Briefing Cards for Parliamentarians (2016) is a knowledge product of the Asian Forum of Parliamentarians on Population and Development (AFPPD). It highlights evidence-based good policy practices and legislation on topics identified within the AFPPD Standing Committees Strategic Priorities Framework. AFPPD’s strategic priorities cover active ageing, gender equality and women’s empowerment, and investing in youth, with three cross-cutting themes of health, participation and safety/security. Five user-friendly briefing cards have been created for each of the nine thematic topics, supported by relevant data and statistics.

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Investing in Youth

Health
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Active Ageing

Health

Older persons often have high healthcare needs, but at the same time might lack access to healthcare services whether due to geographic distance or limited financial resources. However, addressing older persons’ routine healthcare needs on a preventative and continual basis can enable them to continue living independently and “ageing in place”, reducing the burden of care and financial expenditures upon the state and families. The notion of “active ageing” connects the physical health of older persons with their mental health, happiness, social connectivity, and ongoing social contributions. Empowering older persons with information about their own health, including physical fitness, nutrition, and medical services, can holistically address underlying causes of older persons' dependence on institutional care and family and state support. The connection between the physical and emotional needs of older persons must be addressed in innovative ways to facilitate active ageing and continued social and personal advancement into old age.
Almost all elderly people experience serious deteriorations in their vision as they get older. Losing one’s sight can make everyday tasks almost impossible, and can jeopardize an older person’s ability to continue living independently into old age. Vision care can vastly improve the quality of life of older persons in their economic productivity, mental and physical health, and communication and relationships. Furthermore, many eye problems are now treatable with advances in modern medicine. The WHO estimates that up to two-thirds of the almost 300 million visually impaired persons in the world could recover their sight with refractive services and cataract surgeries. Nonetheless, lack of information, lack of access to healthcare, and lack of financial resources for these procedures and devices can exclude many people from the simple steps to maintain their sight and independence into old age.

In order to address these issues related to elderly eye care, the Thai government began offering free cataract surgery and other types of eye care support and procedures through the Ministry of Public Health. The Thai Red Cross also ran a supporting program and registered treatment for over 150,000 elderly adults between the years 1995 and 2013. The Red Cross also partnered with the private sector to provide eyeglasses to elderly Thais in rural areas. This cross-sectoral approach to addressing a specific health need of older persons that is so critical for their ability to maintain their independence, and possibly even continue working longer and continue living at home, is an example of how Parliamentarians can prioritize and address critical health issues in ageing care with low-cost solutions. Similar programs might be developed in other countries by assessing needs and gaps in healthcare, and particularly in vision care, where government can collaborate with the private sector and NGOs.

Sources:
Persons 70 and older have serious difficulties carrying out activities of daily living, including walking 200 meters and lifting 5 kgs, due to their vision loss.\(^1\)

80% of all causes of visual impairment are preventable or curable.\(^1\)

In 2010, 285 million people were visually impaired, of which 39 million were blind.\(^1\)

Active Ageing

Health

2. Improving Healthy Life Expectancy: National Campaign to Understand Dementia in Japan

Asia is home to nations with some of the highest and lowest life expectancies in the world. However, mere years of life is not the only standard by which older persons hope to measure their lives. Healthy life expectancy, rather than simple life expectancy, measures the years spent in functional good health, and is a better measure for an older person’s wellbeing, independence, and happiness later in life. However, one of the major negative impacts on healthy life expectancy is dementia. In fact, dementia is one of the greatest causes of years lost in later life. Dementia comes at a high social and financial cost: over 35 million people are estimated to suffer dementia worldwide, with numbers on the increase. Although widely misunderstood as a “memory disease”, dementia’s effects on the brain cause total body organ and system failures, directly causing the death of dementia victims.

In order to address the lack of understanding about dementia and the lack of awareness about how to care for dementia patients, in 2005, the Japanese government launched a ten-year awareness campaign on dementia. The campaign consisted of a “caravan” to train one million dementia supporters nationwide, who would better understand the practical aspects of dementia and could contribute to better day-to-day care of dementia sufferers where the formal healthcare system was unable to reach them. The program also created stronger networks between families of dementia patients to support one another, as well as improving the responsiveness of long-term care options to the needs of dementia patients. Furthermore, the campaign included an innovative program to develop dementia-friendly communities, where designers and firms were granted awards to implement ideas and programs to create community-based solutions allowing dementia patients to live more safely and independently. Japan’s focus on dementia as a critical aspect of healthcare and ageing should be considered by Parliamentarians in other countries as well as dementia impacts so many older persons, their families, and their communities.

Sources:
In 2010, 15.94 million people in Asia had dementia. By 2030, that number is estimated to grow to 33.04 million. By 2050, it will be over 60 million.

The total number of new dementia cases worldwide is approximately 7.7 million per year – that’s one new case every 4 seconds.\(^1\)

Healthcare costs related to dementia top $600 billion annually.\(^1\)

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Tuberculosis (TB) is a leading cause of disease and death, and afflicts approximately 9 million people worldwide. TB is highly communicable, and has been recognized by the WHO as the world’s most deadly infection, alongside HIV, and can spread rapidly in close quarters or poor living conditions. Although effective treatments for TB are available, up to 50% of the millions of people afflicted with TB may be undiagnosed. Reasons for the missed diagnosis include the sometimes mild, vague symptoms such as generalized respiratory problems, and also lack of access to health services. In fact, most of the undiagnosed TB sufferers are among the poorest, most vulnerable members of their societies, including older persons. Data shows prevalence rates of TB steadily and predictably rise with age.

In order to address the problem of TB in vulnerable and unreached elderly populations in Cambodia, a program to detect and treat undiagnosed TB was carried out by the Sihanouk Hospital Center of Hope. This program trained and sent out volunteers door-to-door in slum areas of urban Phnom Penh to conduct TB screenings. The clinic also deployed a mobile X-ray unit to rural areas to do X-ray screening. Since the program began, it was able to diagnose over 20,000 new cases of TB and assist the patients in accessing treatment.

Parliamentarians in other countries where large portions of the elderly population are in rural areas and poor living conditions might also consider how to adapt a door-to-door model for screening. The design of this project in reaching out to underserved elderly populations for the purpose of combating the transmission of a highly infectious disease where treatment is available can have a significant and measurable impact in other countries as well.

Sources:
Active Ageing

Health

Communicable Diseases among the Elderly

Up to 9 million new cases of tuberculosis (TB) are diagnosed each year, and up to 58% of these cases occur in Asia.¹

57% of all TB deaths are among patients aged 50 and older. Half of these TB deaths among older people are patients aged 65 and older.²

Tuberculosis severely affects the years and quality of life of older persons.² & ³

Percentage of total Disability Adjusted Life Years (DALYs) lost due to TB among older adults

For the first time in history, up to 10% of the population living with AIDS are aged 50 or older. While most HIV/AIDS programming focuses on prevention with adolescents, or treatment and prevention in adults of reproductive age, older persons also contract and transmit HIV/AIDS, and require treatment. In order to address the needs of the elderly population living with HIV/AIDS in Thailand, HelpAge partnered with the Foundation for Older Person’s Development (FOPDEV) to address their unique needs. The program managed a small loan fund through Older Person’s Associations (OPAs) to allow older persons to take up income-generating activities like raising animals and growing crops. FOPDEV also trained community volunteers to assist in delivering basic health services to disadvantaged populations, including older persons.

Through this work, FOPDEV was able to document the significant impact of HIV/AIDS on the older population in its project areas and used this data to lobby the relevant offices of the Thai government to include older persons in their programs addressing HIV/AIDS. These lobbying efforts led to more funds being allocated for older persons living with AIDS, and community health volunteers were deployed to specifically reach out to older persons living with AIDS. Thailand’s 2007-2011 National AIDS Plan also specifically identified older persons living with AIDS as a target group for interventions. In this case, the Thai government effectively utilized the expertise of local NGOs in order to refine and develop policies to meet the real needs of older persons living with HIV/AIDS, and their related advocacy efforts ended up having a lasting effect on the support and service delivery to older persons. The experience of the Thai government in addressing HIV/AIDS among the elderly by working through OPAs and gathering relevant data for necessary legal and policy reforms might be a model for Parliamentarians in other countries as well.

Sources:
The success of Anti-Retroviral Therapies (ARTs) means that more older people are living longer with HIV/AIDS than ever before.1

For the first time since the start of the HIV epidemic, 13% of the adult population living with HIV in low- and middle-income countries is aged 50 or older.4

Total people living with HIV in 12 countries: 4,734,000

3: Full names of countries: Cambodia (CM), Malaysia (ML), Pakistan (PK), Philippines (PH), Papua New Guinea (PNG), Nepal (NP).
The aged population in the ASEAN region is predicted to increase exponentially by the year 2050. As the number of older persons in Asia grows, the need for skilled health workers to meet the health and daily living needs of older persons will be critical. However, the world is experiencing a shortage of health workers, and is in need of at least 4 million health workers to meet global demand. Many Asian nations face a critical shortage of health workers to attend to the needs of their rapidly aging populations. In fact, the nurse-to-population ratio is ten times higher in Europe than in Southeast Asia. Myanmar, for example, has around 20 health workers for every 10,000 members of the population.

In order to address the ongoing healthcare needs of the elderly in the context of the critical health worker shortage in the region, ROK-ASEAN developed a program to provide health services to older persons in their own homes by trained volunteers. In Myanmar, the project was implemented through national YMCAs. The community volunteers, who were not formally medically trained, received some technical training in order to properly care for older persons and provide for their specific health needs. The Myanmar program started in just two townships in 2004, and expanded to 25 townships by 2006, and 154 townships by 2009. The benefits are far-reaching in bringing older persons out of isolation and toward improved health and independence, but also in improving the cohesiveness of local communities, enhancing vocational skills of volunteers, and providing families with more time and resources to devote to income-generating activities. Considering local conditions and family dynamics, volunteer health-worker programs to reach the underserved elderly populations can ease the care burden on governments, close the health worker shortage gap, and bind communities together through new relationships. Parliamentarians in other countries can consider how to develop elderly care training for lay people and volunteers in order to better integrate and care for the needs of rapidly ageing populations.

Sources:


Over half of the world's population lives in countries with a health worker shortage, but Asia alone represents almost 50% of the world's health worker shortage.

In fact, the South-East Asia region has a shortage of up to 3.4 million healthcare workers.¹

66% of deaths due to non-communicable diseases in the ASEAN region occur among elderly adults over 60 years of age.²

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As society ages, the role of older persons as active participants in their communities must be carefully considered. Older persons are one of the most overlooked voting demographics in society. When they are mobilized on issues, they can create quick and lasting social change through closely-knit networks and a desire to facilitate positive change. Older persons' participation in the workforce and in the social life of their communities serves their societies in productivity and shared wisdom and experience. Social participation also serves as a stabilizing and motivating factor for the older persons themselves, who can become isolated with age, rapid change, and their loss of mobility. Participation of older persons is a concept that recognizes the basic right of all people to continue to survive and thrive in physical and mental health, and to continue learning, growing, and contributing, throughout all stages of life.
Active Ageing

Participation

1. Continuing Education for Older People: Universities of the Third-Age in China

Older people naturally transition out of the formal economic sector for the purposes of rest and retirement. However, the lack of stimulation and diminished social contact can lead to social exclusion and can compound mental health issues such as depression and dementia. Finding ways of facilitating the life-long learning of older persons not only addresses their desires for engagement and cognitive improvement, but can also serve other important healthcare and inclusion needs of this population as well.

