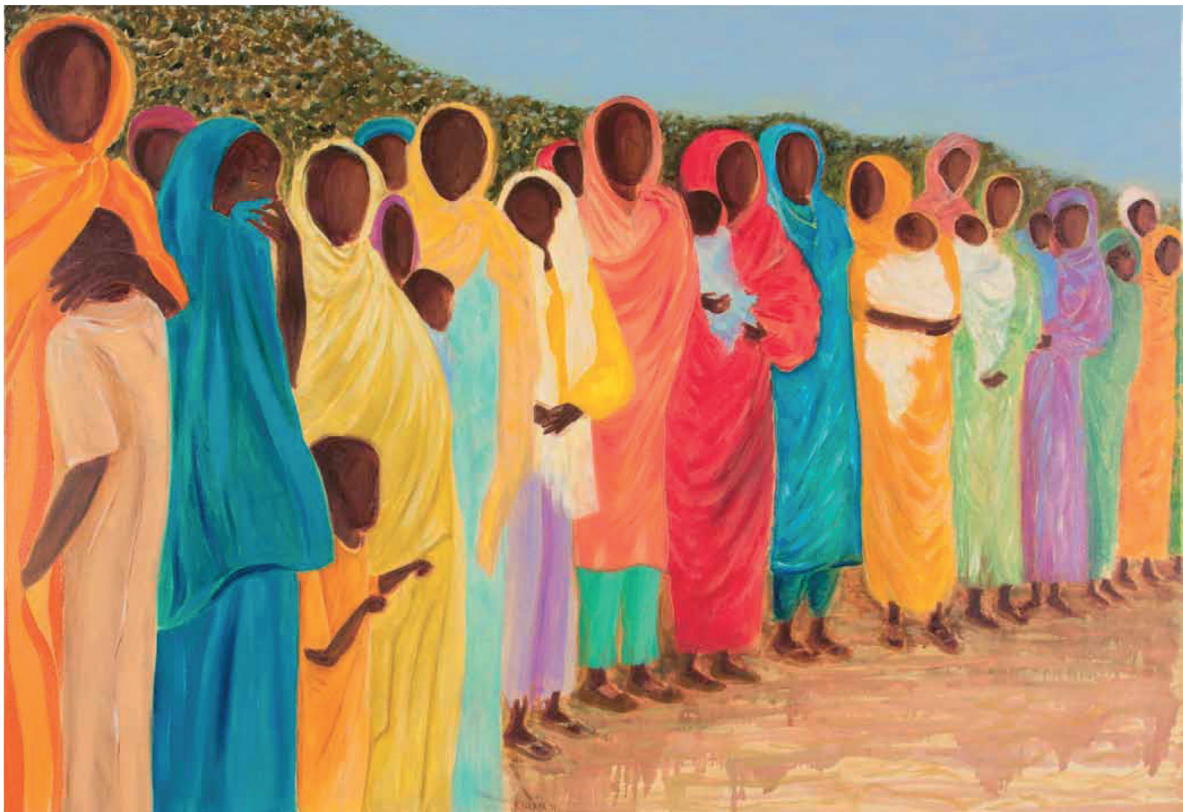


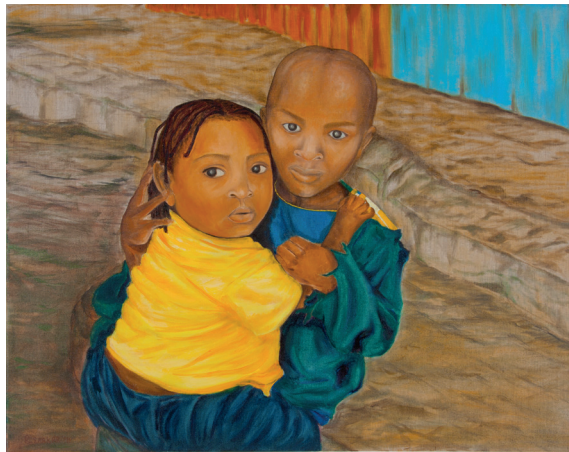
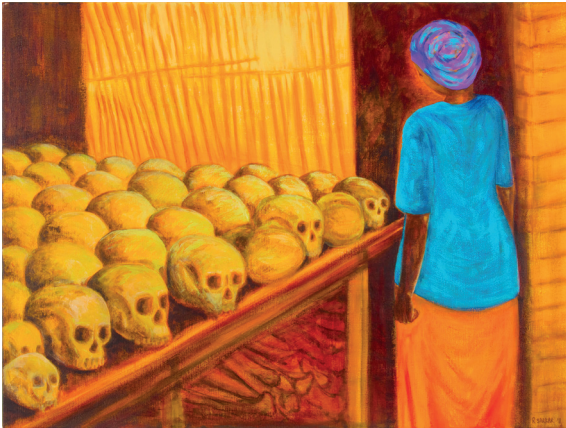
THE **LOOMBA** FOUNDATION

