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SDG ALTERNATIVE REPORT

Girls and the Sustainable Development Goals in Selected Countries in the Asia-Pacific Region

A Review of Goals 1, 2, 3, 5, and 17 for the High-Level Political Forum on Sustainable Development 2017

GIRLS AND THE SUSTAINABLE DEVELOPMENT GOALS IN SELECTED COUNTRIES IN THE ASIA-PACIFIC REGION:
A REVIEW OF GOALS 1, 2, 3, 5, AND 17 FOR THE HIGH-LEVEL POLITICAL FORUM ON SUSTAINABLE DEVELOPMENT 2017

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARROW	Asian-Pacific Resource and Research Centre for Women
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CESCR	International Covenant on Economic, Social and Cultural Rights
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organisations
CRC	Convention on the Rights of the Child
DAC	Development Assistance Committee
DHS	Demographic Health Survey
EM2030	Equal Measures 2030
FAO	Food and Agricultural Organization
GMD	Global Micro Database
HLPF	High-Level Political Forum on Sustainable Development
ICCPR	International Convention on Civil and Political Rights
ICT	Information and Communications Technology
INGOs	International Non-Governmental Organisations
LDC	Less Developed Country
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer or Intersex
MIC	Middle-Income Countries
MICS	Multiple Indicator Cluster Surveys
MIS	Management and Information Systems
MMR	Maternal Mortality Ratio
MPI	Multidimensional Poverty Index
NGOs	Non-governmental Organisations
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
PPP	Purchasing Power Parity
RCEP	Regional Comprehensive Economic Partnership
SDGs	Sustainable Development Goals
STI	Science, Technology and Innovation
STIs	Sexually Transmitted Infections
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization

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Introduction

Progress made by governments toward the commitments in the 2030 Agenda for Sustainable Development, commonly referred to as the "Sustainable Development Goals" or "SDGs," is reviewed annually at the High-Level Political Forum (HLPF).[1] The second round of global follow-up and review will take place in July 2017 and will include both global reviews of key goals as well as national voluntary reviews from governments.

The theme for HLPF 2017 is "Eradicating poverty and promoting prosperity in a changing world." The set of goals to be reviewed globally during HLPF will be the following:

- **GOAL 1.** End poverty in all its forms everywhere
- **GOAL 2.** End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- **GOAL 3.** Ensure healthy lives and promote well-being for all at all ages
- **GOAL 5.** Achieve gender equality and empower all women and girls
- **GOAL 9.** Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- **GOAL 14.** Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- **GOAL 17.** Strengthen the means of implementation and revitalise the Global Partnership for Sustainable Development

The 2017 forum, which is convened under the auspices of the United Nations Economic and Social Council, will be held from 10-19 July and will include a three-day ministerial meeting. Of the goals being reviewed at the HLPF 2017, this Review focuses on Goals 1, 2, 3, 5 and 17 only, recognising that Goals 9 and 14 have less direct and specific links to the situation of girls and women. This Review uses the definition of girls according to the Convention on the Rights of the Child (CRC), which defines a child as every human being below the age of eighteen years.[2]

For the Asia-Pacific region, the availability of disaggregated data on SDG indicators to support these reviews is poor, particularly when it comes to data on girls. This Review aims to provide a situational analysis of girls and issues related to their well-being using selected SDGs and related indicators to the extent that data are available and indicators are relevant to girls across their lifecycle. The focus of the lifecycle is brought in, where data for women is also presented, to illustrate the longer-term effects of not investing in girls and the potential for improving their well-being when women have a role to play in development such as through political participation.

The Review draws on secondary data and information and provides comparison across 12 countries with a regional overview where possible. These countries include those that have provided voluntary national reviews in 2017; namely Afghanistan, Bangladesh, India, Indonesia, Japan, Malaysia, Maldives, Nepal, and Thailand. Vietnam, which is up for review in 2018, Fiji, and Mongolia were included to enable some comparison within the sub-regions.

The evidence and information, when presented in tabular form, is arranged according to sub-regions, namely South Asia, South East Asia, and East Asia and the Pacific, for ease of comparison if intended. This Review does acknowledge that all countries within sub-regions have not been included due to time constraints. Where data is not available or disaggregated, the gaps in data and analysis on the relevant issues are highlighted. Where gaps exist, complementary indicators are used or broader issues are included in the analysis in order to present a more complete picture of the situation and issues that need to be considered in relation to each goal.

The analysis draws on issues and related indicators, and also provides in-depth stories, where possible, to qualify the issues, progress, and gaps that persist with regards to girls. This includes, but is not limited to, a significant focus on sexual and reproductive health and rights (SRHR) and related issues.

The Review is primarily intended for use by government actors including Asia-Pacific Member States, national delegations attending HLPF 2017, and the Asia-Pacific Permanent Missions to the UN, as well

as civil society advocates and practitioners working in the Asia-Pacific region.

- For governments, the Review provides a comparative perspective of how they are progressing on the SDGs and the girl child relative to other countries in the region. It helps them gain insights into areas of action they should explore in order to reach the goals for girls.
- For Asia-Pacific national delegations, including the Permanent Missions to the UN, and especially the second and third committee members responsible for economic, social and humanitarian affairs, the consolidation of comparative information helps to set the agenda at the international level.
- For advocates and practitioners, the regional situation analysis of the girl child can help inform their advocacy activities and develop their specific asks.

The Review has the following sections: Section 1 is the introduction, Section 2 presents a general regional situational overview of the Asia-Pacific region, Section 3 presents the detailed analysis against the goals 1, 2, 3, 5 and 17, including goal specific recommendations, and Section 4 presents broad conclusions and recommendations.

This Review was prepared by the Asian-Pacific Resource and Research Centre for Women (ARROW) with the financial and substantive contributions of the Equal Measures 2030 initiative.

A Regional Overview of the Situation of Girls in the Asia-Pacific Region

The Asia-Pacific region is home to approximately 4.3 billion people, equivalent to approximately 60% of the global population.[3] Sixty per cent of the global population of 1.8 billion young people between the ages of 10-24 years live in the Asia-Pacific region.[4]

In many countries, adolescent girls achieve lower rates of educational attainment than boys and a greater proportion are out-of-school. Those in rural and poorer households are less likely to be in secondary education, regardless of sex. Those who are uneducated and not in school are more likely to be engaging in child labour, including domestic labour.[5] Education indicators are clear in showing that although primary education enrolment and attainment are higher than previous times, including for girls, secondary and tertiary education continue to be unattainable for many girls. When they are able to gain this access, the skills they develop are not matched with skill needs in the job market, presenting further barriers to improving well-being and moving out of poverty. Government investments in education are limited across countries, which affects quality and attainment.[6] Comprehensive sexuality education (CSE) is one of the essential policy and programme changes that will enable information and education on a number of issues mentioned above.

Many adolescents continue to be affected by harmful traditional practices, including child, early, and forced marriage and female genital mutilation as well as other localised practices, which further stifle potential and opportunities. Those who marry early tend to be from rural areas, have less education and are poor.[7] Persisting gender norms and systemic patriarchy ensures that girls and women remain in low-skilled jobs, have limited access to productive resources including land and access to credit.[8] Girls' and women's secondary position within the family, community and state reinforces limited sexual and reproductive rights. Her role continues to be fixed mainly to care for her husband and family—she cannot aspire to anything more and not beyond the achievement of marriage. This clearly points to the need to dismantle patriarchal systems that help girls and women remain in such positions and address its influence on laws and practices.

Together with the unmet need for contraception, knowledge and access to modern contraception for young people, especially females, is low. The consequences of unintended pregnancy can include stigma, social isolation, school expulsion, forced marriage, violence, and suicide.[9] Knowledge on the use of condoms to prevent HIV/AIDS is better than knowledge of access to condoms in the region, albeit girls have less knowledge than boys. Knowledge on other Sexually Transmitted Infections (STIs) is also low.[10] Violence against girls and women is significant and driven by weak laws, discrimination and girls' and women's low position in society.

POPULATION

- Sixty per cent of the global population of 1.8 billion young people between the ages of 10-24 years live in the Asia-Pacific region.[11]
- The population below the age of 18 years in East Asia and the Pacific and South Asia is 24% and 36% respectively.[12]
- Of the 1.1 billion girls below the age of 18 years, over half live in Asia. Nearly nine in ten girls live in low or middle-income countries.[13]
- The sex ratio for the region in 2015 was 110 boys to 100 girls, which is higher than the natural sex ratio of 105 boys to 100 girls.[14]

POVERTY AND ECONOMIC GROWTH

- Approximately 400 million people in the region live in extreme poverty, with multi-dimensional poverty experienced by more than one in four people in the region's developing countries.[15]
- While economic growth remains steady in many parts, it has been uneven across the region and within countries. Income inequalities continue to increase across the region and within countries and disproportionately affects girls and women.[16]
- The living conditions of these people in the region and how their basic needs are met are also hugely varied. Despite the progress that has been made in acute poverty, where 1.1 billion people have moved out of extreme poverty[17] in the region since 1990, poverty is still a reality for millions, with girls and women feeling its greatest impact even in countries that have made the most amount of progress in reducing it.[18] According to UNICEF,[19] children account for half of the global poor.

HEALTH AND NUTRITION

- The nutrition levels of people in the region are varied; 11.9% of people are undernourished. Three hundred million people in South Asia and South-West Asia are affected by hunger.
- The proportion of stunted children (under the age of five) in Asia and the Pacific was at 19.6% in 2013, which is 70 million children; it is nearly double the figures for Africa.[20]
- In 2015, the under-five mortality rate, which declined since 1990, was higher in South Asia than in East Asia and the Pacific; 53 and 18 per 1,000 live births respectively. There are marginal differences between boys and girls.[21]
- The infant mortality rate (infants under one year of age) has also been on the decline between 1990 to 2015 in South Asia; from 92 to 42 deaths per 1,000 live births.[22]
- The adolescent fertility rate varied across countries in the region in 2014.[23] While fertility data for younger girls below the age of 15 years is limited in the available analysis, it is indicative of the extent of the negative effects pregnancy and childbirth have on the young.[24]
- Adolescent fertility has declined by almost 40% in South Asia, partly due to reductions in child marriage, albeit rates are high in regions where the practice persists, such as rural areas, and among girls with low education and socio-economic status.[25]
- Twenty-five per cent of first births before the age of 20 years in Asia were conceived before marriage. Restrictions on abortion also affect adolescents.[26] Access to contraception for girls is low, whether they are married or not, and delaying pregnancies may not be an option.[27]
- The Asia-Pacific region has seen promising reductions in maternal and child mortality, yet maternal mortality and morbidity continues to plague several countries in the region. The reductions in maternal deaths per 100,000 live births between 1990 and 2013 have been greatest for lower-middle-income countries (from 481 to 174 per 100,000) and low-income countries (from 845 to 267 per 100,000). Data on mortality and morbidity of girls who are giving birth is very limited and not disaggregated by age or marital status. Available data show that maternal mortality affects girls as young as 15 years.[28]
- Globally, in addition to unsafe abortion risks, death from pregnancy caused by haemorrhage, sepsis, preeclampsia/eclampsia and obstructed labour, was the leading cause of death for less than 15 and 15-19 year-old girls.[29]

Situational Analysis of Selected Sustainable Development Goals (SDGs) Under Review

This section focuses on the specific goals and selected indicators. Within each goal discussion, a cross-country situational analysis using data for the respective indicators in general and in relation to girls, in particular, is presented, followed by the relevant data gaps and considerations for further issues within the particular thematic area. Recommendations are also included for each goal.