In order to address the exclusionary aspects of ageing and facilitate continual cognitive growth and stimulation, a number of Universities of the Third Age have emerged in China, and all over the world, as places of continued and higher learning for older persons. Many of these universities use integrative approaches that do not require full-time classroom learning, and can be set up as degree or non-degree programs. These programs have become so popular that many non-retired persons have also sought out informal continuing education opportunities through these institutions, furthering the intergenerational educational experiences for the older persons enrolled in these Universities.

In China, the Universities of the Third Age have been set up by government, academic institutions, and private sector entities. Although they rarely grant degrees, they may address topics such as healthcare, physical fitness, literature, history, foreign languages, finance, cookery, gardening skills, arts, politics, and other hobbies like photography. China’s Universities of the Third Age have reached upwards of three million students through approximately 30,000 institutions to date. Parliamentarians in other countries might be able to adapt the Chinese model, whether through government-sponsored institutions or through creating an enabling regulatory environment to encourage the private sector to develop such institutions.

Sources:
Depression and cognitive decline are highly correlated and increase with age, co-occurring in at least 25% of individuals aged 85 and over.¹

Education enhances cognitive ability, and more education for individuals improves their health outcomes throughout their lives.³

While 92% of governments have some type of policy on adult education, only 9 of 41 Asian countries have prioritized the inclusion and rights of older persons in their national policy frameworks.⁴

2: Icon: Depression by corpus delicti from the Noun Project.
Poverty affects older persons in a unique way, compounding the factors leading to their social exclusion, and causing a variety of other harms to their physical and mental health and wellbeing. However, as older persons age, they can either naturally or abruptly leave the labor market. Where older persons have little or no pensions—a common condition in the less-developed countries in Asia—their leaving the labor market also means the end of any and all economic support they may have.

In order to develop income for older persons, specifically in contexts where pensions are unavailable, the SEMPTI program in Bangladesh transferred assets to older persons that could be used in income-generating activities. In order to qualify for the transfer, the older persons had to own less than 1/20 of an acre of land and have a monthly income of less than $25. If the person met these qualifications, an asset such as land, or another asset that could be used in a business (shop supplies, vehicles, etc.), would be transferred to the older person. The older person could then use the asset in whatever way he or she decided. This asset, where properly managed, would benefit not only the older person, but also his or her whole family.

The sustainability benefits of transferring income-generating assets to at-risk groups like impoverished older persons could be a long-term care alternative in countries where the existing institutional long-term care system cannot adequately provide for all older persons, and older persons are frequently excluded from the economy. In designing an asset transfer program to meet these goals, however, the older person’s family or dependents must be involved in the asset transfer but not in control of the asset transfer in order to ensure that the income generated from the asset actually benefits the older person.

Sources:
More than **180 million older people** – over 1/3 of all older people in low- and middle-income countries – live in poverty.¹

In many low-income countries, older people suffer higher rates of poverty than the general population. In some low-income countries, **up to 50%** of the individuals aged 65 and older are still working.¹

Only about **20%** of the population **in South Asia** receives any form of a pension.²

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Many people reaching old age have not had adequate access to education throughout their lives and may never have learned to read or write. Older people's illiteracy leads to their dependence upon their often already impoverished families, as well as social exclusion in an increasingly technology- and literacy-dependent world. Lack of education and literacy may exclude older persons from performing simple social tasks such as taking transportation alone, making purchases at a market, and engaging with literate family members and friends. An older person who is illiterate has very little chance of re-entering the economy in any meaningful way and may become even more impoverished and marginalized than his or her literate peers.

In order to address the social exclusion faced in particular by illiterate older women in Cambodia, HelpAge supported the provincial offices of the Ministry of Education in designing an adult literacy program, primarily staffed by retired teachers and monks residing in those provinces. Students in the program were selected through local Older Person’s Associations, and participated in the classes free of charge. The skills these older women gained in the literacy courses allowed them to operate businesses, travel long distances, and communicate better with family and friends, and even business clients. After six months of literacy classes, 84% of participants reported they had better access to healthcare, 74% stated that their literacy helped them to acquire the correct healthcare ID card, and 80% stated that they were now able to read prescription drug labels on their own.

In light of this program’s success, Parliamentarians might consider adult literacy programs in other countries where large portions of the elderly rural poor never learned to read or write. This can re-open doors formerly closed to older persons to generate their own income through less strenuous labor, reducing the burden on the state and family members to provide long-term care for older persons.

Sources:

In some less-developed countries, less than 1% of older women ever completed primary school.¹

Older women may be excluded from adult education opportunities because they are expected to take on the largest proportion of unpaid care work in the home.³

Illiteracy is highest among the oldest members of the population in most Asian countries. All across Asia, more older women are illiterate than older men.¹

2: Icon: Grandmother and granddaughter by Gan Khoon Lay from the Noun Project.
4: Icon: Chalkboard by Lynn Chang from the Noun Project.
Older persons have the potential to be a powerful and cohesive voting and advocacy group. With the rapid ageing of populations across Asia, older persons are likely to be one of the most important political blocs in Asia in years to come. However, older persons must be mobilized and must develop advocacy plans in order to ensure that their voices are heard and their needs are met in the political arena. Furthermore, they must be supported in their desire to vote by being provided with access to voter registration and voting places, even where they are unable to travel to such places without assistance.

The Age Demands Action (ADA) campaign, coordinated by HelpAge International, sought to engage and mobilize older voters all across the world. Over 280,000 people worldwide joined the campaign, and the experience of campaigners in Nepal shows the power that older persons can have politically. In 2007, advocates were successful in lobbying the Nepali government to reduce pension eligibility from 75 years old to 70 years old. Campaigners also facilitated the writing and dissemination by radio of a special song written to raise awareness of the ADA campaign, which reached up to 5 million listeners. Older actors from the campaign performed street dramas sensitizing the public to the option of foregoing the government pension where they had enough personal resources to support themselves.

These examples of the active political participation of an organized group of older voters in Nepal shows Parliamentarians that older persons do want to participate politically and can be the best people to communicate about their own needs to their governments. Older persons advocacy groups should be invested in and listened to as Parliamentarians form policies that affect older persons.

Sources:

Older persons are more likely to vote than their younger counterparts.¹

Older people’s associations are an important channel through which older persons can participate in their societies. They can be consulted by governments and used to mobilize resources and support for the elderly.¹

Over 10 countries in South-East Asia and the Pacific have different statutory retirement ages for men and women.³

²: Icon: Voting by Luis Prado from the Noun Project.
5. Workforce Participation: Enhancing Opportunities for Decent Work in India

Many countries have mandatory age caps on accessing credit, despite the fact that life expectancies often well exceed these caps. In India, for example, the gap between the age caps reported by credit-granting institutions and life expectancies is over 20 years. Approximately 90% of India’s workforce is also self-employed and most do not have any formal pension. As people become older, they have an even more difficult time continuing to participate in the formal or informal economy due to their limited skills and limited physical abilities compared with younger workers. This compounds the difficulty they face in accessing credit, including micro-loans, because of their age.

The German government’s development agency supported older persons in India in forming “self-help” groups, where members were able to get livelihood information and training, and get resources to assist them in accessing credit. The groups also created their own small loan funds through their savings and helped one another pay medical bills and improve their business opportunities. The formation of older people’s groups for the purpose of enhancing their access to credit and decent work proved to be a highly effective strategy in bringing older people back into the economy, in lieu of leaving them dependent on a non-existent pensions or fully dependent on their families. Parliamentarians might consider how to encourage the formation of self-help groups through an enabling regulatory environment or seed/start-up money in order to facilitate older persons taking care of themselves and one another even where they may not have large pensions available to them.

Sources:
Access to a **regular source of income** can help older people become **credit-worthy**.\(^1\)

**Poverty** is the primary **barrier** to entry into the formal **financial sector** for most households across Asia.\(^2\)

% of adults reporting barrier as a reason for not having a bank account:
- Too expensive: 21.89%
- Too far away: 21.8%
- Family member already has one: 17.95%
- Lack of documentation: 17.48%
- Lack of money: 76.22%
- Lack of trust: 14.47%
- Religious reasons: 6.16%

Access to **micro-credit** in rural China led to a **23% average increase** in household incomes.\(^1\)

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Older persons have spent a lifetime contributing to their societies. However, they have not always had the opportunity to save enough for their retirements, or access the resources they need to protect themselves against new forms of abuse. While extended families often take the burden of care for older persons, they can also be some of the perpetrators of abuse against older persons. As the society rapidly changes and the cost of living increases, the safety and security of older persons require special attention. Where older persons spent years earning just enough money to provide for their families on a day-to-day basis, they may have had no opportunity to save for retirement. Creative forms of pension schemes and other social protection mechanisms adapted to each country-context can bring independence and security to older persons in the population.
As populations across Asia age rapidly, dependency ratios are also rising quickly. Many older persons in Asia have earned a subsistence income throughout their working years, so providing basic income support for older persons who are no longer working is all the more challenging. In addressing these challenges, Sri Lanka has developed a multi-tiered pension scheme to meet the needs of older persons retiring from the formal sector, government, and also the informal sector.

For the formal economy, Sri Lanka has separate retirement schemes for public and private employees. Sri Lanka’s Public Service Pension Scheme (PSPS) aims to meet the pension needs of past public employees. This pension scheme is non-contributory and is financed by general taxation revenues. The scheme includes age limitations and retirement age requirements, as well as minimum years of service to qualify for the pension. For the private sector, both employees and employers are required to contribute to an Employee Provident Fund (EPF) and an Employee Trust Fund (ETF), which pay out in lump sums to the employee upon retirement. In addition to these schemes for the formal economy, the government has also established separate schemes for farmers, fishers, self-employed persons, and critically impoverished individuals. The plans for farmers and fishers are voluntary, contributory, and subsidized by the government. The self-employed plan requires regular contributions to qualify the worker for payments after age 60, which has led to high default rates due to the irregularity of self-employed income in the informal sector, but at least does have some coverage. These informal sector programs cover approximately 1 million people in total.

Sri Lanka’s tiered approach to pensions toward achieving universal pension coverage may be a model for Parliamentarians for other countries as well. Furthermore, Sri Lanka’s lessons learned, particularly in respect of informal sector pension programs, may be instructive to Parliamentarians in setting up similar systems in their countries.

Sources:

The **annual cost** of providing universal basic old-age and disability pensions is estimated at **0.6%–1.5% of GDP**.\(^1\)

Approximately **80%** of the world’s older persons have no access to a pension.\(^4\)

2: Icon: Retirement by Rediffusion from the Noun Project, color changed from black to purple.
Throughout Asia, extended family networks have historically taken on the burden of long-term care for ageing family members. However, as the complexities of healthcare for aged individuals increases, as migration becomes more common, and as dependency ratios rise, institutionalized long-term care has become an increasingly common alternative.

