



**African Population and
Health Research Center**

Final Report

Political Economy Analysis of the Politics and Policies of the Gender Landscape in Asia

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Acronyms

APHRC	African Population and Health Research Center
ACWA	ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC)
APWLD	Asia Pacific Forum on Women, Law, and Development
ASEAN	Association of Southeast Asian Nations
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
Co-PIs	Co-Primary Investigators
CSOs	Civil Society Organisations
FEMNET	African Women's Development and Communication Network
FGM	Female Genital Mutilation
GBV	Gender-based violence
GGPI	Global Gender Parity Index
GPEA	Gender Political Economic Analysis
HPRO	Health Protection Research Organisation
ILO	International Labour Organization
IW	Indigenous Women
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer
LNOB	Leave No One Behind
OECD	Organisation for Economic Co-operation and Development
MCW	Magna Carta of Women
NGOs	Non-Governmental Organisations
PEA	Political Economic Analysis
SAARC	South Asian Association for Regional Cooperation
SDGs	Sustainable Development Goals
SIGI	Social Institutions and Gender Index
TOR	Terms of Reference
TPP	Transpacific Partnership
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UN ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNHRC	United Nations Human Rights Council



UNU-IIGH	United Nations University International Institute for Global Health
USAID	United States of Agency for International Development
WAO	Women's Aid Organisation
WEI	Women's Empowerment Index
WHO	World Health Organization



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Executive summary

The aim of this political economic analysis (PEA) is to gain a comprehensive understanding of the gender landscape in Africa, Asia, and Latin America. The PEA sought to achieve several objectives, including contributing to a shared understanding of the current context and politics influencing women's health and labour programming, mapping key stakeholders and conducting power analyses, identifying relevant gender policies and legislation, pinpointing gender-related evidence and gaps, and providing recommendations for gender advocacy. The research scope encompassed the gender political economy in the context of women's health and labour, particularly before, during, and after COVID-19, focusing on power relations and dynamics. The geographical scope includes Africa, Asia, and Latin America, with an emphasis on regional policies and stakeholders. The conceptual framework used shows the interconnectedness of women's health and labour. The research methodology involved a desktop review and qualitative data collection, including virtual semi-structured interviews with seven stakeholders from Bangladesh, Malaysia, Thailand, Sri Lanka and one workshop with 13 Women RISE research team members from Asia. The study faced several limitations including data collection delays, availability of participants and exclusion of women themselves at community level which was a limitation to the feminist principles that should underpin research of this nature. A summary of findings is provided below according to key themes.

Global instruments and conventions

The Sustainable Development Goals (SDGs), alongside the Leave No One Behind (LNOB) principle, form a critical global policy agenda, yet recent data reveals that gender equality by 2030 remains elusive. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) plays a pivotal role in addressing gender inequalities, emphasizing national actions to eliminate discrimination against women. Furthermore, various global and national treaties and declarations, including the Universal Declaration of Human Rights, the Beijing Declaration and Platform for Action, and specific labour conventions, underscore the importance of gender equality. Notably, two International Labor Organization (ILO) conventions, Convention 189 on Domestic Workers and Convention 190 on Violence and Harassment in the Workplace, offer essential frameworks for addressing gender-related labour issues. These global policy and legislative frameworks provide the backdrop for the Women Rise Initiative's mission to promote gender equality and tackle the gender disparities highlighted within the context of the SDGs and ongoing global challenges.

Regional Context

Regarding the regional context, policies, and legislation pertaining to gender, women's health, and labour within Asia, the study identified five overarching trends affecting women's lives in the Asia-Pacific region. These include, pervasive gender-based violence, declining female labour force participation, unpaid care work, poor access to sexual and reproductive health rights (SRHR), unpaid care work and the impact of regional insecurity, particularly due to natural disasters and climate crises.

Gender-based violence emerges as a pressing issue, with high rates of violence against women and girls in Asia. UN Women report that more than 37 percent of women in South Asia and 40 percent of women in South-East Asia have experienced violence at the hands of their intimate partners. Access to sexual and reproductive health services remains a challenge, with considerable disparities in



service availability. Moreover, the GPEA highlights gender disparities in labour force participation and the prevalence of unpaid care work, contributing to the gender wage gap. Women work an average of 7.7 hours daily, of which 3.3 hours are paid, compared to 6.9 hours (5.8 hours paid) for men in the region. The impact of natural disasters and climate change on women's vulnerability is of growing concern as the region because of the pre-existing gendered relations and processes that put them more at risk when disaster strikes.

The GPEA gathered and reviewed a multitude of research studies, reviews and analyses on gender equality and women's empowerment in the region particularly in the field of paid and unpaid care economy. However, there are notable research gaps in women's health and gender-based violence encompassing issues such as female genital mutilation (FGM) and child marriage in Malaysia, as well as the lack of comprehensive data on women's access to sexual reproductive health and gender-based violence prevalence. Additionally, there is a dearth of research on the consequences of movement restrictions and how women coped with increased care responsibilities during COVID-19 lockdowns. There is need for research to understand the impact of COVID-19 on female migrant workers and domestic workers, including their exposure to unsafe labour practices and poor access to healthcare especially in Malaysia and Thailand.

Furthermore, there is lack of sex and age disaggregated administrative data at the country level. These gaps hinder evidence-based decision-making and the formulation of effective policy interventions, which was particularly pronounced during the COVID-19 pandemic. This insufficiency in gender data is reflected in the limited number of gender-sensitive measures implemented by Asia-Pacific jurisdictions during the pandemic. The lack of comprehensive sex-, age-, and disability-disaggregated data on testing, cases, mortality, and vaccines has made it challenging to address gendered inequalities in health outcomes and formulate equitable responses.

Regional and national policies

The GPEA highlights the diverse and fragmented policy landscape influenced by the varied cultural, political, and social contexts across different countries in the Asian region. The study found significant policy frameworks at regional and national levels that shape the landscape for women's health and labour policies.

At the regional level, key global policies such as the SDGs and CEDAW serve as guiding principles for countries in the Asian region. Additionally, several regional frameworks and declarations, including the UN ESCAP Asia-Pacific Declaration on Advancing Gender Equality and Women's Empowerment, the Regional Framework for Action on Gender Equality and the Empowerment of Women in Asia and the Pacific, the South Asian Association for Regional Cooperation (SAARC) Gender Policy, and the Asia-Pacific Ministerial Declaration on Population and Development, play a significant role in promoting gender equality and women's empowerment, particularly in the context of health.

The Association of Southeast Asian Nations (ASEAN) has also adopted various declarations, guidelines, and regional plans of action related to gender equality. These documents aim to address different aspects of women's health and labor policies, from promoting gender equality to eliminating violence against women. However, it is important to note that these documents are not always legally binding.

At the national level, the study examines the efforts made by individual countries to strengthen labour and health legislation and policies. It highlights a range of initiatives, including anti-discrimination laws and workplace policies, equal wage legislation, measures against sexual harassment, paid family leave, and efforts to expand access to quality childcare services. Various



countries in the region have introduced legal frameworks to address violence against women, strengthen services for survivors of violence, and promote women's access to justice. Measures to combat trafficking of women and girls, and legislation to combat early, child, and forced marriage, have also been prioritized.

The GPEA surfaced specific examples from countries like Malaysia, Thailand, Sri Lanka, and Bangladesh to illustrate how legislative changes, such as anti-sexual harassment laws and progressive employment laws, have shaped the labour context. It also highlights initiatives to expand healthcare access, provide sexual and reproductive health services, and raise public awareness to address violence against women.

The research gaps concerning gender policies and legislation in the realm of women's health and labour emphasize the disconnect between policy and implementation. It is noted that despite the existence of frameworks and interventions, incomplete implementation persists due to a lack of institutional gender mainstreaming, resources, and discriminatory social norms. These gender policy gaps span various areas, including unpaid care work, employment, property and inheritance rights, sexual and reproductive health services, and gender-based violence policies. The report also calls for a more gender-transformative approach to policies, aiming to address the underlying structures that perpetuate gender inequality across the region. There is thus a need for comprehensive studies and data collection to drive gender-responsive policies and ultimately improve women's health and labour conditions in Asia.

Stakeholder and power analyses

The stakeholder mapping and analysis, identified influential stakeholders in gender policy, legislation, and debates in the Asian region. It categorizes power into visible, hidden, and invisible forms. Notably, UN Agencies, Governments, Regional Economic Communities, and Civil Society Organizations are the key influencers in gender policy and legislation in Asia. UN Agencies have a substantial influence, while Governments, especially key line ministries, are also influential. Economic development agencies like the World Bank and the Asian Development Bank provide funding and technical support while regional political and economic development communities, like the ASEAN Commission, focus on the rights of women, children, and migrant workers. The media, both traditional and social, plays a vital role in creating awareness, shaping public opinion, and affecting policy decisions. Trade unions, private sector, researchers, and politicians also contribute to the policy influence landscape.

A key finding of the GPEA is that the dominant patriarchal power structures coupled with the impact of neoliberal globalization, have shaped women's health, labour, and human rights in the Asian region.

There are a number of economic factors which shape and influence gender equality. In the competitive landscape of Asian states, the pursuit of economic growth has driven the widespread adoption of neoliberal and market-oriented policies. Unfortunately, this often comes at the cost of workers' rights, with labour protections taking a back seat. Economic conditions and infrastructure availability significantly impact women's access to healthcare and entry into the workforce, reflecting broader gender disparities. The commodification of the care sector further exacerbates inequalities, as it limits access to essential services for the less privileged. Furthermore, women's underrepresentation in property ownership hampers their ability to serve as collateral for capital and credit. Although legal reforms aim to grant women equal rights, deeply ingrained social norms and biases continue to undermine their progress and workplace protection.



Social, cultural structures, norms and beliefs have an even stronger influence on gender equality in the region.

A global conservative backlash and the prevalence of ultra-religious views have been detrimental to women's empowerment and rights movements. Male leadership continues to dominate, shaping power dynamics. Patriarchy perpetuates the belief in male superiority, influencing health, labour, and human rights. The unequal distribution of unpaid care work remains a substantial barrier to gender equality, with discriminatory social norms often confining women to household roles, limiting their labour force participation. Formalizing care work does little to uplift its value. Discriminatory social norms contribute to poor maternal health and restricted reproductive autonomy. Gender-based violence and prejudiced attitudes persist, impacting women's well-being. Stringent immigration and labour policies in destination countries affect the health and working conditions of migrant women. Discriminatory social norms further undermine women's equal rights to property ownership and control. Legal pluralism complicates women's access to justice, revealing discrimination within customary and religious courts. Customary laws often fail to safeguard women's equal economic rights, and unequal power relations between sending and receiving countries often lead to exploitative conditions for female migrants.

These norms reinforce traditional gender roles and expectations which contribute to issues such as child marriage and violence against women, impacting the overall health of women in the region. Women's representation in political and leadership positions is found to be hindered by these discriminatory social norms, resulting in their underrepresentation in key decision-making roles.

The Impact of COVID-19

The COVID-19 pandemic, far from being a great equalizer, has exposed and exacerbated gender disparities in Asia. Women have faced a heightened risk of illness, largely due to their overrepresentation in healthcare essential roles that increased their exposure to the virus. Additionally, the pandemic has put enormous pressure on women due to an intensification of unpaid care work. As lockdowns took hold, women found themselves juggling paid and unpaid labor, a situation that worsened gender parity. Furthermore, the economic impact of COVID-19 has hit women harder, with industries dominated by women experiencing substantial declines in employment. Migrant workers, particularly women, faced discrimination and lack of protection. The unequal access to healthcare services, particularly sexual and reproductive health, has compounded gender inequalities. The result has been a tragic increase in maternal mortality rates and reduced access to critical healthcare services, further deepening gender disparities. The pandemic has further highlighted the urgency of addressing the chronic underrepresentation of women in leadership and decision-making roles during crises. Not only have women been excluded from decision-making teams, but limited data on the differential impact of COVID-19 on men and women has hindered the ability to design effective, gender-sensitive policies.

As a response to the COVID-19 crisis, the GPEA findings highlight a regressive effect on gender equality and women's empowerment. The review of policies and recovery plans in the region reveals a significant absence of a gender perspective, with only a limited number of measures classified as gender sensitive. These findings emphasize the need for more comprehensive measures that address gender inequalities and promote social and economic well-being, urging governments to integrate a gender lens into policy design to enhance outcomes for women and girls and promote economic growth.



Recommendations:

- Strengthen Research for Policy Making through Supporting Regional Economic Communities (RECs) in developing research policies and create a repository of research for policy makers. Ensure GPEA analyses at the country level, focusing on diversity.
- Having Feminist and Gender Transformative Approaches through adopting feminist and gender transformative approaches in research, focusing on intersectional inequalities. Collect disaggregated data for deeper gender analysis.
- Integrate gender-based violence as a determinant of women's health and labor, considering the life-course approach and adolescent girls' experiences.
- Inclusion of power analyses in all national research, focusing on visible, hidden, and invisible forms of power.
- Enhancing the capacity of Women RISE research teams to conduct GPEA and promote gender policy analyses for a gender-responsive approach.
- Building the capacity of policy makers for gender-transformative policy making. Collaborate with feminist and women's movements, strengthen relationships with media organizations, and connect with international and national stakeholders for gender advocacy.
- Utilizing the policy window created by the pandemic to advocate for inclusive public policies and budgets. Partner with women and LGBTIQ+ organizations and support their leadership in response and recovery.
- Developing a long-term advocacy strategy to challenge patriarchal social norms and institutions. Advocate for increased funding for women's organizations and sustainable empowerment initiatives.



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1 Introduction

The Women RISE initiative supports action-oriented and gender-transformative research on how women's health and their work (paid or unpaid) intersect and interact in the context of preparedness, response, and Recovery from COVID-19¹.

The Women RISE health policy and research organization (HPRO) is led by the APHRC, together with two partners, Aga Khan University and FEMNET. Their role is to support and develop capacity and build a network of the 23 Women RISE research teams across four regions, Africa, Asia, Middle East, and Latin America. Broadly, as articulated in Terms of Reference (TOR), the initiative:

- Supports gender-transformative research on the interplay of women's health and work during COVID-19.
- Focuses on population and public health research to address economic impacts on women.
- Aims to bridge the knowledge gap on factors affecting women's work-health relationship amid and after COVID-19.
- Contributes to women's well-being, equitable recovery, and gender-transformative policies.
- Generates evidence for immediate and medium-term solutions promoting gender equality and health equity in post-COVID-19 Recovery.

The initiative has been running since June 2022 and will end in October 2024. The APRHC contracted Southern Hemisphere to conduct a Gender Political Economy analysis (GPEA) to provide regional context to the work of the Women RISE initiative. At the time of this GPEA, Women RISE research projects were already conceptualized and in the early stages of implementation. This report details the findings of the Gender Political Economy analysis, particularly with a focus on [Africa](#)².

2 Objectives of the Political Economy Analysis

The purpose of this political economic analysis (PEA) is to better understand the gender landscape in Africa, Asia and Latin America. The PEA focus is on achieving the following objectives:

- Contribute to providing a shared understanding of the current context, politics, and how it affects women's health and work programming. The key power relations and dynamics.
- Undertake stakeholder mapping and power analysis to identify key state and non-state actors that have some bearing on the gender equality legislative debates in specific regions and globally to identify their interests, motivations, and decision logic and understand the key power relations and allies.
- Identify the gender policies and legislation that inform or hinder progress in these regions.
- Identify evidence and gender gaps within the regional gender landscape

¹ Women RISE PEA TOR. P. 1

² Separate reports have been produced for Asia and Latin America.



- Provide recommendations on immediate and long-term approaches/strategies that Women RISE can use to ensure transformative gender advocacy addressing community and stakeholder needs.

Research scope

Content: The research questions focused on the gender political economy within the context of women’s health and labour before, during and “after” COVID-19. The PEA analysed context, power, institutions, actors, relationships, and processes through a gender and intersectional analysis in relation to women’s health and labour. The literature and policies reviewed were in relation to this theme. Therefore, the research conducted more generally from a public health perspective in relation to COVID-19 and women’s health and labour was not included in this research.

Geographical scope: The evaluation collected data from three regions: Africa, Asia and Latin America. The research focused on regional policies, stakeholders, power relations and dynamics. Policies and legislation at a national level were not included in this PEA. National perspectives were gathered through primary data collection as well as national/regional/international literature/evidence was reviewed in relation to the content outlined above.

The Women RISE initiative's intention regarding its regional focus is in two-fold- the focus is primarily on influencing regional structures or encouraging countries within a region to collaborate, share knowledge, and network regarding policy influence issues.

3 Methodology and sample

The research included a desktop review and primary qualitative data collection.

3.1 Desktop review

A **desktop review** was conducted which included a review of: existing gender political economy research, relevant policies (women’s labour and health), and any initial research conducted through the Women RISE research teams. Research was identified through interviewees and our own desktop search. We used relevant search engines and databases as well as organisational websites. A ‘snowball’ methodology was adopted.

3.2 Qualitative methodology and sample

Primary data was collected through key informant interviews (KIIs), semi-structured interviews (SSIs), and workshops. All data was collected virtually via Zoom, and/or MS Teams or WhatsApp.

Interviewees were sampled using a purposive sampling and snowball sampling. The following criteria was used for sampling:

- Individuals with a good understanding of the *regional* context and power in relation to the gender political economy as it relates to women’s health and labour.
- Interviewees were selected from countries that most likely have existing evidence/research and those that may have less research/evidence available.

The table below lists the countries that were identified as priorities within each region, and the countries actually reached through primary data collection. Sampled participants were from four Asian countries: Bangladesh, Malaysia, Thailand, Sri Lanka



Table 1: Countries sampled in the study

Priority countries identified for sampling	Countries included in the sample	Number of countries
Bangladesh Thailand / Malaysia (2 in total)	Bangladesh, Malaysia, Thailand, Sri Lanka (all targeted countries included)	4

For the overall study (including all three regions), a total of 90 participants were contacted for interviews of which 32 agreed to participate in the study. For the Asian region, a total of 7 interviews and one workshops (with 13 Women RISE research team members from Asia) were conducted.

Table 2: Overview of interviews conducted

Stakeholders	Details	Actual #
Decision maker CO-PI from Women RISE research teams in Asia	Bangladesh, Thailand, Malaysia	3
Gender experts	University of Malaya (Malaysia) Institute of Policy Studies of Sri Lanka (Sri Lanka)	2
NGOs	Women's Aid Organisation (WAO) (Malaysia)	1
Regional Continental Communities	Asia Foundation (regional)	1
Total		7

3.3 Limitations

The following limitations of the research were observed:

- There was a significant delay in the data collection process due a combination of factors including slow responsiveness and unavailability of participants. As a result, interviews had to be rescheduled multiple times, and this delayed the research process.
- Securing interviews with Regional Economic Communities (RECs) was challenging given the short timeframes for the GPEA. Organizations with experience in working with RECs (e.g. UN agencies and NGOs) were interviewed as a replacement where interviews could not be secured with RECs themselves.
- While the research sampled Gender experts and NGOs into separate categories; in reality many gender experts were often from NGOs, and so these categories were not mutually exclusive.
- Interviews were shortened to accommodate the availability of participants. Furthermore, the GPEA questions explored required participants to think deeply and critically about complex issues of power, gender, health, labour and policy making. This was challenging for some participants as not all these were necessarily their area of expertise. These factors may have limited the quality of responses.
- Translation was required during the data collection process to accommodate French/Spanish speakers (3 interviews). However, the translation was not always optimal and this potentially compromised the quality of data.
- The GPEA as per the TOR was conducted for the regions/continents of Africa, Asia and Latin America. However, there is much diversity between sub-regions, countries and even within



countries. Some participants could therefore not provide a “regional” perspective and could only provide national-level data for the countries they operated in. This may have limited regional-level data. The combined perspectives of regions and countries was used to provide a regional perspective as far as possible.

- The research required participants to generously share their time and experience, many of whom are not involved in the Women Rise Initiative. Some participants raised that the research was “extractive” and that the exclusion of women at community level was a limitation to the feminist principles that should underpin research of this nature. This affected the willingness of participants to share openly during some interviews/workshops. This should be considered in the methodologies employed by the Women RISE initiative research teams. Ideally GPEA should be done at country level with the participation of women in their diversity in the entire process. In addition, a GPEA should be done at that start of a research process/project. The research reports should also be shared with a wider audience (than the Women RISE research teams) so that it can contribute to the broader body of knowledge.

4 Conceptual framework

A key foundation of this GPEA is providing a conceptual framework of what is understood in terms of gender, women’s health and labour, as part of achieving the objectives of this research i.e. providing a shared understanding of the current context, politics, and how it affects women’s health and work programming. The focus of the Women’s Rise initiative has been on women’s health and labour; however it is important to note that these are all interrelated in terms of the lived realities of diverse women and underpinned by gender inequality and power relations across the regions that the Women Rise Initiative is working in.

A key cross-cutting element to women’s health and labour that was identified in this GPEA is the presence of **gender-based violence as tool for maintaining gendered power relations** in everyday life as part of social, and economic aspects of their lives for example:

- the pervasiveness of violence within feminized global zones of work, such export processing zones or the expanding market for migrant domestic work
- women’s experience of violence in public spaces, particularly that relating to mobility and public transport
- the relationship between women’s subordination in the household and forms of violence
- violence and the fear thereof shapes women and girls’ health in terms of control over their bodily autonomy and access to health services

The Figure below represents a Conceptual Framework for interlinked and dynamic nature of women’s health, labour, gender inequalities and gender-based violence that emerged as part of the GPEA findings.



