

Rural Women and the Millennium Development Goals

This fact sheet highlights the progress of rural women against key Millennium Development Goal (MDG) indicators, pointing to some of the advancements made and gaps that still exist. It suggests that globally, and with only a few exceptions, rural women fare worse than rural men and urban women and men for every MDG indicator for which data are available. While data collection along these lines has improved in recent years - in part because of increased donor and government interest – there still remains a general lack of data not only disaggregated by sex, but also by rural and urban areas. This has an impact on our global ability to confidently monitor progress toward the MDGs for all people in all regions, urban and rural, and particularly where progress is needed most.

Goal 1: Eradicate extreme poverty and hunger

Rural women's poor access to infrastructure in rural areas limits their opportunities to reduce poverty and hunger

Rural women spend more time than urban women and men in reproductive and household work, including time spent obtaining water and fuel, caring for children and the sick, and processing food. This is because of poor rural infrastructure and services as well as

Women play an important role, but face persistent structural constraints

Rural women play a key role in supporting their households and communities in achieving food and nutrition security, generating income, and improving rural livelihoods and overall well-being. They contribute to agriculture and rural enterprises and fuel local and global economies. As such, they are active players in achieving the MDGs. Yet, every day, around the world, rural women and girls face persistent structural constraints that prevent them from fully enjoying their human rights and hamper their efforts to improve their lives as well as those of others around them. In this sense, they are also an important target group for the MDGs.

This fact sheet is a product of the Inter-Agency Task Force on Rural Women, which is led by FAO, IFAD and WFP, and is composed of the following members: ITC-ILO, SPFII, UNCTAD, UNDP, UNEP, UNESCO, UNFPA, UNIDO, UN Women and WHO. In addition, a substantial contribution was made by UNAIDS to the section on MDG 6.

culturally assigned roles that severely limit women's participation in employment opportunities (see also Goals 3 and 7).

Faced with a lack of services and infrastructure, rural women carry a great part of the burden of providing water and fuel for their households. In rural areas of Guinea, for example, women spend more than twice as much time fetching wood and water per week than men, while in Malawi they spend over eight times more than men on the same tasks. Girls in rural Malawi also spend over three times more time than boys fetching wood and water (Figure 1).

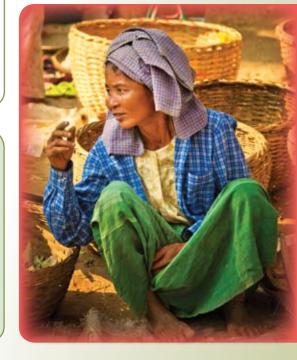
























Figure 1

Average hours per week spent fetching wood and water in rural areas of selected Sub-Saharan African countries

	Guinea Madagascar Malawi (2002-03) (2001) (2004)			Leone (2003-04)
women	5.7	4.7	9.1	7.3
men	2.3	4.1	1.1	4.5
girls	4.1	5.1	4-3	7.7
boys	4.0	4.7	1.4	7.1

Sierra

Source: UNDP, 2011.1

Collectively, women from Sub-Saharan Africa spend about 40 billion hours a year collecting water.²

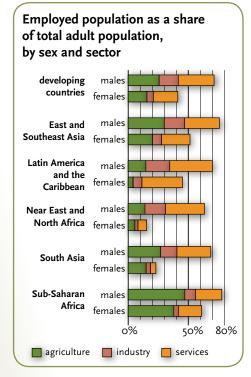
For these reasons and because rural women tend to underreport their employment as contributing family members, according to available data female employment in agriculture is consistently lower than it is for men

across the total adult population in developing countries, although it varies greatly by region (Figure 2). The jobs of rural women who are employed tend to be shorter term, more precarious and less protected than those of rural men and urban people. The lack of flexible hours to accommodate family work combined with wage and job discrimination and limited representation of women in workers' organizations are partly responsible for this.