Because institutionalized long-term care can be prohibitively costly for both the patients and the government, Singapore has set policy priorities and standards for long-term care at the national government level. The focus of Singapore’s aged care strategy has become “ageing in place”, where day centers and in-home treatment are made available, supported by residential facilities for those in need of more support and care. While this approach still essentially relies on families to assist older persons in staying at home as long as possible, it does attempt to balance the demands on the family with service provision facilitated by the private sector and the state.

In financing these long-term care approaches, the older person is first obligated to pay for his or her own care, and then the older person’s family members are obligated to provide additional financial assistance through a legally enforceable structure established through the Maintenance of Parents Act. The state will also provide assistance, but only where the individual’s and family’s resources are limited. In order to help people save for their own long-term care throughout their lifetimes, the government has three separate health savings schemes: one requiring contributions from monthly incomes for working Singaporeans; a compulsory insurance scheme for catastrophic illnesses and accidents; and a subsidized fund for indigent persons who are otherwise not covered by other available schemes. This third scheme commonly covers elderly persons in long-term care. Singapore’s policy of “ageing in place” might be adapted by other Parliamentarians to provide alternatives to institutionalized long-term care, and to develop creative financing and care solutions to the varied needs of older persons.
Active Ageing
Safety & Security
Long-term Care

If no improvements in healthcare service delivery to the elderly are made, the cost of long-term care alone is expected to rise by 1% of national GDP by 2060.¹

Life expectancy outpaces healthy life expectancy by 6-10 years across South and Southeast Asia.²

Age-dependency ratios are on a steep rise in Asia.⁴

3: Icon: Old man by Gan Khoon Lay from the Noun Project, color changed from black to purple.
Elder abuse has been increasingly recognized as a global issue. While financial abuse tends to be the most common form of elder abuse, violence and psychological abuse are also prevalent. Rates of abuse range by country, but some nations with comparatively low rates of abuse may actually have much higher rates due to unreported abuse. Reasons for low reporting include the frequency of intra-family abuse leading to elder care and elder abuse being seen as a “private family issue.” Furthermore, older persons may lack access to channels of reporting, whether due to inability to travel alone, lack of access to basic technology (phones, Internet), or lack of awareness that elder abuse is a punishable crime.

To address the low levels of reporting of elder abuse, in 2004, South Korea adopted new legal provisions on elder abuse to be included in the Welfare of the Aged Act, including mandatory reporting of elderly abuse by nurses, social workers, doctors, and public service officers. The new provisions also mandated the creation of elder abuse prevention centers. Since these new provisions were adopted, reporting of elder abuse went up by 35%, as measured from 2004 to 2006. Despite these positive results, some mandatory reporters still cited cultural norms against becoming involved in family matters as a reason they would not report elder abuse. One study found that over 18% of nurses would refuse to report, either because of these cultural norms, or for fear that they would be identified by the family as the reporter. With appropriate sensitization and protection of reporters, these mandatory reporting requirements and legal provisions related to elder abuse could be adapted by Parliamentarians from other countries to increase reporting of elder abuse.

Sources:
Up to **60%** of older persons have been victims of elder abuse. Financial abuse is the most common form of elder abuse.¹

Older persons with dementia and in long-term care are at **twice the risk of abuse.**²

Rates of reporting of elder abuse differ widely by country: higher rates of reporting likely reflect better protection for the elderly from abuse than actual higher rates of abuse.⁴

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3: Icons: Grandmother and Grandpa by Marie Van den Broeck from the Noun Project.

Protection and well-being of older persons is largely dependent on the protection and well-being of the whole of society. Where UHC is implemented, older persons have healthcare throughout their lives, enabling them to access services, preventive treatments, and also long-term care once they need it. Under a UHC system, individuals will be responsible for less expenditures for catastrophic health events throughout their lives. This can allow for individuals to save more throughout their lives to put toward their own maintenance and care during retirement, relying less on the state and younger family members in their later years.

Japan has been moving toward UHC for decades, beginning with public sector and private sector employees, eventually reaching informally employed, self-employed, and unemployed groups as well through a program managed by municipalities. The municipally managed plans began as optional, and once participation reached 80% in a municipality, the programs became mandatory. An aggressive economic growth plan simultaneously brought many Japanese out of poverty, enabling them to pay the premiums for health insurance themselves, while the government was able to allocate more health funding toward system-wide reforms and needs.

Health spending in Japan is managed under a single payment system, and a fee schedule set by the government. In 2006, Japan’s health spending was 9.6% of GDP, just over the OECD average, despite having the oldest (but perhaps healthiest) population in the world. Japan’s renowned success in achieving UHC, and in caring for its ageing population, might be a model for other countries as well in considering how to adopt UHC. Japan’s model can be adapted by phasing in UHC for different categories and segments of the workforce and the unemployed, as well as considering using municipalities or smaller entities to reach individuals outside of the formal economy.

**Sources:**


Up to 400 million people are not receiving essential health services, such as critical immunizations and family planning services.\(^1\)

Out-of-pocket health expenditures cause up to 11% of citizens to suffer financial catastrophe, and force up to 5% of citizens into poverty.\(^1\)

South Asian government expenditures on health lag behind the global average.

Increase of government expenditures on health as a percentage of total government expenditures since 2002\(^2\)

- **South Asia**: + 0%
- **Global Average**: + 1%
- **Sub-Saharan Africa**: + 2%

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In many countries, neither individuals nor the government will be able to meet all the financial needs of older persons. In Malaysia, the government does provide a small stipend (approximately $100 per month) for those who are indigent who have no family members able to support them, and no other source of income. For individuals who have no relatives to care for them, and who also do not suffer from any infectious diseases, some affordable assisted-living housing is available as well. The government also provides some in-kind support such as wheelchairs and other para-medical devices, as determined and distributed through local government authorities.

While Malaysia does have a series of government pension schemes, a network of NGOs have also stepped in to fill gaps in elderly care and protection. A number of these NGOs receive some support from the government, and some of them raise private donations, either from foundations, religious institutions, or from their communities. Some of the centers charge small fees for their services to those who are able to pay.

These centers combine residential services, rehabilitation services, and day care services, as well as engaging in advocacy on issues of concern to older people, where appropriate. Government can benefit from its relationship with these centers by relying on the expertise, community integration, and location of the centers in learning how to better serve the needs of the elderly, especially where government is unable to do so directly. Parliamentarians from other countries can adapt the Malaysian experience by considering how to integrate support for NGOs serving older persons into their national budgets and legislation, determining where NGOs best serve certain types of needs, and fill specific gaps in the State’s social protection schemes.
About **half** of the world’s working population have a pension. However, pension schemes average only about **60% adequacy** in some of the most developed economies.¹

If **pension coverage were universal**, it could be achieved with government spending at a range of **0.33-2% of GDP**.²

<table>
<thead>
<tr>
<th>Country</th>
<th>Estimated cost with Universal Coverage for benefit level of 25% of per capita income (as share of GDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>1.14%</td>
</tr>
<tr>
<td>India</td>
<td>2.04%</td>
</tr>
<tr>
<td>Nepal</td>
<td>0.33%</td>
</tr>
<tr>
<td>Thailand</td>
<td>2.20%</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>1.42%</td>
</tr>
</tbody>
</table>

**Social pension benefits as a proportion of per capita income are insufficient to provide poverty-level income.**²

3: Icon: Hunger by Luis Prado from the Noun Project.
Women’s health is often considered as synonymous with reproductive health matters. While women’s reproductive health is crucial to women’s realization of their basic human rights, the notion of women's health also extends to parity in health spending and equal access to health and health care as well. In order to properly serve women's health needs, sexual and reproductive health and rights must become central to any government plan for healthcare, including universal health coverage. However, women's health will not be fully addressed until equal access to health care is also be prioritized. Evidence does show that where spending on women’s health is lower, or where health spending does not reach women due to lack of access, women suffer higher rates of mortality in all segments of society, as well as higher rates of maternal mortality. However, when women are healthy, their families and their societies are healthy as well.
Gender Equality & Women’s Empowerment

Health

1. Empowerment and Equality through Women’s Health Services: Training Women as Health Workers in Afghanistan and Pakistan

The women’s health field in Afghanistan and Pakistan is vastly underserved. Women in these countries are often prevented by their male family members from receiving even basic medical treatment from male doctors, and at the same time, almost no women have been educated and qualified as doctors. In addition to a lack of women’s health services in general, men have also traditionally excluded themselves from the labor and delivery process. At the same time, Afghanistan remains among the 25 worst countries in the world for maternal mortality, and Pakistan remains among the 50 worst countries for maternal mortality. Furthermore, the global health worker shortage numbers show a crisis (topping a 7 million health worker shortage in 2013), with the greatest need for health workers in the Asia region.

To address the lack of health workers in women’s health in Afghanistan, UNICEF supported a program to train women as midwives, with a particular emphasis on the critically underserved rural areas of the country. The program significantly increased the number of health centers with female attendants, and the number of births attended by a skilled health worker. A similar program in Pakistan, the Lady Health Workers program, is supported by the national government. Since it began in 1994, the program has trained over 90,000 female health workers to serve women and children in rural areas. Training women to work in traditionally women-only spaces has other positive outcomes, including the empowerment of the women, improvements in women’s health generally, and the transfer of marketable skills to women to improve the economic stability of their households. Parliamentarians in other countries facing critical health worker shortages might adapt programs like these to their own country contexts in order to mobilize and train women to serve the unmet health care needs of other women.

Sources:
Countries with the most maternal and child deaths also have the greatest health worker shortages. **4 out of the top 5 countries with a critical need for health workers are in Asia.**

Only **59% of births** in South-East Asia are attended by skilled health personnel.

Training women as health workers in Thailand, Sri Lanka, and Malaysia contributed to **cutting maternal mortality rates by 97%** in each country in the past 65 years.

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3: Icons: Mother Holding Baby by Gan Khoon Lay from the Noun Project, color changed from black to red/pink.
A recent study in Thailand showed that Thailand’s efforts to implement Universal Health Coverage (UHC) has had exceptional effects on maternal and child health and other women’s health outcomes. Thailand achieved UHC in 2002, and has been able to provide equitable service to the poor through its UHC program. Reaching the poor through UHC has had the effect of drastically improving maternal and child health as well. Since 1995, Thailand’s maternal mortality rates have been cut in half, and skilled birth attendants are now present at almost every birth. Infant mortality rates in Thailand are at a quarter of global levels. By 2006, the gap between rich and poor in accessing prenatal care, delivery care, and family planning had all but disappeared.

Prioritizing UHC and increasing the accessibility of basic health services has a measurably positive effect on maternal and child health outcomes. Thailand’s experience is not unique—Mexico, Niger, and South Africa have also had similar results. Thailand’s exceptional results in improving maternal and child health outcomes has likely been due to the design of the UHC scheme in addressing the following 5 factors: (1) essential services package, (2) access to services, (3) financial barriers, (4) social barriers, and (5) performance indicators. In implementing UHC and prioritizing maternal and child health outcomes as a vertical stream, Thailand also achieved the horizontal stream of broader health system strengthening, in the same way that Japan eradicated TB through instituting UHC, strengthening the health sector horizontally. Parliamentarians can consider how to prioritize maternal and child health outcomes as a vertical stream, achieved through implementing UHC and integrating broader horizontal health sector strengthening efforts, which can enhance and reinforce the impact of improving maternal and child health.