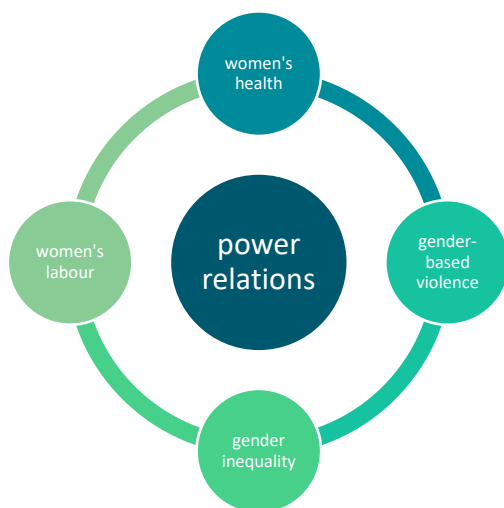


Figure 1 Conceptual framework

4.1 Global definitions of gender, women’s health and labour

Given the Conceptual Framework above it is important to be foreground global working definitions as part of developing shared understanding in the Women Rise Initiative. Drawing on Global Agencies such as UN Women, definitions of gender are important starting points and need to be contextualised and should also be understood in its geographical and historical context. The concept of ‘gender’ provided a means to ensure a stronger focus in development policies and practice on women’s empowerment, women’s human rights, and substantive equality between women and men in their diversity. It brought increased attention to gender biases and highlighted issues of potential discrimination and denial of rights in development policy, practice, outcomes and results. While initially used in a binary framing of men and women the concept of gender now includes an expanded definition to acknowledge the continuum of gender identities to include those with non-binary or gender-diverse gender identities.

In this GPEA we are using the following definitions and understandings:

Gender: Gender refers to the roles, behaviours, activities, and attributes that a given society at a given time considers appropriate for men and women. In addition to the social attributes and opportunities associated with being male or female and the relationships between women and men and girls and boys, gender also refers to the relations among women and those among men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader sociocultural context, as are other important criteria for sociocultural analysis including class, race, poverty level, ethnic group, sexual orientation, age, etc. Source: UN Women Training Center glossary on definitions

Intersectionality: The issue of power and inequality is really important to foreground as part of developing shared conceptual understand of how gender and other intersectional power systems based on race, geographical location, age, class, ability sexual orientation and gender identity construct someone’s identity and lived experiences. It is critical to recognize that gender is closely



linked to other sources of inequality and exclusion, which can create situations of multiple and intersecting discrimination, vulnerability, and marginalization for some individuals and groups of women, men and gender-diverse people. In **this GPEA intersectionality, which looks at the relationships between sources of inequality, discrimination, and exclusion must be identified and considered in all development policy and practice/Women Rise research projects.**

Women's health: In the GPEA the concept of women's health is an example of population health, where health is defined by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". In addition the WHO emphasize that gender and being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. Some of the sociocultural factors that prevent women and girls to benefit from quality health services and attaining the best possible level of health include:

- unequal power relationships between men and women;
- patriarchal social norms that decrease education and paid employment opportunities;
- an exclusive focus on women's reproductive roles; and
- potential or actual experience of physical, sexual and emotional violence.

The consequences of this are that women and girls face greater risks of unintended pregnancies, sexually transmitted infections including HIV, cervical cancer, malnutrition, lower vision, respiratory infections, malnutrition and elder abuse, amongst others. Importantly, WHO figures show that about 1 in 3 women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. In addition, women and girls also face unacceptably high levels of violence rooted in gender inequality and are at grave risk of harmful practices such as female genital mutilation, and child, early and forced marriage. A cross-cutting element is also understanding women's health using a life-course approach, which means understanding health as an evolving capacity that develops dynamically over time and across generations. The idea of a life course can be conceptualized as a series of social occurrences that someone experiences across their life. It is considered a multidisciplinary perspective that includes various fields of study, including biology, sociology, psychology, economics, and history and hence important when thinking about GPEA. (Source: World Health Organisation)

Women's Labour: Women' labour is often defined as female labour force as a percentage of the total show the extent to which women are active in the labor force. Labor force comprises people ages 15 and older who supply labor for the production of goods and services during a specified period. The ILO note that Equal opportunity and equal treatment in the labour market are at the core of decent work. Unfortunately, women around the world still face additional hurdles to access employment, and once in employment, to access decision-making positions and jobs in certain sectors or of certain characteristics. This horizontal and vertical gender segregation of employment, combined with the unequal distribution of unpaid work (including household and childcare activities), results in differences in working conditions such as the gender pay gap and the over-representation of women in part-time jobs. (Source: World Bank and ILO)

Gender-based violence: Gender-based violence (GBV) refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. The term is primarily used to underscore the fact that structural, gender-based power differentials place women and girls at risk for multiple forms of violence. While women and



girls suffer disproportionately from GBV, men and boys can also be targeted. The term is also sometimes used to describe targeted violence against LGBTQI+ populations, when referencing violence related to norms of masculinity/femininity and/or gender norms. CEDAW, The Declaration on the Elimination of Violence Against Women, adopted by the United Nations General Assembly in 1993, defines violence against women and girls 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 [and girls], including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Violence against women and girls encompasses, but is not limited to, physical, sexual and psychological violence occurring in the family or within the general community, and perpetrated or condoned by the State. (Source: CEDAW)

Power : As part of understanding power it is important to at more and less visible and tangible forms of power and how these work in different ways to maintain inequality and injustice.

Three forms of power:

- Visible power is held by people with official positions or well-recognised authority
- Hidden power describes the tactics people use to protect their interests and privilege
- Invisible power describes the dominant ideologies, values and social norms that shape people's expectations and behaviour

Five ways to exercise power:

- Power over is controlling others and making them do something.
- Power from within is a person's sense of self-worth and self-confidence.
- Power to is a person's ability to shape their life and environment.
- Power with is people coming together around shared interests to build a common cause.
- Power under is the acts of resistance and subversion by people who are subject to domination.

Source : <http://www.powercube.net/analyse-power/what-is-the-powercube/>

4.2 Why a Gender Political Economy Analysis?

A critical question that is often asked is why GPEA? In answering the question it reveals the interconnected of political and economic systems and that of gender power relations. Conducting a GPEA supports:

- undertaking a more holistic diagnosis of poverty and inequality, including women's exclusion from leadership and decision-making
- avoiding reinforcing power relations that systematically exclude and harm women, girls and other disadvantaged groups
- identifying new pathways and agents of social and political change.

In understanding the importance of a GPEA it is important to recognise the inseparability of the reproductive and productive economies and the structures of power inherent in them. A gender analysis as part of a PEA is therefore important for recognising the strategic invisibility of the private and moving beyond essentialist claims of women's biological suitability for household work to uncover the historical and contextual factors that shape that. In addition, a GPEA highlights the impact of the asymmetric impact of globalization at global, regional and national levels. This GPEA of the gender landscape in Africa, Asia, and Latin America as case studies, emphasises the context,



power, institutions, actors, relationships, and processes. Further it presents explicit and implicit assumptions about the influence and interests of stakeholders and how power is exerted, policy orientation and implementation, as well as attitudes and behaviours.

4.3 Gender Political Economy: What are the key conceptual considerations?

Conducting a gender political economy analysis of the politics and policies of the gender landscape in Africa, Asia, and Latin America requires drawing specifically on key concepts from feminist political economy. This scholarship makes explicit the linkages between economic, social, and political spheres as noted above. Importantly it assesses how power is exercised not only through coercive means, but also materials and ideas, and how these power relationships shape the institutional and ideological formations where gender identities and status are constructed.

A review of literature and consultations during the research outlined the paucity of GPEA and that gender is not systematically included in PEA. Critically, **political economy analyses have often ignored one of the most pervasive systems of power in most societies** – gender and the unequal power relations between women and men and those with non-binary identities³.

As noted, PEA focuses on social, political and economic processes in societies to provide an in-depth analysis of the power relations between groups. Similarly gender analyses explore the power relations between men, women and those with non-binary identities, which is explicitly political, however despite these areas of overlap, gender analyses does not feature prominently in PEA. Gender norms and roles shape power at all levels of society, from the family to international politics. Ignoring gender within a political economy analysis limits the value of the analysis to development programming, because gender is an essential dimension of all power relations. By contrast, when development practitioners use a gender lens to analyse how politics and economics affect a development problem, they are able to add a layer of analysis which creates more accurate understandings of intra-household labour and resource allocation at the micro level, and capitalist accumulation at the macro level, for example.

Even though there had been some acknowledgement that gender as key aspect of power relations should be key part of PEA and in the context of greater resistance and backlash towards more feminist political economic analyses. Gender has been included in political economy analysis either as how men and women are differently affected by and affect the political economy, or how masculinity and femininity are produced by and produce political economy. Of critical importance is that a gender and intersectional lens is taken this analysis allows for more nuanced understandings of how intersecting factors and processes of power across geopolitical contexts shape risks, needs, experiences and capabilities. These processes and structures include globalization, capitalism, urbanization, climate change, patriarchy, racism and xenophobia, for example.

The theoretical approach to this GPEA draws on feminist political economy scholarship makes explicit the linkages between economic, social, and political spheres. The analysis from this perspective analyses the gendered power relations and how power is exercised in different forms: coercive, material, ideological as well as the institutional forms, which all shape gender identities and lived experiences⁴ Importantly it analyses the intersecting macro and microeconomics to shape and reproduce gender inequality i.e., social, political and economic and gendered power relations.

3 Gender and Development Network (2018) Putting gender in political economy analysis

4 Rai, S. M., & Waylen, G. (Eds.). (2013). *New frontiers in feminist political economy*. Routledge.



4.4 Importance of GPEA for the Women Rise Initiative

The COVID-19 pandemic has confirmed the relevance of **social reproduction** as a key analytical lens to interrogate contemporary capitalist processes. It is a prism through which to understand the complexities of labour across the world, particularly the Global South and how reproductive dynamics co-constitute the 'everyday' in the global economy. Social reproduction encompasses the daily and long-term reproduction of the means of production, the labour power to make them work, and the social relations that hold them in place. These include relations with the state and ('crisis' of) care provisions; the blending of productive and reproductive temporalities of work across labour processes; the continuum of paid/unpaid work within and beyond the household; and novel global processes of commodification of life and the everyday⁵. This social reproduction is central to the GPEA for Women Rise projects and areas of research, to understand how the interrelationship between macro sites of political economic power (e.g. world trade, global finance, labour regimes) and the micro level of power relationships which are experienced by individuals on a daily basis (domestic works, the informal care economy etc).

This is central to the GPEA for Women Rise in the context of COVID-19 research and responses as it makes visible the care economy, inequities in the workplace and the patriarchal decision making and governance and policy making. Despite evidence of the disproportionate effects of health crises on women, feminist analyses have remained secondary to the emergency imperative of outbreaks, preventing critical evaluation of gendered assumptions and gaps in policy responses. Research into COVID-19 has also documented a lack of gender analyses as well as responses in for example how men, women, and non-binary genders experience health crises, a lack of commitment to collecting gender and sex-disaggregated data, and a continuation of responses that disadvantage women and non-binary people compared to men.

The COVID-19 pandemic has triggered a double crisis in public health and the economy that is evolving at an unparalleled pace across the globe. Feminist political economy perspectives, centered on social reproduction, are necessary to understand the COVID-19 crisis as it overcomes the limits in mainstream economic and political economy analyses that are blind to the social relations that constitute the economy.⁶ Many research and programme resources have been redirected towards 'building back better' post COVID-19, and a key question, highlighted by the UN Research Roadmap for the COVID-19 Recovery: "How have recent economic changes disproportionately impacted women, and how can recovery strategies be inclusive and gender-transformative?" This will be a central question of this report, which will also build on current initiatives and lessons, some of which are highlighted below.

4.1 GPEA Research and gaps

Research Objective:

Identify evidence and gender gaps within the regional gender landscape.

5 Alessandra Mezzadri, Susan Newman & Sara Stevano (2022) Feminist global political economies of work and social reproduction, *Review of International Political Economy*, 29:6, 1783-1803, DOI: 10.1080/09692290.2021.1957977

6 Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham (2021) More than a public health crisis: A feminist political economic analysis of COVID-19,

Global Public Health, 16:8-9, 1364-1380, DOI: 10.1080/17441692.2021.1896765



This section describes some of the global research that has been documented particularly from a gender perspective and GPEA that have been conducted of the Covid-19 pandemic.

There is emerging research globally that outlines how COVID-19 is more than a public health crisis and the need for analyses and responses that include how gender inequalities intersect and are compounded by other systems of power and oppression, given that people living at the intersections of multiple inequities are made additionally vulnerable by pandemic responses. As argued by Smith et al.,⁷ gender-based analysis of outbreaks and responses is limited by lack of data and little integration of feminist analysis within global health scholarship. They applied a gender matrix methodology, grounded in feminist political economy approaches, to evaluate the gendered effects of the COVID-19 pandemic and response in four case studies: China, Hong Kong, Canada, and the UK. Their finding shows the transnational structural conditions which put women on the front lines of the pandemic at work and at home while denying them health, economic and personal security – effects that are exacerbated where racism and other forms of discrimination intersecting with gender inequities.

Since the outbreak in 2019, there is growing global evidence of the disproportionate effects of health crises on women in their diversity, however gender analyses have remained secondary to the emergency imperative of outbreaks, preventing critical evaluation of gendered assumptions and gaps in research and policy responses. Importantly, there is a need for regional and national gender and political economy analyses that situate gender equality interventions within an understanding of the existing political and economic processes, focusing on the incentives, relationships, distribution, and contestation of powers between different regions, countries, and groups - all of which have an impact on gender justice outcomes.

The evidence base is growing for understanding the gendered dimensions of the COVID-19 pandemic and its health, social, and economic outcomes. Key highlights from Kabeer et al.⁸ showed that women from lowest-income households and marginalized groups bore the brunt of the COVID-19 crisis and that globally more women than men are employed in sectors hardest hit by the pandemic. In addition, the research outlines how essential and frontline workers at higher risk of exposure are predominantly women. The authors further note that domestic violence has increased in frequency and severity across countries and also that . that policy response strategies to the crisis by women leaders have contributed to more favourable outcomes compared to outcomes in countries led by men.

4.2 Gendered analysis of emergency and recovery policies

The pandemic has shown how women's work – formal and informal, and within paid and unpaid care – has been central to economic reproduction, often dependent on gendered exploitation⁹. The gendered structure of care work has been referred to, to as a 'care crisis'. Several researchers have described how the COVID-19 pandemic hit hard the economies and health systems all around the world, but also, it also challenged educational systems, social protection mechanisms, and the social

7 Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham (2021) More than a public health crisis: A feminist political economic analysis of COVID-19,

Global Public Health, 16:8-9, 1364-1380, DOI: 10.1080/17441692.2021.1896765

8 Naila Kabeer, Shahra Razavi & Yana van der Meulen Rodgers (2021)

Feminist Economic Perspectives on the COVID-19 Pandemic, Feminist Economics, 27:1-2, 1-29, DOI: 10.1080/13545701.2021.1876906

9 Valeria Esquivel, Jayati Ghosh & Fatimah Kelleher (2022) A gender-responsive recovery: ensuring women's decent work and transforming care provision, Gender & Development, 30:1-2, 3-15, DOI: 10.1080/13552074.2022.2087991



organisation of care, particularly reducing the already scarce services available. Key themes are that there is a lack of recognition and response by states to these gendered dynamics i.e., **being gender-blind; and the importance of addressing these gendered dynamics in realising a gender-just recovery from the pandemic.** In addition, the necessary gender-responsive policies needed to address fully the impact of the pandemic on women in the labour force more broadly, as well as the informal economy, have also been largely absent. This means that states and government policies do not integrate gender into the economic and social protection policies and the critical importance of state funding for care work. The authors in this issue emphasise that care policies need to go beyond gender responsiveness to be also gender transformative, which entails questioning, challenging, and addressing the deeply entrenched inequitable gender norms that sustain unequal relationships among families, communities, and vis-à-vis the state.¹⁰

Another key report by the ILO It provides a global overview of national laws and practices regarding care policies, namely maternity protection, paternity, parental and other care-related leave policies, as well as childcare and long-term care services. The report presents findings from an ILO legal survey of 185 countries, and reviews progress made around the world over the past decade while assessing the persisting and significant legal gaps that translate into a lack of protection and support for millions of workers with family responsibilities across the world. It concludes with a call for action to invest in a transformative package of care policies that is central to the broader international agenda on investing in the care economy – a breakthrough pathway for building a better and more gender equal world of work.¹¹

Related to that is the care policy score Policy Scorecard, is an evidence-based policy tool developed through extensive collaboration between several institutions, care policy advocates, policymakers, and researchers in the global South and North. The Scorecard helps care advocates to assess how care-related policies are adopted, budgeted for, and implemented by governments, and to what extent they can transform the social organisation of care¹². Policy research conducted by Tomsick et al¹³ of 338 WHO COVID-19 documents found that only 20% explicitly discuss gender and over half do not mention women, gender, or sex at all. Considering the well documented gendered effects of pandemics and the WHO's commitment to gender mainstreaming, this paper: 1) asks to what degree and how the WHO incorporates a gender inclusive approach; 2) maps where and how gender considerations are included; and 3) analyses what this suggests about WHO's commitment to gender mainstreaming within its COVID-19 response and beyond.

An important GPEA was conducted by Chopra and Krishnan (2022) which provides up a blueprint to operationalise the Triple R agenda in policies for addressing women's unpaid care and domestic work. They conducted research on government policy responses to address the increase in women's unpaid care and domestic work during COVID-19, across 59 countries of Asia and the Pacific. Their findings show that less than 30 per cent of measures are care-sensitive and of these only 12 per cent are gender-differentiated. As part of their paper, they propose a care-integral approach to ensure gender-transformative outcomes. This approach comprises a unique three-tier framework for policy action constituting: (1) seven foundational care normative principles, (2) typology of four care-sensitive policy categories, and (3) seven levers of change to guide implementation. Together this 7-4-7 framework presents comprehensive

10 Valeria Esquivel, Jayati Ghosh & Fatimah Kelleher (2022) A gender-responsive recovery: ensuring women's decent work and transforming care provision, *Gender & Development*, 30:1-2, 3-15, DOI: 10.1080/13552074.2022.2087991

11 ILO Care at Work: Investing in Care Leave Policies and Care Services for a More Gender-Equal World of Work (2022)

12 Sharmishtha Nanda, Ruth Oloo, Amber Parkes & Anam Parvez Butt (2022) The Care Policy Scorecard: a new tool to shift progress towards a caring economy, *Gender & Development*, 30:1-2, 77-95, DOI: 10.1080/13552074.2022.2066279

13 Tomsick E, Smith J, Wenham C (2022) A gendered content analysis of the World Health Organization's COVID-19 guidance and policies. *PLOS Glob Public Health* 2(6): e0000640. <https://doi.org/10.1371/journal.pgph.0000640>



strategies for policymakers to operationalise the Triple R agenda of ‘Recognise’, ‘Reduce’, and ‘Redistribute’ unpaid work.

As noted above the SDG and the Global development agenda has prioritized gender equality the COVID-19 crisis has created and exacerbated pre-existing inequalities and reverses some of the hard-earned gains towards gender equality. In the context of much research, a central gap is the need for more gender transformative approaches and how research/ers need to be part of integrating these GTA approached in contributing to social change and working towards a gender equal and inclusive society. Njuki et al¹⁴ documented in causes of inequality. This paper draws insights from 6 case studies across Africa, Asia and Latin America, funded by Canada’s International Development Research Centre to understand how integrating gender transformative approaches to research can support social change. Key principles across the case studies include:

- addressing the multiple causes of inequality
- taking an intersectional and structural approach,
- embedding the research in local contexts, and engaging power
- holders and perpetrators of inequality.

In addition, the case studies revealed the importance of researchers and research processes were able to move beyond addressing practical interests of access and inclusion (e.g., to sanitation, fish processing technologies, health services, or equal pay) to addressing underlying gender norms and power relations that perpetuate vulnerabilities and limit voice and choice.

A research gap therefore is the importance of also addressing the structural inequalities—the social norms that limit mobility, entrench gender-based discrimination, and deepen unpaid work responsibilities otherwise the outcomes such as comes (e.g., early marriage, sexual harassment, poor health and nutrition)—will re-emerge or even exacerbate. Having an embedded research process that really understands the context will allow for the identification of different types of formal and informal power that define norms, behaviour, and expectations. **Subsequently more GPEA at national and sub-national level are important as this is a gap in the evidence and research and therefore this is a crucial opportunity for the Women Rise Initiative.** Aligned to the work of Women Rise, there is a call for intersectional feminist research, responses and initiatives as part of pandemic or crises contexts, such as COVID-19, some of which are outlined below.

