCARE SERVICES IN ECUADOR THROUGH COMMUNITY CENTRES

The 3,800 Centres for Child Development (Centros de Desarrollo Infantil, formerly Centros Infantiles del Buen Vivir) in Ecuador provide care services to more than 138,000 children of working parents.¹⁰³ The services are coordinated in a centralized manner but are mainly provided through agreements between local governments and civil society organizations. Service coverage for children 5 years and younger expanded from less than 3 per cent in 2000 to over 22 per cent in 2015.

In addition to accessibility, the Government made important strides within the framework of a broader strategy aimed at improving the quality of services. For instance, it hired professionals specialized in Early Childhood Education and Care to coordinate the provision of centre-based services. Whereas until 2013, caregivers were volunteers who received only a small stipend, this workforce has been formalized and professionalized. Now called 'childhood education promoters', these workers undergo training that allows them to obtain a technical degree after three years of part-time studies, and they receive the minimum wage and full social benefits.¹⁰⁴

Despite these achievements, additional efforts are needed to expand coverage. In the context of economic recession, the creation of new centres slowed down between 2013 and 2015. It is also necessary to continue to improve the quality of services and the training of professionals who provide care.

5.7 LONG-TERM CARE FOR OLDER PERSONS: WOMEN'S RIGHT TO RECEIVE CARE

Population ageing is an issue of growing salience in both developing and developed countries, albeit for different reasons. Functional ability declines with age, thus an ageing population will dramatically increase the proportion and number of people needing long-term care (LTC).

There is considerable diversity in health and functional ability, and thus care needs, among older persons of similar age due to the cumulative impact of health and other deprivations throughout the life-course.¹⁰⁵ People older than 65 years who live in Sub-Saharan Africa, for example, have far higher care needs than people of a similar age living in high-income settings. In Ghana, more than 50 per cent of people aged between 65 and 75 need some assistance with daily activities, while for those older than 75 the proportion rises to 65 per cent or higher. In Switzerland, by contrast, the proportions needing assistance are less than 5 and 20 per cent

respectively.¹⁰⁶ Adding to the policy urgency, the need for LTC is also growing in countries where crucial conditions for care and healthy ageing, such as universal access to water, sanitation and electricity, and robust primary healthcare systems, are often lacking.

Models of care for older persons that rely exclusively on families are increasingly unsustainable. Domestic and transnational migration mean that generations of the same family are more likely to be living apart, and adult children may not be able to care for their frail, older parents even if they wanted to (see Chapter 7). Moreover, rapid fertility decline in many countries means that there are fewer or no adult children to care for older parents. At the same time, women's increasing attachment to the labour force and the concomitant reliance of families on their earnings make it difficult for them to provide full-time care for ageing spouses or parents while also holding on to their jobs.

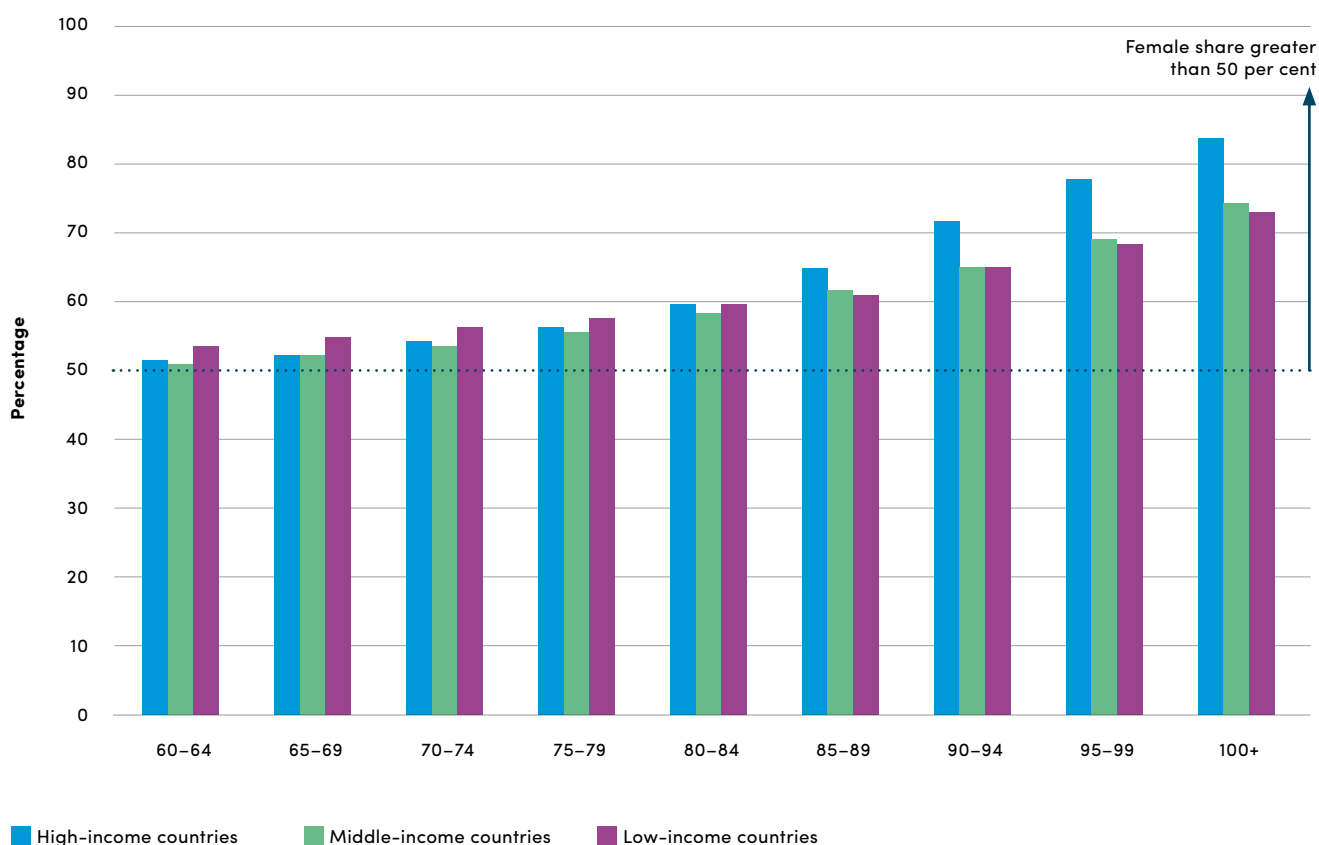
Why long-term care matters for women

As elaborated in Chapter 2, women are over-represented among the older population in all country income groupings, especially as they advance in age (see Figure 5.10). With increases in life expectancy, the number of women and men over the age of 60 is expected to grow. Women are also more likely to report disabilities and difficulties with self-care than men due to greater longevity and the steep rise in disability after the ages of 70–75.

The fact that women often marry or cohabit with men who are older than they are, along with

women's greater longevity and lower rates of re-marriage, means that they are more likely to care for a co-resident spouse and less likely to be cared for by a spouse when they are old and frail themselves. This explains why women often make up the majority of care-home residents and are thus particularly vulnerable to low quality standards and potential maltreatment by long-term service providers.¹⁰⁷ In lower-income countries, alternatives to family care remain scarce, unaffordable and often of substandard quality, compromising the quality of life of those who most need them.¹⁰⁸

FIGURE 5.10 FEMALE SHARE OF THE TOTAL POPULATION AGED 60 AND OLDER, BY AGE GROUPS AND COUNTRY INCOME GROUP, 2015



Source: UN DESA 2017m.

Notes: Based on a sample of 201 countries and territories. For the purposes of this analysis, the World Bank classification for low-, middle- and high-income countries is used instead of the geographic classification standard.

Women as unpaid carers for older persons

Across the world, the bulk of the care for older persons is carried out by family members on an unpaid basis. The great majority of these carers are women: spouses, daughters or daughters-in-law, who form the invisible backbone of all LTC systems. Detailed evidence from the Republic of Korea (Figure 5.11) provides more detail regarding the family relationships that enable care of older persons in this context.

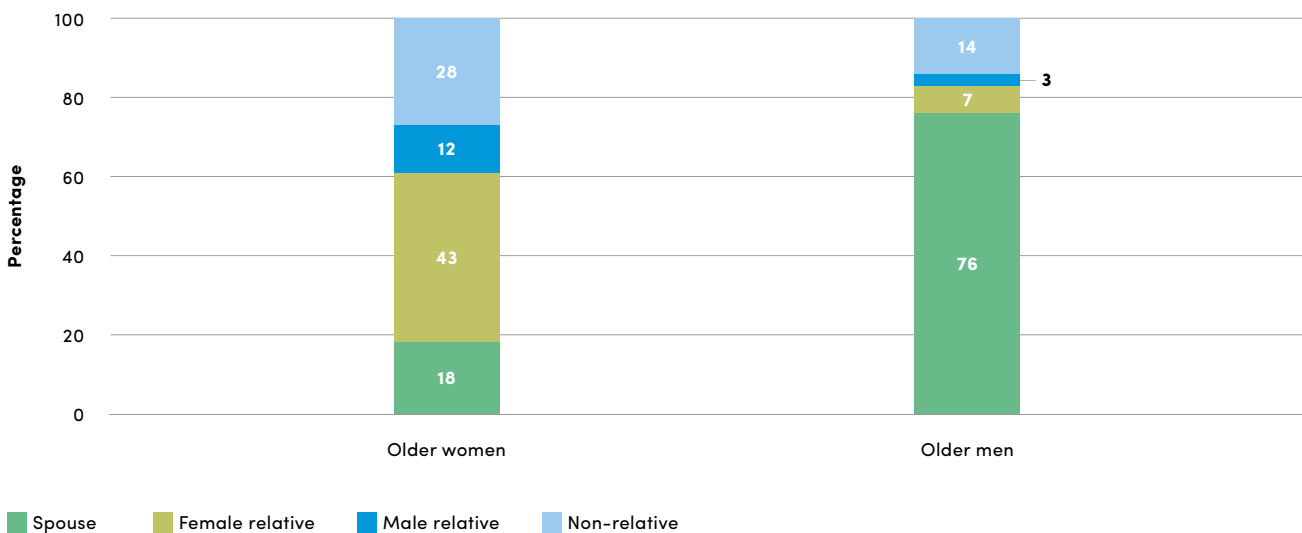
In the case of older men in the Republic of Korea, as expected it is spouses who provide the bulk of unpaid care work (76 per cent), while female relatives (7 per cent), male relatives (3 per cent) and non-relatives (14 per cent) provide supplementary support. In the case of older women, however, the bulk of unpaid care is provided by female relatives (43 per cent), probably daughters and daughters-in-law, while non-relatives (28 per cent), spouses (18 per cent) and male relatives (12 per cent) provide the rest.

Unpaid family carers can experience deterioration in their own mental and physical health, especially when they are old and frail themselves. Research

from Mexico and Peru shows that day-to-day caring responsibilities may also be imposed on younger, less powerful family members, such as daughters-in-law and grandchildren.¹⁰⁹ Often, family carers have no specific knowledge or training about the care needs of older persons; such scenarios can be serious as care inadequacies can result in the older persons being unable to maintain their functional ability or lead to depression and death.¹¹⁰

When the older person they have cared for dies, family carers not only lose a family member but also the little access they had to that person’s income or assets. Despite their caring role, they may not be able to lay claim to the older person’s pension or to survivor benefits. They may also face difficult family inheritance issues, particularly in developing countries, where many people die without leaving a will and where inheritance practices can exclude particular people, especially widows, from rights to the property they were able to access when their husbands were alive (see Chapter 4).¹¹¹ This may augment the financial stress already experienced due to time away from paid work.

FIGURE 5.11 DISTRIBUTION OF UNPAID CARE PROVISION TO OLDER PERSONS BY SEX AND RELATIONSHIP TO CARE RECEIVER, REPUBLIC OF KOREA, 2010



Source: UN Women own calculations based on data from Yoon 2014.
 Note: Proportions in the figure may exceed 100 per cent due to rounding up.

5.8 LONG-TERM CARE POLICIES

Globally, the most prevalent way of financing long-term care is through out-of-pocket payment, which only the more affluent can afford.¹¹² Families who cannot afford the fees have to provide the care themselves, which has considerable opportunity costs in terms of reduced time for paid work and rest, or leave care needs unaddressed. Thus, the burning policy question is how to distribute the costs of LTC fairly between families and public institutions, between women and men and between generations.

Public insurance and subsidies

Japan and the Republic of Korea provide useful lessons regarding policy support for LTC. In 2000, Japan adopted a mandatory social insurance policy subsidized by the Government that finances a range of LTC services.¹¹³ Momentum for this policy stemmed from a recognition of the huge burden that care for older persons was placing on families and concerns about the cost of unnecessary hospitalization to health services in the absence of other support mechanisms.¹¹⁴ The Republic of Korea created a similar policy in 2008. While a relatively substantial share of people who are 65 years and older continue to live with their children—40.6 per cent for Japan in 2014 and 27.3 per cent for the Republic of Korea in 2011¹¹⁵—the policy has reduced out-of-pocket payments made by older persons to care assistants and also reduced the share of care that family members,

predominantly women, provide on an unpaid basis.¹¹⁶ In the case of the Republic of Korea (though not Japan), the reduction in unpaid care work may be due to the fact that the LTC policy pays family members for the care they provide once they receive training, up to a number of hours.¹¹⁷ When it comes to professional carers, it is also important to highlight that LTC policies have reinforced the feminization of care for older persons because women predominantly form the low-paid long-term care workforce.¹¹⁸ Thus the cultural construction of care work as quintessentially women's work remains intact.

Building integrated LTC systems

LTC systems need to be responsive to the rights of caregivers and care receivers. Not all frail older persons need intensive institutional care. Various policy options exist (see Table 5.1), but these are often implemented in a fragmented and disjointed manner.¹¹⁹ Integrated and gender-responsive LTC systems should pursue a number of key objectives, including promoting the well-being, dignity and rights of care-dependent older persons; reducing the heavy responsibilities placed on unpaid family carers; improving the accessibility, affordability and quality of LTC services (whether public, private-for-profit or not-for-profit); and respecting the rights of paid LTC workers. This is a tall order, especially for countries that are only starting to address LTC. To meet these goals, three key elements stand out.

TABLE 5.1 THE CONTINUUM OF LONG-TERM CARE FOR OLDER PERSONS

Intensive institutional care	Long-term hospitalization
	Nursing homes
Less intensive institutional care	Residential homes
	Short stay or respite care
	Sheltered housing
Community services	Day centres
	Nurse and professional carer visits
Home-based services	Home help
	Cash benefits for carers
	Support groups for carers

Source: Based on Lloyd-Sherlock 2017.

The first is to support family members who may want to be engaged in care for their loved ones but desperately need support and respite. Information about health conditions affecting older persons and basic training in caring skills have been shown to create a positive impact on unpaid caregivers across a range of countries.¹²⁰ Strengthening caregivers' relationships with local health workers is also important.¹²¹ Policies that raise awareness among employers of the need for flexible work hours to enable their employees to care for older family members are also critical. Like in the Republic of Korea, governments in high-income

countries have also offered payments to otherwise unpaid caregivers to support and compensate them, at least partially, for potential lost earnings.¹²²

Second, there need to be alternatives to unpaid family care. For example, care services are needed when there are no adult children (see Box 5.8) or when adult children live far away. Yet in developing countries, governments typically run a very small number of residential care homes, which often target the very poor and sometimes exclude older people with challenging conditions such as dementia.

BOX 5.8

MEETING THE CARE NEEDS OF OLDER LGBTI PEOPLE

Older LGBTI (lesbian, gay, bisexual, transgender and intersex) persons can experience specific hurdles in accessing care as they age. Firstly, they are more likely than their cisgender, heterosexual counterparts to live alone, to be single, to not have children and to not be in touch with their biological families. For example, in the United Kingdom, just over a quarter of gay and bisexual men over the age of 55 and half of lesbian and bisexual women over 55 have children, compared to nearly 9 in 10 heterosexual people of the same age. This means that the care needs of older LGBTI people that may otherwise be provided for by children, partners or other relatives are often not met.¹²³

With smaller family support networks, many older LGBTI people may rely on external public, private-for-profit or non-profit services to meet their care needs as they age, as well as on friends and community members who may form a self-defined 'family of choice'.¹²⁴

Reliance on external care providers can come with particular anxieties for older LGBTI people. They may fear experiencing stigma and discrimination by care providers or feel concern that their same-sex partner or 'family of choice' will not be recognized as next-of-kin for medical decision-making.¹²⁵ They may also worry that their LGBTI identity may be 'eroded' in care settings.¹²⁶ For example, carers may overlook medical issues related to the sex that transgender older persons were assigned at birth, such as osteoporosis or prostate cancer, or may prevent older transgender people from maintaining bodily privacy needs such as shaving or wearing a hair piece or type of clothing.¹²⁷

States that rely on families to meet long-term care needs inadequately cover the needs of LGBTI populations. The provision of LGBTI-sensitive, universal, state-funded care should therefore be a priority.

Finally, private LTC provision needs far better regulation. In developing countries, the main response to unmet LTC needs has come through the rapid, though highly uneven, emergence of a plethora of private for-profit and not-for-profit providers catering to different social groups. These range from more 'upmarket', registered formal homes aimed at higher-income groups to more informal unregistered care homes catering to poorer social groups and charging lower rates.

Many other homes are run by non-governmental organizations (NGOs) or religious establishments, sometimes with public subsidies. In general, these services are weakly regulated, if at all, which raises concerns about the quality of care and the potential exposure of older persons to abuse.¹²⁸

Long-term care is increasingly being marketized in developed countries as well, by design rather than default. The introduction of economic competition

into an area previously governed by the public sector is seen as a more expedient and 'cheaper' way of providing LTC while increasing user choice. However, cheaper care means someone is bearing the costs. In all countries, almost all institutional LTC is provided by women, while foreign-born

workers make up anywhere between 20 per cent (in Sweden) to 70 per cent (in Italy) of the LTC workforce.¹²⁹ Their working conditions are a matter of concern requiring far greater attention, as is their own enjoyment of family life, an issue discussed in Chapter 7.

5.9 INVESTING IN CARE POLICIES: THE BENEFITS FOR FAMILIES, SOCIETIES AND ECONOMIES

Care is a 'public good', meaning that its benefits spill over beyond its immediate recipients. Children, for example, grow up to become workers and members of society who pay taxes and fill the coffers of social security, from which everyone benefits.¹³⁰ Likewise, security and health in old age are public goods: people work better and more cooperatively when they know that they can look forward to reasonable security on retirement.¹³¹ Supporting families in the quest to ensure the best care for their members is crucial for creating equal opportunities in a meaningful way, reducing inequalities and breaking the inter-generational cycle of poverty and disadvantage.

However, as we have seen, countries with the greatest need are those with the smallest care sectors. According to the ILO, the current global care workforce amounts to 381 million workers or 11.5 per cent of total global employment.¹³² Two thirds of this workforce, or 249 million workers, are women, making up 19.3 per cent of global female employment.¹³³ This means that nearly 1 in 5 women is employed by the care sector.

Most high-income countries have between 35 and 70 healthcare workers per 1,000 people in the population, with Denmark at the top reaching 90 healthcare workers per 1,000. By contrast, most Sub-Saharan African countries have fewer than 5 healthcare workers per 1,000 people in the population. Countries in Latin America and the Caribbean (with the exception of Uruguay) and the limited number of countries for which there are data in Asia and Northern Africa also have highly restricted access to healthcare for

their populations, with between 5 and 20 healthcare workers per 1,000 people.¹³⁴

Nearly all countries face difficulties in recruiting and retaining sufficient numbers of well-trained health workers.¹³⁵ High turnover and attrition rates are due to dissatisfaction with working conditions, including low salaries, long hours, work overload and poor career prospects. These adverse working conditions underpin nurse out-migration in low- and middle-income countries, which is eroding healthcare provision and health outcomes in places that have no countries lower down the supply chain from which to recruit nurses.¹³⁶ Moreover, care workers' low pay and poor working conditions adversely affect the quality of care they are able to provide.¹³⁷

The quality of jobs and the levels of pay in the care sector are highly uneven, with domestic workers, LTC assistants and home-based care workers making up some of the most disadvantaged groups.¹³⁸ A critical question then is how to ensure that the care workforce grows to meet the rising need for care (especially for older persons), and that these jobs are 'decent' (in terms of pay, working conditions and social protection coverage) and attract both women and men.

Cross-national evidence points to the importance of the public sector in investing in care services so that they are accessible to all social groups and for employment conditions of care workers to be satisfactory.¹³⁹ However, investment in care services that meet quality standards requires fiscal space. This means a shift away from the austerity mindset that currently dominates

macroeconomic policy-making and a (re)prioritization of public investments in 'human infrastructure'.

In developing countries in particular, meeting care needs presents a challenge in terms of building care systems, providing training for staff and financing the infrastructure and ongoing labour costs. However, the scale of unmet need also presents incredible opportunities for investing in human capabilities, relieving unpaid family caregivers and generating employment. Closing the large coverage gaps in early childhood education and care and long-term care alone can drive major expansion in employment through the care sector.¹⁴⁰

Just focusing on the ECEC sector, UN Women calculations for South Africa and Uruguay show that, depending on various parameters and level of ambition, a gross annual investment of between 2.8 and 3.2 per cent of gross domestic product in ECEC services could achieve universal coverage for children 0–5 years. This would also create enough jobs in the ECEC sector and beyond to raise women's employment rates by anywhere between 3.2 (less ambitious scenario in Uruguay) and 10.1 (more ambitious scenario in South Africa) percentage points. Between 36 per cent (South Africa) and 52 per cent (Uruguay) of the fiscal cost of ECEC investment can be recuperated through the additional workers' taxes and social security contributions.¹⁴¹

According to the ILO, if the current state of affairs in terms of coverage rates and ratios of care workers to recipients is maintained, the number of workers in total care and care-related indirect employment could reach 358 million in 2030 (compared to 205 million in 2015). However, a more ambitious scenario that meets the Sustainable Development Goal targets has the potential to generate a total of 475 million jobs.¹⁴²

Recognition of the stark inequalities that characterize both the provision of care and access to quality care services has given rise to the idea of an integrated national care system. In Uruguay, the combined

actions of women's rights organizations, women legislators and feminist academics have been central in placing care on the public agenda. They have pioneered an innovative approach to its provision across the life course through the development of a comprehensive national care system that includes care services for children, frail older persons and people with disabilities (El Sistema Nacional de Cuidados – SNIC).¹⁴³ Building on this inspiring case, the Economic Commission for Latin America and the Caribbean and other international organizations have helped diffuse Uruguay's experience throughout the region and beyond. In Sub-Saharan Africa, for example, Cabo Verde has started to build the foundations for its own national care system.¹⁴⁴

Addressing the drudgery of women's unpaid work also requires investments in basic infrastructure.¹⁴⁵ The impact of health crises on family caregivers is devastating when the basic infrastructure needed to care for a bedridden person is threadbare. This was painfully evident in Southern Africa where many poorer and rural households had to care for family members sick with HIV and AIDS in the absence of running water, indoor sanitation facilities or electricity.¹⁴⁶ While access to anti-retroviral therapy may have reduced the care burden associated with the pandemic, persistently weak health systems continue to negatively impact on women caregivers.

Sustained public investments in social infrastructure can go a long way in enabling women and girls to shift their time away from arduous activities toward more varied and rewarding ones, whether paid or unpaid.¹⁴⁷ Public policy choices about how resources are mobilized (through taxation, for example, or deficit financing) and where and how they are invested (public health systems, military expenditure) shape the available social infrastructure. The state has a pivotal role to play in guaranteeing universal access to quality care services and provisions, even if other actors (markets, not-for-profit organizations) are involved in financing and/or delivering them.

5.10 CONCLUSION

Families are the lynchpin of care systems, sustaining their members, developing their human capabilities and reproducing an active labour force. While there are considerable variations in how families provide care for their members, the bulk of this work, and its costs, are borne by women and girls. Globally, women do three times as much unpaid care and domestic work as men do. As increasing numbers of women have taken on a breadwinning role, there have been surprisingly few changes in men's assumption of caregiving.

Regional and national averages, however, mask considerable inequalities among women in different social groups. Household wealth, for example, has a significant bearing on care arrangements and women's time use: higher-income families can meet their care needs by hiring others, while low-income households often rely on under-funded public services and over-stretched kinship networks. The presence of young children in the household amplifies women's unpaid care responsibilities almost everywhere, while it has little impact on men's time use. Yet especially for women in poor households, the presence of young children often entails harsh trade-offs between time spent earning an income and time left caring for themselves and their children. With limited access to paid leave and in the absence of accessible childcare services, children's care is often delegated to an older sister, aunt or grandmother, who may also work or need care herself.

Changing demographic and family structures, as well as migration (see Chapter 7) impact these diverse care arrangements. In the poorest countries, high fertility rates and the resultant high care dependency ratios for young children, coincide with a lack of an institutionalized care infrastructure. Providing universal, quality early childhood education and care services is an investment with significant medium- and long-term pay-offs for child development, women's time constraints, and employment generation.

The discrepancy between care needs and existing care infrastructure may not be as glaring in middle- and higher-income countries where population ageing is already advanced. Yet here too, long-term care models that rely exclusively on families are increasingly unsustainable. In the context of domestic and international migration, family members may live apart, while the need for at least two incomes to support a family makes it difficult for them to also provide full-time care. This points to the need for integrated and regulated LTC systems that are responsive to the diverse needs of older persons and respect the rights of paid LTC workers.

Families are key sites for the provision and receipt of care, but the types of support family caregivers can rely on are of enormous significance. Caring families need to be bolstered by caring societies that invest in universal, gender-responsive and sustainable care systems.





MAKING PROGRESS/STORY OF CHANGE

Historic victory: Reforming the laws that forced women to marry their rapists

Years of collective mobilization, strategizing and innovation by women's rights groups culminated in the repeal or reform of archaic laws across the Northern Africa and Western Asia region.

The summer of 2017 was an extraordinary time for women's rights groups across Northern Africa and Western Asia. After years of relentless campaigning, they finally saw laws that had for decades forced women to marry their rapists falling one by one.

In the space of a month, the Governments of Tunisia, then Jordan and finally Lebanon repealed or reformed clauses in their penal codes that enabled perpetrators to evade prosecution if they married the woman they had attacked and allowed families to force women into marriage with their rapists to prevent the social stigma of pre-marital sex.¹

In Lebanon, activists hung tattered wedding dresses outside public buildings in order to draw attention to laws that forced women to marry their rapists.

Photo: ABAAD by Patrick Baz /AFP

“Family life cannot be based on impunity and criminality.”

It was a historic victory for the women’s movement across the region; a victory built on years of collective mobilization, strategizing, partnership building and innovation.

“What we saw that summer was the results of ongoing persistence from women across the region,” says Hibaaq Osman, the founder and CEO of the Karama movement, a network of activists and civil society groups working throughout the Arab world. “Our main learning from this was that change has to be home-grown, but that we also grow stronger when we work together across borders towards one common goal.”

In Jordan, campaigners had seized the opportunity for legislative change when, in October 2016, King Abdullah II ordered a reform of the 1960 penal code. The code had included an article that suspended criminal prosecution for rapists if they married their victims. According to figures from the country’s Ministry of Justice, 159 rapists had used this article between 2010 and 2013 to avoid punishment.²

“We understood that this was a great opportunity to help shape the agenda of penal reform and that we needed to get our voice heard and our demands listened to,” says Asma Khader, chief executive of the Sisterhood Is Global Institute (SIGI). She says the momentum for the campaign was built on the successful repeal of similar laws in Egypt in 1999 and Morocco in 2014.

Activists created a base of evidence to counter arguments that the article kept families together and shielded women from the stigma of extra-marital sex.

“We understood from Morocco the need to root our campaigning in the stories of real women,” Khader says. That country repealed its rape marriage laws



Asma Khader, chief executive of the Sisterhood Is Global Institute (SIGI) in Jordan.

Photo: UN Women/Christopher Herwig

after the widely publicized case of 16-year-old Amina Filali, who killed herself after she was forced to marry the man she accused of raping her.³

Rooting the messaging in the stories of local women and girls also helped counter accusations from opponents that the campaign was being led by feminists pursuing a western agenda who had no right to be interfering in family law.

“We documented 22 cases where the use of this article in the courtroom had led to marriage and how nearly all had ended in violence or divorce,” Khader says. “We used a media campaign to back this up and argue that marriage and family life cannot be based on impunity and criminality.”

The women’s movement in Jordan worked for the three years leading up to the penal code review to gain broad support.

Eventually their campaign was so successful that the parliament, which had the choice of either repealing or amending the law, removed all the legal loopholes that let rapists escape the consequences of their crimes.

In Lebanon, the fight to repeal article 522, which gave similar immunity to rapists if they married their victims, gained momentum after women's groups conducted a survey that showed only 1 per cent of Lebanese people knew that such a provision even existed in its penal code.⁴

"Once we had that figure, it became a really powerful advocacy tool and a way to create pressure and build momentum," says Ghida Anani, founder of ABAAD, a Lebanese women's rights organization that spearheaded the campaign with support from UN Women. "We could successfully argue that this was not part of our traditions and did not reflect the values or principles of our society. It was only used by lawyers looking for ways to allow rapists to evade prosecution."

A shocking and provocative campaign featured a bruised and battered woman being wrapped in bandages that slowly become a wedding dress, and this became the key visual element to a huge social media push designed to rally the public behind the repeal of article 522. As the date of the vote became closer, public demonstrations took place. Activists wearing bloodied wedding dresses protested outside parliament and tattered wedding dresses hung like corpses outside public buildings.

"The public-facing and social media elements were part of a much wider tactical strategy," says Anani. "We didn't want to just make this a feminist campaign that was attacking the Government. We needed to create something that everyone could get behind. When the Lebanese Government voted to repeal 522, it was a collective victory."

The successes of 2017 have spurred on women's movements across the region, with activists also successful in repealing similar laws in the State of Palestine's penal code in 2018.⁵

"We need to see changes to provisions that allow child marriage, that deny the existence of rape in marriage, that deny women equal rights to their children," says Osman. "We see what we can achieve when we are organized and strategic. We will not give up."

"We see what we can achieve when we are organized and strategic. We will not give up."



In Lebanon, the campaign to repeal article 522 made use of striking visuals of women wearing bandages as wedding dresses.

Photo: ABAAD by Patrick Baz /AFP



WHEN HOME IS WHERE THE HARM IS

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KEY MESSAGES

01

Violence against women and girls is pervasive in families, a context in which patriarchal power, authority and control over women and children converge. Such violence a stark representation of the dark side of family life.

02

Globally, 17.8 per cent of ever-partnered women aged 15–49 have been subjected to sexual and/or physical violence perpetrated by an intimate partner in the previous 12 months.

03

VAW in families takes many forms, from child, early and forced marriage and female genital mutilation, to marital rape, reproductive coercion and abuse of older persons. Violence in families has significant consequences for women's physical, sexual and reproductive and mental health.

04

Gender inequality drives violence in the family in three key ways: through social norms about men's entitlement and dominance versus women's expected submission and subservience; women's economic insecurity in the family; and expectations that women should preserve family harmony.

05

Violence against women (VAW) in families is now widely recognized as a human rights violation, a systemic manifestation of gender inequality and a public health concern, rather than a 'private matter' or an individual pathology.

06

While there has been increasing public action on VAW in families, progress has been limited due to inadequate implementation of laws and policies; insufficient resourcing, which has been exacerbated by austerity policies; and the persistence of norms and attitudes that justify, minimize and normalize violence.

07

Public action is needed to eliminate VAW in families in three key areas: comprehensive laws to address VAW and girls; coordinated and multi-sectoral support services for survivors; and substantial long-term investments in violence prevention.

6.1 INTRODUCTION

While families can be havens of cooperation, solidarity and love, too often they are sites of significant danger and harm for women and girls. Violence against women and girls (VAWG) is one of the most prevalent and systemic human rights violations in the world, often described as a pandemic. Women and girls are subject to different forms of violence from family members across their lives, with widespread experiences of abuse during childhood, adolescence and adulthood. Some 30 per cent of women worldwide who have ever been in a relationship have experienced physical and/or sexual violence from an intimate partner over their lifetime.¹

Violence has serious and enduring impacts on the lives of women and girls, detrimentally affecting their health, well-being, educational outcomes and economic security. Women who have been physically or sexually abused by their partners are almost twice as likely to experience depression and, in some regions, are 1.5 times more likely to contract HIV compared to women who have not experienced partner violence.² VAWG in the family also has significant inter-generational impacts, increasing the risk of violence for future generations.³

One of the earliest contributions of feminist activism and research was to challenge the notion of the family as a safe place and to draw attention to the harms experienced by women and girls within it.⁴ Feminist activism positioned VAWG in the family as a public concern rather than a private issue and as a systemic manifestation of gender inequality, based on unequal power relations, rather than an individual incident or deviance.⁵

Recent decades have seen growing global recognition of violence against women and girls (VAWG) as a human rights and public health concern and now as a priority for sustainable development. This has led to public action, particularly through the introduction of laws, action plans, protection and support services and, more recently, prevention measures.

Despite these efforts, VAWG in the family persists at astonishingly high rates. Underlying social norms and

attitudes that normalize, justify and excuse violence in the family remain pervasive and deeply entrenched, along with cultures that continue to reinforce male dominance and to blame and shame women. Violence is often used by men in the family as a means of discipline and subordination when their patriarchal authority and power are being threatened. Women's experiences of violence and abuse in their relationships are shaped by their power and position in the family and can be related to, among other things, their lack of access to resources such as own income, land and housing, all of which impact the strength of their fallback position, as introduced in Chapter 1. Even where comprehensive laws and policies exist, they often remain poorly implemented due to a lack of resources and political commitment, which perpetuates a culture of impunity and in some cases amounts to state sanctioning of VAWG.

In recent times, global and national solidarity movements such as #MeToo, #TimesUp, #BalanceTonPorc, #NiUnaMenos and HollaBack!, among others, have resulted in an unprecedented number of women speaking out about sexual harassment and other forms of sexual violence. These movements have led to an increasing focus on public action and the accountability of perpetrators, and they have also drawn attention to the common systemic and structural causes that underpin all forms of VAWG, including in the family.

Chapter overview

Against this background, this chapter focuses on violence and abuse against women and girls in the family. It begins by defining and analysing the different forms this takes, conceptualizing VAWG as a 'continuum' in order to underscore the commonalities and connections between manifestations of violence in different contexts. With this understanding established, the chapter then illustrates the nature and extent of VAWG across different regions. The next section of the chapter discusses why VAWG in the family persists, highlighting the role of gender inequality. Finally, legal, policy and programming actions to secure women's right to live free from violence are discussed, alongside the barriers to ensuring that these are sustainable and have the necessary reach.

6.2 VIOLENCE AGAINST WOMEN AND GIRLS IN THE FAMILY: MULTIPLE FORMS, PERVASIVE AND WITH SERIOUS CONSEQUENCES

VAWG in the family exists in multiple forms

Violence against women is defined at a global level as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”⁶ Such violence is perpetrated against women, primarily because they are women. Understanding of the various forms of violence against women and girls and the settings within which they occur has been further developed over the last few decades. Current understandings of violence against women and girls (VAWG) capture the ways that violence manifests across different contexts—in times of conflict, post-conflict or peace—and in diverse spheres, perpetrated by families, communities, states or a range of actors operating transnationally.⁷

The many different manifestations of VAWG in the family are illustrated in Figure 6.1. These include intimate partner violence (IPV), domestic violence, marital rape, child sexual abuse, dowry-related violence, so-called ‘honour’ crimes and killings, bride price, abuse of older persons and widow abuse, female genital mutilation, child, early and forced marriage, trafficking and female infanticide. Forms of VAWG may overlap or intersect with each other, for example, child, early and forced marriage can be a risk factor for IPV.⁸

While male partners are often the perpetrators of violence in the family, other family members can also perpetrate or be complicit in VAWG. Examples include fathers, uncles, brothers and boyfriends of mothers, who sexually abuse girls in the home; mothers who enforce female genital mutilation and marriage of girls; male family members who commit ‘honour’ crimes or violence; family members who sell their daughters, knowing that they will become victims of trafficking; and family members who abuse women in the case of dowry-related violence or who commit female infanticide.

