

# The World's Women 2020

## Trends and Statistics



### Executive Summary

**“Twenty five years since the adoption of the Beijing Declaration and Platform for Action, progress towards equal power and equal rights for women remains elusive. No country has achieved gender equality, and the COVID-19 crisis threatens to erode the limited gains that have been made. The Decade of Action to deliver the Sustainable Development Goals and efforts to recover better from the pandemic offer a chance to transform the lives of women and girls, today and tomorrow.”**

**(Secretary-General António Guterres)**

**“Women are on the front lines of the fight against the COVID-19 pandemic, in health care settings and in-home care, in the family and in the public sphere. While data are still scarce, it is evident that women are essential actors in this unfolding worldwide crisis. I call on all countries to accelerate efforts towards the empowerment of women and girls and towards improving the evidence base to monitor progress: data gaps in the coverage of key gender topics need to be filled, timeliness and comparability of data over time and across countries need to be improved, and data disaggregation and dissemination by age, sex, location and other key variables need to become a priority in order to fully measure and address intersecting inequalities, respond to crises, and ensure gender equality by 2030.”**

**(Under-Secretary-General Liu Zhenmin)**

What is the state of gender equality in the world? What do data tell us about progress towards the commitments made in the Beijing Platform for Action, which, 25 years after its adoption, remains the most comprehensive road map for advancing women's rights worldwide. Importantly, in adopting the 2030 Agenda for Sustainable Development in 2015, Member States reaffirmed, in Sustainable Development Goal 5, that gender equality is central to the achievement of sustainable development for all by 2030. As has been done at five-year intervals since the adoption of the Beijing Platform for Action, *The World's Women 2020* takes stock of progress in advancing women's rights, empowering women and girls and ensuring gender equality in the world community.

*The World's Women 2020* is a collection of 100 stories providing up-to-date assessments of progress towards gender equality in the following six critical areas, including, under each area, the impact of COVID-19 on women: (a) population and families; (b) health; (c) education; (d) economic

empowerment and asset ownership; (e) power and decision-making; and (f) violence against women and the girl child.

## **Gender equality in time of crisis: COVID-19 is affecting women and men in different ways**

While deaths from communicable diseases are usually higher in developing countries, this situation changed drastically over the course of 2020 due to the emergence of the COVID-19 pandemic, a highly communicable disease that has affected developing and developed countries alike. As of October 2020, more than 35 million confirmed cases and more than 1 million deaths have been reported worldwide.

The COVID-19 pandemic has exposed and deepened underlying inequalities in societies around the world. Gender inequalities in all spheres of life are compounded by other inequalities based on factors including age, ethnicity and wealth. While the pandemic continues to threaten the global community, available data from 38 countries and territories reveal that women above age 20 appear to be more likely to be diagnosed with COVID-19, while men in all age groups under age 80 are more likely to die from it.

It is highly likely that the higher share of diagnosis among women is related to the fact that they comprise over 70% of workers in the health sector. In providing care for those who have fallen ill from the virus, women face a higher risk of infection than men in the workplace. At age 80 and older, when women make up the majority of the population, they significantly outnumber men among those infected: for every single case of COVID-19 among men aged 80 and older there are two cases among women.

Mortality rates among men from COVID-19 are also elevated: men account for a higher proportion of deaths, at least 60%, across all age groups, except among the population aged 80 and older. This may be related to the disruption of health services caused by COVID-19, which has affected the delivery of prevention and treatment services for a number of health-related conditions, including hypertension, cancer and cardiovascular emergencies that are more prevalent among men. For example, the delivery of prevention and treatment services for hypertension has been severely disrupted in 53% of countries surveyed; for diabetes and diabetes-related complications in 49% of countries; for cancer in 42% of countries; and for cardiovascular emergencies in 31% of countries. Emerging research shows that smoking may also be associated with adverse outcomes of COVID-19, which works to the disadvantage of men, who are more likely to smoke than women (4.5 times more likely, globally). Traditional masculine norms which inhibit men from seeking health care could also be related to poor outcomes observed in men.

Given the gender component of the disease spread and related mortality, it is vital that clinical trials include both women and men, older people and those with co-morbidities.

Although less likely to die from COVID-19, women face additional challenges related to the disease compared to men, including: reduced access to sexual and reproductive health services; increased time required to provide care for children (including home-based education), for older persons and for the sick; and higher infection risks than men in the workplace, particularly as women constitute over 70% of the workforce in the health sector. The lockdowns imposed in response to the pandemic have left many people feeling alone, without their usual social connections, in particular, access to support programmes for women and girls, and have exacerbated mental health problems. During

lockdowns, many women and girls may have been trapped in unsafe environments and at heightened risk of experiencing intimate partner violence.