As an important source of livelihoods for the poorest, agriculture is a means to eradicate extreme poverty, especially for rural women

Despite women's lower overall employment rates, among *employed* women the proportion working in agriculture as opposed to other

Figure 2



Source: FAO, 2011.3

sectors is usually equal to or higher than the male equivalent. Almost 70 percent of employed women in South Asia and more than 60 percent of employed women in Sub-Saharan Africa work in agriculture.4 The substantial involvement of rural women in agriculture, primarily as unpaid or contributing family workers, highlights the importance of developing policies and programmes that address the needs, interests and constraints of women as well as men in the agriculture sector. This includes revamping and strengthening extension systems to be more responsive to and inclusive of women, addressing structural barriers to women's access to productive resources, and improving financial systems to respond to the needs of rural women producers and entrepreneurs, including to move out of the less productive segments of the rural economy.5

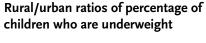
Improving rural women's access to productive resources is central to addressing hunger

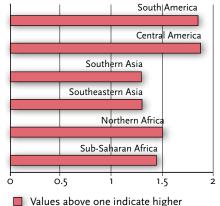
On average, women make up about 43 percent of the agricultural labour force in developing countries. Evidence indicates that if these women had the same access to productive resources as men, they could increase yields on their farms by 20 to 30 percent, raising total agricultural output in developing countries by 2.5 to 4 percent, in turn reducing the number of hungry people in the world by 12 to 17 percent.⁶ For rural women and men, land is perhaps the most important household asset to support production and provide for food, nutrition and income security. Yet an international comparison of





Figure 3





children compared to urban children

Source: FAO, 2011.7 FAO elaboration.

percentage of underweight rural

agricultural census data shows that due to a range of legal and cultural constraints in land inheritance, ownership and use, less than 20 percent of landholders are women.⁸ Women represent fewer than 5 percent of all agricultural land holders in North Africa and West Asia, while across Sub-Saharan Africa, women average 15 percent of agricultural land holders.⁹

Extensive evidence shows that rural female-headed households also have more limited access than male-headed households to a whole range of critical productive assets and services required for rural livelihoods, including fertilizer, livestock, mechanical equipment, improved seed varieties, extension services and agricultural education.¹⁰ Similarly, in seven out of nine countries across Africa, Asia and Latin America, female-headed households were less likely to use credit than male-headed households.¹¹

Rural women's economic empowerment can help reduce the number of underweight children

A large body of research indicates that putting more income in the hands of women translates into improved child nutrition, health and education,12 yet data on child nutrition disaggregated by both rural/ urban location and sex are sparse. In all developing regions¹³ of the world, rural children are more likely to be underweight than their urban counterparts. From 1990 to 2008, the proportion of children under five in developing regions who were underweight declined from 31 per cent to 26 per cent, yet in parts of Latin America and the Caribbean, and Asia, the disparity between rural and urban children increased.14 Figure 3 indicates that in South and Central America, rural children are about 1.8 times more likely to be underweight than their urban counterparts; other regions do not fare much better. Improvements in maternal nutrition, access to water and sanitation and health services, all of which are lacking in many rural areas in least developed countries (LDCs), would also contribute greatly to addressing this situation.

Goal 2: Achieve universal primary education

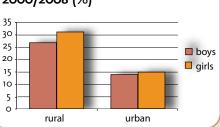
Poverty and inequality are barriers to universal education

An extra year of primary school increases girls' eventual wages by 10-20 percent, encourages girls to marry later and have fewer children, and makes them less likely to experience violence, 15 yet in many areas of the world, educating girls is perceived

to be less important than educating boys. Furthermore, while significant progress has been made in reducing the gender gap in primary school enrolment, a large gap remains between rural and urban areas. Household data from 42 countries show that rural girls are more likely to be out of school than rural boys, and they are twice as likely to be out of school as urban girls (Figure 4).

Figure 4

Out-of-school children by sex and area of residence, 42 countries 2000/2008 (%)



Source: United Nations, 2010.16





In rural areas, there is often a greater prevalence of social and cultural barriers, labour requirements and distance "penalties," that keep girls out of school. In Pakistan, a half-kilometre increase in the distance to school decreases girls' enrolment by 20 percent. Decreasing the distance to school raises girls' enrolment and attendance; building local schools in rural communities increased girls' enrolment in Egypt, Indonesia and several African countries. The cost of education is another barrier, particularly for rural poor families.