VAWG has been conceptualized as a continuum to recognize the commonalities and connections (male domination and entitlement, power and control) between manifestations of violence in different contexts.⁹ In the context of the family, the continuum of violence makes the connections between everyday experiences of control, such as financial control and psychological abuse, with more extreme forms of violence, such as gender-related killings. Recognizing VAWG as a continuum helps to overcome the tendency to focus on the more extreme forms of violence, which often means the everyday experiences of abuse and control that have a corrosive and harmful effect on women’s lives are neglected or minimized.¹⁰

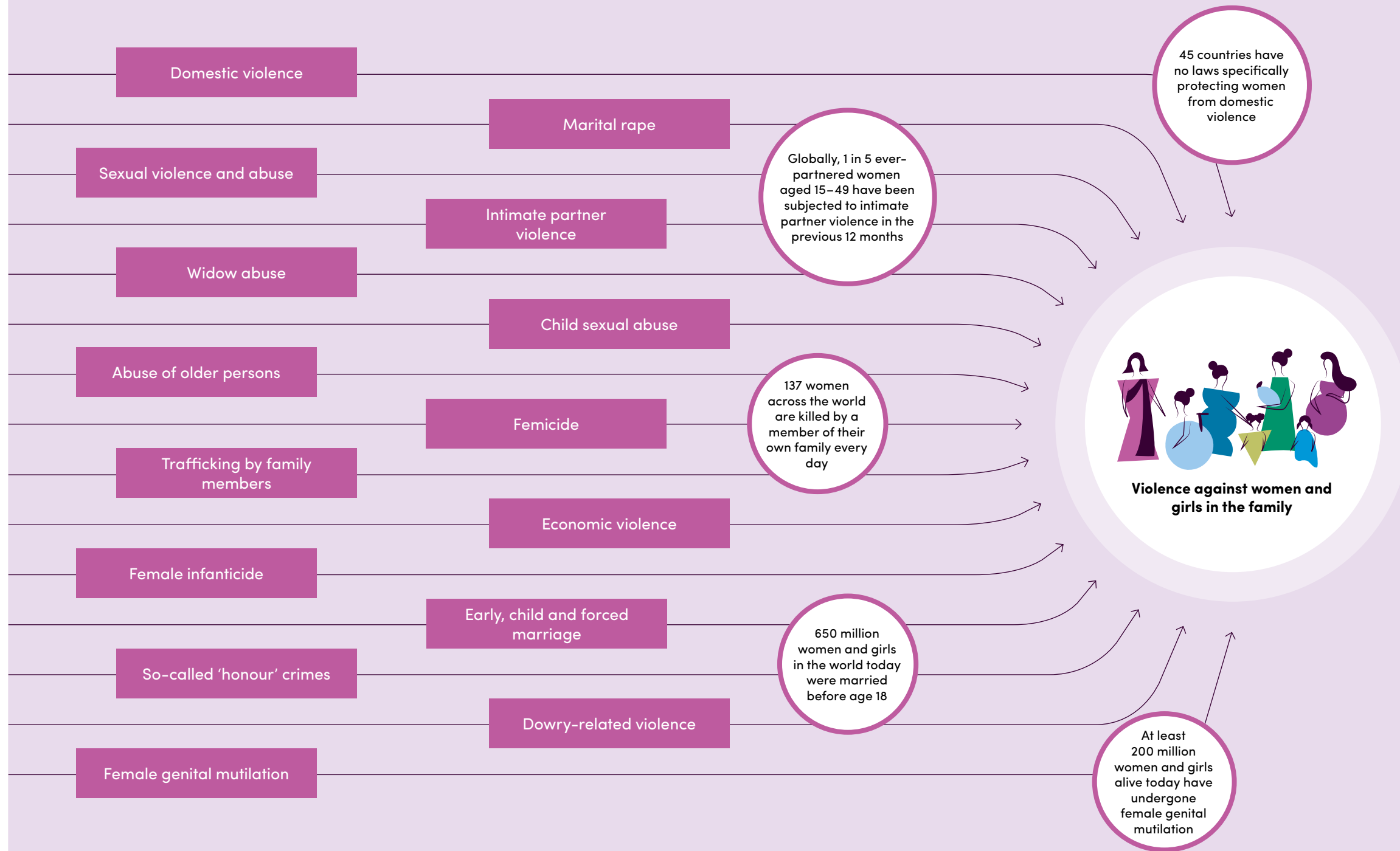
VAWG in the family is a global phenomenon

The most widely available data on violence against women and girls in the family are on intimate partner violence. Globally, close to 18 per cent of ever-partnered women aged 15–49 have been subjected to IPV in the previous 12 months. Among regions with available data, Oceania (excluding Australia and New Zealand) has the highest prevalence, with 34.7 per cent of ever-partnered women and girls in that age group subjected to physical or sexual violence by a current or former intimate partner within the last 12 months. Central and Southern Asia and Sub-Saharan Africa have the second highest rates at 23.0 and 21.5 per cent, respectively. Europe and Northern America has the lowest prevalence at 6.1 per cent (see Figure 6.2).

While the level of IPV is generally lower in developed countries compared to developing countries, the research suggests that the predictors of IPV are far more complex than gross domestic product (GDP). Gender-related factors, such as norms related to male authority over women, and women’s lower economic status are more significant.¹¹ Broader cultures of violence and political conflict can also increase the prevalence of IPV. For instance, research from Côte D’Ivoire, Liberia, Thailand and Uganda has found that women who have higher levels of conflict-related abuses also report higher levels of IPV victimization during and after conflict.¹²

FIGURE 6.1 VIOLENCE AGAINST WOMEN AND GIRLS

Violence against women and girls is a human rights violation of pandemic proportions, but it is not inevitable.

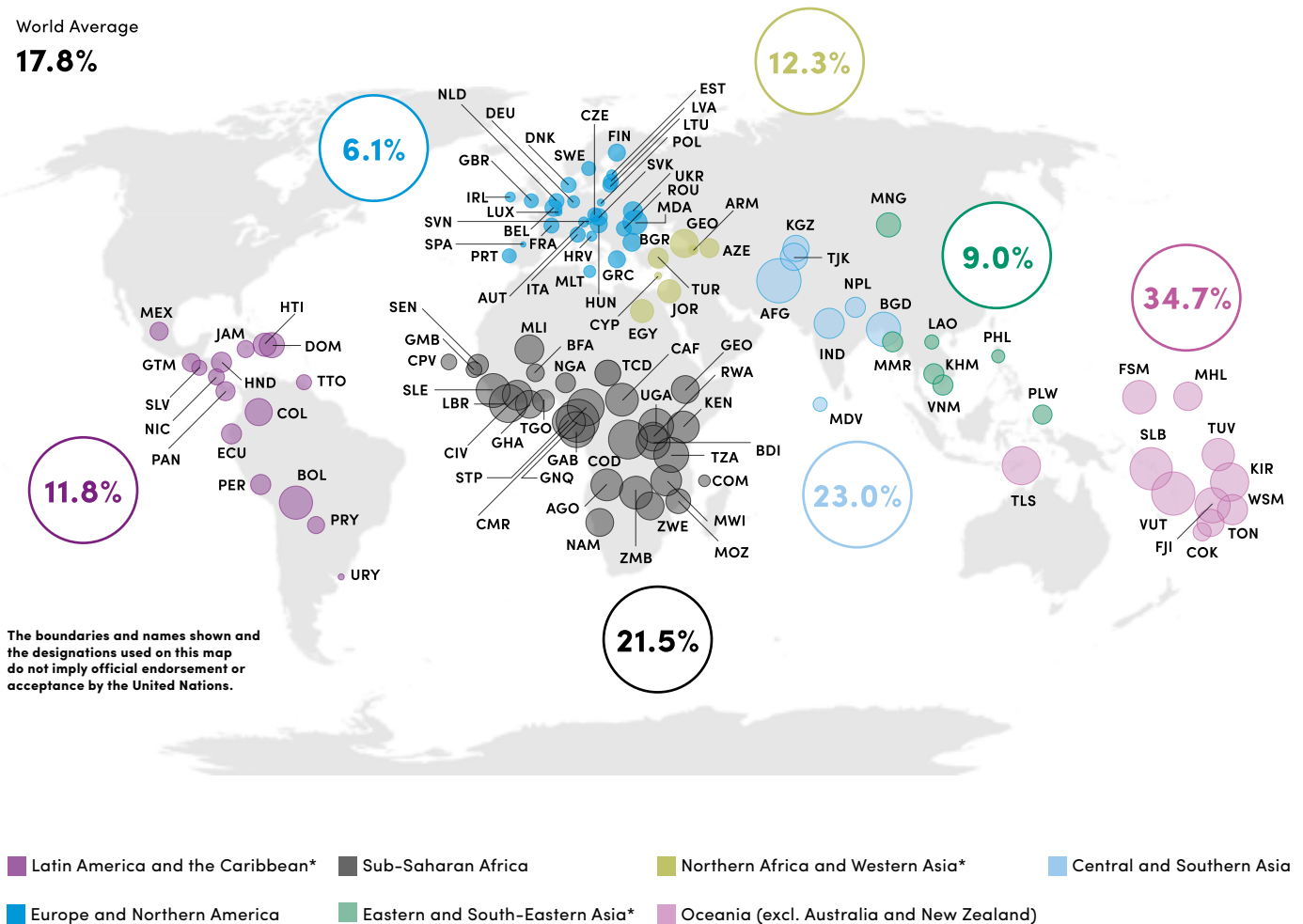


How do we make families a place of safety, equality, dignity and respect?

- 1
ENFORCE
laws to address violence against women and girls, and remove discriminatory laws.
- 2
ENSURE
women's access to justice and hold perpetrators to account.
- 3
SUPPORT
survivors to thrive with universal, quality, multi-sectoral services.
- 4
PREVENT
violence against women by changing social norms that justify violence in the family.

Sources: UNSD 2018, UNODC 2018, UNICEF 2018a, UNICEF 2013 and UN Women calculations using data from World Bank 2018e.

FIGURE 6.2 PROPORTION OF EVER-PARTNERED WOMEN AND GIRLS AGED 15-49 SUBJECTED TO PHYSICAL OR SEXUAL VIOLENCE BY A CURRENT OR FORMER INTIMATE PARTNER IN THE PREVIOUS 12 MONTHS, BY REGION, LATEST AVAILABLE YEAR



Source: UNSD 2018.

Notes: The circles show population-weighted averages per region for women aged 15-49 in a total of 106 countries and territories. Population weights are based on 2017 figures for countries and territories on which sex- and age-disaggregated data are available from World Population Prospects. This analysis covers 106 countries and territories, comprising 54.4 per cent of the countries and 50 per cent of the population of women and girls aged 15-49. For Eastern and South-Eastern Asia, Latin America and the Caribbean and Northern Africa and Western Asia, data cover 12.7, 48.4 and 41.7 per cent of the region's population, respectively. The regional and global aggregates marked with an asterisk (*) are based on less than two thirds of their respective population and should be treated with caution. In all other regions, aggregates are based on data covering two thirds or more of the region's population. Population coverage was insufficient to calculate a regional average for Australia and New Zealand and therefore not shown. For 75 of the 106 countries, the age group of women is 15-49 while for 30 countries the age group is 18-49. In the case of Paraguay, the sample is for women aged 15-44 and for Portugal, the age group is 18-50. Data for Côte d'Ivoire are for currently married women only. Definition of sexual violence differs from standard for Nicaragua, Panama, Paraguay and Uruguay. Definition of physical and sexual violence differs from standard for all the European countries in the sample.

Women's experiences of IPV vary by age. Available data disaggregated by age for 53 countries show that IPV is most prevalent among women aged 20-24, with 22.8 per cent of women in this age group having experienced some form of such violence within a 12-month period. Its prevalence remains high for other younger age groups,

with 19.8 and 21.5 per cent of women and girls in the age cohorts of 15-19 and 25-29, respectively, reporting being subjected to physical or sexual violence by a current or former partner in the last 12 months.¹³ After the age of 29, prevalence rates begin to decrease, though still, 16.5 per cent of women in the oldest age group analysed (aged

45–49) experienced some form of IPV within the year preceding the survey.¹⁴ Data on violence experienced by women older than 50 are limited because most population-based surveys use the 15–49 age range. It is important to fill this data gap given older women's heightened vulnerability to violence, abuse and neglect.¹⁵

Violence against women and girls in the family can be lethal. The United Nations Office on Drugs and Crime (UNODC) estimates that in 2017, more than

half (58 per cent) of all female victims of intentional homicide were killed by a member of their own family, amounting to 50,000 deaths in the year or 137 women each day. More than a third (30,000) of the women intentionally killed in 2017 were killed by their current or former intimate partner.¹⁶ Women's organizations have long mobilized around gender-related killings of women, demanding state action and accountability, including through increasing visibility of the problem, as elaborated in Box 6.1.

BOX 6.1

GENDER-RELATED KILLINGS OF WOMEN: CONCEPTUALIZING AND CAPTURING A PERVASIVE PROBLEM

The Special Rapporteur on violence against women (VAW), its causes and consequences has identified gender-related killings as the most extreme form of VAW in the private and public spheres.¹⁷ Such acts are not isolated and sudden incidents; they are connected to the continuum of violence experienced by women and girls in their everyday lives.

The Special Rapporteur categorizes killings as either direct or indirect. Direct killings include those that are a result of intimate partner violence or related to sorcery/witchcraft, 'honour', armed conflict, dowry, gender identity and sexual orientation and ethnic and indigenous identity. Indirect killings include maternal mortality and deaths due to poorly conducted or clandestine abortions, harmful practices, simple neglect (through starvation or ill-treatment), deliberate acts or omissions by the state or linked to human trafficking, drug dealing, organized crime and gang-related activities. Many of these killings occur in the context of the family.

The terminology to conceptualize gender-related killings has been deeply debated and evolving over time, including to reflect regional specificities, although 'femicide' is a commonly used concept. In Latin America and the Caribbean, particularly Central America, feminists have focused on establishing femicide as a criminal act and shedding light on the problem of impunity. In the Northern Africa and Western Asia region, femicide refers to 'honour' killings, as it does in Southern Asia, where the term also encompasses female infanticide and dowry-related killings.

There are efforts to monitor gender-related killings across countries and regions. The annual UK Femicide Census report, compiled by local women's organizations, reported a total of 139 women killed by men in England, Wales and Northern Ireland in 2017; at least 75 per cent were killed by someone they knew.¹⁸ In Afghanistan, the Government's Human Rights Commission estimates that around 243 cases of 'honour' killings occurred between April 2011 and August 2013.¹⁹ Available data on dowry-related killings from the National Crime Records Bureau in India indicate that female dowry deaths account for 40 to 50 per cent of all female homicides recorded annually, with little change between 1999 and 2016.²⁰ Official data from 19 countries in Latin America and the Caribbean show that a total of 2,559 women were victims of femicide in 2017. Data for 2016 and 2017 show that Belize, the Dominican Republic, El Salvador, Guatemala, Honduras and Trinidad and Tobago are the countries with the highest prevalence of femicides in the region.²¹

These data collection efforts notwithstanding, the Special Rapporteur has expressed concern about the limited availability and poor quality of data on gender-related killings, including the lack of comparability between data sets. The 2015 International Classification of Crime for Statistical Purposes proposed disaggregation for homicide crimes by factors including the sex of the victim and perpetrator and the relationship between the victim and perpetrator, among others.²² Disaggregation of this nature is key to building a better understanding of the problem.

Due to their gender, girls are also at risk of specific forms of violence in the family such as child marriage, which was discussed in greater detail in Chapters 2 and 3. Female genital mutilation, a harmful practice that is perpetrated by families against girls, continues to persist at alarming levels, although there has been a decline in recent decades. Around 2017, one in three girls aged 15 to 19 had been subjected to female genital mutilation in the 30 countries where the practice is concentrated, compared to nearly one in two around 2000.²³

There are insufficient global data on other forms of VAWG in the family such as widow abuse, abuse of older women, dowry-related violence and 'honour' violence. Further, due to methodological challenges and the limitations of national surveys, data on VAWG in particular groups or contexts are poor. Yet, smaller studies indicate that women are at a heightened risk of violence if they are indigenous, living with a disability or have an insecure migration status.²⁴ Data from Canada, for instance, show that Indigenous women are more than three times as likely as non-Indigenous women to experience domestic violence.²⁵ Migrant women with insecure status may remain in an abusive relationship due to fear of deportation or losing child custody.²⁶ They may also lack public support and economic resources, an issue discussed further in Chapter 7.

Lesbian, bisexual and transgender (LBT) women often experience different forms of violence in the

family. For example, domestic violence experienced by lesbian and bisexual women can be bound up in homophobia, with perpetrators using threats related to sexuality (for example, 'outing' to family and friends) as a tactic of power and control.²⁷ LBT women are also subjected to hate violence from their own or their partner's families. Moreover, sexual violence against lesbian and transgender women has been reported in several countries as being perpetrated on the basis of 'converting' victims to heterosexuality, or punishing gender non-conforming identities and expressions.²⁸ In some cases, such sexual violence is perpetrated by family members; in other cases, family members collude with perpetrators.²⁹

Evidence indicates that there is an overlap between violence against women and violence against children in the same household.³⁰ The United Nations Children's Fund (UNICEF) estimates that, worldwide, 250 million children aged 2 to 4 experience physical punishment by caregivers (around 6 in 10); close to 300 million (3 in 4) children experience physical punishment and/or psychological aggression (violent discipline) by their caregivers on a regular basis.³¹ Further, globally, 1 in 4 (176 million) children under the age of 5 live with a mother who is a victim of IPV.³² A gender analysis of violence in the family helps explain the link between VAW and violence against children as rooted in patriarchal gender and age-related hierarchies, as elaborated in Box 6.2.

BOX 6.2

THE RELATIONSHIP BETWEEN VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN

Violence against women (VAW) and violence against children (VAC) are usually seen as distinct research and policy areas, but there has been growing attention to the links and overlaps between them. A review of the evidence shows that VAW and VAC often co-occur in the same household; they share the same risk factors and norms that limit speaking out and seeking support; they both have inter-generational effects; they have compounding consequences across the lifecycle; and adolescence is a particularly vulnerable time for the intersection of both forms of violence (see Figure 6.1).³³ Being exposed to violence in childhood increases the risks of being both a perpetrator and victim of intimate partner violence as an adult.³⁴

Qualitative research in Uganda found that both adults and children normalize violence as a tool for disciplining women and children. However, while there was some understanding that VAW was generally unacceptable, there was a level of acceptance of VAC as an inevitable aspect of being a (good) parent.³⁵

The intersection of VAW and VAC in the family has a number of knock-on effects. Those who witness both forms of violence (either children or other adults in the family) experience their own trauma, which impacts on their future

relationships as both partners and parents.³⁶ Further, one form of violence can often trigger or exacerbate another, for example, when a child or mother intervenes to stop violence that may then result in further violence.³⁷

A feminist understanding of VAC puts a spotlight on the gender and age hierarchies upon which patriarchy is built, positioning men as superior to both women and children and legitimizing violence as a form of control. VAC in the family perpetrated by women can thus be explained (though not justified) by women acting to prevent more serious abuse by fathers, women's expected caregiving role, pressure to discipline children and their lack of power and voice in the relationship.³⁸

The serious consequences of violence

Violence against women in the family has multiple consequences, with serious and lasting impacts at the individual level, particularly for women who survive violence, as well as within the family, community and wider society.

The effects of VAW on women's physical, sexual, reproductive and mental health can include: injuries sustained from physical and sexual violence; depression, anxiety and substance abuse as a result of stress and trauma; miscarriages and unwanted pregnancies; and sexually transmitted infections and HIV.³⁹ Reproductive coercion is a common form of violence in the family in which partners force women to get pregnant against their will or stop them from using birth control (also see Chapter 3 on women's reproductive agency).⁴⁰ The fear and control that is part of violence and abuse in the family often prevents women from seeking health services or making autonomous decisions about their health.⁴¹

VAW in the family significantly impacts on their economic prospects and security. Intimate partner violence in adolescence and young adulthood has also been found to negatively impact young women's educational attainments in developing countries, with many women leaving school upon marriage.⁴² Women who experience violence in the family are also likely to experience economic insecurity.⁴³ As discussed later in this chapter, women's economic insecurity is also a driver of violence. Women's ability to engage in paid work may be limited where there is violence and abuse, and if women are engaged in paid work, experiences of violence can lead to employment instability and lost earnings.⁴⁴

IPV is linked to housing insecurity, including but not limited to homelessness. Women who have experienced violence in the family may find it difficult to pay rent or service a mortgage, may need to move to a new house frequently or may not be able to find affordable housing when they leave a violent relationship.⁴⁵ At the same time, housing insecurity also increases women's vulnerability to violence by limiting their ability to escape to somewhere safe.

The inter-generational impact on children who have witnessed IPV is also significant. While not all children will suffer lasting negative consequences due to such violence, they are increasingly likely to miss school, experience physical and mental health problems in childhood and suffer from mental health problems in adulthood. They are also more likely to experience or perpetrate violence in adulthood, although many will choose to reject abuse and actively seek respectful and safe relationships.⁴⁶

In addition to a discussion of the human consequences, there have been many attempts to provide an 'economic costing' of the consequences of VAW in the family. These studies have estimated the 'direct' costs, such as the spending associated with responding to the consequences of violence (e.g. services), as well as the 'indirect' costs in the form of lost earnings and reduced productivity.⁴⁷ A global review of various studies looking at the economic costs of IPV found that these are between 1.2 and 2.05 per cent of GDP.⁴⁸ For example, the cost of IPV in Bangladesh was estimated to be US\$1.8 billion or 2.05 per cent of GDP.⁴⁹ In Viet Nam, the cost was estimated at US\$1.71 billion or 1.41 per cent of GDP. Moreover, the estimated productivity loss due to violence in the latter country indicates that women experiencing violence earn 35 per cent less than those not abused.⁵⁰

While there has been a tendency in these studies to focus on the costs of providing services, lost productivity and out-of-pocket expenses, some studies have also examined the costs of human pain and suffering, although these are limited to developed countries. For example, a 2009 study found that the costs of IPV in the United Kingdom included more than £3.9 billion for the criminal justice system, civil legal services, healthcare, social services, housing and refuges/shelters

combined; more than £1.9 billion for the economy (based on time off work because of injuries); and over £9.9 billion in 'human and emotional' costs (the subsequent pain, suffering and fear caused by domestic violence).⁵¹ Further, a 2015 study in Australia, found that the total annual cost of violence against women and their children was A\$21.7 billion, with the largest contributor being pain, suffering and premature mortality, estimated at A\$10.4 billion (48 per cent of the total).⁵²

6.3 WHY DOES VIOLENCE AGAINST WOMEN IN THE FAMILY PERSIST?

Violence against women in the family has been explained using a number of theoretical models. A feminist understanding of the issue sees it as rooted in patriarchy and gender inequality and as a manifestation of male dominance and control at all levels of society.⁵³ VAW in this context is driven by societal expectations about women's and men's roles within the family, where men discipline women who are perceived to fall short of these expectations or transgress gender roles by using violence to maintain dominance and control over the household.

In relation to the family as a site of violence, gender inequality creates a conducive context for violence by creating converging layers of power and authority. Within this, men are positioned as primary breadwinners and 'heads of households', which provides them with a status and expectation of control, dominance and discipline over women and children. This dominance, power and entitlement is further entrenched by the view of the family as a private space, out of the reach of the state.⁵⁴

Other theoretical models used to explain VAW have emphasized individual or household-level factors such as stress, including economic stress, alcohol abuse and a personal history of aggressive socialization.⁵⁵ Proponents of these theories often position violence in the family as perpetrated by men and women equally and as a series of individual incidents, based on aberration or deviance, rather

than a pattern of power and coercive control where there is an element of fear.⁵⁶ These models have been rejected by feminists as they isolate family dynamics from the broader structures of patriarchy and focus on proximate rather than root causes. Such explanations also do not fit with either data on the prevalence of intimate partner violence or the accounts by survivors and perpetrators, which show clearly gendered patterns of violence.

The way in which VAW is understood has significant implications for responses to it. Rather than interventions that solely address the individual level, a feminist analysis focuses on broader socio-political dimensions such as the realization of women's rights, transforming unequal power relations and shifting gender norms.⁵⁷

How gender inequality operates as a root cause of VAW in the family

Global normative frameworks have recognized gender inequality as the root cause of violence against women. Gender inequality is deeply embedded in the structures and institutions operating at different levels that organize and reinforce an unequal distribution of economic, social and political power and resources between women and men, creating a conducive context for VAW. The unequal distribution of power is further entrenched through discriminatory laws, social norms and practices that dictate the conduct, roles and contributions expected from women and

men.⁵⁸ For example, the fact that women are less likely to be represented in public decision-making roles reinforces the lesser value of women's voices and entrenches the idea of men having control and power over decisions and resources.⁵⁹ Further, laws that perpetuate women's unequal status in the family, or the lack of implementation of gender equality or VAW laws, also create a conducive context for the perpetration of VAW.

Understanding how gender inequality operates as a root cause of VAW in the family also requires recognizing the role of multiple and intersecting forms of discrimination. Intersectionality has emerged as a framework with which to understand women's experiences of inequality and oppression, with a view to analysing the many interactions and forces that shape social identity and social positioning.⁶⁰

An important aspect of an intersectional approach is that "different dimensions of social life cannot be separated into discrete or pure strands."⁶¹ A broader context of exclusion and discrimination emerging from multiple intersecting inequalities can compound women's and girls' experiences of violence.⁶² For example, a young lesbian may be at risk of violence within her family precisely because of the intersection of gender, sexuality and age. An Indigenous women's experience of family violence can be bound up in gender inequalities, racism, socio-economic disadvantage and the legacy of colonialism.⁶³ And a woman from a disadvantaged socio-economic background, or who has insecure immigration status, may experience significant challenges in accessing the services and support needed to leave a violent relationship (see Chapter 7).

While gender inequality creates a conducive context for VAW, it does not explain why some men are more likely than others to choose to perpetrate VAW in the family. In this respect, the socio-ecological model has emerged as the most commonly applied model to identify and understand the complex interplay of factors that underpin VAW in the family. Rather than focusing solely on individual patterns of behaviour, this model considers multiple factors operating at the individual, community and societal levels in a mutually reinforcing manner.⁶⁴ It identifies, for example, factors

such as an individual's belief in rigid gender roles, persistent social norms endorsing child marriage at the community level, weak community sanctions against VAW and the privileging of discriminatory customary laws that entrench inequalities between women and men.⁶⁵ It also draws attention to broader factors linked to the perpetration of VAW. For example, a higher level of political conflict is linked to greater social acceptance of IPV among women and men.⁶⁶

Recent research has sought to expand the socio-ecological model by examining factors at the global level, including the gendered impacts of economic integration (including labour migration) and global or transnational shifts in ideology that either support or deny women's rights.⁶⁷ For instance, different kinds of fundamentalism emerging from most of the world's religions are increasingly connected, organized and influential in terms of laws and policies. Most fundamentalist forces promote traditional ideas of the family and restrictions on women's rights, reinforcing dominant masculinities and women's subservience, thus creating an additional layer of norms that accept and justify VAW in the family.⁶⁸

Looking at how gender operates as a root cause of VAW in the family, four key themes stand out. These are often reflected in laws, practices and social norms. The first is harmful masculinities that underpin beliefs in male entitlement, control and dominance; the second is women's expected submission and subservience; the third is women's lack of long-term economic autonomy and security; and the fourth is the ideology of the family as a private space, with an emphasis on family harmony. The next sections discuss these in detail.

Harmful masculinities: male entitlement, control and dominance

The idea that men are dominant and that they should have control over decision-making and over women is ingrained in many aspects of life. For instance, laws defining family relationships have historically upheld men's role as 'head of the household', although this has gradually shifted in most contexts in recent decades. As discussed in Chapter 4, however, contemporary economic and social structures continue to ascribe to men the breadwinner role, even when this is not the reality.

This dynamic thus reinforces male control over decision-making processes that impact women and family life more broadly. Household and attitudes surveys show that in many countries, men have the final say in decision-making on household expenditure, women's mobility outside of the home and even women's own healthcare, including visits to the doctor and whether to use contraception.⁶⁹ The use (or threat) of physical and sexual violence by men against women is another way that male dominance is enforced and maintained.

Masculinities are multiple, dynamic and open to change. Yet the mainstream construction of gendered practice reinforces male dominance and female obedience.⁷⁰ Harmful masculinities exist across all contexts to some degree and are reflected where narratives of what it means to be a man in a society are linked to toughness, male control of women, the husband as breadwinner and heterosexuality.⁷¹ Research with men who perpetrate violence suggests that the risk of IPV is highest when harmful masculinities are widely socially accepted. Moreover, men who hold gender inequitable attitudes, such as rigid ideas about gender roles, and men who engage in controlling behaviour, have multiple sexual partners at the same time or engage in transactional sex are more likely to perpetrate IPV.⁷²

Shifts or threats to hegemonic masculinity within the context of the family can often be a factor in the perpetration of violence, where men feel the need to reassert their power and control when they are unable to fulfil their expected role or when their partner engages in an activity, such as employment, that threatens their dominant position.⁷³ Research on men's perpetration of violence finds that the use of VAW often increases among men who are less socially powerful; violence is used as a way to reassert some level of power and control when men feel relatively powerless in other domains of their life.⁷⁴

Women's expected submission and sexual subservience

Women's expected submission and subservience is a corollary of male domination and control. It is also a driver of violence against women in the family. In many contexts, a wife is expected to be submissive

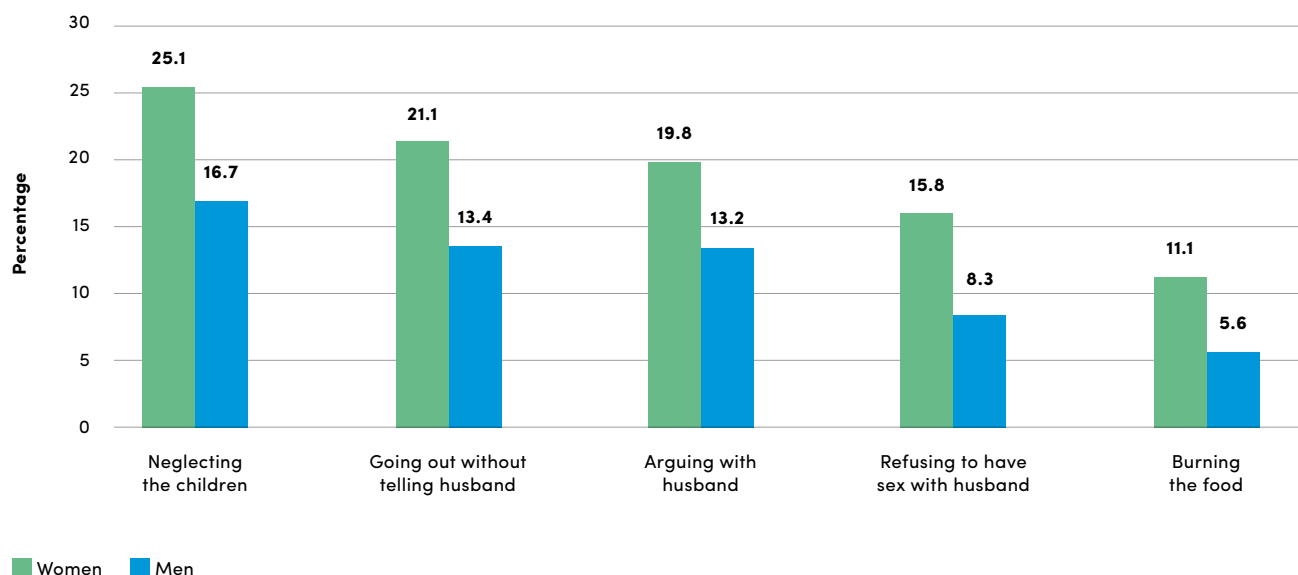
to her husband and his family, and a woman who contests this role is regarded as a wife who is out of her husband's control. Women's subservience is also often expected from other male family members. In such cases, men may use violence as a means of corrective action, using justifications such as 'it is for her own good' when abuse is questioned.

Social norms and attitudes that accept and normalize VAW in the family are widespread and deeply entrenched, including among women themselves. Data from a wide range of countries demonstrate that wife-beating is socially accepted in many settings, including where women are perceived as failing to fulfil expected sexual or domestic obligations or otherwise resisting the subservient role accorded to them.⁷⁵ For instance, available data from 70 countries find that 15.1 per cent of women believe that wife-beating is justified if a woman refuses to have sex with her husband (see Figure 6.3). Moreover, 24.3 per cent of women and 16.2 per cent of men agree that wife-beating is justifiable if a woman neglects the children, and 20.2 per cent of women and 12.9 per cent of men believe that wife-beating is justified if a woman goes out without telling her husband. Between countries, vast differences exist regarding how IPV is justified.

The higher acceptance of VAW among women can be explained by the fact that women are pressured to conform and internalize norms and expected gender roles where men's 'disciplining' of women is seen as a legitimate reprisal rather than as violence.⁷⁶

Control over women's sexuality is a driver of many forms of VAW in the family. For example, early marriage is often driven by economic reasons but is also seen as a way to protect family 'honour' by controlling female sexuality and safeguarding a girl's virginity and purity. Similarly, 'honour' crimes and killings are seen as justified in the cases of women who engage in pre-marital relationships, choose a partner without the approval of their family, commit adultery or are raped.⁷⁷ Control over women's sexuality is also codified in many laws. By 2018, 12 out of 189 countries and territories retained clauses in legislation exempting perpetrators of rape from prosecution when they are married to, or subsequently marry, the victim.⁷⁸ However, recent

FIGURE 6.3 PROPORTION OF INDIVIDUALS AGED 15-49 WHO AGREE THAT WIFE-BEATING IS JUSTIFIED, BY SEX AND REASON GIVEN, LATEST AVAILABLE YEAR



Source: UN Women calculations based on Demographic and Health Surveys (DHS) for 42 countries (ICF 2007-2017) and Multiple Indicator Cluster Surveys (MICS) for 28 countries and territories (UNICEF 2019).

Notes: Data are from 2007 or later. Where both DHS and MICS survey are available, the survey with the latest data is selected. Simple unweighted average shown.

sweeping change in the Northern Africa and Western Asia region demonstrates that change is possible (see Story of Change, “Historic victory: reforming the laws that forced women to marry their rapists”). Shifting rigid gender roles, dominant masculinities and gendered expectations around sexuality are key to eliminating violence against women in the family.

Women’s lack of long-term economic security and autonomy

Women’s long-term economic security, autonomy and power in an intimate relationship are key factors in preventing violence. The common view is that increasing a woman’s access to education and resources elevates her bargaining position and power within her relationship, increases her partner’s perception of her as valuable and enables her to leave a violent or abusive situation. Yet the link between these factors is more complex as the threat to hegemonic masculinities when women engage in paid work can often lead to violence.

The most salient finding is the need for women’s engagement in paid work to be normalized and

for women to have regular, secure and long-term income (see Chapter 4) in order to strengthen their fallback position and have a route out of abusive relationships. In the United Republic of Tanzania, women’s risk of IPV is significantly lower in areas with a higher proportion of women in paid work.⁷⁹ In Ecuador, when women’s education level exceeds primary schooling, an increase in their income is related to a lower likelihood of experiencing intimate partner violence.⁸⁰ Similarly, in Bangladesh, women with higher educational attainment and engaged in paid work are less likely to experience violence.⁸¹

However, in many other settings, especially when women’s earnings are irregular, their economic insecurity and weak fallback position may not enable them to challenge or leave abusive partners.⁸² In some cases, changes in women’s capacity to earn an income can even increase the risk of male violence, especially where men’s ‘breadwinner’ identity is in question due to employment difficulties and/or where prevailing norms and values accept IPV.⁸³ In such scenarios, IPV may occur to ‘counteract’ women’s increased economic power in the family.

Women's lack of access to and control over economic assets such as land and housing can also increase their vulnerability to violence, although this is also context specific. Research in Kerala, India, shows that women's ownership of such assets offers a significant degree of protection from violence within the relationship as well as increasing the feasibility of exiting an abusive situation.⁸⁴ Similarly, research from South Africa and Uganda on the link between property and women's risk of violence found that secure property access and/or ownership provided women with economic independence, which served as a protective factor against IPV.⁸⁵

The main implication of these findings is that even where changes in women's economic status may increase the risk of violence in the short term when dominant masculinities are challenged, in the long term, women's educational attainment, economic security and autonomy are central to improving their position in the family and enabling them to leave abusive relationships.