Sources:
The annual number of maternal deaths was at an estimated **303,000** in 2015.¹

60% of private expenditures on health in Southeast Asia are out-of-pocket.²

Out-of-pocket expenditures on healthcare cause up to **10% of the poverty** in South and Southeast Asia.³

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4: Icon: No money by CombineDesign from the Noun Project, color changed from black to red.

5: Icon: Beggar by dw from the Noun Project, color changed from black to red.
3. Special Profile: Family Planning and Women’s Health in Rwanda

Contraceptive use and family planning improve maternal and child health by reducing maternal and infant deaths, reducing the need for unsafe abortions, and decreasing transmission of HIV and other STIs. Unmet needs for contraception are most acute in Africa and Asia. Approximately half of the world’s unmet need for contraception occurs among Asian women. In Africa, up to 60% of women of reproductive age report an unmet need for contraception. In Rwanda, contraceptive use reached a critical low after the 1994 Genocide, having dropped from over 12% in 1992, to just over 4% in 2000 among married women of reproductive age. However, within only 10 years, contraceptive use increased by more than 10 times, up to 45%. By 2015, contraceptive use reached over 53%.

Rwanda achieved these incredible results through a strong government commitment to prioritize family planning and contraceptive use, and to implement UHC. The commitment to prioritize family planning and contraceptive use was realized through making family planning a cross-cutting policy issue, linked to gender and women’s empowerment, but also to enhancing the quality of education and facilitating rural development. The national Government instructed local authorities to continually discuss family planning and access to contraceptives at regular community meetings held at monthly community work days (umuganda). The government’s commitment to implementing UHC also facilitated access to contraceptives. Decentralization of the Rwandan health system made health centers and services accessible to all Rwandans, and a national healthcare and insurance system, Mutuelle de Sante, could be purchased for less than $5 per year (or less for the indigent). Through community health centers and universal insurance coverage, injectable contraceptives were made accessible to all women and have become the predominant method of birth control in Rwanda. Parliamentarians in Asia can adapt Rwanda’s commitment to making family planning a cross-cutting policy and development issue and incorporating family planning into a broader effort to implement UHC to their countries as well.

Sources:


At least **225 million** women worldwide report an unmet need for family planning. Over **100 million** of these women **are in Asia**.¹ & ²

Annually, it would cost only **$25 per woman** of reproductive age to provide the total package of sexual and reproductive health care.¹

By addressing the unmet need for contraceptives and providing adequate maternal and newborn care, **almost 200,000 maternal deaths, and over 2 million infant deaths could be prevented annually**.¹

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³ Icon: Pill by Luis Prado from the Noun Project, color modified from black to red.
Abortion had been illegal under all circumstances in Nepal since the 1850s. In the mid-1990s, research began to show the devastating effect Nepal’s restrictive abortion laws had on women’s rights and women’s health. When abortion was illegal in Nepal, over 50% of maternal deaths were attributed to unsafe abortions. Furthermore, many women were imprisoned for abortions conducted in cases of rape, incest, or where the pregnancy threatened a mother’s life. Even in these extreme cases, women who had abortions were essentially convicted of homicide.

In 2002, Nepal legalized abortion under certain conditions. Firstly, abortion became unrestricted for up to 12 weeks’ gestation. At up to 18 weeks’ gestation, pregnancy could be terminated in cases of rape or incest. In cases where the pregnancy poses a risk to the mother’s physical or mental health, or where the fetus has an abnormality or impairment, the abortion may be performed at any gestational age. After these legal changes came into effect, the Ministry of Health disseminated regulations and guidelines for providing safe, accessible abortion services to all women within the requirements of the law. The regulations also required a public awareness campaign to sensitize the population to these significant legal changes. A task-force composed of government and civil society stakeholders formulated further detailed recommendations based on a comparative study of the implementation of less restrictive abortion laws in other countries in order to streamline Nepal’s experience under the new law. The government also developed and supported training and accreditation services for abortion-care providers and medical practitioners. The legalization in abortion is seen to have played a major role in cutting the rate of maternal deaths in half in Nepal since 2000. Parliamentarians in other countries can apply the experience of Nepal by expanding abortion rights as part of the women’s rights agenda and public health agenda, ensuring both top-down political support and bottom-up skills training and awareness raising to ensure the procedures become safe and accessible to all.

**Sources:**


Around **22 million** unsafe abortions take place worldwide **every year**, almost all of which occur in less developed countries.\(^1\)

The annual healthcare costs of treating the complications of unsafe abortions is estimated at **up to $680 million**.\(^1\)

Highly restrictive abortion laws are not associated with a significant reduction in the rate of abortions.\(^2\)

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Empowering women and girls through sensitizing them to their Sexual and Reproductive Health and Rights (SRHR) is not always accepted in societies strongly influenced by conservative religious beliefs. However, in Indonesia and a Muslim-majority area of the Philippines, projects were designed and implemented to create dialogue between the government, CSOs, and religious leaders in order to develop support from religious leaders for promoting SRHR and the use of contraceptives within acceptable religious frameworks. In order to get the religious backing of important SRHR initiatives in these Muslim-majority areas, the existing framework of making and disseminating behavioral norms in the religious context (through *fatwas* and *ulema* councils) was used as a positive channel of communications to communities. In carrying out this program, project officials met with religious leaders to discuss evidence and measurable health outcomes related to contraceptive use and SRHR, allowing religious leaders to link evidence-based health outcomes to established religious principles, rather than channeling the same information through what might be rejected as a more Western, purely rights-based framework.

Through these interventions, Indonesia was able to implement programming to provide specific types of contraceptives that were compatible with agreed-upon religious mandates. The Philippines was able to note a measurable increase in the use of contraceptives among its Muslim population. Program staff also facilitated a number of study tours to other Muslim countries to help religious leaders better understand SRHR in the context of the Islamic faith. Similar approaches might be adapted by Parliamentarians as part of a government women’s health and SRHR program, engaging directly with religious leaders and utilizing existing frameworks within religious mandates to promote women’s protection and other health and development outcomes.

Sources:


Religious leaders from around the world have affirmed that sexual and reproductive health are part of human rights.¹

Avoiding the health risks associated with early and frequent childbearing through family planning are goals consistent with even the most conservative religious mandates.¹

Religious leaders and conservative governments have issued *fatwas* in support of family planning, which have been posted in community health clinics and made available through local authorities in rural areas.³

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2: Icon: Big Family by Marie Van den Broeck from the Noun Project, color changed from black to red.
Women’s participation in economic, social, and political life is a key to the realization of so many other rights. When women are part of decision making processes for their families, their workplaces, and their countries, everyone benefits. Furthermore, as women’s economic participation increases, evidence shows that they do not replace men in the workplace, but rather expand the size of the economy, benefiting the whole of society. However, simply providing women opportunities to access and enter these spheres is not enough—because women often lost opportunities to attain the same education and experience as men, skills training for women must be a critical part of any participation intervention. With carefully designed legal reforms and policy interventions to make economic and political life open to women, the whole society will benefit from enhanced participation by women.
Harassment in the workplace can prevent women from fully participating in society and in the economy. The legal system in many countries is not equipped to provide women proper redress for the risks and harms they face due to harassment. Although up to 125 countries have laws protecting women from sexual harassment, the effectiveness of such laws is limited, particularly in the private sector. Where women do manage to bring suits in court against their harassers, they tend to win their claims more often when women judges are assigned to their cases. However, women are outnumbered by men in the judiciary in about half of the world.

Recognizing the economic and social value of having women in the workplace, India’s HCL Technologies has taken a strong stance against workplace harassment in order to ensure women are safe and productive at work. HCL’s policy provides clear guidance on the definition of harassment, sets forth the steps for reporting harassment, and also provides for strict punishment of managers or supervisors who know about harassment and fail to stop it, even when they themselves are not the offenders. The company also maintains a separate whistleblower policy providing protection against retaliation to those who notify senior staff of harassment, allowing whistleblowers to maintain their anonymity. Where a private company has found anti-harassment policies are good for business, their example of a comprehensive approach to sexual harassment could be adapted by Parliamentarians into actual legal standards to be applied in both the public and private sectors in other countries as well.

Sources:
Asian nations fail to provide enough legal protection against harassment for women at work.¹

Sexual harassment leads to low workplace productivity and absenteeism.²

Approximately two-thirds of women in Asia experience sexual harassment at work.²

³ Icon: Slap Away by Luis Prado from the Noun Project.
Marginalized groups in any society are also the most vulnerable to climate change. Women have a greater reliance on natural resources for their livelihoods and household responsibilities, causing them to experience the effects of climate change more acutely than men in many cases. Women are less likely to be able to get credit to purchase drought-resistant crops or structural equipment to protect crops from the effects of extreme weather. Women are also more likely to be given or allocated marginal lands subject to flooding and other effects of climate change. However, properly designed climate change financing that incorporates women’s perspectives and women’s needs can enhance the response to climate change while also improving women’s empowerment and health outcomes.

The Government of Bangladesh made mainstreaming gender into climate change policy a priority, finalizing its Climate Fiscal Framework in 2014. It did so in part by developing its approach to climate change in light of its poverty and gender policies, given the close sectoral linkages in these areas and the significant impact that both poverty and climate change have on women. Nepal and Cambodia have also specifically incorporated gender into their climate change policies in order to ensure that approaches to addressing climate change are representative and protective of all members of society. Women’s voices should be included in climate decision making at all levels, and women’s groups and networks that can advocate on behalf of women must also be strengthened and included to further these efforts. These national policies can also serve as examples for Parliamentarians from other countries seeking to better mainstream gender issues into climate change responses.

Sources:
Women farmers account for 45-80% of all food production in developing countries.\(^3\)

In developing countries, **private sector financing** for climate change-related activities is **three times** greater than public sources.\(^1\) & \(^2\)

The costs of climate change from 2010-2050 are estimated at **$22 billion** for East Asia and the Pacific, and **$14 billion** for South Asia.\(^1\)

Gender Equality & Women’s Empowerment

3. Women’s Political Participation: Empowering Women in Politics and Civic Engagement in Indonesia

Women face multiple barriers to participating in the political sphere, including through realizing their right to vote, mobilizing resources to run for office, and getting the necessary education and experience to succeed in public office. However, when women are active in the political arena, spending on education increases, childcare issues are addressed, access to drinking water improves, and corruption decreases. Because women’s participation does not necessarily or naturally increase as their economic participation improves, concerted efforts must be made to enhance women’s political participation, particularly in Asia, where women’s political participation falls well below global averages.

To enhance women’s political participation in Indonesia, The Asia Foundation (TAF) supported a multi-faceted program to enhance political decision-making overall by supporting women’s participation in politics. The program aimed to achieve its objectives firstly by supporting activities to incorporate gender perspectives into government budgeting, even at the most local levels, and also training civil society and local governments in gender-sensitive budgeting. Another facet of the program was to increase women’s knowledge of their rights and promote their grassroots civic engagement. The program also supported newly-elected female officials in order to equip them to carry out their duties, and to facilitate professional networks for women in elected office. Noting that women’s political participation improves policy and is good for the whole of society, Parliamentarians from other countries might also adopt aspects of this program in targeting channels like government budgeting, awareness-raising, and professional training and networking for women in office to facilitate enhanced political participation for women.