4.3 Current research initiatives to address gender of post Covid-19 recovery strategies

At a global level the World Health Organization and UN Women is providing up-to-date data on COVID-19 cases by sex and age, as well as conducted rapid gender assessment (RGA) surveys with roughly 100,000 people in 58 countries, focusing on five areas of concern: 1) economic activities and resources; 2) unpaid domestic and care work; 3) access to goods and services, 4) emotional and physical wellbeing; and 5) relief measures. In collaboration with UNDP, UN Women have created a gender response tracker that monitors COVID-19 response measures taken by governments around the world and identifies those that have integrated a gender lens.¹⁵

Also, The Gender and Development Network has shared some lessons from their research which includes that a just and equitable Covid-19 economic recovery must centre care, wellbeing and

¹⁴ Jemimah Njuki, Martha Melesse, Chaitali Sinha, Ruhya Seward, Marie Renaud, Shannon Sutton, Tavinder Nijhawan, Katie Clancy, Ramata Thioune & Dominique Charron (2023) Meeting the challenge of gender inequality through gender transformative research: lessons from research in Africa, Asia, and Latin America, Canadian Journal of Development Studies / Revue canadienne d'études du développement, 44:2, 206-228, DOI: 10.1080/02255189.2022.2099356

¹⁵ <https://www.unwomen.org/en/hq-complex-page/covid-19-rebuilding-for-resilience>



sustainability with transformative policies that promote equity and supported by actions local, national and international decision-makers to take specific actions including to protect and promote democratic, participatory decision-making ensuring the participation of feminists and women's rights organisations so the expertise of those most impacted is at the forefront of responses.¹⁶ Feminists from all around the world have documented that how women experiencing intersectional forms of discrimination have borne the brunt of the COVID-19 pandemic but decisions are being made without them at the policy making table processes.

Recognising both the urgency of integrating sex and gender into COVID-19 research, and the roadblocks in the way of achieving this, the United Nations University International Institute for Global Health (UNU-IIGH) and the School of Public Health at the University of the Western Cape co- convened a collaborative gender and COVID-19 research agenda-setting exercise¹⁷. In addition, there is a growing collaboration of researcher and other stakeholders as part of GenderCollab is a Community of Practice that brings together partners to work towards advancing gender intentionality within the health systems. It was initiated during COVID-19 but now has a broader focus and is a key knowledge centre for expert resources on researching and programming for decanting gender intentionality in health systems. See <https://gendercollab.in/knowledge-centre/> for further information.

As part of the collaboration, it is important to highlight two key research reports that are directly relevant to the Women Rise Initiative:

- Subsidizing global health: Women's unpaid work in health systems¹⁸
- Delivered by women, led by men: a gender and equity analysis of the global health and social workforce¹⁹

¹⁶ <https://gadnetwork.org/>

¹⁷ Vijayasingham, Lavanya, George, Asha, Lopes, Claudia, Mothupi, Mamothena, Stevenson, Jacqui, Remme, Michelle and Gender and COVID-19 Research Agenda Setting Steering Committee (2022). Gender and COVID-19 Global Research Agenda: Priorities and Recommendations. United Nations University International Institute for Global Health

¹⁸ <https://womeningh.org/our-advocacy-3/paywomen>

¹⁹ <https://womeningh.org/resources/delivered-by-women-led-by-men-a-gender-and-equity-analysis-of-the-global-health-and-social-workforce/>



5 Overview of global context, instruments, policies and legislation

This section provides an overview of the key global policy and legislation frameworks and instruments that provide and overarching context for the work that the Women Rise Initiative is doing at regional and national level.

Research Objectives:

- Identify the gender policies and legislation that inform or hinder progress in these regions.

SDGs

The comprehensive Sustainable Development Goals (SDGs) and the Leave No One Behind (LNOB) principle, provide the global policy agenda and the alignment of the Women Rise Partnerships. In 2015, the governments of the world committed to implementing the Sustainable Development Goals for 2030. These goals seek to achieve sustainable development, gender equality, and human rights for all. The SDGs and targets were adapted to stimulate action over the next fifteen years in areas of critical importance for humanity and the planet.

All the goals are important to promote gender equality and key goals are:

- SDG 3 Health for all
- SDG 5 (Achieve gender equality and empower all women and girls)
- SDG 11 (Make cities and human settlements inclusive, safe, resilient and sustainable),
- SDG 4 on education (Safe and conducive learning environments, especially for girls)
- SDG 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels).

Gender equality is both a standalone as well as cross-cutting goal of the 17 Sustainable Development Goals (SDGs) in the Sustainable Development Agenda, however the latest available data show that the world is not on track to achieve gender equality by 2030. The Gender Snapshot 2022 presents the latest evidence on gender equality across all 17 goals, calling out the long road ahead to achieve gender equality.²⁰ A recent UN Women and UNDP highlights (unwomen.org/en/digital-library/publications/2023/07/the-paths-to-equal-twin-indices-on-womens-empowerment-and-gender-equality) the global challenges faced by women and provides a roadmap for targeted interventions and policy reforms²¹. The report introduces two new indices:

- The [Women's Empowerment Index](#) (WEI) measures women's power and freedoms to make choices.

²⁰ <https://www.unwomen.org/en/digital-library/publications/2022/09/progress-on-the-sustainable-development-goals-the-gender-snapshot-2022>

²¹ unwomen.org/en/digital-library/publications/2023/07/the-paths-to-equal-twin-indices-on-womens-empowerment-and-gender-equality



- The [Global Gender Parity Index](#) (GGPI) assesses gender disparities in key dimensions of human development.

Combined, these indices offer a comprehensive assessment of countries' progress in achieving gender equality.

Today low women's empowerment and large gender gaps are commonplace. Less than 1 per cent of women and girls live in a country with high women's empowerment and a small gender gap. Globally, women are empowered to achieve, on average, only 60 per cent of their full potential, as measured by the WEI, and women achieve, on average, 28 per cent less than men across key human development dimensions, as measured by the GGPI. For example, gender gaps in terms of youth not in education, employment or training, labour force participation rate in households of couples with children and gender parity national and local government. These disparities are harmful not just to women's well-being and advancement but also to human progress.²²

COVID-19 and the backlash against women's sexual and reproductive health and rights are further diminishing the outlook for gender equality. Violence against women remains high; global health, climate, and humanitarian crises have further increased risks of violence, especially for the most vulnerable women and girls; and women feel more unsafe than they did before the pandemic. The pandemic has deepened pre-existing inequalities, exposing vulnerabilities in social, political, and economic systems which are in turn amplifying the impacts of the pandemic, including gender inequality. Importantly, the COVID-19 pandemic even limited gains made in the past decades, and these are at risk of being rolled back. UN Women and other global actors noted that GBV was the 'shadow pandemic'. Recent global estimates indicate that one in three women worldwide experience physical or sexual violence mostly by an intimate partner and violence against women and girls is a human rights violation. There is no consistently collected global data that provides information of whether the increase or GBV as the 'shadow pandemic' has remained higher or returned to pre-pandemic levels and this remains an ongoing area for research. For further reading see references below.²³

²² <https://www.unwomen.org/en/digital-library/publications/2023/07/the-paths-to-equal-twin-indices-on-womens-empowerment-and-gender-equality>

²³ <https://data.unwomen.org/publications/vaw-rga>
<https://www.unwomen.org/en/digital-library/publications/2020/05/impact-of-covid-19-on-violence-against-women-and-girls-and-service-provision>
<https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>





Since the outbreak of COVID-19, emerging data and reports from those on the front lines, have shown that all types of violence against women and girls, particularly domestic violence, has intensified. A key message to Women Rise is to join the global collective to prioritize addressing violence against women in COVID-19 response and recovery efforts. A key global instrument to use is Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) which is further described below.

CEDAW

CEDAW adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what discrimination against women is and sets up an agenda for national action to end such discrimination. The Convention on the Rights of Women states that discrimination against women is a violation of their rights. It prohibits the exclusion or restriction of women from participating in any field or activity, which is based on their sex. The Convention defines discrimination against women as "*...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.*" It has been ratified by 186 countries across the world and in most countries, this implied stepping up efforts towards domestication of the Convention and taking measures to propagate and implement various gender equality legislative frameworks.

Many resources and effort have been spent researching and measuring success regarding comparative numbers among social groups and their access to and participation in both the public and private spheres. However, there is limited information on the progress made so far in specific regions and why some gender equality instruments have succeeded while others have failed. Examples of additional prominent global and national treaties and declarations are:

- Universal Declaration of Human Rights (1948)
- International Conference on Population and Development (1994)



- Beijing Declaration and Platform for Action (1995)
- The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- The Geneva Convention relative to the Protection of Civilian Persons in Times of War
- The Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children

Labour Conventions focussed on Women

While less prominent, it is worth mentioning two key global conventions (from the ILO) around gender and labour.

Convention 189: Domestic workers convention (2011). The convention defines domestic work as “work performed in or for a household or households”²⁴ and contains 27 articles that describe the conditions of work, migrant domestic work, minimum wage provisions, health and safety provisions, amongst other provisions. The desktop review reveals that Philippines is the only Asian country that has ratified this convention to date.

Convention 190: Violence and Harassment Convention (2019) defines “violence and harassment” in the workplace as “a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment”²⁵. It contains 20 articles covering protection of workers including informal workers, prevention of violence and harassment, providing gender-responsive, safe and effective complaint and dispute resolution mechanisms, support, services and remedies, amongst other provisions. The desktop review reveals that the convention has been ratified by only two Asia Pacific countries (Fiji and Australia), since 2020.

6 Regional context, policies and legislation related to Gender, Women’s health and labour

This section of the report provides an understanding of the context, policies and legislation related to gender women’s health and labour which is central to the GPEA in the Asian Region.

Research Objectives:

- Contribute to providing a shared understanding of the current context, politics, and how it affects women's health and work programming.

6.1 Context

This section provides an overview of the of the common contextual issues that emerged from the literature review and were highlighted during the workshops and interviews to provide a picture of the regional context as part of the GPEA. What is important to note is that there are some common issues across countries sampled from the Women RISE initiative, however there is much contextual

²⁴ [Convention C189 - Domestic Workers Convention, 2011 \(No. 189\) \(ilo.org\)](#)

²⁵ [Convention C190 - Violence and Harassment Convention, 2019 \(No. 190\) \(ilo.org\)](#)



diversity across and even within countries. This highlights the need for GPEA to be done at country level as well because the contexts are so different, and it requires detailed analysis if relevant contextual factors are at play.

A study into the state of gender equality and women's empowerment within and across the 53 member States and 9 associate members of the Economic and Social Commission for Asia and the Pacific (ESCAP) surfaced the following **megatrends shaping the lives of women and girls in the Asia and the Pacific region which also have an impact on women's health and labour**:

- Persistent and variegated violence against women and girls: Women in the region experience some of the highest prevalence rates of violence in some countries and some of the lowest prevalence rates of violence in some countries globally.
- Rising inequality within and among countries: Inequalities at the individual, household and country levels threaten progress towards gender equality and women's empowerment. Women and girls continue to be overrepresented among those living in poverty, with high rates of economic growth failing to translate into inclusive growth.
- Declining female labour force participation and high rates of vulnerable, informal employment: Across Asia and the Pacific as a whole, discriminatory social norms continue to constrict women's access to decent work, earned income and social protection.
- Increasing sources of regional insecurity: Conflict, climate change and environmental degradation threaten to slow progress towards gender equality and women's empowerment.²⁶

Similar themes emerged during the interviews and from the Asia-specific literature review in relation to women's health and labour including gender-based violence, access to sexual and reproductive health services, poor labour force participation and unpaid care work, climate crises and natural disasters. The table in annexure 3 provides a gender snapshot for the Asian region.

Gender based violence

Rates of many types of GBV in Asia are already high. UN Women report that more than 37 percent of women in South Asia and 40 percent of women in South-East Asia have experienced violence at the hands of their intimate partners.²⁷ The high IPV rates across the region range from 33% in Nepal to around 50% in Bangladesh.²⁸ According to the United Nations Office on Drugs and Crime, over 150,000 people are trafficked annually in South Asia, of whom 65% are women and girls (44% and 21% respectively).²⁹ Similarly, the region has the highest rates of child marriage in the world, with nearly half of women (45%) married before age 18.³⁰

²⁶ United Nations, Economic and Social Commission for Asia and the Pacific and UN Women Regional Office for Asia and the Pacific (2020). *The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25*, Bangkok, Thailand

²⁷ Ending Violence is our business: Workplace responses to intimate partner violence in Asia and the Pacific. UN Women, 2019.

²⁸ Samuels, Fiona, Nicola Jones and Taveeshi Gupta, 2017. "Tackling intimate partner violence in South Asia: why working with men and boys matters for women." <https://www.odi.org/sites/odi.org.uk/files/resource-documents/11342.pdf>

²⁹ UNODC, *Global Report on Trafficking in Persons 2022* (United Nations publication, Sales no.: E.23.IV.1).

³⁰ UNICEF South Asia. 2017. "Child Marriage." <https://www.unicef.org/rosa/what-we-do/child-protection/child-marriage>



Access to sexual and reproductive health rights

A critical component of health care is access to quality and affordable sexual and reproductive health services, including access to contraception and, where legal, safe abortion. Research conducted by UN Women and UN ESCAP (2021) found that some regions have seen progress in this area. Notably, between 2000 and 2017 in the South and Southwest Asia subregion, the proportion of women married or in a union and of reproductive age who had their need for family planning satisfied with modern methods increased from an average of 61.6 per cent in 2004 to 72.1 per cent in 2016. Despite this progress, however, in 13 countries in Asia and the Pacific, less than half of women have their needs met, compared to a global average of 76.8 per cent.

Multiple dynamics constrain women's access to family planning across the region. These include cultural and traditional norms that deter women from accessing sexual and reproductive health services (discussed further in section 7 below), accessibility shortfalls for women in rural and remote areas, lack of funding for services and shortages of supplies. The current lack of data on sexual and reproductive health in conflict and humanitarian settings also presents problems for effective resource allocation and timely service delivery.³¹

Poor labour force participation, unpaid care work and the gender wage gap

During interviews respondents highlighted the gender inequalities related to female labour force participation in the Asian region. Research confirms that in 2019 female labour force participation was 66 per cent in East Asia and the Pacific and 25 per cent in South Asia, compared to a world average of 53 per cent. A range of demographic and socio-economic factors influence women's decision to participate in the labour market including marital status, age, geographical location (rural or urban), wealth, household size and education levels.³²

Women in Asia and the Pacific work longer hours in paid and unpaid and domestic work than women (and men) in other regions. They work an average of 7.7 hours daily, of which 3.3 hours are paid, compared to 6.9 hours (5.8 hours paid) for men in the region.³³

ILO (2018) reports that the gender gap pertaining to the time spent in unpaid care and domestic work between men and women fell only by seven minutes over 15 years indicating the persistence of entrenched gender roles and the lack of effective policies to address this gap. A

Care economy UNPAID CARE WORK

- Childcare
- Care of older persons and persons with disabilities
- Care of sick
- Domestic work
- Community care

PAID CARE WORK

- Health
- Personal care
- Education
- Domestic help

(Source: ESCAP, 2021)

³¹ United Nations, Economic and Social Commission for Asia and the Pacific and UN Women Regional Office for Asia and the Pacific (2020). The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25, Bangkok, Thailand

³² Bisma Iftekhhar (2021). Determinants of Female Labour Force Participation in South Asia. Friedrich-Ebert-Stiftung.

³³ United Nations, Economic and Social Commission for Asia and the Pacific and UN Women Regional Office for Asia and the Pacific (2020). The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25, Bangkok, Thailand



contributor here is social norms. This is discussed further in section 7 below.³⁴

Sociodemographic trends such as changing birth and death rates, varying care dependency ratios and changing household structure and composition are other factors that moderate the extent to which women experience the intensity of unpaid care work. They also signal the need for a differentiated care policy response. For example, Asia is expected to account for 65 per cent of the total increase in the population aged 60 years and older by 2050 (UN, 2017, cited in ESCAP, 2019). A rapidly ageing population in a context in which social protection systems are not yet in place is likely to increase the pressure on families to provide care (ILO, 2017). Given the social norms within the region that mediate the division of labour within the home, this then will translate into increased care work for women within families.³⁵

When women are employed in the region, they are overrepresented in informal jobs without access to social protection, and their wages tend to be lower than those of male colleagues. This overarching “gender wage gap” reflects various factors, such as differences in type of employment and wage discrimination within sectors. Variations in the size of the gender wage gap exist within and across countries. For example, factors such as rural and urban location, contract type and education can all impact the gender wage gap within a country. In India, the gender pay gap is 22 per cent for regular employees in urban areas, 39 per cent for temporary or irregular casual workers in urban areas, and 38 per cent for regular workers in rural areas. In Pakistan, men earn 71 per cent more than women controlling for other factors. Discriminatory social norms influence the gender wage gap strongly as discussed further in section 7 below.³⁶

Natural disasters

Although not mentioned during the interviews, the literature review surfaced a significant amount of writing on the gendered impact of natural disasters and the related climate crises.

The UN Economic and Social Commission for Asia and the Pacific (ESCAP), in its 2015 Year in Review, claimed that Asia-Pacific continued to be the world’s most disaster-prone region, accounting for 47% of the disasters that occurred that year. Every year, the region experiences powerful typhoons, flooding, landslides, and earthquakes, as well as drought, volcanic eruptions, tsunamis, and forest fires (UNISDR/WB, 2010).

It is in particular environmental and social situations that social inequalities are exposed, thus providing insight on how some groups of people’s vulnerability increases during natural disasters.

In their study on the gendered impact of natural disasters, Neumayer and Plümpner concluded that disasters tend to claim more lives of women than men, and that particularly, women of lower socioeconomic status are affected (2007). Understanding women’s vulnerability in times of natural disasters means reflecting on the pre-existing gendered relations and processes that put them more at risk when disaster strikes. It is not the gender differences that put women at risk, but rather, the

³⁴ OECD (2021), SIGI 2021 Regional Report for Southeast Asia, Social Institutions and Gender Index, OECD Publishing, Paris, <https://doi.org/10.1787/236f41d0-en>.

³⁵ OECD (2021), SIGI 2021 Regional Report for Southeast Asia, Social Institutions and Gender Index, OECD Publishing, Paris, <https://doi.org/10.1787/236f41d0-en>.

³⁶ United Nations, Economic and Social Commission for Asia and the Pacific and UN Women Regional Office for Asia and the Pacific (2020). The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25, Bangkok, Thailand



gender inequalities that are already pre-existing in society (Mehta, 2007). Thus, when disaster strikes, women, who in many situations are already socially and economically disadvantaged, suffer in particular ways that are due to, and further affect their socioeconomic status.

Climate crises

Climate change poses a severe threat to global well-being, impacting human health, security, and livelihoods, while intensifying poverty. Asia, with its geographic vulnerability and social inequalities, faces significant risks. Climate change jeopardizes fundamental rights, including the right to life, health, shelter, and access to essential resources like food and water, which are increasingly scarce in some regions.

UN Women and UN ESCAP highlight the potential reversal of development gains, especially for 500 million people in high disaster risk, poverty-stricken areas. Marginalized groups, already at risk, face heightened vulnerability due to intersecting discrimination based on gender, class, race, age, and more. Neglecting these disparities in climate action may worsen them.³⁷

In Asia, key economic sectors, such as agriculture, forestry, energy, manufacturing, construction, and tourism, both suffer from and contribute to climate change impacts. While international laws acknowledge the link between climate change, human rights, and gender equality, Asian countries lag in integrating these concerns into their climate policies. Research on implementing such an approach in Asia remains limited.³⁸

6.1.1 Intersectional inequalities

A central component of understanding the context is recognising that Intersectional inequalities (including gender, race, ability, class, sexual orientation and gender identity, geographical location, education, disability etc) shape individuals' relationships to systems of power and individuals' vulnerabilities. Participants described how from an intersectional perspective compounding inequalities are experienced by certain groups of women, particularly in the context of COVID-19 which both made visible and exacerbated pre-existing intersectional inequalities. These women include migrant workers, garment factory workers, informal workers, indigenous persons, and female sex workers.

Climate anxiety is rising, and young women and girls are speaking out on these issues to their governments. This is a time of ecological crisis; and the impact of climate crisis from the loss of land, livelihoods and increased violence, reduced access to services such as education and health are lived realities of women in the region. If this goes unchecked, it not only stops progress on International Human Rights treaties and conventions, it impacts on life itself. We recognise that addressing the climate crisis at the intergovernmental level cannot be siloed to the UN Framework Convention on Climate Change (UNFCCC), and instead needs a holistic approach with the commitment of every international institution, entity and process at all levels and encourage the UN, States and other stakeholders to address this immediately.

Source: Asia Pacific Civil Society Declaration on Beijing+25

³⁷ United Nations, Economic and Social Commission for Asia and the Pacific and UN Women Regional Office for Asia and the Pacific (2020). The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25, Bangkok, Thailand

³⁸



Migrant workers

In the Asia–Pacific region, the number of migrant women increased by 48 per cent, from 23 million in 2000 to 43 million in 2017. And 80 per cent of these migrant domestic workers were female. They were at heightened risk of abuse and exploitation in the absence of travel documents, social protections and public services prior to the pandemic.³⁹

The UN Women (2020) reports that, across South and Southeast Asia, migration has become increasingly feminized, and there are large influxes of poor, rural women into urban areas in search of work due to the scarcity of employment opportunities in villages and the demand for female labour in the manufacturing sector.⁴⁰

As extreme weather events increase with climate change, causing economic hardship in many rural and agrarian settings and spurring climate-related labour migration, the number of workers in exploitative work arrangements in factory settings may substantially increase⁴¹.