The family as a private space and the ideology of family harmony

The idea that the family is a private space, existing outside the realm of state intervention, serves to

normalize and justify violence against women. Yet in practice, and as discussed in Chapter 3, states play a significant role in shaping what happens in the private sphere through laws and policies. In many contexts, marriage is perceived as a union in which women become the 'property' of men, thus losing their personhood. Such a view, coupled with social norms that blame and shame survivors of violence, prevents women from speaking out, reporting to authorities and seeking support from family, friends and available services.

Linked to the notion of the family as a private space is the ideology of family harmony and women's socially constructed responsibility for this. A significant predictor of IPV is women's ability, both legal and cultural, to get a divorce.⁸⁶ Yet there remain legal impediments to divorce in many countries. Even where divorce can be obtained under law, constraints at the family and community level, as well as social norms, often prevent women from seeking one (see Chapter 3). In many countries, women risk losing custody of their children if they divorce, a threat that can keep them in violent relationships. Where divorce is stigmatized, women may stay in an abusive situation in order to avoid the shame or embarrassment that separation would bring on her family.

6.4 VIOLENCE IS NOT INEVITABLE: MAKING FAMILIES A PLACE OF EQUALITY, DIGNITY AND SAFETY

The recognition of violence against women as a systematic manifestation of gender inequality and as a violation of human rights has been a key success of feminist movements (see Story of Change, "Historic victory: reforming the laws that forced women to marry their rapists"). Indeed, the existence of autonomous feminist women's movements at the country level is the single most important factor in driving VAWG policy change.⁸⁷ Since feminist activism has firmly put VAWG in the family on the agenda as an issue of public concern, governments have increasingly taken a range of actions in response. States now have clear obligations to implement laws, policies and programmes to eliminate all forms of violence against women and girls; a number of these obligations are elaborated in Box 6.3.

Recent decades have seen a strong focus on legislation to address VAW in the family. There now exist many examples of comprehensive laws that include measures to criminalize, prevent and protect against violence and to punish perpetrators. Countries have also introduced a range of measures to keep women safe and help them recover from violence, including protection orders and the provision of services such as help-lines, health services, police services, shelters and safe accommodation, psychological support, free legal services, justice services and support services for children witnessing or experiencing violence in the home. Unfortunately, in most countries such services remain limited in scope and coverage due to lack of sustainable financing.

BOX 6.3

INTERNATIONAL AND REGIONAL OBLIGATIONS OF STATES TO ELIMINATE VIOLENCE AGAINST WOMEN IN THE FAMILY

International norms and standards around violence against women have evolved rapidly in the last few decades. In 1993, the World Conference on Human Rights in Vienna called on the General Assembly to adopt an existing draft declaration on violence against women (VAW). Building on the Vienna Declaration, the Fourth World Conference on Women, held in Beijing in 1995, recognized violence against women and girls as a violation of human rights.⁸⁸ Most recently, VAWG has been recognized as a priority for sustainable development with a specific target in the 2030 Agenda for Sustainable Development.⁸⁹

While the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) did not initially address VAW explicitly, the UN CEDAW Committee clearly stated in its landmark General Recommendation No. 19 (1992) that VAW constitutes discrimination against women and impairs or nullifies women's enjoyment of human rights and fundamental freedoms.⁹⁰ The more recent General Recommendation No. 35 (2017) updated the previous recommendation and contains many innovative features, including: recognition of the structural causes of VAW, notably "the ideology of men's entitlement and privilege over women;" recognition of the impacts of multiple and intersecting forms of discrimination on women's experiences of violence; and a call for the review of gender-neutral laws to ensure they do not perpetuate gender inequalities.⁹¹

A significant development in international law is the 'due diligence principle'. This principle holds states accountable for human rights abuses committed not only by the state or state actors but also by non-state actors. As VAW is most often perpetrated by non-state actors such as a close male relative or an intimate partner, the due diligence principle places the onus on the state to prevent and respond to violence. In this respect, it has broken the artificial divide between the public and private spheres and the distinction between state and non-state actors. States are now obliged to take active measures to protect against, investigate, punish and redress VAW in the private sphere.⁹² A number of UN CEDAW Committee decisions on individual communications regarding VAW have used the due diligence principle to compel States to act.

Three key instruments elaborate state obligations to eliminate VAWG at the regional level. One of these is the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (entered into force in 1995), which was the world's first binding international treaty to recognize VAW as a violation of human rights.⁹³ The Convention defines the different spheres where VAW occurs, including the family and domestic sphere, and calls for a broad range of responses and prevention measures, ranging from educational campaigns to combat prejudices, customs and other practices based on harmful gender stereotypes to the provision of specialized services for survivors.

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) entered into force in 2005. Under article 4, the Protocol calls for the elimination of all forms of VAW as part of the rights to life, integrity and security of the person, with other provisions reinforcing States' obligation to end VAW and discrimination.⁹⁴

The most recent and advanced legally binding instrument is the Council of Europe Convention on preventing and combating VAW and domestic violence (the 'Istanbul Convention'), which entered into force in 2014. It obliges States to take action to prevent and protect against all forms of VAW, prosecute those accused of perpetrating VAW and enact integrated policies to prevent and respond to VAW.⁹⁵

In recognition of the fact that violence is not an inevitable part of life, there has also been increasing attention to preventing violence through

interventions at the individual, community and societal levels. Such measures seek to address the root causes and risk factors that underpin violence.

The following sections will discuss innovations, promising approaches and challenges to public action in the following areas: comprehensive laws to address VAWG; coordinated and multi-sectoral support services for survivors; and prevention programmes to address the drivers of violence.

Enacting comprehensive laws and ensuring access to justice

Laws that define violence against women in the family as a crime are important for holding perpetrators accountable for their actions, providing victims/survivors with avenues to seek justice and signalling the unacceptability of violence in the broader community.

There has been significant progress in the last two decades regarding the enactment of legislation to address VAW in the family and intimate partner violence in particular. While only a handful of countries had laws to criminalize domestic violence in the early 1990s, by 2018, 76 per cent of countries surveyed by the World Bank (144 out of 189 countries and territories) had such laws. Of the 45 countries that did not, nine had aggravated penalties for specific types of abuse committed between spouses or family members.⁹⁶

The definition of VAW in the law has a critical bearing on women's access to justice and the availability of support services. For this reason, the former UN Special Rapporteur on violence against women expressed concern about a noted shift to gender neutrality in laws addressing domestic violence. Gender-neutral language gives the false impression that women and men experience violence equally; moreover, it renders the gendered dynamics at play invisible and justifies the scaling back of women-only services for victims/survivors.⁹⁷ The current Special Rapporteur has emphasized the importance of laws recognizing VAWG as a systematic violation of women's human rights and as a result and form of "pervasive inequality and discrimination" linked to a "system of domination of men over women."⁹⁸

Laws that define IPV as individual incidents of violence, rather than as a pattern of power and control, are also problematic because they can

obscure the more common ways that women experience violence on a daily basis.⁹⁹ In practice, this can mean a legal emphasis on the more extreme incidents of violence at the neglect of ongoing practices that limit women's autonomy and create fear. In response, some legal scholars have proposed that domestic violence laws should include a specific offence for 'coercive control'. In 2015, the United Kingdom introduced such an offence, defining coercive and controlling behaviour as a purposeful pattern of incidents that occur over time in order for one individual to exert power, control or coercion over another.¹⁰⁰

Countries have also increasingly adopted specific laws addressing harmful practices in the family such as female genital mutilation and child, early and forced marriage (on the latter, see Chapter 3). There has been less traction on enacting specific laws to address some other forms of VAWG in the family, for example, 'honour' killings and dowry-related deaths.¹⁰¹ Specific categories to address these forms of violence would recognize the different contexts in which these crimes occur, particularly the premeditated nature and pattern of abuse often leading up to the killing. A specific legal category would also ensure that such murders are not inappropriately categorized as, for example, 'crimes of passion'.¹⁰²

The demand for public action and state intervention to address VAW in the family has not been without tensions. Defining VAW, particularly domestic violence and IPV, as a crime has been important for shifting norms that excuse and accept such violence. Yet feminists also maintain that a singular focus on law enforcement and criminal justice can come into conflict with the feminist objectives of social transformation and the realization of women's other rights.¹⁰³ Civil remedies (see discussion of protection orders below) can be important alternatives to incarceration while also promoting women's safety and access to housing, for example.

Discriminatory family law provisions regarding women's rights in marriage, divorce and, custody as well as migration regulations have a significant bearing on the safety and well-being of victims/

survivors of violence. For example, limitations on women's right to divorce, provisions that deny women custody of their children following divorce and unequal rights upon divorce all serve to prevent women from leaving abusive and violent relationships. The family law system can perpetuate secondary victimization when priority is given to a child's relationship with the violent parent over the safety of the survivor.¹⁰⁴

Divergence between laws on domestic violence and other laws or policies that promote family harmony or reconciliation can undermine efforts to eliminate VAW.¹⁰⁵ For instance, some legal systems may propose alternative dispute resolution to avoid costly court proceedings. However, this option is never appropriate in cases of VAW where fear and a significant power imbalance are present.

Personal status and family laws are often privileged in plural legal systems where codified law, religious law systems, indigenous or customary legal codes coexist. While such systems are in place to recognize cultural diversity or the rights of particular groups, they are often male dominated and reflect discriminatory and patriarchal ideas about the family and role of women (see Chapter 3). As a result, VAW in the family is rarely prosecuted within them.¹⁰⁶

A further challenge is the interplay between national and sub-national laws that can create a patchwork of coverage at the sub-national level, resulting in inequalities in access to rights and protection depending on location. In practice, this means that women who experience VAW in one region may be afforded protection that does not apply if they move to another region. For instance, a comparative study of domestic violence legislation at the sub-national level in Argentina concluded that there are significant variations in the protective scope of provincial laws.¹⁰⁷

In addition to the enactment of laws, improving women's access to justice requires a range of complementary interventions. A study of 42,000 women in the European Union found that only one third of victims of IPV contacted either the police or

support services following the most serious incident of violence.¹⁰⁸ The reasons for not reporting violence are common across different contexts: fear of retaliation, pressure from families to maintain privacy, lack of awareness of rights, economic dependency and a perception that authorities will fail to take adequate action. It is clear that more effort is needed to enable women's access to legal remedies and justice.

There is a range of actions that governments can take to improve the legal response to VAW, including programmes to raise awareness and increase legal knowledge, training on VAW for the judiciary and law enforcement officers, guidelines or protocols for responding to VAW for justice agencies and strategies to improve the efficiency of court processes, such as the implementation of electronic monitoring systems. In addition to these actions, the two most common approaches to improve women's access to justice in the context of violence in the family include the availability of protection orders, discussed in Box 6.4, and the establishment of specialized courts or procedures for domestic violence cases.

Establishing specialized courts or procedures for domestic violence cases can streamline the legal process for victims/survivors, improve women's safety and reduce re-traumatization due to the need to testify repeatedly.¹⁰⁹ Some 70 per cent of countries and territories (132 out of 189) have specialized courts or procedures for domestic violence. Approaches taken across regions include the establishment of dedicated courts to handle all domestic violence cases, fast-track procedures and authorization of specific protection orders for domestic violence cases.¹¹⁰ In Brazil, the specialized integrated courts established by the Maria da Penha Law (2006) deal with all legal aspects of cases regarding domestic violence, including divorce, child custody and criminal proceedings. Yet the lack of coordination between agencies, the significant caseload and the lack of trained personnel negatively impact on the outcomes for women.¹¹¹ Specialized courts can be effective if they are adequately resourced and equipped, including with trained and responsive staff.

BOX 6.4

THE ROLE OF PROTECTION ORDERS IN KEEPING WOMEN SAFE

Protection orders are increasingly common mechanisms to restrict the behaviour of perpetrators or remove them from a joint place of residence. Some 75 per cent of countries and territories (141 out of 189) have protection orders for domestic violence.¹¹² These tend to be an effective legal response to violence against women (VAW) in the family, particularly in cases where women want the violence to stop but prefer not to have the perpetrator incarcerated.¹¹³ Most civil protection orders apply to situations of domestic violence, but there has been a growing effort to extend protection against other forms of violence such as forced marriage.

In well-designed protection order provisions, a person who is experiencing domestic violence can obtain a civil protection order with little assistance and with a significantly lower burden of proof than is required for criminal charges. In some countries, police can issue temporary protection orders or notices directly, until a court issues a courted issued protection order.¹¹⁴

While some countries allow different parties to apply for a protection order, it is important that women remain empowered to control the process. This helps them to regain control of their lives after an experience of violence. In Spain, family members living in the same house are able to apply for protection orders on behalf of the victim, as is a public prosecutor. Even in these cases, however, the complainant/survivor's wishes must be taken into account in a full court hearing.¹¹⁵

Despite the potential safety offered by protection orders, they rely on well-functioning, trained and properly resourced police and justice agencies that act swiftly and place priority on the survivor's safety. Women's safety – even their lives – are too often risked by systems that function too slowly or by orders that are refused due to onerous requests for information.¹¹⁶ The physical accessibility of police and courts can also impact on women's access to protection orders. In Papua New Guinea, for example, a country with one of the world's highest rates of IPV, women are frequently required to walk for hours to reach a district court. Upon arrival, they are often referred back and forth between courts and police, delaying the protection order and placing their lives at risk.¹¹⁷

Coordinated and multi-sectoral services that prioritize women's safety and empowerment

Alongside the enactment of laws, the last three decades have seen the emergence of a range of services to respond to violence against women with the objective of keeping women safe and supporting the recovery process. Starting in the 1970s, primarily in the United Kingdom and the United States, feminist movements led the expansion of shelters and refuges that provided women and their children with a safe place to share their experiences and explore their options. These early shelters provided different types of support to women including housing, legal advice and counselling. Over the last two decades, services responding to VAW have also expanded in developing regions, albeit to a lesser degree due to funding

constraints.¹¹⁸ In many cases, these have also been led by women's organizations, but in some contexts it is governments that have set up support services. Today, support services for survivors have expanded to the provision of comprehensive health services, police and justice services and social services, as well as crisis support, housing and counselling.

International norms and standards for VAW services have also developed over the last two decades. The agreed conclusions of the fifty-seventh session of the United Nations Commission on the Status of Women (CSW 57) in 2013 called for comprehensive, coordinated, interdisciplinary, accessible and sustained multisectoral services, programmes and responses at all levels for all victims and survivors of all forms of VAWG.¹¹⁹ Further, in 2017, the UN Special Rapporteur on

VAW called for services to be victim-centred, focused on women's human rights, safety and empowerment and aimed at avoiding secondary victimization of women and children.¹²⁰ In addition to these principles, lessons from service delivery globally emphasize that services should be well-coordinated across sectors, accessible, appropriate, of high quality and informed by the perspectives of survivors.¹²¹

While VAW has increasingly featured as a priority on government policy agendas, there are a number of challenges and limitations impacting on the provision of quality response services. Past and recent austerity measures in many countries have resulted in severe cut-backs in funding for VAW services, which in turn has affected service availability, accessibility and quality. For example, a study from South Africa found that where telephone hotlines could not meet the demand or provide a 24-hour service, women stopped seeking support out of frustration.¹²²

Lack of coordination between agencies and organizations responding to VAW, including health and social services, the police, forensic services and the prosecutorial system, is a common problem globally. Some countries have established specific structures to increase coordination, such as cross-sectoral taskforces operating at different levels or specific protocols for case referrals. However, more efforts are needed to make sure that women's safety is not compromised due to the failure of agencies to coordinate with one other.

Some innovations to increase access to services include the provision of mobile services or the co-location of VAW services within other services. 'One-Stop Centres' have emerged in developing and developed countries to provide health, police and social services in one location, often in a hospital, clinic or court. This allows survivors to access the necessary services with ease and efficiency and so avoid the potential trauma of sharing their experience repeatedly. Evidence suggests that One-Stop Centres can increase women's access to justice and support services and that users are highly satisfied with

the services they receive. However, the success of this innovative approach is subject to funding and political will: limited budgets, lack of specialized staff, inadequate training, time constraints and an inefficient referral system to external support services can all limit its effectiveness.¹²³

An example of a well-resourced and functioning centre of this type is the Isange One-Stop Centre (IOSC) in Kigali, Rwanda. Located at the Kacyiru Police Hospital, it is staffed by a coordinator, nine psychologists, a gynaecologist, six social workers, three medical doctors (who have medical forensic expertise), four general practitioners, a psychiatric nurse and a police officer. They provide free 24-hour service, seven days a week, with provisions for emergency contraception, HIV prophylaxis, prevention of sexually transmitted infections and other medication. Every survivor who arrives at the IOSC is initially seen by a social worker, who provides information and access to medical, psycho-social and police services. There is also a safe house available with three beds and basic provisions.¹²⁴

The accessibility of services for women who experience multiple and intersecting forms of violence remains a major challenge. Significant gaps exist, for example, in the accessibility and reach of VAW services for rural and remote areas. In Brazil, although there are more than 450 women's police stations, women living in poor areas or outside big cities struggle to access them, particularly when transportation is unaffordable.¹²⁵ Older women, Indigenous women, migrant women, lesbian, bisexual and transgender women or women with disabilities may also experience additional barriers to accessing mainstream services. These can include language barriers, cultural discrimination, physical barriers or a lack of competency in the services to respond appropriately to their particular circumstances. In response, many countries have established group-specific services. A women's council in Australia that provides VAW services in Aboriginal communities, elaborated in Box 6.5, is one such example.

BOX 6.5

THE NGAANYATJARRA PITJANTJATJARA YANKUNYTAJATJARA WOMEN'S COUNCIL DOMESTIC AND FAMILY VIOLENCE SERVICE

The Ngaanyatjarra Pitjantjatjara Yankunytajatjara Women's Council was established as an Aboriginal women's organization in Australia in 1980, largely in response to the South Australian Pitjantjatjara land rights struggle in the late 1970s, when women were excluded from negotiations. While the Women's Council was formed as an advocacy organization, it has now become a major provider of services for Aboriginal communities, including violence against women (VAW) services.¹²⁶

In 1994 the Women's Council launched a pilot project to respond to widespread domestic and family violence and Aboriginal women's negative experiences with the criminal justice system. The pilot involved several components including legal and other support for individual women experiencing violence, community level engagement, establishment of protocols for mainstream services such as the police, law reform advocacy and stakeholder convenings to strengthen the VAW response system. The Women's Council had to overcome initial resistance from the community stemming from concerns that the work would increase the number of incarcerated men. However, since its inception the project has grown significantly, from 59 clients per year to 479 clients in 2015.

The Women's Council has learned important lessons about trust and solidarity over the years. While the Council's preference was to employ local Aboriginal women, pressure from community members to avoid kinship-related conflict presented a barrier. In fact, because the Women's Council has strong ties to the local community and its historical struggle, local women trust the non-Aboriginal women who are employed as support workers.¹²⁷

Another challenge that the Women's Council overcame was its location at the cross-section of three different Australian states and territories, which subjected it to different policing protocols and legislation. A key achievement was to obtain agreement between the different jurisdictions for a cross-border approach to ensure women's access to the criminal justice system.

Preventing violence against women and girls in the family: a different world is possible

There is no doubt that a criminal justice system response is necessary to demonstrate that society will not tolerate criminal family violence. Yet addressing violence against women solely through the criminal justice system is not a sustainable solution because it does not address the underlying causes. Moreover, while support services improve the health and well-being of survivors, there is limited evidence as to whether they alone can reduce revictimization.¹²⁸ As a result, there is now increased attention to preventing VAWG by addressing its root causes and risk factors.

It is important, however, that prevention is seen as a complement to adequate response services and a functioning justice system rather than as an alternative. Prevention and response elements must be pursued in a synergistic manner to end

violence in the long term: "Prevention can only occur if the system that responds to victims of violence is operating to ensure their safety."¹²⁹ Underlying all prevention efforts is the idea that violence against women and girls is not an inevitable part of life and that "a different world is possible."¹³⁰

The emerging model of practice for VAWG prevention focuses on multi-pronged interventions at different levels of the socio-ecological model: individual/relationship, community and societal.¹³¹ Some scholars have suggested that the design of prevention strategies requires a more complex model that provides insights into the exact pathways through which perpetration of violence becomes likely, so that interventions can focus on interrupting those pathways.¹³² For instance, how does a person's exposure to harsh parenting interact with rigid ideas of gender roles to influence their likelihood of committing violent acts?

Although countries are increasingly recognizing the importance of prevention, very few have introduced long-term, coordinated and multi-sectoral prevention strategies, with the vast majority reporting on short-term, ad hoc activities. A few promising approaches seek to transform gender norms as well as address underlying factors that operate at different (individual, community and society) levels.¹³³ These frameworks and the international literature recognize that no single intervention will end VAW and that combined strategies are more likely to be successful.

Much of the literature on violence prevention deals with intimate personal violence. While lessons from these studies may be useful for informing efforts to address other forms of violence, such as dowry violence and 'honour' crimes, more research is needed in these areas to identify appropriate strategies. Approaches at the individual, relational and community levels that have been found to be effective or promising in preventing domestic violence include:¹³⁴

- Community mobilization to change social norms, specifically focused on gender and power relations (see Box 6.6).
- Interventions in school settings to shift gender norms and promote respectful relationships, particularly 'whole of school' interventions.
- Long-term, targeted and sustained programmes and campaigns engaging social media, traditional media such as television and posters, among others.
- Training or programmes for both women and men on gender norms and roles.
- Economic empowerment programmes for women that seek to transform gendered power relations.
- Interventions for children who have been exposed to domestic violence.
- Programmes to address harsh parenting and child abuse.

BOX 6.6

LESSONS LEARNED FROM SASA! A COMMUNITY MOBILIZATION INTERVENTION

SASA! is a community mobilization intervention that was started by a non-government organization (NGO) in Uganda called Raising Voices. It seeks to change community attitudes, norms and behaviours that result in gender inequality, violence and increased HIV vulnerability for women. The project examines power dynamics and gender relations and works systematically with a broad range of stakeholders in the community to promote critical analyses and discussions. SASA!, which means 'Now' in Kiswahili, is an acronym for the four phases of the approach: Start, Awareness, Support and Action.¹³⁵

Findings from a 2013 evaluation found a reduction in reported social acceptance of physical violence in relationships among both women and men and an increase in the social acceptance of a woman's refusal of sex with her partner. Women's reported levels of physical partner violence occurring in the 12 months prior to the study were 52 per cent lower in the SASA! intervention communities compared to communities where the programme was not implemented.

These results were achieved through SASA!'s focus on the dynamics of individual relationships, as well as the project's impact on social norms within the broader community. At the relationship level, SASA! helped couples explore the benefits of mutually supportive gender roles and encouraged improved communication and joint decision-making and problem-solving. At the community level, SASA! focused on fostering a climate of non-tolerance of violence against women. It did this through messaging and by engaging community members in discussions to reduce the acceptability of VAW and improving individuals' skills, willingness and sense of responsibility to reduce VAW in their communities.

The challenge for a context-specific and resource- and time-intensive intervention such as SASA! is its scalability and sustainability. Further research is needed to examine how such a model can be scaled up to national level.

Educational institutions are important sites of intervention because of the potential to both change norms and attitudes of boys and girls that are permissive of VAWG and reach adolescent girls at a time when they are particularly vulnerable to violence. Given adolescent girls' vulnerability, age-specific interventions are critical. One example is comprehensive sexuality education (CSE), which promotes gender equality and human rights and plays a key role in preventing VAW by engaging with young people, including adolescent boys, around concepts of consent, respectful relationships and sexual rights (see Chapter 3).¹³⁶

In recent years, the role of the private sector in addressing VAW in the family has increasingly come into focus. The development of a new global standard on violence and harassment in the world of work highlights the role of employers in both supporting employees who are experiencing domestic violence and taking proactive steps to prevent violence in the family through awareness-raising and behaviour-change programmes. New Zealand, for example, has introduced legislated paid leave for victims of domestic violence, recognizing the impact that domestic violence has on a woman's employment.¹³⁷

There is also an increasing focus on the role of men and boys.¹³⁸ However, the evidence on outcomes is scarce, mostly pointing to changes in attitudes rather than on violence perpetration or social norms. Experience to date shows that "changing men may be best achieved in some circumstances by engaging and empowering women"¹³⁹ and transforming masculinities to complement this effort.¹⁴⁰ The need for a more holistic approach is illustrated in Box 6.7 through an example from Bangladesh.

Common challenges across all types of action to prevent VAW include: austerity and limited funding for prevention and response services; the short-term and ad hoc nature of interventions; the expectation that one single intervention will be the 'silver bullet' that ends violence; the limits of scalability, particularly when they are time- and resource-intensive strategies; and limited research and monitoring efforts. Given the way in which gender inequality operates as a root cause of violence against women, all prevention strategies need to be implemented in tandem with strategies to achieve gender equality in the social, economic and political domains.

BOX 6.7

THE NIJERA KORI MOVEMENT IN BANGLADESH

Nijera Kori is a movement of landless rural people who earn their living mainly through manual labour, working collectively to claim rights and address social, political and economic inequalities. The organization has a total of 202,077 members, more than half of whom are women.¹⁴¹ Nijera Kori uses a 'gender synchronous' approach, with women and men working together to address issues of shared concern. At the village level, Nijera Kori programme staff support the formation of separate women's and men's groups, which has been found to foster effective collaboration with continuous dialogue between the groups and joint decision-making.

Qualitative research in two of Nijera Kori's working areas found that the organization had some success in reducing violence against women and girls, a priority area for the organization's staff and group members. In particular, collective agreements within the landless communities organized by Nijera Kori reduced the incidence of dowry-related violence and early marriage, two practices that are associated with violence in the family.

These results were achieved through a number of strategies including: raising awareness among women of their rights and entitlements, supporting women to claim their rights and helping men to change their own attitudes and challenge other men's perpetration of VAWG. The organization reported that in 2013–2014, 283 actions of men's landless groups stopped 109 child marriages and 198 cases of domestic violence.

6.5 CONCLUSION


Having been ignored as a 'private concern' for too long, the recognition that violence against women and girls is a global human rights violation has created an expectation of government action and commitment to its elimination in the family and beyond. Despite this recognition, however, VAWG in the family remains pervasive and persistent.

The causes of VAWG are complex, and data gaps continue to hamper understanding of the scope and prevalence of many forms of violence experienced by women and girls in the family. It is clear, however, that ensuring women's equal rights, resources, status and voice in the family and challenging male entitlement, dominance and control are at the core of making families safe, equal and respectful spaces in the long term. While families are often a site of violence and abuse for women and girls, they are also a potential site for changing attitudes, norms and behaviours.

Laws and policies to address VAWG in the family are increasingly being put in place across the globe. Yet, there remain many inconsistencies and gaps in legal protection, in addition to challenges with implementation and enforcement. Substantial barriers exist to improving the quality and reach of services to respond to VAWG in all countries.

Perhaps most significantly, the allocation of resources to prevent and respond to VAWG in the family has not matched the scale of the problem. Austerity, a near universal prescription in response to recurrent financial crises, is an ominous impediment to making progress on VAWG as the required services are always the first under threat when budget cuts are on the table. The recent focus on violence prevention is promising, but significant investments from governments and donors are needed to move beyond experimentation to achieve a scalable and sustainable impact.





MAKING PROGRESS/STORY OF CHANGE

Gaining protection for Indonesia's migrant workers and their families

Millions of Indonesians working abroad now have hard-won legal protection against exploitation, thanks to the work of pioneering campaigners.

Anis Hidayah was still a student when she picked up the newspaper one morning and read the story of a local woman who had left her young children in Indonesia to work thousands of miles away in one of the Gulf States. There she was exploited, beaten and raped by her employer. When she came home, she was treated as a social outcast and her young family was humiliated and ostracized.

"That story lit a fire within me," says Hidayah. "That could have been my mother, my family. This was one story, but there are millions of others suffering the same all over the country."

Anis Hidayah, co-founder of Migrant Care, at her home.

Photo: UN Women/Ed Wray

“Life as a migrant worker, especially when it comes to domestic work, can be unsafe in many different ways.”

Indonesia has one of the world’s largest migrant worker communities. In 2016, an estimated 9 million Indonesians were working abroad. Half were women, the majority employed in the informal sector as domestic workers.¹

Hidayah says that many families in Indonesia anticipate that at least one adult will seek work abroad, as they believe this is their only opportunity to boost their earning potential and secure their children’s education and life opportunities. In the village where she grew up, many of Hidayah’s friends were raised by grandparents while their parents lived overseas. “I realized that this was my community and my problem as well,” she says.

In 2004, Hidayah and a group of other human rights activists started Migrant Care, which fights for better protection for Indonesia’s migrant workers. Today, the organization receives more than 1,000 calls every year from workers or families needing help.

“Life as a migrant worker, especially when it comes to domestic work, can be unsafe in many different ways,” says Hidayah. “They are exploited, made to work excessive hours, have no access to food or proper rest and face sexual harassment and assault.”

For more than 12 years, Migrant Care fought for overseas workers to be better protected under Indonesian law. In 2017, the Government passed new legislation that for the first time guaranteed some basic rights to workers migrating through official channels.²

“The new legislation, while not perfect, is a huge victory for us,” says Hidayah. One of the most significant provisions Migrant Care had successfully campaigned for was curtailing the power of recruitment agencies in the migration process.

“Before, the recruitment agents had the mandate, which was often abused, to provide departing workers and their families with information about their rights,” says Hidayah. Now this training takes place at village level, she explains, with the communities themselves taking the lead role in ensuring safer migration flows.

Migrant Care is assisting villages in this process, running safe migration workshops for locals about to move abroad, including assistance with their contracts and information about their legal rights in their destination countries and where to get help if they find themselves in trouble.

It is also helping villages to provide support for the children left behind. “We need to know, for example, if a child stops going to school or if they are being treated badly at home while a parent is abroad,” says Hidayah. “We are helping to implement systems that place their welfare in the community’s hands, making sure the families of domestic workers are included in village development planning and budget programmes. In this way, the whole village is taking collective responsibility.”



Migrant workers from all over South-Eastern Asia, including a large number of Indonesians, meet at the Grandlink Center in Geylang, Singapore, to speak their language, enjoy themselves and exchange information on how to live a better life in Singapore.

Photo: UN Women/Staton Winter



Launch of the ASEAN Safe Migration Campaign on December 12, 2018 in Jakarta.

Photo: ASEAN Secretariat /Kusuma Pandu Wijaya

Migrant Care's focus is not just domestic. 2017 also saw the signing of the landmark Association of Southeast Asian Nations (ASEAN) Consensus on the Protection and Promotion of the Rights of Migrant Workers, in which governments from 10 countries across the region promised to strengthen social protection, access to justice and the human rights of millions of overseas workers in both countries of origin and destination.³

While this is a triumph for the region's civil society groups, Hidayah says there is still urgent work to be done. One of Migrant Care's priorities is to fight for the rights of the millions of undocumented workers—those who migrate for work through unofficial channels—excluded from the Consensus and left unprotected and unacknowledged by their governments.

It is a complex and sensitive issue. Since 2015, Indonesia has banned informal workers, including domestic workers, from travelling to work in 20 countries where they face high levels of abuse and exploitation. Yet millions of Indonesians—mostly

women—still travel illegally as undocumented workers on the promise of employment, leaving their families back home with little access to justice if anything happens to them abroad.

"We view undocumented workers from a human and labour rights perspective, but this view is still not reflected in the politics or laws of our country or our region," says Hidayah. "Yet the advances of the last few years are giving us the confidence that we really can work towards lasting and sustainable change even on this issue."

"The advances of the last few years are giving us the confidence that we really can work towards lasting and sustainable change."

7



FAMILIES ON THE MOVE

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KEY MESSAGES

01

Migration is a major force affecting family life and how women live in families. All forms of migration (labour, student, forced etc.) affect family life and women's rights, not only migration that occurs through 'family migration' routes

02

Women are about half of all migrants globally. Migration can be a pathway to increase women's access to resources, but it can also entail risks and costs for women, whether they are in transit or the destination, and upon return.

03

Migration policies and regulations often force migrants to live separately from their families, sometimes for many years. Regulations that enable family reunification are needed, based on human rights, equality and non-discrimination, so that migrant women can live family lives of their choosing.

04

Discriminatory migration regulations can also weaken women's bargaining power in families, for example by tying their migration status to a resident or citizen spouse, or by denying access to social protection when a relationship breaks down.

05

Families can be sites of cooperation to care for loved ones left behind, but they require supportive economic and social policies, in addition to remittances, to ensure that caregivers are not over-burdened.

06

Universal access to social protection and public services, irrespective of legal status and including health, education and childcare, underpins the human rights of migrant women and their families, and is critical for their well-being.

07

There are promising signs of greater global cooperation on migration governance. Gender-responsive implementation of commitments will require recognizing the multiple roles women have in public and family life, the diversity of families in which women live, and the full range of women's rights.

7.1 INTRODUCTION

Women have always been part of global migration flows,¹ although the proportion of migrants who are women has oscillated over time.² People migrate for a number of positive reasons: for example, to pursue an education, find a job or join a partner. They also migrate in response to conflict, disrupted livelihoods, climate change, natural disasters and deeply entrenched gender inequalities, including violence against women.

Migration can entail specific risks for women, some of which may be exacerbated by how it is governed. For instance, discriminatory migration regulations can weaken women's bargaining position within their families by making their right to remain in a country dependent on a resident or citizen spouse³ or by restricting their access to paid work.⁴ While some women are members of 'families on the move', restrictive migration regulations may separate women from their spouses, children or other family members, sometimes for years.⁵ In such cases, migration may give rise to family conflict over provision of care for dependents left behind⁶ or how remittances are spent.⁷ Moreover, it can lead mothers and their children to migrate through irregular channels, putting them at risk.

The challenge, therefore, is to put in place and implement policies at global, regional and national levels to ensure that women who migrate, or whose

family members migrate, can enjoy their rights. A comprehensive framework of United Nations conventions establishes the human rights of migrants, including refugees, and their family members, and these rights have been progressively elaborated by the Treaty Bodies and Special Procedures of the United Nations (see Box 7.1). While overall implementation of these obligations by Member States is uneven, there are examples from every region of policies to support the rights of women and their family members in the context of migration.

Chapter overview

This chapter begins by highlighting broad trends in human movement and women's presence within global migration flows. Some of the contemporary drivers of migration are discussed, including to sustain livelihoods, to escape discriminatory social norms and to marry. The second section reviews different types of migration (see Box 7.2), before exploring the related regulations and policies that enable or constrain migrant women's ability to live with their families. The chapter then turns to examine how migration impacts on everyday life, focusing on how families provide care, support their members through remittances, and negotiate shifting social norms. It concludes by looking forward to the policy actions required to make progress on the realization of women's rights when they live in 'families on the move'.

BOX 7.1

MIGRATION, GENDER EQUALITY AND FAMILY LIFE IN UNITED NATIONS HUMAN RIGHTS CONVENTIONS

The rights of migrants and refugees are protected by the founding human rights instruments of the United Nations, including the Universal Declaration of Human Rights (1948),⁸ the Convention Relating to the Status of Refugees (1951),⁹ the International Covenant on Civil and Political Rights (ICCPR, 1966)¹⁰ and the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966).¹¹ Over the past 70 years, these rights have been progressively elaborated to include provisions relevant to gender equality and family life.