Sources:


The percentage of women in parliament has nearly**doubled** in the last 20 years, but this only translates into **22%** of all parliamentarians today.¹

### Percentage of women in Parliament by region (2016)²

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nordic countries</td>
<td>41.1</td>
</tr>
<tr>
<td>Americas</td>
<td>27.7</td>
</tr>
<tr>
<td>Europe</td>
<td>24.3</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>23.1</td>
</tr>
<tr>
<td>Asia</td>
<td>19.2</td>
</tr>
<tr>
<td>Arab States</td>
<td>18.4</td>
</tr>
<tr>
<td>Pacific</td>
<td>13.5</td>
</tr>
</tbody>
</table>

Japan has the largest gender gap in economic participation of any advanced economy. As Japanese society ages rapidly, the cost of not bringing women into the workplace will affect the whole nation and has the potential to significantly harm the Japanese economy. Women’s participation in the Japanese economy had been historically low due to strong cultural norms and discriminatory tax and labor laws, as well as a critical shortage in daycare availability. Due to these challenges, Japanese women leave the workforce at higher rates than in other advanced economies, tend not to return after having children, and earn almost half the salary of their male counterparts. Over 100 countries have better participation of women in top public and private sector positions than Japan.

In response to the lack of women’s economic participation in Japan, Prime Minister Abe invoked “Womenomics”, or getting women into the workforce, to address critical needs in the Japanese economy. In this regard, the government has set ambitious targets for women’s participation in the workplace and in government, and will require companies to publish percentages of female executives, just as it would other required financial disclosures. Furthermore, legal reforms including enhanced child care benefits, repeal of discriminatory social security benefits, and improved immigration policies also support the Womenomics movement in Japan. Womenomics gained significant momentum through its pragmatic reforms package that was based on research and empirical data. Particularly in countries where a purely rights-based focus for women’s participation is less compelling, Japan’s experience implementing broad, cross-sectoral reforms through Womenomics, in particular by linking women’s rights to the overall success of the economy, can be an example to Parliamentarians in other countries as well.

Sources:
75% of unpaid work worldwide is done by women. This equals at least 13% of global GDP.¹

Closing the gender gap could deliver $12 - 28 trillion of additional annual global GDP by 2025.¹

25% of senior leadership positions in S&P 500 companies are held by women. Only 4.6% of these companies have female CEOs.¹

²: Icon: Female CEO by RROOK from the Noun Project, color changed from black to red.
Gender Equality & Women’s Empowerment

Participation


Natural disasters and other humanitarian crises can create a context where women become even more vulnerable to abuse and exploitation. However, these settings can also create the conditions for improving gender equality outcomes where needs are great enough to overcome other cultural barriers to women’s participation. A World Food Program project implemented in the Nepal earthquake response focused mainly on cash-for-work programs, providing women with equal opportunities to be hired, paying equal wages, and paying wages directly to the working women.

The cash-for-work component of the program showed enhanced school enrollment for girls and greater food security at the family level. Women’s empowerment outcomes improved as women were hired and paid equally to men by NGOs and other organizations involved in infrastructure reconstruction during the earthquake response. Through the cash-for work program, additional interventions related to women’s hygiene and WASH infrastructure were also implemented with the female workers to empower them with information about health and sanitation, including feminine hygiene. The equal standing of women in these employment and educational opportunities also had a strong effect on women’s standing and decision-making power within the home. Where women were included in program design and community decision-making in the Nepal earthquake response, women’s health and empowerment outcomes were also greatly enhanced, as well as women’s experiences at work and in the home. In the same way, Parliamentarians can consider the specific opportunities to better include women in humanitarian crisis responses, and other settings where cultural barriers to women’s participation can be overcome in order to achieve lasting positive effects on women’s empowerment and health.

Sources:
Gender Equality & Women’s Empowerment

Participation

Women’s Participation in Humanitarian Settings

60% of the preventable maternal mortality deaths occur in settings of armed conflict, disaster, and displacement.¹²

More than 70% of the victims of the 2004 Asian Tsunami were women.³⁴

In 2014, only 14% of humanitarian funding aimed at contributing in some way to gender enhancement, down from 31% in 2013.⁵

²: Icon: Pregnant by Luis Prado from the Noun Project, color changed from black to red.
⁴: Icon: Tsunami by Masrur Mahmood from the Noun Project, color changed from black to red.
Violence against women and girls is a violation of their rights of autonomy, liberty, and security. Violence against women and girls also has significant physical, psychological, and emotional effects on the victim, and has far-reaching impacts on the whole society. Healthcare costs associated with violence against women and girls is measured at hundreds of millions of dollars on a country level, as are the costs of temporary absence from work where women are recovering from injuries associated with violence. Violence against women is a symptom of social and gender inequality. This inequality impacts women’s safety and security in many other areas of life as well. Where women are valued as equal human beings, given equal access to education, healthcare, and the opportunity to work, they will be empowered and realize so many of their other rights protected under international and national law. While a culture of violence against women is a major marker of the risk and insecurity many women face on a daily basis, other inequities and insecurities hindering women’s progress in society can also be addressed to keep women more safe and secure.
Gender Equality & Women’s Empowerment

Safety & Security

1. Engaging Men and Boys to End Violence against Women: Women’s Crisis Center in Fiji

The rates of violence against women (VAW) in the Asia-Pacific region are among the highest in the world. Because men are most often the perpetrators of VAW, the Fiji Women’s Crisis Center (FWCC) has developed a comprehensive male advocacy program to support its efforts to end VAW in Fiji. One of the underlying principles of this work with men is that VAW is largely driven by systemic inequalities between men and women, compounded by cultural and religious beliefs and practices. The program addresses those systemic inequalities to promote more long-lasting and broader impacts than might be achieved by responding to VAW solely through the criminal justice system.

In an effort to better address the role of men in VAW, the FWCC has partnered with the Fiji government’s VAW task-force. In particular, the male advocacy program targets men in influential roles, including local chiefs, police, military, and religious leaders. Activities involve progressively advanced training programs and awareness raising in order to give participating men the time and training they need to transform misguided and culturally-informed beliefs about VAW. The training sessions are delivered by a range of advocates and individuals, including women’s human rights activists, and also experts on masculinity issues. The core theory of change in the male advocacy program is that men will be challenged to identify their own unacceptable behaviors first, change them, and then become influential in changing the behaviors of other men in their communities. This effort to thoughtfully and effectively engage men both as actors and advocates in the fight against VAW can be adapted by Parliamentarians from other countries as well to promote the lasting change and cultural shifts needed to end VAW.

Sources:
Over 40% of women in Asia report being victims of violence.¹

Over 70% of men who perpetrate rape across Asia do not experience any legal consequences.²

Between 26-80% of men in Asia report being perpetrators of violence against women.²

Perpetration of intimate partner violence is highly correlated with gender inequality norms, the perpetrator’s childhood experiences, and harmful forms of masculinity in the society.² & ³


³: Icon: Domestic violence by Lorie Shaull from the Noun Project, color changed from black to red.
Bangladesh has the highest rate of child marriage in all of Asia, and has the third highest rate of child marriage in the world. Preventing child marriage requires addressing deeply held cultural and religious beliefs about gender equality and gender roles. Many successful programs relating to child marriage focus on sensitizing populations with high rates of child marriage to the health risks of early marriage posed both to young brides and their children. Other programs to address the economic drivers of early marriage by providing economic incentives to families who keep their girls unmarried and in school have shown mixed results. Approaches that focus on gender equality in communities show promise but remain difficult to measure.

While gender equality, cultural shifts, economic incentives, and health outcomes are all linked to ending early marriage, one program intervention in Bangladesh attempted to address all these factors. Pathfinder International supported a program of training young women at risk of early marriage to serve as health workers and paramedics. By training young women in the health profession, the program specifically addressed the unmet health needs of women in the community who were culturally limited from seeking medical attention from men. The training also provided the families of these young women with an economic incentive to keep them at home longer as they were capable of earning income. While the test group was small (40 young women), the results and approach showed exceptional promise in raising the age of marriage and achieving additional outcomes in women’s empowerment and health, as well as gender equality. This program can be a model to Parliamentarians for providing opportunities to young women to enter the health sector, in order to address both primary issues such as women’s health needs, and also reducing girls’ risks for early marriage and furthering other women’s empowerment outcomes.

Sources:

In the first decade of the 21st century, over 1/3 of women aged 20-24 had entered into a marriage before their 18th birthday.¹

In South Asia, 2 out of 5 girls are child brides.¹

Percentage of women 20-24 years old who were married or in union by age 18, by region ¹

While human trafficking remains a pervasive human rights issue, significant advocacy and financial resources have been mobilized around international and regional efforts to prevent trafficking and prosecute offenders. However, as trafficking networks continue to be shut down, offenders and exploiters are moving online to continue to exploit women and children. This exploitation can occur both in public “chat rooms” and in non-public parts of the internet designed for carrying out criminal activity. Detecting and prosecuting online exploitation of women and children poses particular challenges for law enforcement, governments, and other organizations attempting to protect victims of trafficking. Investigation and detection often require law enforcement officials to view or even generate exploitative material. Jurisdictional issues related to investigation and prosecution are complicated by the geographic locations of perpetrators, victims, and servers, also cause diplomatic and transnational cooperation challenges.

The Philippines, with affordable and relatively high-quality internet connections, has become a global hub of online sexual exploitation of women and children. To address this issue, Terre des Hommes has been developing virtual reality and collaborative investigation techniques to address online sexual exploitation. Through utilizing a life-like but computer-generated young girl named “Sweetie”, investigators were able to meet potential exploiters in public chat rooms in order to detect criminal behavior and tendencies before these perpetrators could reach actual victims. Through utilizing Sweetie and other less complex online investigation techniques, investigators discovered the identities of over 1000 perpetrators of online exploitation, and transferred the dossiers to Interpol. Parliamentarians can consider particularized challenges faced in their own countries in confronting web-based sex tourism to develop similar programming and funding initiatives to detect perpetrators and protect victims of this new form of human trafficking.

Sources:
Asia has the highest number of internet users in the world, topping 1.3 billion users.¹

There are up to 750,000 predators connected to the Internet at any time.¹

Revenues from the online commercial sexual exploitation industry reach up to $3 billion per year.³

²: Icon: Sexual Abuse by parkjisun from the Noun Project, color modified from black to red, circle added.
Harassment is often overlooked as a mere nuisance, or something that women should “learn to live with”. Because it does not involve physical contact, harassment may be viewed as something that isn’t actually harmful to women. However, harassment is a form of violence, it can lead to additional physical violence, and it can create a hostile professional or educational environment for women. Harassment furthers discriminatory gender norms, sometimes causing women to be fearful to leave their own homes. In addition, many women face a second instance of abuse when the harassment they seek to report is either not recognized by the law, or where reporting puts them at greater risk of further abuse. By better addressing harassment in the law, a climate of women’s protection can be developed, and perpetrators of violence against women will lose their opportunities to harm women’s safety and security.