Garment factory workers

Millions of garment factory workers are employed in the Mekong region, and the majority of these workers are women. For example, the ready-made garment industry in Bangladesh employs roughly 4 million workers, with women – many of them rural-urban migrants – accounting for 85 per cent of the workforce (ILO 2015; Oishi 2005). There are over 750,000 garment factory workers in Cambodia, 77 per cent of whom are women. In Viet Nam, 2.5 million people (82 per cent women) are employed by textile and garment companies, with another two million in supporting industries, such as packing.⁵¹ In Myanmar, more than 700,000 people are employed in the garment sector in Myanmar, and an estimated 90 per cent of them are women.⁵² Lao PDR has the smallest garment factory sector out of the five countries, employing about 30,000 workers, 85 per cent of whom are women. In Thailand, there are 1.03 million garment factory workers, with 70 per cent being female.

Working conditions and employee protections in the garment sector were poor pre-COVID, for example, with many garment workers in Myanmar lacking written contracts.⁵⁶ In Viet Nam, a study highlighted that over half (53.3 per cent) have experienced sexual harassment in the garment sector.

Indigenous women

Asia is home to two-thirds of the culturally diverse global population of indigenous persons (IPs), with each indigenous group facing its own unique set of challenges in the fight for self-determination.

Indigenous Women (IW) face compounded challenges due to their intersectionality, experiencing marginalization as women, indigenous people, and indigenous women. They encounter patriarchal oppression within traditional institutions, limited financial resources, reduced education and job opportunities compared to indigenous men, and inadequate access to healthcare, including sexual

³⁹ UN Women, 2020. <https://asiapacific.unwomen.org/en/digital-library/publications/2020/06/policy-brief-covid-19-and-women-migrant-workers-in-asean>

⁴⁰Kumar Ashish et al. 2018; Phouxay and Tollefsen 2011 .
https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEA/Docs/Publications/2021/02/ap-HRCC-report_online-compressed.pdf

⁴¹ Goereng, 2014. <https://news.trust.org/item/20140429102346-95fck/>



and reproductive health. Even when modern healthcare is available, IW may face discrimination from providers. Domestic violence and gender-based violence remain prevalent in indigenous communities. Ethnic minority women and girls also suffer from significant disadvantages, including unequal land rights and limited access to financial resources and technology, leaving them more vulnerable to financial crises' negative impacts.⁴²

Female sex workers

The bulk of sex workers in the Mekong region are women, recruited directly from villages and small towns or among the recent migrants to cities. The majority of the world's trafficked people are in Southeast Asia, and about half of those are forced into sex work.⁶¹ In Cambodia there are approximately 34,000 sex workers, 13,400 in Lao PDR, 66,000 in Myanmar, 147,000 in Thailand and 71,900 in Viet Nam.⁶² Female sex workers face stigma, discrimination and higher levels of GBV because of their involvement in sex work. Patriarchal norms across the Mekong region related to sexuality, and women's disadvantaged economic and social position, maintains the sex industry in many countries. A significant proportion of female sex workers are illiterate and sexual exploitation and abuse (as well as other forms of violence) is rife. Female sex workers (and in some cases, their children) face stigma and discrimination, which affects their access to healthcare, the rental market, and social and economic opportunities. Transgendered female sex workers are a particularly vulnerable group due to intense stigmatisation and social marginalisation, which can create additional barriers to services and information.

6.1.2 Women's movements

As part of the GPEA, participants described the regional women's structures and organisations which have contributed towards gender equality. **There are numerous regional and national non-government organisations, networks and women's movements** which lobby for women's issues including: International Women's Rights Action Watch Asia Pacific, The Asia Pacific Forum on Women, Law and Development and the Southeast Asia Women's Caucus. The Caucus is a coordinating group is designed to facilitate a sharing of leadership and a mentoring system, where national women's movements are able to impart learnings and capacities to another in mobilizing women's movements across the region.⁴³

Another structure mentioned is the **ASEAN Committee on Women** which is composed of national machineries on women (ASEAN Secretariat, 2016). In 2010 the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) was launched as an intergovernmental body to complement the ASEAN Committee of Women with the purpose of upholding the rights within CEDAW. It comprises 20 representatives, two from each ASEAN country. The ACWC published a Progress Report on Women's Rights and Gender Equality (ASEAN Secretariat, 2016) to take stock of CEDAW implementation, the Beijing Platform of Action and the MDGs.

⁴² Inputs to the Report of the Special Rapporteur on the Rights of Indigenous Peoples to the United Nations General Assembly: Impact of COVID-19 on Indigenous Peoples Friday, 19th June 2020, APWLD

⁴³ <https://womenscaucusonasean.wordpress.com/> accessed 20 September 2023



6.2 Research conducted and research gaps

The literature review and interviewees found very few up to date gender political economy analyses conducted for the Asian region; however, there are a multitude of research studies, reviews, and analyses related to gender equality and women's empowerment in the region.

UN ESCAP, UN Women Regional Office for Asia and Pacific, and ASEAN have produced regular reports over the years. Some seminal works which paint a broad picture on the state of gender equality in the region are:

- The OECD Social Institutions and Gender Index (SIGI) analysis (2021)
- “The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25” by UN ESCAP and UN Women Regional Office for Asia and the Pacific (2020).
- “Pathways to Influence: Promoting the Role of Women’s Transformative Leadership to Achieve the SDGs in Asia and the Pacific” by UN ESCAP (2019)
- Progress Report on Women’s Rights and Gender Equality (2016), ASEAN, UN Women

In addition, several regional level research studies have been undertaken during and after the COVID-19 pandemic using a gender lens. Some examples include:

- Rapid Gender Analysis during COVID-19 Pandemic Mekong Sub-Regional Report Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam (2020), UN Women, Care, UNICEF
- COVID-19 and violence against women: the evidence behind the talk - Insights from big data analysis in Asian countries by UN Women, UNFPA, Quilt AI
- Unlocking the lockdown the gendered effects of COVID-19 on achieving the SDGs in Asia and the Pacific (2021), UN Women

There has also been extensive research and reform work undertaken on the paid and unpaid Care Economy.

This work is being led by the women’s regional organisations, Asian Foundation, ASEAN Committee on Women and UN ESCAP which notes that the unpaid care and domestic work has greatly affected women’s ability to engage in labour markets and has aggravated time poverty for women.

“We are crafting reforms around establishing a care economy which is basically where we are trying to empower women by providing an alternative and building on the care economy so that women are able to focus on building their careers as well as return to work following maternity leave so that they do not miss out on the chances that are available for them”, (SSI, Development Community, Asia)

A report entitled “Addressing Unpaid Care Work in ASEAN,” (2021) provides details on the situation of unpaid care and domestic work performed by women in the ASEAN region. It examines promising policy measures put in place by ASEAN member states and proposes recommendations to introduce



care-sensitive dimension into national and regional gender policies towards building back better and a more equal post-pandemic world.⁴⁴

The Asian Foundation recently produced a “Roadmap for Action on the Care Economy in Asia and the Pacific” (2023) and led the development of a white paper, *Toward a Resilient Care Ecosystem in Asia and the Pacific*, that synthesizes key insights and gaps related to the role of governments, markets and the private sector, civil society, and households and families in meeting care needs in Asia and the Pacific.

Gaps in research

Interviewees were asked what the gaps in evidence are that can inform regional gender policies and programmes that focus on women’s health and labour. Responses are categorised and listed below:

Research gaps in relation to women’s health and gender-based violence

- In Malaysia there are gaps in research around female genital mutilation (FGM) and child marriage - prevalence and factors contributing to these harmful cultural practices.
- There is insufficient data on women’s access to sexual reproductive health and lack of GBV prevalence data to inform policy.

Research gaps in relation to women’s labour and COVID

- In Sri Lanka the female labour participation rate has remained unchanged at around 30-35% for a long period of time and there is a gap in research around the context-specific barriers for women in accessing decent work. There is also a need to conduct research around social protection for informal workers and improving safe working conditions.
- In Bangladesh there are still gaps in research around women and the unpaid care economy.
- The consequences of movement restrictions on women during the COVID lockdown periods and gaining insight into the how women coped with the double burden of care work in Malaysia;
- The impact of COVID-19 and lockdowns on female migrant workers and domestic workers and their exposure to unsafe labour practices, poor living conditions violence, poor access to health care etc in both Malaysia and Thailand. This research will provide evidence for advocating governments to comply with international obligations around safe labour practices.

“So we need to be more prepared for these kinds of situations... which sectors are going to be in great demand and how are we going to monitor those sectors and be more prepared to ensure we don’t engage in forced labour”, (SSI, gender expert, Malaysia)

- There are gaps in research around how to strengthen the resilience and protect the welfare of care workers or frontline workers in the health care system in order to be more prepared for future pandemics, natural disasters etc.
- There was reportedly a lot of research conducted during the COVID pandemic, however, the lingering effects or longer-term effects of COVID in the post-pandemic era is not yet available especially in term of the care economy, health, mental health and domestic violence. Policy makers are interested in what is happening now.

⁴⁴ Addressing Unpaid Care Work in ASEAN, (2021). ASEAN, UN ESCAP



A common theme emerging is that governments in the region do not collect data that allows for an **intersectional analysis** thus limiting the ability to design interventions which ‘leave no one behind’. As one respondent explains:

“There is a lack of evidence regarding women that are refugees or part of the marginalised population because of the policy provision barriers, and we are trying to address that,” (SSI, Co-PI, Malaysia)

This is explored further in the sections below.

Gaps in disaggregated data

During interviews stakeholders mentioned the lack of sex and age, disaggregated administrative data at country level in order to understand national and regional trends and to inform policy interventions, which was particularly problematic during the COVID-19 pandemic. Gender data gaps inhibit evidence-based decision-making; programme and policy design, implementation, and monitoring; and the allocation of resources across a wide range of thematic areas.

This was mirrored in numerous pieces of literature reviewed. For example, during the pandemic the United Nations COVID-19 Global Gender Response Tracker revealed that 43 per cent of Asia-Pacific jurisdictions have no gender sensitive measures at a time of heightened social and economic vulnerability amongst women and girls, compared to 20 per cent globally. Only four countries in the region introduced policies to track risks: violence against women and girls; unpaid care work; women’s economic security.⁴⁵

The United Nations Development Programme (UNDP) and UN Women published the tracker to flag national measures that address, or fall short in responding to, the pandemic’s impacts on women. The UNDP notes that “the COVID-19 crisis provides an opportunity” to implement better measures. In terms of the number of gender-sensitive measures, Australia and India led with 16, closely followed by Bangladesh’s 15 and Fiji’s 13. Other large economies lagged: Japan has introduced just three gender-sensitive measures, none addressing labour market issues, and South Korea introduced four, none addressing violence against women. Myanmar (nine) and Cambodia (eight) both led in Southeast Asia in terms of the number of measures introduced, especially on violence against women.⁴⁶

UN Women (2022) further reported that there is limited data on the differentiated impact of COVID-19 on men and women due to lack of comprehensive sex-, age-, disability-disaggregated data on testing, cases, mortality and vaccines. It is thus difficult to identify opportunities for reducing health inequities by analysing gendered inequalities such as differences in illness outcomes and the social and structural dynamics that influence women’s risk and vulnerability.

The UN Asia Pacific Declaration on Advancing Gender Equality and Women’s Empowerment specifies that member states should focus on strengthening gender-responsive national statistical systems and data collection, analysis, and use.

Source: UN ESCAP Asia-Pacific Declaration on Advancing Gender Equality and Women’s Empowerment: Beijing+25 Review

⁴⁵ UN Women (2022). Gender Equality Post COVID-19

⁴⁶ [Large Gender Gaps in Asia Pacific COVID Fight: New UN Data](#) accessed 1/11/23



Smith et al (2021)⁴⁷ confirms that a barrier to conducting feminist analyses with regards to economic participation of women during outbreaks is lack of disaggregated data which tends to focus on the formal economy and little consideration of the care economy which obscures the effects of women's income and work. Thus, the absence of statistics reflecting the lives of women and girls renders many gender inequalities invisible.⁴⁸

The UN ESCAP and UN Women's analysis on women and girls in Asia and the Pacific for Beijing +25 reveals **critical gender data gaps**. These gaps hinder progress tracking for gender equality and policy development. Financial and technical limitations within national statistical systems contribute to this problem, often stemming from a lack of managerial support and insufficient prioritization of gender statistics in national policies. Additionally, existing gender data remain underutilized due to limited technical capabilities among users and a disconnect between data production and actual needs. Integrated regional efforts are needed, along with increased investments in national statistical systems and enhanced communication and collaboration between data producers and users.

The comprehensive Report makes the following recommendations to strengthen capacities of national governments to close existing gender data gaps:

- Increase investment in national statistical systems
- Prioritize gender statistics in national strategies
- Enhance communication and collaboration by fostering dialogue between national statistical offices, gender machineries, policymakers, civil society organizations, academics, and research institutions.
- Promote widely use of existing gender data - encourage the use of both quantitative and qualitative data; explore non-traditional data sources; and establish centralized gender data hubs to facilitate data accessibility and communication for users with varying levels of statistical literacy.⁴⁹

These recommendations are particularly relevant for the Women RISE initiative as they focus on strategic levers to mainstream gender into national statistical strategies and priorities data collection.

6.2.1 Alignment of Women RISE Initiative

Respondents confirmed that the Women RISE initiative and projects align to the policies and priorities at national, regional, and continental level. This is because the approach of Initiative is to adopt a stakeholder mapping and engagement process to ensure the research topic is aligned to a particular policy need or gap. Furthermore, the multidisciplinary approach being applied together with the inclusion of policy makers on the research team as Co-PIs and forming an advisory

⁴⁷ Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham (2021) More than a public health crisis: A feminist political economic analysis of COVID-19, *Global Public Health*, 16:8-9, 1364-1380, DOI: 10.1080/17441692.2021.1896765

⁴⁸ UN Women (2021) [From Insight to Action: Gender equality in the wake of COVID-19](#).

⁴⁹ United Nations, Economic and Social Commission for Asia and the Pacific and UN Women Regional Office for Asia and the Pacific (2020). *The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25*, Bangkok, Thailand



committee is intended to strengthen the relevance of the initiative. This was confirmed during an interview with one of the Co-PIs of the initiative:

“First we have to generate the data after doing the stakeholder mapping...we will then bring the policy maker on board and make sure the key stakeholders are involved from the beginning of the research as the Technical Advisory Group...we will take suggestions from them to build a strong policy bill so that we can translate our data (evidence) into action”, (SSI, Co-PI, Bangladesh)

Another aspect of the Women RISE initiative which is particularly relevant is the intersectional lens it will apply to its research studies. This will fill the gap in disaggregated data required to understand national and regional trends and to inform policy interventions. This is discussed further in the sections below.

6.3 Overview of women’s health and labour policies

This section provides an Asian regional summary of what emerged from the research in terms of women’s health and labour policies relevant to the Women RISE Initiative.

Research objectives:

- Identify the gender policies and legislation that inform or hinder progress in these regions.
- Identify evidence and gender gaps within the regional gender landscape.

As mentioned in the context section, there is no homogenous regional picture as part of the GPEA and there is much diversity across countries and even within countries. Similarly, the policy landscape relevant of women’s health and labour is quite fragmented and the extent to which the global and regional instruments are reflected in national policies vary widely across different countries in the Asian region due to the diverse cultural, political, and social contexts.

6.3.1 Regional level

From the interviews and the document analysis, the SDGs and CEDAW are the key policies at global level which are relevant to women’s health and labour a range of regional level declarations, frameworks, guidelines and plans of action have been developed.

The UN ESCAP **Asia-Pacific Declaration on Advancing Gender Equality and Women’s Empowerment** (2019) provides a catalyst for policy shifts, and this is a window of opportunity for the Women RISE Initiative to contribute to the gender equality landscape in terms of knowledge and policy processes. Ministers and high-level officials from 45 countries in the Asia-Pacific region have committed to intensify priority actions towards realizing women’s rights and fundamental freedoms for an equal future.

Regional Framework for Action on Gender Equality and the Empowerment of Women in Asia and the Pacific (2018-2030) developed by the United Nations ESCAP is a framework to promote gender equality and the empowerment of women in various sectors, including health. It emphasizes access to quality healthcare services, sexual and reproductive health rights, and addressing gender-based violence.

The **South Asian Association for Regional Cooperation SAARC Gender Policy**, 2010. This policy aims to promote gender equality and women's empowerment across South Asian countries and provides a framework for regional collaboration in this regard.



Asia-Pacific Ministerial Declaration on Population and Development (2013). This Ministerial declaration, adopted in 2013, articulated a rights based, gender-sensitive, and non-discriminatory approach to population and development strategies, programmes and policies for the next 10 years in the Asia-Pacific region. It highlights the importance of sexual and reproductive health and rights, as well as the integration of a gender perspective in population and development policies. It is currently undergoing a 10-year review.

The **Asia-Pacific Regional Action Framework on Women's and Children's Health and Well-being (2016-2030)** developed by WHO Regional Office for the Western Pacific, this framework outlines a set of priorities for improving the health and well-being of women, children, and adolescents in the Asia-Pacific region. It addresses issues such as maternal and child health, sexual and reproductive health, and gender-based violence

The Association of Southeast Asian Nations (ASEAN) which consists of ten member states has developed several **declarations, statements, guidelines and regional plans of action**. However, as one study respondent noted, whilst the ASEAN has been good at adopting different instruments, these are not legally binding. The only legally binding document is the Anti-trafficking guidelines.

Some examples of the declarations, statements, guidelines and regional plans of action for the ASEAN which are relevant to this GPEA include:

- Ha Noi Declaration on the Enhancement of Welfare and Development of ASEAN Women and Children (ASEAN, 2010) in which ASEAN countries committed to gender equality
- ASEAN Declaration on the Gender-Responsive Implementation of ASEAN Community Vision 2025 and Sustainable Development Goals (2017) ASEAN countries operationalised their political commitment and aligned it with the 2030 Agenda for Sustainable Development. The declaration urges governments to collect high-quality and sex-disaggregated data and it introduces the concepts of gender-responsive policies and budgeting.
- The ASEAN Declaration on the Elimination of Violence Against Women and Elimination of Violence Against Children (2013). The ASEAN adopted this declaration in 2013 to address gender-based violence. It calls for stronger regional cooperation to prevent and respond to violence against women and children in ASEAN member states.
- ASEAN Regional Guidelines on Violence against Women and Girls Data Collection and Use in 2018 and ASEAN Regional Plan of Action on the Elimination of Violence against Women (2015) is meant to guide the development of adequate national legal frameworks and institutional mechanisms for effective prevention and protection services, towards the elimination of violence against women.
- ASEAN Gender Sensitive Guideline for Handling Women Victims of Trafficking in Persons in 2016.
- Action Agenda on Mainstreaming Women Economic Empowerment in ASEAN (2017)
- Vientiane Declaration on Transition from Informal Employment to Formal Employment towards Decent Work Promotion in ASEAN (2016)



6.3.2 National level

In its analysis of the national review reports from 45 ESCAP member states⁵⁰ across the Asian region, UN Women and ESCAP (2021) note that countries have prioritized legislative actions to introduce or strengthen frameworks to advance gender equality and women’s empowerment.

National gender machineries usually refer to formal government structures assigned to promote gender equality and/or improve the status and rights of women, including through a women’s ministry or other government department. Effective national gender machineries enable States to develop and implement their commitments to the Beijing Platform for Action and 2030 Agenda. Yet the capacity of these machineries to mainstream gender equality and women’s empowerment considerations and priorities throughout all government policies and actions remains weak across Asia and the Pacific.

In 2016, UN Women reported that most national gender machineries in the region require stronger mandates and more resources. National review reports confirmed that national gender machineries lack high-level support, and are under resourced and siloed, all issues constraining their authority and capacity to effectively drive progress on gender equality and women’s empowerment. As a result, gender equality and women’s empowerment are more likely to be approached through stand-alone technical projects rather than through significant tranches of work that apply a gender analysis across government programmes and systems.

The table below provides a high-level, snapshot summary of the findings of national efforts to improve women’s access to decent work, address unpaid and domestic work and support for women’s entrepreneurship.⁵¹

Table 3 Summary of country level efforts to strengthen labour legislation and policy

Focus	Theme	Findings across Asian member states
Improving access to decent work	Anti-discrimination laws and workplace policies:	Thirty-one countries surveyed reported taking actions to advance laws and workplace policies and practices that prohibit discrimination in the recruitment, retention, and promotion of women in the public and private sectors. Thailand and Timor-Leste are the most recent countries to ratify ILO Convention 111 on Non-discrimination in Employment (in 2017 and 2016, respectively).
	Equal wage legislation:	Eight countries reported enacting equal wage legislation.
	Gender wage gap	Variations in the size of the gender wage gap exist within and across countries. For example, factors such as rural and urban location, contract type and education can all impact the gender wage gap within a country. In India, the gender pay gap is 22 per cent for regular employees in urban areas, 39 per cent for temporary or irregular casual workers in

⁵⁰ 45 of the 58 ESCAP members were invited to complete the Beijing+25 regional survey

⁵¹ United Nations, Economic and Social Commission for Asia and the Pacific and UN Women Regional Office for Asia and the Pacific (2020). The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25, Bangkok, Thailand



		urban areas, and 38 per cent for regular workers in rural areas.
	Measures against sexual harassment:	Twenty-two countries reported taking measures to prevent sexual harassment, including in the workplace.
Unpaid care and domestic work: Policies that recognize, reduce and redistribute unpaid care and domestic work are critical for ensuring women’s access to decent (paid) work and shared prosperity	Paid family leave:	Across the region, 29 countries surveyed reported introducing or strengthening family leave policies since 2014. Some countries took actions to enable workers, more so women, to mitigate impacts on their careers.
	Expanding access to quality childcare services:	Twenty-three member States reported initiatives to expand childcare services or make existing services more accessible, especially for parents working part-time or in informal sectors.
	Private sector incentives:	In addition to the examples provided earlier in Bangladesh and Japan, in Malaysia and Thailand, tax breaks and/or subsidies are used to incentivize employers to provide on-site childcare. This strategy can significantly ease work-life tensions for employees. Additional measures are needed, however, to ensure universal access to childcare that benefits all families, especially those in the informal sector who cannot access benefits available to formal public and private sector employees
	Increasing support for older persons and others needing intense forms of care:	Fifteen countries surveyed reported actions to expand support for frail and older persons and others needing intensive forms of care.
Entrepreneurship: efforts to ensure that entrepreneurship promotion coincides with promotion of decent work opportunities and progress towards gender equality and women’s empowerment	Financial inclusion:	Twenty-one member States reported taking actions to improve women’s financial inclusion and access to credit.
	Strengthening access to land:	Actions to strengthen women’s land rights and tenure security were notably low, with only nine national review reports indicating such actions. Legal reforms to enhance and protect women’s land tenure, inheritance, and management, for example, were established in Cambodia, China, and Myanmar.