Several early conventions—for example, International Labour Organization (ILO) Convention No. 97 concerning Migration for Employment (1949)¹² and the Convention on the Status of Stateless People (1954)¹³—reference the need to ensure that migrants are not discriminated against in access to social security entitlements in order to support their families. The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990) reiterates and expands these rights, requiring States to ensure that migrants and citizens are treated equally with respect to their families' access to social security (art. 27), medical care (art. 28), education (art. 30) and the right to participate in cultural life (art. 31).¹⁴

The Committee on Economic, Social and Cultural Rights (CESCR) specifies through numerous General Comments that the rights contained within the Covenant are universal and apply to all, irrespective of their nationality or legal status.¹⁵ The Committee issued a statement in 2017 that reiterated the immediate obligation of Member States to guarantee rights without discrimination and that “protection from discrimination cannot be made conditional upon having a regular status in the host country.”¹⁶ Thus the Committee made clear that Member States have a duty, under the Covenant, to guarantee access to healthcare, education and other social services to all, including irregular or undocumented migrants.¹⁷

In its General Recommendation No. 26 on women migrant workers (2009), the Committee on the Elimination of Discrimination against Women (CEDAW Committee) also makes clear that “regardless of the lack of immigration status of undocumented women migrant workers, States parties have an obligation to protect their basic human rights,” and as such these women are entitled to have their basic needs fulfilled, including in the event of health emergencies, pregnancy and maternity.¹⁸

The right to family reunification has been specified in several instruments, including in the Convention on the Rights of the Child (CRC, 1989). Article 10 of the CRC states that applications for family reunification “shall be dealt with by States Parties in a positive, humane and expeditious manner.”¹⁹ In the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990), ‘family’ includes spouses and those in equivalent relationships, as well as minor dependent unmarried children (art. 44).²⁰ The Special Rapporteur on the rights of migrants has urged Member States to expand regularization programmes to ensure social integration and family reunification.²¹

In General Recommendation No. 26 (2009), the CEDAW Committee notes that women migrant workers are often unable to benefit from family reunification schemes based on their sector of employment, such as domestic work or entertainment.²² The Committee urges States to “ensure that family reunification schemes for migrant workers are not directly or indirectly discriminatory on the basis of sex.”²³

Recognizing that migrant women may be more vulnerable to abuse by spouses or employers, the CEDAW Committee also states that “victims of abuse must be provided with relevant emergency and social services, regardless of their immigration status,”²⁴ and States Parties should allow for the legal stay of these women.²⁵ In addition, the Committee provides important clarification on the need for women who are sponsored by a spouse to have independent residency status.²⁶

The adoption of the Global Compact for Safe, Orderly and Regular Migration²⁷ and the Global Compact for Refugees²⁸ in December 2018 built on this extensive normative foundation and signalled broad acknowledgement of the need for international cooperation and a common, comprehensive approach to migration governance, including the treatment of family members, grounded in human rights and the principle of non-discrimination (see section 7.5).

7.2 FAMILIES ON THE MOVE: TRENDS AND DRIVERS

Globally, comparable data on family dynamics in the context of all types of migration are limited. The data collected at points of entry and through censuses do not always capture family relations among individual migrants, let alone the family members they may have left behind or who were separated from them along the way.²⁹ Thus a statistical portrait of transnational families—those with members in more than one country³⁰—and those spread within national borders is, at best, emerging. The available sex- and age-disaggregated data, however, do generate some evidence on the extent to which different family members are ‘on the move’. This section begins with a macro-level view of migratory movement, which shows that the geography of migration and the factors that drive it are changing.³¹

Migration governance is based on different categories of human mobility to which this chapter makes reference. Box 7.2 provides the relevant terminology along with the definitions taken from the UN International Organization for Migration’s (IOM) “Glossary on Migration”, which was compiled to address an absence of universally accepted definitions of the different forms of movements of people.³²

The changing geography and drivers of migration

In 2017, international migrants made up 3.4 per cent of the world’s population, equating to approximately 257.7 million people,³³ a figure that includes 25.4 million refugees and 3.1 million asylum seekers.³⁴ Overall, international migration has remained relatively stable since the 1950s, with the total number of international migrants fluctuating between 2.5 and 3.5 per cent of the world’s population.³⁵ However, within this global picture, there are some important shifts to note.

The first is the changing geography of migration over the last three decades.³⁶ A great deal of attention tends to be paid to migration from developing to developed countries, but this only captures part of the story.³⁷ The majority of international migration is in fact intra-regional: in 2017, approximately 132.1 million people (51 per cent of all international migrants) were

residing in a country that is different from their place of origin but in the same geographic region.³⁸

Overall, contemporary migration of all kinds is a story of increasing movement within and between developing countries (see Figure 7.1). Seven of the ten bilateral migration corridors (including refugees) with the largest movements of people between 2000 and 2017 included low- and middle-income destination countries: Jordan, Lebanon and Turkey receiving refugees from Syria; Uganda receiving refugees from South Sudan; and Kuwait, Oman and Saudi Arabia receiving economic migrants from India.³⁹ The United States is the only developed country in the 10 highest volume corridors, with large movements of people from China, India and Mexico.⁴⁰ This is a striking reversal of migratory patterns from 1990–2000, when developed countries made up seven out of the ten destination countries in the corridors with the largest movements of people.⁴¹

Moreover, developing countries host 85 per cent of the world’s refugees and asylum seekers.⁴² The main countries of asylum for refugees, in order of the size of populations they host, are Turkey (which hosts over double the number of any other country on the list), Pakistan, Uganda, Lebanon, the Islamic Republic of Iran, Germany, Bangladesh, Sudan, Ethiopia and Jordan.⁴³

Yet it is internal migration, occurring within countries, rather than international migration that is the most prevalent form of migratory movement. Internal migration has many of the same drivers as international migration, although it is less expensive and involves fewer regulatory hurdles. Significant data limitations make it difficult to know exactly how many internal migrants there are globally. Conservative estimates for 2013, the last year for which there are data, suggest that there were at least 762.6 million internal migrants worldwide.⁴⁴ This indicates that internal migrants exceed the number of international migrants by approximately three times.

A central component of this story is the striking rise in forced displacement, including an increase in those who have been forced to move but remain within the borders of their country of origin as internally displaced persons (IDPs). With 68.5 million forcibly displaced persons worldwide, of which 40 million are IDPs, forced displacement is a major—and

increasing—driver of human movement and family separation.⁴⁵ In 2017 alone, 16.2 million people were forcibly displaced from their homes by persecution, climate-related disaster, protracted conflict and other types of violence, a record-breaking figure for the fifth year in a row.⁴⁶ The majority of these (11.8 million) were IDPs.⁴⁷

BOX 7.2

MOVEMENT OF PEOPLE: KEY DEFINITIONS

The definitions below are taken from the UN International Organization for Migration's (IOM) "Glossary on Migration," which was compiled to address an absence of universally accepted definitions of the different forms of movements of people.⁴⁸

Asylum: A form of State-issued protection that is granted to a person who is unable to access such protections in their country of nationality and/or residence due to fear of persecution or membership of a particular social group or political opinion.

Displacement: A forced removal of a person from their home or country, in particular in response to armed conflict, generalized violence, human rights violations or natural or human-made disasters (sometimes referred to as forced displacement). While displaced persons face many of the same challenges as refugees, they are not granted the same rights under international law.

Family migration: A general concept covering family reunification and the migration of a family unit as a whole.

Family reunification/reunion: A process whereby family members separated through forced or voluntary migration regroup in a country other than the one of their origin.

Internally displaced persons (IDP): Persons or groups of persons who have been forced to flee or to leave their homes or places of habitual residence, and who have not crossed an internationally recognized State border.

Internal migration: Movement of people from one area of a country to another area of the same country for the purpose or with the effect of establishing a new temporary or permanent residence.

Labour migration: Movement of persons from one State to another, or within their own country of residence, for the purpose of employment.

Migrant: Any person who changes his or her country of usual residence. A long-term migrant is a person who does this for a period of at least one year. A short-term migrant is a person who moves to a country other than that of his or her usual residence for a period of at least three months but less than one year, except in cases where the movement to that country is for purposes of recreation, holiday, visits to friends and relatives, business, medical treatment or religious pilgrimage.⁴⁹

Refugee: A person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership of a particular social group is outside the country of their nationality and is unable or, owing to such fear, is unwilling to avail themselves of the protection of that country.

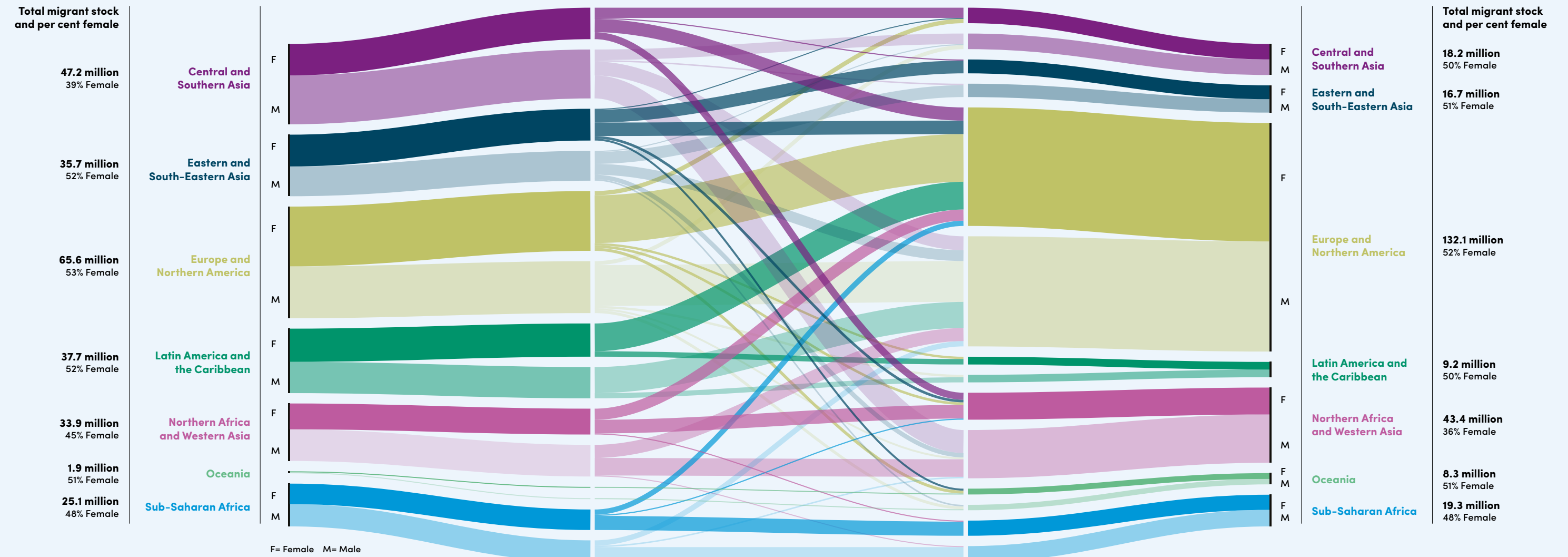
Skilled migration: The movement of a migrant worker who, because of their skills or acquired professional experience, is usually granted preferential treatment in admission to a host country. So-called 'unskilled migrants' often migrate to fill labour gaps in much needed industries, such as construction, care work and catering, thus also providing essential skills in host countries.

FIGURE 7.1 ORIGIN AND DESTINATION OF INTERNATIONAL MIGRANTS

While families are often spread across continents, the majority of international migration is intra-regional.

People from countries in these regions.

Currently living in different countries in these regions.



Women, men and their families migrate for reasons that are diverse and complex

- Children's safety
- Escape violence
- Family reunification
- Escape poverty
- Employment/livelihood

When moving in search of a better life, migrant women face specific vulnerabilities.

- 1 Exposure to sexual abuse in transit, as well as upon arrival
- 2 Employment in sectors that are precarious and poorly paid
- 3 Inability to escape violence within the family, particularly if their migration status is tied to their spouse.

Source: UN DESA 2017e.
Note: Total migrant stocks have been rounded to the nearest hundred thousand.

Women's presence in global migrant stocks

Women have traditionally been depicted as secondary migrants and followers of men.⁵⁰ Figure 7.2 shows that in 2017, women made up just under half (48.4 per cent) of the total number of people living in a country different from that of their birth.⁵¹ As early as 1960, women already formed almost 47 per cent of international migration stocks globally.⁵²

While the overall proportion of migrants who are women may have changed little over time, the diversity across regions in Figure 7.2 is notable. Women comprise 50 per cent or more of all international migrants in three regions: Australia and New Zealand, Europe and Northern America and Latin America and the Caribbean. In contrast, Central and Southern Asia, Eastern and South-Eastern Asia and Northern Africa and Western Asia have witnessed a decrease in the share of migrant women relative to migrant men living within their borders since 1990.

These changes do not lend themselves to straightforward explanations because migration patterns are shaped by various drivers in both sending and receiving countries. In some cases, for example, a decrease in the share of women migrating may be explained by a rising demand for migrant workers in sectors dominated by men, such as construction or natural resource extraction.

Most international migrants are of working age: in 2017, 74 per cent of individuals living in a country other than that of their birth were between the ages of 20 and 64.⁵³ Only 14 per cent of international migrants were under the age of 20 and only 12 per cent were aged 65 or over.⁵⁴ These differences in age can be explained by a number of policy-related factors, including that migration is often motivated by economic factors (for work).⁵⁵ Moreover, official statistics do not capture children whose status is irregular—for instance those accompanying labour migrants who are not officially permitted to bring dependents along.⁵⁶ The figures above hide a different reality when it comes to refugees, over half of whom are under the age of 18 (see section on Regulations and policies).⁵⁷

Why are women and families on the move?

The myriad factors that influence migration decisions include both the reasons people move (drivers), and their access to resources and pathways for migration (capability).⁵⁸ When families make the decision to migrate, or to send a single member in order to benefit the whole, this is often a collective decision. For example, families, communities and States are increasingly reliant on women's ability and willingness to migrate and generate income—a dynamic that has been referred to as the “feminization of survival.”⁵⁹ A related trend is the rise in the number of women from poorer countries who migrate to fill jobs in wealthier countries in the domestic and care sectors.⁶⁰ This work is often poorly paid and provides little social protection, but it may offer opportunities to meet the cost of schooling and healthcare for dependents back home.

People also migrate in order to start a family. Marriage migration, which available data indicate is increasing,⁶¹ is motivated by a variety of individual and family aspirations and needs. A common trend in Eastern and South-Eastern Asia is for women from poorer families in poorer countries (e.g. Lao PDR, Viet Nam) to migrate to wealthier settings (e.g. Republic of Korea, Singapore, Taiwan Province of China) to marry men who are in a weak position to find a spouse in their own country but have a higher socio-economic status than the migrant women.⁶² Large-scale migrations for marriage exist within countries too, especially in patrilocal societies, including much of Southern Asia, where women typically move to join the husband's family.⁶³ In China, women from rural areas move to cities to expand their marriage options, leaving behind men who, especially in border regions, in turn marry women from poorer countries, such as Lao PDR, Myanmar and Viet Nam.⁶⁴ While economic considerations loom large, international marriage migration is not a purely economic transaction. Studies among female marriage migrants illustrate a confluence of motivations related to securing a ‘better life’, including to find a desirable partner, for love, to have children, and for career advancement, among others.⁶⁵

Although hard to quantify with available data, people also migrate for family reunification, which occurs when a migrant or refugee sponsors family members so that they may live together. As section 7.3 shows, however, the extent to which families are able to enjoy this right varies widely between countries and among different groups of migrants.

Discriminatory social norms also act as a driver of migration. Lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals may feel forced to migrate in the face of laws and social norms that discriminate against them and their families. Evidence from the Social Institutions and Gender Index (SIGI), which measures discrimination against women in social institutions, indicates that gender inequalities serve as both a motivating factor for and barrier to women's migration.⁶⁶ On the one hand, women who face discrimination in their country of origin may want to migrate abroad,⁶⁷ and may choose destinations where levels of gender discrimination in social institutions are lower than at home.⁶⁸ On the other hand, gender discrimination in countries of origin can also prevent women from being able to migrate, when they have onerous family responsibilities, limited access

to resources and social networks, and little bargaining power.⁶⁹ Qualitative research further supports the finding that discrimination is a driver of women's migration. Studies show, for example, that women migrate internally to larger cities, or across country borders, to avoid child, early, and forced marriage and other forms of violence against women in the family,⁷⁰ including in some cases the threat of 'femicide' (see Chapter 6).⁷¹

Even when people are migrating in search of a better life, the migration journey itself can be particularly risky for women and children, especially those travelling without an adult male relative. Women fleeing Syria, for instance, report being raped and sexually assaulted by smugglers;⁷² Europe-bound women and children from Sub-Saharan Africa have suffered sexual violence perpetrated by guards while in Libyan detention centres;⁷³ and migrant children have been forced into transactional sex within and outside refugee camps in Greece.⁷⁴ A survey of 467 migrants in Mexico found that 68.3 per cent of those from the Northern Triangle countries of Central America had been victims of violence in transit. Some 31.4 per cent of women, as well as 17.2 per cent of men, had been sexually abused.⁷⁵

7.3 THE ROLE OF REGULATIONS AND POLICIES IN SHAPING FAMILY LIFE FOR MIGRANT WOMEN

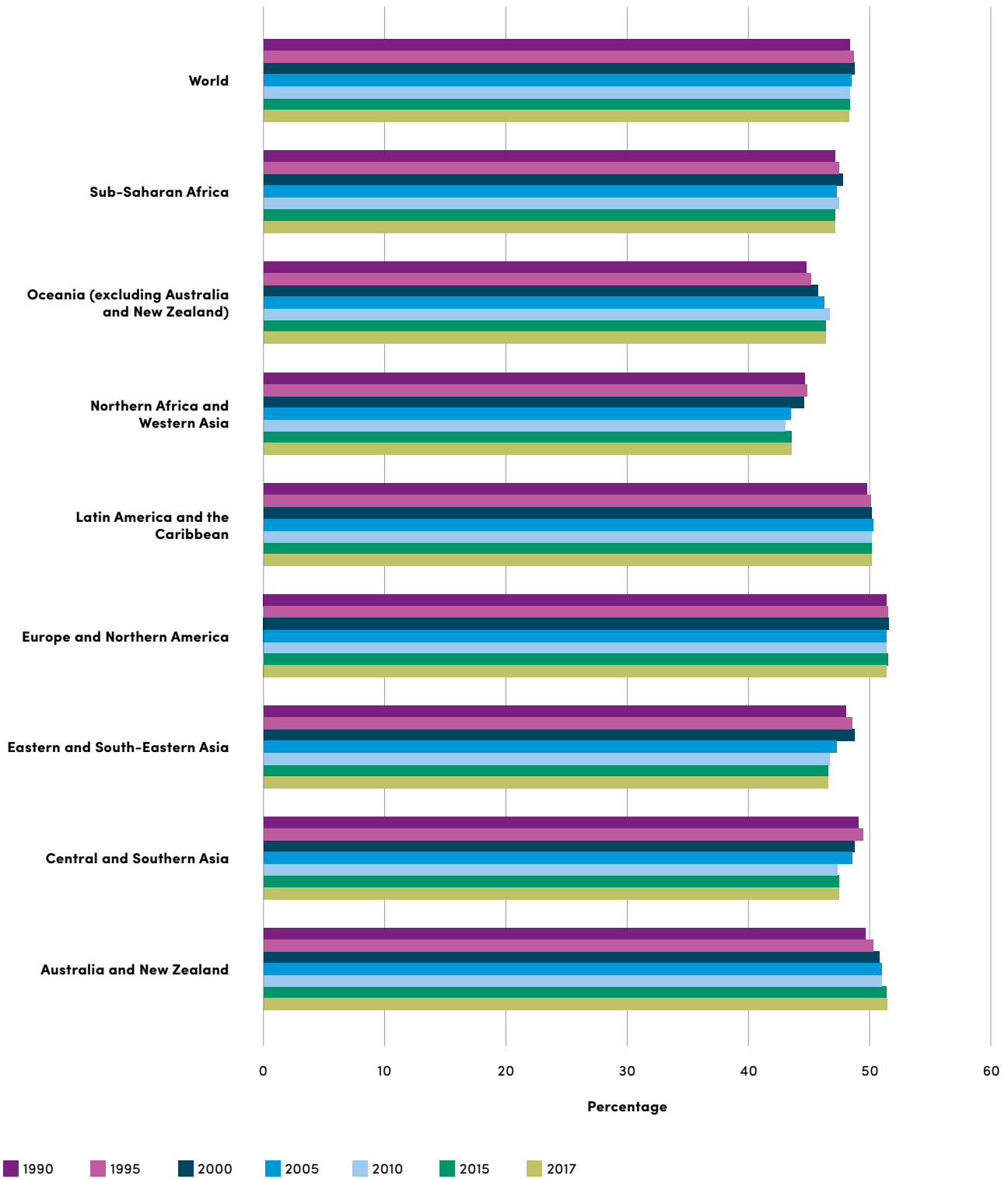
In addition to the drivers of migration discussed previously, individual and family migration decisions are also shaped by the regulations and policies that govern cross-border movement. This section begins by discussing various categories of migration, the regulation of which has a bearing on migrant women's experiences of family life. The next part of the section examines policies and regulations related to family reunification and a woman's right to remain in a country in the event that the relationship through which she entered it breaks down.

Regulations and policies can enable or constrain migrant women's access to family life

There are various different categories of human mobility that exist in migration governance (see Box 7.2). Actual migration experiences, however, often transcend these categories.

A person fleeing conflict, for instance, may be denied asylum abroad and so instead migrates through a labour route. The pathway to a residence permit may be long and complicated, for example, from student visa to undocumented, spousal visa and then permanent residency.⁷⁶ The international migration of 'highly skilled' professionals and the highly educated (including what is sometimes called 'elite' migration) is often captured in official statistics as moving for professional reasons alone.⁷⁷ Yet the moves and decisions regarding length of stay made by these migrants can also be driven by marriage or family ties.⁷⁸ Similarly, those entering a country for 'family reasons' may be counted in the 'family migrant' stream (e.g. a mother joining her already-resident adult children), but a woman entering with a spouse who is a labour migrant may be classified as a 'dependent' (alongside any children) in the economic stream.⁷⁹

FIGURE 7.2 FEMALE MIGRANTS AS A PERCENTAGE OF THE INTERNATIONAL MIGRANT STOCK BY REGION, 1990-2017



Source: Regional averages calculated by UN Women using UN DESA 2017j.

Notes: Data are based on total immigrant stock within each region, by year. Includes 228 countries and territories. The total immigrant stock is adjusted to include refugees. The details on the adjustments made are available in UN DESA 2017j. See Annex 7 for country-level data across all years shown.

However imperfect the typology, these categories have a critical bearing on the conditions of migrant life. The various avenues for migrating are governed by distinct legal frameworks, meaning that they come with different sets of rights and entitlements. This includes those that have a direct impact on family life, such as access to family reunification. These rights and entitlements also vary by country, such that a refugee and a labour migrant in the same country may have different entitlements from one another as well as from refugees and labour migrants in other countries.

Migration regulations and policies can create deep inequalities when it comes to family life. Integration conditions, minimum income and housing requirements and proof of future co-habitation can limit family-related migration.⁸⁰ Moreover, ‘family’ is often narrowly defined in regulations.⁸¹ In practice, this means that intimate partners who are not legally married, grandparents, aunts and uncles, adult children above a certain age, and same-sex partners may not be considered for family-related migration even if they play a central role in caregiving relationships. These definitions can change, however: in September 2018, Hong Kong Special Administrative Region of the People’s Republic of China began to recognize same-sex spouses of residents in visa applications.⁸² And in June 2018, the European Court of Justice ruled that the term ‘spouse’ is gender neutral for purposes of freedom of movement under EU law.⁸³

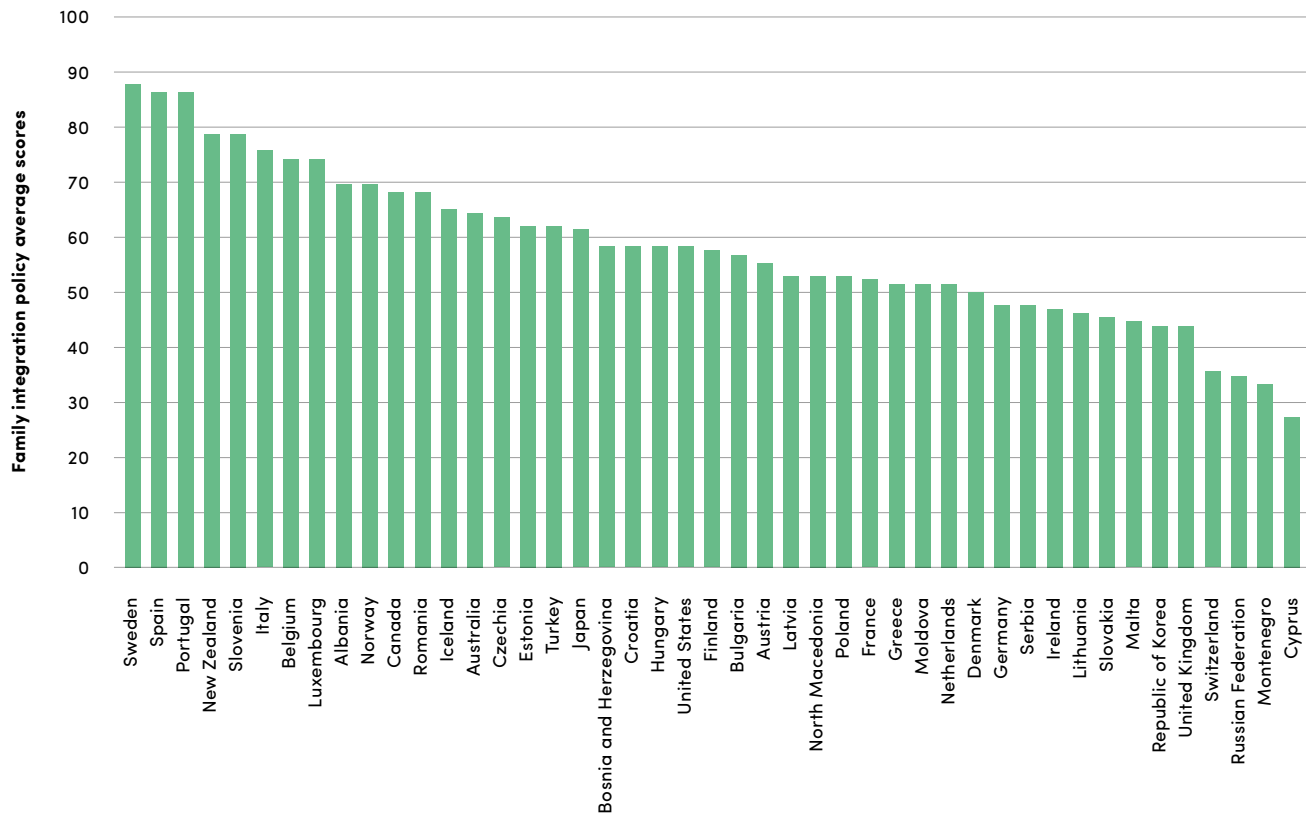
Some policy contexts are more family-friendly than others

The Special Rapporteur on the human rights of migrants has urged Member States to ensure that “migration policies, programmes and bilateral agreements should preserve family unity, including by facilitating family reunification and interaction among family members.”⁸⁴ However, the extent to which migrants have the option of living with their

families in the destination country varies considerably depending on the migration entry and integration policies that are in place.

The Migrant Integration Policy Index (MIPEX) provides comparative information across countries on this policy area, including on rights associated with family reunification. While the database is limited to 45 mostly high-income countries,⁸⁵ it provides useful insights into the extent to which migration policies are favourable to families. Figure 7.3 includes analysis of 11 indicators⁸⁶ relevant to family integration, including: restrictions on eligibility for spouses and partners to join the migrant and those based on age; restrictions on other family members (e.g. minor children, dependent parents/grandparents and dependent adult children); rights associated with status, such as the right to autonomous residence permits for partners and children, as well as the right of family members to remain in the country even in the case of widowhood, divorce/separation, death or violence within the family; and access to social benefits, including rights to social security, unemployment, old-age pension, disability benefits, and access to health services.

Based on the MIPEX database, and calculated as an average of 11 indicators that relate specifically to migrant families, countries are given scores that range from 0 to 100, with higher scores indicating more favourable policies towards immigrants and their families. Figure 7.3 shows that Sweden, with an average score of 87.9, has the most welcoming policies toward migrant families in the sample, with Portugal and Spain having average family integration policy score of 86.4. Switzerland (35.6), Russian Federation (34.8), Montenegro (33.3) and Cyprus (27.3) score lower, largely due to restrictive policies for all dimensions of family reunification, especially for the right of spouses and children to an autonomous residence permit, independent to that of the sponsor.⁸⁷

FIGURE 7.3 FAMILY INTEGRATION POLICY AVERAGE SCORES BY COUNTRY, 2014


Source: UN Women calculations from CIDOB and the MPG 2015.

Notes: Scores range from 0 to 100, with higher scores indicating more favourable policies towards immigrants and their families. Family integration policy scores are based on the MIPEX database and are calculated as an average of 11 indicators that relate specifically to migrant families, split into 19 sub-indicators. This includes 1. restrictions on eligibility for spouses and partners to join the migrant, including those based on age; as well as restrictions on other family members (e.g. minor children, dependent parents/grandparents and dependent adult children); 2. rights associated with status, such as the right to autonomous residence permits for partners and children, as well as right of family members to remain in the country even in the case of widowhood, divorce/separation, death or violence; 3. access to social benefits, including right to social security, unemployment, old-age pension, disability benefits, etc.; and 4. access to health services, which include any restriction based on migrant status. The average score above also includes assessment of any restrictions on eligibility for permanent residence based on periods of prior absence as a proxy for restrictions on transnational families to maintain family ties across countries.

Figure 7.4 shows which family members are accepted for the purposes of family reunification in 45 countries. For most countries, this is limited to partners, spouses and minor children. Children under the age of 18 have the easiest path to family reunification (as compared to other family members), with three quarters of countries (34 out of 45) scoring 100 in this dimension, meaning minor children, adopted children under age 18, and

children for whom custody is shared are eligible for family reunification. Only 29 per cent (13 out of 45 countries) have highly favourable family reunification policies with regards to spouses and partners. Many of these countries also have unfavourable policies when it comes to reuniting dependent parents and grandparents: 47 per cent (21 out of 45 countries) restrict migration of this group, allowing family reunion only in exceptional circumstances.

FIGURE 7.4 FAVOURABILITY OF FAMILY REUNIFICATION POLICIES BY COUNTRY, 2014

Allowance for Family Reunification				
Countries	Partners and spouses	Minor children	Dependent parents/grand-parents	Dependent adult children
Australia and New Zealand				
New Zealand	Yes	Yes	Some	Some
Australia	Some	Yes	No	Some
Eastern Asia				
Japan	Some	Yes	No	Yes
Republic of Korea	Some	Yes	Some	Some
Eastern Europe				
Bulgaria	Some	Yes	No	Some
Czechia	Some	Yes	Yes	Yes
Hungary	Some	Yes	Yes	Some
Moldova	Some	Yes	Some	Some
Poland	Some	Yes	No	Some
Romania	Some	Yes	Yes	Some
Russian Federation	Some	Some	Yes	Yes
Slovakia	Some	Yes	Some	Some
Northern Europe				
Denmark	Some	No	No	No
Estonia	Some	Yes	Some	Some
Finland	Yes	Yes	No	No
Ireland	Yes	Yes	No	No
Iceland	Yes	Yes	Yes	No
Lithuania	No	Some	Yes	Some
Latvia	Some	Yes	Some	No
Norway	Some	Yes	Some	Some
Sweden	Yes	Yes	Yes	Yes
United Kingdom	Yes	Some	No	No
Southern Europe				
Albania	Yes	Yes	Yes	Yes
Bosnia and Herzegovina	Some	Yes	Some	Some
Spain	Yes	Yes	Some	Yes
Greece	Some	Some	No	No
Croatia	No	Yes	No	No

■ Yes
 ■ No
 ■ Some

Allowance for Family Reunification				
Countries	Partners and spouses	Minor children	Dependent parents/grand-parents	Dependent adult children
Southern Europe				
Italy	Some	Yes	Some	Some
Montenegro	Some	Yes	No	No
North Macedonia	Some	Yes	Some	Some
Malta	No	Yes	No	No
Portugal	Yes	Yes	Yes	Yes
Serbia	Some	Yes	Some	Some
Slovenia	Yes	Some	Yes	Yes
Western Europe				
Austria	No	Yes	No	No
Belgium	Yes	Yes	No	Some
Switzerland	No	No	No	No
Germany	Some	No	No	No
France	Some	Some	No	No
Luxembourg	Yes	Yes	Yes	Some
Netherlands	Some	Some	No	No
Northern America				
Canada	Yes	Yes	No	Some
United States	Some	Yes	No	Some
Western Asia				
Turkey	Some	Yes	Yes	Some
Cyprus	No	No	No	No

■ Yes ■ No ■ Some

Source: CIDOB and the MPG 2015.

Notes: Data are based on 2014 scores found within the MIPEX database. Green indicates that countries have generally favourable policies with respect to the given policy dimension (score of 100), whereas pink indicates unfavourable policies (a score below 50). Yellow is used to denote cases in which a policy is favourable toward migrants and their families in some way, but only partially or with conditions (score of 50 or above but below 100).

Partners and spouses column: Eligibility of family reunion for spouses and partners is based on an assessment of (a) eligibility of family reunification for partners other than spouses, such as same-sex couples and other legally recognized registered partnerships, and (b) whether age limits for sponsors and spouses apply. Note in some countries, for example Lithuania, registered partners are eligible for family reunification, but age restrictions apply (21 years old and over only) which brings the country's overall score in this category down to the pink bracket (i.e. below 50).

Minor children column: Eligibility of family reunion for minor children refers to the eligibility for minor children (<18 years), including adopted children and children for whom custody is shared, to join the migrant parent(s). Yellow means that family reunification is allowed for biological children and adopted children only. Children for whom custody is shared are not eligible for family reunification. Pink in this category means there are restrictions on the reunification of migrants with their children.

Dependent parents/grandparents column: Green in this category means that the given country allows family reunification for all dependent parents/grandparents. Yellow means family reunification for dependent parents/grandparents is allowed but with a restrictive definition of dependency. Pink indicates that dependent parents/grandparents are either not eligible or eligible only with discretion/exceptions.

Dependent adult children column: Green in this category means that the given country allows family reunification for all dependent adult children. Yellow means family reunification for dependent adult children is allowed but with a restrictive definition of dependency. Pink indicates that dependent adult children are either not eligible or eligible only with discretion/exceptions.

Family life for migrants in the care professions

Caring professions are in growing demand in many countries to meet both care needs of children and older persons (see Chapter 5), with migrants often filling these roles. In many countries, labour migrants in so-called skilled professions (see Box 7.2) have far greater access to family reunification than those in professions that are regarded as less skilled.⁸⁸ There is significant variation in entitlements for migrant care workers, such as eligibility for family reunification and maternity protections, both between countries and within different kinds of care work.

Domestic workers are typically less likely to be eligible for family reunification, while other policies further restrict their access to family life. Requirements that they 'live-in' blur the line between workplace and home,⁸⁹ restricting migrant women's ability to live with their families and leaving them vulnerable to abuse and exploitation by employers. Yet even when caregivers and domestic workers are not tied to their employers, they frequently lack the resources such as housing or income required to sponsor a family member. In some cases, the ability of migrant domestic workers to start a family is restricted, with certain countries mandating regular pregnancy testing of these women in contravention of the ILO Maternity Protection Convention, 2000 (No. 183).⁹⁰

Nursing has become a major sector of migrant women's employment globally, and especially so in Europe and Northern America, Western Asia and Australia as well as some regional migration hubs in Malaysia, Singapore and South Africa.⁹¹ Migrant nurses are more likely to be eligible for family reunification and other family-related entitlements than migrant caregivers and domestic workers, but they still face hurdles. Some destination countries do not allow family reunification at all or delay a migrant nurse's ability to reunite with their families until a certain period of time has passed. Even when

a migrant nurse is eligible for family reunification, in practice it may be difficult or impossible to realize. Nurses who work in under-funded public health systems may not make enough money to pay for the sponsorship, relocation costs and living expenses of their family members.⁹²

Family life for refugees, asylum seekers and those with irregular status

Family reunification can also be elusive for asylum seekers and refugees. The millions of Syrian refugees dealing with family migration and separation provide one illustration of how migration regulations can enable or constrain family reunification in the most challenging of circumstances (see Box 7.3).

Migrants with irregular status are not entitled to family reunification. In fact, in recent years, the application of stricter policies and deportations of irregular migrants have resulted in the separation of migrant families who had been living together in the destination country. The deportation of long-term residents increases the likelihood that mixed-status families will be placed in a form of "forced transnationalism," as children and others with regular status may remain.⁹³

The separation of migrant children and their parents is an on-going concern.⁹⁴ In some cases, migrant children move on their own; in others, they become separated from family members in transit. In 2017, an estimated 20,000 unaccompanied and separated children, most of them male (4 out of 5), arrived in Europe (the region for which there are data).⁹⁵ Families in the context of social and economic upheaval sometimes decide to send the oldest son, who may have only just finished school, as a coping strategy and an 'investment' in the family's chance at securing a better life together elsewhere. In other cases, the decision is less strategic, with children 'escaping' a bleak situation at home and families experiencing their departure as an alleviation of economic burden.⁹⁶

BOX 7.3

SEPARATED FAMILIES IN THE SYRIAN CONFLICT

Protracted conflict in Syria has resulted in the world's largest internally displaced population (6.6 million), with an additional 5.7 million refugees registered within other countries in the region in 2019 (primarily Egypt, Iraq, Jordan, Lebanon and Turkey).⁹⁷ Many more displaced people have sought asylum in Europe, with Germany having accepted the greatest number of refugees within the European Union (including Syrians, but also those from Afghanistan and Iraq), followed by two other countries with large populations (France and Italy) and two much smaller countries (Austria and Sweden) which have accepted a significant share of refugees relative to the total population of the country.