GOAL 1. END POVERTY IN ALL ITS FORMS EVERYWHERE

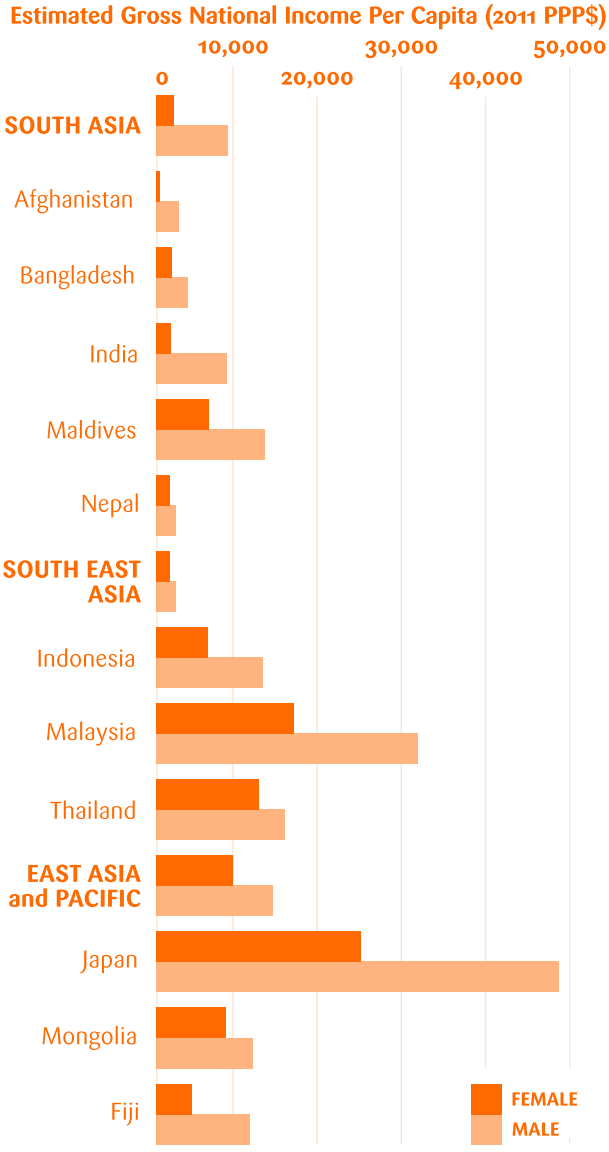
Goal 1 on poverty is critical for girls. As the world moves towards taking into account the multi-dimensional nature of poverty by including aspects of health, education and living standards into poverty measurement, it is important to recognise that within poor families, it is girls and women who disproportionately suffer the effects of poverty; the repercussions could be life-long. Persistent gender inequality in the region with regards to access to employment, further education, entrepreneurship and political participation also means that this early discrimination has a life-long impact on girls and women compared to boys and men. "If poverty is to be seen as a denial of human rights, it should be recognised that the [girls] and women among the poor suffer doubly—first on account of gender inequality and second on account of poverty."[30]

Rethinking Feminisation of Poverty

The nexus between gender and poverty is multifaceted and needs to be further explored and understood. This is difficult in the context of scarcity of gender disaggregated data in a number of countries. So far, in the women-in-development and gender and development literature, feminisation of poverty is approached through three considerations: the growth of female-headed households, intra-household inequalities and bias against girls and women, and neoliberal economic policies.[31] However again, cross-country comparative data is extremely limited in these areas despite the need to consider the differential impacts of poverty as part of addressing it.

The review illustrates the significant inequalities between female and male gross national income per capita, which is attributed as one of the many reasons why women are poorer than men. Other factors include women's "disadvantage in respect to poverty-inducing entitlements and capabilities,"[32] and "constraints on

FIGURE 1: Female and Male Estimated Gross National Income Per Capita (2011 PPP$) Across 12 Countries in the Asia-Pacific Region



Source: UNDP 2016

TABLE 1: Indicators That Capture Particular Dimensions of Poverty That Expose Women to Greater Suffering and Exploitation Over Time

Improve quality and coverage of sex-disaggregated data on material poverty	This would include enumerating women and men in households below the poverty line and involve comparative poverty assessments of household headship based on per-capita income.
Improve data on the economic returns of female and male labour	Income-generating activities must go beyond statistics on gender differentials in earnings in the formal labour market and document remuneration in the informal sector. Further efforts to assign a monetary value to reproductive labour and the assignment of household chores is also essential as much of the work overloaded to women are not socially or economically recognised.
Generate data on gender differentials in expenditure	Collecting data not only on what women and men in poor households earn (or manage to have access to), but also on how they spend their money and the extent to which different sources of income are devoted to collective basic household needs, to investment in other household members, and reserved for personal expenditure.

Source: Chant 2016

socio-economic mobility due to cultural, legal and labour market barriers."[33]

Income inequality can be a strong determinant of health and mortality.[34] With health now recognised as a major dimension of poverty, the widespread income inequality between females and males across the region is further indicative of girls' and women's increased vulnerability toward poverty.

Chant outlines two underlying problems with basic definitions and assumptions of feminisation of poverty. These are that it presents women as a homogenous mass or differentiated solely on grounds of household headship and that monetary poverty is the main criterion.[35] Although gender equality and women's empowerment are now mainstream dimensions of development discourse, resource allocation toward gendered disaggregated data required to identify and redress policies for gender responsive development is still lacking. Moving forward, data concerning the gendered deprivation among the poor in respect to inputs rather than income may yield a more obvious and meaningful depiction of the feminisation of poverty. A few indicators that are considered below can help develop this angle further in relation to poverty.

Poor people themselves describe their experience of poverty as multidimensional.[36] Participatory exercises reveal that poor people describe ill-being to include poor health, nutrition, lack of adequate sanitation and clean water, social exclusion, low education, bad housing conditions, violence, shame, disempowerment and much more. Poverty intensifies the effects felt during crisis contexts. The inability to address poverty and the effects on girls will not only affect Goal 1 but will also impact how other goals can be achieved, given that poverty affects overall well-being and creates challenges and barriers to ensuring the broad range of socio-economic well-being.

Child poverty is a facet of poverty that needs to be understood with evidence, including how it affects girls. The lack of disaggregated data on how poverty is experienced at a young age at the national level also limits analysis on how poverty can be tackled from its root causes to address the cyclical and intergenerational nature of poverty. Recent estimates using calculations from the Global Micro Database (GMD) found that an overwhelming 94% of poor children live in low-income or lower middle-income countries of which India alone accounts for 30%.[38] It is important to consider who these children are, including how many are girls and their experience of

poverty, and their vulnerability to poverty. Access to unequal opportunities from a very early age means that these experiences are further exacerbated by additional burdens and barriers that prevent access to essential resources and services as girls grow older. For young people, life-course events such as transitions into adulthood, marriage and childbirth can all together play a significant part in altering a young person's vulnerability to poverty;[39] however, these are not often well considered in existing poverty analysis.

Poverty and Sexual and Reproductive Health and Rights

Access to sexual and reproductive health and rights, including access to family planning services, creates conditions that enable women to enter the labour force and families to devote more resources to each child.[40] Alternatively, violations against girls' and women's SRHR, which still persist in the region, exacerbate their vulnerability towards poverty. While there has been much research demonstrating the effect of poverty on reproductive health, few have focused on the reverse relationship.[41] Poor reproductive health outcomes such as early pregnancies, unintended pregnancies, excess fertility, and poorly managed obstetric complications, could increase the chance of remaining poor. However, additional data is required to clarify and elaborate on this relationship.

Poor girls are particularly vulnerable as they experience multiple layers of oppression, which limit their access to opportunities and availability of choices. Social norms around girls' education and women's participation in the formal labour force mean that girls are not prioritised in a household's education investment decisions. In poverty-stricken households, parents may assess the cost and benefits of marriage and decide to marry their daughters early if they are seen as an economic burden. Of course, other influences such as social and cultural attitudes and behaviour, education levels, and community context also play a role. However, it is important to note that the poorest countries have the highest child marriage rates and child marriage is most common among the poor who have fewer resources and opportunities to invest in alternative options for girls. Adolescent and young adulthood may be the period, after early childhood, in which anti-poverty interventions have the most potential for long-term positive change.[43] It is important that disaggregated data is made available based on both age and gender to effectively direct resource allocation toward poverty eradication in the region.

Measuring Poverty: Income and Multidimensional Poverty

Poverty is often defined as deprivations in well-being resulting in an inability to meet the basic needs of the individual or family.[44] While historically the focus has been on calculating poverty using income and expenditure measures, there have been efforts to expand on this analysis given that poverty or lack of well-being covers both monetary and non-monetary aspects.

Income poverty is usually measured nationally using household surveys that present a proportion of population living below the poverty line in each country. While this figure is not internationally comparable, it helps provide insights into income poverty conditions in particular countries. The figure is usually disaggregated to present regional and district level poverty, rural and urban poverty, across education level etc. By this standard, the proportion of the population living in poverty in the review countries of Afghanistan (35.6%), Bangladesh (31.5%) and Nepal (25.2%) is high. Mongolia (21.6%) and India (21.9%) also have noteworthy proportions of people who are unable to meet their daily food and non-food related needs.[45]

National poverty line data is supplemented by internationally comparable poverty data derived by the World Bank using the $1.90 per day (Purchasing Power Parity terms) definition that presents absolute poverty figures. In the South Asian region, India (21.2%) and in South East Asia, Indonesia (8.3%), have the highest rates of people living in poverty.[46]

In both these sets of data and analysis, the disaggregated picture is limited. In does not present evidence that can inform policy making in an efficient manner as it homogenises the group of people who are poor, including across regions within countries. This homogenization can be assumed to affect the experience and effects of poverty on girls and women, given the influence of systemic barriers, including patriarchy, that keeps girls and women behind. Thus,

TABLE 2: Poverty Head Count Ratio Nationally and on $1.90, Multidimensional Poverty (%), and Contribution of Deprivation in Dimension to Overall Poverty Across 12 Countries in the Asia-Pacific Region

	Population Head Count Ratio Living Below National Income Poverty Line (%)	Population Head Count Ratio Living Below Income Poverty Line of (PPP $1.90 a day) (%)	Population in Multidimensional Poverty (%)	Contribution of Deprivation in Dimension to Overall Poverty		
Country/Region	2005-2014	2005-2014	2005-2014	Education	Health	Living Standards
South Asia						
Afghanistan	35.9	—	58.8	45.6	19.2	35.2
Bangladesh	31.5	18.5	40.7	28.4	26.1	45.5
India	21.9	21.2	55.3	22.7	32.5	44.8
Maldives	15.7	7.3	2.0	27.8	60.2	11.9
Nepal	25.2	15.0	26.6	32.2	25.6	42.2
South East Asia						
Indonesia	11.3	8.3	5.9	24.7	35.1	40.2
Malaysia	—	—	—	—	—	—
Thailand	10.5	0.0	1.0	19.4	51.3	29.4
Vietnam	13.5	3.1	3.9	39.6	24.3	36.1
East Asia and Pacific						
Japan	—	—	—	—	—	—
Mongolia	21.6	0.2	11.1	18.1	27.7	54.2
Fiji	—	—	—	—	—	—

Source: UNDP 2016
Notes: Population living below the national poverty line: Percentage of the population living below the national poverty line, which is the poverty line deemed appropriate for a country by its authorities. National estimates are based on population-weighted subgroup estimates from household surveys.

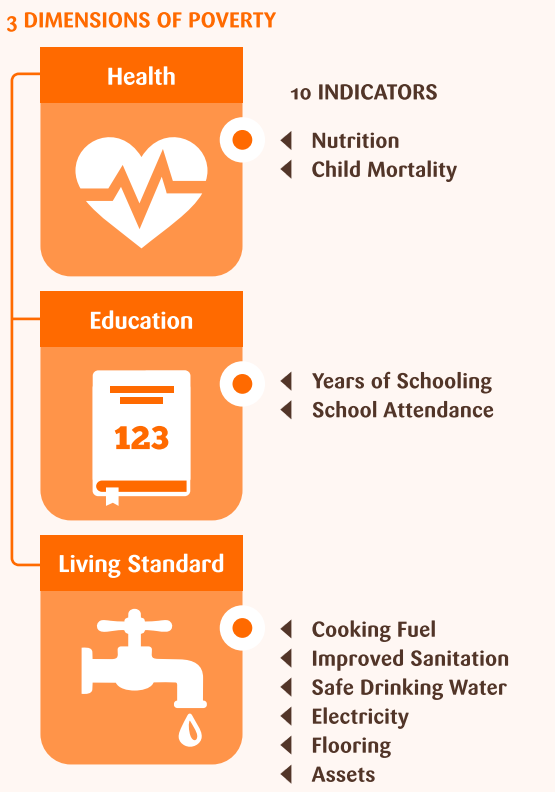
in trying to address income poverty, it is important to have data that presents poverty along gender lines. Addressing the gap in gendered poverty data can help inform and achieve SDG 1.

There have been huge strides made in reducing poverty globally and improvements in the Asia-Pacific region have contributed in large part to this reduction. Of the review countries, Thailand, India and Bangladesh have made the most improvements, albeit many continue to be poor. Thus, persisting pockets of poverty have to be identified across and within countries in order to ensure more effective targeting of resources and actions, and help those who need it the most.[47]

The **Multidimensional Poverty Index (MPI)** put forward by the United Nations Development Programme (UNDP) builds on this information in an attempt to provide a more complete picture of poverty. Income inequality alone cannot adequately capture social exclusions such as lack of access to education, health, and housing. The MPI, however, does not incorporate the monetary aspects of poverty. A multidimensional approach to poverty would need to address both the monetary and non-monetary dimensions of poverty as both are integral in ensuring effective pro-poor strategies toward poverty alleviation.

The MPI aims to complement traditional income-based poverty measures by capturing the severe deprivations that each person faces at the same time with respect to education, health and living standards. "Econometric results indicate that an increase in income can significantly reduce the incidence of multidimensional poverty in each dimension. However, the impact is limited."[48] This alludes to inequalities other than income that prevent people from moving out of poverty which supports the assertion that poverty must be approached as a multidimensional phenomenon.