Many of the world's people who are illiterate are rural women

Women make up over two-thirds of the world's 796 million people who are illiterate, and many of them live in rural areas. 19 In some countries, far fewer rural women can read and write than rural men. For example, in Cambodia 48 percent of rural women

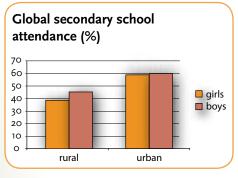
are illiterate compared to 14 percent of rural men, while in Burkina Faso 78 percent of rural women and 63 percent of rural men cannot read and write. 20 Yet literacy and education can be powerful tools for empowering rural women and fighting poverty and hunger. In fact, women who are educated are more likely to be healthy, generate higher incomes, and have greater decision-making power within their households. 21

Goal 3: Promote gender equality and empower women

Rural girls are doubly disadvantaged in global secondary school attendance

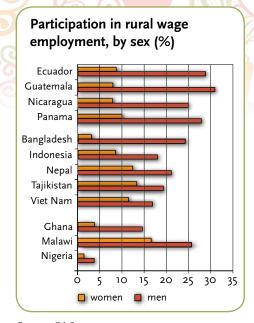
Secondary school attendance has implications for future employment and economic opportunities as well as health outcomes. Evidence indicates that rural girls are less likely to attend secondary school than rural boys, and they are far less likely to attend than urban girls. According to Figure 5, 39 percent of rural girls attend secondary school compared to 45 percent of rural boys, 59 percent of urban girls, and 60 percent of urban boys.

Figure 5



Source: United Nations, 2009.22

Figure 6



Source: FAO, 2011.23

Rural women are less likely to work for wages than rural men

Recent data from a number of countries from Africa. Asia and Latin America indicate that women are far less likely to participate in rural wage employment (both agricultural and non-agricultural) than men (Figure 6). Instead, they are most active in the informal rural economy, which operates outside of labour standards. When they do work for wages, rural women are more likely to be employed in part-time, seasonal, and/or low-paying work.24 Men's average wages are higher than women's in both rural and urban areas, and in some countries, the gap in wages between rural women and men is also wider in rural areas.25 Rural women are also more likely to be unpaid contributing family members than rural men.26

Furthermore, rural women typically work longer hours than men, when



one takes into account both paid productive and unpaid reproductive or domestic and care responsibilities. In Benin and Tanzania, for example, women work, respectively, 17.4 and 14 hours more than men per week, while rural Indian women work almost 11 hours more than urban women and 12 hours more than urban men.²⁷

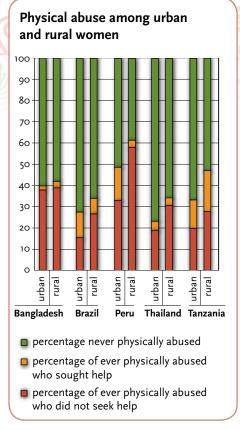
In most regions, women are under-represented in politics and decision making

Progress has been made in women's political representation since 1995, including in Africa and much of Asia, where there have been cases of notable increases in the presence of women parliamentarians. Strikingly, Rwanda made great gains, with women now making up 56 percent of the parliament, compared to 17 percent in 1995.28 Globally, however, a gender gap in women's access to power, inclusion in decision making, and leadership remains at all levels, including in rural councils. Information available from Asia for 2010 indicates that women there represented between 0.2 percent (Bangladesh) and 7 percent (Cambodia) of chairs or heads of rural councils, while they represented between 1.6 percent (Sri Lanka) and 31 percent (Pakistan) of elected representatives in rural councils.29

Many rural women experience domestic violence yet few seek services

A key to ensuring rural women's empowerment and eradicating poverty is to address inequitable gender power relations and persistent norms and beliefs that maintain gender-based violence (GBV) and harmful traditional practices (e.g.

Figure 7



Source: WHO, 2005.30 FAO elaboration.

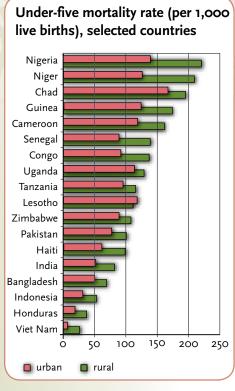
female genital mutilation (FGM), early marriage, wife inheritance). According to a multi-country study conducted by WHO, rural women report more experiences of physical abuse than urban women (Figure 7). However, the data from the study show no clear pattern as to whether more rural or urban women are accessing services to assist them in dealing with the abuse. In general, women may doubt that services will offer the help they require. They may also fear for their children's or their own safety if they report abuse. Police, counseling and legal services may be more difficult for women to access in rural than urban areas due. for instance, to a lack of transport and distance to services.