Forced displacement frequently results in family separation, with significant gender implications.⁹⁸ While the proportion of female and male refugees in neighbouring countries such as Jordan and Lebanon is roughly equal (suggesting that families may be moving together), the male-to-female ratio is significantly skewed for longer journeys, where men outnumber women. There are a number of gender-specific factors that may contribute to this disparity. Of primary significance are the costs of funding an entire family's movement and the risks to physical safety that women and children face on longer and more arduous journeys (see also Box 7.2).⁹⁹ Thus a male family member may undertake the longer journey with the hope of securing refugee status and eligibility for family reunification, at which point he would send for the remaining family members.¹⁰⁰

The process of reuniting with one's family is not straightforward, however. Families may struggle to find members who were lost along the journey. In some cases, those without full refugee status may endure long waiting periods for family reunification and be unable to secure reunification for some family members.¹⁰¹ Thus many Syrian families are stretched across country borders and may live separately for two or more years.¹⁰²

Prolonged periods of family separation can entail shifts in gender roles. On the one hand, living without family members in a new country presents men with challenges of integration and few of the benefits of familial support and care. On the other hand, the increased absence of husbands and fathers in Syria has fuelled a rise in women's labour force participation.¹⁰³ Yet those women who remain, and who are responsible for the care of dependents, must navigate everyday life in a war-torn country. This includes confronting weakened public services, such as an impaired and in some areas entirely collapsed healthcare system, as well as barriers to accessing clean water, electricity and food due to the destruction of vital infrastructure.¹⁰⁴ As a result, many women who stayed behind in Syria report feeling isolated, vulnerable and overburdened.¹⁰⁵

The migration status of these children is often unclear; some will apply for asylum, while others may live in the destination country as irregular migrants. Unaccompanied and separated children are sometimes detained, a practice that can have severe consequences for their well-being and contravenes the Convention on the Rights of the Child.¹⁰⁶ In January 2019, the Government of the United States reported that it had identified 2,737 children who had been separated from their parents by the immigration authorities at the southern border and placed in foster homes or detention facilities for

minors, and acknowledged that, due to inadequate tracking systems, there may be thousands more.¹⁰⁷ After enduring separation for weeks or months, some children have been reunited with their parents, but many others remain apart.¹⁰⁸ In June 2018, a group of United Nations experts, including 10 Special Rapporteurs, issued a statement that expressed grave concern about the practice, stating: "Detention of children is punitive, severely hampers their development, and in some cases may amount to torture ... Children are being used as a deterrent to irregular migration, which is unacceptable."¹⁰⁹

Policies to protect migrant women's right to live free from violence

Migration regulations often keep families apart, but they can also prevent women from leaving an abusive relationship.¹¹⁰ Immigration policies that link family members' residency rights to those of the sponsor or that deny dependents permission to work can foster legal, financial, and social dependency within the family, potentially heightening already unequal power relations and possible exposure to violence.¹¹¹

Some countries, for example, impose 'probationary periods' during which a sponsored spouse is vulnerable to losing their right to remain in the country if the relationship through which they entered breaks down.¹¹² Such policies can weaken migrant women's fallback position and their ability to negotiate for rights and resources in intimate and family relationships where there are unequal, gendered power relations (see Chapters 1 and 6). They can place migrant women in socially and legally precarious positions in cases of divorce or if they wish to leave a relationship,¹¹³ since spouses who have a more secure residency/citizenship status may use threats of deportation and separation from children as forms of intimidation.¹¹⁴ As a result, women may be both less likely to seek help and less able to escape.¹¹⁵ These kinds of policies compound the particular vulnerabilities already faced by migrant

women, including social isolation, language barriers, and lack of knowledge about their rights and available services.¹¹⁶

Following a long-running advocacy campaign by a coalition of non-governmental organizations (NGOs) led by Southall Black Sisters,¹¹⁷ the United Kingdom introduced the Destitution Domestic Violence Concession scheme in 2012. This scheme granted spouses who had suffered domestic violence, but had no right to public funds, three months to access benefits and social housing while they applied for permanent residency. The measure has some limitations in that it is restricted to women on spousal visas (those married to a UK citizen) and excludes spouses accompanying students, labour migrants and undocumented migrants, but it is nonetheless an important step forward.

The CEDAW Committee has joined women's rights civil society groups to highlight the importance of ensuring that the support services available to migrant women who have suffered violence are tailored and culturally sensitive.¹¹⁸ There is a risk that discriminatory attitudes, which associate violence with a migrant person's 'culture', for instance, lead to substandard responses when migrant women experiencing violence do seek help.¹¹⁹

7.4 NEGOTIATING CARE, RESOURCES AND SOCIAL NORMS IN TRANSNATIONAL FAMILY LIFE

Migration inevitably stretches family relations, often across great distances. As a result, relationships among family members, including gender relations and roles, often change and are renegotiated in the process of migration, including upon return. Migration regulations influence these processes, as noted above, but this section analyses three additional key factors that order and shape migrant family life and women's rights and well-being, whether they are the ones who move or stay behind. These include how families care for one another, how material resources such as monetary remittances are shared and circulated, and how families experience and exchange new cultural and social practices.¹²⁰

Providing care in the context of migration

The issue of care in migration extends beyond the labour supplied by migrant domestic workers, nurses and professional carers in 'global care chains', which has attracted considerable policy attention in recent years.¹²¹ Migration impacts on the provision and receipt of care for all members of transnational and migrant families, regardless of their migration route, age or profession and whether they have been the one to move or have stayed behind.¹²² How do transnational families negotiate care and reproductive responsibilities across distance? Research shows that caregiving arrangements,

including transnational parenting, are diverse and often involve a range of family members.¹²³ Intimate partners, children and other dependents, including older family members, can all be affected and implicated, especially since, as Chapter 5 shows, the availability of state support for care is often lacking or only available for those who can afford to pay.

Leaving loved ones behind

The decision to leave a dependent behind is rarely easy for anyone, but this can have additional gender-specific ramifications for mothers. While fathers' economic migration tends to be in line with their socially ascribed role as providers, mothers who migrate tend to assume the role of provider while retaining many caregiving responsibilities.¹²⁴ Migrant mothers often remain at least partially involved in decision-making and the everyday activities of their family members, including children, back home.¹²⁵

New information and communications technologies (ICTs) such as mobile phone technology, free Internet-based calling and messaging applications as well as social media platforms play an important role in sustaining relationships between migrant mothers and their children and other family members left behind.¹²⁶ ICTs have greatly facilitated 'transnational mothering' practices among economic migrants, including helping children with homework and providing emotional support.¹²⁷

There are a number of positive examples of ICT-based interventions to help families stay connected in the context of migration, including forced displacement (see Box 7.4). ICTs cannot, however, entirely relieve the emotional pain that prolonged separation from one's family can cause, and they may create new burdens for migrant women as mothers and wives.¹²⁸

BOX 7.4

USE OF ICTS TO FOSTER SOLIDARITY AND CONNECTION WHEN FAMILIES LIVE APART

The term 'polymedia' is used to describe how families use multiple media technologies, at different times and for different purposes, to facilitate virtual intimacy when physical presence is not possible.¹²⁹

Migrant mothers use ICTs to create networks of support and solidarity with other women who are similarly living apart from their families. Social media groups created by and for migrant mothers from particular national, ethnic or linguistic communities have grown in number and size in the last 10 years. These groups enable community building and the establishment of friendship and solidarity networks around shared experiences of 'mothering at a distance'.¹³⁰

In contexts of forced displacement, ICTs can enable family members to reconnect and stay in touch. For example, SOS Children's Villages have set up 'ICT corners' in Republic of North Macedonia and Serbia to provide refugee children access to free Wi-Fi, computers and safe mobile phones.¹³¹ Refunite is a project that works to reunite members of refugee families who have been separated; mostly operating in Sub-Saharan Africa as well as Northern Africa and Western Asia, it has reconnected over 40,000 families.¹³² Similarly, the Red Cross has initiated a project called Trace the Face that enables families to post photos of their missing family members and others to make contact, facilitated by the platform.¹³³

ICTs are not, however, equally available to all: women in low- and middle-income countries, for instance, are 10 per cent less likely to own a phone than men.¹³⁴ In the United States, a study found that migrants with lower education and income levels were not able to access or afford the same types of ICTs as higher-skilled migrants and thus were in contact with their families in their home countries less often.¹³⁵

Some Filipina migrant caregivers, for example, work a “twenty-four-hour double duty” between their paid domestic service and the ongoing conversations over text messages and calls with family members back home.¹³⁶ In a constantly connected world, migrant mothers are expected not only to provide economically but also to mother from abroad, balancing multiple roles simultaneously.¹³⁷ Senegalese women whose husbands migrate abroad for work report that the men used ICTs to exert control over their mobility, with video features allowing their husbands to ‘check’ to make sure the women were home and dressed appropriately.¹³⁸ In the context of migrant men’s insecurities regarding their wives’ fidelity, these women found themselves under an ‘electronic gaze’ that was sometimes more restrictive than when the men were physically present.¹³⁹

Family cooperation in providing care

When a family member migrates, a range of kin and community members often cooperate to provide care in their absence.¹⁴⁰ The way families adjust to provide care depends on factors such as the gender and social class of the migrant, different familial contexts and traditions, and the socio-cultural norms in the country of origin.¹⁴¹

Globally, there is conflicting evidence on how children fare when their parents migrate and they remain behind. Some studies show that children left behind may be negatively affected.¹⁴² Others indicate that negative impacts are dependent on several factors, such as the economic context in which migration occurs, the structure and composition of families, and childcare traditions.¹⁴³ For example, children whose parents migrate may suffer emotionally from their absence but benefit materially from the money and gifts they remit,¹⁴⁴ and children may not experience their parents’ migration as disruptive when care is commonly provided by other members of the family or community.¹⁴⁵

The extent to which fathers left behind with children assume caregiving roles when mothers migrate varies. In societies where women’s migration disrupts men’s traditional roles as providers, such

as in the Philippines, men may be more likely to reject caregiving and domestic tasks and relegate caring responsibilities to other female kin, including grandmothers.¹⁴⁶ In Sri Lanka, a survey of 1,200 families in which the mother had migrated found that fathers assumed responsibility for children’s care in only a quarter of cases; nearly three quarters of the time, female kin (often a grandmother) provided care.¹⁴⁷

On the other hand, research in Nicaragua¹⁴⁸ and Viet Nam¹⁴⁹ found that men often assumed caregiving and domestic tasks in addition to undertaking income-generating activities outside the household. While some felt resentful, many fathers recognized that they had a duty to assume these responsibilities.¹⁵⁰ These cases illustrate that social norms around caring can and do shift, even if slowly.

In many societies, participation of other adults in addition to biological parents in children’s care is common (see Chapter 5). Grandparents often play important roles in children’s care provision when one or both parents migrate. In China, until recently, under the Hukou system, internal migrants’ access to public services was restricted so parents from rural areas frequently left their children in the care of their grandparents when they went in search of economic opportunities in urban centres.¹⁵¹ The transition to receiving full-time care from a grandparent is not necessarily a difficult one; in Mexico, grandmothers are in some cases already members of the household when the middle generation migrates for work, leaving them to meet the daily caring needs of the children.¹⁵²

Nonetheless, grandparents’ labour is not ‘free’. Such arrangements generate an unpaid care burden on older women and men,¹⁵³ who become responsible for caring for young children when they themselves are getting old (see Chapter 5). This is especially the case when social protection systems in the home country cannot provide the necessary support. For instance, grandmothers in Nicaragua navigate education and healthcare systems on behalf of their grandchildren and help cover the cost of private healthcare if remittances sent are insufficient.¹⁵⁴

This underscores the need to ensure that all those who provide care, whether mothers, fathers, grandparents or other relatives, are supported. In South Africa, where many children live with relatives other than their parents due to labour migration, the child allowance (Child Support Grant) is available to the primary caregiver for this purpose. In addition, many recipients of the social pension (Old Age Grant) use it to support other family members, including grandchildren (see Box 4.6).

Policies that constrain or support migrant women in managing unpaid care

Economic and social policies, and especially access to social transfers and public services including healthcare and education, have a critical bearing on migrant women's ability to manage their caring responsibilities within transnational family life.¹⁵⁵

The CESCR has affirmed that States parties have a duty to respect the right to health and education "by ensuring that all persons, including migrants, have equal access to preventive, curative and palliative health services, regardless of their legal status and documentation" and that "all children within a State, including those with an undocumented status, have a right to receive education and access to adequate food and affordable healthcare."¹⁵⁶

Over the past 20 years, however, many destination States have drawn greater distinctions in migrant populations' eligibility for social protection and access to public services. In some cases, host countries, especially those in developing countries, may face fiscal challenges in extending these policies to migrant populations; in others, restrictions may form part of broader austerity measures or be aimed at disincentivizing irregular migration. This has led to greater inequalities between different types of migrants, as well as between migrant and host country populations.¹⁵⁷

In many countries, non-emergency medical services, including pre- and post-natal care, are unavailable

to irregular migrants or failed asylum seekers, although some cities or regions within them have stepped in to bridge the gaps.¹⁵⁸ Evidence from Europe and Central Asia shows the dire consequences that inadequate access to healthcare can entail: migrant women overall tend to have poorer obstetric outcomes, such as complications during childbirth and higher rates of maternal mortality, than non-migrant women.¹⁵⁹ Even where services are available, policies are needed that support migrant women to overcome financial, administrative, language and cultural barriers to access.¹⁶⁰

Pregnant and breastfeeding mothers migrating from Venezuela to Colombia, for example, struggled with inadequate medical attention and were unable to maintain a nutritious diet and achieve adequate self-care and rest.¹⁶¹ In August 2018, the Government of Colombia responded to this problem by regularizing thousands of Venezuelans through Decree 1288, thus making them eligible for services including pre- and post-natal care. Thailand is an example of a country that has made important progress in extending healthcare to the millions of regular-status migrants living and working within its borders (see Box 7.5). Argentina, the Dominican Republic, Ghana and South Africa are other countries that have extended non-emergency health services to all migrants, regardless of their status.¹⁶²

Children of parents with irregular migration status may become stateless and may not qualify for public services.¹⁶³ Some countries, including most in Europe, either explicitly or implicitly legally guarantee 'education for all'.¹⁶⁴ Going beyond guarantees of access, additional provisions may be necessary to ensure that families of undocumented children are able to overcome the linguistic, financial and administrative barriers that remain.¹⁶⁵ In the United States, migrant children have a legal right to education and it is unlawful to ask a child to disclose their status, which provides some protection from discrimination for children of migrants with irregular status.¹⁶⁶

BOX 7.5

HEALTHCARE FOR MIGRANT FAMILIES IN THAILAND

Thailand is a hub for international migration within Eastern and South-Eastern Asia. Between 1990 and 2017, female migrant stocks in the country increased by over seven times, from an estimated 245,207 to 1,786,550.¹⁶⁷ It is a major destination for migrant women with irregular status in the region, especially domestic workers from Lao PDR and Myanmar.¹⁶⁸ In 2001, Thailand began implementing a Universal Healthcare Coverage Scheme (UCS), granting access to migrants irrespective of their migration status. In 2005, coverage was extended to dependents, including spouses and children.¹⁶⁹

Two main health insurance schemes are available for migrants in Thailand. The first, a social security scheme, targets regular migrants employed in the formal sector and is funded by payroll taxes, contributed to equally by employers, employees and the Government. The second, a migrant health insurance programme, offers an inclusive opt-in scheme that can be accessed by irregular migrants and their children, as well as informal workers, among whom women are over-represented.¹⁷⁰

A number of initiatives have been established to expand healthcare access to hard-to-reach migrant communities, including mobile clinics, bilingual information services, one-stop centres and workplace outreach. Migrant health workers have been recruited to ensure that facilities provide culturally appropriate health services, including bridging communication gaps between patients and caregivers, making home visits and providing general public health information.¹⁷¹

Despite these initiatives, persistent cultural, linguistic and financial barriers mean that only around half of all migrants are covered by health insurance, leaving more than 800,000 irregular migrants uninsured in 2018.¹⁷² Barriers include the inability to afford even low insurance payments,¹⁷³ requests for identity documents by some hospitals¹⁷⁴ and linguistic and cultural barriers.¹⁷⁵ Further progress is also needed to establish bilateral agreements with migrant-sending countries to ensure that migrants are covered at all stages of their journey, including on return home.¹⁷⁶

Access to early childhood education and care services, discussed in Chapter 5, can also enable migrant women to participate in paid work. This is important not only for the family's ability to avoid economic deprivation and for ensuring that children are not left unattended, but also for increasing women's access to their own income, thus strengthening their bargaining power within the family. In India, for example, the 1996 Building and Other Construction Workers' Act provided an impetus for construction companies, working in partnership with NGOs, to establish childcare services, benefitting families who migrate from rural regions to work in construction in urban areas.¹⁷⁷

The cost of childcare can be prohibitive for migrant families. Even international migrants with regular status may not be eligible for family benefits or subsidized childcare, as in the case of migrant domestic workers in some European countries.¹⁷⁸ In such cases, informal social protection networks have

to bridge the gaps in state provisioning. In Lebanon, for example, migrant women from Ethiopia depend on other members of their community to share household expenses and childcare responsibilities.¹⁷⁹ Such arrangements have limits, however, and ongoing expenses, challenges in accessing childcare and education and difficulty adapting to the destination country may prompt parents to send their children back to their home countries.¹⁸⁰ During the 2008 global financial crisis, Ecuadorian migrant parents in Spain sent their children back home because the lack of childcare services was incompatible with their altered circumstances and economic coping strategies, such as extending their work hours and seeking employment in other cities.¹⁸¹

Given that a great deal of migration occurs within regions (see section, The changing geography and drivers of migration), a number of regional intra-governmental organizations established for the purposes of economic integration have also put in

place some social protection provisions. Examples include the Caribbean Common Market (CARICOM) and the Mercado Comun del Cono Sur (MERCOSUR) in the Latin America and Caribbean region and the European Union.¹⁸²

In November 2017 the Association of Southeast Asian Nations (ASEAN) Member States signed the ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers (see Story of Change, “Gaining protection for Indonesia’s migrant workers and their families”). The Consensus represents a step towards establishing a common regional framework that will benefit migrant women and their families.¹⁸³ While migrant women make up almost 50 per cent of ASEAN intra-regional migration and contribute significantly to the region’s economic growth, they face significant challenges in accessing social protection.¹⁸⁴ Women tend to be concentrated in ‘unskilled’ or less skilled and physically intensive sectors at the bottom of the occupational ladder, and many are ineligible for available benefits.¹⁸⁵ Those with regular status may contribute directly to social protection schemes through taxes, and may be eligible to draw benefits while in the country of destination. When they return home, however, they are unlikely to be able to take their contributions with them, which means that they will not be able to benefit from them in later years. In this region and many others, further cooperation and investments are required to ensure the ‘portability’ of long-term social protection benefits, including old-age pensions, widow’s pensions, disability pensions and healthcare.¹⁸⁶

Monetary remittances and gifts

Remittances are a key element of transnational family life. In 2016, an estimated 800 million people were supported by remittances from a family member or loved one.¹⁸⁷ Most families use remittances to reach minimum subsistence levels through, for example, spending on housing and food and as a substitute for inadequate or absent social security systems.¹⁸⁸

In addition to supporting families financially, remittances also have social implications for families.¹⁸⁹ Along with other gifts sent by parents who migrate abroad, they serve as symbols of love and

care for children left behind.¹⁹⁰ Wives and mothers feel similarly when these are sent by husbands who migrate, although such financial contributions do not necessarily mitigate the stress and anxiety that they may experience as a result of the distance and their own caring responsibilities at home.¹⁹¹

Complex and sometimes tense processes of negotiation within families can shape how remittances are spent, who has the power to determine their usage and who benefits from them.¹⁹² Women do not always have control over how remittances are used, but where they do, there is the potential to change traditional gender roles regarding who makes decisions on household spending.¹⁹³ However, in some cases, an influx of remittances may in fact reinforce women’s home-making and caring roles. For example, in Peru, when men migrate abroad, some women have given up paid work outside of the home and have adopted ‘intensive mothering’¹⁹⁴ practices in which they concentrate exclusively on bringing up children.¹⁹⁵ In other contexts, the additional unpaid care for dependents that women must do in the absence of their spouse limits their opportunities for paid work.¹⁹⁶

Some of these dynamics are mitigated when women are the ones who remit. Research among transnational Filipina families found that migrant women retained some control of their remittances by entrusting them to an older daughter, who was most likely to assume responsibility for the care of other family members in their absence. On the one hand, this practice establishes women as breadwinners and extends decision-making power to younger women in the household; on the other, it reinforces women’s responsibility for providing unpaid care and can be experienced as a burden by daughters who may also be attending school.¹⁹⁷

Changing ideas and social norms around family life

The term ‘social remittances’¹⁹⁸ refers to the export of ideas and behaviour from a migration destination to the community of origin, whether through communication via ICTs, when migrants return to live or visit or when non-migrants travel to visit migrant family members and friends. Migration can thus lead

to changes in prevailing social norms (see Chapter 1), including unsettling traditional gender roles. In a study on Nepal, women who migrated to Western Asia as domestic workers reported that their experiences, while often difficult, gave them the confidence to challenge prevailing social norms and stereotypes on their return. With support from an NGO called Pourakhi, which was established to support migrant women throughout the labour migration process, women returnees were able to take up employment in male-dominated industries and jobs, such as working as tourist guides; to purchase land and build houses in rural areas where women do not generally inherit property; and to postpone marriage. All of these gains helped them to secure a better bargaining position in their families.¹⁹⁹

While social remittances can influence some ideas and practices in communities of origin, change is often slow. Moreover, the transfer of ideas and practices is not always positive or straightforward. Migrants who go to places with higher levels of gender inequality may bring discriminatory beliefs back home. A migrant woman who was her family's primary income-earner while abroad may return home to find that she is expected to both resume the role of housewife and also use her savings to support her husband's income-generating enterprise.²⁰⁰

Forced displacement can also drive changes in social norms, including in ways that negatively impact on women's rights. For example, men sometimes respond with violence not only to the stress of displacement but also to the destabilization of established social norms and gender roles that can occur in these situations.²⁰¹ In internally displaced communities in Colombia, for example, women's

increased employment in a context where men struggled to find work was linked to increased prevalence of violence against women by intimate partners.²⁰² In refugee camps in Iraq, Kenya and South Sudan, men reported feeling disempowered by their inability to provide for their families as well as excluded and threatened by the increased opportunities for skills training and education that international agencies offered women and girls. All of these factors were, according to the men, triggers for intimate partner violence (IPV).²⁰³ These findings underline the critical importance of providing services to respond to IPV and other forms of violence against women in refugee camps and reception centres.

In addition to bringing about changes in places of origin and within migrant communities, migration also shapes ideas and social norms in the destination communities. Migration brings with it a diversity of ideas and experiences that shape the creative arts and popular culture, including literature, music, film, sport and cuisine.²⁰⁴ Yet all too often xenophobia and racism are fuelled by negative representation of migrants and refugees by some politicians and in the media, exacerbated by a failure on the part of governments to adequately acknowledge and communicate the contributions that migrants make to the economy and society more broadly.²⁰⁵ Stereotypes about conservative and patriarchal migrant Muslim family life, for example, are used to introduce or justify more stringent migration and integration policies for family migrants in some countries.²⁰⁶ It is thus incumbent on host governments not only to support migrant women to realize their economic and social rights but also to accurately represent their contributions to family life and the societies in which they live.

7.5 MIGRATION GOVERNANCE TO SUPPORT WOMEN AND FAMILIES

In September 2016, States came together to sign the New York Declaration for Refugees and Migrants (henceforth the New York Declaration). The New York Declaration reiterated commitments to protect

human rights, regardless of migration status, and to share responsibility for rescuing, receiving and hosting refugees and migrants.²⁰⁷ It contains strong commitments to ensuring that migration policies

are gender-responsive and to address the rights of women and girls.²⁰⁸ In particular, it recognized the right to sexual and reproductive healthcare services, the imperative to combat violence against women, including sexual violence, and the need to tackle multiple and intersecting forms of discrimination.

After the New York Declaration, UN Member States and other stakeholders, including civil society organizations, began consultations and negotiations for two global compacts: the Global Compact for Safe, Orderly and Regular Migration (GCM) and the Global Compact for Refugees (GCR). Both were adopted by a majority of UN Member States in December 2018.

The Declaration and the two Compacts come at a time when the issue of migration has risen to the top of political agendas in many countries and when migrants have often become scapegoats for social and economic dislocation and crisis. These agreements signal an important commitment to multilateralism: to countries working together on an issue that requires regional and global cooperation. By reiterating and reaffirming the existing UN framework of human rights obligations, the Compacts have provided much-needed new impetus for implementation.

With respect to enabling families to live together, the GCM commits to adapting pathways for regular migration that “uphold the right to family life,” to facilitate procedures for family reunification of migrants of all skill levels and, in the case of unaccompanied and separated children, to establish “specialized procedures for their identification, referral, care and family reunification.”²⁰⁹ However, family reunification remains subject to requirements, such as those relating to “income, language proficiency, length of stay, work authorization, and access to social security and services,” which will continue to discriminate against some groups of women and families. The GCR also contains a commitment to facilitate procedures and referral pathways for family reunification of refugees.²¹⁰

The disproportionate exposure to violence faced by women and girls in migration and refugee processes is recognized in both Compacts.²¹¹ The GCM, for instance, states that migrants have the right to “the highest attainable standard of physical and mental health” and that migration policies should include access to healthcare, especially in cases of sexual violence and violence against women.²¹² The Compacts do not refer to sexual and reproductive health services explicitly,²¹³ but the CESCR has emphasized that such services are an integral part of States’ obligation vis-à-vis the right to health.²¹⁴

Key provisions that relate to women’s roles as economic providers for their families are also included: GCM Objective 20 on faster and easier remittances addresses the need to facilitate migrant women’s access to financial literacy training and formal remittance transfer systems; and Section 2.2 of the GCR on Jobs and Livelihoods commits to promoting economic opportunities for refugee women. The GCM includes specific considerations for ethical recruitment and decent work conditions for domestic workers, echoing the ILO Domestic Workers Convention (No. 189, 2011).²¹⁵

Better data can drive well-informed public discourse around migration processes and migrant and refugee populations.²¹⁶ The GCM calls for the establishment and strengthening of regional centres for migration research that collect and disseminate information on both the contributions of migrants, the challenges of migration and its drivers.²¹⁷ More timely collection and use of qualitative and quantitative migration data is needed disaggregated, at a minimum, by sex, age and migration status to ensure that policies are effective.²¹⁸ This should include data collection and reporting on violence against women and girls at all stages of the migration process.²¹⁹ International norms are clear that States and other stakeholders, including private actors, have a responsibility to protect migrants’ right to privacy, data protection and confidentiality.²²⁰

By making ‘gender-responsive’ migration governance a guiding principle of both the GCM and the GCR, Member States have committed to ensuring that policies, laws, programmes and services promote gender equality and women’s rights.²²¹ Gender-responsive policy implementation will require recognizing the multiple roles women

have in public and family life, the diversity of families in which women live and the full range of women’s rights.²²² Involving migrant and refugee women in policy-making and the design and delivery of services to support them and their families is an important way to ensure their needs are met.²²³

7.6 CONCLUSION

Migration is a major force affecting family life and how women live within families. In many cases, women or their partners migrate to larger cities or foreign countries in order to provide financially for their families. In other cases, conflict or weak social protection systems push people to move. Women who migrate may also do so in response to discriminatory social norms and practices, and they often encounter regulatory and policy frameworks that are unsupportive of family life and women’s rights.

While destination countries benefit from migrant labour and countries of origin benefit from migrants’ remittances, a range of social and economic costs is borne by migrant families. Migrants are often separated from their loved ones, and restrictive regulations and social policies in destination countries make it difficult or impossible for many migrants to enjoy aspects of family life such as physical presence, intimacy and care. Women bear additional costs, because even when they are the ones to migrate, they continue to shoulder primary responsibility for the care of those left behind.

When families migrate together, or when women migrate to join a spouse, discriminatory regulations and policies can weaken migrant women’s bargaining power in families by, for example, making a woman’s right to remain contingent on her relationship with a husband sponsor. To secure equality for women, it

is imperative that their migration status not be tied to that of their spouse and that they have access to resources and support services to facilitate escape from situations of violence within the family. It is critical that transit and destination countries and humanitarian response organizations put measures in place to prevent and respond to violence against women, provide women with opportunities to earn an income of their own and ensure they have access to public services and social protection.

Gender-responsive migration governance is needed to ensure that migration laws, policies, and services recognize and respond to the different realities of women, men, girls and boys in migrant and refugee processes. Civil society organizations have a critical role to play in ensuring that women’s rights form the cornerstone of normative frameworks around migration and that recent commitments live up to their potential.

Finally, steps must be taken to address the reasons why people—and especially women and girls—migrate in the first place, such as protracted conflict, violence against women, deeply entrenched gender inequalities in families, communities and labour markets, and patterns of development that fail to generate decent livelihoods and jobs so women can have an adequate standard of living without having to move.²²⁴

WHAT WILL IT COST? FINANCING A PACKAGE OF FAMILY-FRIENDLY POLICIES TO SUPPORT GENDER EQUALITY AND WOMEN'S EMPOWERMENT

To implement the recommendations outlined in this Report, governments need to design a package of family-friendly social transfers and services, aimed at supporting diverse families and protecting women's rights. The importance of this has been reinforced by the Commission on the Status of Women, which has urged governments to implement family-friendly policies aimed at achieving gender equality and the empowerment of women.¹ Some of the key elements of this policy package—social protection, care services, and universal health coverage that also ensures access to sexual and reproductive healthcare services—are also called for in the 2030 Agenda for Sustainable Development and various targets of the Sustainable Development Goals.

For example, Target 1.3 of the 2030 Agenda expects governments to implement nationally appropriate social protection systems and measures for all, including floors; Target 5.4 sets out to recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family; Target 5.6 reinforces the agreements made in the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences to ensure universal access to sexual and reproductive health and reproductive rights.

A specially commissioned costing study that includes key elements of the family-friendly policy package recommended in this Report, confirms that it is affordable for most countries.²

The social protection and care policies in this package have enormous significance for families and broader society, with especially important impacts for women. The policies take concrete steps towards addressing women's over-representation among those without income security, their specific

life course contingencies (notably maternity and greater longevity), and their disproportionate share of unpaid care work.

The costing adopts an established methodology which has been used to estimate the cost of implementing social protection floors, as recommended in the ILO Social Protection Floors Recommendation, 2012 (No. 202). The main difference between the costing presented here and other similar exercises, notably in the Social Protection Floor Index, is the inclusion of care services for children and older persons.³ The analysis does not cover all the policy elements included in the Report. Those for which established methodologies for estimating costs do not exist were excluded for the purposes of this exercise; this includes, for example, enacting family law reforms, introducing and enforcing laws on violence against women, and improving data collection and analysis on families.

Social protection, health and care services: vital investments for women, families and societies

Policies to ensure income protection over the lifecycle, universal essential healthcare including sexual and reproductive health, and care services, are vital investments in meeting human rights obligations, building human capabilities, and creating stronger economies and societies. Yet in spite of the benefits of social protection, only 45 per cent of the global population is effectively covered in at least one social protection policy area. The majority—55 per cent—remain unprotected.⁴

As this Report has argued, investing in care services is imperative for progress on women's rights and to support families. Such services not only benefit those who are cared for—ensuring that children's minds and bodies develop as they should and that the health and dignity of people with disabilities and older members of society are protected—but they also support those who most often provide family care, namely women and girls.

Care services tend to be relatively expensive, especially in the short term due to start-up costs of investing in infrastructure, recruiting and training the workforce and so on. However, the medium-term costs of these services can be recouped to a significant extent through increased tax receipts and social security contributions from those employed in decent quality jobs in the care sector, averted healthcare costs, as well as the long-run benefits of having healthier and better educated young people. Nevertheless, many countries, especially low- and middle-income ones, will need to adopt a staged approach, scaling up over time.

A 2018 study commissioned by UN Women looked in detail at the costs of scaling up early childhood education and care services (ECEC) in South Africa and Uruguay.⁵ Ensuring that decent wages are paid, and teacher-child ratios are adequate, the study modelled two scenarios, differentiated by level of coverage for children.⁶ In view of the need to implement these services gradually, under the less ambitious scenario, in South Africa, a gross annual investment of 1.8 per cent of Gross Domestic Product (GDP) would be needed. This would create more than 1.2 million new jobs, and assuming that most of these jobs would go to women, an increase of 5.3 percentage points in the female employment rate. These jobs would generate more than US \$2 million in new tax and social security revenue, which means that the net investment needed is 1.2 per cent of GDP.

Under a more ambitious scenario, a gross annual investment of 3.2 per cent of GDP would not only result in universal coverage for all 0–5 year-old children, but also create 2.3 million new jobs, raising female employment by 10.1 percentage points. The net investment needed in this case would be 2.1 per cent of GDP.

The approach

The costing analysis undertaken for this Report includes the following transfers and services:

- Income protection over the life-cycle for: children (aged 0–17); people of working age (aged 18–64) who are unable to earn a sufficient income, including in cases of unemployment, maternity or parental leave, or disability; older persons (aged 65 or above);
- Universal health coverage, including sexual and reproductive health services;
- Early childhood education and care (ECEC) (for children aged 0–5); and
- Long-term care (LTC) services for older persons (aged 65 and above).

The analysis identifies current gaps in protection and estimates the cost of filling them. It provides a top-down, stationary snapshot of resource needs, expressed as a share of a country's GDP. This is a broad-brush approximation that provides the opportunity for deeper and more detailed analysis at the national level producing country-specific estimations.⁷ The costs presented do not model demand-side multiplier effects and their impacts on employment, productivity and economic growth, or the revenue that is generated through the tax and transfer system.

This Report advocates for social transfers to be paid universally at a level that supports an adequate standard of living, because targeted approaches can be costly to administer and often involve significant exclusion errors (see Chapter 4). However, in recognition of the fact that most or all countries will need to implement the policy package over time, in line with the human rights principle of progressive realization, the costing analysis models several different implementation scenarios.

Bearing this in mind, here estimates for a targeted approach using a relative poverty line set at 50 per cent of median income are presented. Relative poverty lines are defined in relation to the distribution of income within a given country at a particular point in time, such that a member of that society would be deprived and/or socially excluded if her/his level of income was inadequate in comparison to others. The advantage of this approach is that it increases the relevance of the analysis for higher income countries, because it goes beyond the resources required for physical survival to consider what is required to prevent social exclusion.

In several low- and middle-income countries, however, 50 per cent of median income falls below the extreme poverty line defined by the World Bank, \$1.90 in 2011 Purchasing Power Parity (PPP) per day.⁸ This line is used as a floor for relative poverty lines and applied in these countries because it represents a globally accepted, absolute minimum income. It is assumed that the cost of administering a targeted approach is 11 per cent of the overall cost of transfers.