Below are some country level examples provided by interviewees of how legislation and related political contexts are shaping the labour context in which Women RISE is working:

Malaysia

- The Employment Act provides provisions for employment conditions, working hours, leave entitlement and maternity protection. However, there has been work around getting paternity leave legislation passed. A campaign was initiated six years ago by NGOs and the law changed to seven days paternity leave. This is seen as a big win, but efforts are underway to secure a longer-term paternity and maternity leave which is only four months.
- The anti-sexual harassment Act in Malaysia was passed in 2022 after more than 10 years of advocacy work by CSOs.



- Civic space has opened leading to a broader participation and movement for democracy.

Philippines

- Anti-sexual harassment Act and good practices around women’s health and labour. The Philippines has good ranking in the global gender rankings and are at the forefront of good policies relating to gender in the Asian region.
- The Magna Carta of Women (MCW) was signed into law on 14 August 2009 and is considered as the translation of the CEDAW into the nation’s legal system. It defines discrimination against women in accordance with Article 1 of the Convention and cites specific acts of discrimination by law, policy or practice including discrimination compounded by intersecting grounds⁵². The Magna Carta of Women (MCW) expanded the mandate of the national women’s machinery, from being a policy advisory body, to becoming the primary policymaking, coordinating, over-all monitoring and oversight body on women and gender equality concerns.⁵³

Thailand

- In Thailand respondents mentioned progressive employment laws – equal pay for equal work regardless of gender.

Sri Lanka

- Sri Lanka has signed CEDAW, and other ILO conventions and they have mostly been domesticated in national legislation but there is no national gender equality policy on health and labour.
- Whilst there are a lot of labour policy provisions in the country, they are outdated with only a few amendments. However, the government is focusing on legislative reforms. There have been consultative meetings on this matter and some of the issues raised are directly related to women. For example, two policies related to childcare have been drafted in 2019: the National Childcare Policy and National Day Care Policy were drafted in 2019

Bangladesh

- Bangladesh, for example, increased the minimum wage and set a mandatory annual salary increase for garment workers, raising the industry standard.
- Bangladesh is taking actions to improve women’s access to modern technologies, infrastructure, and services.

The table below provides a high-level, snapshot summary of the findings of national efforts to improve women’s access to healthcare.⁵⁴

Table 4 Summary of country level efforts to strengthen health legislation and policy and actions to address violence against women

Focus	Theme	Findings across Asian member states
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⁵² CEDAW/C/PHL/7-8, 2015, para. 12.

⁵³ Regional Review on Laws, Policies and Practices within ASEAN relating to the Identification, Management and Treatment of Victims of Trafficking, especially Women and Children Jakarta, ASEAN Secretariat, October 2016

⁵⁴ United Nations, Economic and Social Commission for Asia and the Pacific and UN Women Regional Office for Asia and the Pacific (2020). The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25, Bangkok, Thailand



Improving health outcomes for women and girls	Expanding universal health coverage and public health services:	Thirty member States reported actions to expand women's access to health services through universal health coverage or public health services
	Expanding specific health services for women and girls:	Thirty-eight countries reported expanding specific health services for women and girls, including related to sexual and reproductive health, mental health and HIV.
	Promoting comprehensive sexuality education:	Sixteen countries reported boosting comprehensive sexuality education in schools or through community programmes.
Responses to intimate and non-intimate partner violence, sexual violence and sexual harassment	Introducing or strengthening legal frameworks:	Thirty-six countries reported introducing or strengthening laws on violence against women and girls, including through better enforcement and implementation. More specifically, 28 countries reported strengthening legal frameworks around intimate partner violence or domestic violence, while 14 countries reported establishing sexual harassment policies.
	Introducing or strengthening services for survivors of violence: For example, shelters, help lines, dedicated health services, legal and justice services, counselling, housing, etc.	Thirty-six countries, including every country in East and North-East Asia and more than three-quarters of countries in North and Central Asia, the Pacific, and South and South-West Asia reported taking these or similar actions.
	Introducing or strengthening women's access to justice:	Twenty-four countries reported having taken these actions, such as through establishing specialized courts, and providing specialized trainings for the judiciary, prosecutors, lawyers, paralegals, the police and social workers, among others.
	Prevention strategies centred on raising public awareness:	Thirty-five countries reported using public awareness-raising initiatives to promote attitudinal and behavioural change as their most common violence prevention strategy. Eighteen countries said they had supported grassroots and community-level mobilization. Approximately the same number reported working with men and boys.
	Addressing violence against women facing multiple forms of discrimination:	Twenty-seven countries reported taking actions to address violence against women facing multiple forms of discrimination.
	Measures to tackle the trafficking of women and girls	Twenty-two countries reported diverse actions to combat trafficking. These
	Legislation to combat early, child and forced marriage:	Nineteen countries reported prioritizing actions to address these marriages.



	Services for survivors:	While 36 countries reported strengthening services for survivors of any kind of violence, many of these actions were directed at survivors of human trafficking.
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Below are some country level examples provided by interviewees of how legislation and related political contexts are shaping the health context in which Women RISE is working:

Malaysia

- There have been shifts in sexual harassment legislation with stalking made an offense and gender responsive budgeting has been initiated.

Thailand

- In Thailand, an affordable, quality, and accessible approach to migrant health care allows both documented and undocumented migrants to enrol in health insurance coverage.
- Thailand is boosting comprehensive sexuality education in schools and educational settings that include TVET and teacher training, respectively.

Sri Lanka

- The health care system in Sri Lanka is guided by national policies which follow WHO guidance and uses a life cycle approach, thus covering women’s needs throughout their life cycle with access to special programmes from government funded clinics such as well-being clinics where they can get screening for non-communicable diseases and referrals for medical advice, (SSI, gender expert, Sri Lanka)

Bangladesh

- The Government of Bangladesh integrates metrics on violence against women and sexual and reproductive health and rights into factory inspections and concepts of good performance.
- Bangladesh extended comprehensive sexual and reproductive health services to women in refugee camps, including services for adolescent girls and access to family planning.
- **Bangladesh**, a country with one of the highest rates, passed the Child Marriage Restraint Act in 2017, which included both increased punishments for those assisting early, child and forced marriages as well as a requirement for a birth certificate at the time of marriage to ensure compliance.

6.3.3 Gaps in regional gender policies and legislation that focus on women’s health and labour

During the interviews respondents repeatedly highlighted the **gap between policy and implementation**. This is mirrored numerous times in the literature that highlights the widespread implementation of the frameworks and interventions listed in the section above is incomplete due



to a lack of institutional gender mainstreaming, capacities, and resources, as well as discriminatory social norms around gender that maintain inequalities despite rights and protections.⁵⁵

The most frequently mentioned gaps in health and labour related gender policies and legislation in the region extracted from the literature and interviews include the following: gaps in intersectional data on women's unpaid care work, gaps in employment and care economy policy response, gaps in property and inheritance related policies, gaps in policies around women's access to SRHR and addressing GBV; and gaps in COVID and natural disaster response policies.

Gaps in employment related policies

In terms of employment related policies, whilst there is significant progress in certain countries for coverage of basic benefits in formal sector occupations, however, women in many ASEAN member states work largely in the informal sector which is insufficiently covered by these employment policies, and they do not cover the needs of migrant women. There is thus a need to shift the caring from women to men via paternity leave and gender-equitable caregiver leave policies need to be expanded.⁵⁶

Gaps in policy response for migrant workers

Interviewees mentioned **gaps in national policies related to female migrants** which puts them at risk for deportation and exploitation. For example, in Thailand the Immigration Act, which was last amended in 1979, does not differentiate between male and female migrant workers (gender blind) and if you enter the country without documentation, you are deemed illegal and subject to risk and deportation, regardless of your gender or sexual orientation, (SSI, decision-maker).

"Female migrant workers are dominant in food processing industry and domestic work but they are completely invisible...we don't know what is happening to them," (SSI, decision maker, Thailand).

Without legislation recognising them there is very limited knowledge about their working conditions and the extent of labour exploitation, particularly in domestic work where it is difficult to regulate their work in private homes.

Interviewees also noted that in Malaysia female migrant women do not have universal coverage and access to public health and social protection and were particularly vulnerable during the pandemic as the following quote reveals:

"Factories were kept open during the lockdown for economic interests; and small and medium factories did not have access to stimulus packages and thus were not able to provide support to their workers," (Regional workshop, Asia)

Although there is an ASEAN declaration on protection of migrant women and their families, this is not legally binding and thus depends on the political will of the respective countries in the region. For example, Philippines and Indonesia have been at the forefront of protection of migrant workers'

⁵⁵ United Nations, Economic and Social Commission for Asia and the Pacific and UN Women Regional Office for Asia and the Pacific (2020). The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25, Bangkok, Thailand

⁵⁶ Ibid.



rights because they are sending countries and thus want to be seen advocating for the protection of their citizens.

Furthermore, the risks faced by women workers are compounded by the lack of labour rights and workplace safety compliance in many factories, as well as their unpaid care and domestic work responsibilities (Ajibade, McBean, and Bezner-Kerr 2013; ILO and ADB 2011).⁵⁷

Gaps in care economy policy response

A positive effect of the pandemic has been the light turned upon the central importance of care work. It also has highlighted the pressing need to prioritize care in policy responses. The policy mapping study and GPEA conducted by UN ESCAP and ASEAN (2021) and exposed the following gaps in the care economy policy response before and during the pandemic:

Insufficient **care infrastructure** at the start of the pandemic disproportionately affected women, increasing their unpaid care and domestic work, limiting job opportunities, and creating various physical and social challenges, particularly in rural areas.

Social protection policy measures, including child assistance, cash transfers, maternity grants, and childcare benefits, are crucial in addressing the pandemic's social, economic, and health dimensions. Countries with better human and gender development rankings are more likely to implement gender-sensitive social protection measures, but women may face challenges accessing them due to caregiving roles. Policymakers must not only focus on care-sensitive policies but also develop effective implementation strategies for gender-responsive social protection systems.

Expanding access to publicly funded **care services** and institutional care provision can alleviate women's unpaid care work and boost their labour force participation. This could include, for example, home care packages, financial support for carers, and childcare for essential workers

Gaps in property and inheritance rights policies

Legal and regulatory barriers across Asia and the Pacific impede women's ability to start businesses. Unequal property and inheritance rights can profoundly restrict women's ability to start and grow businesses, as fixed assets are the most readily accepted form of collateral used to obtain commercial loans. While all countries in South Asia have equal property rights in marriages, equal inheritance rights for widows do not exist in Afghanistan, Bangladesh, Nepal, Tonga, and Pakistan. Further, in Pakistan, a woman cannot register a business in her own name without providing her father's or husband's name and address in the presence of a witness.

Gaps in policies around women's access to SRH services and abortion in Southeast Asia

In Southeast Asia, women limited reproductive autonomy rights are rooted in discriminatory laws and social norms. No country in the region legally guarantees universal access to contraception. Meanwhile, important legal limitations constrain women's power to control their own body and their rights to safely abort. As evidenced by the SIGI analysis by OECD (2021), in seven Southeast Asian countries,⁵⁸ abortion is illegal unless it is performed to save a woman's life.

⁵⁷ UN Women (2021) Climate change, gender equality and human rights in Asia: Regional review and promising practices

⁵⁸ Brunei Darussalam, Indonesia, Lao PDR, Malaysia, Myanmar, Thailand and Timor-Leste.



The age of consent in Asia varies widely by country and can range from 12 to 21 years old. UNFPA recommends that the age of consent to sex in the Asian region should be set at an age that recognizes that many young people commence sexual activity during their early adolescence. Consensual sexual activity between adolescents who are similar in age should not be criminalized. Contradictions between age of consent to sex and age of consent to SRH services should be reconciled. The age of consent for autonomous access to SRH and HIV services should be equal to or lower than the age of consent for sexual relations.⁵⁹

Gaps in policies addressing GBV

Despite legislative advancements around several forms of violence against women and girls in the region, the World Bank's Women, Business, and the Law database shows that fewer than 50 per cent of countries in North and Central Asia and the Pacific have laws in place to address sexual harassment. Marital rape is not explicitly criminalized in more than half of the countries in most subregions.

Gaps in Covid and other natural disaster responses and social protection policies

A study conducted by UNDP (2021) found that a gender lens was mostly absent from post-COVID 19 policy measures and recovery plans. In the wake of the COVID-19 crisis, Asian governments implemented several policies aimed at addressing the socio-economic effects that the crisis had on the most vulnerable. Most of these policy measures entail social protection and labour support measures which may benefit women ultimately, although they are not targeted specifically at them.⁶⁰ In its study on Women in Natural Disasters, The ASEAN intergovernmental Commission on Human Rights found that as the ASEAN moves toward efforts at responding to natural disasters as a region, it has yet to fully integrate the gender approach in its regional disaster response.⁶¹

6.3.4 Mapping on gender integration as per the Gender Integration Continuum

The GPEA findings show that regional organisations do not systematically integrate gender in terms of women's health and labour and legislation and policy. For example, the ACW has produced the ASEAN Gender Mainstreaming Strategic Framework 2021–2025 which presents key strategies for advancing gender equality amongst the ASEAN's ten member states including improving data collection, conducting gender analyses for policy development, monitoring policy impact, promoting women's participation in decision-making, and implementing gender mainstreaming across ASEAN sectoral bodies.

Interviewees stated that national governments are not systematically integrating gender into policies, and it is generally felt to be piecemeal. For example, it was highlighted that in Malaysia there are still challenges with integration of gender into reproductive health and into support for migrants and refugees. However, despite this, there are developments underway to mainstream gender. For example, in Thailand the Institute of Human Rights and Peace Studies is working on

⁵⁹ Young people and the law in Asia and the Pacific: A review of laws and policies affecting young people's access to sexual and reproductive health and HIV services (2013). UNESCO Bangkok Asia and Pacific Regional Bureau for Education

⁶⁰ Addressing Unpaid Care Work in ASEAN (2021). UN ESCAP, ASEAN

⁶¹ Women in Natural Disasters: Indicative Findings in Unraveling Gender in Institutional Responses An ASEAN Intergovernmental Commission on Human Rights (AICHR) Thematic Study (2017); Department of Political Science, Ateneo de Manila University

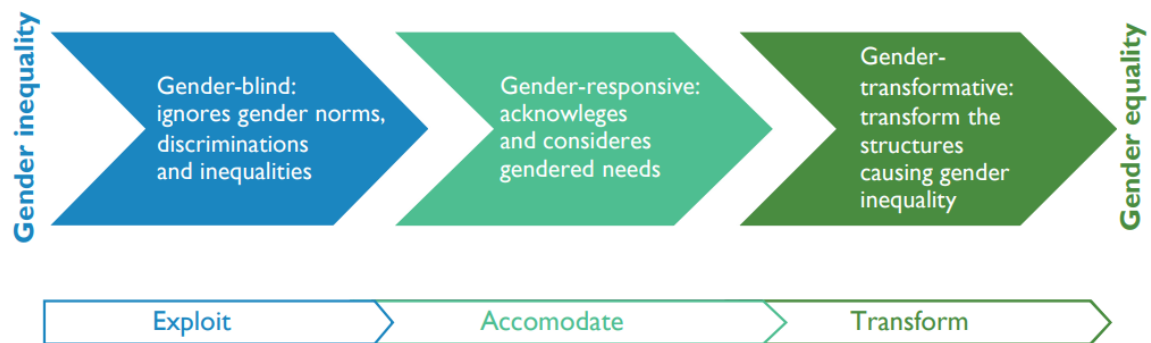


gender responsive budgeting; and it has been proposed by government to create a Special Committee on women and children made up of nine members of parliament to review policies from a gender perspective. Although the interviewee was uncertain about the extent to which this has been successfully implemented.

This is mirrored in terms of the UN ESCAP gender analysis of policies and programmes in the Asian region which identified some promising practices through which member States have laid a foundation for countering discriminatory gender norms and practices and making possible transformations in the future. For example, actions to promote work-life conciliation that pay direct attention to reforming the culture of work have the potential to transform discriminatory social norms that assign unpaid care responsibilities to women. As such, policies that promote the capacity for balancing unpaid care work for both male and female workers reduce discriminatory expectations that only women bear the burden of balancing work and family and help to redistribute these responsibilities within the household.⁶²

However, in terms of the gender integration continuum (see figure below), the GPEA analysis notes that on the whole most policies are on the gender -blind and not the gender-transformative end of the continuum and therefore much work needs to be done to ensure that the systematic and consistent integration of gender considerations to both be are gender-responsive to gender needs and realities and as well as be gender-transformative and to work to address the underlying structures that cause and exacerbate gender inequality.

Figure 2. The gender equity policy continuum



Adapted from UNICEF and UNFPA (2020)

7 Stakeholder mapping and analysis

This section explores global, regional and national stakeholders who have a bearing on gender policy, legislation and debates in Africa. A key objective here is to identify key state and non-state actors that have some bearing on the gender equality legislative debates the Asian region to identify their interests, motivations, and decision logic and understand the key power relations and allies.

⁶² United Nations, Economic and Social Commission for Asia and the Pacific and UN Women Regional Office for Asia and the Pacific (2020). The Long Road to Equality: Taking stock of the situation of women and girls in Asia and the Pacific for Beijing+25, Bangkok, Thailand.

Research objectives:

- Contribute to providing a shared understanding of the current context, politics, and how it affects women's health and work programming. The key power relations and dynamics.
- Undertake stakeholder mapping and power analysis to identify key state and non-state actors that have some bearing on the gender equality legislative debates in specific regions and globally to identify their interests, motivations, and decision logic and understand the key power relations and allies.

7.1 Overview of stakeholders influencing gender policy development and implementation

The GPEA sought to identify the key stakeholders in the region, their authority and interest in gender equality.

The conceptual framework in section 4 outlines three forms of power: visible power, hidden power and invisible power. This chapter deals with visible power, which are the formal rules, structures, authorities, institutions, and procedures of political decision-making.

The table contained in annexure 1 describes the global, regional and national stakeholders who influence gender policy and legislation debates in Asia. It describes their role, influence on gender policy, and their current interest in relation to gender, labour and women's health.

The table shows that UN Agencies, Governments (specifically key line ministries), Regional Economic Communities and Civil Society Organisations play the most critical role in informing gender policy debates and development in Asia.

A detailed summary of these key stakeholders, their authority and interest are discussed further below.

Economic development agencies such as the World Bank and the Asian Development Bank provide technical support and funding for regional and national initiatives. They have varying levels of authority and interest in promoting gender equality, with their interest lying in funding diverse initiatives, particularly those focused on healthcare access, research, and reporting.

Regional political and economic development communities like the ASEAN Commission facilitate dialogue, partnership, and cooperation at regional and national levels. They adopt non-legally binding declarations and have limited adoption of legally binding documents. Their interest lies in promoting and protecting the rights of women and children, as well as migrant workers. However, it was mentioned that ASEAN Commission focuses on promotion rather than protection, and they do not have the power to influence governments for policy change.

UN agencies are critical and have a higher level of influence and interest in promoting gender equality. They advocate and set agendas and priorities for gender-related issues and participate in social and economic development discussions as longstanding partners with both government and civil society at national and regional level. Interviewees and workshop participants highlighted that UN agencies have a unique power to leverage support across sectors due to their apolitical nature. As one respondent noted:

"They have a say in policy spaces, and policy makers do listen to them", (SSI, gender expert)



They have strong convening power and thus can bring together diverse stakeholders and have done so effectively in addressing health and migration issues for women. Their influence contributes to more inclusive and equitable health and labour policies, and they fund development programmes for women and girls in the region. Although it was noted that UNHCR's non-interference in the internal affairs of host countries for migrants and refugees; and ILO's inability to enforce standards without the ratification of conventions by member states limits the extent of their influence on policy decision making processes.

Regional and national CSOs and networks such as the Asia Pacific Forum on Women, Law, and Development (APWLD) play an important role in raising awareness about gender-based discrimination and violence; monitoring government implementation of policies; advocating for gender equality, women's rights. They thus have a significant influence on driving the agenda for gender equality within countries.