FIGURE 2: : Indicators Used to Derive the Multidimensions of Poverty



Source: OPHI Online - See http://www.ophi.org.uk/multidimensional-poverty-index/

According to Nobel Laureate Amartya Sen the root cause of poverty in an inequality of rights.[49] In order to achieve Goal 1 of the SDGs to end poverty in all its forms everywhere, it is imperative that the rights of girls and women are realised and upheld. Persistent gender equality in the Asia-Pacific region with regards to access to employment, further education, entrepreneurship, and political participation means that this early discrimination has life-long impact on girls and women, as compared to boys and men.

In the Asia-Pacific region, the top three countries in this review that have the highest percentage of its population living in multidimensional poverty are Afghanistan, India and Bangladesh (58.8%, 55.3% and 40.7% respectively). Data on contributions of deprivations in dimension to overall poverty is also available and provides a basis from which countries can direct resources for poverty alleviation. MPI is only collected for developing countries; however, there has been a shift in the global distribution of poverty from low-income countries to middle-income countries (MICs). More than 70% of the world's poorest are estimated to live in MICs,[50] leaving a significant data gap when left out of international poverty measurements and analysis. The MPI is also only calculated at the household level and not the individual level; therefore, additional data is required to clarify the relationship between gender and poverty.[51]

It is interesting to note however that the ranking and percentage of populations captured as living in poverty varies considerably between the national and international poverty lines and the multidimensional poverty measurement. Statistical analysis on income poverty, and multidimensional poverty measurements show that the coincidence of income poverty and multidimensional poverty is 31% ; in other words, 69% of multidimensionally poor households are not considered poor in terms of income poverty.[52] This points to the need to consider all aspects and factors affecting poverty in order to address it, which includes income and non-income aspects.

Income and Other Factors of Inequality

Income inequality provides insights into the gap between the rich and the poor and how economic growth is being distributed within a population. Countries that have seen the most economic development in the review, such as Malaysia, Thailand, Japan and India, continue to have high levels of inequality. This links back to the analysis on needing to factor in poverty and inequality in relation to development in middle-income countries, where the growth has clearly not been distributed evenly.

However, considerations of income inequality to address poverty and how people experience it are insufficient when considering the well-being of girls. The fact that girls are considered unequal stems from other factors including their access to education and skills-building opportunities. The gender inequality index presents a view on the extent of equality within a country, across three dimensions: health, empowerment, and labour market, and includes indicators such as adolescent birth rate, female and male population with at least secondary education, and female and male labour participation rates.[54] Despite its limitations, it is an insight into the quantification

TABLE 3: Income Inequality Across 12 Countries in the Asia-Pacific Region[53]

Country/Region	Quintile Ratio (2010-2015)	Palma Ratio (2010-2015)	Gini Coefficient (2010-2015)
South Asia			
Afghanistan	—	—	—
Bangladesh	4.7	1.3	32.1
India	5.3	1.5	35.2
Maldives	7.1	1.7	38.4
Nepal	5.0	1.3	32.8
South East Asia			
Indonesia	6.6	1.8	39.5
Malaysia	11.3	2.6	46.3
Thailand	6.5	1.7	37.9
Vietnam	6.8	1.6	37.6
East Asia and Pacific			
Japan	5.4	1.2	32.1
Mongolia	5.2	1.2	32.0
Fiji	8.2	2.1	42.8

Source: UNDP 2016

TABLE 4: Other Selected Aspects of Inequality Across 12 Countries in the Asia-Pacific Region[55]

Country/Region	Gender Inequality Index (2015)	Population with Some Secondary Education – 15 years and older (2015)	
		Female	Male
South Asia	0.52	36.9	58.6
Afghanistan	0.66	8.8	35.4
Bangladesh	0.52	42.0	44.3
India	0.53	35.3	61.4
Maldives	0.31	34.3	30.9
Nepal	0.49	24.1	41.2
South East Asia	—	—	—
Indonesia	0.46	42.9	51.7
Malaysia	0.29	75.4	79.1
Thailand	0.36	40.9	45.8
Vietnam	0.33	64.0	76.7
East Asia and Pacific	0.31	64.1	73.0
Japan	0.11	93.0	90.6
Mongolia	0.27	89.7	85.8
Fiji	0.35	73.9	66.5

Source: UNDP 2016

of inequality along other lines. Most review countries can be considered to have higher levels of gender inequality, with countries in South Asia—Afghanistan, Bangladesh and India—displaying the highest levels. This insight has to be taken together with other factors, including access to education opportunities, especially secondary education, which is particularly relevant to girls in improving well-being.

Recognising Care Work

Currently, caring for children, elders, and the home is unpaid work done mostly by girls and women.[56] This is a burden that women have to carry throughout their lives. Women's contribution to the care economy has to be counted and recognised but not nurtured to the extent that it limits women's options and opportunities. The data availability on care work, including savings to families, communities, and countries, and the impact on well-being throughout the lifecycle across countries, is severely limited.

RECOMMENDATIONS FOR ACHIEVING GOAL 1:

- Address the causal factors that exacerbate poverty at the national level and consider the differential impacts of poverty as part of addressing it. This includes ensuring that adequate and disaggregated data is available, including data and evidence on how people experience poverty.
- Recognise and utilise the multidimensional poverty lens to inform policies and programming that focus on poverty reduction. Ensure that gender is a critical aspect of such considerations.
- Ensure that efforts are made to improve disaggregation of data by age and sex factor in child poverty and the recognition that children, including girls, experience poverty in different ways to adults. This has implications for policy and programming directions that aim to address poverty.
- Address and ensure SRHR within the context of reducing poverty, considering its integral potential to affect poverty positively.
- Ensure that an equitable burden of care is achieved by recognising the role played by those who meet care needs, particularly within the informal sector, in addition to the monetary savings at the household and national levels. Re-visit gender norms and roles, so that the state provides adequate quality gender responsive public infrastructure and services including social protection to support such care needs. Address child care needs and promote policies and practices of shared responsibilities within the family.

GOAL 2. END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE

Goal 2 on hunger is especially pertinent for girls facing gender-based discrimination, including in food distribution and access within families and communities as well as food preparation and the underlying structural determinants that result in the persistence of malnourishment and undernutrition. Data for indicators within this goal point to the need to address malnutrition amongst children. A review of information in this regard in this section points to the limited availability of disaggregated data on how undernutrition and related aspects affect girls particularly, recognising that impacts may vary between boys and girls.

When a person is unable to acquire sufficient food to meet the daily dietary energy requirement, that person is faced with undernourishment. This is usually measured over a period of one year. The Food and Agricultural Organization (FAO) notes that hunger is synonymous with chronic undernourishment.[57]

Undernourishment and anaemia amongst girls and women of reproductive age (15-49 years) is significant in the Asia-Pacific region. Anaemia during pregnancy and postpartum is almost universal and the coverage of nutrition supplementation and services during adolescence, pregnancy, and postpartum is poor and grossly inadequate. Anaemia among the adolescents is also disproportionately high in South Asia and can be traced to malnutrition related to poverty and aggravated by discriminatory cultural practices towards girls. Inadequate nutrition and its outcomes are related to food security issues which include food availability, distribution, quality, and cost, as well as girls' and women's knowledge of nutrition and their access to food.[59]

Nutritious food is essential to healthy growth. Despite the recent achievements with regards to lowering the numbers of people who are hungry, including in the Asia-Pacific region,[59] the prevalence of hunger continues to be a problem in several countries in the region. Hunger is linked to poor health, and poor health can lead to downward spiralling effects when coupled with continuous food insecurity. Sustained food insecurity has implications throughout the lifecycle and is influenced by power dynamics, gender inequality and disempowerment that cuts across various levels. In South Asia, 16.3% of the population is hungry, and it is important to remember that this includes girls. The proportion of the population that is hungry is mostly from Afghanistan (26.8%), followed by Bangladesh (16.4%), India (15.2%), Nepal (7.8%) and Maldives (5.2%). In East Asia and the Pacific region, 10.9% of

the population is hungry—including 20.5% in Mongolia, 7.6% in Indonesia, 7.4% in Thailand, and 5% in Malaysia.[60]

The Global Hunger Index, which combines undernourishment, child wasting and stunting, and child mortality figures, shows that Afghanistan (35.4), India (29), Bangladesh (27.3), Nepal (22.2) and Indonesia (22.1) score high on the index for having considerable proportions of the population suffering the effects of undernourishment and insufficient food intake.[61]

More recent data in the region show how people experience food insecurity. People in urban areas may be experiencing a greater level of food insecurity than people in rural areas; a trend that seems to be more likely in South Asia. This is linked to access to food, food price differences, and access to land and social protection interventions. The findings indicate that in South Asia, women experience this slightly more than men, while the extent that girls are affected remains unexplored to enable cross-country comparison.[62]

Stunting, Wasting, Overweight and Underweight

Stunting refers to growth retardation, which can affect children as a result of poor diets, recurrent infections and long-term nutritional deprivation affecting mental development, school performance, and intellectual capacity. It can affect reproductive health (girls and women are at risk of obstetric complications because of a smaller pelvis, and they can give birth to infants with low birth weight), and results in intergenerational malnutrition, as well as low productivity as children reach adulthood, thereby having long-term effects.[63]

Globally, girls and boys are almost equally likely to be stunted.[64] South Asia, together with Sub-Saharan Africa, contributes to the three-fourths of the world's stunted children below five years (over 30%). The global and regional prevalence is on the decline since the 1990s. The greatest declines occurred in East Asia and the Pacific—experiencing approximately a 70% reduction in prevalence—from 42% in 1990 to 12% in 2011, largely due to improvements in China. The South Asian region has achieved more than a one-third reduction in stunting prevalence since 1990. India, Indonesia, and Bangladesh are included in the list of 14 countries that have 80% of the world's moderately or severely stunted children under five years.[65] Despite the reductions, regional and national disparities persist and can be hidden in data that show averages. Also, some population groups are missed, with limited disaggregation of data by gender, conditions of children in rural areas and in poorer households.

Wasting in children is caused by acute levels of undernutrition as a result of insufficient food intake or a high incidence of infectious diseases, especially diarrhoea. It affects the immune system, increases susceptibility to infectious diseases, and even risk of death.[66]

Moderate and severe wasting represent an acute form of undernutrition, and children who suffer from it face a markedly increased risk of death. The highest wasting prevalence is in South Asia, where approximately one in six children (16%) is moderately or severely wasted. India has the highest rate of wasting followed by Bangladesh and Nepal. India, Bangladesh and Indonesia are amongst the ten most affected countries globally with regards to wasting. In countries with high prevalence, progress is affected by cyclical food insecurity, crises including natural disasters that exacerbate vulnerability, infectious diseases, and socio-cultural practices.[67] These illustrate gaps in analysis that present barriers to addressing wasting, including amongst girls.

Evidence has shown that the mortality risk of children who are even mildly **underweight** has increased. With children who are severely underweight, this risk increases.[68] Underweight prevalence amongst children under five years is highest in South Asia at 33%. As with stunting figures, reductions in East Asia and the Pacific region have been largely attributed to China and progress in other sub-regions has been slow. Data on lower levels of being underweight can mask undernutrition in children under two years, including the period from conception to birth.[69]

The rate of **overweight** children under five years continues to rise globally and has become a significant factor in low- and middle-income countries in the past two decades.[70] Indonesia is amongst the countries that have over 10% or more of the population under five years being overweight (14% in 2010).[71] Childhood obesity (related to age of onset and duration of obesity) is associated with adult obesity in addition

TABLE 5: Severe Wasting, Wasting, Stunting, Underweight and Overweight: Percentage of Children (Male and Female) Aged 0–59 Months (Less Than 5 Years)

Country/Region	Reference Year	Severe Wasting (%)	Wasting (%)	Stunting (%)	Underweight (%)	Overweight (%)
South Asia	2016	**5.0***	**15.4***	**34.1***	—	**4.4***
Afghanistan	2013	4.0	9.0	40.9	25.0	5.4
Bangladesh	2014	3.1	14.3	36.1	32.6	1.4
India	2014	4.6	15.1	38.7	29.4	—
Maldives	2009	2.6	10.2	20.3	17.8	6.5
Nepal	2014	3.2	11.3	37.4	30.1	2.1
South East Asia	2016	**4.7***	**8.9***	**25.8***	—	**7.2***
Indonesia	2013	6.7	13.5	36.4	19.9	11.5
Malaysia	2015	—	8.0	17.7	12.4	7.1
Thailand	2012	2.2	6.7	16.3	9.2	10.9
Vietnam	2015	1.4	6.4	24.6	14.1	5.3
East Asia and Pacific	2016	**0.4***	**1.9***	**5.5***	—	**5.3***
Japan	2010	0.2	2.3	7.1	3.4	1.5
Mongolia	2013	0.4	1.0	10.8	1.6	10.5
Fiji	2004	2.0	6.3	7.5	5.3	5.1

Source: UNICEF, WHO and World Bank Group. 2017a unless otherwise mentioned.
**UNICEF, WHO and World Bank Group. 2017b. Data for Asia and Eastern Asia are excluding Japan. Data is the same for SDG defined regions as stated in the same source.*

to the short-term and long-term health implications including diabetes and cardiovascular diseases.[72]