### **Progress in achieving gender parity in all spheres of political and public life remains slow**

Women need to have a more prominent role in power and decision-making, a highly visible area where access has been restricted and progress has been slow. Women's participation in political and public life has steadily increased: women's representation in parliament has more than doubled globally, reaching 25% of parliamentary seats in 2020, mainly as a result of the adoption of gender quotas and milestones achieved in countries in Latin America and the Caribbean. Gender quotas have also contributed to women's access to local government positions, a necessary condition for ensuring the inclusion of women's interests and perspectives in local decision-making. Worldwide, women held 36% of elected seats in local deliberative bodies, 10 percentage points higher than their level of representation in national parliaments.

Women's representation among cabinet ministers has quadrupled over the last 25 years, and in 2020, on average, one in five ministers (22%) was a woman. In the judiciary, 40% of judges were women in 2017, an increase over the proportion of 35% reported in 2008.

Despite the steady increase in the proportion of parliamentary seats held by women, as of 2020, women held at least 50% of seats in only four national parliaments. Overall, few women held key positions in the higher echelons of parliamentary hierarchies, particularly at the top levels, as president or speaker of the house. As of 2020, women held only 20.5% of high-level legislative positions, which is still too low a percentage to have an effective influence on policymaking.

In terms of executive power, as of 2020, gender parity among cabinet ministers had been reached or surpassed in only 14 countries; female ministers continued to be concentrated in ministries related to the family and social issues; and only 20 countries had a female Head of State or Government, an improvement over the 12 countries with a female Heads of State in 1995. While women are at the centre of efforts countering the effects of the COVID-19 pandemic, too few women are yet in charge of leading response and recovery efforts.

Although higher representation of women in decision-making roles in the private sector has been proven to have a positive effect on corporate profitability, the proportion of women in managerial positions remains low. Globally, women held only 28% of managerial positions in 2019 – almost the same proportion as in 1995. The underrepresentation of women in management positions is even more visible at higher levels of decision-making: in 2020, only 18% of enterprises surveyed had a female Chief Executive Officer, and among Fortune 500 corporations only 7.4%, or 37 out of 500 Chief Executive Officers, were women (compared to 1 out of 500 in 1998).

Overall, female representation on corporate boards has been slowly growing, particularly in developed countries, thanks in large part to the adoption of legislative quotas. At the current pace, the goal of 30% of women's representation on corporate boards will not be reached until 2029, and 30% is not the 50/50 gender parity aimed for by women's groups worldwide.

### **Women's participation in education is on the rise worldwide**

Worldwide, substantial progress has been made in the achievement of universal primary education, and girls and boys around the world participate equally in primary education in most regions. While the progress in achieving gender equality in secondary education is encouraging, it lags behind levels

reported in primary education, and gender disparities are wider and occur in more countries at the secondary than at the primary level. Among positive global trends, evidence shows that, girls — once they have access to schooling — tend to do better than boys in terms of academic achievement at the primary and secondary levels and beyond. In tertiary education, enrolment is increasing faster for women than for men. However, gender disparities persist in the fields of study chosen by women and men. Women continue to be underrepresented among graduates in the fields of science, technology, engineering and mathematics (STEM studies), constituting slightly more than a third (35%) of the world's STEM graduates. Women are also a minority in scientific research and development, making up less than a third (30%) of the world's researchers. Moreover, women scientists and researchers are more likely to find work in academia or in the public sector while men are more likely to work in the private sector, which offers higher salaries and wider opportunities.

Because of the remarkable progress in the level of school participation, global rates for out-of-school children, adolescents and youth have shown a substantial decline over the past two decades across primary, lower secondary and upper secondary levels of education. Nevertheless, global out-of-school rates have stagnated in recent years, reflecting pockets of exclusion and hard-to-reach populations. As of 2018, 258 million children and youth were not enrolled in school and gender parity in the out-of-school rate had not been achieved in any region in the world, with girls generally having a higher out-of-school rate than boys in most regions, particularly in primary school (9% for girls versus 7% for boys).

In 2020, as the COVID-19 virus spread across the globe, more than 190 countries implemented nationwide school closures, with about 90% of all students (1.57 billion) out of school. Although distance-learning solutions have been provided in around 80% of countries with school closures, at least 500 million children and youth are currently excluded from these options. The sheer magnitude of school closures is likely to set back progress on access to education and to negatively affect educational outcomes.