Local, grassroots organisations are deemed to have influence on policy debates in some countries because they have strong support base from the community, particularly if they create linkages with the local councillors or village leaders. It was also mentioned that COVID raised the profile and importance of grassroots organisations because they participated actively on special task teams and government relied on them for advice around reaching communities. During COVID they also played a strong 'watchdog' role critiquing government for not providing women with social support such as cash transfers. For example, CSOs in Malaysia put significant pressure on government to ensure informal sector workers who are mainly women received a bigger share of cash transfers because they did not have access to a wage subsidy.

However, whilst CSOs play a critical role in the policy space, their ability to influence policy change at national level is dependent on funding and resource constraints, and the civic space created in the country or region. Interviewees said that in countries where there is a threat of governments changing, then political parties are more sensitive to what society wants and thus civil society has more influence on power relations.

Development agencies or funders such as USAID play a role in funding initiatives which are aligned to the national priorities of countries and thus, they may invest in regional and country programmes that promote women's health, empower women to be free from violence, human rights. They can play quite a influential role in decision making, particularly if their role is formalised when aid is provided to government with certain conditions attached.

Governments ministries of women, health, labour, commerce are responsible for developing and implementing policies on cross-cutting issues, such as women's welfare, gender, children, and persons with disabilities and thus have a critical role to play in promoting gender equality and women's empowerment. They have the authority to enact laws and policies that promote gender equality, and they can allocate resources to support gender-related initiatives. However, their interest in promoting gender equality varies widely across countries. Furthermore, government decision-making process is driven by political considerations, public and civil society agendas, and economic development goals. Government at sub-national level is responsible to implementing national policies and guidelines and the evidence of successful implementation of programmes or interventions can be used to influence policy choices at national level.

In the Asian region, government ministries have significant influence over the protection of migrant workers which is governed by bi-lateral agreements and MOUs between sending and receiving countries. The power of states in the context of migration varies depending on countries of origin and destination and the nature of their policies. Some destination countries have more stringent



immigration and labour policies, which can adversely affect the health and working conditions of migrant women. The unequal power relations between sending and receiving countries can result in exploitative conditions for female migrants.

Politicians have a direct role in formulating policies that impact women's health and labour conditions. Elections and political dynamics can shape the direction of policies related to gender equity and equality. The decisions made by politicians can either promote or hinder progress in these areas.

Researchers have an important role to play in generating evidence on gender-related issues. They can conduct research on the causes and consequences of gender-based discrimination and violence, and they can evaluate the impact of gender-related interventions. In some countries, such as Thailand, academics are influential because policy makers tend to listen to them to ensure policies are evidence based. During COVID, governments relied heavily on research institutions to conduct rapid assessment surveys which influenced policy decisions during the crisis, and this has elevated their status at national level. They have also applied an intersectional lens in their research in order to 'keep government on their toes' in terms of reaching the most vulnerable, (SSI, gender expert).

The private sector has the power to adopt policies and practices that promote gender equality in the workplace, and they can invest in gender-related initiatives. However, the private sector's influence over policy decision making is driven by their interest in maximizing profits and worker productivity, as well as their concern for a healthy workforce.

Trade unions can play an important role in promoting gender equality and women's rights in the workplace as they organise workers around collective bargaining, wage negotiations and decent work. Trade unions play a crucial role in advocating for the rights of migrant workers. However, they can also influence public opinion, either positively or negatively, with their stance on migrant issues. Anti-migrant rhetoric from trade unions can sway public sentiment and affect policies, underscoring the importance of their role in shaping the narrative.

The media plays a significant role in terms of creating awareness about gender rights violations and attracting public attention on a particular issue which puts pressure on politicians to interact with civil society.

"Malaysia is very much a society driven by social media and the press and trends and topics for discussion – politicians respond to Twitter threads and to being tagged on social media...it is a very accessible platform for the general public", (SSI development community, Malaysia)

Interviewees raised that the media plays a pivotal role in shaping public opinions about migrants. Training media professionals on how to present migrant issues can influence the narrative and public perception. Responsible and balanced reporting can challenge stereotypes and contribute to more equitable policies.

Social media and influencers with large followings can exert significant influence on public opinion and decision-making. Social media can either reinforce stereotypes or promote empathy and understanding, depending on influencers' messages. During the COVID-19 pandemic, for example, negative narratives about non-citizen populations in Malaysia gained traction, resulting in backlash.

The diagram below maps the power of various state and not state actors in relation to their interest and influence in *gender* policy development in Asia, based on the discussion above. What is evident is that while government has the most influence over policy making (as their mandate and



authority), only specific line ministries (Women and Health) carry the most interest around gender equality and equity. Regional women’s movements have significant influence over regional gender policy development whilst national women’s CSOs have high interest and have some influence over policy at national (depending on the context and civic space created). The UN is powerful in that it carries the interest and influence over policy making processes (often also providing resources and technical support to governments); they also bring together decision making bodies and CSOs. The media is not always interested in gender issues but can play an important and powerful role of spotlighting gender issues, and given the right political and social climate, can catalyse policy decisions. Whilst trade unions have strong interest in protecting rights of female workers, their influence over gender policy development is limited. On the other hand, the private sector has a lot of financial influence but its interest in gender policy development remains limited.

What is critical to highlight is that these actors play a complementary role in policy making and policy influence strategies should include multipronged strategies and seek to target these actors.

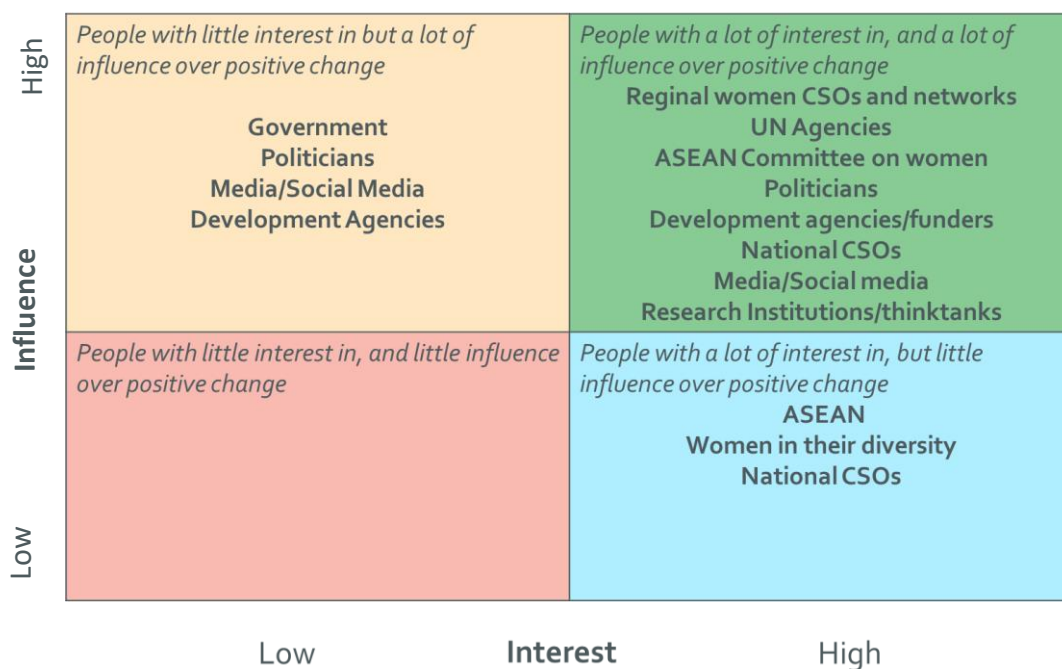


Figure 2 Mapping stakeholders’ interest in change and influence over it

Platforms and spaces for policy engagement

The literature review and interviews surfaced several **regional platforms, forums and conferences** for policy engagement.

The International Conference on Population and Development (ICPD) holds regional conferences and includes engagement with NGOs and private sector actors in the run up to the conference for Ministers. UNFPA is currently reviewing the implementation of the ICPD Programme of Action and the resulting regional reports and the outcomes of the Regional Population Conferences, steered by UN Regional Commissions working with UNFPA, culminate in the global ICPD30 report to be

distributed to Member States and factored into the 79th General Assembly, the High-Level Political Forum and the Summit of the Future in 2024.⁶³

The UN CEDAW Committee monitors implementation of the Convention on the Elimination of All Forms of Discrimination against Women globally.

The Southeast Asian Women's Caucus Network of more than 60 organisations and networks from 11 countries engages with the ASEAN representatives at national and regional level to advance women's rights.⁶⁴

The Asia-Pacific Ministerial Conference on the Beijing+25 review took place in Bangkok, Thailand from 27 to 29 November 2019. Together, ministers and representatives of the member States and associate members of ESCAP affirmed their commitment to accelerating efforts to achieve gender equality and women's empowerment in the Asia Pacific region.

At the same time over three hundred women's rights and feminist organisations, networks and movements from across the Pacific and the Asian Regions committed to the **Asia Pacific Civil Society Declaration on Beijing+25**. The declaration collectively called for government accountability to speed up and implement commitments made over the last 25 years under the Beijing Declaration and Platform for Action (BPfA) to advance gender equality and the rights of women and girls.

A large two-day forum organised by UN Women in Malaysia on the care economy was also run recently. It called for social and economic policies and programmes to confront the fallout of COVID-19 crisis which must be inclusive and transformative, addressing women's leadership and labour, both outside and within the home.⁶⁵

During interviews respondents gave varying responses with regards to national platforms used to debate or discuss women's health and labour legislation and policy. For example, the Malaysian government has interagency platforms and internal committees which do not include civil society. Interaction with policy makers occur through consultative dialogues convened by government, one off events or one on one interactions. Civil society, and in particular women's rights organisations, convene around specific issues such as domestic violence or care work.

Within Bangladesh Policy briefs are disseminated at forums with relevant ministers and in Sri Lanka there is a parliamentary committee on gender equality and a caucus of women parliamentarians, conferences, and social media platforms where women's issues are discussed.

Overall interviewees felt that women and other marginalised groups are not well represented in legislation and policy processes including refugees, migrants, LGBTQI+ community, women with disabilities and women in rural/informal settlements. Generally, when these groups are represented in politics, they are either well-connected, come from affluent families or inherit their position from their family members.

⁶³ <https://www.unfpa.org/regional-reviews-and-conferences> accessed 20 September 2023

⁶⁴ APWLD is a feminist, membership-driven network of 248 diverse women's rights organisations and advocates from 27 countries in Asia and the Pacific

⁶⁵ UN Women (2021) *From Insight to Action: Gender equality in the wake of COVID-19*.



7.2 The political economy and its influence on gender equality, labour and health

Achieving gender equality remains a long journey, and discriminatory political, social and economic factors continue to critically undermine women's and girls' rights and opportunities. This section explores how the political economy influences gender equality, labour and health in the Asian region. A key finding is that the dominant patriarchal power structures coupled with the impact of neoliberal globalization, have shaped women's health, labour, and human rights.

Economic structures and norms

A contextual political economy factor that shapes women's health and labour which emerged during the interviews and regional workshop is **neoliberal globalisation**. According to the Asia Pacific Civil Society Declaration on Beijing+25 (2019), over the last 25 years women and girls in all their diversity in the Asia and Pacific region have been severely impacted by the macroeconomic regimes of neoliberalism which is incompatible with women's rights and gender equality. Neoliberal economic policies benefit corporations over people and has an adverse impacts on women and girls, including by aggravating the burden of their unpaid work and care, and their experiences of violence and harassment. The Declaration further states that the Transpacific Partnership (TPP) Agreement and other Free Trade Agreements rely on an exploitation of labour without the right to labour bargaining.

Furthermore, trade liberalization and privatization of basic services prevents women and girls from accessing and realizing basic rights to education, health and food.

Another influencing factor is the economic competition amongst Asian states for foreign direct investment to boost economic growth which in turn leads to States embracing of more neo-liberal and market-oriented policies at the expense of workers' rights for example.

Macro-economic conditions like the availability of social and physical infrastructure facilities also affect women's access to health services and entering the workforce.

Discrimination and oppression is increasing, and we recognise the role patriarchy, misogyny, heteronormativity, CIS genderism, ableism, classism, racism, casteism, religious discrimination, state capture and corporate power reinforce one another to entrench structural barriers to gender equality and that impact negatively on the lives of women and girls in all their diversity.

Source: Source: Asia Pacific Civil Society Declaration on Beijing+25

During the interviews one respondent raised that the care sector is being hijacked by market interests. Care is seen as an opportunity to make money and there is economic growth in the care sector. The risk here is that, as it becomes commoditised, poorer sectors of society will have less access to care institutions and care infrastructure. It is thus important that government invests in alternative care infrastructure for those who are unable to afford privatised care such as essential workers such as nurses.

Another economic factor influencing gender equality in Asia is women's inability access capital and credit. This is caused by women being proportionately underrepresented among the owners of land and houses, which critically undermines their ability to have the collateral necessary in order to mobilise capital and to seek credit. At the same time, although renewed efforts from governments have closed most gender gaps in access to financial services, women's absolute levels of access to bank accounts remain too low in the region's countries.

"Women do not have much income or economic resources to make decisions, they also have less economic opportunities, especially in rural areas", (SSI, gender expert, Sri Lanka)



The SIGI analysis by OECD (2021), found that although Southeast Asia has made significant progress in securing women's right to access productive and financial resources, critical issues remain regarding their protection in the workplace. Southeast Asian countries have undertaken important legal reforms granting women equal rights to access and control productive and financial resources such as land, houses and bank accounts. However, discriminatory social norms, common gender biases, and traditional practices undermine the reach of such advances.

Social, cultural structures and norms

A common theme that is a central feature across the diverse Women RISE countries is the **patriarchal contexts**, which has particular manifestations at country level. Interviews from the Asian region described the patriarchal power structures which dominate many societies, in which male leadership is seen as the norm, with men holding the majority of power.

In these contexts, respondents articulated patriarchy as a social and political system that treats men as superior to women – where women cannot protect their bodies, meet their basic needs, or participate fully in society, that has shaped women's health women's labour and women's human rights, before, during and post COVID-19.

“We have a patriarchal system from the household to the national level, with men being considered as decision makers or the breadwinner of the house”, (SSI, gender expert, Sri Lanka)

According to the OECD SIGI analysis of the Southeast Asian region, “discrimination in the family” is the most challenging dimension of the SIGI in Southeast Asia – as it is in the rest of the world. Discrimination faced by women and girls in the region in the family sphere stems from important social institutions governing intra-household dynamics between men and women. The region exhibits a medium level of discrimination in this dimension, with a score of 47; this is in line with the global average of 44 and slightly lower than Asia's average of 53. In particular, the region displays high levels of discrimination in terms of intra-household dynamics and caregiving roles.

Labour

The unequal distribution of **unpaid care and domestic work** between women and men is a major barrier to gender equality and women's empowerment.⁶⁶ Women work in the most vulnerable types of employment with the least protection, such as workers in the informal employment, including the self-employed, domestic workers, daily wage workers and contributing family workers.

“In terms of patriarchy we need to look at economic systems and structures that influence the division of labour along gender lines for example, the capitalist economies assigned women to paid and unpaid care work in the private and public sphere”, (SSI, NGO, women's organisation)

The **gap in unpaid care and domestic work** directly stems from discriminatory social norms and expectations that uphold traditional gender roles. While men are expected to be the breadwinner and the primary decision maker in the household, women remain confined to household duties,

⁶⁶ UN Women (2020) *The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens*; GiHA WG (2020) *The COVID-19 Outbreak and Gender: Regional Analysis and Recommendations from Asia and the Pacific*.



taking care of the home and children. For example, 22% of the Southeast Asian population holds negative attitudes towards working women and believes it is not acceptable for a woman to have a paid job outside her home if she wants one – women’s access to the labour market and to quality employment constitute pressing issues for Southeast Asia.⁶⁷

The consequences for women’s social and economic empowerment are far-reaching: reduced labour force participation, lower access to job opportunities, lower revenue and, ultimately, a high cost for the economy as a whole.

Challenging traditional mindsets that encourage stereotypical gender beliefs is necessary to bring about behaviour change. Talking more about men and care and the need to redistribute care work from women to men is a critical enabler of bringing about this norm shift (Nazneen and Araujo, 2020). An important component of this behaviour change rests on redefining masculinity and normalizing public discourse that shows men as participating in domestic chores and care work. wider behaviour change requires a range of sociocultural initiatives (Fiedler, 2020), such as gender-neutral curriculum in schools, TV campaigns, mass media messaging and photovoice stories to mainstream gender equality into unpaid care and domestic work.

Using a gender political economy analysis lens reveals that, when care work is formalised, it remains undervalued. Jobs in care are highly female dominated and notoriously low status and badly paid. This is the result of gender ideologies which portray care work as something requiring few skills that all women and girls are able to do. This precarious, feminised work generates interlinking economic and health insecurities.⁶⁸ This was confirmed during the primary data collection where one respondent explains how social norms drives labour participation:

“Norms around the household – women are the main carers and men should work. This drives labour force participation – most nurses are women – so the care work is women’s work and most child care workers are women. Labour force participation is unequal”, (SSI, NGO, Asia)

Land ownership

Even where the law guarantees equal rights, discriminatory social norms can prevent women from claiming and enjoying their rights. This is borne out by the data on landownership. Despite equal ownership rights in the PRC, as well as in Southeast Asian countries, women own little more than 10% of the agricultural land, evidence of how deeply entrenched the cultural norms are that favour males.⁴⁷ This is particularly germane to South Asia, especially when women marry into families based far away from where they are born.⁴⁸ In Bangladesh, a recent study noted that if a woman’s husband is not supportive of her starting a business, it is highly unlikely that she will pursue the opportunity regardless of other factors.⁴⁹ Nearly one-third of both men and women in South Asia believe that it is

⁶⁷ OECD (2021), SIGI 2021 Regional Report for Southeast Asia, Social Institutions and Gender Index, OECD Publishing, Paris, <https://doi.org/10.1787/236f41d0-en> .

⁶⁸ Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham (2021) More than a public health crisis: A feminist political economic analysis of COVID-19, *Global Public Health*, 16:8-9, 1364-1380, DOI: 10.1080/17441692.2021.1896765



unacceptable for women to have a paid job outside the home. East Asia, Southeast Asia, and the Pacific show a much higher tolerance for women's employment outside the home.⁶⁹

Health

Discriminatory social norms and practices can play a critical role in lowering women's health status. For instance, the practice of child marriage among girls is strongly associated with adolescent pregnancies, which carry severe health risks for young women. Likewise, women's lack of reproductive autonomy and constraints placed on their rights to safely abort lead to increased risks of health complications.

In Southeast Asia for example, poor maternal health remains an issue of concern. One-half of the region's countries continue to display high maternal mortality rates. Although important progress has been achieved since 2010, rates were higher than 100 deaths per 100 000 live births in 2017 in six Southeast Asian countries and reached 250 deaths per 100 000 live births in Myanmar. Poor maternal health outcomes often stem from gender-based discrimination, including insufficient or inadequate access to basic healthcare, lack of access to family planning and reproductive healthcare services, the prevalence of child marriage among girls, and episodes of violence against women. In this regard, addressing these underlying causes is critical to the empowerment of women.⁷⁰

As mentioned previously in this report, gender-based violence continues to be a serious problem in Asia, which displays high levels of discriminatory attitudes and practices and social attitudes justifying the use of domestic violence are widespread. On average, 30% of women and girls in the Southeast Asian region believe that a husband can be justified in hitting or beating his wife under certain circumstances: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to engage in sexual intercourse with him. In four Southeast Asian countries,⁸ the share of women and girls justifying domestic violence exceeds 50%.⁷¹

Women in leadership

Discriminatory social norms underlie persistent inequalities that shape decision-making processes at the highest levels of policymaking and resource allocation.

"Political and economic factors heavily influence the social norms and vice versa. For example, social norms restrict or allow women's participation in politics, so it directly affects the political fabric of the country" (SSI, Gender expert)

The OECD SIGI report (2021) states that women's representation in national parliaments, local deliberative bodies and management positions is improving on average, but uneven progress, both within countries and regionally, indicates that achieving gender equality in decision-making is still a distant goal in Asia and the Pacific.

"I think even though the government makes decisions on policies at national level, these decisions are influenced by the absence of women in high-level decision-making"

⁶⁹ Emerging Lessons on Women's Entrepreneurship in Asia and the Pacific 2018 Asian Development Bank and The Asia Foundation

⁷⁰ Amnesty International (2011), Maternal Health Key To Empowering Women, <https://www.amnestyusa.org/maternal-health-key-to-empowering-women/>

⁷¹ OECD (2021), SIGI 2021 Regional Report for Southeast Asia, Social Institutions and Gender Index, OECD Publishing, Paris, <https://doi.org/10.1787/236f41d0-en>.



bodies. There are consultative processes, however women are absent in those as well so a lot of decisions about health and labour are made without them”, (SSI, Gender expert)

Although Asia’s legal frameworks guarantee women’s political participation, their representation in political institutions at the national level remains low. Only 19% of the region’s parliamentarians are women compared to the global average of 24.9 per cent reflecting significant discriminatory social norms: more than one-half of the region’s population agrees that men make better political leaders than women.⁷²

Available data also suggest that women hold a minority of senior management level positions in the civil services, even where they constitute half or more of the total staff.