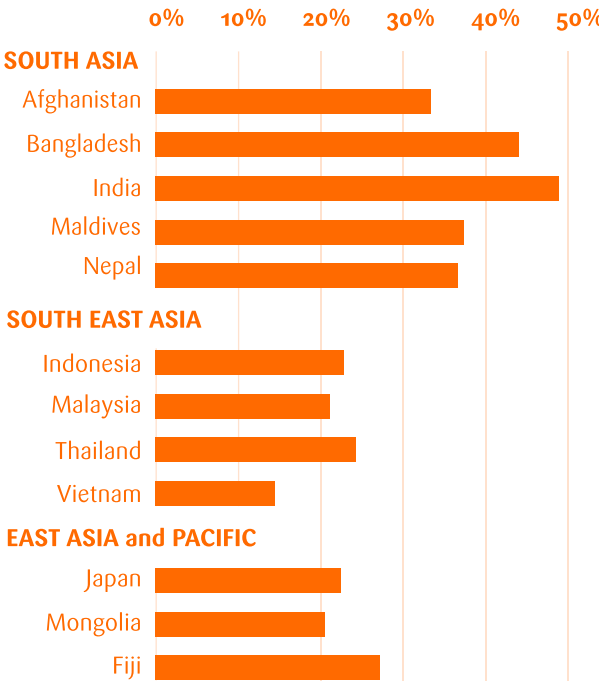
Low birth weight is an indication of infants being at an increased risk of mortality and morbidity as well as pre-term birth and nutritional status.[73] In the South Asian region, one in four newborns weighs less than 2,500 grammes at birth. The lack of weighing children at birth is severely hampering efforts to measure low birthweight incidence and addressing prevalence as well as in ensuring adequate newborn care. In South Asia and East Asia and the Pacific,[74] 69% and 21% of children born were not weighed at birth within the period of 2007-2011. This challenge also means that there is an underestimation of the magnitude of low birthweight in many countries as a result.[75]

TABLE 6: Low Birthweight: Percentage of Infants Weighing Less Than 2,500 Grammes at Birth

Country/Region	Reference Year/ Period	%
South Asia	**2009-2013**	**28**
Afghanistan	—	—
Bangladesh	2006	22
India	2005-2006	28
Maldives	2009	11
Nepal	2011	18
South East Asia	**2009-2013**	—
Indonesia	2007	9
Malaysia	2012	11
Thailand	2010	11
Vietnam	2010-2011	5
East Asia and Pacific	**2009-2013**	—
Japan	2012	10
Mongolia	2010	5
Fiji	2004	10

Source: UNICEF 2014

FIGURE 3: Prevalence of Anaemia in Women of Reproductive Age (2011)



Source: International Food Policy Research Institute. 2016. pp123-124 from Stevens et.al 2013

The level of anaemia in women of reproductive age is another factor that affects infant and child health in addition to the implications for pregnant girls and women. Rates are significantly higher in South Asia, led by India and Bangladesh where nearly half of women of reproductive age are anaemic. In South East Asia, rates are lower than in South Asia, but nearly a quarter of women are anaemic in Indonesia and Thailand, followed closely by Malaysia. Japan, which fares relatively better than other countries in Asia for other nutritional indicators, sees a considerable proportion of anaemia amongst girls and women of reproductive age that may offer programmatic insights to address this issue in other countries.[76]

Throughout their early lives, girls may be disadvantaged in terms of their food and nutritional access, which then has implications for when they reach adulthood, including at reproductive age. Girls may have less nutrition than boys through unequal feeding practices. At birth, girls may be breastfed for a shorter time than boys and consume less milk. India is the only country where girls have a higher rate of under-five mortality than boys (in 2012, 108.5 female deaths were recorded for every 100 male deaths). Declines in infant mortality have been better for boys than girls. All countries in the region and globally have better rates for child survival and reducing death of infants and children under five. The reasons for lower infant and child survival in India has been connected to son preference and its continuing effects into childhood, where families give boys more food than girls. Within families in India it has been found that some girls fare better than others, depending on the number of children; the first girl in a family fares better than boys with many older brothers, while girls with many sisters are most disadvantaged, with the desire to balance sex composition. The duration of breastfeeding for children under 36 months was also dependent on the birth order and desired family size, regardless of sex.[77]

Attempts at addressing nutritional needs at the national level have tended to neglect adolescents, which is a critical physical and cognitive growth period. Addressing these needs could be an important step in addressing intergenerational malnutrition, chronic disease during adulthood and poverty. In addition, the consequences of child marriage and the increased rate of pregnancy amongst girls and younger women, including adolescents, mean these factors have greater implications for the mother and the child. The review countries such as Bangladesh, India and Nepal have all shown such trends.[78]

Such evidence points to the need to consider nutritional information and data in more depth and the linkages of gender inequalities that persist within societies. The focus on standardised nutritional measures may be hiding the deeper complexities and challenges that prevent meaningful change within these aspects for girls.

Furthermore, the disaggregation of data by gender and age is severely limited for malnutrition related indicators despite the linkages made to gender inequality and girls' and women's status in society. Factors related to women's access to employment and their level of education are important contributing factors to the level of child malnutrition and mortality and will require country specific data and analysis.[79]

RECOMMENDATIONS FOR ACHIEVING GOAL 2:

- The available nutritional and hunger-related data is not disaggregated by age or gender, making it difficult to assess and segregate impacts particular to girls. While the effects, as indicated, may not vary, it is important to ascertain the related factors that prevent access to nutrition for girls.
- The effects of malnutrition have to be considered in the context of changing lifestyles and increased access to non-health food options. This has ensured that stunting and overweight prevalence amongst children below five years brings in a double burden of malnutrition to programming that promotes good feeding practices for infants and young children.[80]
- In relation to wasting, it is important to consider the factors that exacerbate it, as these conditions do not take place in isolation, and that in order to meaningfully reduce wasting, these have to be recognised and countered.
- Underweight data should be taken together with stunting data to present a more realistic picture, given the increased risks this presents to children.[81]
- Address the underestimation of the magnitude of low birthweight at the national level by improving measurement and recording of birthweight of all infants that are born. This would mean needing to consider infants who are born within and outside of health institutions as well as ensuring a disaggregation of data to monitor the difference between girls and boys.
- Capturing and generating data on the prevalence of anaemia in women of reproductive age must consider changing fertility patterns in countries and include girls who are becoming increasingly sexually active who get pregnant. The physical implications of this could mean that the level of anaemia could be underestimated.
- Recognise the challenges that persisting hunger and nutritional deficiencies together with rates of obesity present to national health systems and capacities.
- The pressures of climate change and prevalence of violent conflict and the implications on ensuring food security cannot be ignored in relation to meeting this goal. Furthermore, there must be recognition that hunger is a cause and effect of conflict.[82]
- In many countries, agriculture requires greater investment and commitment if it is to sustainably meet the need for food for the range of demographic groupings and address hunger within these groups. Government spending in this area must be ensured.[83]

GOAL 3. ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

Goal 3 on health is especially relevant to girls in many ways. As noted below, many countries in the region have high adolescent fertility rates and adolescent births. Childbearing begins very early in childhood in many countries, and high rates of preventable deaths of newborns and children under five continue to exist. The overall health and well-being of girls, focusing on both communicable and non-communicable diseases, is explored in this section.

Maternal Health

The high number of maternal deaths in some areas of the world is reflective of inequalities in access to health services and underscores the gap between rich and poor. Almost all maternal deaths (99%) occur in developing countries and almost a third of these occur in South Asia alone.[84] The risk of maternal mortality is highest for adolescent girls under 15 years and complications in pregnancy and childbirth is a leading cause of death among adolescent girls in developing countries.[85] However, cross-country comparable birth rate data is only available for the 15-19 age group, rendering invisible those most vulnerable girls who are giving birth under 15 years of age. Adolescent pregnancy remains a major contributor to maternal and child mortality and to the cycle of ill-health and poverty. Despite significant drops in the number of deaths attributed to pregnancy and childbirth complications in all regions since 2000, most notably in South-East Asia where mortality rates fell from 21 to 9 per 100,000 girls, it is still the second leading cause of mortality amongst this age group.[86]

TABLE 7: Maternal Mortality Ratio (MMR) and Adolescent Birth Rate Across 12 Focus Countries

Country/Region	Maternal Mortality Ratio (MMR); Maternal Deaths Per 100,000 Live Births (2015)*	Adolescent Birth Rate (Births Per 1,000 Women Aged 15-19) (2010)#
South Asia		
Afghanistan	396	117.5
Bangladesh	176	88.7
India	174	50.6
Maldives	68	11.0
Nepal	258	94.8
South East Asia		
Indonesia	126	51.5
Malaysia	40	12.8
Thailand	20	40.6
Vietnam	54	31.7
East Asia and Pacific		
Japan	5	5.1
Mongolia	44	19.0
Fiji	30	45.2

*Source: *UNICEF 2015 and #UNDESA 2017*

The incomplete physical development of a young girl's body, high rates of unintended pregnancy among young girls, and the lack of information concerning their bodies and preparation with regard to pregnancy and childbirth all contribute to an increased risk of maternal mortality.[87]

Girls and women of reproductive age in Asia and the Pacific receiving antenatal care from skilled health personnel and live births attended by a skilled health professional have improved since the 1990s.[88] Although 25% of first births before 20 years in Asia were conceived before marriage, the proportion of young people receiving skilled care during pregnancy and childbirth varies across the region. For younger females, the consequences of pregnancy and childbirth are serious as they are at risk of death from haemorrhage, sepsis, preeclampsia/eclampsia and obstructed labour, and at risk of disability with bodies that are unprepared, premature labour, delivery complications, low birth-weight, and low survival rates of children.[90] The psychological effects and non-preparedness of being pregnant and having to care for children are further consequences.

While Demographic and Health Surveys cover some aspects, antenatal care coverage, and data on births attended by skilled birth personnel are currently not disaggregated by age or background characteristics. This makes it difficult to ascertain access to adolescents and to develop strategies targeting maternal mortality and morbidity related issues among adolescents. Additionally, across the region, unmarried/never married girls and women are either excluded from fertility surveys or included but not asked questions about sexual and reproductive health. Adolescent unmarried girls and women are statistically invisible despite being the most vulnerable group. Fertility health surveys often also have a lower bound age of 15, therefore very little information is available for younger adolescents. Overcoming these data gaps requires overcoming difficult challenges including obtaining approval from institutional review boards, obtaining consent for the youth's voluntary and confidential participation, and developing appropriate survey methods that present a holistic depiction of realities.[91]

TABLE 8: Antenatal Care Coverage (%), Births Attended by Skilled Health Personnel (%) and Postnatal Care Visit Within Two Days of Birth (%) Across 12 Focus Countries

Country/Region	Antenatal Care Coverage – at Least Four (%) (2013)	Births Attended By Skilled Health Personnel (%) (2010-2016)	Postnatal Care Visit Within Two Days of Birth (%)
South Asia			
Afghanistan	–	50.5	23.4 (2010)
Bangladesh	31.2	42.1	27.1 (2011)
India	–	81.1	47.5 (2007)
Maldives	–	95.5	67.1 (2009)
Nepal	59.5	55.6	44.5 (2011)
South East Asia			
Indonesia	83.5	87.4	80.1 (2012)
Malaysia	–	99	–
Thailand	93.4	99.6	–
Vietnam	–	–	–
East Asia and Pacific			
Japan	–	99.8	–
Mongolia	89.6	98.9	–
Fiji	93.6	98.8	–

Source: WHO 2017

Contraception

Efforts to prevent too-early pregnancy and unintended pregnancy rely on accurate information about adolescents' knowledge, behaviours and access to family planning services; however, available data is limited. Although Demographic and Health Survey indicators include outcomes for adolescent girls aged 15-19 years, not all countries report against them. There is also limited data available for unmarried adolescents. Studies have determined that a significant proportion of girls and women commence sexual activity and childbearing during adolescence in the context of low contraception prevalence and high unmet need for contraception.[92] This underscores the need for disaggregated data by age and background to effectively address the needs of adolescent girls with regards to contraception.