Goal 4: Reduce child mortality

Child mortality rates in rural areas remain higher than in urban areas Between 1990 and 2009, all the regions of the world saw a significant decrease in under-five mortality rates, with some developing regions reaching or approaching 2015 targets.31 Existing data, however, make it impossible to determine how child mortality varies between rural boys and girls. Although levels of child mortality vary widely between countries, rural rates are usually much higher than urban ones (Figure 8). Sub-Saharan Africa has the highest rates of rural and overall under-five mortality, but rural areas are often equally disadvantaged in countries with much lower rates of under-five mortality – for example. in Honduras, rural children under five are almost twice as likely to die



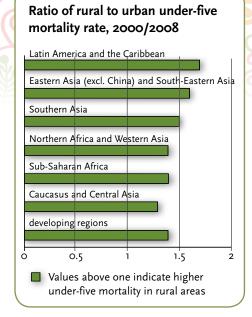
Figure 8



Source: WHO Global Health Observatory Data Repository.³² FAO elaboration.



Figure 9



Source: United Nations, 2011.33

as urban children. Of the developing regions, Latin America and the Caribbean and Eastern Asia have comparatively low levels of underfive mortality, but they also have the highest levels of inequality between rural and urban populations (Figure 9). Overall, rural children under 5 in developing regions are about 1.4 times more likely to die than their urban counterparts.

Women's education is a key determinant in their children's survival

Available information from 68 countries with data on under-five mortality by mothers' education indicates that a woman's education is a key factor in determining whether her children will survive past the first five years of life. A child's chances of surviving increase even further when his or her mother has a secondary or higher education. Children of

mothers with no education in the Latin America and Caribbean region are 3.1 times more likely to die than those with mothers who have secondary or tertiary education and 1.6 times more likely to die than those whose mothers have primary education.³⁴ These facts suggest that rural women's deficits in education have broader and longer-term implications for family well-being and poverty reduction.

Goal 5: Improve maternal health

More rural women receive assistance during delivery, but inequalities remain

Quality reproductive health services and well-timed interventions are fundamental for achieving good maternal health, yet hundreds of thousands of women die each year because of a lack of such services. In most developing regions, rural women have less access to skilled health personnel in delivery, even though the long-standing differences between rural and urban areas have declined in all regions and even been eliminated in a few (Figure 10).

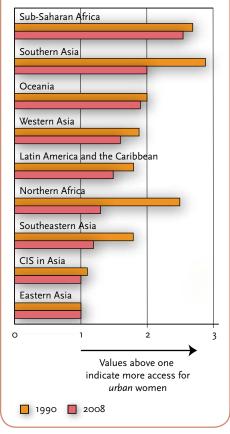
Rural women see improvements in antenatal care, but still lag behind urban women

Between 1990 and 2008, the proportion of rural women receiving antenatal care at least once during pregnancy grew from 55 to 66 percent, while corresponding rates for urban women increased from 84 to 89 percent over the same period. While this would indicate that antenatal coverage has improved at a



Figure 10

Ratio of urban women to rural women attended by skilled health personnel during delivery, 1990 and 2008



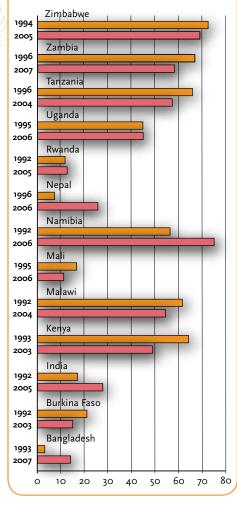
Source: United Nations, 2010.35

faster pace in rural areas, a large gap still exists.³⁶

Available information from the mid-1990s to the mid- to late 2000s indicates that some predominantly rural countries (where at least 60 percent of the population lives in rural areas) have made substantial progress in antenatal care coverage (at least 4 visits) in rural areas (Figure 11). In Asia, Bangladesh made significant gains in antenatal care coverage, but still remained under

Figure 11

Rural antenatal care coverage – at least four visits (%), selected predominantly rural countries



Source: WHO Global Health Observatory Data Repository.³⁷ FAO elaboration.

20 percent coverage in 2007, while India and Nepal also improved, but remained under 30 percent coverage in 2005 and 2006, respectively. In Sub-Saharan Africa, Namibia increased coverage by almost 20 percent between 1992 and 2006, but most other countries made little or no progress, and many actually saw coverage decrease.