At the level of national governments, as well as leadership in trade unions – women are significantly under-represented in the Mekong, and this has been mirrored in COVID-19 taskforces and committees across the region. Sex workers and other marginalised groups face further exclusion from public decision-making spaces.⁷³

Approximately half of the countries in the Asia and Pacific region have instituted measures to create more “enabling environments” for the participation and representation of women in elected bodies. Yet further efforts that address the identified structural and sociocultural impediments to the equal representation of women are needed; measures that may include the introduction and/or revision of policies and legislation that provide the normative framework for equality between women and men in leadership and decision-making; awareness-raising and dialogue that results in the revision of discriminatory beliefs and attitudes in favour of the enhanced engagement of women in the public domain; increased allocation of resources to implement measures that support women’s political participation; application of well-designed special temporary measures, and investment in broadening and deepening the competencies of women for leadership.

Values and beliefs

During the interviews, respondents frequently mentioned the global conservative backlash against undermines the women’s empowerment and rights movements in the region. During the regional workshop, participants noted that the ultra-religious and conservative views also affect various aspects of gender equity, including for example, women’s participation in sports and their dress codes and fuels discrimination against LGBTQI+ communities. These norms cut across different stakeholder groups and can influence social attitudes and behaviour, impacting the lives of women and girls.

Formal rules and rights

Migration Policies

The power of states in the context of migration varies depending on countries of origin and destination and the nature of their policies. Some destination countries have more stringent

⁷² OECD (2021), SIGI 2021 Regional Report for Southeast Asia, Social Institutions and Gender Index, OECD Publishing, Paris, <https://doi.org/10.1787/236f41d0-en>.

⁷³ UNICEF, UN Women, CARE (2020) [Rapid Gender Analysis during COVID-19 Pandemic Mekong Sub-Regional Report](#).



immigration and labour policies, which can adversely affect the health and working conditions of migrant women. The unequal power relations between sending and receiving countries can result in exploitative conditions for female migrants.

Access to justice

Women's legal access to justice is hampered in many Southeast Asian countries by legal pluralism (the coexistence of multiple legal systems), highlighting discrimination experienced by women and girls in customary and religious courts and dispute resolution mechanisms.⁷⁴

During interviews respondents said that there are customary laws in particular communities which have separate legal systems with certain clauses that prevent women from accessing resources that are transferred from one generation to the next. These customary laws fail to protect women's equal economic rights.

Gaps in COVID-19 recovery plans

As the COVID-19 crisis is having a regressive effect on gender equality and women's empowerment, a gender perspective is integral to building a strong, resilient, green and inclusive recovery. Yet, despite the policy measures implemented by the region's governments, too often, a gender lens is missing from recovery plans.

The large majority of policies designed to offset the socio-economic effects of the crisis have failed to integrate such a gender lens. As of January 2021, data from the UNDP's COVID-19 Global Gender Response Tracker show that since the outbreak, 167 policy measures have been implemented by Southeast Asian countries, of which only 50 are classified as gender-sensitive, that is 30% (UNDP 2021). Moreover, among these 50 measures classified as gender-sensitive, 46 of them directly seek to tackle violence against women and girls in the COVID-19 context. These violence-specific measures include the strengthening of services such as hotlines and reporting mechanisms, the operational continuity and expansion of shelters, the provision of psychosocial support, the reinforcement of police and justice responses to address impunity, the operational continuity of health sector response to violence against women and the coordination of accessible services.

As a result, across the entire region, only four measures specifically address the other socio-economic negative consequences faced by women and girls in the areas of social protection, labour market, economic inclusion and/or fiscal justice.

The current state of Southeast Asia's policy response to the COVID-19 crisis therefore calls for governments to take more forceful steps to address gender inequalities. Integrating a gender lens at the outset of policy design would improve social and economic outcomes for millions of women and girls and boost economic growth. This includes both emergency compensation measures to counteract the negative health and socio-economic effects of the crisis, as well as structural changes to address pre-existing inequalities.⁷⁵

⁷⁴ Ibid.

⁷⁵ OECD (2021), SIGI 2021 Regional Report for Southeast Asia, Social Institutions and Gender Index, OECD Publishing, Paris, <https://doi.org/10.1787/236f41d0-en>.



8 The role of COVID on the political economy and women's access to health and labour

This section looks at the extent to which the COVID-19 pandemic exacerbated already existing gender inequalities in Asia with a particular focus on women's health and labour.

Research Objectives:

- Contribute to providing a shared understanding of the current context, politics, and how it affects women's health and work programming.

Review of literature found strong evidence that the political economy shapes the gendered effects of health crises such as COVID-19. Numerous surveys and assessments were conducted across the Asian region which exposed the gendered effects of COVID-19 including increased domestic and intimate partner violence, loss of livelihoods and income, inadequate access to health services, and intensification of unpaid care and domestic work⁷⁶. In addition, women were 'conspicuously invisible' from decision making during the pandemic.⁷⁷

8.1 Increase in Violence Against Women

The pandemic led to a surge in violence against women in South Asia and Southeast Asia, as lockdowns confined victims with their abusers. Financial pressures from unemployment worsened the threat of violence.

"Obviously, given the circumstances of the quarantine, this was very detrimental and harmful for women because they were more vulnerable to being victimised, being violated and having abuse thrown at them", (SSI, development community, Malaysia)

Vulnerable groups, including migrant workers, internally displaced people, refugees, and ethnic minorities, were disproportionately affected. Pre-COVID-19, 70% of women in humanitarian contexts experienced gender-based violence (GBV), rising to 35% worldwide during the pandemic.⁷⁸ The increase in GBV during lockdowns and online misogyny became evident through data analysis in several countries, with Malaysia showing the highest increase (70%). This was referred to as the 'shadow pandemic.' Essential GBV services were severely affected, necessitating urgent attention, alongside vaccine rollouts and social protection services.

8.2 Impact on women's labour

Intensification of Unpaid Care Roles and Domestic Work

The pandemic exacerbated the burden of unpaid care work for women, highlighting its importance in society. During the primary data collection, respondents mentioned that COVID-19 was the 'big revealer' by creating greater awareness of women's unpaid care work.

⁷⁶ ESCAP (2021) COVID-19 and the Unpaid Care Economy in Asia and the Pacific

⁷⁷ Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham (2021) More than a public health crisis: A feminist political economic analysis of COVID-19, *Global Public Health*, 16:8-9, 1364-1380, DOI: 10.1080/17441692.2021.1896765

⁷⁸ UNICEF (2021). EAPRO Humanitarian Situation Report No. 1



“To be more future prepared and for the country to be more resilient, I think it’s extremely important to ensure that power our essential care workers or frontline workers in the health care system or any other frontline workers, (who are) predominantly our women, their needs need to be taken care of”, (SSI, gender expert, Malaysia)

Women in essential care roles faced the double burden of paid and unpaid work. The uneven division of care and domestic work increased during lockdowns, impacting women's economic participation and gender parity.^{79 80} This care work included household tasks and activities like water and fuelwood collection, taking significant time despite being recognized as economic activities. The unequal division of care work led to women withdrawing from the labour force and increased emotional stress. While some positive shifts were observed in men taking on more care responsibilities, doubts remained about long-term changes. Intersectional factors such as geography, class, race, ethnicity, and marital status influenced the extent and consequences of care work for women.

Women Working in the Paid Care Economy

Women in the healthcare sector, constituting 70% of the workforce in Asia and the Pacific, faced increased risks during the pandemic⁸¹ and they were under extreme stress and there are calls for policy makers in the region to address this issue:

“Women make up quite a substantial part of the essential care workers, both the frontline and non-frontline workers and the impact that they face and the stress level that they face as workers is something that the policy makers needs to be more aware of so that the country is more prepared for future disasters, because without these women running the health care system of the country, without these women taking care of the needs of the family, I think we would have had a much bigger disaster on our hands”, (Gender expert, Malaysia)

They played crucial roles in managing COVID-19 patients, but women's participation in leadership and decision-making processes was limited. Globally, women hold less than 25% of senior roles in healthcare. The gender pay gap, barriers to leadership roles, and lack of full-time employment opportunities persisted for women healthcare workers.⁸² Formalizing care work did not result in better recognition or compensation, reinforcing gender norms that undervalue care work. Giving women equal opportunities in leadership roles could lead to better pandemic response and outcomes. Concerns arose about the commodification of care work, potentially excluding those who cannot afford private care. Diverse care models coexisting, and government support were deemed essential.

⁷⁹ UN Women (2020) [The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens](#); GiHA WG (2020) [The COVID-19 Outbreak and Gender: Regional Analysis and Recommendations from Asia and the Pacific](#).

⁸⁰ UNICEF, UN Women, CARE (2020) [Rapid Gender Analysis during COVID-19 Pandemic Mekong Sub-Regional Report](#).

⁸¹ UN Women (2021) [From Insight to Action: Gender equality in the wake of COVID-19](#).

⁸² UN Women (2020) [The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens](#); GiHA WG (2020) [The COVID-19 Outbreak and Gender: Regional Analysis and Recommendations from Asia and the Pacific](#).



Women Working in the Formal Sector

Women experienced a greater socio-economic impact from the pandemic due to pre-existing gender inequalities. Lower pay rates and job insecurity were compounded by industries dominated by women being heavily affected.⁸³ In Asia and the Pacific, women experienced larger declines in working hours and employment compared to men. The sectors hardest hit by COVID-19, such as manufacturing, textiles, garments, care services, hospitality, and tourism, disproportionately employed women.⁸⁴ The pandemic underscored intersectional vulnerabilities, with minority women facing higher unemployment rates. Women working in micro, small, and medium-sized enterprises lost livelihoods without safety nets or social protection.⁸⁵ Additionally, women's limited access to resources made recovery more challenging.

Women Working in the Informal Sector

Women in precarious employment, including the informal sector, were disproportionately affected, with inadequate benefits and protection. Domestic workers and sex workers faced heightened vulnerability, with lower literacy rates, exposure to exploitation, and limited access to healthcare.

Furthermore, migrant workers in domestic work are not covered by labour laws and thus lose their shelter if they lose their job. This also emerged as a key finding during the primary data collection as one respondent explains:

“(In Bangladesh) nobody at the time hired the labour in their house, even the domestic worker, they did not allow these women or girls into their homes, so they were jobless...this was the impact of COVID19 pandemic”, (SSI/SSI, decision-maker, Bangladesh)

Migrant workers, especially women, were hit hard, often forced to return home, where they faced stigma and loss of income.⁸⁶ Inadequate documentation prevented access to social protection services. The pandemic increased the risk of sexual and gender-based violence for women migrant workers.⁸⁷ Reduced salaries and job losses led to decreased remittances, affecting families relying on this income. Women were pushed into extreme poverty due to the pandemic, with projections showing a rise in women living in extreme poverty.⁸⁸

Increase in Extreme Poverty

COVID-19 increased the likelihood of women living in extreme poverty, especially in Central and Southern Asia⁸⁹. Existing gender inequalities left women more vulnerable to the economic effects of

⁸³ International Labour Organization (2020) [81 million jobs lost as COVID-19 creates turmoil in Asia-Pacific labour markets](#).

⁸⁴ ESCAP (2021) [COVID-19 and the Unpaid Care Economy in Asia and the Pacific](#)

⁸⁵ UN Women (2021) [From Insight to Action: Gender equality in the wake of COVID-19](#).

⁸⁶ UN Women (2020) [The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens](#); GiHA WG (2020) [The COVID-19 Outbreak and Gender: Regional Analysis and Recommendations from Asia and the Pacific](#).

⁸⁷ UN Secretary-General's 2019 Report on violence against women migrant workers (A/74/235)

⁸⁸ UNICEF, UN Women, CARE (2020) [Rapid Gender Analysis during COVID-19 Pandemic Mekong Sub-Regional Report](#).

⁸⁹ Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham (2021) More than a public health crisis: A feminist political economic analysis of COVID-19, *Global Public Health*, 16:8-9, 1364-1380, DOI: [10.1080/17441692.2021.1896765](https://doi.org/10.1080/17441692.2021.1896765)



the pandemic. The pandemic revealed intersectional vulnerabilities, with minority women experiencing higher unemployment rates. Many women in micro, small, and medium-sized enterprises lost their livelihoods without social protection. Women's limited access to resources hindered their ability to recover. The pandemic also affected women in the 25-34 age group, with family and care responsibilities impacting their income security. Inequities in access to government-sponsored financial support further exacerbated these challenges.⁹⁰

Before the pandemic, projections for the region suggested that by 2030 only 15.8 per cent of the world's poor women and girls would be living in South Asia. The revised projections now put that figure at 18.6 per cent.

8.3 Impact on women's health and access to health services

Using a gender political economy lens, because women were poorly represented on COVID19 response teams, they were not able to adequately influence decisions affecting their health and well-being during the pandemic. The result is that women were more likely to get ill and they had poor access to essential health care services, thus exacerbating already existing inequalities.

Increased Risk of Illness

The pandemic placed women at a higher risk of illness due to underlying structural factors. As healthcare systems grappled with containing outbreaks, women often shouldered additional care responsibilities for sick family members and the elderly, thus increasing their exposure to illness⁹¹. Moreover, women and girls were disproportionately represented in industries with a high risk of COVID-19 exposure, such as healthcare, informal work, tourism, and the garment industry.⁹² Unfortunately, these women lacked the necessary employee and social protections during the pandemic. For example, in Bangladesh, despite government and factory association measures to prevent COVID-19, safety measures for predominantly female factory workers were not followed, highlighting poor working conditions.

Another factor contributing to women's poor health was the slow and staggered rollout of vaccines in the Asia-Pacific region, particularly in conflict-affected countries like Afghanistan and Myanmar.

Restricted Access to Healthcare Services

The pandemic's exclusive focus on COVID-19 resulted in inadequate attention to other health issues, causing a general lack of access to healthcare. Existing gender inequalities were exacerbated, with women facing numerous challenges.⁹³ Women's services, including critical sexual and reproductive health services like maternal care, contraceptives, family planning, abortions, cervical cancer screening, and gender-affirming surgeries, were often labelled as "non-essential."⁹⁴

⁹⁰ Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan & Clare Wenham (2021) More than a public health crisis: A feminist political economic analysis of COVID-19, *Global Public Health*, 16:8-9, 1364-1380, DOI: [10.1080/17441692.2021.1896765](https://doi.org/10.1080/17441692.2021.1896765)

⁹¹ UN Women (2021). From Insight to Action: Gender equality in the wake of COVID-19

⁹² UNICEF, UN Women, CARE (2020) [Rapid Gender Analysis during COVID-19 Pandemic Mekong Sub-Regional Report](#).

⁹³ UN Women (2022). Gender Equality Post COVID-19

⁹⁴ UN Women (2020) *The First 100 days of Covid-19 in Asia and the Pacific: A Gender Lens*. Bangkok. Available at https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&ndvs=3400.



A rapid gender analysis conducted by UNICEF and CARE in 2020 revealed that access to health and sexual reproductive health (SRH) services was hindered by factors such as fear, safety concerns during travel, discrimination (particularly against ethnic minorities), language barriers, limited services in rural areas, and constraints on freedom of movement.⁹⁵ This issue disproportionately affected undocumented migrant workers, especially pregnant women. This common theme emerged across countries during primary data collection, with groups experiencing intersecting vulnerabilities at greater risk due to unequal access to essential services. For instance, women in rural areas of Malaysia struggled to access SRH services, and initially, the Thai government resisted providing support to migrant workers.

Approximately 60% of women in the Asia-Pacific region reported major difficulties in accessing healthcare services and longer waiting times to see a doctor.⁹⁶ The fear of contracting COVID-19 and restrictive lockdowns deterred women from seeking essential primary and SRH services, exacerbating existing inequalities. For example, in Nepal, only 58% of births were attended by skilled personnel, a situation that worsened during the pandemic.

Maternal mortality rates rose as fewer pregnant women could access compromised maternal health services. UNICEF's research in Afghanistan, Bangladesh, India, Nepal, Pakistan, and Sri Lanka found that COVID-19 significantly reduced the coverage of SRH and maternal and child health services by more than 50% in the second quarter of 2020. This resulted in over 239,000 maternal and child deaths, an additional 3.5 million unintended pregnancies, and a 50% increase in unsafe abortions.⁹⁷ Early unintended pregnancies among 15-19-year-olds also disrupted girls' education.

8.4 Women's Decision-Making Power

Women's representation in managing response and recovery efforts during the pandemic was inadequate. A study conducted by UNICEF, UN Women and CARE (2020) in the region found that women were notably absent from leadership and decision-making roles in the COVID-19 response, both in national governments and trade unions. This underrepresentation extended to COVID-19 taskforces and committees across the region. Sex workers and marginalized groups faced additional exclusion from public decision-making spaces.⁹⁸

8.5 Limited Data to Inform Policy Responses

UN Women (2022) reported limited data on the differentiated impact of COVID-19 on men and women hindered efforts to address gender-based health inequities. The absence of comprehensive sex-, age-, and disability-disaggregated data on testing, cases, mortality, and vaccines made it challenging to analyse gendered inequalities and understand the social and structural dynamics influencing women's risk and vulnerability.

⁹⁵ UNICEF, UN Women, CARE (2020) [Rapid Gender Analysis during COVID-19 Pandemic Mekong Sub-Regional Report](#).

⁹⁶ UN Women (2020) *Unlocking the Lockdown—The Gendered Effects of Covid-19 on Achieving the SDGs in Asia and the Pacific*. Bangkok. Available at https://data.unwomen.org/sites/default/files/documents/COVID19/Unlocking_the_lockdown_UNWomen_2020.pdf.

⁹⁷ UNICEF ROSA (2021) *Direct and indirect effects of the COVID-19 pandemic and response in South Asia*.

⁹⁸ UNICEF, UN Women, CARE (2020) [Rapid Gender Analysis during COVID-19 Pandemic Mekong Sub-Regional Report](#).



The lack of disaggregated data, which primarily focused on the formal economy and overlooked the care economy, obscured the effects of women's income and work. Consequently, many gender inequalities affecting women and girls remained invisible.⁹⁹

The United Nations COVID-19 Global Gender Response Tracker revealed that 43% of Asia-Pacific jurisdictions lacked gender-sensitive measures, compared to 20% globally. Only four countries in the region introduced policies to track risks related to violence against women and girls, unpaid care work, and women's economic security.¹⁰⁰

8.6 COVID-19 as an opportunity to “build back better”

As the analysis above confirms, COVID-19 exposed vulnerabilities in social, political and economic systems. It forced a shift in priorities and funding across public and private sectors, with far-reaching effects on the well-being of women and girls.

COVID-19 has been referred to frequently in the literature as an opportunity for restructuring and creating a ‘new normal’ in which “no one is left behind”. In defining the new normal these structural inequalities need to be addressed to prevent the perpetuating cycles of poverty that disproportionately affect women and reinforce gender inequalities.¹⁰¹ As stated by the UN Women (2020) in the region: *“Women must be the architects as well as the beneficiaries of efforts to build back stronger and better in response to these highly visible fault lines”*.

In line with this, there have been numerous calls by UN Agencies and women’s organisations for the region to renew its focus on women’s unequal labour force participation and unpaid care roles and vulnerability of women in informal work stating that:

- Investments are needed in opportunities for economic empowerment of women
- Systems need to be restructured to include proactive policies for women’s leadership beyond COVID-19 with anticipated challenges related to climate change and increasing automation/digitization of employment (e.g. agriculture sector).

9 Conclusion

The GPEA has shed light on the complex and diverse contextual factors that underlie gender inequalities in the Asian region including the shadow pandemic of gender-based violence, limited access to sexual and reproductive health rights, unpaid care work and the persistent gender wage gap. It also underscores how intersecting inequalities affect individuals' vulnerability, particularly in the face of natural disasters and climate crises. Marginalized groups, such as migrant workers, informal labourers, indigenous communities, and female sex workers, face unique challenges.

The COVID-19 pandemic significantly exacerbated already existing gender inequalities. It amplified violence against women, particularly during lockdowns, and disproportionately affected vulnerable groups like migrant workers. Unpaid care work's burden on women intensified, impacting their

⁹⁹ UN Women (2021) *From Insight to Action: Gender equality in the wake of COVID-19*.

¹⁰⁰ UN Women (2022). *Gender Equality Post COVID-19*

¹⁰¹ UN Women (2022). *Gender Equality Post COVID-19*



economic participation. Access to healthcare services, especially sexual and reproductive health, was hindered, worsening gender inequalities.

While a wealth of research on the gender landscape exists in the region, research gaps persist in relation to these contextual challenges. A major concern is the lack of disaggregated data, hindering evidence-based policymaking, especially during crises like the COVID-19 pandemic.

At the national level, countries are prioritizing legislative actions to advance gender equality, including anti-discrimination laws, equal wage legislation, and measures against sexual harassment. Policies related to unpaid care work, domestic labour, and women's entrepreneurship are also emerging. However, significant gaps persist in regional and national gender policies and legislation, including limited coverage for informal sector workers and migrants, inadequate responses to the care economy and women's access to sexual and reproductive health services. The COVID-19 pandemic has exposed shortcomings in social protection policies.

The GPEA reveals that policy spaces for engagement in Asia are diverse. Declarations such as the UN ESCAP Asia-Pacific Declaration on Advancing Gender Equality and Women's Empowerment and its accompanying framework, together with a range of regional platforms, forums and conferences offers opportunities for the Women RISE Initiative to contribute to gender equality policy processes. Strong women's rights organisations and movements such as the APWLD and the South East Asian Women's Caucus Network are important allies for policy engagement at regional level. Formal and informal policy spaces at country level also exist at varying levels with the media and social media bringing potential as an ally due to its significant role in creating awareness and attracting public attention about gender equality and rights.