TABLE 9: Total Fertility Rate, Age-Specific Fertility Rate and Contraception Prevalence Rate Across 12 Countries in the Asia-Pacific Region

Country/Region	Total Fertility Rate (Births Per Woman) (2015)*	Age-specific Fertility Rate (Per 1,000 Women) 15-19	Contraception Prevalence Rate (Any Method)**
South Asia			
Afghanistan	4.7	151 (2001)	21.2 (2010-2011)
Bangladesh	2.1	127 (2005)	62.3 (2014)
India	2.4	45 (2006)	54.8 (2007-2008)
Maldives	2.1	8 (2006)	34.7 (2009)
Nepal	2.2	106 (2004)	49.6
South East Asia			
Indonesia	2.4	51 (2006)	61.1 (2015)
Malaysia	1.9	13 (2004)	79.3 (2012)
Thailand	1.5	46 (2005)	75.7 (2013-2014)
Vietnam	2.0	35 (2006)	52.2 (2014)
East Asia and Pacific			
Japan	1.5	5 (2006)	54.3 (2005)
Mongolia	2.6	19 (2006)	54.6 (2013)
Fiji	2.5	30 (2004)	—

*Source: *World Bank Data 2015, #UNDESA 2008 and **UNDESA 2016*

Abortion

Abortions are allowed in all 12 countries with varying degrees of restriction. All countries allow abortion to preserve a woman's life; however, only three allow abortion upon request: Nepal, Vietnam and Mongolia. Despite liberal laws in some of these countries, many girls and women continue to face barriers obtaining safe, legal procedures. Obstacles usually include difficulty finding providers willing to perform abortion, substandard conditions in health facilities, lack of awareness of the legal status of abortion and fear of stigmatisation for terminating a pregnancy.[93] Unmet need for abortion would be an important indicator that could provide important information to implement progressive laws and policies around abortion.

There is also a need to explore the class gap between unintended pregnancy and the resulting different contraceptive and abortion services across income groups. The proportion of abortions performed under unsafe conditions in Asia is not known; however, it is estimated that 4.6 million women in Asia (excluding Eastern Asia) are treated each year for complications from unsafe abortion.[94] Poor and rural girls and women tend to depend on the least safe methods and incapable and illegal service providers and they are therefore more likely to experience severe complications from unsafe abortions, which can cause long-term morbidity and even death. Unsafe abortions also have negative consequences beyond that of the girls and women's health. There are however limited data around this in terms of expanding on the needs, access to services, including post-abortion care, and attitudes and perceptions of the range of stakeholders involved. Resulting complications from unsafe abortions may reduce girls' and women's productivity, increasing the economic burden on poor families. Direct costs of treating abortion complications can also burden impoverished health care systems, and indirect costs also drain struggling economies.[95]

TABLE 10: Grounds on Which Abortion is Permitted and Abortion Rate Across 12 Countries in the Asia-Pacific Region

Country/Region	Grounds on Which Abortion is Permitted							Abortions Per 1,000 Women
	To Save the Woman's Life	To Preserve Physical Health	To Preserve Mental Health	Rape or Incest	Foetal Impairment	Economic or Social Reasons	On Request	
South Asia								
Afghanistan	☒	–	–	–	–	–	–	–
Bangladesh	☒	–	–	–	–	–	–	–
India	☒	☒	☒	☒	☒	☒	–	3.1
Maldives	☒	☒	–	–	–	–	–	–
Nepal	☒	☒	☒	☒	☒	☒	☒	–
South East Asia								
Indonesia	☒	–	–	–	–	–	–	–
Malaysia	☒	☒	☒	–	–	–	–	–
Thailand	☒	☒	☒	☒	–	–	–	–
Vietnam	☒	☒	☒	☒	☒	☒	☒	–
East Asia and Pacific								
Japan	☒	☒	–	☒	☒	–	–	12.3
Mongolia	☒	☒	☒	☒	☒	☒	☒	21.7
Fiji	☒	☒	☒	–	–	☒	–	–

Source: UNDESA 2007

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)

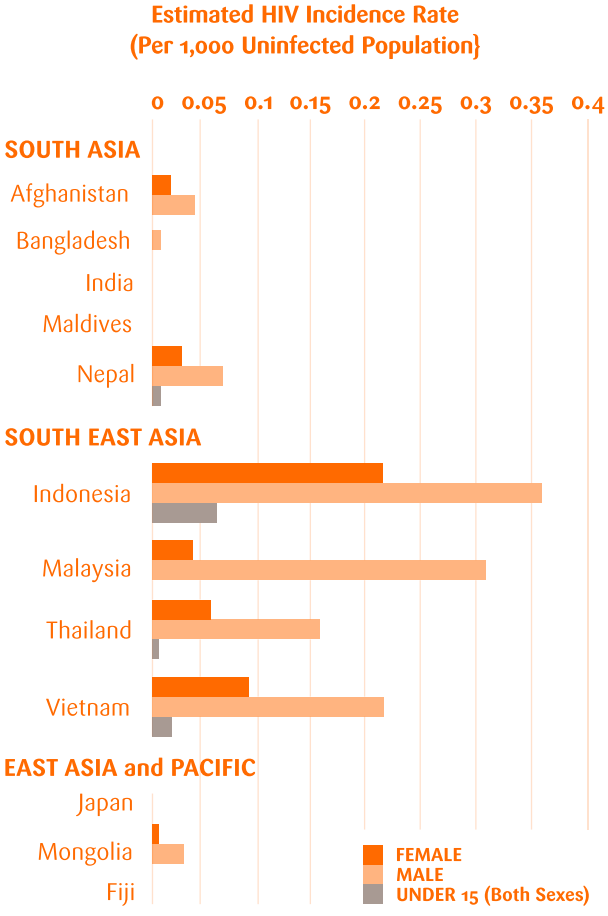
The HIV epidemic in Asia varies between countries in the region, but is fuelled by unprotected sex, the sharing of contaminated syringes used by injecting drug users, and unprotected sex among men who have sex with men. Men who buy sex constitute the largest infected population group and most are either married or will get married. An estimated 50 million women in Asia who would otherwise be perceived as "low risk" are at risk of becoming infected with HIV from their intimate partners.[96] Additionally, in some regions over the past three decades, young women and adolescent girls have remained at a much higher risk of HIV infection than their male peers.[97] Altogether, the number of adolescents aged 10-19 officially estimated to be living with HIV in Asia and the Pacific has trended upwards over the past decade, reaching 220,000 in 2014.[98]

There is, therefore, a need for disaggregated data on both age and sex that goes beyond what is currently available to more effectively capture the sex and age differentiation of the HIV incidence rate and the related affectedness and impacts among young people. Budgets and priorities must quickly adapt to reflect the realities of young people to curb this upward trend. Adolescents have been a neglected component of national HIV testing, treatment, care and support strategies; however, for progress to be made on these fronts substantiating data, which is currently unavailable, is required.

Currently, cross-country comparative data on the number of deaths due to HIV/AIDS is not disaggregated by sex, age or background characteristics, leaving vulnerable groups of girls and women statistically invisible in the fight against HIV/AIDS. The importance of this data gap is further underscored with studies finding HIV progresses faster in women than in men with the same viral load.[99] For poor women HIV/AIDS is one of many life threatening conditions which parallels serious health problems already experienced by these populations.[100] Socioeconomic indicators are the single most pervasive determinants for health-seeking

behaviour,[101] therefore we can assume that many poor girls and women are likely to be vulnerable to the later stages of the HIV/AIDS disease progression. Disaggregated data by gender, age and sex on voluntary testing is required to confirm this. Effective programmes tailored for vulnerable girls and women living with HIV/AIDS requires commitment toward elucidating the realities these groups face on the ground.

FIGURE 4: Estimated HIV Incidence Rate of Key Populations Across 12 Countries in the Asia-Pacific Region (2015)



Source: UN 2017a

TABLE 11: Number of Deaths Due to HIV/AIDS Across 12 Countries in the Asia-Pacific Region

Country/Region	Number of Deaths Due to HIV/AIDS (2015)
South Asia	
Afghanistan	Less than 500
Bangladesh	Less than 1,000
India	68,000
Maldives	No data
Nepal	2,300
South East Asia	
Indonesia	35,000
Malaysia	7,200
Thailand	14,000
Vietnam	8,900
East Asia and Pacific	
Japan	No data
Mongolia	Less than 100
Fiji	No data

Source: Global Health Observatory 2017

Comprehensive Sexuality Education

An increasing number of young people are becoming sexually active at an earlier age and are initiating sex outside marriage; however, many lack sufficient knowledge to negotiate safe and consensual relationships while also facing significant barriers to accessing services and information for safe and healthy sexual relationships.[102] Evidence has demonstrated how sexuality education, which provides young people with the knowledge and skills to make healthy choices about the initiation of sex and sexual behaviours, can also prevent negative sexual and reproductive health outcomes and provide an important platform for addressing gender issues and promote mutually respectful and non-violent relationships.[103] Nearly all 12 countries have some form of sexuality education integrated at some level of its national curriculum on paper; however many are not comprehensive.[104] Additionally, integration does not necessarily denote that it is being implemented at the national level. Further data monitoring the implementation of sexuality education across countries is required to push efforts to scale-up programmes that reach vulnerable young

TABLE 12: Status of Sexuality Education Curricula Across 12 Countries in the Asia-Pacific Region

Country/Region	National Curriculum: Primary	National Curriculum: Secondary	National Curriculum: Tertiary	Actions from Informal/Out-of-school Education on SRH and HIV	Teacher Training
South Asia					
Afghanistan	No	Yes	—	Yes	No
Bangladesh	Planned	Yes	—	Yes	Planned
India	No	Yes	—	Yes	Yes
Maldives	No	Yes	—	-	Yes
Nepal	No	Yes	—	No	Yes
South East Asia					
Indonesia	Yes	Yes	Yes	Yes	Yes
Malaysia	Yes	Yes	—	Yes	Yes
Thailand	Yes	Yes	Yes	Yes	Yes
Vietnam	Yes	Yes	Limited	Yes	Yes
East Asia and Pacific					
Japan	—	—	—	—	—
Mongolia	No	Yes	—	—	Yes
Fiji	Yes	Yes	Yes	Yes	Yes

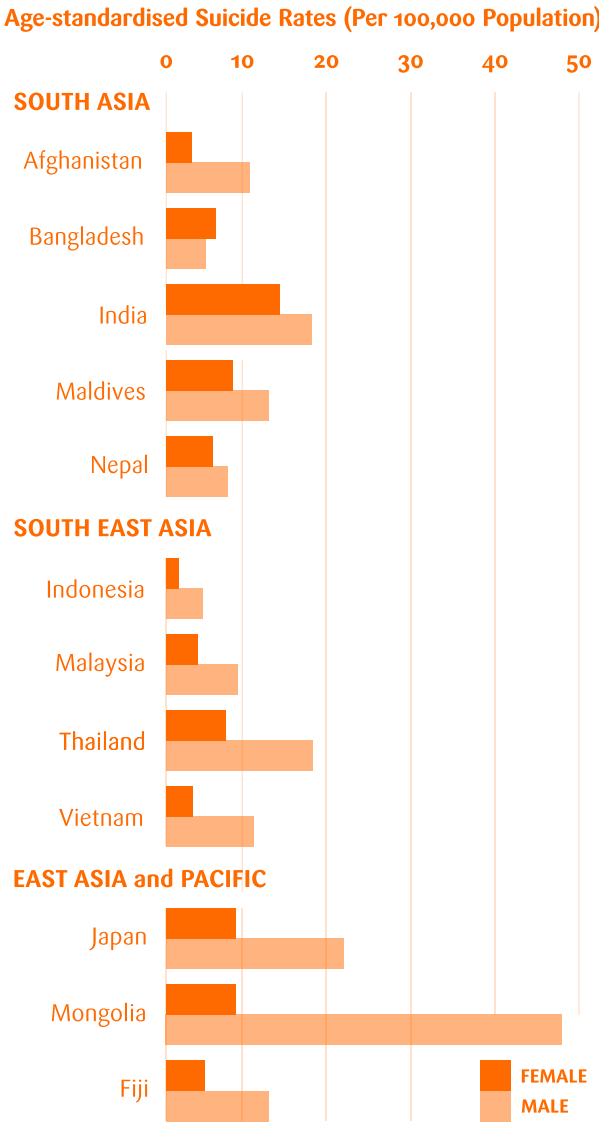
Source: UNESCO 2012

people, especially out-of-school youth. Data also needs to be collected on what elements of CSE are currently incorporated in such curricula.

Mental Health

Many people who experience a mental illness do not die from suicide; however, an overwhelming majority of people who die from suicide have a diagnosable mental disorder.[105] Men and women differ in their roles and responsibilities, status and power, and these socially constructed differences interact with biological differences to contribute to differences in their suicidal behaviour. One of the most consistent findings in suicide research is that women make more suicide attempts than men, but men are more likely to die in their attempts than women.[106] However, remarkably few studies have attempted to explore the complex relationships between gender and suicidal behaviour. One of the reasons for this is a tendency to view suicidal behaviour in women as manipulative and not serious and describing women as "unsuccessful," "failed," or "attention seeking."[107] Another reason may also be from a global focus on the mortality of suicide behaviours, which is dominated by male deaths in all countries with the exception of China.[108] Suicide ranks as the number one cause of mortality in young girls between the ages 15 and 19 globally, according to suicide patterns derived from the WHO mortality database.[109] However, cross-country comparative disaggregated data based on sex and age is currently not available for suicide rates.