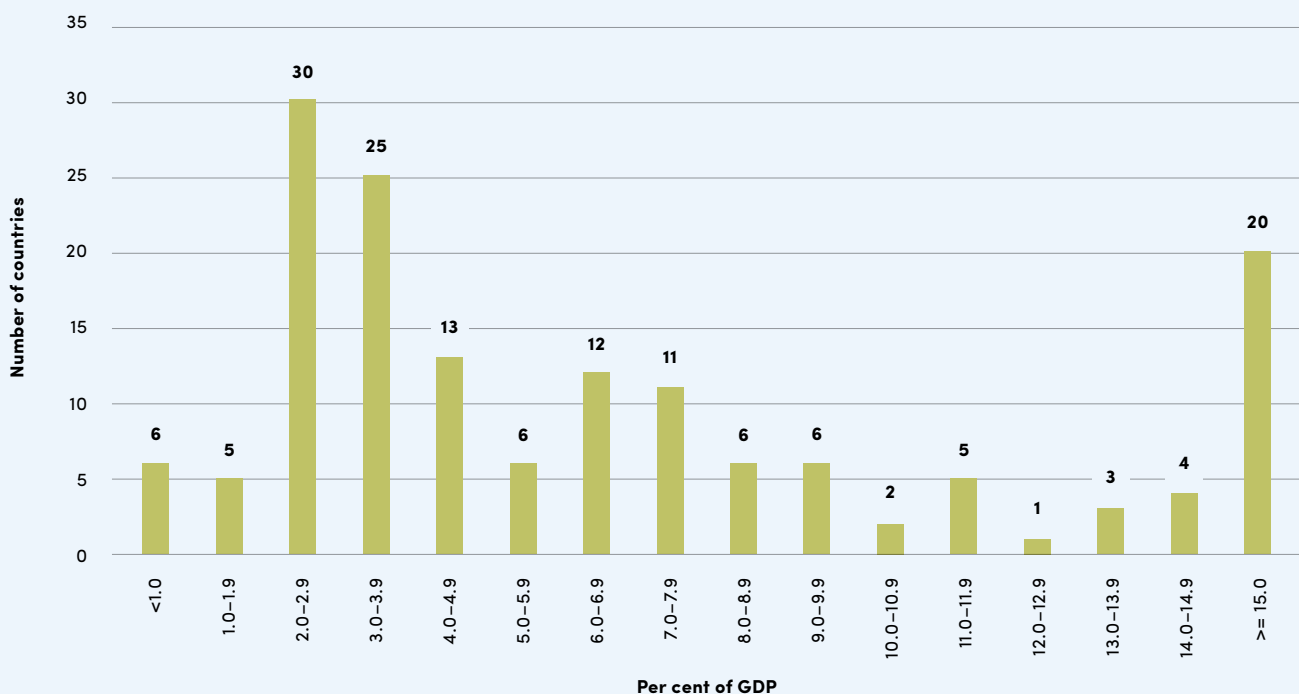
The analysis estimates gaps in health protection based on two indicators that assess the adequacy of the overall public resources that are allocated to healthcare systems, as well as the allocation of resources within these systems. Finally, it identifies gaps in care needs based on estimates of the number of children and older persons that are in need of care, assuming adequate ratios between carers and the number of people they care for, and decent wages

for people providing care work. Using this approach, estimates for 155 countries are included.⁹

A family-friendly package of policies is affordable for most countries

These calculations show that a package of family-friendly policies that includes income support across the life-course and healthcare is affordable for most countries. Figure 1 shows the number of countries by the resources they would need to close income, health and care gaps. It shows that a quarter of countries (41 out of 155 studied) could implement these policies for less than 3 per cent of GDP, and just over half (79 countries) could do so for less than 5 per cent of GDP. For one fifth of countries (35) included in the study, these policies would cost more than 10 per cent of GDP, which would require additional external support to achieve, including Official Development Assistance (ODA).

FIGURE 1 NUMBER OF COUNTRIES, BY RESOURCES NEEDED TO CLOSE INCOME, HEALTH AND CARE GAPS, AS A PROPORTION OF GDP, 2015



Sources: Bierbaum and Cichon forthcoming.

Notes: Data for 2015 or the latest available year for each country was used, for a sample of 155 countries. When no country estimates for input data are available, values are imputed based on average values in countries in the same region and income category (except for data on poverty gaps, unemployment rates and labour force participation rates, skilled birth delivery, and spending on long-term care).

Mobilizing resources

In order for these policies to be affordable, governments need to mobilize resources in a range of ways, including by increasing tax revenues, expanding social security coverage, borrowing or restructuring debt, leveraging aid and transfers, as well as curtailing South–North transfers and eliminating illicit financial flows.¹⁰ This is in line with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which reiterated the importance of “further strengthening the mobilization and effective use of domestic resources.”¹¹

Increasing tax revenues. For most countries, tax revenues represent the single most important source of finance for social and public investments. A common strategy for governments to increase total revenues is by raising tax rates, for example on consumption, personal income, corporate profits, property and inheritance, imports and exports, or natural resource extraction.¹² Revenues can also be increased by improving the efficiency of tax collection without changing tax rates or introducing new taxes. This is particularly important in low-income countries where problems with tax administration can be severe.¹³

A number of other measures that can contribute to significant, and sustainable, increases in tax revenues as a share of GDP include: reducing or rationalizing tax exemptions, broadening the tax base by introducing new excise taxes on targeted goods (such as certain fuels, tobacco, cars and alcohol), and taxing some domestic rents (such as those generated by tourism).¹⁴

Expanding social security coverage. Almost all developed countries take advantage of their social security systems to create fiscal space. Among developing countries, Argentina, Brazil, China, Costa Rica, Thailand and Tunisia have increased the coverage and collection of social security contributions, often as part of their national development strategies. In some countries this has gone hand-in-hand with incentives for formalization, creating a virtuous cycle: as the number of formal enterprises increases, so does the revenue generation through taxes and social security contributions.¹⁵

Borrowing or restructuring debt. Domestic and foreign borrowing, including through concessional loans, can be used to finance social investments, especially those with significant medium- to long-term returns, such as education, healthcare and childcare services.¹⁶ Such investments would raise productivity and encourage greater private investment, leading to higher rates of growth. Faster growth would in turn generate additional economic resources that can support higher tax revenues and allow governments to pay back the debt.

However, for highly indebted countries, there is a strong case for debt restructuring, as large debt burdens crowd out essential social investments.¹⁷ Indeed, public debt service in least developed countries increased from 3.4 per cent of GDP in 2015 to 4.3 per cent in 2017; during the same period public expenditure on healthcare and education as a share of GDP has remained stable, with a slight decline in 2017.¹⁸ But, further increases in external debt-servicing costs may induce declines in government expenditure in these areas.

Curtailing South–North transfers and eliminating illicit financial flows. Financial resources flowing out of developing countries (in the form of interest payments on foreign debt, foreign investment, capital flight and so on) are far greater than the amount of resources that go to these countries (as aid, investment and income from abroad). This gives rise to a net outflow from developing countries that the United Nations estimates to be US\$970.7 billion in 2014.¹⁹ In other words, poor countries are transferring resources to rich countries, not vice-versa.²⁰

Illicit financial flows and overseas tax havens drain the limited resources that countries have at their disposal, especially in the case of developing countries that have a significantly smaller tax base than most developed countries. Individual countries can take steps to mobilize domestic resources, but international cooperation is needed to stop illicit flows, shut down tax havens, and support countries’ efforts to enlarge their fiscal space.

Leveraging aid and transfers. While emphasizing the importance of domestic resource mobilization, the Addis Ababa Action Agenda recognizes that international development assistance will be necessary to meet development goals, “especially in the poorest and most vulnerable countries with limited domestic resources” (paragraph 50). Despite recent increases in the amount of ODA flows to the least developed countries, many high-income countries have not met their commitments and much of the increase in ODA is due to a rise in humanitarian assistance in a few countries.²¹ The share of ODA going towards social sectors has declined recently, as spending on economic infrastructure and services has expanded.²²

However, as this Report shows, the division between social and economic spending is arbitrary, and social sector spending can have long-lasting effects on productivity and growth. The modalities of ODA have also shifted and reflect important changes, including greater South–South cooperation. As financing for development continues to evolve, it is critical to improve the size and effectiveness of ODA in financing social investments that will advance gender equality.

Bringing it all back home: how to steer resources towards gender equality

Debates over resource mobilization cannot be separated from questions about how resources are spent. Mechanisms such as participatory budgeting, social audits and public hearings can enhance accountability by enabling civil society to use budget data and engage in the review process.

Gender-responsive budgeting (GRB) is one way to analyse the distributive impact of public spending, taxation and public service delivery, focusing on the benefits to and burdens on women and girls. It may also include analysis of the impacts of budget allocations on women in different socio-economic classes, minority ethnic women or those with disabilities. GRB can also be used to track budgetary commitments to gender equality in the implementation of the 2030 Agenda.²³ Based on 2018 data from 69 countries, 13 countries (19 per cent) fully met the criteria, as specified in SDG Target 5c, of having in place a tracking system that measures and makes publicly available gender budget data, and 41 countries (59 per cent) approached the requirements.²⁴ The data also reveal a policy-implementation gap. Among the same set of countries, 90 per cent have policies and programmes in place to address gender gaps, but only 43 per cent report adequate resource allocations to implement them.



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At their best, families are places of love and intimacy where people can share, care for and nurture one another; and where they can develop a sense of identity and belonging. Families can enable women and girls to flourish and realize their potential, as well as being the building blocks for thriving communities, societies and economies. But families can have a darker side: they can be places of violence and discrimination, spaces where women and girls are often denied the resources they need, where they sometimes eat least and last and where their voices are stifled and their autonomy is denied. As such, the recognition of families as an ambivalent space for women and girls has been at the heart of this Report.

Across the chapters, it is clear that the patriarchal foundations of family life, which in large part create this darker side, are gradually being eroded. The results of this can be seen in the rising age of marriage; the greater diversity of partnership forms being granted social and legal recognition; the declines in fertility rates as women are better able to choose whether and when to have children, and how many; and women's increased economic autonomy. These transformations are both causes and consequences of large-scale demographic changes, dramatic shifts in women's and girls' access to education and employment, changes in ideas and norms, and legal reform, often driven and inspired by women's activism.

Notwithstanding these changes, there is much further to go to ensure that all women can enjoy the full range of their human rights whatever family form they live in. There is also an urgent need to protect women's hard-won gains. In recent years, a backlash against advances in women's rights and freedoms at home and in the public sphere has sought to reinscribe more 'traditional' gender roles, harking back to a past that is more imagined than real.

In light of this, the Report has made the case that states have a key role in ensuring that families are a space for equality and justice for women and girls in two main ways: by setting norms and laws for gender equality in family life; and by providing support, resources and services to enable families to care for and nurture their members. In so doing,

states make it clear that families are not outside the reach of human rights. As duty-bearers, states have obligations to ensure equality and non-discrimination for all and a positive duty to prevent violence and discrimination even when these take place within the family and through kinship and family relationships.

Families are not sealed off from the rest of society, a 'private' realm that is separate from 'public' life. Rather, they are interconnected with other institutions. Economies and businesses, for example, depend on families (very often women) to nurture and socialize children. These children grow up to be contributors to society, joining the workforce and paying taxes. Families also often act as social and economic 'shock-absorbers', protecting their members in case of personal or societal stress. In recent times, in regions as diverse as Southern Europe and Northern and Southern Africa, young people have found it difficult to find decent employment or housing due to skyrocketing youth unemployment and have fallen back on their natal families for ongoing support. Families often fill the gaps when social protection systems or healthcare for older persons and those with disabilities are inadequate, including where austerity measures have cut back services and welfare. Since care is almost always seen as primarily women's work, the burden is borne disproportionately by female family members.

Families cannot, however, function properly without support. And to be effective, public support in the form of legislation and public policies needs to be based on the reality of how families are structured and constituted rather than on an 'ideal' of how families should be.

A key contribution of this Report has been to show, on the basis of the latest available global data, the significant diversity in family structures and relationships across regions, within countries and over time. Households, enumerated in censuses and household surveys, are typically used as a proxy for families. But families extend beyond household walls, encompassing relations spread over different locations and across generations. Significant diversity exists even at the household level: while the two most common types of household composition

captured in censuses and household surveys are two-parent with children and extended, other kinds of households are also common, including lone-parent and couple (heterosexual or same-sex) households without children. One-person households are increasingly common in ageing societies.

RECOMMENDATIONS

Below, we summarize the main recommendations for public action to identify and implement a family-friendly policy agenda that can advance women's rights in diverse families.

1. Establish family laws that recognize diversity and promote equality and non-discrimination

States, communities and religious institutions regulate and intervene in marriage and family life through laws and policies. Family laws, which govern marriage (including minimum age of marriage), divorce and child custody as well as guardianship, adoption and inheritance often include gender discriminatory provisions, creating an unequal playing field for women and girls in many parts of the world. A lack of legal rights to initiate a divorce, or the threat of losing custody of children, can skew gendered power relations within partnerships and trap women in unsatisfactory or even abusive relationships. Women's agency to exit unhappy partnerships is also undermined in contexts where marital property regimes fail to recognize their unpaid contributions or where the state does not uphold men's responsibility to pay their fair share for their children's maintenance.

There has been a strong trend towards equalization of family laws in most regions, especially since the 1950s. However, change has been slower in contexts where religious authority is politically institutionalized and/or where family laws are subject to plural legal systems. But discriminatory family laws can and do change, often as a result of long-term campaigns by women's rights activists and their allies in government, the judiciary and civil society (see Box 3.1).

Families are often in flux, with economic, social and demographic changes having profound impacts on patterns of family and household formation. Understanding and taking account of family diversity and change is essential for policy-makers who are concerned for the welfare of families and the women, men and children within them.

The scope of family laws also needs to expand to take into account the actual diversity of partnership arrangements. In regions where cohabitation has become much more commonplace, cohabiting partners still do not always have the same or similar rights as married couples, when it comes to social protection, inheritance, custody and maintenance. Levelling up to this standard should be a priority for all countries. As of May 2019, 42 countries and territories have extended the right to marry or partnership recognition to same-sex couples (see Table 3.1). Such relationship recognition may open the possibility of extending other rights to same-sex partners, including the right to adopt children and the right to family reunification in the context of migration.

2. Ensure high-quality, accessible public services to support families and gender equality

Public services, including sexual and reproductive healthcare, education and care services play a critical role in supporting families and advancing gender equality.

Improvements in women's educational opportunities over the past half century have been an important driver of gender equality globally, which has, in turn, brought sweeping transformation in families. In contexts where employment has also expanded, education has opened up new horizons for women beyond the domestic sphere. Meanwhile, in developing countries where education has expanded, secondary school attendance is correlated with declines in early marriage and adolescent childbearing. The focus should now be on closing substantial gaps

between different groups of girls and reaching those in rural areas, from minority ethnic groups, those with disabilities and in the poorest households. Curricula that promote gender equality and healthy relationships are essential, as well as ensuring that schools are welcoming to and do not discriminate against pregnant girls and young parents.

As Chapter 3 shows, control over their own fertility underpins women's well-being, opportunities and enjoyment of all their other human rights. It is also vital to women's ability to shape their relationships, including with intimate partners, and to exercise voice and agency in their lives. Improvements in girls' education, declines in infant and child mortality and increased access to modern contraception have paved the way for sharp declines in fertility rates in most regions of the world. Further progress is dependent on greater access to rights-based reproductive healthcare services, which often go hand in hand with overall health systems strengthening (see Box 3.5). Policies to reduce deaths and suffering caused by unsafe abortion are also needed (see Story of Change, "Compassion was a key message"). The Human Rights Committee recently confirmed that States Parties should provide "safe, legal and effective access to abortion" under certain circumstances and has called on States to end the criminalization of providers and women who seek abortion (see Box 3.4).¹

3. Guarantee women's access to an adequate, independent income

For families to thrive, they need access to an adequate level of income, which may be gained through market-based work, returns on assets such as land, or social transfers from the state. As Chapter 4 shows, having an income of their own puts women on a more equal footing with men in their intimate relationships, strengthens their bargaining position within families, and enables them to exit partnerships if they need to. Putting economic resources in women's hands is also associated with lower rates of poverty and greater investments in children's health and education.

For families, access to adequate income remains very challenging in contexts where labour force participation is stagnant or falling; where the quality

of available jobs, especially those in countries with very large informal economies, is poor; and where wages are insufficient to support a decent standard of living. In developing regions, a significant proportion of women who are in the labour force have no income of their own because they are contributing family workers, on family farms and enterprises. Being married and having young children in the household dampen women's labour force participation rates, while they have the opposite effect on men's. Discrimination in labour markets and women's disproportionate responsibility for unpaid care and domestic work pose a particular problem for lone mothers who cannot rely on income-pooling with a partner. It also means that women tend to accrue fewer savings and assets for their older age.

Against this backdrop, labour market and macroeconomic policies to generate decent work are needed along with gender-responsive social protection systems that support diverse families. The essential components of social protection to meet these goals include: paid maternity and parental leave; social transfers for families with children, with additional support for lone parents; and adequate pensions through a combination of gender-responsive contributory and non-contributory schemes.

4. Support families to care by providing time, money and services

Much day-to-day caring and nurturing, whether of young children, adults or frail older persons, is carried out by families. Without this unpaid care work—both direct person-to-person care and the domestic work of preparing meals and doing laundry—economies and societies would grind to a halt. As Chapter 5 shows, within families it is women who do the vast majority of this care work (see Figure 5.2). Globally, women perform three times as much unpaid care and domestic work as men.² Living in a rural area, in a poor household, being married and having young children all increase the amount of time women spend on this work. In low-income countries and communities, these chores are often rendered more gruelling and time-consuming in the absence of adequate infrastructure such as piped water on premises and household electrification.

While families assume a central role in care provision, other institutions and actors also play a part in financing and/or delivering care, whether through markets (e.g. paid domestic workers), the public sector (e.g. a care home for older persons run by a municipality) or not-for-profit providers of various kinds (e.g. a community childcare centre). When these care services are inaccessible or of poor quality, much of the work falls back on women and girls or care needs are not met. In developing countries in particular, the existing care infrastructure, including professional care providers, is insufficient to meet existing care needs.

In recognition of care as a ‘public good’ (whose benefits spill over beyond its immediate recipients) and to more equitably redistribute care responsibilities between women and men, and between families and other institutions, national care systems need to be built. This includes policy components that aim to provide families with time, money and services to support care work. Time can be provided in the form of paid maternity and parental leave for parents with young children and cash benefits that enable self-employed workers in the informal economy to take time off. Time and money should also be provided to those caring for older family members or those living with a disability.

Greater public investment is needed in professional care-related services including early childhood education and care (see Story of Change, “Accra’s female market traders blaze a trail on childcare”); long-term care for people living with disabilities and older persons; and basic infrastructure to reduce the drudgery of care work. These investments have significant pay-offs: they build children’s human capabilities, safeguard the dignity and human rights of people living with disabilities and older persons and create decent employment opportunities for women and men in the care sector.

5. Prevent and respond to violence against women in families

Families can be sites of profound insecurity for women and girls, since, for far too many women, home is the place where they are most likely to face violence and abuse. Globally, 17.8 per cent of women report experiencing physical or sexual violence at the

hands of an intimate partner within the last 12 months (see Figure 6.2).

As Chapter 6 shows, converging layers of patriarchal power, authority and control over women and children can make families a place of harm, where violence against women is condoned and perpetuated. Gender inequality drives violence in the family in three key ways: gender norms about men’s entitlement and dominance, versus women’s expected submission and subservience; women’s economic insecurity and dependence on family members; and expectations around women preserving family harmony. Historically, states’ refusal to legislate to prevent violence against women has been undergirded by the idea of the family as a ‘private’ domain that exists beyond and above the law.

States have clear obligations to implement laws, policies and programmes to eliminate all forms of violence against women and girls. Recent legislative progress includes the creation of laws addressing domestic violence and marital rape and the repeal of laws that exonerated rapists if they married their victims (see Story of Change, “Historic victory: Reforming the laws that forced women to marry their rapists”). In addition, family laws should be reformed to uphold women’s rights in marriage, divorce and custody so that women are better able to leave abusive or violent situations. For the same reason, reform of migration regulations to ensure that migrant women have residency status that is independent of their partners is also critical.

As well as the enactment of appropriate laws and regulations, improving women’s access to justice requires a range of complementary interventions. This includes the establishment and strengthening of coordinated and multi-sectoral support services for survivors, and substantial, long-term investments in prevention programmes to address the drivers of violence. Such services must be protected in times of austerity.

6. Implement policies and regulations that support migrant families and women’s rights

Migration is a major force affecting family life and women’s enjoyment of rights within them. While

migration can open up new opportunities for women, it often requires families to navigate a complex web of policies and regulations that affect the conditions under which they can live together or apart.

As Chapter 7 shows, policies and regulations governing migration tend to reinforce existing inequalities by, for example, requiring certain levels of income or wealth, only valuing certain skills or recognizing some family relationships but not others. The regulatory and policy choices that states make can also place women in a socially and legally vulnerable position by, for instance, tying women's migration status to a resident or citizen spouse, or restricting access to public support in cases of violence. Granting women independent residency rights and access to public services and resources strengthens their bargaining power in their family relationships.

Economic and social policies are needed to address the factors that drive some women and men to migrate and leave their family members behind. They are also needed to ensure that those who move can enjoy their human rights (see Story of Change, "Gaining protection for Indonesia's migrant workers and their families"). Universal access to social protection and public services that is not limited by citizenship, migration or refugee status and includes healthcare, education and childcare is critical to ensure that women and their families are able to meet their caring responsibilities and avoid being pushed into poverty.

The Global Compact for Safe, Orderly and Regular Migration (GCM) and the Global Compact for Refugees (GCR), which reaffirm the existing human rights obligations of States vis-à-vis migrants and their families, signal a promising commitment to address the challenges posed by migration in a coordinated way at the global level. The GCM notably commits to adapting pathways for regular migration that "uphold the right to family life" and facilitate procedures for family reunification for migrants at all skill levels.³ Gender-responsive implementation of these Compacts is imperative to ensure that migration laws, policies and services recognize and respond to the different realities of migrant and refugee women, men, girls and boys.

7. Invest in gender-sensitive statistics on families and households

By bringing together available global statistics, this Report has demonstrated that families and households are diverse. Yet it has also highlighted that there are major gaps in our knowledge, which stymies family-friendly policy-making.

At a fundamental level, civil registration and vital statistics systems that gather information on key life events (births, deaths, marriage and divorce) need to be strengthened. At least 110 developing countries lack functional registration systems and under-record vital events of specific populations, which impacts on governments' capacity to develop and plan policies such as cash transfers for families with young children.⁴

In many countries, censuses and household surveys do not capture data on different family forms, for instance the prevalence of cohabiting and same-sex unions. Prevailing social norms may make it difficult to include certain questions in surveys, but their absence reinforces the idea that these kinds of families or relationships are rare or non-existent, a cycle that is important to break if knowledge and understanding of how families live today is to be enhanced. A number of National Statistical Offices and United Nations bodies have been revising guidance and statistical standards to address these gaps (see Box 2.1).

Diversity in family composition exists over time and space but also over women's own lifetimes. Other kinds of data that go beyond a snapshot in time are needed to capture this kind of complexity, including those derived from panel or longitudinal surveys or from research that focuses on family histories. Other mixed method and interdisciplinary research can support informed policy-making, by providing contextual qualitative evidence to shed light on family dynamics and change. These types of research require generous, long-term investment, ideally from public funds.

Other major data gaps with relevance to the policy issues highlighted in this Report also need to be addressed. While coverage has improved significantly in recent years, only 106 countries have statistics on the prevalence of violence against women, for example, and data are often only for

women and girls aged 15–49. Lack of data on asset ownership, resource distribution and the economic contributions of each household member limits the understanding of women’s economic position within families. The inclusion of something as basic as the sex of family farmers in agricultural censuses is vital to ensure the visibility of women’s contribution to this work (see Story of Change, “The simple scheme that’s driving a quiet revolution for Brazil’s family farmers”). There is no global database that brings together national statistics on migration flows to enable a better understanding of migrant family life. These data limitations, in all regions, should be addressed through sustained investment in national statistical systems and in methodological development at global, regional and national levels.

8. Ensure resources are in place for family-friendly policies

The Commission on the Status of Women urged Member States to implement family-friendly policies aimed at achieving gender equality and the empowerment of women.⁵

This Report has proposed a package of such policies, which if implemented, would support women and girls to enjoy their human rights in diverse family forms. In addition to political will, this package requires governments to mobilize sufficient resources.

Analysis commissioned for this Report provides a costing for policies that would guarantee access to basic income security and essential healthcare over the life cycle to all people, in line with the ILO

Social Protection Floors Recommendation, 2012 (No. 202); and ensure that pre-school children and older adults can access quality care services.⁶ The implementation of these policies would benefit all members of society but have particularly important impacts for women since they are over-represented among those without income security, face specific life course contingencies (notably maternity and greater longevity) and take on a highly disproportionate share of unpaid care work.

The analysis shows that these policies are affordable for most countries. In order to close income, health and care gaps, for example, a quarter of countries (41 out of 155 studied) could implement the required policies for less than 3 per cent of GDP; just over half of the countries (79) could do so for less than 5 per cent of GDP. For one fifth of countries, these policies would cost more than 10 percent of GDP, which means that additional international support would be required.

In order for these policies to be affordable, governments must raise resources in a range of ways, including increasing tax revenues, expanding social security coverage, curtailing South–North transfers and eliminating illicit financial flows, and leveraging aid and transfers (see, “What will it cost?”).

These investments have significant pay-offs for women and girls, for families and for society. This agenda builds children’s human capabilities, safeguards the dignity and human rights of people with disabilities and older persons, and creates decent employment opportunities for women and men in the care sector.

MAKING CHANGE HAPPEN

Most of these recommendations are aimed at governments, since States are the main duty bearers when it comes to human rights and, in the best-case scenario, the state has the power and capacity to bring about legal and policy

change that reaches the general population. However, many other actors are also involved in bringing about these changes, and they too have a responsibility to uphold women’s rights. For example, private businesses have an important

role to play in supporting the women and men they employ to be able to balance their work and family responsibilities, including care provision; to pay decent wages so that families have an adequate income; and to pay their share of tax, so that governments can finance social policies and public services for the benefit of all.

While change is highly complex and context specific, the kind of progress that this Report shows is needed is driven not only by the ability and political will of states to mobilize resources to fund public policies but also by three other intersecting factors: strong, autonomous women's organizations; gender equality advocates in strategic positions within ministries, parliaments and the state; and accountability created by global and regional normative standards.

Feminist and women's rights organizations have a critical role to play in supporting women through community organizing, awareness- and consciousness-raising, service delivery, advocacy and campaigning. Feminist thinkers were the first to bring domestic and family issues into the theory and practice of politics and the state. As shown by many of the case studies throughout this Report, including the Stories of Change, women's organizations have often played a vital part in defining and framing agendas and in mobilizing women, academics and policy actors to create platforms to advocate for policy change. The importance of women's organizing varies depending on the policy area. Studies have found that women's organizations have been especially significant in driving change in legislation on violence against women, for example, while progressive political parties and trade unions have been more important for employment-related changes such as maternity and parental leave and regulation of working conditions in sectors and types of employment where women dominate.⁷

For advocacy claims from women's organizations and feminists in civil society to gain traction with governments, it helps if there are bureaucrats within the state who can open doors, lend legitimacy to civil society's demands and support the translation of those demands into policies. An important outcome of the Fourth World Conference on Women in Beijing (1995) was the commitment to gender mainstreaming, in recognition of the need for gender analysis and policies across the board and to counter the tendency of 'women's issues' to be siloed. With gender mainstreaming came the entry of many more feminists and gender specialists into mainstream policy departments, a shift that created new opportunities for feminist agendas to be taken up in governments. Researchers have identified that, together, women in elected office, feminist and women's movement actors and 'femocrats' in government ministries and other state offices make up one of the "most important conditions for feminist success."⁸

As this Report has shown throughout, a critical accountability lever for gender equality advocates are global and regional human rights frameworks, which set universal normative standards. Key frameworks include the founding declarations and covenants of the United Nations, global treaties such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and regional and/or issue-specific treaties such as the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Convention of Belém do Pará) or the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol). Sometimes peer pressure can be brought to bear if some countries in a region have made progress while others lag behind. Feminists in a range of contexts have also found it useful to 'vernacularize' universal human rights values, demonstrating how national and local cultural or religious values, although differently framed, align strongly with global norms.

STATISTICAL ANALYSIS AND ACCOMPANYING TABLES: READER'S GUIDE

This edition of *Progress of the World's Women* relies on a broad array of data and statistics. The data largely come from national sources, compiled and harmonized by international agencies. The country-level data, along with global and regional aggregates, are presented in a compilation of eight Statistical Annex Tables. All the tables are available for download in Excel and PDF formats at <http://progress.unwomen.org>. Only Annex 8, the country regional groupings, is printed (see pages 246–247) in the Report.

Unless otherwise stated, the tables, charts and figures in the Report use the latest available data as of March 2019 and, where indicated, the latest available estimates are from 2007 onwards.

Annex 1 Demographic trends

The table presents key estimates and projections on population size and distribution, fertility, mortality and care dependency. These demographic statistics, and the population dynamics that they reveal (see Chapter 2, sections 2.4 and 2.6), are important for understanding the growing and diverse paid and unpaid care needs faced by youthful and ageing populations (see Chapter 5). These data come from the *World Population Prospects: The 2017 Revision* and the *2018 Revision of World Urbanization Prospects*, compiled by the Population Division of the United Nations Department of Economic and Social Affairs (UN DESA). Care dependency ratios (CDRs), which measure the ratio of potential population in need of care (children aged 0–5 and older persons) to potential care providers, are also included in this Annex. See Annex A.2.1, *Care Work and Care Jobs for the Future of Decent Work* (Addati et al. 2018) for the methodology to calculate CDRs.

Annex 2 Trends in marital status

The table focuses on indicators relevant for understanding shifting patterns with respect to marriage and partnership. It includes the latest estimates of child, early and forced marriage from the United Nations Children's Fund (UNICEF) Global Databases (SDG indicator 5.3.1), as well as trends in mean age at first marriage, never married, divorce and

widowhood from *World Marriage Data 2017*, compiled by the Population Division of UN DESA (see Chapter 2, section 2.3). In countries where marriage is broadly defined, those currently in registered partnerships, consensual unions/cohabitation or other types of customary unions will be captured under 'currently married' and thus not included under the classification 'never married'. See Chapter 2 (Box 2.3) and *World Marriage Data 2017* metadata for further discussion on caveats related to trends and cross-country comparisons in marriage and marital status.

Annex 3 Household composition and living arrangements

The table illustrates the diversity of household structures and living arrangements of individuals across countries and regions, which remain central to understanding families and family networks (see Chapter 2, section 2.5). Important insights are provided on key family forms, including on the prevalence of lone mothers by age and their living arrangements vis-à-vis living alone or in extended households. The data and statistics presented are the outcome of a special collaboration between UN Women and the Population Division of UN DESA. Statistics on average household size and composition are based on published country-level estimates from the *Database on Household Size and Composition 2018* (UN DESA, Population Division 2018). Statistics on lone mothers by household composition and living arrangements of individuals aged 25–34 were developed jointly by UN Women and the Population Division of UN DESA. For further information on these data and the statistics derived from them, see *Database on Household Size and Composition 2018* and UN DESA and UN Women Extended Dataset 2019 metadata. See also Chapter 2, section 2.2 for a discussion on differences between 'families' and 'households', the latter being the basis of much of the statistical analysis that is derived from censuses and other population-based surveys.

Annex 4 Labour force participation rates by sex and marital status

The table provides important insights into the gender-differentiated impact of marriage on labour market

participation (see Chapter 4, section 4.3). These newly released tabulations, largely based on International Labour Organization (ILO) Harmonized Microdata, are the result of a partnership between UN Women and ILO that aims to increase the production of indicators on women and the labour market. The full extent of these tabulations, including further employment-related statistics disaggregated by sex, age and marital status, can be found at <http://progress.unwomen.org>. Subsequent updates of these statistics by ILO can be found at www.ilo.org/ilostat.

Annex 5 Laws and legal frameworks

The table uses data from the World Bank's *Women, Business and the Law* database to assess women's rights in key areas of family law, including with respect to domestic violence, agency within marriage, rights regarding inheritance, citizenship and protection from child, early and forced marriage. The data reveal that, despite progress, discriminatory laws against women and girls remain widespread. See Chapter 3, section 3.4 and the corresponding Figure 3.1, as well as Chapter 4, section 4.4 for a fuller discussion on how discriminatory legal frameworks shape women's agency within families.

Annex 6 Violence against women and girls

The table presents data on the proportion of women and girls aged 15–49 subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months (SDG indicator 5.2.1), as well as information on attitudes towards violence against women and girls based on the reasons respondents give to justify wife-beating. The data are from the latest available Demographic and Health Surveys (DHS), national/regional surveys on violence against women and Multiple Indicator Cluster Surveys (MICS). A detailed exploration of the impact of violence on women and girls, their families and communities can be found in Chapter 6.

Annex 7 Migration trends

The table uses data from the *2017 Revision of the Trends in International Migrant Stock* database, compiled by the Population Division of UN DESA. For the purpose of these data, 'country of origin' of the migrant refers to either the country of birth (in most cases) or citizenship for countries that do not publish

data on place of birth. See Chapter 7 for a discussion on the share of international female migrants and the factors that influence their decisions to migrate as well as regulations and policies that likely contribute to divergent trends across countries and regions.

Annex 8 Regional groupings

The table shows the country regional classifications based on the geographic groupings established in the Series M, No. 49 "Standard Country or Area Codes for Statistical Use." The list, prepared by the United Nations Statistics Division (UNSD), is the basis of the regional classifications used for global monitoring of the SDGs. This standard is used for regional classifications across all tables, figures and charts produced by the Report's data team, unless otherwise specified. In statistical analysis produced by external researchers, the regional classification may differ. See individual source information and footnotes for further information.

Regional groupings and aggregates

Regional groupings used in the Report's tables, charts and figures are based on UN Women's regional classifications (see Annex 8). Generally, an average is presented when data are available for at least 50 per cent of countries in a region and/or represent about two thirds of the region's population. Where possible, population-weighted regional and world averages are presented. The exceptions are analyses using perception-based indicators and qualitative (yes/no) data.

Data sources and definition of indicators

Unless otherwise specified, data used for compilation of the Annex tables are from international agencies with the mandate, resources and expertise to collect, harmonize and compile national data for cross-country comparison. The main sources of indicators and their definitions are presented at the bottom of each data depiction, including at the end of each Annex table.

Discrepancies between national and international data sources

In some cases, national estimates of an indicator differ from those provided by international agencies and presented in the tables. These discrepancies arise from three main factors: harmonization

processes to make data comparable across countries; updates/revision periods of international agencies not coinciding with the release of data by national statistical systems; and international agencies estimating missing data. Efforts by international agencies and their national counterparts to improve data collection processes aim to eliminate these discrepancies. For further details, see the original source(s) of the data compilation.

Symbols used in the Annex Tables

The following symbols are used in the tables:

- - country data are not available or regional/world average is not applicable or cannot be derived.
- [] regional/world average is shown but should be treated with caution. Coverage falls below UN Women's minimum threshold of at least 50 per cent of countries and/or two thirds of the region's/world's population.
- 0 or 0.0 nil or negligible.

Statistical acknowledgements

This edition of *Progress of the World's Women* draws on support from a wide range of specialized international data providers. UN Women is particularly grateful to the Population Division of UN DESA; the ILO; UNICEF; the Economic Commission for Latin America and the Caribbean (ECLAC); the World Bank; ICF Macro; and the LIS Cross-National Data Center in Luxembourg.