Global literacy rates for both adults and youth have risen steadily over the past two decades and gender disparities have also narrowed, both for adult and youth populations. However, the gender gap in literacy among adult women and men remains significant; worldwide, on average, 90% of men are literate compared to about 80% of women, with wider gender gaps reported in countries in sub-Saharan Africa, Northern Africa, Southern Asia and Western Asia.

ICT skills are indispensable tools in an increasingly digital world and are essential in building a professional career in countries worldwide. During the COVID-19 pandemic, ICT has been the main media allowing people to maintain their personal connections as well as to carry on their day-to-day business operations. Women are disadvantaged in this regard, with lower levels of access to the Internet (48% compared to 58% for men at the global level in 2019), and fewer ICT skills than men, particularly in developing regions, making the digital divide a very visible gender divide.

### **The unequal distribution of unpaid domestic and care work restrains women's economic potential**

As of 2020, only less than 50% of women of working age participated in the labour market, compared to around 75% of men, resulting in a gender gap of 27 percentage points globally, similar to the gap observed in 1995, despite a slight decline in participation for both women and men over the past 25 years. In Southern Asia, Northern Africa and Western Asia, women's participation in the labour

market is particularly low, below 30%, and there are significant gender differences, of around 50 percentage points, in participation.

The most significant gender gap in labour market participation, which has remained relatively unchanged at above 30 percentage points since 1995, is observed during the prime working ages (25–54), when family responsibilities and the unequal distribution of unpaid domestic and care work in the household impede the ability of women to join the labour force. Household composition is a major factor in explaining the large gender gaps in labour market participation observed in countries worldwide: on average, 82% of women of prime working age living alone are in the labour market, compared to 64% of women living with a partner and 48% of women living with a partner and children. Women's participation rates show a gradual recovery as children grow older, family responsibilities are reduced and mothers have the time and energy to enter or re-enter the labour force.

Women's working conditions differ from men's. According to available data, women are more likely than men to work part-time in almost all countries (95%), to have informal jobs in a majority of countries (56%) and to be engaged as contributing family workers to a much greater extent than men (18% of women versus 7% of men). While these jobs offer more flexibility in terms of working hours, they provide lower pay, reduced job security, fewer training and promotion opportunities and limited access to social protections. Women's higher rate of participation in part-time work may also partially explain the observed persistent gender pay gap at around 12% in favour of men, although, the fact that women and men are oftentimes employed in different sectors and occupations appears to have a more significant impact.

Family responsibilities and the unequal distribution of unpaid domestic and care work between women and men add to women's daily work and may prevent them from participating in the labour market. On an average day, women spend about three times as many hours on unpaid domestic and care work as men (4.2 hours compared to 1.7). Gender inequalities in the amount of time spent on unpaid domestic and care work is lowest in developed regions (where women spend twice as much time as men) and highest in Northern Africa and Western Asia (where women spend more than seven times as much time as men on these activities). In 65% of countries with comparable trend data a small decrease has been observed in the time spent by women on unpaid domestic and care work relative to that spent by men. However, preliminary data from some countries show that the COVID-19 pandemic may have diminished that positive trend. While unpaid domestic and care work has intensified during the pandemic for both sexes, with an observed reduction in the gender gap thanks to a higher contribution by men, women continue to take on the majority of such work, spending about two more hours per day than men.

Asset ownership is beneficial for both women and men, protecting them and their families from economic shocks, yet gender differentials in asset ownership and ownership rights are substantial. As reported in 2017, women continue to have less access to formal financial services (65%) than men (72%), particularly in Western Asia and Northern Africa, and are thus less likely to be able to carry on businesses or fulfil their potential as entrepreneurs. Globally, women are also less likely than men to own a mobile phone (by 7 percentage points) or to have access to the Internet (by 10 percentage points), a gender gap in access to basic ICT services that has grown wider since 2013 in developing regions.

The COVID-19 pandemic may exacerbate gender disparities in labour market outcomes, as many women work in the subsectors hardest hit by COVID-19 and the imposition of lockdown measures, including in paid domestic work, accommodation and food service activities and the retail trade. Women are also on the front lines in the battle against the pandemic, making up over 70% of workers in the health sector and facing higher infection risks than men in the workplace.

## **Violence against women and the girl child remains a global issue**

Women throughout the world are subjected to physical, sexual, psychological and economic violence, regardless of their income, age or education, oftentimes leading to long-term physical, mental and emotional health problems. Around one third of women worldwide have experienced physical and/or sexual violence by an intimate partner; and 18% have experienced such violence in the past 12 months.