FIGURE 5: : Age Standardised Suicide Rates Disaggregated by Sex Across 12 Countries in the Asia-Pacific Region (2015)



Source: WHO 2017b

RECOMMENDATIONS FOR ACHIEVING GOAL 3:

- Ensure that SRHR is considered in its totality rather than largely in relation to reproductive health. Ensure the rights focus is factored in and rights-based approaches are utilised and promoted.
- Advocate for access to comprehensive sexuality education as a key initiative to change the status quo on health and well-being, as it is not currently considered by governments in the region.
- Address the multiple data gaps in relation to disaggregated data when ascertaining the condition of girls. The lack of data on girls, including adolescents, is a significant gap despite the reproductive and sexual health effects on girls who are vulnerable.

GOAL 5. ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

Goal 5 on achieving gender equality and empowering all girls and women recognizes that girls need to have equal say and position within their homes, communities and countries. This includes ending all forms of discrimination, and eliminating all forms of violence and harmful practices against all girls and women as well as ensuring girls and women are included in economic processes and have access to productive resources. In order for this goal to be achieved, the gendered roles in society have to be recognized and countered, unpaid care and domestic work has to be valued and also shared, and women's participation and equal opportunities for leadership in political, economic and public life, and accessing sexual and reproductive health and rights, must be assured from a young age. It is from a young age that girls are already initiated into and perform substantial care work for families and households and this also needs be captured.

Equal access to opportunities, including resources and income sources, gives women choices. Having this access early in life can provide girls with a range of capabilities that can ensure independence and further equality, not only for herself, but also for children, family and the community as well as across generations. When a woman does not have access to equal opportunity, she faces many legal and

TABLE 13: Non-discrimination and Equality Guarantees in National Constitutions, and Prevalence of Customary and Personal Law Across 12 Countries in the Asia-Pacific Region[112]

Country/Region	Non-discrimination	Equality	Customary Law Recognised	Personal Law Recognised
South Asia				
Afghanistan	Yes but no mention of gender	Yes	No	Yes
Bangladesh	Yes, mention of gender	Yes	Yes	Yes
India	Yes, mention of genderY	Yes	No	Yes
Maldives	es, mention of gender	Yes	No	No
Nepal	Yes, mention of gender	Yes	No	No
South East Asia				
Indonesia	Yes but no mention of gender	Yes	Yes	Yes
Malaysia	Yes, mention of gender	Yes	Yes	Yes
Thailand	No	Yes	No	No
Vietnam	Yes, mention of gender	Yes	No	Yes
East Asia and Pacific				
Japan	Yes, mention of gender	Yes	No	No
Mongolia	Yes, mention of gender	Yes	No	No
Fiji	Yes, mention of gender	Yes	No	No

Source: World Bank Group 2015
Note: Data was collected over two years ending in 2015. See pp. 42-43 for details of methodology.

systemic barriers, including the effects of patriarchy. It is important to consider that disparities can affect girls in the short-term or long-term and have lifelong consequences.[110]

End All Forms of Discrimination Against All Girls and Women Everywhere

Many of the countries under this review have the duty to ensure non-discrimination, equality and empowerment for girls and women. This is stated in constitutions, many of which have non-discrimination and equality clauses, sometimes mentioning gender, such as for Bangladesh, India, Maldives, Nepal, Malaysia, Vietnam, Japan, Mongolia and Fiji. However, the prevalence of alternative legal systems such as customary and/or personal law creates loopholes that further discrimination and inequality, including for girls. This can be further facilitated by inadequate legal mechanisms, policies and practices that serve to further institutionalise and operationalise discrimination across the lifecycle for girls and women. In many of the countries, such as Maldives, Nepal, Thailand, Japan, Mongolia and Fiji, there is no recognition of customary or personal law and it becomes pertinent to ask whether and how this has affected equality and non-discrimination of girls and women.[111]

All countries are party to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Malaysia and Fiji are the only countries from those countries reviewed who have not signed on to the International Covenant on Economic, Social and Cultural Rights (CESCR) and the International Covenant on Civil and Political Rights (ICCPR). This means that governments are accountable to ensuring that all forms and practices of discrimination and inequality are addressed as stated across these instruments. However, there are a number of implementation gaps and limited political will to enforce human rights accountability mechanisms, as is evident in many of the reporting processes for these mechanisms.[113] When laws are more gender sensitive, we are faced with implementation challenges that can serve to reinforce discrimination and inequality.[114]

TABLE 14: Legal Age of Marriage, Exceptions, Voiding, Prohibiting and Penalising Child Marriage Across 12 Countries in Asia

Country/Region	Legal Age of Marriage		Exceptions	Void or Prohibition of Child Marriage	Penalisation of Child Marriage
	Boys	Girls			
South Asia					
Afghanistan	18	16	Yes	No	No
Bangladesh	21	18	No[118]	Yes	Yes
India	18	18	Yes	No	No
Maldives	18	18	Yes	No	Yes
Nepal	20	20	No	No	Yes
South East Asia					
Indonesia	21	21	Yes	Yes	Yes
Malaysia	18	16	Yes	Yes	Yes
Thailand	20	20	Yes	Yes	No
Vietnam	20	18	No	Yes	Yes
East Asia and Pacific					
Japan	20	20	Yes	Yes	No
Mongolia	18	18	No	Yes	No
Fiji	18	18	No	No	Yes

Source: World Bank Group 2015
Note: Data was collected over two years ending in 2015. See pp. 42-43 for details of methodology.

Many of these countries are seeing rising religious extremism, and the permeation of conservative and populist ideologies that are becoming more mainstream and entering political and societal realms. A related aspect is the relevance that socio-cultural practices have on the implementation of existing laws or serving to broaden inequalities when laws do not exist. The latter makes access to equality less possible and less tangible to those most affected, including girls and women.[115]

Eliminating Harmful Practices – Child Marriage and Female Genital Mutilation

A child, as defined by the Convention of the Rights of the Child (CRC), who is married before the age of 18 years, can be considered to be in a situation of *child marriage*. However, the age recognition by CRC does not always offer protection, as countries have different definitions of the age of majority—often the age of puberty, or upon marriage—which presents a contradictory position across countries.[116]

Age of marriage is the minimum age at which a person is allowed to get married by law as a right or subject to consent by a parent (usually the father) or guardian (usually a male guardian). The age within one jurisdiction can vary depending on sex—male or female—or religious group, and whether customary or civil laws are consulted and enforced. The differences in the minimum age of marriage for boys and girls add to the complexity. Ages set by the civil administration are not harmonised with ages set by parallel legal systems, such as religious laws that preside over marriages for specific communities.[117]

In Asia, 67% of women aged 20 to 24 years who are married are from the Asia-Pacific region—42% are from South Asia, and 25% are from East Asia and the Pacific. South Asia has the highest number of child brides as a result of countries such as Bangladesh (66%), India (47%), Nepal (41%), and Afghanistan (39%) having high numbers of women between the ages of 20-24 years, who were married before the age of 18 years during the period 2000-2011.

TABLE 15: : Proportion of Young People by Age Group and Child Marriage in 12 Countries in Asia (%)

Country/Region	Population 0-14 Years (% of Total) (2015)*	Population of Young People 10-24 Years (% of Total) (2013)**	% of Female Adolescents (10-19 Years) Currently Married or in Union (2005-2013)#	Women Aged 20 to 24 Years Who Were First Married or in Union Before Age 18 (%) (2016)##	Female Genital Mutilation Amongst Girls 0-14 Years (% of Total) (Updated 2016)##
South Asia	—	**29**	—	—	—
Afghanistan	44	34	20	—	—
Bangladesh	29	30	45	33	—
India	29	28	30	52	—
Maldives	27	31	5	47	—
Nepal	33	33	29	4	—
South East Asia	—	**27**	—	**37**	—
Indonesia	28	26	13	—	49
Malaysia	25	28	6	—	—
Thailand	18	22	16	22	—
Vietnam	23	26	8	14	—
East Asia and Pacific	—	**21**	—	**11**	—
Japan	13	14	—	—	—
Mongolia	28	27	5	—	—
Fiji	—	—	—	—	—

Sources:
** World Bank 2017, ** PBR 2013, # UNICEF 2014b, and ## UNICEF Global Databases 2016, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys and presented by UNWomen – Global Database on Violence Against Women 2016. Data for FGM in Indonesia refers to only parts of the country and the extent can be greater.*

Bangladesh (29%) and India (18%) are amongst the top ten countries that have the highest rate of child marriage before 15 years.[120] While the prevalence in West and Central Africa is higher than in East Asia and the Pacific (14% versus 18%), the number of married women is far greater in East Asia in terms of absolute numbers (9.7 million compared with 6.2 million). South Asia has an even higher prevalence both in relative and absolute terms (46% and 24.4 million).[121] The decline in numbers of girls getting married before 15 years is indicative of progress in protecting younger girls but challenges persist in making headway with girls younger than 18 years as well as disparities within countries and with regards to certain populations that are most vulnerable to the practice.[122]

Female genital mutilation (FGM) related data is severely limited in the Asian region, including the countries under review. FGM refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons," and it is a violation of girls' and women's human rights.[123] Procedures are performed by traditional birth attendants.[124] The practice is hidden and affects girls in selected communities which adds to the challenges of compiling data on the practice and its effects. Some evidence does exist on the affects and continuation of the practice amongst the *Bhora* community in India, but it is dated.[125] With FGM, as with child marriage, greater understanding of its impacts is needed beyond ascertaining the extent of affectedness to girls across the lifecycle.

Violence Against Girls and Women

Violence affects girls and women of all ages and cuts across regions, locations, income levels, socio-cultural groups and sexual preferences. It can affect women's abilities to function, live within the family context, and undermine her economic empowerment. Intimate

TABLE 16: Percentage of Physical and/or Sexual Intimate Partner Violence in the Lifetime and in the Last 12 Months, and Lifetime Non-Partner Sexual Violence Across 12 Countries in the Asia-Pacific Region[129]

Country/Region	Year	Lifetime Physical and/or Sexual Intimate Partner Violence (%)#	Physical and/or Sexual Intimate Partner Violence in the last 12 months (%)*	Lifetime Non-Partner Sexual Violence
South Asia	—	—	—	—
Afghanistan	2015	51	46	—
Bangladesh	2011	67	51	—
India	2007	37	24	0.3
Maldives	2006	20	6	6
Nepal	2011	28	14	0.4
South East Asia**	**2013**	**37.7**	—	**4.9**
Indonesia	—	—	—	—
Malaysia	—	—	—	—
Thailand	—	—	—	—
Vietnam	2010	34	9	2
East Asia and Pacific	—	—	—	—
Japan	—	—	—	—
Mongolia	—	—	—	—
Fiji	2010/2011	64	24	9

Source: UN Women Global Database on Violence Against Women and WHO 2013

partner violence is the most common form of violence faced by women[126] and has resulting effects on girls who are married young or when faced with a parent who is suffering the consequences of it.

Over half of Asian women report experiencing physical and/or sexual violence by an intimate partner during their lifetime.[127] As noted in the table above, the very sketchy data presents a limited picture of the extent of the violence. Based on the available data, there is high prevalence of physical and/or sexual Intimate partner violence in South Asian countries, including Afghanistan, Bangladesh and India, across a woman's lifetime and/or in a span of 12 months. While lifetime non-partner sexual violence is reported as being low, these figures need further investigation, in addition to requirements of timeliness, considering that such data is hardly reported and available.[128]

There are several limitations with regards to evidence related to violence. Much of this is based on reported incidences, which is affected by people's ability and willingness to report as well as share experiences, particularly when it comes to violence perpetrated by those who are related or close to the victim.

The reliance on varied national level data poses further challenges. The limited focus on collecting evidence on violence related to sexual diversity/LGBTQI persons, i.e. how girls and women who do not conform to heteronormativity (heterosexuality as the normal or preferred sexual orientation) face violence, means evidence on affectedness is lacking. The systems that are in place to collect data on violence against women, let alone gender-based violence, appear to be strained, as much of the data is dated.

Except for India and Maldives, the remaining countries in the review have some form of domestic violence legislation. However, applicability and coverage of such legislation to all identified forms of domestic violence (physical, emotional, sexual or financial) varies in addition to the existence of huge implementation and enforcement gaps of legislation. Domestic violence is also considered within the context of marriage as is evident in the review countries, except for countries such as Maldives, Thailand, Vietnam, Japan and Mongolia where some level of legislation that protects unmarried intimate partners appears to exist.[130]

TABLE 17: Existence of Domestic Violence Legislation, of the Protection of Unmarried Intimate Partners and of Criminalisation of Marital Rape Across 12 Countries in the Asia-Pacific Region

Country/Region	Domestic Violence Legislation	Does Domestic Violence Legislation Protect Unmarried Intimate Partners	Criminalisation of Marital Rape
South Asia			
Afghanistan	No	No	No
Bangladesh	Yes	No	No
India	No	No	Yes
Maldives	Yes	Yes	Yes
Nepal	Yes	No	Yes
South East Asia			
Indonesia	Yes	No	Yes
Malaysia	Yes	No	No
Thailand	Yes	Yes	Yes
Vietnam	Yes	Yes	Yes
East Asia and Pacific			
Japan	Yes	Yes	No
Mongolia	Yes	Yes	No
Fiji	Yes	Yes	No

Source: World Bank Group 2015
Note: Data was collected over two years ending in 2015. See pp. 42-43 for details of methodology.