ANNEX 8

REGIONAL GROUPINGS

Australia and New Zealand			
Australia	New Zealand		
Central Asia and Southern Asia			
Afghanistan	Bangladesh	Bhutan	India
Iran (Islamic Republic of)	Kazakhstan	Kyrgyzstan	Maldives
Nepal	Pakistan	Sri Lanka	Tajikistan
Turkmenistan	Uzbekistan		
Eastern Asia and South-Eastern Asia			
Brunei Darussalam	Cambodia	China	Democratic People's Republic of Korea
Indonesia	Japan	Lao People's Democratic Republic	Malaysia
Mongolia	Myanmar	Philippines	Republic of Korea
Singapore	Thailand	Timor-Leste	Viet Nam
Europe and Northern America			
Albania	Andorra	Austria	Belarus
Belgium	Bosnia and Herzegovina	Bulgaria	Canada
Croatia	Czechia	Denmark	Estonia
Finland	France	Germany	Greece
Hungary	Iceland	Ireland	Italy
Latvia	Liechtenstein	Lithuania	Luxembourg
Malta	Monaco	Montenegro	Netherlands
North Macedonia	Norway	Poland	Portugal
Republic of Moldova	Romania	Russian Federation	San Marino
Serbia	Slovakia	Slovenia	Spain
Sweden	Switzerland	Ukraine	United Kingdom of Great Britain and Northern Ireland
United States of America			
Latin America and the Caribbean			
Antigua and Barbuda	Argentina	Bahamas	Barbados
Belize	Bolivia (Plurinational State of)	Brazil	Chile
Colombia	Costa Rica	Cuba	Dominica
Dominican Republic	Ecuador	El Salvador	Grenada
Guatemala	Guyana	Haiti	Honduras
Jamaica	Mexico	Nicaragua	Panama
Paraguay	Peru	Saint Kitts and Nevis	Saint Lucia
Saint Vincent and the Grenadines	Suriname	Trinidad and Tobago	Uruguay
Venezuela (Bolivarian Republic of)			

Northern Africa and Western Asia			
Algeria	Armenia	Azerbaijan	Bahrain
Cyprus	Egypt	Georgia	Iraq
Israel	Jordan	Kuwait	Lebanon
Libya	Morocco	Oman	Qatar
Saudi Arabia	Sudan	Syrian Arab Republic	Tunisia
Turkey	United Arab Emirates	Yemen	
Oceania excluding Australia and New Zealand			
Fiji	Kiribati	Marshall Islands	Micronesia (Federated States of)
Nauru	Palau	Papua New Guinea	Samoa
Solomon Islands	Tonga	Tuvalu	Vanuatu
Sub-Saharan Africa			
Angola	Benin	Botswana	Burkina Faso
Burundi	Cabo Verde	Cameroon	Central African Republic
Chad	Comoros	Congo	Côte d'Ivoire
Democratic Republic of the Congo	Djibouti	Equatorial Guinea	Eritrea
Eswatini	Ethiopia	Gabon	Gambia
Ghana	Guinea	Guinea-Bissau	Kenya
Lesotho	Liberia	Madagascar	Malawi
Mali	Mauritania	Mauritius	Mozambique
Namibia	Niger	Nigeria	Rwanda
São Tomé and Príncipe	Senegal	Seychelles	Sierra Leone
Somalia	South Africa	South Sudan	Togo
Uganda	United Republic of Tanzania	Zambia	Zimbabwe

BACKGROUND PAPERS

Progress of the World's Women: Families in a Changing World draws on a set of background papers commissioned from leading researchers worldwide. Some of the background papers have been published in UN Women's peer-reviewed Discussion Paper series (as listed below). The others are available upon request.

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Damir-Geilsdorf, S. and M. Sabra. 2018. "Disrupted Families: The Gendered Impacts of Family Reunification Policies on Syrian Refugees in Germany." Discussion Paper No. 23. UN Women, New York.

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ENDNOTES

Executive summary

1. Sen 1990a.
2. Agarwal 1997.
3. Sierminska and Girshina 2017.
4. Budig and England 2001.
5. Alvaredo et al. 2017.
6. Nieuwenhuis and Maldonado 2018.
7. Based on average differences in female/male unweighted means. UN Women calculations based on UNSD 2018.
8. UNODC 2018.
9. This figure is based on a weighted average for a sample of 86 countries and territories covering 78.5 per cent of the World's population.
10. This analysis covers 88 countries and territories comprising 61.3 per cent of the world's population, based on latest available data from 2007 onwards.
11. Therborn 2004.
12. UN DESA 2011.
13. Barker 2017.
14. Posel et al. 2011.
15. Härkönen 2014.
16. Stevenson and Wolfers 2006.
17. De Vaus et al. 2015; Gadalla 2008.
18. Elson 1998; UN Women 2014b.
19. UN General Assembly 1948, 217 A (III).
20. Sepúlveda Carmona 2017.
21. Pateman 1983.
22. UNFPA 1994.
23. UN CEDAW 2017b.
24. UN General Assembly 1989.

Chapter 1

1. Ferree 1990.
2. Folbre 2009.
3. Fraser et al. 2004; UN Women 2016.
4. UN CEDAW 2004.
5. Balakrishnan et al. 2016.
6. Meurs and Ismaylov 2019; Deere and Twyman 2012.
7. Elson 1998.
8. UN General Assembly 2018b; UN Women 2014b.
9. Lerner 1986.
10. Htun and Weldon 2015.
11. Ibid.
12. Jelin 1998.
13. Ferree 1990.
14. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
15. Therborn 2004.
16. Lerner 1986.
17. On developed countries, Walby 1990.

18. Kabeer 2007.
19. Kandiyoti 1988. Kandiyoti drew on Caldwell's "patriarchal belt" (Caldwell 1978) to coin the term "classic belt of patriarchy" when referring to this region.
20. Kabeer 1996.
21. Ibid.
22. Therborn 2004; Reddock 2009.
23. Whitehead 1991.
24. Goode 1970.
25. Coontz 2005.
26. Cherlin 2012.
27. Ibid.
28. While households should not be conflated with families (see Box 1.1), they provide the best approximation to family structures when using censuses and household surveys. This estimate of couple with children households is based on UN Women calculations using published country-level estimates from UN DESA 2018a. For this analysis, data on China are based on estimates in Hu and Peng 2015.
29. Therborn 2004.
30. Ibid.
31. Htun and Weldon 2015.
32. UN General Assembly 1948.
33. Pateman 1983.
34. Charlesworth and Chinkin 1991.
35. Biblarz et al. 2014.
36. Therborn 2004.
37. World Bank 2018e. The data in the 2018 revision of the *Women, Business and the Law* database are current as of 1 June 2017.
38. Of 39 countries with unequal rights in this area, 18 are in Northern African and Western Asia, 10 in Sub-Saharan Africa and 6 in Central and Southern Asia. The remainder are in Eastern and South-Eastern Asia (3) and Oceania, excluding Australia and New Zealand (2).
39. UN Women calculations using data from World Bank 2018e.
40. Hasday 2000.
41. See UN CEDAW 2004.
42. UNSD 2017.
43. UNODC 2018.
44. Miller 1981; Harriss 1990; Sen 1990b.
45. Klasen and Wink 2003.
46. UN DESA 2017m, sex ratio of the total population (males per 100 females).
47. Chung and Das Gupta 2007; Kabeer et al. 2014.
48. Kabeer et al. 2014.
49. England 2010.
50. Charnes 2015.
51. Coates 2017.
52. Ferree 1990.
53. Becker 1981.
54. Haddad et al. 1997; Agarwal 1997.
55. Doss and Quisumbing 2018.
56. Folbre 1986; Sen 1990a; Agarwal 1990; Agarwal 1997.
57. Folbre 1986. For a more recent assessment, see Bennett 2013 and Cantillon 2013.
58. Sen 1990a.
59. Agarwal 1997.
60. Bittman et al. 2003.
61. Bicchieri et al. 2018.
62. Folbre 1997.
63. Ibid.
64. Kim and Voos 2007.
65. Heintz et al. 2017.
66. Mackie and Lejeune 2009.
67. Bicchieri et al. 2018.
68. Covarrubias 2013.
69. Kandiyoti 1988.
70. Agarwal 2016.
71. Kagal 2017.
72. Sepúlveda Carmona 2017.
73. Ibid.
74. UN General Assembly 1966a, article 23.
75. Sepúlveda Carmona 2017.
76. UN CEDAW 1992, para. 6.
77. UN CRC 2013, para. 11.
78. Inter-American Court of Human Rights, case of Atala Riffo and daughters v. Chile, Judgment of February 24, 2012. See also *In the Marriage of C. and J.A. Doyle* (1992) 15 Fam L.R. 274 (Australia); and *Joycelyn Pablo-Gualberto v. Crisanto Rafaelito Gualberto, G.R. No. 156254 of 28 June 2005* (Supreme Court of the Philippines).
79. UN General Assembly 1995, paras. 15, 29.
80. UN CESC 2000a, para. 122.
81. UN CRC 2013, para. 59.
82. UN Human Rights Council 2015, para. 23.
83. UN CEDAW 1994b, para. 13.
84. Balakrishnan et al. 2016.
85. UN General Assembly 1948, article 23.
86. UN General Assembly 2007, articles 13.1, 14.3 and 27.
87. Phillips 2002.
88. UN General Assembly 2012.
89. Ibid.
90. Ibid.
91. Balakrishnan et al. 2016.
92. UNICEF 2018a.
93. The LGBTI acronym is used in this Report in line with its usage by other United Nations entities, with the acknowledgement that it does not fully capture the entire spectrum of diverse sexual orientations, gender identities and expressions and sex characteristics that exist in the world. The language around gender and sexuality is continually evolving, and the use of the acronym in this Report is intended to be inclusive of these diverse identities.
94. Esping-Andersen 2007; Greenwood et al. 2014.

95. Cherlin 2014; Miller 2017.
 96. UN Women 2017c; Heard 2011.
 97. Heintz 2017.
 98. Ergas et al. 2017.
 99. Ibid.; Ergas 2017; Bos 2017.
 100. Heintz 2018.
 101. Fraser 1994.
 102. Piper 2008a.
 103. Michel and Peng 2017.
 104. Parreñas 2015.
 105. Kilkey et al. 2014; Parreñas 2005b; Stewart-Evans and Siegel 2018.
 106. Donata and Gabaccia 2015.
 107. Michel and Oliveira 2017.
 108. Razavi 2017.
 109. The total number of people for each age bracket (60–79 and over 80) is based on the sum of the age groups for the low- and middle-income population combined and the sum of the age groups for the high-income population.
 110. UN DESA 2017m.
 111. Elson 1998.
 112. Ibid.
 113. Sepúlveda Carmona 2017.
 114. Fineman 2017.
- ## Chapter 2
1. Therborn 2004; Esping-Andersen and Billari 2015; Esping-Andersen 2016; Lesthaeghe 2014.
 2. Fraser and Gordon 1994; Elson 1991.
 3. Fraser and Gordon 1994; Elson 1991; Lind 2010; Bedford 2009; Chant 2002.
 4. White et al. 2013.
 5. Therborn 2004.
 6. Goldscheider et al. 2015; Therborn 2004; McDonald 2000; Cherlin 2016.
 7. Nieuwenhuis and Maldonado 2018a; UN Women and the World Bank 2018.
 8. Chant 2002; Blofield et al. 2018.
 9. UN DESA 2017h.
 10. Kriel et al. 2014; Leone et al. 2010.
 11. Leone et al. 2010.
 12. Kriel et al. 2014.
 13. Budlender 2018.
 14. UN DESA 2017h.
 15. Ibid.
 16. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
 17. Salguero and Vignoli 2011.
 18. UNECE 2015.
 19. UNECE 2011.
 20. UN DESA 2017h. Folbre and Abel 1989.
 21. Becker 2017. UN DESA 2017h.
 22. Folbre and Abel 1989; UN DESA 2017h.
 23. Folbre and Abel 1989.
 24. Martin and Barton 1996.
 25. Budlender 1997.
 26. Chant 2003; Chant 2009.
 27. Budlender 1997; Chant 1997.
 28. Salguero and Vignoli 2011; INDEC 2012; UNECE 2011.
 29. Salguero and Vignoli 2011; Corrales 2011; Cabella et al. 2015; INDEC 2012.
 30. UNECE 2015; Gates 2010.
 31. Durso and Gates 2013; Walther 2013; Gates 2013.
 32. UNECE 2015; Durso and Gates 2013; Walther 2013; Gates 2013; Gates 2010.
 33. ABS 2017.
 34. UNECE 2015.
 35. Muhafra 2018; Leite and Villaseñor 2018; Instituto Nacional de Estadísticas 2018.
 36. Stang 2018; UNECE 2015.
 37. Stang 2018.
 38. Ibid.
 39. Becker 2017.
 40. Carr-Hill 2013.
 41. ILO 2015.
 42. Walmsley 2017; Sudbury 2005; UN Women 2014a.
 43. Dincu and Malambo 2019; Buvinic and Carey 2019.
 44. Ibid.
 45. World Bank 2018a; Buvinic and Carey 2019.
 46. Dincu and Malambo 2019; Buvinic and Carey 2019.
 47. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
 48. Ibid.
 49. Family relationships captured under the ‘couples with children of all ages’ household classification will differ by country and data source. For example, in some data collection instruments, only married couples are captured; in others, the instrument refers to both married and cohabitating and both forms are included.
 50. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
 51. Ibid.
 52. Ibid.
 53. Chant 1997; Chant 2007.
 54. Safa 1995; Fonseca 1991.
 55. Regional values calculated by UN Women using published country-level estimates from UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
 56. UNFPA 2012.
 57. Blofield et al. 2018.
 58. Netting 2010; Palriwala and Kaur 2014; Palriwala and Kaur 2014; Banerji and Vanneman 2009; Fuller and Narasimhan 2008; Cherlin 2012.
 59. Jones 2005; Jones 2010; Rubio 2014.
 60. Blofield et al. 2018.
 61. Blofield et al. 2018; Carroll and Mendos 2017.
 62. Oláh et al. 2014; Carroll and Mendos 2017; Corrales and Pecheny 2010; Friedman 2019.
 63. Kantorova 2013; UN DESA 2011; Jelin and Díaz-Muñoz 2003; Treas et al. 2014; Maslauskaitė and Baublytė 2015; Graefe and Lichter 2007.
 64. Cherlin 2017.
 65. Kumar 2017; Musavi et al. 2018.
 66. Jelin and Díaz-Muñoz 2003.
 67. Kantorova 2013; UN DESA 2011.
 68. Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESA 2017m.
 69. UNICEF 2018a.
 70. UN DESA 2017k.
 71. Greene 1991.
 72. UN DESA 2011.
 73. Mensch et al. 2005.
 74. Ibid.
 75. Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESA 2017m.
 76. Therborn 2004; Lesthaeghe 2010.
 77. Field and Ambrus 2008; Wodon et al. 2018.
 78. Therborn 2004; Lesthaeghe 2010; Pauli and van Dijk 2016; Pauli and Dawids 2017; James 2017.
 79. Musawah 2018.
 80. Ending child marriage is a specific target (5.3) of SDG Goal 5 to achieve gender quality and empower all women and girls. Additionally, the Convention on the Rights of the Child (1989) and the Convention on the Elimination of all Forms of Discrimination against Women (1979) considered the marriage of a child of no legal effect, and the International Conference on Population and Development Programme of Action (1994) called on countries to eliminate child marriage and to enforce laws that ensure free and full consent. See UNFPA 2012.
 81. UN CRC 2016.
 82. UNFPA 2012.
 83. ICF International 2018.
 84. Kantorova 2013.
 85. UN DESA 2017k.
 86. Jones 2010; Ji 2015; Palriwala and Kaur 2014.
 87. Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESAm.
 88. Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESAm; Jones 2005; Raymo et al. 2015.
 89. Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESAm.

90. Kroeger and Smock 2014; Blofield et al. 2018.
91. Esteve and Lesthaeghe 2016; Heuveline and Timberlake 2004; Lesthaeghe 2014; Mintz 2015; Blofield et al. 2018, p.13.
92. Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESA.
93. Esteve and Lesthaeghe 2016.
94. Covre-Sussai et al. 2015; Ramm 2016; Esteve and Lesthaeghe 2016.
95. Esteve and Lesthaeghe 2016.
96. Härkönen 2014, regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESA 2017m.
97. Shafer 2009; Berardo et al. 1993.
98. Ghosh 2018.
99. Gadalla 2008; Ghosh 2018.
100. Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESA 2017m.
101. Dommaraju and Jones 2011.
102. Regional aggregates are UN Women calculations from country-level estimates published in UN DESA 2017k and UN DESA 2017m.
103. Dommaraju 2016.
104. McDonald 2000; Cherlin 2016; UN DESA 2015b.
105. UN General Assembly 1979.
106. Sen 1999; Shapiro and Tenikue 2015.
107. UN General Assembly 2014a; UN DESA 2017a.
108. Bongaarts 2017; Casterline and Agyei-Mensah 2017; Ezeh et al. 2009; Smith 2004; McDonald 2000.
109. Therborn 2004; Basten et al. 2013; McDonald 2000; Torr and Short 2004; Esping-Andersen 2016; Vobeck. et al. 2013; OECD 2011; Mahmoudi 2017; Hyun Yoo and Sobotka 2018.
110. Esping-Andersen 2016, p.10.
111. UNFPA 2018; Therborn 2004.
112. Regional aggregates are UN Women calculations from estimates published in UN DESA 2017m.
113. Bongaarts 2017; Askew et al. 2017; Ezeh 2009.
114. UNFPA 2017b.
115. UNFPA 2017a.
116. Ibid.
117. Ibid.
118. Jelin and Díaz-Muñoz 2003; UNFPA 2017b.
119. UN Women calculations from ICF 2007–2017. Demographic and Health Surveys and UNICEF (various years) Multiple Indicator Cluster Surveys.
120. Loaliza and Liang 2013.
121. Presler-Marshall and Jones. 2017.
122. PATH and UNFPA 2006.
123. Shapiro and Tenikue 2015.
124. Castro-Martin 1995; Kim 2016; Wodon et al. 2018.
125. Regional aggregates are UN Women calculations from estimates published in UN DESA 2017m; UNFPA 2018.
126. Casterline and Agyei-Mensah 2017.
127. Ibid.
128. Casterline and Agyei-Mensah 2017; Alkema et al. 2013.
129. Casterline and Agyei-Mensah 2017.
130. Bryceson 2018.
131. Smith 2004.
132. Singh, Bankole et al. 2017; Alkema et al. 2013.
133. Alkema et al. 2013; Sedgh et al. 2016.
134. UN DESA 2018b.
135. Sedgh et al. 2016.
136. Ibid.
137. Askew et al. 2017.
138. Therborn 2004.
139. Basten et al. 2013.
140. Regional aggregates are UN Women calculations from estimates published in UN DESA 2017m.
141. Ibid.
142. McDonald 2000; Torr and Short 2004; Esping-Andersen 2016; Vobeck. et al. 2013; OECD 2011.
143. Esping-Andersen 2016.
144. Basten 2013. Mahmoudi 2017; Basten and Gu 2013; Lutz et al. 2006.
145. Mahmoudi 2017; Hyun Yoo and Sobotka 2018; Ma 2016.
146. Hyun Yoo and Sobotka 2018; Ma 2016; Peng 2012.
147. Esping-Andersen 2016; Goldscheider et al. 2015.
148. Esping-Andersen 2016.
149. UN Women calculations from estimates published in UN DESA 2017m.
150. Esping-Andersen 2016; Goldscheider et al. 2015.
151. The analysis that follows relies on data for a sample of 124 countries for year 2007 or later, representing 88.2 per cent of the world's population in 2017. However, the sample fluctuates depending on indicator availability. While data on average household size are readily available across the sample of 124 countries, data on household composition are far more limited. For the simplest category of one-person households, comparable data are available for 89 countries only. For other broader categories, for example, couples with children, couples living alone and lone-parents, comparable data are available for a sub-set of 88 countries. The sample drops further to 86 when adding extended households and non-relative households as separate categories of interest, representing 78.5 of the world's population in 2017. Similarly, data on age composition of household members, particularly of children (0–14), adolescents (15–17) and older persons (60+), are available for 88 countries, representing 71.6 per cent, 71.1 per cent and 46.1 per cent, respectively, of the these population groups in 2017.
152. Liu 2017.
153. Ibid.
154. UN DESA 2017b.
155. Ibid.
156. UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.
157. UN DESA 2017b.
158. Arriagada 2006.
159. Azcona et al. Forthcoming.
160. Regional aggregates are UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.
161. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
162. Blofield et al. 2018, p. 74.
163. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
164. Ibid.
165. Azcona et al. Forthcoming.
166. UNECE and UNFPA 2018.
167. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
168. Jackson 2015.
169. Scott 2014.
170. Regional aggregates are UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.
171. Ibid.
172. Ibid.
173. Ibid.
174. Ibid.
175. Scott 2014.
176. Jackson 2015; Oduaran and Oduaran 2010; Nkosinathi and Mtshali 2015.
177. Mitchell 2006.
178. Regional aggregates are UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.
179. Sobotka et al. 2011.
180. Tsekeris et al. 2017.
181. Dhillon 2008.
182. UN Women calculations using published country-level estimates from the UN DESA 2018a.
183. Regional aggregates are UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.

184. Chant 1997.
185. Jordal et al. 2013.
186. 186. Regional aggregates are UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.
187. Ibid.
188. Ibid.
189. Arriagada 2014; Chant 1997; Chant 2016.
190. Regional aggregates are UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.
191. Jackson 2015; Chant 2000; Budlender and Lund 2011.
192. Regional aggregates are UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.
193. Raymo et al. 2015; Pailh. et al. 2014.
194. Esteve et al. 2012.
195. Chant, S. 1997; Chant 2016; Chant 2009b.
196. Chant 2016.
197. Esteve et al. 2012.
198. Kandiyoti 1988.
199. Regional aggregates are UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019.
200. Budlender 2018.
201. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
202. Esteve et al. 2012.
203. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
204. Parreñas 2005b; Blofield et al. 2018.
205. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a. For this analysis, data on China are based on estimates produced and published in Hu and Peng 2015.
206. Jelin and Díaz-Muñoz 2003.
207. Ibid.
208. Regional values calculated by UN Women using published country-level estimates from the UN DESA 2018a.
209. Palma and Scott 2018.
210. De Vos 2012.
211. UN Women 2018e.
212. Kandiyoti 1988; Dommaraju and Tan 2014.
213. Becker and Turaeva 2016.
214. Simkhada et al. 2010.
215. González de la Rocha 2007.
216. Rodgers 2007.
217. UN DESA 2017m.
218. UN DESA 2017m.
219. UN DESA 2017.
220. UN DESA 2017m.
221. UN DESA 2017.
222. UN Women 2015b; Moen et al. 2014.
223. UN General Assembly 2002.
224. UN DESA 2017k.
225. Ibid.
226. ILO 2018a.
227. Regional aggregates are UN Women calculations from country-level estimates from UN DESA 2017m, UN DESA 2018a and UN DESA and UN Women 2019. Weighted averages based on a sample of 88 countries and territories representing 60.5 per cent of the world's population. Note: this refers to the proportion of older persons who live in households, therefore those living in institutions (e.g. hospitals, nursing facilities) are not included in the numerator or denominator.
228. UN DESA 2017f. p. 26.
229. Ibid. p. 21.
230. Ibid. p. 14.
231. Knodel and Ofstedal 2003, p.684.
232. Ibid., p.684.
14. UN CEDAW 1994a.
15. OAU 2004, article 6.
16. In its General Comment 14, the Committee on Economic, Social and Cultural Rights (CESCR) elaborates on the meaning of the International Covenant on Economic, Social and Cultural Rights, which prohibits discrimination in the enjoyment of the right to the highest attainable standard of physical and mental health, including on the basis of sexual orientation, gender identity and other status. UN CESCR 2000b, para. 18.
17. See, for example, UN CCPR 2011a, 2011b, 2015, 2016, 2017; UN Human Rights Council 2010, para 2.
18. The Yogyakarta Principles 2006, 24.
19. Inter-American Court of Human Rights 2017.
20. Htun and Weldon 2018; Afkhami et al. 2018.
21. Wodon et al. 2017.
22. Htun and Weldon 2018.
23. Bond 2011, p. 37.
24. See, for example, in the case of India, Mullally 2004.
25. Anderson 1958.
26. Library of Congress 2018.
27. UN General Assembly 1979, Declarations and Reservations, endnote 82; Tamaru et al. 2018.
28. Khalil 2014; Debuysere 2016.
29. Tamaru et al. 2018.
30. Hitman 2018.
31. Tamaru et al. 2018.
32. Human Rights Watch 2018e.
33. For example, the proportion of households headed by women is 12.9 per cent in Egypt, 13 per cent in Jordan, 9.8 per cent in State of Palestine and 7.8 per cent in Yemen. See UN DESA 2018a.
34. See, for example, Powell 2017.
35. Ramón Mendos 2019, pp. 15, 16.
36. Transgender Europe 2018.
37. Justices of the Constitutional Court, Taiwan PoC; Horton 2019.
38. Supreme Court of India 2018.
39. Tabbush et al. 2019.
40. UN Women 2011.
41. Lesthaeghe 2010.
42. Ibid.
43. Ibid.
44. Raymo et al. 2015.
45. Ibid.
46. Sung and Pascall 2014.
47. Raymo et al. 2015.
48. McDonald 2000.
49. Covre-Sussai et al. 2015; Ramm 2016; Esteve and Lesthaeghe 2016.
50. Esteve and Lesthaeghe 2016.
51. Manning and Smock 2005, cited in Cherrin 2010.

Story of change: Brazil

1. IBGE 2018, 2019.
2. This figure includes, besides primary activities, "transformation" and "distribution"; agriculture and livestock alone amount to less than 6 per cent. Ministério da Agricultura, Pecuária e Abastecimento 2017; OEC undated.
3. Government of Brazil 2018.
4. Centro de Tecnologias Alternativas da Zona da Mata 2018; Telles et al. 2018.
5. SOF 2018.
6. President of the Republic of Brazil 2009; Ministério da Agricultura, Pecuária e Abastecimento. Secretaria de Agricultura Familiar e Cooperativismo undated; Fundo Nacional de Desenvolvimento da Educação 2017.

Chapter 3

1. Gammage et al. 2016.
2. Kabeer 2008, p. 20.
3. Agarwal 1997; Sen 1990a.
4. UN General Assembly 1948, article 16.
5. UN General Assembly 2006, article 23.
6. UN General Assembly 1957, 1962.
7. UN General Assembly 1979, article 16.
8. UN CEDAW 1994a.
9. UN General Assembly 1979, article 16, para. 2.
10. UN CEDAW and UN CRC 2014.
11. Ibid.
12. UN General Assembly 1979, Declarations and Reservations.
13. For example, in Kenya, the Constitution states: "The provisions of this Chapter on equality shall be qualified to the extent strictly necessary for the application of Muslim law before the Kadhis' courts, to

52. Cherlin 2010.
53. Chen-Lan Kuo and Raley 2016.
54. Raley et al. 2015.
55. *Ibid.*, Table 3.
56. Chen-Lan Kuo and Raley 2016.
57. Pew Research Center 2013.
58. Raley et al. 2015, p. 5; Heintz 2017.
59. Allendorf and Pandian 2016.
60. Banerji et al. 2008.
61. Jejeebhoy et al. 2013.
62. Pauli and van Dijk 2016; James 2017; Posel et al. 2011.
63. Pauli and van Dijk 2016; Pauli and Dawids 2017.
64. Musawah 2018.
65. Singerman 2007, p. 15.
66. *Ibid.*, p. 5. See also: El Feki et al. 2017.
67. Singerman 2007.
68. Pauli and van Dijk 2016; James 2017; Posel et al. 2011.
69. Palriwala 2009.
70. *Ibid.*
71. *Ibid.*; White 2017.
72. Rew et al. 2013.
73. Bradley and Pallikadavath 2013.
74. Goody and Jambiah 1973; Murdock 1967.
75. Horne et al. 2013, p. 505.
76. Posel et al. 2011.
77. Mously and Wagner 2017.
78. Posel et al. 2011; Ansell et al 2017; Bryceson 2018.
79. Supreme Court of Uganda 2015.
80. Ansell et al. 2017.
81. See, for example, Taylor et al. 2015; Cummins 2017.
82. UNICEF 2018a.
83. Women's Refugee Commission 2016, p. 14.
84. *Ibid.*, p. 13.
85. UNICEF 2006.
86. UNICEF Middle East and North Africa Regional Office and ICRW 2017, p. 11
87. Based on 170 countries and territories. Additionally, in 6 countries and territories (out of 186) the legal age of marriage is under age 18 for boys. Data on girls for 5 out of these 6 countries and territories are unavailable. Source: UN Women calculations from World Bank 2018e.
88. Sakhonchik et al. 2015.
89. Tavares and Wodon 2018, p. 3.
90. Maswikwa et al. 2015.
91. Sundaram et al. 2018, p. 174. See also UN Women 2018d.
92. UNFPA 2012. See also: Field and Ambrus 2008.
93. Maswikwa et al. 2015.
94. Rodriguez Vignoli and Cavenaghi 2015.
95. UNESCO 2018, p. 16.
96. *Ibid.*, p. 17.
97. See, for example, Wood et al. 2015.
98. Haberland 2015.
99. Human Rights Watch 2018c.
100. Makino 2017, p. 14, 15.
101. Heath and Mushfiq Mobarak 2014.
102. *Ibid.* A study on the business process outsourcing industry in India had similar findings. See Jensen 2012.
103. Kabeer 2007; Amin et al. 1998.
104. World Bank 2019c.
105. Ansell et al. 2017.
106. UN Women calculations from Demographic and Health Surveys from year 2007 or later. See ICF International. ICF 2007–2017. The age gaps among couples were calculated by subtracting the current age of the woman from the age of her current spouse/partner. The pooled aggregate statistic included in the text refers to the median derived from the sample of 57 countries.
107. See for example, Izugbara 2018; Clerc-Madlala 2008.
108. Lawson and Gibson 2018.
109. Oyugi 2017.
110. Fenske 2011.
111. ICF International. 2007–2017. Household surveys, however, are likely to under-report the prevalence of polygyny due to using the household as the unit of analysis. Polygynous family members are assigned to distinct survey units when wives reside close to their husbands but in separate dwellings, or when spouses migrate internally for economic reasons. For further discussion of this, see Coast et al. 2011.
112. Madhavan 2002; White 1988, cited in Lawson and Gibson 2018, p. 196; Seeley 2012.
113. Andrews 2009, p. 370.
114. UNICEF 2015, cited in Gaffney-Rhys 2011.
115. See, for example, UN HRC 2000; UN CEDAW 1994; Oyugi 2017.
116. Fenske 2011.
117. Bove and Vallengia 2009, cited in Lawson and Gibson 2018.
118. Oyugi 2017; Amien 2014.
119. Oyugi 2017.
120. Ramm and Salinas 2019.
121. *Ibid.*
122. Bianchi et al. 2015.
123. *Ibid.*
124. Perelli-Harris and Sánchez Gassen 2014.
125. Goldblatt 2008.
126. Esteve et al. 2016.
127. Binstock et al. 2016, p. 249.
128. *Ibid.*
129. Alzate Monroy 2004.
130. Saez 2011, p. 27.
131. Huq et al. 2012.
132. UN General Assembly 1966a, article 12.
133. UN General Assembly 1979, article 16.
134. UN General Assembly 1994, para. 7.3.
135. *Ibid.*, para. 7.2.
136. *Ibid.*, para. 8.25.
137. UN General Assembly 1995, para. 96.
138. UN CRC 2016. General comment No. 20, para. 59.
139. UN CRPD and UN CEDAW 2018.
140. UN CEDAW 2009, cited in OHCHR undated.
141. UN HRC 2003, cited in OHCHR undated
142. *Ibid.*
143. UN HRC 2018, para. 8. See also UN CESCR 2016.
144. UNFPA 2017, Figure 3, p. 22.
145. Williamson et al. 2009.
146. UN Women calculations from UN DESA 2018b and 2018c.
147. UN DESA 2017m.
148. WHO et al. 2015.
149. Schwandt et al. 2018.
150. Bucagu et al. 2012.
151. Schwandt et al. 2018.
152. Bucagu et al. 2012.
153. *Ibid.*
154. AFIDEP 2013.
155. WHO 2014.
156. Farmer et al. 2015.
157. *Ibid.*
158. Schwandt et al. 2018.
159. Sedgh et al. 2016. The sample of 52 includes 31 countries in Sub-Saharan Africa, 2 in Northern Africa and Western Asia, 8 in Central and Southern Asia, 4 in South East and East Asia and 7 in Latin America and the Caribbean.
160. Trend data are available for 39 countries, from 2000 to 2013, depending on the country. See Sedgh et al. 2016, p. 57.
161. Williamson et al. 2009.
162. Castle 2004, cited in Williamson et al. 2009.
163. WHO 2014b.
164. See Grace and Fleming 2016, Table 1, pp. 15–17.
165. Clark et al. 2008, cited in Grace and Fleming 2016.
166. Cleeve et al. 2017
167. Institute for Reproductive Health 2014. The 12 countries are: Democratic Republic of the Congo, El Salvador, Guatemala, India, Malawi, Mali, Mozambique, Nigeria, Philippines, Rwanda, United Republic of Tanzania and Viet Nam.
168. Ganatra et al. 2017.
169. *Ibid.*; Shah et al. 2014, p. 4.
170. Special tabulations of data from Say et al. 2014, cited in Singh, Remez et al. 2017, p. 33.
171. Singh, Remez et al. 2017.
172. Ganatra et al. 2017. The Beijing Platform for Action urges Governments to: "Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development." UN General Assembly 1995, para 106, (j).

173. WHO undated.
174. Shah et al. 2014, p. 5.
175. IWHC and MYSU 2018.
176. Singh, Remez et al. 2017, Figure 5.
177. Barot 2018.
178. Singh, Remez et al. 2017.
179. Shah et al. 2014.
180. Singh, Remez et al. 2017.
181. Wu et al. 2017.
182. WHO et al. 2015.
183. Henderson et al. 2013, cited in Shah et al. 2014.
184. Shah et al. 2014.
185. Puri et al. 2016, cited in Singh, Remez et al. 2017.
186. MOHP et al. 2012, cited in Shah et al. 2014.
187. Shah et al. 2014.
188. Rubin and Phillips 2012.
189. Inhorn 2003.
190. Ibid.
191. Rozée and Unisa 2016.
192. Cattapan et al. 2014.
193. Petropanagos et al. 2015.
194. Kissil and Davey 2011.
195. Präg and Mills 2015.
196. Mitu 2016.
197. Rozée and Unisa 2016.
198. Sarojini et al. 2011.
199. UN Human Rights Council 2018b.
200. This box is adapted from Ergas undated. See also, Ergas 2013; Ergas et al. 2017.
201. UN Human Rights Council 2018b, p. 5.
202. Rothman 2000.
203. Pande 2010.
204. UN Human Rights Council 2018b.
205. Ghosh 2018.
206. Dommaraju and Jones 2011; Platt and Utomo 2018; Dube 1994.
207. Dommaraju and Jones 2011.
208. Dates for Europe from González and Viitanen 2006; dates for Latin America from McKenry and Price 2006.
209. BBC 2018.
210. Raday 2019.
211. Bond 2011.
212. Ibid., pp. 26, 27.
213. Musawah 2018; Eekelaar 2017.
214. In 2016, 12,939 divorce cases were filed by non-Muslim citizens of Indonesia in the general courts, 113,968 divorce cases were filed by Muslim men in the religious courts (*cerai talak*) and 289,102 divorce cases were filed by Muslim women in the religious courts (*cerai gugat*). See Sumner with Zulminarni 2018, p. 9.
215. Hanmer and Elefante 2016, cited in Sumner with Zulminarni 2018.
216. Sumner with Zulminarni 2018, pp. 10, 11.
217. Ibid., pp. 12–14.
218. Ibid., p. 15.
219. Ibid., pp. 11,12.
220. Htun and Weldon 2018.
221. International Commission of Jurists 2017.
222. González and Viitanen 2006. See Gayle 2018 for coverage of a recent case heard by the UK Supreme Court in which they ruled that a woman who had been married for 40 years was not allowed to divorce her husband without his agreement and without evidence of him being at fault until they had been separated for five years. In April 2019, the UK Government announced it is planning to introduce no-fault divorce. See Bowcott 2019.
223. Ghosh 2018.
224. Härkönen 2014.
225. Huntington 2015.
226. LAC 2010.
227. The definition of guardianship and custody as defined in Raday (2019) is as follows: Guardianship, which bestows parental legal authority or responsibility regarding the child's personal affairs, such as property, domicile, travel, education and marriage, is distinguishable from the physical custody of a child ... Physical custody involves the day to day conduct of the child's life and requires the determining of residence, care, contact or visitation rights. Guardianship and physical custody may be allocated to a sole parent or divided between the parents, in cases of divorce, dissolution of a civil union and separation of parents.
228. Musawah 2018, p. 19.
229. Raday 2019.
230. Ibid.
231. Ibid.
232. Ibid.
233. Berry et al. 2010.
234. Huntington 2015.
235. Ibid.
236. Field 2006; Ojelabi et al. 2011.
237. Raday 2019.

Story of change: Ireland

1. Merrion Street 2018; Government of Ireland 2018.
2. Duffy 2018.
3. Sherwood 2018.
4. ECHR 2010; UN CEDAW 2017a, paras. 10–11 and 42–43.
5. Health Service Executive 2013.
6. In Her Irish Shoes 2019.
7. Faith Survey undated.

Chapter 4

1. Sen 1990a.
2. Alvaredo et al. 2017.
3. UN Women 2015a; ILO 2018e.
4. Sierminska and Girshina 2017; Deere and Doss 2006.
5. Ortiz et al. 2015.
6. ILO 2017.
7. Nieuwenhuis and Maldonado 2018b.
8. Sen 1990a.