Intimate partner violence is the most common form of violence, peaking during women's reproductive years in both developed and developing countries. The prevalence of such violence declines with age but persists among older women, who are at greater risk of experiencing violence at the hands of their grown children while still at risk of violence from their domestic partners. In addition to intimate partner violence, women and girls are subjected to sexual harassment and other forms of sexual violence by non-partners, including people known to them. In the most extreme cases, violence against women can lead to death: globally, an estimated 137 women are killed by a member of their own family every day.

There has been progress in the fight to eliminate all forms of violence against women: attitudes are changing and intimate partner violence is becoming less acceptable. During the 8-year period from 2012 to 2019, women's acceptance of being beaten by their partners decreased in almost 75% of countries with trend data. A handful of countries with trend data have recorded a decrease in intimate partner violence since 2005 and female genital mutilation is becoming less common in some countries and subregions where the practice is prevalent.

Laws to address domestic violence are not yet universally available (153 countries have such laws); gaps are the largest in Northern Africa, Western Asia and sub-Saharan Africa, where less than 50% of countries have passed such laws. Fewer countries have laws on sexual harassment (103 countries) and fewer still have laws directly covering marital rape (43 countries).

In 2017, with 40% of judges being female worldwide, it is clear that gradual progress has been made towards parity in the number of judges to apply laws addressing domestic violence. However, if recent trends continue, the share of female judges will reach parity only by 2035. The situation among police officers is less positive, with women accounting for only 13% of all officers and recorded progress towards parity reported at a much slower rate, increasing by only 3 percentage points over the past 13 years.

At least 200 million girls and women alive today have been subjected to female genital mutilation in countries across Africa and the Middle East where this specific form of violence against women and girls is concentrated. Despite recent progress in some countries, the prevalence of the practice remains extremely high in parts of Northern Africa, Eastern Africa and West Africa. In six countries, at least 75% of adolescent girls aged 15–19 have undergone female genital mutilation.

Alarming, 58% of women intentionally killed in 2017 were killed by an intimate partner or a family member, that is, someone they would usually have trusted. While, overall, men are four times more likely to be murdered than women, women are four times more likely to be murdered by their intimate partners.

The periods of lockdown imposed in response to the COVID-19 pandemic have isolated people, disrupted social connections, including access to support programmes for women and girls, and have aggravated mental health problems in all sectors of the population. Many women and girls have been isolated in unsafe environments where they are at heightened risk of experiencing intimate partner violence.

### **Health outcomes for women and men are affected by gender inequalities and norms**

Good health is a fundamental human right and a necessary precondition for individual and societal development. Differences in the health of women and men are determined by three interrelated factors: development, biology and gender. Each of these factors contributes to distinct health trajectories for individuals throughout the life cycle.

Medical and technological improvements and changes in behaviour in favour of healthier living over several decades are extending the lives of both women and men. In the case of women, maternal and reproductive health needs are increasingly being addressed through improved health systems and the delivery of services, including health care before, during and after childbirth, and access to modern methods of contraception. The risk of maternal death has been reduced globally by 38% between 2000 and 2017, with the greatest reduction achieved in Southern Asia (reduction of 59%). However, despite a 40% reduction in maternal mortality in countries in sub-Saharan Africa since 2000, the region accounted for roughly two-thirds of global maternal deaths in 2017.

Since 2000, there has also been a decline in smoking rates among both women and men, although worldwide men are still 4.5 times more likely to smoke than women: in Eastern and South-Eastern Asia men are almost 13 times more likely to smoke. The risk of dying prematurely from any of the four major non-communicable diseases (cardiovascular disease; cancer; diabetes; and chronic obstructive pulmonary disease) has decreased between 2000 and 2016, reaching 21.6% for men and 15% for women.

Gender inequalities, norms and expectations are determining factors in the health outcomes of women and men. For women, early marriage, together with poor access to information and education and lack of decision-making power within the family or in a couple relationship, increase the exposure of adolescent girls and adult women to sexually transmitted infections, including HIV, which is still a major concern, particularly in sub-Saharan Africa, where 58% of all new HIV infections are reported among women. The intersections between infectious diseases, including HIV, and structural inequalities cannot be overstated. In light of the COVID-19 pandemic, efforts must be made to mitigate and overcome interruptions in health services and supplies. Models show that if no action is taken, a six-month complete disruption in HIV services, including antiretroviral therapy, could lead to more than 500,000 additional deaths in the period 2020–2021 in sub-Saharan Africa from AIDS-related illnesses, including tuberculosis.