TABLE 18: Share of Seats Held by Women in Parliament Across 12 Countries in the Asia-Pacific Region

Country/Region	Share of Seats Held by Women in Parliament (%) – 2015
South Asia	**17.4**
Afghanistan	27.4
Bangladesh	20
India	12.2
Maldives	5.9
Nepal	29.5
South East Asia	**—**
Indonesia	17.1
Malaysia	13.2
Thailand	6.1
Vietnam	24.3
East Asia and Pacific	**19.6**
Japan	11.6
Mongolia	14.5
Fiji	16

Source: UNDP 2016

Marital rape tends to be sidelined in conversations regarding gender-based violence, particularly at a state level. The perception of law enforcement officials amongst others tends to be on personal matters needing to be addressed within the home. However, countries such as India, Maldives, Nepal, Thailand, Indonesia and Vietnam have all criminalised marital rape, pointing to a greater recognition of its impact.[131]

The increased risk to domestic violence, including intimate partner violence, physical violence, and sexual violence, for girls who marry before the age of 15, has been firmly established across many countries. Girls who are married young are more likely to be uneducated, live in poverty, have a spouse who is much older, lack autonomy, face power imbalances, face social isolation, and have to subscribe to traditional gender norms.[132] Such violence faced by girls is also significant in the absence of the criminalization of marital rape. Given the dearth of evidence on child marriage beyond the number of girls who are affected in the Asian region, this presents another gap in information that should be addressed.

Political Participation of Women

The focus on political participation of women is considered here in relation to the potential of women in leadership roles to raise issues significant to the well-being of girls. However, it is noted below that this is not an automatic process.

In the countries under review, only Bangladesh has quotas for women in both parliament and local government (14% and 23% respectively) where women have reserved seats, while Afghanistan has a quota for women in parliament only (27%).[133] Regardless of the existence and allocations of quotas, in all countries the share of seats held by women in parliament provides further insights into women's political participation. Nepal and Afghanistan in South Asia have over a quarter of the share of seats held by women in

TABLE 19: : Laws on Property and Inheritance Rights of Women Across 12 Countries in Asia

Country/Region	Have Equal Ownership Rights to Property		Sons and Daughters Have Equal Rights to Inheritance	Male/Female Surviving Spouses Have Equal Access to Inheritance
	Married	Unmarried		
South Asia				
Afghanistan	No	No	No	No
Bangladesh	Yes	Yes	No	No
India	Yes	Yes	Yes	Yes
Maldives	Yes	Yes	Yes	Yes
Nepal	Yes	Yes	No	No
South East Asia				
Indonesia	Yes	Yes	No	No
Malaysia	Yes	Yes	No	No
Thailand	Yes	Yes	Yes	Yes
Vietnam	Yes	Yes	Yes	Yes
East Asia and Pacific				
Japan	Yes	Yes	Yes	Yes
Mongolia	Yes	Yes	Yes	Yes
Fiji	Yes	Yes	Yes	Yes

Source: World Bank Group 2015
Note: Data was collected over two years ending in 2015. See pp. 42-43 for details of methodology.

parliament. Vietnam in South East Asia has the highest share in comparison to other countries from that region who are part of the review. Maldives and Thailand fare the worst in this regard.[134]

While women in politics is not a new feature in many countries in the region, the limited ways in which women are able to enter politics has prevented women from playing a greater role. While quotas at any level can help open doors for women to enter politics, they should not be seen as the only success factor to achieving women's political participation.

Empowerment Through Property Rights

Across countries reviewed below, many women have equal ownership rights to property by law, regardless of whether they are married or not. Afghanistan is the only outlier in this regard. More importantly, equality in right to inheritance varies between sons and daughters as can be seen in the cases of Afghanistan, Bangladesh, Nepal, Malaysia and Indonesia. For surviving spouses, the right to inheritance is also prevented by law in these countries. In the face of such inequalities, women may be less likely to own land or housing. Where women have access, the impacts can be felt by children, particularly girls, including through greater investments in education.[135]

The lack of control over property and inheritance is not only due to limited civil laws but also caused by parallel legal systems such as religious law that can work against women's and girls' entitlements—denouncing their rights and favouring male family members. While knowledge and understanding of available laws can be limited amongst girls and women, the existence of multiple legal systems—including laws and customs that are influenced by culture and religion—can reinforce inequalities.[136] Access to property can increase income earning potential, well-being of children, and the power dynamics between women and men within the home, giving her more bargaining power.[137] This in turn can help in the achievement of SRHR in terms of better ability to access services such as contraception, health services, control over her body and protection against violence.

RECOMMENDATIONS FOR ACHIEVING GOAL 5:

End All Forms of Discrimination Against All Girls and Women Everywhere

- Ensure that the rights and needs of children, including girls, is promoted and protected at the national level. Equality clauses in national constitutions and human rights accountability mechanisms present opportunities to ensure equality and non-discrimination are achieved.
- Ensure that these principles are not discarded in attempts to achieve the SDGs, but use these and the issues they raise as complementary forces that could ensure the wellbeing of girls.
- Ensure that principles of equality and non-discrimination are consciously integrated into all programming and policies that focus on children, including girls. Move away from adopting a protectionist approach; rather, integrate rights-based approaches.
- Consider how parallel legal systems prevent rights of girls and women throughout their lives; recognise the impacts, and devise ways of minimising the risk factors that leave girls vulnerable.
- Ensure political will and commitment to operationalise human rights accountability mechanisms at the national level as a means of achieving equality and non-discrimination.
- Enforce implementation mechanisms and adequate budgetary commitments to enforce laws. This is critical.[138]
- Link existing rights-based frameworks such as CRC and CEDAW and use them as a complementary basis to ensure accountability and implementation of the 2030 Agenda and its specific goals.

Eliminating Harmful Practices—Child Marriage and Female Genital Mutilation

- In addition to having disaggregated data on girls who are at risk, there is a need to have the same for those who are affected by the practice, with details of how they are affected in the short and long term. This presents the need to shift from focusing only on prevention to addressing the needs and vulnerabilities of girls who are already affected by child marriage.
- The limited data on FGM may be indicative of the lack of or limited recognition of its existence at the national level. Such practices may be considered issues that affect a certain segment of society such as women within religious or ethnic minority groups and thus not a priority, or considered to potentially hurt community sentiment. Recognition of rights abuses and affectedness of all women is a critical factor in taking the necessary steps to address the effects of FGM.

Violence Against Girls and Women

- Expand on existing definitions of gender-based violence to include the broad range of those who are affected and improve data collection systems and processes, including on service provision to victims.
- Ensure that systematic evidence is available to influence decisions on legal enforcement, to provide services to those affected, and to further efforts towards violence prevention, should be a priority in this area at all levels.

Political Participation of Women

- Facilitate entry and the continuous involvement of women in politics in a meaningful manner. This can help promote change in relation to gender equality factors, including prioritising resources and increasing political will to improve the wellbeing of girls and women.
- Move away from focusing on the number and extent of women in politics at any level to ensuring their leadership, and active, capable and sustained engagement, while addressing the systemic barriers that pose challenges to women's participation in politics.

Empowerment Through Property Rights

- Ensure efforts are in place to improve the understanding of and access to available laws for women and girls that would ensure their access to property rights.
- Ensure that laws are designed and enforced, where unavailable, to ensure property rights of girls and women.
- Abolish parallel legal systems and ensure the removal of barriers posed by these legal systems while ensuring that the influence of culture and religion on these systems, if they continue to exist, are minimised.

GOAL 17. STRENGTHEN THE MEANS OF IMPLEMENTATION AND REVITALISE THE GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT

Goal 17 is meant to bring together and provide a holistic approach to the successful implementation of the SDGs. It aims to strengthen the means of implementation and revitalise the Global Partnership for Sustainable Development. This analysis will unpack how this goal will fare in addressing the gaps. Moreover, as a process, it is important to consider how partnerships can be made more equal, especially when bringing in a group marginalised as girls, to sit and negotiate as equal partners at policy tables. Additionally, the processes that need to be in place and need to be encouraged for this to take place as we go forward on implementing the SDGs have to be considered.

Achieving transformative change for girls, across the countries and within the countries in the Asia-Pacific region calls for effective means of implementation, a revitalised multi-stakeholder global, regional and national partnership, mobilisation of all available resources both financial and non-financial, and ensuring data monitoring and accountability mechanisms are in place at all levels.
Means of Implementation will technically include the interdependent mix of resources, both financial and non-financial, including international development cooperation, domestic public resources, fair and just international trade as engines for sustainable development, science, technology and innovation, and capacity building. Implementation should address systemic issues, around policy and institutional coherence, multi-stakeholder partnerships and data monitoring and follow-up. The MOI would call for regional integration and creation of a national enabling environment required to implement the 2030 Agenda for Sustainable Development.[139]

Finance, Including Official Development Assistance (ODA) and Domestic Resource Mobilisation

In 2014, Development Assistance Committee (DAC) members' gender-focused aid reached an all-time high of USD 35.5 billion, with little more than a quarter (28%) going to civil society organisations.[140]

In addition, the analysis from the OECD report on donor support to southern women's rights organisations shows that the majority of civil society funding goes to organisations based in donor countries or to INGOs, with only 8% (USD 836 million) going directly to CSOs in developing countries in 2014. Of the USD 836 million that goes directly to civil society in developing countries for gender-related work, around 22% is allocated to South and Central Asia, and 10% to East Asia and the Pacific. In addition, the recent restrictions, and elaborate approvals needed for civil society to receive funds from external donors in many countries in the Asia region (India, Bangladesh), further exacerbates this situation, to limit the accessibility of financial resources at the country level for NGOs.[141]

Currently, there exists no systematic tracking of DAC funding for girls, especially in the Asia-Pacific region, that will enable understanding around resource allocation for girls. From data and analysis related to the goals in previous sections, girls constitute half of the world's poor and are severely disadvantaged. The other development in the region has also been that many countries are transitioning to Middle-Income Countries (MIC), and this reality may act as a barrier for receiving funding from OECD donors. Evidence shows the majority of the world's poorest people live in MICs.[142] This calls for donor policies to take into account realities faced by people living in poverty, irrespective of the countries they live in, rather than having a blanket strategy that leaves out the majority of poor people. The other consideration here is also that countries, especially small island states, despite climbing the ladder of higher per capita income, are faced with climate change challenges and other structural and systemic barriers. Donor aid policies need to take these issues into consideration when deciding on aid allocation to countries in the region.

While official development assistance and external financial flows retain their intended role, improving domestic resource mobilisation on gender equality and funding for initiatives on girls is another area that needs focus and attention. **Tracking resources at the national level for investments in girls is a huge gap.** Strengthening domestic tax collection, with the objective to establish a tax system that is efficient, growth-oriented, and equitable, will provide the governments with revenue resources to

fund sustainable development in line with the Addis Agenda.[143] In addition, such resources generated as part of progressive taxation, efficient tax collection systems, and an increasing tax base needs to be directed to public spending on health, education and achieving gender equality and women's and girl's human rights. **Evidence shows that countries with tax revenues below 15% of GDP[144] have difficultly funding basic state functions, and taxes in many developing and less developed countries (LDC) countries in the region are below that threshold.**

Recent fiscal reforms in the Philippines, in the Asia-Pacific region, helped double budgetary resources. In 2016, the national budget topped 3 trillion pesos, over 37% of which was allocated to social service sectors. The Department of Education's budget, the highest among all government departments, continues to grow, surpassing 460 billion pesos in 2016.[145] However, tracking of this budget for spending on girls need prioritisation.

1. Technology

Science, technology and innovation (STI) is pivotal to ensuring girls realise their full potential. The 2030 agenda provides a platform for member states to discuss, interact and dialogue on technology needs and gaps to facilitate development and the transfer and dissemination of relevant technologies for attaining the SDGs. In the case of girls, even as technology becomes affordable, a digital divide does exist between countries and within countries in the region. This has consequences for the education, health and living standards of girls.

Inclusive and non-disruptive technology must be able to provide technological tools to girls that can help them develop solutions that reflect their priorities with the vision of leaving no one behind. This also holds true for life-saving technologies for girls and women and finding practical ways to realise the right to health and education to all girls in the region. While forums exist on STI, these need to focus on girls.

The recent development of mobile applications for comprehensive sexuality education and violence against girls and women are examples of technological solutions to girl's empowerment. With automation in jobs, especially key employment sectors such as transportation, logistics and sales becoming increasingly digitised, efforts need to be garnered towards improving digital literacy and ICT skill development for girls, as otherwise they will be left out of employment. Girls already face barriers to accessing technology and education due to existing cultural beliefs and stereotypes, which hinders girls' participation in technology domains. Tracking of girls' participation in technology investments is critical, and data in these areas is limited.