9. Himmelweit et al. 2013.
10. Bradshaw et al. 2018.
11. UN Women calculations based on ICF International. 2018. Unweighted average. Sample includes currently married women aged 15–49 employed in the 12 months preceding the survey and covers 60 developing countries, mostly from Sub-Saharan Africa, during the period 2007–2018. Differences between cash and in-kind earnings are statistically significant at the 5 per cent level. Having a 'say' refers to the percentage of married women working for cash or in kind who say that they alone or jointly have the final say in large household purchases. Having 'no say' refers to the percentage of married women working for cash or in kind who say the decision is made mainly by husband, or someone else.
12. Ibid. Comoros, Democratic Republic of the Congo, Malawi and Sierra Leone were outliers, with over one in five married women aged 15–49 saying they had no independent or joint say.
13. Meurs and Ismaylov 2019.
14. Ibid.
15. Kabeer et al. 2011, p.19.
16. Ibid., p.19.
17. Ibid., p.30.
18. Kabeer 2012.
19. Deere and Twyman 2012.
20. Pradeep and Agarwal 2005; Oduro et al 2015.
21. Nieuwenhuis and Maldonado 2018b.
22. Nieuwenhuis et al. 2018.
23. Hansford 2016.
24. Fafchamps et al. 2009; Hoddinott and Haddad 1995; Wouterse 2016; Doss 2006; Quisumbing and Maluccio 2003; Alledorf 2007.
25. Case 2001; Duflo 2003; Budlender and Lund 2011.
26. ILO 2018e, Table E3, p.65.
27. Heintz 2018.
28. Kabeer 2012.
29. Folbre 2018.
30. Orloff 2002, p.11. Marriage bars are formal or informal rules that denied employment to married women and forced single working women to resign (or be fired) if they got married.
31. The estimates for prime working age individuals aged 25–54 show marked differences in LFPR by sex and marital status. These gaps may be larger or smaller when the data are disaggregated by other dimensions, such as marital status, age and presence of children. For example, married women aged 25–34 with children may have higher rates of labour force participation than married women aged 45–54 with children. These differences across subgroups may be attributed to a complex set of factors, including changing social norms around marriage, work and women's roles in society more broadly.
32. ILO 2019b.

33. The data are derived from the Luxembourg Income Study Database, reported in Nieuwenhuis et al. 2018. The data used in this paper include only heterosexual couples (whether married or co-habiting).
34. Nieuwenhuis et al. 2018.
35. The following countries from each grouping are included in this study: Denmark, Finland, Iceland and Norway from the Nordic cluster; Austria, France, Germany, Luxembourg, Netherlands and Switzerland from the Continental European cluster; Czechia, Estonia, Georgia, Hungary, Poland, Russian Federation, Serbia, Slovakia and Slovenia from the Central and Eastern European cluster; Greece, Italy and Spain from the Mediterranean or Southern European cluster; and Australia, Canada, Ireland, United Kingdom and United States from the Anglo-Saxon or English speaking cluster.
36. Ibid.
37. Ibid.
38. Ibid.
39. Rubery and Grimshaw 2014; Budig and England 2012.
40. ILO 2018e, Table 2.
41. UN ECLAC 2018.
42. Filgueira and Martínez Franzoni 2017.
43. UN Women 2017c, Figure 1.16.
44. Weighted regional average for women aged between 25 and 34. Source: UN Women 2017c.
45. UN Women 2017c, Figure 1.2.
46. UN Women 2017c.
47. UN Women 2017c, Figures 1.18 and 1.19.
48. Adato 2000.
49. Bergolo and Galvan 2016.
50. Natali et al. 2016.
51. Bradshaw and Viquez 2008.
52. Gram et al. 2019.
53. Haenn 2018.
54. Gram, Skordis-Worrall et al. 2018.
55. Gram, Morrison et al. 2018.
56. Holmlund and Sohlman 2016.
57. UN ECLAC 2018.
58. UN Human Rights Council 2018a.
59. Dweck et al. 2018.
60. Oliveira Teixeira 2018.
61. ACIJ 2018/2019.
62. Bryceson 2018.
63. UN Women calculations using data from ILO 2019a. Data are for 56.9 per cent of the region's population, latest available year ranging from 2007–2018.
64. Bryceson 2000.
65. Whitehead 2009.
66. Bryceson 2002.
67. Whitehead 2009.
68. Bryceson 2018, p.16.
69. Mbilinyi and Shechambo 2009.
70. Ngwira 2005.
71. Archambault 2010.
72. Ibid.
73. Ibid.
74. Du and Dong 2009.
75. Bohong 2013.
76. Ibid.
77. Cook and Dong 2011.
78. Wu and Zhou 2015.
79. UN Women calculations using data from ILO 2019a.
80. Klasen and Pieters 2015.
81. Andres et al. 2017.
82. Ghosh 2016.
83. Mehrotra and Sinha 2017.
84. UN Women calculations from IIPS and ICF International 2017 and NSSO, MOSPI, India 2009–2010.
85. Mazumdar and Neetha 2011.
86. UN Women calculations from IIPS and ICF International 2017.
87. This is referred to in the literature as the MENA paradox. World Bank 2013.
88. Kabeer 2000.
89. Assaad et al. 2018.
90. Selwaness and Krafft 2018, p.13.
91. UNICEF 2017b. Note: Lower secondary completion rate is calculated as a percentage of female population aged 3–5 years above lower secondary graduation age.
92. ILO 2019a. Note: LFPRs are for women aged 25 and over. 2012 estimates are used to align with the education and time use data.
93. UN Women calculations based on UNSD 2018.
94. Moser 2016.
95. Agarwal 1994.
96. Deere et al. 2012.
97. Deere et al. 2013.
98. Deere and Doss 2006.
99. Ibid.
100. Deere et al. 2013.
101. Deere and Doss 2006.
102. Whitehead and Tsikata 2003.
103. UN Women calculations using data from the World Bank 2018d.
104. Ibid.
105. Ibid.
106. Deere and Doss 2006.
107. Doss et al. 2019. For Latin America, see Deere and Leon 2003. Table 3.
108. UN Women calculations using data from World Bank 2018d.
109. Deere et al. 2013.
110. FAO 2017.
111. Deere and Doss 2006.
112. On Sub-Saharan Africa, see Doss et al. 2015. On Latin America, see Deere et al. 2018.
113. A global database on the distribution of agricultural landholders by sex exists and is maintained by the Food and Agriculture Organization of the United Nations: see FAO 2019. "However, this is comprised mostly of agricultural censuses that are not conducted regularly or frequently and thus may not reflect the current situation on the ground.
114. SDG indicator 5.a.1 captures: (a) proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or right-bearers of agricultural land, by type of tenure. See UN DESA 2018d.
115. Doss et al. 2019.
116. Deere and Doss 2006.
117. UN Women 2015a. Chapter 3.
118. Warren 2006.
119. Steinem 1993.
120. Government of the United Kingdom 2006, para. 140.
121. Ghosh 2018.
122. Ibid.
123. Tach and Eads 2015.
124. de Vaus et al. 2015.
125. Ghosh 2018.
126. UN Women and World Bank forthcoming.
127. Singh 2013.
128. de Vaus et al. 2015.
129. Palriwala 1994.
130. UN Women calculations using census and survey data covering the period 2006–2014 from UN DESA 2017k.
131. Ibid.
132. Lambert et al. 2017.
133. Ibid.
134. Ibid.
135. UN Women calculations using census and survey data covering the period 2006–2014 from UN DESA 2017k.
136. UN DESA 2017m.
137. Abilasanovna et al. 2016.
138. Lloyd-Sherlock et al. 2015.
139. UN DESA 2005.
140. Lloyd-Sherlock et al. 2015.
141. United States Social Security Administration 2018.
142. United States Social Security Administration 2017.
143. UNECE 2017.
144. Ortiz et al. 2018; Arza 2018; UN Women 2015a, Chapter 3.
145. Choi 2006.
146. Arza 2015.
147. Ibid.
148. Kane et al. 2015; Maldonado 2006.
149. Richter et al. 2010.
150. Jackson 2015.
151. Nieuwenhuis and Maldonado 2018.
152. Casey and Maldonado 2012.
153. Maldonado and Nieuwenhuis 2015; Nieuwenhuis and Maldonado 2018.
154. Budig and England 2001; UN Women 2016; Rubery and Grimshaw 2014.
155. Nieuwenhuis and Maldonado 2018.
156. Raday 2018.
157. Mohamad 2017.

158. Cuesta and Meyer 2014.
159. Hakovirta 2011.
160. Nieuwenhuis and Maldonado 2018.
161. Ibid.
162. O’Laughlin 1998.
163. Folbre 2012a.
164. Treanor 2018; de Lange and Dronkers 2018.
165. UN Women 2015a.
166. ILO 2017c.
167. ILO 2018a.
168. ILO 2017e.
169. ILO 2016.
170. UN Women 2018e, Figure 3.2.
171. Bastagli et al. 2016.
172. Molyneux 2007; Chant 2008.
173. Kidd 2013.
174. Brown et al. 2017.
175. Hassim 2006.
176. Budlender and Lund 2011. p. 926.
177. Patel 2017. p.105.
178. Ibid.
179. Budlender and Lund 2011, p.941.
180. Grinspun 2016.
181. National Treasury and South African Revenue Service 2019.
182. Budlender and Woolard 2006, p.6
183. Budlender and Lund 2011.
184. Posel et al. 2006.
185. Posel and Rogan 2012.
186. Cookson 2018.
187. Kidd 2016.
188. Molyneux 2007; Chant 2008.
189. Cookson 2018.
190. UN ECOSOC 2019c.
191. ILO 2017e, p. 77. The combination of contributory and non-contributory schemes, which exists in 102 countries, is the most prevalent form of organizing pension systems in the world. In another 12 countries, pensions are provided exclusively through non-contributory schemes.
192. Arza 2015.
193. Cammett 2011.
194. Rush 2015.
195. Cammett 2011. “Deadbeats, Deadbroses and Prisoners.” *Georgetown Journal on Poverty Law & Policy* XVIII (2).
196. Hakovirta 2010; Rush 2015.
197. Hakovirta 2010.
198. Cammett 2011, p.127.
199. Cuesta and Meyer 2014.
200. Hakovirta 2010; Casey and Maldonado 2012.
201. Budlender 2015.
202. Ibid., p.9.
4. Government of Ghana undated.
5. Women in informal Employment Globalizing and Organizing (WIEGO) is a global network focused on securing livelihoods for the working poor, especially women, in the informal economy. See: <http://www.wiego.org/>.

Chapter 5

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2. Razavi 2007.
3. Elson 1995.
4. Knijn and Kremer 1997.
5. UN Women 2015a.
6. England et al. 2002.
7. The term ‘unpaid domestic work’ is used here interchangeably with ‘housework’.
8. Duffy 2007; Budlender 2010.
9. Folbre 2018.
10. Budig and Folbre 2004.
11. Folbre and Yoon 2007.
12. Levine 2004; Suh 2016.
13. Folbre 2018.
14. Based on average differences in female/male unweighted means.
15. World Bank 2019d.
16. Folbre 2012b.
17. ABS 2016.
18. Kan et al. 2011; Hook 2006.
19. West and Zimmerman 1987.
20. Bianchi 2000; Bianchi et al. 2005.
21. Gauthier et al. 2004.
22. Guryan et al. 2008.
23. Budig and Folbre 2004.
24. Bittman et al. 2003; Bertrand et al. 2015.
25. Bittman et al. 2003, p. 209.
26. Ibid., p. 210.
27. ILO 2018a.
28. Chant and McIlwaine 2016.
29. WHO and UNICEF 2017.
30. UN Women 2018e, Figure 3.18.
31. WHO and UNICEF 2017.
32. UN Women calculations based on Fisher et al. 2017 and Mukherjee forthcoming. Countries included are Australia (2006), Canada (2010), Netherlands (2005), the United Kingdom (2000) and the United States (2017). Age group is 18 and older. The figure shows the unweighted average for the five select countries, with each country assigned the same relative importance, i.e., same weight in the calculation of the average. Unpaid care work is defined by the sum of the following activities: food preparation, cooking, setting table, washing/putting away dishes, cleaning, doing laundry, home/vehicle maintenance/improvement, purchasing goods, childcare, adult care and travel related to shopping, household and personal care.
33. ILO 2018a, Figures 2.14 and 2.15.
34. Ibid.
35. Budlender 2010.
36. Bettio and Verashchagina 2010.
37. Bianchi et al. 2012.
38. Peterson 1999.
39. UNRISD 2010.
40. See the Statistical Note for further elaboration on the methodology employed and Annex 1 for the country-level data.
41. Analysis covering 35 countries based on the latest Demographic and Health Survey (DHS) conducted between 2006–2007 and 2016–2017. Data retrieved from ICF International 2018, accessed on 20 March 2019.
42. UN Women calculations based on ICF International 2018, accessed on 15 March 2019.
43. See the Statistical Note for further elaboration on the methodology employed and Annex 1 for the country-level data.
44. UN Women calculation based on ILO 2018a, Tables A.2.3, A.4.2 and Annex A.4.3.
45. Duffy and Armenia forthcoming.
46. Ibid.
47. ILO 2019b.
48. ILO 2018a, Figure 2.25.
49. Budig and England 2001; Budig 2014.
50. Hodges and Budig 2010.
51. Bledsoe and Isiugo-Abanihe 1989.
52. Heymann 2006.
53. Gray 2005.
54. Arber and Timonen 2012.
55. Silverstein et al. 2003.
56. Oduaran and Oduaran 2010; Gladwin Mtshali 2015.
57. UNICEF 2014; Ingersoll-Dayton et al. 2018.
58. Chang et al. 2017.
59. Connelly et al. 2018; Budlender and Lund 2011.
60. Ingersoll-Dayton et al. 2018.
61. Hill 2016, p. 282.
62. Hosegood and Timaeus 2006; Morgan et al. 2016.
63. Ice et al. 2012.
64. Raday forthcoming.
65. Esteve et al. 2012.
66. Clark et al. 2017.
67. Ibid., p. 1202.
68. ILO 2018a, Figure 2.25.
69. Heintz 2018.
70. Elson 1999, p. 618.
71. Chopra and Zambelli 2017.
72. WIEGO 2016, p. 7.
73. ILO 2016.
74. ILO 2017a.
75. Ibid.
76. The research findings reported here are from the UKAid-supported Leveraging Agriculture for Nutrition in South Asia (LANSA) research consortium. More information about LANSA can be found on their website, accessed 23 January 2019: <http://lansasouthasia.org/>.

Story of change: Ghana

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2. Moussié 2018; UN Women 2018e, Chapter 6.
3. UN Women 2018e; Staab 2015.

77. Mazhar et al. 2017.
78. Rao et al. 2019.
79. Rao and Raju 2017.
80. Rao et al. 2019.
81. Rehel 2014; Nepomnyaschy and Waldfo-
gel 2007.
82. OECD 2016b.
83. Rehel 2014.
84. ILO 2017e, Figure 3.5, p. 32.
85. Blofield and Mart.nez Franzoni 2015.
86. Staab 2017.
87. SUSESO 2017.
88. Batthyány Dighiero et al. 2015.
89. Haas 2003.
90. ILO 2016; Ulrichs 2016.
91. UN Women 2015a.
92. Ruhm and Waldfoegel 2012; Yoshikawa
and Kabay 2014; Pianta et al. 2009.
93. Harper et al. 2017.
94. UNESCO 2016, Annex Table 4.
95. Ibid. Based on Multiple Indicator Cluster
Surveys (MICS).
96. OECD 2016a; Gambaro et al. 2014.
97. Staab 2015.
98. UNESCO 2015.
99. Ellingsæter 2015.
100. Stewart et al. 2015.
101. Farías 2017.
102. Schweinhart et al. 2005; İkkaracan et al.
2015; ITUC 2017; ILO 2018a.
103. Velasco 2017; Araujo et al. 2013.
104. Ministerio de Inclusión Económica y
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106. Ibid., p. 68.
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109. Lloyd-Sherlock et al. 2018.
110. WHO 2017.
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112. Scheil-Adlung 2015.
113. Peng and Yeandle 2017.
114. Abe 2010.
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116. Yoon 2014; Abe 2010.
117. Choi 2015.
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120. Ibid.
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122. WHO 2015.
123. Stonewall 2011.
124. Choi and Meyer 2016.
125. Taylor 2012.
126. Peel and McDaid 2015.
127. Ibid.
128. Lloyd-Sherlock 2017a.
129. Scheil-Adlung 2015, Table 4.
130. Folbre 1994.
131. Folbre and Razavi 2011, p. 324.
132. The care workforce includes care work-
ers in care sectors (education, health
and social work), care workers in other
sectors, domestic workers and non-care
workers in care sectors who support care
service provision. ILO 2018a, p. xxxviii.
133. ILO 2018a.
134. Duffy and Armenia forthcoming.
135. ILO 2017b; WHO 2016.
136. Yeates 2010.
137. Folbre 2006.
138. England et al. 2002; Razavi and Staab
2010, Chapter 4.
139. Budig and Misra 2011; ILO 2018a.
140. ILO 2018a.
141. UN Women 2018e.
142. ILO 2018a.
143. UN Women 2015a.
144. Rosabal 2019.
145. For more detail on policy solutions on
care see UN Women 2018e, Chapter 6.
146. Akintola 2008.
147. Folbre 2018, p. 28.

Story of change: Northern Africa and Western Asia

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2. McKernan 2017.
3. McTiche 2012.
4. Najjar 2017.
5. Human Rights Watch 2018d.

Chapter 6

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2. Ibid.
3. Abramsky et al. 2011.
4. Fineman and Mykitiuk 1994.
5. Ertürk and Purkayastha 2012.
6. UN General Assembly 1993.
7. Manjoo 2012.
8. Yount et al. 2016.
9. Kelly 2013.
10. Kelly and Westmarland 2016.
11. Heise and Kotsadam 2015.
12. Kelly et al. 2018.
13. UN Women calculations based on lat-
est available DHS and other violence
against women stand-alone surveys for
2005–2017.
14. Ibid.
15. UN DESA 2013b.
16. UNODC 2018.
17. UN Human Rights Council 2012.
18. Women's Aid 2017.
19. AIHRC 2015.
20. NCRB undated.
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24. Manjoo 2012.
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26. Crenshaw 1991.
27. Lorenzetti et al. 2017.
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2016.
29. Srivastava and Singh 2015. Namy et al.
2017.
30. Namy et al. 2017.
31. UNICEF 2017a.
32. Ibid.
33. Guedes et al. 2016.
34. Abramsky et al. 2011.
35. Namy et al. 2017.
36. Guedes et al. 2016.
37. Namy et al. 2017.
38. El Feki et al. 2017.
39. WHO et al. 2013.
40. Hess and Del Rosario 2018.
41. WHO et al. 2013.
42. Stöckl et al. 2014.
43. Walby 2004.
44. Duvvury et al. 2013.
45. Pavao et al. 2007.
46. Guedes et al. 2016.
47. Duvvury et al. 2013.
48. Ibid.
49. Ibid.
50. UN Women 2012a.
51. Walby 2009.
52. PwC 2015.
53. Kelly 2013.
54. Kelly 2016.
55. Dutton 1995; Gelles and Straus 1979.
56. Fulu 2017; Kelly and Westmarland 2016.
57. Vetten 2017.
58. Our Watch et al. 2015.
59. Ibid.
60. Crenshaw 1991; Kabeer 2015.
61. Brah and Phoenix 2004, p. 76.
62. Larasi 2017.
63. Our Watch et al. 2015.
64. Heise 1998; Abramsky et al. 2011.
65. UN Women, ILO et al. 2015.
66. Sardinha and Catalan 2018.
67. Fulu and Miedema 2015.
68. 68. UN Human Rights Council 2017a; UN
Secretary-General 2015.
69. UNICEF 2007.
70. Connell 2005.
71. Fulu et al. 2013.
72. Ibid.
73. Fulu and Heise 2015.
74. Fulu et al. 2013.
75. Heise 2011.
76. Sardinha and Catalan 2018.
77. UN ECOSOC 1999.
78. World Bank 2018e.
79. Vyas and Heise 2016.
80. Hidrobo and Fernald 2013.
81. Heath 2012.

82. Vyas and Watts 2009.
83. Krishnan et al. 2010.
84. Pradeep and Agarwal 2005.
85. ICRW et al. 2007.
86. Fulu 2017.
87. Weldon and Htun 2013.
88. UN General Assembly 1995.
89. UN Women 2018e.
90. UN CEDAW 1992.
91. UN CEDAW 2017b.
92. Abdul Aziz and Moussa 2015.
93. Organization of American States 1994.
94. ACHPR 2005.
95. COE 2014.
96. UN Women calculations based on data from World Bank 2018e.
97. Manjoo 2012.
98. UN Human Rights Council 2014.
99. Kelly and Westmarland 2016.
100. Stark and Hester 2019.
101. UN Human Rights Council 2012.
102. Ibid.
103. Kim 2015.
104. Hart and Bagshaw 2008.
105. Sardenberg 2017; Brickell 2017; Vetten 2017.
106. UN Human Rights Council 2015.
107. Smulovitz undated.
108. FRA 2014.
109. Cook et al. 2004.
110. UN Women calculations based on data from World Bank 2018d.
111. Sardenberg 2017.
112. UN Women calculations based on data from World Bank 2018e.
113. Kelly et al. 2013.
114. Ibid.
115. UN Women 2012b.
116. Sardenberg 2017.
117. Human Rights Watch 2015.
118. Bott et al. 2005.
119. UN Women 2013.
120. UN Human Rights Council 2017b.
121. UN Women, UNFPA et al. 2015.
122. Jewkes, McLean Hilker et al. 2015.
123. Ibid.
124. Ibid.
125. Sardenberg 2017.
126. Putt et al. 2016, 2017.
127. Putt et al. 2016, p. 13.
128. Fulu and Heise 2014.
129. Dyson 2012.
130. End Violence Against Women Coalition 2011.
131. UN Women, ILO et al. 2015.
132. European Commission 2012.
133. Our Watch et al. 2015; End Violence Against Women Coalition 2011.
134. UN Women, ILO et al. 2015.
135. Abramsky et al. 2016.
136. UNESCO 2015b.
137. Roy 2018.
138. UN Human Rights Council 2014.
139. Flood 2015.
140. Jewkes, Flood and Lang 2015.
141. Nijera Kori 2015; Greig et al. 2015.

Story of change: Indonesia

1. World Bank 2017a.
2. President of the Republic of Indonesia 2017.
3. ASEAN 2017a, 2017b.

Chapter 7

1. Donata and Gabaccia 2016.
2. Piper 2008b. See also Kofman and Raghuram 2015; Donata and Gabaccia 2015.
3. Kim et al. 2017.
4. Ingram et al. 2010.
5. See, for example, Pratt 2012; UNHCR 2018a.
6. Salazar Parreñas 2008. See also Moran-Taylor 2008.
7. Núñez Carrasco 2010.
8. UN General Assembly 1948.
9. UN General Assembly 1951.
10. UN General Assembly 1966a.
11. UN General Assembly 1966b.
12. General Conference of the International Labour Organization 1949, article 6.
13. UN General Assembly 1954, article 24.
14. UN General Assembly 1990, p. 3.
15. See, for example: UN CESC 1999, para. 34; UN CESC 2009b; UN CESC 2016b, para. 11.
16. UN CESC 2017, para 5.
17. Ibid., para 6.
18. UN CEDAW 2008, para 26(l).
19. UN General Assembly 1989, article 10.
20. UN General Assembly 1990. The convention entered into force in 2003 and has been ratified by 54 States to date. See: United Nations Treaty Collection 1990.
21. UN Human Rights Council 2010, para. 77.
22. UN CEDAW 2008, para. 19.
23. Ibid., para. 26 (e).
24. Ibid., para 26 (j).
25. Ibid., para 26 (f).
26. Ibid., para. 26 (f). This is also recognized in the 2011 Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention), article 59. See COE 2011.
27. UN General Assembly 2018c.
28. UN General Assembly 2018e.
29. UN DESA 2017j.
30. Bryceson and Vuroela 2002. See also Caarls et al. 2018.
31. De Haas et al. 2018.
32. IOM 2011.
33. UN DESA 2017c.
34. UNHCR 2018a.
35. De Haas et al. 2018.
36. Ibid.
37. Hujo and Piper 2010.
38. UN DESA 2017c.
39. Ibid.
40. Ibid.
41. Ibid.
42. UNHCR 2018a.
43. Ibid.
44. UN DESA 2013a.
45. UNHCR 2018a.
46. Ibid.
47. Ibid.
48. IOM 2011.
49. UN DESA 1998.
50. Kofman 2000.
51. UN DESA 2017c.
52. Zlotnik 2003.
53. UN DESA 2017d.
54. Ibid.
55. Ibid.
56. UN ESCAP 2017, p. 20.
57. UNHCR 2018a.
58. Van Hear et al. 2018; De Haas 2011.
59. Sassen 2000.
60. ILO 2013b. See also Lutz 2011.
61. OECD 2017.
62. Constable 2005. See also Yeoh et al. 2013; Chung et al. 2016; Le et al. 2014.
63. Rao and Finoff 2015.
64. Nehring and Wang 2018.
65. For a review of the literature, see Kim 2010.
66. Ferrant and Tuccio 2015; OECD and ILO 2018.
67. Ruysen and Salamone 2018.
68. Ferrant and Tuccio 2015.
69. Ibid.; Ruysen and Salamone 2018.
70. Gioli et al. 2017.
71. Schmidt and Buechler 2017.
72. Freedman 2016.
73. OHCHR 2016.
74. Digidiki and Bhabha 2016.
75. MSF 2017.
76. Voolma 2018b.
77. Leinonen 2012.
78. Ibid.
79. Hooper and Salant 2018.
80. Kraler and Bonizzoni 2010.
81. Kofman 2004.
82. Human Rights Watch 2018b.
83. Human Rights Watch 2018a.
84. UN Human Rights Council 2009, para. 87.
85. 36 European countries and Australia, Canada, Cyprus, Japan, New Zealand, Republic of Korea, Republic of Moldova, Turkey and the United States.
86. For a full description of the 257 sub-indicators included in the MIPEX data, see: <http://www.mipex.eu/methodology>. For the purposes of this analysis, only 19-sub-indicators relevant to family integration were used.

87. Notably, Cyprus, Montenegro and Switzerland all receive slightly more favourable scores for their general immigration policies than for family-specific policies, extending various rights and entitlements to the migrant but not providing the same for her/his family members.
88. The MIPEX rankings are partially based on the extent to which family reunification is available to all women, irrespective of what migration stream they came through or their economic status. In many countries, economic migrants in so-called skilled professions (see Box 7.2) have far greater access to family reunification than those in professions that are regarded as less skilled.
89. Pratt 2012; Schwiter et al. 2018.
90. ILO 2000, 2013a.
91. Yeates 2009b; OECD 2015.
92. Humphries et al. 2009.
93. Golash-Boza 2014.
94. OHCHR 2016.
95. UNICEF 2018b.
96. Center for Migration Studies 2017; UNICEF and REACH 2017; for Central America, see Rosennblum 2015; Christi and Hipsman 2014; UNHCR 2014.
97. UNHCR 2018b.
98. Damir-Geilsdorf and Sabra 2018.
99. Ibid.
100. Ibid.
101. On Germany, see Damir-Geilsdorf and Sabra 2018; on Sweden, see Library of Congress 2016.
102. Damir-Geilsdorf and Sabra 2018. See also UNHCR 2013.
103. Buecher and Aniyamuzaala 2015, cited in Damir-Geilsdorf and Sabra 2018.
104. Damir-Geilsdorf and Sabra 2018. See also UNICEF 2019a.
105. Damir-Geilsdorf and Sabra 2018.
106. OHCHR 2016. See also UNICEF 2018b.
107. U.S. DHS, Office of Inspector General 2019.
108. Ibid.
109. OHCHR 2018. The UN experts: Felipe González Morales, Special Rapporteur on the human rights of migrants; Victoria Tauli-Corpuz, Special Rapporteur on the rights of indigenous peoples; Catalina Devandas, Special Rapporteur on the rights of persons with disabilities; Maud de Boer-Buquicchio, Special Rapporteur on the sale and sexual exploitation of children; Nils Melzer, Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment; Dainius Pūras, Special Rapporteur on the right to health; Maria Grazia Giammarinaro, Special Rapporteur on trafficking in persons, especially women and children; Seong-Phil Hong, Chair-Rapporteur of the Working Group on Arbitrary Detention; Ivana Radačić, Chairperson of the Working Group on the issue of discrimination against women in law and in practice; Dubravka Šimonović, Special Rapporteur on violence against women; and E. Tendayi Achiume, Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance.
110. Voolma 2018a.
111. Kraler and Bonizzoni 2010.
112. Voolma 2018a.
113. Kim et al. 2017.
114. Voolma 2018a, p. 12.
115. Akinsulure-Smith et al. 2013.
116. Anitha 2011. In their General Recommendation No. 26 (2008) on women migrant workers, the CEDAW Committee affirmed that "Victims of abuse must be provided with relevant emergency and social services, regardless of their immigration status ... States parties should repeal or amend laws and practices that prevent undocumented women migrant workers from using the courts and other systems of redress." UN CEDAW 2008, para. 26 (c).
117. Southall Black Sisters (SBS) is an organization based in West London, England. It was established in August 1979 in the aftermath of the death of an activist, Blair Peach. Originally, it sought to provide a focus for the struggle of Black, Asian and ethnic minority women in the fight against racism, but became increasingly involved in defending the human rights of women who are experiencing gender-related violence and abuse. See Southall Black Sisters 2019.
118. UN CEDAW 2008.
119. Menjívar and Salcido 2002.
120. Hennebry et al. 2016, p. 13.
121. The term 'global care chains' originated in Hochschild 2000. The issue of global care chains in the context of migration and families was developed in Yeates 2004 and 2009a.
122. Yeates 2004. See also Baldassar and Merla 2014.
123. Mazzucato and Schans 2011.
124. Bonizzoni and Boccagni 2013.
125. Uy-Tioco 2007. See also Parreñas 2005b; Madianou and Miller 2011.
126. Ibid.
127. Ibid.
128. Pratt 2013. See also Madianou and Miller 2011.
129. Madianou and Miller 2011, p. 461. See also Pratt 2013.
130. Williams Veazey 2018.
131. SOS Children's Villages International 2016.
132. Refugees United 2019.
133. International Commission of the Red Cross 2019; Deutsche Gesellschaft für Internationale Zusammenarbeit 2016.
134. GSMA 2018.
135. Cuban 2018.
136. Barber 2008.
137. Ibid.
138. Hannaford 2015.
139. Ibid., p. 54.
140. Kontos and Bonifacio 2016.
141. Zentgraf and Stoltz Chinchilla 2012.
142. Mazzucato et al. 2015; Parreñas 2005.
143. Mazzucato et al. 2015. See also Zentgraf and Stoltz Chinchilla 2012.
144. Dreby 2007; Mazzucato and Schans 2011.
145. Poeze and Mazzucato 2014.
146. Parreñas 2005b.
147. Save the Children, Sri Lanka 2006.
148. Stewart-Evans and Siegel 2018.
149. Hoang and Yeoh 2011.
150. Ibid.
151. Chang et al. 2019.
152. Oliveira 2018.
153. Hoang and Wattie 2012.
154. Fouratt 2017.
155. Levitt et al. 2017.
156. UN CESCR 2000b, para. 34; UN CESCR 2009a, para. 30.
157. Kraler 2010.
158. OECD 2018b.
159. WHO 2018b, p. 38.
160. Ibid.
161. Servicio Jesuita a Refugiados Colombia 2018.
162. OECD and ILO 2018, Table 2.1, p. 66.
163. Fernández 2017.
164. Belgium, Croatia, Czechia, France, Greece, Italy, Netherlands, Romania, Spain and Sweden explicitly guarantee education for all. Austria, Cyprus, Denmark, Estonia, Germany, Ireland, Luxembourg, Malta, Poland, Portugal, Slovakia, Slovenia and the United Kingdom implicitly guarantee education for all. See Spencer and Hughes 2015, pp. 41–45.
165. UNESCO 2017.
166. Justia US Supreme Court 1982.
167. UN DESA 2017c.
168. UN Women and ILO 2016.
169. Tangcharoensathien et al. 2017.
170. Moungsookjareoun and Kertesz 2019.
171. Ibid.
172. Ibid.
173. Suphanchaimat 2017.
174. Guinto et al. 2015.
175. Holumyong et al. 2018.
176. Moungsookjareoun and Kertesz 2019.
177. Bajaj and Sharma 2016.
178. Kontos and Bonifacio 2016.
179. Fernández 2017.
180. Liu and Zhu 2011.
181. Herrera 2008.
182. Paul 2017.
183. ASEAN 2017a.
184. UN Women 2017d.

185. Ibid.
186. Avato et al. 2010.
187. IFAD 2017. See also World Bank 2019b.
188. IFAD 2017.
189. King et al. 2013.
190. Coe 2011.
191. McKenzie and Menjivar 2011.
192. Mata-Codesal 2013; Tazanu 2018.
193. De Haas and Van Rooij 2010; Lenoël 2017; King et al. 2013.
194. Hays 1996.
195. Bastia and Busse 2011.
196. Hennebry 2014.
197. Parreñas 2005a.
198. Levitt 1998; Levitt and Lamba-Nieves 2011.
199. Gioli et al. 2017.
200. Bastia and Busse 2011.
201. Wachter et al. 2018. See also Hynes et al. 2016.
202. Hynes et al. 2016.
203. Wachter et al. 2018.
204. Hirschmann 2007.
205. Crawley et al. 2016.
206. Kofman et al. 2015.
207. UN General Assembly 2016b.
208. Pittaway and Bartolomei 2018. See also Hennebry 2018.
209. UN General Assembly 2018c.
210. UN General Assembly 2018e.
211. UN General Assembly 2018c, 2018e.
212. UN General Assembly 2018c.
213. Hennebry 2018.
214. UN CESC 2016a.
215. ILO 2011. See also Varia 2011.
216. UN General Assembly 2018c.
217. Ibid.
218. UN ECOSOC 2014, para. 109(f).
219. Pittaway and Bartolomei 2018. See also Hennebry 2018.
220. UN General Assembly 2018d, para. 75(h).
221. See UN Women 2018a.
222. UN Women 2018d.
223. UN Women forthcoming.
224. UN General Assembly 2015a, p. 18.

What will it cost?

1. UN ECOSOC 2018, 2019.
2. This section and the analysis it contains are based on Bierbaum and Cichon forthcoming.
3. Bierbaum et al. 2017.
4. ILO 2017e.
5. See UN Women 2018b, pp. 245–253.
6. The ambitious scenario assumed universal coverage of all children aged 0–5 years, versus the more gradual approach of covering one-third of 0–1.5 year olds, 60 per cent of 1.5–3 year olds and 90 per cent of 3–5 year olds.
7. See, for example, the costing of early childhood education and care services (ECEC) in South Africa and Uruguay. UN Women 2018b, pp. 245–253.
8. World Bank 2018c.
9. The forthcoming UN Women discussion paper by Bierbaum and Cichon includes several different scenarios, including what it would cost to implement these policies universally. It also provides details on how health and care services are costed.

10. Ortiz et al. 2017.
11. UN DESA 2015a, p. 7.
12. Ortiz et al. 2017.
13. Heintz 2013.
14. Akitoby et al. 2018.
15. Ortiz et al. 2017.
16. UN Women 2015a, chapter 4.
17. Ortiz et al. 2017.
18. United Nations Inter-Agency Task Force on Financing for Development 2019, p. 118.
19. UN General Assembly 2015, pp. 64, 65.
20. Ortiz et al. 2017, p. 28.
21. United Nations 2019a, p. 78.
22. Ibid., p. 79.
23. Indicator 5.c.1 is on the proportion of countries with systems to track and make public allocations for gender equality and women's empowerment.
24. United Nations 2019b.

Chapter 8

1. UN CCPR 2018, para. 8; see also UN CESC 2016a.
2. Based on average differences in female/male unweighted means. UN Women calculations based on UNSD 2018.
3. UN General Assembly 2018c.
4. World Bank 2018; Centre of Excellence for CRVS Systems 2019a, 2019b.
5. UN ECOSOC 2018; UN ECOSOC 2019b.
6. Bierbaum and Cichon forthcoming.
7. Htun and Weldon 2018.
8. Johnson et al. 2019.

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UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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