In India, harassment has been linked to extreme cases of gang rape and GBV. In response to these growing concerns, the Supreme Court of India used its special regulatory powers to adopt a non-statutory legal instrument called “The Gender Sensitisation and Sexual Harassment of Women at the Supreme Court of India (Prevention, Prohibition and Redressal), Regulations” in 2013. Part of the regulations provided that women seeking to report harassment to the Court could do so via email. By allowing women this alternative and safe channel for reporting harassment, prosecutions for harassment have been on the rise, and major shifts in the culture of degradation of women and gender inequality have the chance to shift in a positive direction. This innovative reporting mechanism can be adapted by Parliamentarians in other countries as well to address the legal, policy, and practical barriers to recognizing and reporting harassment and other forms of violence against women.

Sources:
Only **52 countries** have laws protecting **women** from sexual harassment in **schools**, and only **18 countries** protect **women** from sexual harassment in **public places** by law.¹

More than **60%** of women worldwide report facing **sexual harassment on the street or on public transport**.²

Delhi ranks as one of the worst cities in the world for **street harassment**.

Up to **66%** of women in Delhi report experiencing sexual harassment **between 2 and 5 times throughout the past year**.³

4: Icon: Sexual Harassment by Becris from the Noun Project.
5. Law and Policy to Prevent Violence against Women and Girls: Birth Registration as the “Passport to Protection”

Birth registration has been called a “passport to protection” for women and girls against forms of violence and exploitation. Birth registration is critical for a girl’s chances of enrolling in school, avoiding early marriage, avoiding forced labor and commercial sexual exploitation, getting proper immunizations, and accessing other social services. Where a girl's birth is unregistered, she is more likely to face social seclusion and discrimination. However, birth registration rates in less-developed countries in Asia are just under 50%. Although birth registration rates are similar by gender in Asia, girls are even more vulnerable than boys when their births are not registered. Women and girls face additional discrimination in countries where they cannot easily pass their nationality on to their children—causing family separation and insecurity, and perpetuating gender inequality.

In both India and Bangladesh, large initiatives to increase birth registration have been undertaken and the effects of these initiatives have been measurable. The platform through which these programs achieved results in raising birth registration rates was firstly through legal reforms. This process included modernizing birth registration laws and requiring a birth certificate as proof of age for all essential services provided to children. Following adoption of a new legal framework, effort were also made at the government level to ensure the training and sensitization of community workers and local government authorities, who often have the most influence over the successful implementation of universal birth registration efforts. India also managed to set up an online birth registration system where institutions such as hospitals and nursing homes have access to register vital statistics. This system has led to universal birth registration in the capital city, and results are expanding throughout the country.

Sources:


Around 51 million births per year are unregistered. Over half of these unregistered births occur in Asia.¹

Birth registration is a girl’s “passport to protection”.²

Birth registration helps girls access education and healthcare, and protects them against child marriage and child labor. Birth registration also helps obtain convictions against perpetrators of child abuse.²

3: Icon: Lil girl by Alina Oleynik from the Noun Project.
Young people often lack access to complete and safe information about their basic health, as well as their sexual and reproductive health and rights. Even the adults who have a responsibility to safeguard the health of children may not always live up to their obligations. By equipping youth with information about their own health, young people can make wise decisions about their health and avoid unwanted pregnancy, STI transmission, and drug and alcohol abuse. They can also learn to make positive choices early in life, focusing on a healthy lifestyle, and preparing them to raise a healthy family if and when they choose to have children. Providing young people with age-appropriate health information and training can also contribute to more equitable societies, where both boys and girls are empowered with knowledge about their health, and can advocate to their families and communities for health, child-protective approaches to life and health choices impacting them.
Comprehensive sexuality education (CSE) is linked with low rates of unwanted pregnancy, HIV transmission, and unwanted sexual contact. In Thailand, CSE had been a part of secondary school curricula since 1978. However, the teachers who are expected to teach CSE in their classes have often had no formal training in CSE. Where they have some training, it is typically focused on the biological and medical aspects of sexuality. CSE is a core strategy of the National AIDS Plan in Thailand, which points to the Ministry of Education as a key implementer. Nonetheless, without proper training, teachers from other disciplines would teach the CSE curriculum without the context or background needed to make the time designated to CSE in schools effective in actually improving the health of youth.

TeenPath, a program implemented by PATH Bangkok, aimed to enhance teacher capacity to deliver CSE effectively. The program also sought to engage parents, where appropriate, to reinforce the classroom learning at home. The program also sought to establish links between schools and health service centers. The teacher training component included a formal, initial training session, peer teacher observation of CSE lessons where possible, and refresher training courses from time to time. Some of the training sessions also included other NGO and public health workers. While the number of hours of CSE delivered in classrooms was measured at well below the goal of 16 hours per year, the results of the CSE lessons delivered by trained teachers were much better than CSE in the control schools without trained teachers. Where schools did get closer to the 16-hour goal, the results and improvements in knowledge among the children participating were even better. Parliamentarians in other countries can consider how to incorporate CSE into their National Action Plans for youth, AIDS, or education, setting attainable goals and providing the teacher-training support needed to realize the aims of CSE in their national policy frameworks.

Sources:
17 Asian countries provide teacher training for comprehensive sexuality education programs (CSE). Nations in the Pacific are the farthest behind other Asian countries in implementing teacher training in CSE.¹

21 out of 25 countries in the Asia-Pacific link HIV strategies to the education sector. Very few have a policy to reach out-of-school children with CSE.²

Implementation of national CSE programmes remains behind targets even where CSE is government-mandated.¹

- Papua New Guinea: 100%
- Cambodia, India, Lao PDR, Viet Nam: 26-50%
- Afghanistan, Bangladesh, Malaysia, Nauru, Nepal, Thailand, Tonga, Vanuatu: ≤25%

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Investing in Youth

Health

2. Reducing Early Childbearing and Delaying Marriage: Reproductive Health Program for Rural Youth in India

Child marriage—defined as a marriage where at least one of the partners is below the age of 18—violates the child’s rights and puts the child at grave risk of serious health consequences. Child marriage afflicts over 65 million women and girls worldwide. Married girls are rarely able to finish their schooling, are often powerless to refuse sex, and are often subjected to increasing social isolation. Complications of pregnancy and childbirth are the main causes of death among adolescent in developing countries. They are also more likely to suffer obstetric fistula due to early and frequent childbearing, which is a lifelong, potentially debilitating condition.

The PRACHAR program was implemented in Bihar, India, to raise the age of marriage, raise the childbearing age, and lengthen the period of time between when young women give birth to children. The program was launched through a large public ceremony aiming to celebrate recent marriages in the community. At this event, the young spouses were taught about the importance of delaying childbearing, and they also received training on contraceptive use and were given some contraceptive tools such as condoms and birth control pills. Young couples also received subsequent home visits from project staff to train on contraceptive use and follow up on the training they had received at the ceremony. A similar program was designed for young married couples who already had one child in order to encourage them to delay having their next child. The project had measurable success in increasing the age of marriage, the age of childbearing, and the interval between births in the project area. Parliamentarians in other countries can consider how to adapt similar health-centered programming to not only raise the age of marriage, but also mitigate the effects of early childbearing that often come from child marriages.

Sources:
Between **2.5 – 3 million** women are believed to be living with obstetric fistula. Up to **one-third** of them report developing the condition **as an adolescent**.¹

As of 2012, nearly **1 in 4** adolescent girls aged 15-19 in the developing world was already married.²

Almost **half of the world’s 67 million** child brides live in Asia.²

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Women 20-24 years old in 2010 who were married or in union by age 18, by region in 2010 (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Eur. &amp; Central Asia</td>
<td>5.8</td>
</tr>
<tr>
<td>Arab States</td>
<td>6</td>
</tr>
<tr>
<td>West and Central Africa</td>
<td>6.2</td>
</tr>
<tr>
<td>East &amp; South Africa</td>
<td>7</td>
</tr>
<tr>
<td>Lat. Am. &amp; the Caribbean</td>
<td>8.5</td>
</tr>
<tr>
<td>East Asia &amp; the Pacific</td>
<td>9.7</td>
</tr>
<tr>
<td>South Asia</td>
<td><strong>24.4</strong></td>
</tr>
</tbody>
</table>

Investing in Youth

Health

3. Adolescent Childbearing: Helping Teenaged Mothers go back to School in the Philippines

Adolescent mothers, whether married or unmarried, are much less likely to attend school than their peers who have not given birth. Depending on the cultural and country context, girls at-risk of early pregnancy may be pulled from school for economic reasons and end up pregnant through early marriages. They may also find themselves unable to access or use contraceptives and be pulled from school after becoming pregnant. Whatever the cause, these girls who are unable to finish school because of having children of their own become more economically and socially vulnerable, more likely to have more children, and have fewer economic opportunities.

In the Philippines, up to 10% of adolescent girls aged 15-19 are pregnant or have already given birth. In order to address the significant challenges these young women face in finishing their schooling, the government of the Philippines has adopted a comprehensive alternative education scheme. This alternative schooling provides alternative learning tracks for Filipino youth who have not completed their schooling through the formal system, whether because of pregnancy or other reasons. The program aimed to reach the most remote and depressed areas of the country. The program not only includes mobile teachers, but also other initiatives such as multi-grade classrooms, module-based academic calendars, and modified study schedules during the week or year to accommodate students’ work schedules and family obligations. All of these interventions, and the adaptable nature of the alternative learning system, provide young mothers with a chance to finish their schooling after giving birth. Parliamentarians in other countries can consider formalizing alternative schooling channels to meet the needs of vulnerable children, such as adolescent mothers, ensuring they stay in school longer, minimising their risks for additional pregnancies and early marriage, and improving their economic chances in the future.

Sources:


Investing in Youth
Health
Adolescent Childbearing

An estimated **14 – 16 million children** are born each year to adolescent mothers – representing **11% of global births**.2

A substantial **percentage of births** to adolescents are **unwanted or mistimed**. Many planned adolescent births are within the context of child marriage.3

<table>
<thead>
<tr>
<th>Country</th>
<th>Unwanted</th>
<th>Mistimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Kiribati</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Laos</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Maldives</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Micronesia</td>
<td>43</td>
<td>20</td>
</tr>
<tr>
<td>Philippines</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>21</td>
<td>33</td>
</tr>
<tr>
<td>Tonga</td>
<td>20</td>
<td>18</td>
</tr>
</tbody>
</table>

Education has a significant impact on a girl’s chances of giving birth in adolescence: girls who never finish primary school give birth at **double the average rate** of all girls in developing countries.4

1: Icon in black: Embryo by Icojam from the Noun Project.
Drug and alcohol use, bullying, and other risky behaviors among adolescents often share similar developmental and emotional origins. Drug use among youth in Asia has been on the rise—although poppy eradication programs in some parts of Asia have been largely successful, drug trafficking into the region has been increasing in recent years. Because drug use is often one of a number of related behavioral and emotional problems faced by adolescents, addressing these behaviors together through holistic programming, along with understanding the root causes of the underlying emotional and behavioral issues leading to the drug use, can bring about lasting developmental improvements.