Goal 6: Combat HIV/AIDS, malaria and other diseases

Rural women have a more limited understanding than urban women of how HIV spreads, the first step to avoiding infection

Globally, women constituted half of the adults (15 years and older) living with HIV in 2010.38 Young women are particularly vulnerable to HIV, and they account for 64 percent of HIV infections among young people worldwide.³⁹ Yet only 33 percent of young men and 20 percent of young women in developing regions have comprehensive and correct knowledge of HIV.40 Youth in rural areas, and especially young women, are even less likely to know about prevention methods or to use condoms than their urban counterparts.41 WHO data (Figure 12) from 25 countries indicate that rural women are almost always less likely





than urban women to report knowing about means of sexual transmission of HIV, in some cases by margins as large as 20-50 percent. Interestingly, in several countries with high levels of HIV infection (Malawi, Namibia, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe), the rural-urban gap is low, possibly reflecting the success of public interventions and awareness-raising campaigns in those countries.

Antiretroviral therapy coverage is uneven

The number of people accessing antiretroviral therapy in low- and middle-income countries reached an estimated 6.6 million (47 percent of those eligible for treatment) at the end of 2010. Antiretroviral therapy coverage generally appears to be higher among women than men. Across all low- and middle-income countries, an estimated 53 percent



Figure 12



Source: WHO global health observatory data repository. 42 WHO elaboration.

of women eligible for treatment were receiving it at the end of 2010, compared with 40 percent of men. Coverage was higher for women than men in East, South and South-East Asia, and in Sub-Saharan Africa. But in Latin America and the Caribbean, the reverse was true.⁴³

While research on utilization patterns is still in its early stages in

terms of understanding differences in uptake by rural versus urban location, significant evidence from generalized epidemics indicates that rural populations have less access to treatment services than urban populations, although the situation is improving in some countries as services expand (e.g. Senegal, Uganda).44



Women assume the burden of care giving, including in rural areas

Most of the care for people living with HIV is provided in the home, and women and girls account for 66 to 90 percent of all AIDS care givers (in addition to the many tasks they already perform). Conditions are most difficult for women and girls in rural areas. The disproportionate share of AIDSrelated care giving by women and girls imposes a heavy toll on their own well-being, often leading to their increased vulnerability to HIV infection. HIV-associated stigma and discrimination, increases in the poverty of female- and child-headed households and a higher probability of dropping out of school at an early age could all add to the burden faced by female caregivers.45

Food insecurity, property disinheritance and HIV among rural women

Women form the backbone of agricultural labour, especially in Sub-Saharan Africa – which is the epicenter of the HIV epidemic. The impact of HIV/AIDS on women, either in their own capacity or as care givers, reduces their time and energy and is associated with declines in agricultural productivity and, therefore, food insecurity.46 In the rural areas, households with one or more persons affected by HIV and AIDS are more likely to be food-insecure than non-affected households.47 HIV also exacerbates property insecurity and the disinheritance of women, especially widows whose husbands have died from AIDS-related causes.48

Goal 7: Ensure environmental sustainability

Rural women and natural resources

Environmental degradation has a great impact on natural resources, which rural women rely on for their livelihoods. For example, evidence suggests that women with fewer occupational options and less mobility rely on forests more than men do. Reduced quality and availability of land, game, forests, and genetic and aquatic resources increase rural women's time burden, reduce their capacities to cope with shocks and climate change, affect where they live and provoke conflict, which in turn undermine rural health, education and livelihoods. Furthermore, there is some evidence of causal linkages between gender inequality and environmental degradation. For example, gender inequality and deforestation were causally related in more than 100 countries between 1990 and 2010.49

Women, policy and environmental sustainability

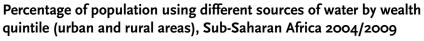
Research suggests that women express more concern for the environment, support policies that are more beneficial to the environment and tend to vote for leaders who care about the environment. Evidence from 25 developed and 65 developing countries indicates that countries with higher female parliamentary representation are more likely to set aside protected land areas. A study of 130 countries shows that women are also more likely to ratify international environmental treaties.50

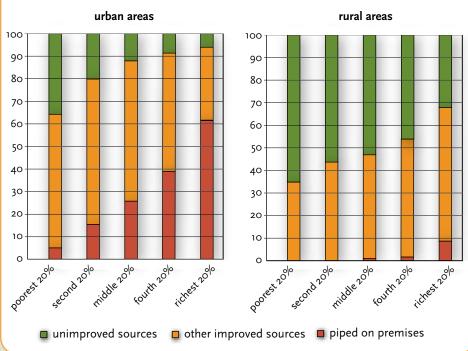
Women's presence matters, but the nature of their participation is also important