In order to inform the Women RISE Initiative's policy engagement work, the GPEA provides a comprehensive exploration of stakeholder mapping and analysis in the context of gender policy in Asia. It identifies key stakeholders, ranging from UN agencies to civil society organizations, government ministries, economic development agencies, the private sector, trade unions, and the media. These stakeholders play diverse roles in shaping gender policy and legislation, reflecting varying levels of influence and interest.

Furthermore, the GPEA delves into the complex interplay between the political economy and gender equality in the Asian region. It underscores how neoliberal globalization, economic competition among states, patriarchy and discriminatory social norms, values and beliefs shape women's health, labour, and human rights. These underlying structural inequalities have significant implications for women's economic opportunities, access to resources, and participation in decision-making processes.

The analysis underscores the need for holistic, collaborative policy influence strategies that harness the complementary strengths of key actors. By engaging with and understanding their motivations and interests, progress toward influencing gender policies at regional and country level can be advanced through concerted efforts and cooperation among these stakeholders.

The GPEA concludes that the Women RISE initiative is well aligned to the national, regional, and continental policies and gaps. Furthermore, the Initiative's gender transformative approach, proactive stakeholder engagement, involving policymakers as Co-PIs and advisors, and its application an intersectional lens in research enhances its policy relevance and addresses the crucial need for evidence to inform gender transformative policy-making.

The GPEA further concludes by emphasizing the need for challenging traditional mindsets and addressing discriminatory norms that perpetuate gender inequalities. It also highlights the



importance of integrating a gender lens into policy design, particularly in response to crises like the COVID-19 pandemic, to ensure that recovery plans are inclusive and address the specific challenges faced by women and girls.

The pandemic presents an opportunity for positive change and responding to the profound impact of the pandemic on women's health, labour, and decision-making power in Asia. It calls for proactive policies to empower women economically, promote women's leadership, and address persistent gender disparities to ensure a more equitable and resilient future.

10 Recommendations: key points of leverage and turning gaps into opportunities

This section outlines key recommendations on immediate and long-term approaches/strategies that Women RISE can use to ensure transformative gender advocacy addressing community and stakeholder needs. These recommendations build on good practices that the Women Rise Initiative has already put in place to influence research, policy, coordination, knowledge translation, advocacy and communication. The recommendations are largely at a strategic level and need to be further contextualised at regional and country level when they are operationalized.

Research Objective:

- Provide recommendations on immediate and long-term approaches/strategies that Women RISE can use to ensure transformative gender advocacy addressing community and stakeholder needs.

Recommendations for strengthened Gender-Transformative Approaches to Research

- The APHRC should strengthen the role of Research for Policy making through support RECs to develop **Research Policies**. Furthermore, there is a need to improve access to existing research through building a **repository of research** targeting policy makers.
- **The Women RISE research projects should conduct GPEA analyses** at country level ensuring that women in their diversity are included as part of the process of the research project. This ideally should be at the start of a process or project, but the findings of these Regional GPEA case studies can be the catalysts for further GPEA analysis at country level.
- **The Women RISE research teams should adopt or strengthen feminist research approaches** as well as gender-transformative approaches applying **principles** of :
 - Bottom-up approaches and centering women who are directly experiencing these intersectional inequalities.
 - Human centred research design involving women as research as participants (not objects) and advocacy processes that follow
 - Always adopt an intersectional lens when researching gender and power relations
 - Ensure and advocate for disaggregated data in terms of sex, age, geographic location, economic status, employment etc. where possible as a foundation for deeper intersectional gender analyses
- **The Women RISE initiative should expand and adapt their conceptual frameworks to include gender-based violence as a cross-cutting determinant of women's health and labour**, as understanding of the current context and power relations. Also ensure the application of a life-



course approach and ensure that especially adolescent girls and young women are at the intersections of violence against children and violence against women.

- **Draw from feminist scholarship to integrate understandings of social reproduction to analyse** the gendered features of governance, power, and state practice and connect macro and micro processes and power relations.
- **Integrate power analyses** as part of all national research and focus on different forms power, being visible, hidden or invisible, to identify strategic levers for advocacy purposes
- **Build the capacity of the Women Rise research teams** to be able to conduct GPEA as well as to be able to do understand and conduct gender and intersectional analyses across all the research projects. In addition, ensure that there is a gender expert in the Women Rise teams. **Together with policy makers conduct gender** policy analyses as a foundation for generating research evidence to advocate for shifting policies from gender-blind to gender-responsive and gender-transformative, as per the gender integration continuum.

Recommendations for Gender-Transformative Approaches to Advocacy

The Women RISE Initiative and partnerships should at regional and country level:

- **Build the Capacity building of policy makers on how to systematically integrate gender as part of gender transformative policy making processes.** This will have to be based on understanding what capacity exists among policy makers to take this forward.
- **Establish and strengthen relationships with feminist and women’s movements and organisations** at regional and national levels that have experience and expertise in advocating for addressing intersectional inequalities as part of working towards gender equality. Many of these organisations have been identified in this report.
- **Establish alliance and collaborations within international and national stakeholders identified in the GPEA** to support long-term strategies for gender advocacy towards gender and inclusive societies. This includes gender and COVID-19 research consortia identified in the GPEA.
- **Build and strengthen relationships with more progressive media and feminist social media** organisations to use it as platforms for sharing research evidence and shifting public discourse on topics related to the Women Rise research.
- **Build on the relationships between researchers and policy makers to strengthen the research-policy nexus** and use the Women Rise current and future projects and evidence as levers to support closing the gap between policy and implementation.
- **Establish and build relationships with established communities of practice** at regional and national levels amongst researcher and advocates for knowledge sharing around how to influence policies.
- **Build on the national and regional platforms identified in the GPEA** for advocating for on-going capacity building, education and collaboration among stakeholders as part of working towards gender equality.
- **Use the policy window of COVID-19 and of ‘Build Back Better’ approaches to advocate for and create/support the mechanisms for develop public policies and programmes and assigning budgets and increasing political power of women’s national mechanism.** As part of this policy window, to advocate for the systematic inclusion of diverse women and other marginalised groups in these spaces and introduce laws that facilitates the inclusion and consultation of women’s movements and to the citizens



- At a national level **partner with diverse women and LGBTIQ+ organizations** and support their participation and leadership as a cornerstone of effective COVID-19 response and recovery.
- Develop **long terms advocacy strategy and partnerships to address patriarchal social norms** and patriarchal social economic and political institutions, systems and structures that shape power relations at every level of society. This should be **developed with feminist and women's movements** also have experience and understanding of working in patriarchal context, where there is resistance and backlash against gender equality.
- **Build relationships with specific and relevant government ministries** at national and sub-national level for long term policy change and sustainable and aligned research and policy processes going forward. This would also be of benefit to future pandemics and other global crises such as climate change
- **Advocate for increased funding for women's organisations, movement building** and for women's and other marginalised people's long term political and economic empowerment directly into immediate relief, and longer-term response and recovery strategies by and implementing targeted cash and income generating activities and ensuring equal or enhanced employment in predominantly female sectors, and addressing unequal burdens of care



Annexure 1: Key stakeholders influencing gender equality - authority and interest

Types of organisations and levels at which they operate	Stakeholder / actors / institution	Role/authority	Interest (in relation to gender, labour, women's health)?
Economic development agencies (operating at global, regional and country level)	World Bank Asian Development bank	They provide technical support to regional and national organisations that deal with gender-related issues. They play an important funding source for regional and national initiatives. As funders they are in a powerful position to influence decision making at national and regional level.	Their interest lies in funding diverse initiatives, particularly those focused on healthcare strengthening, addressing concerns related to access, research, and reporting. They provide funding for a primary health care strengthening projects which covers strengthening the primary health care system (in Sri Lanka)
UN Agencies (Working at a global, regional and country level)	UNFPA	Set some agenda when it comes to gender matters. They participate in economic development discussions as longstanding partners, consistently engaged in planning and having on-ground staff, fostering strong relationships and institutional collaborations. Government do listen to them but not as other countries who receive funding from them. They have a say in policy spaces and policy makers do listen to them.	They are interested in Gender mainstreaming in various government bodies. They have input into development plans providing feedback to government on various issues. Monitoring of the implementation of programmes.
	UNICEF	Influential when it comes to children's issues Influential when it comes to policy making	Child Protection
	UNDP	UN organization focusing on poverty and development Contributing to research around gender equality, women's health and labour. Influence national and regional policies	Development Gender equality in terms of health, labour, income and vulnerabilities.
	UNHCR	UN-affiliated organisation, focusing on refugee humanitarian protection, Migration	Not specific to gender, labour and health



Types of organisations and levels at which they operate	Stakeholder / actors / institution	Role/authority	Interest (in relation to gender, labour, women's health)?
	UNFPA	<p>Set some agenda when it comes to gender matters</p> <p>They participate in economic development discussions as longstanding partners, consistently engaged in planning and having on-ground staff, including a presence in countries fostering strong relationships and institutional collaborations.</p> <p>Government do listen to them, but they tend to have more influence over countries who receive funding from them.</p> <p>They have a say in policy spaces and policy makers do listen to them.</p>	<p>Sexual Reproductive Health Rights</p> <p>Adolescent and maternal health</p> <p>Gender equality and empowerment (including gender-based violence)</p> <p>Ending Child marriage and FGM</p> <p>They are interested in Gender mainstreaming in various government bodies.</p> <p>They have developed plans providing feedback to government on various issues.</p> <p>Monitoring of the implementation of programmes.</p>
	UN Women	<p>They are the largest UN body championing issues of gender equality.</p> <p>Development and influencing statutes, conventions, policies to be ratified by governments.</p> <p>They shape discourse, share good practices at an global, regional and national levels.</p> <p>They have lots of power and influence in governments, at regional and country level.</p>	<p>Work with government and civil society partners in governance, national planning and budgeting for gender equality.</p> <p>They promote gender equality in health and labour.</p> <p>Particular interest in women's leadership and participation in decision making;</p> <p>Women's income security, decent work and economic autonomy,</p> <p>Gender based violence;</p> <p>Peace and resilience from natural disasters;</p> <p>HIV and AIDS</p> <p>Young women older women</p> <p>Flagship programme: Making Every Woman and Girl Count seeks to "increase the availability of accurate information on gender equality and women's rights in order to</p>



Types of organisations and levels at which they operate	Stakeholder / actors / institution	Role/authority	Interest (in relation to gender, labour, women's health)?
			inform policy and decision-making" ¹⁰²
	ILO	All nations who are member states will anchor and align their labour laws to the provisions made by ILO Protection around Employment	Promote gender sensitive policies in relation to Decent Work Promotion of social justice, human rights, improve economic and working conditions of workers
	IOM	UN-affiliated organisation with focus on migration, includes research/advisory roles/ crisis management	Highlight gender equality in their work Promotion of Global Compact on Migration, SDGs , engagement with member states
	UN ESCAP	Generates knowledge and provides technical assistance and capacity-building services in support of national development objectives, regional agreements, and the implementation of the 2030 Agenda for Sustainable Development. ESCAP also provides support to partners at the national level to implement global and regional intergovernmental frameworks, agreements, and other instruments. ¹⁰³	Promotion of gender equality and the empowerment of women in various sectors, including health. It emphasizes access to quality healthcare services, sexual and reproductive health rights, and addressing gender-based violence. High interest in the Care Economy and funded multiple studies on the care economy in Asia
Development agencies (operating on a global and/or regional and/or national level)	e.g. USAID, DFATD	Formal (if aid is with conditions or given to the government) and informal if aid is given to NGOs	Invest in regional and country programmes that promote women's health, empower women to be free from violence, human rights. Interested in national priorities of aid giving countries

¹⁰² [Flagship programme: Making Every Woman and Girl Count | UN Women – Headquarters](#) (accessed 29 August 2023)

¹⁰³ <https://www.unescap.org/our-work>, accessed 14 September 2023

Types of organisations and levels at which they operate	Stakeholder / actors / institution	Role/authority	Interest (in relation to gender, labour, women's health)?
	Asian Development Bank	They mostly act as a funder for regional and national initiatives. As funders they are in a powerful position to influence decision making at national and regional level.	Their interest lies in funding diverse initiatives, particularly those focused on healthcare strengthening, addressing concerns related to access, research, and reporting.
Regional Political and Economic development communities (operating at a regional and country level)	ASEAN ASEAN Committee on Women; ASEAN Commission on Promotion and Protection of Rights of Women and Children (ACWC); Asian Intergovernmental Commission on Promotion and Protection of Human Rights (AICHR); ASEAN Committee on the Implementation of ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers; ASEAN Committee on Children and Youth	Consists of 10 member states in Southeast Asia They facilitate dialogue, partnership and cooperation at regional and national level Proficient in adopting non-legally binding declarations and limited adoption of legally binding documents. Has one legally binding anti-trafficking convention related to women and children.	Political and economic cohesion of the 10 member states in achieving the SDGs related to gender equality Multiple declarations, frameworks, plans of action and mechanisms established for women's issues.
Governments (operating at a national and subnational level)	Government ministries of women, health, labour, commerce	Policy makers drive the policy agenda and development at national and sub-national level. Government at sub-national level is responsible to implementing national policies and guidelines.	Mandated areas related to gender equality and equity. Integration of gender in planning. Women's health and labour policies are driven from here. Economic development is a key government focus, linked to labour force participation and planning.



Types of organisations and levels at which they operate	Stakeholder / actors / institution	Role/authority	Interest (in relation to gender, labour, women's health)?
			Women and care. They are interested in labour force participation.
	Government ministries of sending and receiving countries	Develop policies regarding migrant workers and any bi-lateral agreements/MOUs between sending and receiving countries Influence over how many migrants can migrate, social protection, and minimum salary. Note: despite policies, irregular migration and people falling out of documented status persists	Maintaining competitiveness of migrant labour
	Political parties at national level	They hold a significant role in driving reform and change, with specific Ministers associated with relevant ministries having substantial authority to lead these efforts.	They are interested in Gender based violence. Some politicians might take up issues based on their varied interest.
CSOs and CSO networks in the women's health and labour space	NGOs operating at global and/or regional and/or country level) ¹⁰⁴ e.g. IWRAW AP, International Migrants' Alliance, ARROW	First point of contact with women especially marginalised populations/ migrants Addressing gender-related issues They are responsible for knowledge production. Agenda setting and technical expertise	Strong interest in addressing Gender-based violence. Human rights, gender equality and their interest lies in advancing and fighting for women's issues Emerging focus on the topic of care and emphasis on women's care responsibilities, particularly child and elderly care. Interested in the intersection of violence and health.

¹⁰⁴ These have particularly been profiled as they operate on a regional level and focus on advocacy at regional and national levels.

Types of organisations and levels at which they operate	Stakeholder / actors / institution	Role/authority	Interest (in relation to gender, labour, women's health)?
	Asia Foundation	<p>It has a widespread presence across Asian countries, focusing on implementing and introducing programs aimed at resolving challenges related to women's empowerment.</p> <p>Developing reform policies and programs.</p> <p>Implementing two main programs: care economy establishment and digital upskilling for women.</p> <p>Collecting data, conducting interviews, and finding solutions to enhance digital skills utilization.</p> <p>Focusing on women's empowerment and addressing challenges in Asian contexts.</p>	<p>Empowering women through innovative solutions.</p> <p>Building a care economy to support women's careers and work-life balance.</p> <p>Enhancing digital skills for women in micro and small economic positions.</p> <p>Promoting women's empowerment across various Asian countries.</p>
	Asia Pacific Forum on Women, Law and Development (APWLD) ¹⁰⁵	<p>APWLD is a feminist, membership-driven network of 248 diverse women's rights organisations and advocates from 27 countries in Asia and the Pacific</p> <p>Lobbied for the violence against women mandate with the UNHR Council Special Procedures.</p> <p>APWLD provides secretariat support for the Women's Human Rights Defenders International coalition and the Southeast Asia Women's Caucus on ASEAN.</p>	<p>Agenda setting</p> <p>Women human rights defender</p> <p>Violence against women</p> <p>Rural and indigenous women's rights, labour and migration</p>
	International Women's Rights Action Watch – Asia Pacific (IWRAP)	International organisation working nationally, regionally, internationally to advance women's rights	Engagement with women's groups on human rights issues at national and local level with a particular focus on CEDAW toward implementation of international treaty norms at the national level.
	South East Asian Women's Caucus	Network of more than 60 organisations and networks from 11 countries that engages with the ASEAN on women's human rights.	Violence against women VAW in the context of migration, discriminatory laws and practices,

¹⁰⁵ www.apwld.org



Types of organisations and levels at which they operate	Stakeholder / actors / institution	Role/authority	Interest (in relation to gender, labour, women's health)?
		Engages with the ASEAN representatives at national and regional level to advance women's rights.	political participation, and economic participation.
Researchers (operating at a regional and country level)	Research institutes and academic experts	Information collecting and knowledge sharing. Producing research that can inform policy making decisions.	Involves conducting research on gender-related topics, particularly women's health and labour issues.
	Think Tanks	Undertake policy analysis and engaging with policy makers to formulate and implement evidence-based policies think tanks are producing reports on the care economy	Achieving universal health coverage; address inequalities to fulfil organizational mission and vision
Private sector	e.g. factory management	Making decisions on number of working days, working conditions (granting leaves, distance between workers in factories), and health response in a pandemic	Their interest lies in maximizing profits and worker productivity. Potentially prioritizing a healthy workforce, considering cost implications for profit margins.
Trade Unions	Operating at regional national level	Organising workers (both formal and informal) Collective bargaining, wage negotiations and decent work	Migrant workers and workers in the public and private sectors. Prohibition of forced labour
Media (operating at national and sub-national level)	Social and mainstream media	Media and social media influencers make statements and create awareness about gender rights violations but also create conservative backlash about issues such as migrant populations	Exposing gender rights violations Driven by market interests

Annexure 2: Gender snapshot for Asian region

Theme ¹⁰⁶	Global	Asia
Women Health	<ul style="list-style-type: none"> • An estimated 12 million • Women in low- and middle-income countries have experienced disruptions in • family planning services, resulting in 1.4 million unintended pregnancies reported. 	<ul style="list-style-type: none"> • Maternal mortality has dropped from 214 to 137 per 100,000 live births in the past two decades.
Labour	<ul style="list-style-type: none"> • Women accounted for 39% of total employment in 2019 but 45% of global employment losses in 2020. • 1 in 10 children are engaged in child labour worldwide. • Number of refugees outside their country of origin increased by 44% between 2015 and 2021. • 45 %of all administrative positions are held by women, in comparison to 35% of technical positions in non-STEM. 	<ul style="list-style-type: none"> • 56% of women participate in the labour force, compared to 79% of men. • Of those employed, an estimated 67% are engaged in the informal sector and 3% live in poverty.
Education	<ul style="list-style-type: none"> • 24 million learners in primary schools (pre-primary to university level) may never return to school. • 25% of schools lack basic amenities (water & electricity). 	<ul style="list-style-type: none"> • Less educated women are more likely to marry early and become adolescent mothers. • Approximately 58% of the countries in this region have implemented at least one measure to facilitate the return of girls to school.
Leadership	<ul style="list-style-type: none"> • Only about 1 in 10 senior managers in the rapidly growing renewable energy industry is a woman. • Women chair only 18.0% of government committees on foreign affairs, defense, finance and human rights, compared to 70.1% of committees on gender equality. • Women hold only 18.9% of parliamentary seats in conflict affected countries, , which is below the global average of 25.6%. 	
Gender equality	<ul style="list-style-type: none"> • Only 22 countries considered women’s or gender issues as a cross-cutting issue mainstreamed across multiple sectors. • Only 57% women are making their own informed decisions on sex and reproductive health care. 	<ul style="list-style-type: none"> • Proportion of women in middle and senior managerial positions, is below 37%. • Proportion of women age 15-49 who agree that wife beating is justified by reason of neglecting the children or

¹⁰⁶ Information compiled in this table is from the following sources (ECLAC, 2022, Progress on the sustainable development goals, 2022); The gender snapshot, 2021; ASEAN Gender Outlook, 2021; Integrated African Health Observatory;2023, SIGI Regional Report, Africa, 2021)



	<ul style="list-style-type: none"> • More than 1 in 4 women is have been subjected to intimate partner violence (641 million)at least once in their lifetime. • Even before Covid- almost half of the 95 countries continued to restrict women from working in certain jobs or industries. • Over 200 million • women and girls in 31 countries have undergone female genital mutilation. • As of the close of 2020, a record 26.4 million people had become refugees, with nearly half being women and girls. • Trafficking victims, predominantly women, reveal that approximately 20 percent of forced labor trafficking cases involve migrants. 	arguing with the husband is below 44%
Poverty	<ul style="list-style-type: none"> • An estimated 435million women and girls were living extreme poverty in 2021. • 53% of the world’s population has no access to social protection benefits. 	<ul style="list-style-type: none"> • Poverty rates have increased since Covid as such, women are more likely than men to live below the poverty line.
Economic growth	<ul style="list-style-type: none"> • In 2020, women experienced more significant job losses (4.2%) compared to men (3%), leading to a global decline of 54 million employed women 	