In 2004, the Positive Adolescent Training through Holistic Social Programmes (PATHS Programme) was initiated in Hong Kong to focus on the holistic emotional development of adolescents through a school-based curriculum. The program aimed at reducing drug and alcohol use, as well as other risky behaviors, among adolescents receiving the curriculum. The modules covered multiple topics including drug abuse, sex and love, bullying, risky internet use, and money management/image issues, covering about 30 hours of teaching. A web-based version of the programme was also developed in Chinese and English languages. The program was implemented in over 250 secondary schools between 2005-2012 and proved effective in reducing rates of delinquency, rates of drug and alcohol abuse, rates of sexual behavior and violence, and other risky behaviors (staying out all night, bullying, etc.). The program did not significantly affect rates of tobacco use, although it did have a positive impact on reducing rates of use of all other illegal drugs. This school-based intervention tailored to the specific developmental needs of adolescents in a particular country and cultural context may be replicated by Parliamentarians in other countries as well.

Sources:
Young people are at a higher risk of drug-related interpersonal violence.  

Despite relatively low prevalence of drug use in China, it is home to half of the region’s drug seizures by law enforcement.

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Lao PDR has among the highest rates of unmet contraceptive needs and adolescent pregnancy in all of Southeast Asia. Increased access to sexual and reproductive health and rights (SRHR), including basic information on contraceptives, avoiding early marriage, and sexuality education could bring significant improvements to young people’s sexual health in Lao. In recent years, the rates of maternal mortality, adolescent pregnancy, and STI transmission in Lao have dropped significantly. In fact, increased access for Laotian youth to SRHR through mobile clinics and other youth-friendly SRHR services has had measurable results on these improved health outcomes and can be a good practice for Parliamentarians in other countries as well.

One of the effective programs for increasing youth access to SRHR is the Vientiane Youth Center. The Youth Center was started in 2001, and uses a variety of recreational activities and classes to teach Laotian adolescents about reproductive health, as well as other life skills. The SRHR component of the Center also includes a peer educator training for young people to be trained to reach out to their peers about SRHR issues. In addition to its SRHR programming, the Center also has an on-site clinic for medical counseling and direct services related to adolescent reproductive health. The Center’s youth-friendly approach and the replicability of the program, specifically through the peer educator training model, might be adapted by Parliamentarians from other countries as well to improve SRHR among young people. Incorporating enhanced access to SRHR in National Plans on Youth and HIV/AIDS, for example, can be a way for governments to institutionalize, support, and expand the effects of the efforts of agencies like the Vientiane Youth Center.

Sources:
Between 1990 and 2013, maternal mortality dropped by 64% in South Asia and 57% in Southeast Asia.¹

Enhanced understanding of SRHR among adolescents in Asia is a critical need. Lack of knowledge and gender gaps in knowledge are shown region-wide.³

9.8 million adolescent women in Asia report an unmet need for contraception. The annual cost of providing contraception to one individual is approximately $14.¹

Proportion of young people 15-24 years who know a condom can prevent HIV

Article 12 of the Convention on the Rights of the Child confirms the rights of children to have meaningful participation in all matters related to their lives, as well as the right to access information, have freedom of thought, and have freedom of expression. However, it is an obligation on adults to bring youth into political and social life, facilitating a collaborative process enabling participation of youth in society. Furthermore, participation extends beyond mere political participation and political voice, but also to participation in the decisions of the family, the local community, and the larger society. The benefits of this participation extend well beyond enhancing the quality of the decisions made where youth participate, but also has the effect of creating closer-knit communities where women are empowered, the economy is strong, and extremism is less and less common.
Empowerment, engagement, and gender equality are significantly impacted by social and cultural practices that are often set early on in children's lives. Engaging young men and boys in gender equality and empowerment efforts is critical to advancing gender equality through changing attitudes and behaviors, and allowing them to see their female peers in more equal ways. The National Taekwondo and Kickboxing Federation (NTKF) in Tajikistan has learned that, as young people, when boys and girls engage in playing sports together, they can begin to see themselves as equals and can learn to break through some of the cultural restrictions on women and girls.

The NTKF program brings boys and girls together for taekwondo and kickboxing competitions, camps, and other sporting events. Young women receive access to special training and competitions and are empowered through engaging their physical strength in athletic activities. Young men are also taken in at the center for physical training and competitions. Through their affiliation with the center, these young men also become gender equality advocates, and receive special training in gender equality issues, GBV, community organizing, and public speaking. The NTKF participants engage in advocacy at international competitions, encouraging participants from every country to use sports and use their voices to advocate for gender equality. Given this example, Parliamentarians from other countries can consider how participatory, physical activities like sports can be a critical part of changing attitudes about gender when young people are at their most impressionable ages. Parliamentarians can consider how to adopt policies to encourage the use of sport and physical fitness and competition to be a platform for broader advocacy as well.

Sources:
Participating in sport enhances children's health, strengthening their resilience against cardiovascular disease, osteoporosis, and other non-communicable diseases that account for up to 60% of deaths globally.\(^1\)

Adolescents of both genders experience measurable improvements in their self-esteem through participating in sport and physical activities.\(^2\)

The sport industry can benefit from greater gender equality: the total payout for the last Women’s World Cup was $15 million, compared with $576 million for the last Men’s World Cup.\(^3\)

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1: UN Division for the Advancement of Women, Department of Economic and Social Affairs. (2007). Women 2000 and Beyond: Women, Gender Equality and Sport, 2. New York: DAW.
Youth are often excluded from family-level decisions, and have no choice but to adhere to the gender and power dynamics established within the family structure. Save the Children’s “Choices” program aimed to transform the way young adolescent boys and girls think about gender roles, and train them to implement their changed values at home.

The Choices curriculum addressed gender inequity and power by modeling respect for boys who treat girls as equals, allowing all children to express emotions and realize their hopes and dreams, and encouraging boys to empower girls to achieve their dreams. The curriculum was administered by a mixed-gender team of facilitators to small clubs of children. The lessons consisted of a series of participatory activities, including age-appropriate games and discussions, to model principles of equality and non-discrimination. The children who received the Choices curriculum were evaluated to have an enhanced understanding about issues such as gender discrimination, control and dominance, and girls’ access to education. Participating children also came to believe that women and girls could perform a wide range of tasks and activities, shifting their notions about traditional gender roles in the home. Boys who received the curriculum measurably enhanced their participation in household chores. This type of participatory learning about gender roles and family decision-making could be integrated by Parliamentarians into formal schooling curriculum to bring about broader shifts in attitudes about gender and youth participation in other countries and contexts as well.

Sources:
Up to 100 million girls are "missing" from Asia and the Pacific due to prenatal sex selection and son preference.

Very young adolescents between the ages of 10-14 are at a critical developmental stage to change their attitudes about gender roles.

A number of national and international instruments guarantee the right of children to participate in policy decisions affecting their lives. Evidence also shows that policies for child protection are more effective when designed with child participation in the process. Nonetheless, very few countries or international bodies have developed mechanisms for child protection in policy development and monitoring of activities. At the same time, out-of-school children and children with disabilities are often the most marginalized groups without anyone to represent them on a national policy level.

In Mongolia, an adolescent needs assessment was conducted in 2000 to determine exactly where the gaps were in policy and service provision to youth. Once the assessment was completed, an Adolescent Board was created to advise the Inter-Ministerial Task Force on the planning, implementation and monitoring of outcomes of the assessment, as well as ensuring youth participation both in decision making and in implementation of activities of the Task Force. Not only does the Board serve the consultative purpose of ensuring adolescent voices are heard in government decision making, but it also serves individual adolescents through outreach activities conducted by adolescents serving on the Board. These outreach activities include liaising with schools, media, and other entities to speak on behalf of Mongolian adolescents, and reach out to marginalized adolescents, such as those who are disabled and out-of-school. In 2004, the Mongolian government adopted a new strategy for the National Authority for Children to further institutionalize this framework for child participation established through the Adolescent Board model. Parliamentarians can consider the success of the Adolescent Board in Mongolia to better integrate child participation into policy making and decision making in their own countries, particularly in those policies and decisions affecting children.

Sources:
The number of children who complete primary school differs greatly based on gender and the presence of a disability.¹

### Percentage of children who complete primary school by gender and disability

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>61%</td>
</tr>
<tr>
<td>Female</td>
<td>53%</td>
</tr>
<tr>
<td>Handicapped</td>
<td>42%</td>
</tr>
</tbody>
</table>

The most critical factors for the success of youth civic engagement and participation in a society are the country’s commitment to **good governance and democracy**, and the presence of a **robust civil society**.²

The **first ASEAN Children’s Forum was hosted by the Philippines in October 2010**. Since then, the meeting has been a biennial event.³

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Young people are the largest demographic group in many Asian countries, but do not always have a clear understanding of how to use their voting and civic power to accomplish their goals and effect positive change. Not only does youth participation in politics and voting improve the democratic process overall, but it also instills a sense of empowerment in youth that can be further facilitated through education and support to youth in enhancing their political participation.

To address these needs, the Youth Council of Cambodia (YCC) mobilized youth to be leaders in change at local levels and to understand and participate fully in the democratic process. One of the major activities of the YCC is to hold Youth Democracy Festivals, where young activists are trained in advocacy, debate, and utilizing social media. The YCC trains youth at the festivals in strategies for mobilizing their peers and reaching their political leaders with civic messages. The festivals are also a forum to facilitate voter registration and training on how to vote with confidence and engage in issue-based campaigning and voting. The YCC furthermore supports a network of youth leaders all over the country, bringing them together for annual youth conferences in order to encourage one another, network, and share ideas for becoming more involved in local and national political issues. Each seminar trains hundreds of youth, and each festival reaches thousands of youth, having a broad-sweeping impact on youth participation in political and civic life in Cambodia. Parliamentarians could use the YCC as a model for engaging with youth, who may be the largest unreached voting demographic in their countries as well.

Sources:
In many Asian countries, young women are half as likely to participate in activism and lobbying than young men.²

3: Full name of countries, from left to right: Mongolia, Thailand, Viet Nam, Indonesia, Taiwan, Republic of Korea, Philippines, China, Japan, Cambodia, Myanmar, Singapore.
Years of conflict, economic depression, and poor education have led to a high number of street children and illegally working children in Myanmar. World Vision’s Street and Working Children program focused on providing drop-in centers and safe spaces for street and working children in Yangon and Mandalay. The centers aimed to address immediate physical and emotional needs of the street and working children, and also prevent at-risk children from going onto the streets.

In planning an evaluation of this program to assist street children, World Vision determined that adding children to the evaluation team would be critical to the accuracy and usefulness of the evaluation. In selecting the children to participate in the evaluation, groups of beneficiary children elected representative children to be on the evaluation team. In defining the evaluation scope and questions, the children posed specific questions about the future of the centers, and also assisted in identifying informant groups based on who they had interacted with and found helpful. Child evaluators then carried out interviews after being trained in interview techniques, and also conducted focus groups. The adult evaluators on the project recommended increased participation from children in all aspects of project design, implementation, management, and evaluation.