While women's involvement has been associated with better local environmental management, their mere presence in institutions is not enough to overcome deeprooted disparities. Institutional change and flexibility are needed to ensure that women can participate effectively in decision making. A recently published study of community forestry institutions in India and Nepal found that women's proportional strength in forest management committees has an impact on the effectiveness of their participation. The more women on the management committee, the greater the likelihood that they will attend committee meetings, speak up and become office holders.⁵¹



Figure 13





Source: United Nations, 2011.52



Gaps in access to improved sources of water between urban and rural areas remain significant

In urban areas, levels of access to improved water and sanitation are generally high and above the MDG target. In contrast, poor rural populations still face great challenges accessing clean drinking water. Coverage in rural areas across all regions lags behind urban areas (Figure 13). In 2008, an estimated 141 million people living in urban areas and 743 million people living in rural areas relied on unimproved sources for drinking water. An urban dweller in Sub-Saharan Africa is 1.8 times more likely to use an improved drinking water source than a person living in a rural area.53

Goal 8: A global partnership for development

A recent study of 23 members of the OECD Development Assistance Committee indicates that in 2007-08, bilateral donors committed USD 4.6 billion to gender equality and women's empowerment in the economic and productive sectors (including agriculture). 54 This represents one-fifth of their total aid in these sectors. 55 Forty-two percent of the aid for gender equality in the productive sectors was earmarked for agriculture and rural development. 56

While there is increasing donor recognition of rural women's important contributions to eradicating poverty and hunger and to overall well-being in rural households and communities, there remains a lack of data on the actual impact of aid on rural women's empowerment and gender equality. Progress towards such objectives is often translated into monitoring and evaluation indicators that assess 'progress' by numbers of rural women participating in particular interventions rather than the quality of those interventions and the broader impacts on rural women. There is an urgent need to invest in rural women and to develop more comprehensive and nuanced metrics and related measurement systems to assess the different impacts of agriculture and rural development policies and programmes, together with contributing aid allocations, on rural women and men.



Data challenges and implications for future development goals

Some indicators are not gendersensitive, and those that are, are not necessarily sensitive to ruralurban disparities

To a great extent, the MDGs monitor general progress, providing the global community and individual countries with useful information for policy and planning purposes. Although the MDG guidelines suggest that all indicators be disaggregated by sex and rural-urban location, this is only occasionally done owing to the nature of the indicators themselves, low capacity and poor data systems, or lack of interest. Some of the indicators – for example those under MDG 2 (Achieve universal primary education) and MDG 3 (Promote gender equality and women's empowerment) - are disaggregated by sex. MDG 5 (Improve maternal health) focuses specifically on women. Others – for example MDG 7 (Ensure environmental sustainability) - are difficult to disaggregate by sex. However, even when data are disaggregated by sex, they are rarely also disaggregated by urban and rural locations. In addition, rural dynamics and women's roles sometimes require different types of indicators to characterize and monitor progress than those commonly used. For example, data to capture rural women's multiple job holding and seasonal work are particularly difficult to obtain with existing systems. Overall, with a few exceptions, the MDG indicators provide a rather limited base against which to

measure progress for rural and urban women and men, and to identify and address specific disparities.

Better indicators are needed to monitor progress in rural women's lives⁵⁷

As we work toward meeting the MDGs and move toward developing new and better global targets, there are a number of areas that must be observed if we are to understand in greater depth the opportunities and constraints in rural women's lives, and to monitor progress towards rural women's empowerment and gender equality appropriately and effectively. Indicators and data collected must be disaggregated, at the very least, by sex and rural/urban location. These indicators could include, but are not limited to: MDG1: average annual dietary intake per capita; access to employment, including the informal sector and agricultural self-employment; access to productive assets and financial services (e.g. land, credit, extension services, agricultural technology); access to social security and safety nets; MDG2: ratio of orphans to nonorphans (10-14 years old) attending school; MDG3: prevalence of genderbased violence (GBV) and GBV knowledge/attitudes/perceptions; participation in institutions; MDG6: proportion of people living with HIV who receive anti-retroviral treatment compared to those who need treatment; access to other health services (e.g. malaria/tuberculosis treatment); and MDG8: the impact of aid to agriculture and rural development and of trade/debt on rural women's empowerment and gender equality.

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- 57. Note: These suggested areas for indicators were derived during the interactive research undertaken with the participating UN agencies during the preparation of this fact sheet. Further examination and formal discussion by UN member organizations is required before finalizing a list of proposed indicators.