TABLE 20: Proportion of Individuals Using the Internet Across 12 Countries in the Asia-Pacific Region

Country/Region	Proportion of Individuals Using the Internet (2015)
South Asia	8.2
Afghanistan	6
Bangladesh	14.4
India	26
Maldives	54.5
Nepal	17.6
South East Asia	
Indonesia	22
Malaysia	71.1
Thailand	39.3
Vietnam	52.7
East Asia and Pacific	
Japan	93.3
Mongolia	21.4
Fiji	46.3

Source: UN 2017a

Access to adequate technological infrastructure in the region, such as the internet, shows data gaps in the proportion of people who have internet access, with data disaggregated by age, sex, and background characteristics of wealth, education, and location. Available data on the proportion of individuals using the internet shows disparities between rich and poor countries in the region, and access to the internet remains out of reach in countries such as Afghanistan. However, this data is not disaggregated by age and sex and background characteristics of wealth, education, and location. This means that we are not able to properly and precisely gauge which sections of society are able to access the internet. There also exists an

important gender-digital divide globally, with the internet user penetration rate for women about 11% lower than for men.[146]

2. Trade

Providing opportunities to girls, including higher education through means of international trade agreements around investments in higher education opportunities, reforms to provide quality education, and creative and innovative ways of delivering education, can be fostered through fair trade agreements between countries.

Trade should facilitate access to affordable medicines and access to contraceptives and other sexual and reproductive health related medicines. Access to affordable medicines could be severely restricted for millions of people including for girls under the current proposals in the Regional Comprehensive Economic Partnership (RCEP) trade agreement. Intellectual property measures introduced within RCEP are tougher and if accepted will restrict access to affordable generic medicines for many countries in the region including Indonesia, Thailand, Myanmar, Cambodia and Laos.

Governments need to strike a balance between opening trade in health and education sectors, including addressing this through regulatory measures.[147]

3. Capacity Building

Capacity strengthening is a key driver in achieving sustainable development for girls. This needs to occur at various levels. Firstly, investments in girl's education, training and capacity strengthening to ensure all girls have the opportunity to reach their full potential. This also calls for capacity strengthening of education sector personnel, especially teachers, on imparting evidence-based, education curricula, including comprehensive sexuality education.

Capacity strengthening for health service providers, especially for providing youth-friendly SRH services for girls, is another key area of focus. Healthcare providers and education personnel need to be provided capacity strengthening on a regular basis to ensure that the highest standards of health and education provisioning occurs for girls. Capacity strengthening areas include the provision of adolescent-friendly health services, health-promoting schools, child online protection, e-health and m-health interventions for health education and the involvement of adolescents in their own care, and meaningful youth participation and interventions to promote competence, confidence, connection, character and caring.[148]

Financial support for and collaboration with statistical offices in developed countries to build national capacity in statistics in countries in the region is pivotal. Current national statistics need to be evaluated to collect disaggregated data on girls across social, economic and environmental dimensions, and capacity strengthening on developing national statistical plans in this area needs utmost priority. Recognising the growing awareness on the importance of statistics for evidence-based policy making for girls, it is important to focus on capacity strengthening in this area. Population and housing censuses are important sources of disaggregated data, and the percentage of developing regions conducting at least one population and housing census, was 67% and 69% respectively in Southern Asia and Western Asia in the period 2006 – 2015.[149]

In addition, a dynamic data ecosystem, that informs policy and programmes on girls call for a robust consolidated data ecosystem at the national level, that consolidates information from different sources, including population censuses, household survey and administrative data, and other reliable sources of data, such as demographic and health surveys, to provide robust data that is disaggregated across background characteristics.

4. Systemic Issues

Policy and institutional coherence and multi-stakeholder partnerships.

The political will to improve the situation of girls and women translated into policy and programmes is key to improving the lives of girls in the region. Strong leadership should enable the development and implementation of youth friendly policies on girls across all sectors, including the health sector.

Through the Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), there exists globally agreed targets related to adolescent health, along with indicators to monitor progress towards them. Such targets and related indicators on girls need to be derived for other sustainable development goals, across all sectors.

For instance, political will is important when it comes to completely abolishing child marriage in the region. While most countries in the region have laws to prohibit child marriage under the age 18, implementation and law enforcement remains challenging. For instance, Bangladesh, with the highest rate of child marriages worldwide, permits child marriage in special cases (Child Marriage Restraint Act 2017) despite the minimum legal age for marriage being 18 for girls.[150] This allows for policy dissonance and disagreement to the detriment of girls in Bangladesh. A strong political will be key to addressing child marriages in Bangladesh, and the government needs to step up on this matter.

Conducive environments for active learning that facilitate access to science, technology and innovation, especially for girls, have to be mainstreamed in education curricula. This applies to the health sector as well and calls for multi-stakeholder partnerships—South-South, North-South, and triangular and regional cooperation—to facilitate access to STI in education and health for girls across social, economic and environment dimensions of the SDGs.

Civil society, including organisations working with girls and girl-led groups, are key stakeholders with a vital contributing role in sharing their experience and expertise related to working on girls' issues. Such civil society groups need to be consulted in the planning, implementation, monitoring and evaluation of girl-focused programmes, from time to time, at the national and sub-national levels. Conscious efforts need to be made to involve civil society in all the formal decision-making structures of the government programmes pertaining to girls.

Data, Monitoring and Accountability

The 2030 Agenda on Sustainable Development noted that governments have the primary responsibility for assessing the progress, gaps and challenges in implementing the SDG goals and targets through follow-up and review at the national, regional, and global levels (through the High-Level Political Forum). The resulting outcome document also noted that quality, accessible, timely and reliable data will be needed to measure progress and ensure no one is left behind.

The Member States agreed to intensify efforts to strengthen statistical capacities in developing countries. Through the SDGs and the Global Strategy on Women's Children's and Adolescent Health (2016-2030), limited, globally agreed targets related to adolescent health exist, along with indicators to monitor progress. However age, sex, and data disaggregated across background characteristics including education levels, wealth, school status, literacy level, marital status, location (rural/urban/ hard to reach), ethnicity, and disability are hard to find. SDGs and girls go beyond Goals 3 and 5 and encompass the full 2030 SDG Agenda. This Review highlights many of the data gaps that we see at the regional and national levels in the sections above.

Evidence points to data gaps for girls that exist in the area of adolescent diseases and injury burdens. Current evidence suggests the leading cause of death changes from lower respiratory infections among adolescents to maternal conditions among older adolescents, which is different in the case of boys. Such differences call for consistent disaggregation of health data to identify health needs and intervention priorities for girls.

Data on children living with a disability, and disaggregation data is also weak. The data that is available indicated that children with disabilities have limited access to quality services, including health and education, and other services that enable improvements to their well-being. Fewer boys and girls with disabilities complete primary education globally than those without disabilities. Furthermore, support networks for those with disabilities can be weak, with parents and guardians lacking the support that can help improve well-being for children with disabilities.

This also calls for Management and Information Systems (MIS) across all sectors to collect and report age and sex-disaggregated data. In addition, periodic evaluation is necessary of the girls' health and education programmes to build on existing data collection methods and data. Monitoring indicators need to take into account equity and rights considerations. Youth engagement in the data collection mechanisms should be considered as a viable option for meaningful youth participation.[151]

Across countries in the region, there is a need to collect data disaggregated by age (five-year intervals) for targeted policy and programme responses on girls at national level. Data gaps exist around assessing the high burden of disease from preventable causes, mainly related to unintentional injuries; violence; sexual and reproductive health, including HIV; communicable diseases such as acute respiratory infections and diarrhoea; non-communicable diseases, poor nutrition and lack of physical activity; mental health, substance use and self-harm.[152]

Robust statistical systems at the national level that monitor data on girls are critical for effective policy and programme response on girls. For instance, at the Committee of Statistics held in 2016, Bangladesh noted it had data on only 49 of the 169 SDG targets in Bangladesh.[153] This statement by the Member State does not specify exactly for which target data is available in the country. This is reflective of many countries in the region and hence focusing on data collection, monitoring and review, especially on girls, will be a critical starting point to ensuring well-being of girls.

Conclusions and Recommendations

We ask our governments to consider the overall and specific recommendations.

The principle of leaving no one behind is critical to achieving the SDGs as it involves recognising the complexities and diversities of the world and its people. This deserves special consideration with regards to marginalised groups such as girls and women and addressing Goals 3 and 5 particularly, whilst mainstreaming the focus of particular groups in order to achieve the Agenda 2030. Thus, investing in girls throughout their lifecycle is integral to achieving the objectives and intentions of Agenda 230 and its related SDGs.

As noted extensively under the discussion on means of implementation, take action and motivate others to build the collective political will to achieve the SDGs for girls and women at the national level, prioritising addressing the contextual and systemic barriers that limit the wellbeing of girls in relation to achieving the SDGs, at all levels. This involves acknowledging issues of heterogeneity amongst girls, factors of intersectionality and the varying contexts in which girls live and the effects on their lives. This includes assessing how girls are affected by climate change, natural disasters, religious extremism and ideologies, conflict, war and insecurity, disability, and migration.

The intersectional understanding should also be factored into improving data availability and evidence generation, including ensuring data availability for Goals 3 and 5 that will have direct implications for girls and women. Present attempts at data analysis are limited in terms of presenting a holistic picture of girls, their lives, and wellbeing, including ensuring a rights-based analysis and approach that prioritises the achievement of human rights. As such, disaggregation of data is critical with considerations of age ratios of girls, as well as variations that are defined by region, income level, race, ethnicity and other identity markers. This can help target better and devise appropriate policies and programming that prioritise the lives and wellbeing of girls and women throughout their lifecycle.

Moving through childhood, into adolescence and youth involves critical milestones in life and if these are not well planned for by state mechanisms, systemic barriers will ensure that some are left behind, many of them girls and young women. Adolescence is a critical period of transition leading to adulthood, involving physical and sexual maturity, and these specific life-stages have to be factored into policies and programming decisions.

In addition to ensuring sustainable development overall, and that basic needs are met, health and educational considerations of girls are critical to achieving the SDGs. This includes access to quality health and education services and understanding the barriers to achieving this for girls. Furthermore, government expenditure and availability and allocation of resources, as well as social protection mechanisms, must ensure girls' needs are prioritised.

Prioritise the achievement of SRHR for all girls and women at the national level. By addressing related gaps, a range of rights and needs will be considered and addressed in addition to having gender equalising and empowerment effects. **SRHR and the rights enshrined within it, should be considered in its totality with governments moving beyond polices and programming that cover maternal mortality and family planning.** The limited evidence and indicator focus on SRHR for the region is indicative of the level of importance given to SRHR by stakeholders and the inability of girls and women to make choices regarding their reproductive health. These continue to be dictated by traditional gender norms and gender roles for many girls and women.

Adopting rights-based approaches must make concerted efforts to **work with boys and men** to further goals of equality and non-discrimination towards girls and women and ensure their human rights and wellbeing.

Endnotes

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- Palma ratio: Ratio of the richest 10%of the population's share of gross national income (GNI) divided by the poorest 40%'s share. It is based on the work of Palma (2011).
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- Specific use of the term non-discrimination and inclusion of equality provisions in the constitution. For mention of gender or sex as a protected category for non-discrimination or there is specific mention of male and female being equal without discrimination.
- Customary law—Constitution recognizes customary law or courts, or mention of methods by which such laws will be aligned with constitutional principles, determinants of customary laws, consultations with customary chiefs; constitution allows laws that came before the constitution to continue and have the force as law.
- Personal law—Constitution recognizes personal or religious laws, or mention of methods by which such laws will be aligned with constitutional principles, or constitution allows laws that came before the constitution to continue and have the force as law, or provides for a religious council or other body to advise on the passage of personal laws, or recognises religious systems of law or religious sources of law.
- Weight of a woman's testimony—Refers to all court cases and if the law does not explicitly differentiate between the value of a woman's testimony over a man's.

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* Proportion of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence in the last 12 months.

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Girls and the Sustainable Development Goals in Selected Countries in the Asia-Pacific Region: A Review of Goals 1, 2, 3, 5, and 17 for the High-Level Political Forum on Sustainable Development 2017

The High-Level Political Forum (HLPF) enables an annual assessment of progress made by governments toward the commitments in the 2030 Agenda for Sustainable Development and the Sustainable Development Goals.

This Review was compiled to provide a situational analysis of girls and issues related to their well-being using selected SDGs and related indicators to the extent that data are available and indicators are relevant to girls across their lifecycle. The Review draws on secondary data and information and provides comparison across 12 countries as well as a regional overview where possible. These countries include countries that have provided voluntary national reviews in 2017; namely Afghanistan, Bangladesh, India, Indonesia, Japan, Malaysia, Maldives, Nepal, and Thailand. Vietnam, which is up for review in 2018, Fiji, and Mongolia were included to enable some comparison within the sub-regions.

The Review is primarily intended for use by government actors including Asia-Pacific Member States, national delegations attending HLPF, and the Asia-Pacific Permanent Missions to the UN, as well as civil society advocates and practitioners working in the Asia-Pacific region.

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ARROW is a regional and non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building and organisational development.

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