The success of the evaluation conducted with child participation is a model for Parliamentarians in designing and implementing child-friendly programming and other policies related to children and child protection. Participating program staff did report that child participation made the evaluation process slower, but they valued the results achieved through included children’s voices and perspectives. With the proper dedication of resources and time, child participation in policy development and program and policy evaluation, the results can be more effective and children can be better served by the outcomes.

**Sources:**

An estimated **120-150 million** children are living on the streets worldwide. At least **30 million** of them are in Asia.¹

Children’s participation in policymaking and decisions contributes to a significant increase in awareness of children’s rights in their communities.²

Youth participation provides developmental benefits to the youth, increasing their confidence and competence, and improving their families and communities.²

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The safety and security of youth, and the realization of all of their human rights, is closely linked to a child's right to have access to an education, and to receive a quality education. Education is a child's gateway to work, a path away from poverty, and a weapon against radicalization. Educated youth are more safe and secure in every sense. However, lack of resources, lack of adequate teacher training, and lack of understanding about the root causes of problems in the education sector prevent children from attaining the full measure of their right to education and make them vulnerable to other challenges and harms. Ensuring that children do get to go to school can protect them against many social problems, such as forced child labor, child marriage, and violence. Ensuring children receive an education of quality allows them to take on higher-skilled and higher-paid work, and combat radicalization, discrimination, and inequality in their communities. With attention paid to the quality of education and the specific needs of communities in tailoring education to meet the social conditions of children and their families, safety and security of youth can be realized.
Many children who drop out of school do so because their families have significant economic problems. The family may not be able to cover the child’s school fees, or may simply require the extra income, however small, that the child can generate by entering the workforce. In Nepal, many children are at risk of dropping out of school to enter the carpet-weaving industry, which is on the ILO’s list of hazardous activities prohibited for children under 16. Nonetheless, out of a total labor force of approximately 50,000 workers in the hand-made carpet export industry in Nepal, up to 11,000 of them are children.

In order to address the flow of children leaving school to enter carpet-weaving, the Nepal GoodWeave Foundation (NGF) designed an intervention to provide scholarships and stipends to children at a high risk of entering the workforce in rug factories. High-risk children were those from low-income families with parents already working in the factories, and very often with the entire family living on the factory compound. The intervention was designed to provide either: 1) scholarships for school fees at the beginning of the semester with no requirement of school attendance, or 2) scholarships and an ongoing living stipend conditional on the child’s continued school attendance. While the scholarship funds showed moderate increases in the children’s school enrollment levels, the children who received the scholarships and ongoing stipends had significantly lower chances of entering the illegal child workforce, and were much more likely to attend school regularly. This program is a good practice in addressing the root causes of a problem affecting youth—determining the effect of financial support in choosing school enrollment over child labor. Parliamentarians from other countries might adapt similar approaches to designing evidence-based policy and programs to identify children at-risk of entering the labor force, and then address the root causes of child labor in their own countries as well.

Sources:


In the Asia-Pacific region, **77.8 million** children aged 5-17 are engaged in child labor — **9.3%** of all children in the region.¹

At least **24 million** children are out of school in India, Pakistan, and Bangladesh.²

**Primary-school aged children out of school by region and gender (2011)**³

**South & West Asia**
- Boys: 5.9%
- Girls: 8.4%
- Total: 7.1%

**Central Asia**
- Boys: 4.7%
- Girls: 6%
- Total: 5.3%

**East Asia & the Pacific**
- Boys: 3.2%
- Girls: 2.9%
- Total: 3.1%

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Between 14 - 37% of children in the Asia-Pacific region experience abuse of some form. Not only is child abuse a violation of a child’s fundamental human rights and right to life, but child abuse also has a steep economic cost—measured at up to $206 billion per year, or 2% of the region’s annual GDP. Child abuse also takes a toll on the mental health of children, with up to 25% of mental health problems among men linked to exposure to physical abuse in childhood. In 2004, a study conducted by Save the Children reported that nearly 90% of Mongolian children suffered beating at the hands of their caretakers or teachers.

Due to the high rates of abuse and corporal punishment in Mongolia, Save the Children provided technical assistance and advocacy to the Parliament of Mongolia in adopting legislation banning corporal punishment in schools. This process included engaging Mongolia’s participation in international settings, including the Committee on the Rights of the Child, and also bringing children to participate in the law reform process at every possible stage. By 2013, the number of children experiencing violence in Mongolia had declined by nearly 50% of where it had been in 2006, when the project started. In 2016, a new and even more comprehensive set of legislative reforms to protect children against violence was adopted, prohibiting violence against children in schools, institutions, and their homes. Mongolia is the first country in the region to achieve full legal protection for children against abuse in every setting and institution, and spends among the highest share of its GDP on child protection efforts of any other country in the region. In light of the measurable success of Mongolia’s legislative reform efforts, Parliamentarians in other countries can also consider how to implement the legislative reforms needed to build the foundation to protect children against abuse in their countries.

**Sources:**


Only 49 countries have prohibited corporal punishment in all forms.¹

Total government expenditures on child protection represent less than 0.2% of GDP in the majority of Asian countries. Only Fiji and Mongolia spend significantly more.²

Physical and emotional abuse of children in South Asia and the Pacific is estimated to cost the region $105 billion per year.⁴

3: Icon: Crying by James Fenton from the Noun Project.
In 1990 at the World Conference on Education for All in Jomtien, Thailand, the goal of “Education for All” was first agreed upon. This goal was later included in the MDGs as a priority development goal, and has been reinforced in the SDGs as well. However, mere access to education is limited in effect if that education is not of sufficient quality. In fact, while years of education children complete does correlate to economic growth on a country-level, it is the quality of that education in terms of cognitive skills development and applicability of skills to the workforce that correlates most strongly with a country’s economic growth.

In order to address quality of education concerns in Pakistan, TeleTaleem implemented a program in remote areas of the country to bring supplemental teacher training and student learning to children through a mobile satellite-equipped van. The van contained a number of technological tools such as tablets and computers, which were used in the programs. Teacher training was linked to the topics being taught in the classroom at a particular time of the year, and a remote-based master trainer was able to reach the teachers in these rural areas through the technology-equipped van. Teacher observation using the technology was also transmitted back to the master teacher for the purpose of ongoing assessment and improvement of teaching. The van also provided students with supplemental learning opportunities, such as after-school lessons and special lessons and activities. For students and schools participating in the program, literacy, numeracy, and reading comprehension and accuracy scores improved 2-4 times more than those students who did not have access to the van. This model of teacher training and supplemental student learning for remote areas could be replicated by Parliamentarians in other countries as well who have concerns about quality of education, particularly in rural areas.

Sources:
Each additional year of schooling a child receives adds to a country’s economic growth. When educational quality is also increased, the rate of growth is increased by 25-73%. ¹

While children in developed countries outperform their peers in industrialized countries, per capita income only has a minor correlation to the differences in student achievement. ²

Approximately 80% of education budgets go toward teacher salaries, but salaries remain too low to be competitive with alternative industries. ²

After years of conflict following the oppressive Taliban regime, educational infrastructure is critically poor in Afghanistan, especially in rural areas. Girls and young women have been particularly disadvantaged in accessing education and literacy. In order to respond to these needs, especially in rural and insecure areas, the Afghanistan Institute of Education (AIL) has founded a Learning Center program. In the program model, a Learning Center is opened only where it is requested by the local community, and where the local community is willing to provide its own investment of a building, supplies, teachers, or other volunteer resources. The Learning Center then offers the courses requested by the community, and can include basic primary and secondary courses, university-level courses, teacher and school administrator training, literacy classes, and vocational courses. Centers also incorporate peace education, health education, and human rights education into their activities. All teachers at the Centers are trained in modern teaching methods to encourage participatory learning and the development of critical thinking skills. Centers have been able to incorporate mobile learning tools, such as live telephone call-ins with teachers based in other provinces, and tablet and app technology to supplement regular classroom learning, especially in math and science.

The Learning Centers have had a particular impact on young women seeking to advance their educations. For those who are already married or who have not been able to finish school for other reasons, a combination of self-study and classroom learning can be offered to enable them to complete primary or secondary school. Mobile learning has also had a significant impact on the young women’s literacy rates, often allowing them to re-enter formal schooling. The Centers have also expanded to provide computer and English classes, which reach both young boys and girls in rural areas. As of 2015, AIL had supported over 300 Learning Centers, with over 40 currently active, which include outreach to street children, disabled children, and children in orphanages. Parliamentarians in other countries can consider how to adapt this model of flexible learning and education solutions, which are community-based and community-supported, in order to meet the needs of the most vulnerable and hard to reach children while at the same time instilling in the community the value of education.
Out of the **17 million** out-of-school children in Asia in 2012, half of them were from just four countries: **Bangladesh, India, Indonesia, and Pakistan.**

To meet future educational needs, **27.3 million teachers must be recruited worldwide by 2030** to replace retiring teachers and make up global shortfalls.

Many countries in Asia and the Pacific have outperformed global averages of increasing school enrollment rates since 2000.

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Adjusted Net Enrollment Rates in primary education by region in 2012 (%)

- **World:** 91%
- **Central Asia:** 95%
- **East Asia & the Pacific:** 96%
- **South & West Asia:** 64%
Engaging with youth at risk of radicalization or who have already been radicalized is essential to countering the growing terror threat worldwide. Some of the most effective and long-lasting programs to counter violent extremism have been those programs which focus on re-integration of offenders and community building activities, rather than traditional punitive measures like imprisonment without additional emotional and psychological support. Furthermore, targeting misguided religious beliefs that lead to radicalization through these wholistic programs can be the key to lasting, community-based change.

The Malaysian government has launched an ambitious campaign of intervention with radicalized youth and youth at risk of radicalization called the "Religious Reeducation Program". This program is highly individualized and seeks to address the fundamental misconceptions radicalized youth hold about Islam. The radicalized and at-risk youth meet regularly with Islamic scholars (ustads and ulemas) so that their misguided religious views can be understood, discussed, and then corrected with accurate interpretations of Islamic texts. During this period of re-education, most of the radicalized youth are held in a detention center. Because many of the families of these youth rely on them to provide for the family's economic needs, the government has created a program to assist the families financially while the youths are in their re-education program. Furthermore, the families receive their own religious education during this time as well in order to reinforce the education received by their children as well. After the period of religious re-education, the formerly radicalized youths are released back to their homes and in some cases receive continual follow-up from the program counselors, depending on the individual needs in each situation. Although it is difficult to empirically measure the success of this type of program in de-radicalizing youth or in preventing youth from being radicalized, peaceful re-integration rates for youths involved in the program are measured to be as high as 95%. Parliamentarians from other countries might consider the compelling success of this model in developing policies and approaches to de-radicalization that do not rely solely on punitive measures.

Sources:


De-Radicalization of Youth

Only about 4% of radicalized individuals are estimated to be unreachable through reintegration and re-education.¹

Programs to re-integrate radicalized youth with sound religious education have reported up to 90% success rates.² & ³

Integrated, individualized approaches to re-integration and rehabilitation have better and more long-term results than punitive measures such as enhanced charges and increased jail time.⁴

³ Icon: Study by Tyler Glaude from the Noun Project, color and contouring modified from black to grey.