Gender norms and expectations also contribute to early pregnancy and high fertility, increasing the likelihood of maternal death, which is still the leading global cause of death among young women

(15–29), particularly in sub-Saharan Africa, accounting for over two-thirds of all maternal deaths in 2017. In addition, reduced access to sexual and reproductive health and reproductive rights during the COVID-19 pandemic will bring the estimated proportion of women of reproductive age that have their needs for family planning satisfied with modern contraceptive methods down from 76.8% to 71% globally. In this context, emerging research suggests that COVID-19 pandemic-related worries may influence how women feel about having children and may impact their plans about when and/or how many children to have.

Traditional gender roles also have a harmful effect on men. Adolescent boys and young men often take up habits and risky behaviours that are associated with stereotypical ideas of masculinity. About 73% of all deaths from road traffic injuries occur among young men under age 25, and men are the victims in 84% of intentional homicides in the population under age 29. Despite its downward trend, suicide remains a leading cause of death in some regions and is a global concern that includes a strong gender component. Suicide attempts are about two to four times more frequent among women, though men are more likely to use lethal means, resulting in higher suicide mortality rates among the male population. Men also smoke tobacco and drink alcohol to a much greater extent than women. These risky behaviours contribute to non-communicable diseases later in life. At age 50 and older, men are at a higher risk of dying from cancer than women, with mortality rates that are at least twice as high for several types of cancer (trachea, bronchia, lung, oesophagus, liver, stomach and bladder). Men over age 50 are also significantly more likely than women to die from ischaemic heart disease or cirrhosis of the liver.

Marked gender differences in health and mortality patterns are also present in older ages: women aged 70 and older are between 20% and 30% more likely than men to die from Alzheimer's disease and other types of dementia. Women face a double burden: not only they are at higher risk of dementia as they live into older ages, they are also likely to be the main caregivers as partners, daughters and daughters-in-law.

### **Population patterns and changes in family composition affect the lives of women and men throughout the world**

As of 2020, there are around 65 million fewer women than men in the world, about 3.8 billion women to 3.9 billion men. The ratio of males to females varies by age, however, and while males outnumber females at birth, with around 107 to 108 male babies for every 100 female births, women outnumber men in older ages due to the inherent biological advantage of women over men.

Worldwide, the age at which women and men first marry or enter into a union has risen over the past two decades (age 23 for women and age 26.5 for men), mainly due to increased education, formal employment opportunities and women's greater economic independence. Marriage before age 18, a violation of children's rights that may also compromise their education and career prospects, lead to social isolation and the risk of early pregnancy, still exists in many regions, especially for girls, although it has slowly declined over the last two decades, from 26% to 20%. In Southern Asia, where child marriage has declined by 23 percentage points since 2004, there is still a 29% prevalence of child marriage, while in sub-Saharan Africa, with a proportion of child marriage of 34.5%, has recorded only a minor 2% decrease. In tandem with the decline in child marriage, motherhood among adolescent girls aged 15–19 has declined globally from 56 to 41 births per 1,000 women in the period 2000–2020, although it remains high in sub-Saharan Africa, at 101 births per 1,000 women. Pregnancies and childbirth among adolescent girls are linked to wide range of negative long-



term consequences for both mothers and their babies, including risks to their health, as well as poverty as a result of discontinued schooling and fewer job opportunities.

The increase in women's age of entry into a first marriage or union, as well as increases in the availability and use of contraception, are contributing factors to decisions regarding how many children to have and when to have them. Women are having fewer children in total, 2.5 children on average in 2020 compared to 2.8 children 25 years ago, and they are having them later: the average age at which mothers are giving birth has risen from age 27.5 to age 28.1 over the last 25 years. Along with the increase in the age at which women first get married and have children, there has also been an increase, from 7.6% in 2000 to 9.2% in 2020, in the proportion of women who never have children.

Data since the mid-1990s show that there are more households with lone mothers and children than there are households with lone fathers and children. While the prevalence of lone-father households has remained stable over time, at between 1% to 2%, that of lone-mothers has risen in all regions with available data, reaching 8% to 10% in Northern Africa and Western Asia, sub-Saharan Africa and Latin America and the Caribbean. Increases in the prevalence of one-parent households is linked to increases in divorce and separation and in the number of children born outside marriage.

Gender disparities in longevity in favour of women have implications for living arrangements as well as for the health and well-being of older persons, including the family members who care for them. Among older persons aged 65–69 worldwide, there are currently about four widows for every widower — 29% of women versus 7% of men. Given that women are less likely than men to remarry after a divorce or death of their spouse, women aged 65 and older (24%) are twice as likely as older men (12%) to live alone or to be in the care of other family members, who are, in most cases, other female relatives. Longevity, although an overall positive outcome, therefore, calls for the provision of services that often exist in cultural contexts where the care burden for older persons falls on unpaid female relatives, with financial and other implications for the welfare of all involved.