World Widows Report



– a critical issue for the
Sustainable Development Goals

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Sustainable Development Goals

World Widows Report
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5 Young widow by her bakery in Nairobi, supported by The Loomba Foundation

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Acknowledgements

The evidence brought together in this book and our earlier study (Loomba Foundation 2011) demonstrates clearly what those who have worked on the ground in this field have known for many years: the plight of widows has systemic implications for societies and is one of the key issues to be addressed if progress in achieving a number of the Sustainable Development Goals is to be made.

Thanks are due to all who have contributed to or collaborated in the preparation of this report: to Salma (name changed), the Bangladeshi garment worker from Dhaka; to the Centre for Development Studies in Kerala, where some of the work for the first study was carried out; Dr. Jyotsna Jha for her insights and providing a copy of her co-authored book on education issues among India's most deprived communities; Action Aid India in Bangalore; Professor Sylvia Chant of the London School of Economics; Professor Paul Spicker of Robert Gordon University, Aberdeen, who was consulted on the technical aspects of poverty measurement; Martha Chen of the Harvard Kennedy School; Professor Jody Heymann of McGill University; Professor Roger Jeffery of the University of Edinburgh; Jean Drèze for his input in an earlier consultation pre-dating this report; Mike Cowley for extensive editorial guidance on the project for over six months; the School of African and Oriental Studies, Chatham House (the Royal Institute of International Affairs), Oxfam GB and the British Library for access to their library collections; Oxford University Press and New Internationalist for allowing use of quoted material in the report; the UN Population Division for help with international data on widows; IPUMS; Will Goddard for checking and organising the references; Sally Brough, Safdar Shah and José Jimenez for logistical support at the Loomba Foundation; Kasper de Graaf at Standard : Information for editing the manuscript; and Lord Loomba for having the vision and determination that persuaded the United Nations to adopt International Widows Day and the understanding that research will drive change in this critically important area.

Risto F. Harma
Researcher

A critical issue for the Sustainable Development Goals

The Sustainable Development Declaration adopted by the United Nations at its New York summit in September 2015, reproduced here in Appendix 8, commits member states to a series of goals, *inter alia* to end poverty in all its forms everywhere, to ensure healthy lives and promote wellbeing for all at all ages, to ensure inclusive and equitable education and promote lifelong learning opportunities for all, and to achieve gender equality and empower all women and girls. The evidence in this report, both statistical and narrative, shows that achieving these goals is a forlorn hope if we do not address the plight of millions of widows and their children. Rooted in culture, traditions and attitudes, the treatment of widows demonstrates that in much of the world, women have no status or entitlement except in relation to their men – and to protect themselves and their children, they are forced to perpetuate that injustice by discriminating against their own daughters. In many countries, when women lose their husbands, they are deprived of their possessions and their dignity, subjected to degrading treatment and excluded or marginalised in the community. Their children often forego any education and are forced to support themselves and their families through child labour, begging and prostitution. The plight of widows is a moral issue in that it offends fundamental standards of human rights, but also an economic and societal one, because it sets in train a cycle of deprivation that can last generations, perpetuating poverty and threatening social stability.

Established in 1997, The Loomba Foundation has for nearly two decades delivered programmes to educate the children of poor widows and to empower widows so that they can make a living and regain their dignity. While pressure groups and local agencies heroically sought to help the millions in dire need, there was minimal awareness in society or governments of this important issue, which received little or no attention from policymakers, the media and even the United Nations. In 2005, The Loomba Foundation launched a campaign to persuade the United Nations to adopt an annual day of action which resulted, on 22 December 2010, in the unanimous decision by the UN General Assembly, on a motion by the government of Gabon, to adopt 23 June as the annual, UN-designated International Widows Day.

Policy making must be based on evidence. When we embarked on our International Widows Day initiative, we simultaneously began a research programme to shine a light on this issue, uncovering its scale, its many forms, its roots and its devastating impact on the economy of many countries and the world. The survey we commissioned from Worldpublicopinion.org, coordinated by the Royal Institute for International Affairs at Chatham House, confirmed the global reach of the issue. Its scale and intensity was revealed with clear evidence for the first time in our 2010 Global Widows Study (Loomba Foundation 2011). The World Widows Report 2015 we now publish has deepened and extended this work, providing researchers, aid agencies and governments with the means to understand the issue and to form policies capable of addressing it. What is clear as day from the evidence presented in this book is that a number of the Sustainable Development Goals adopted by the United Nations in September 2015 will not be achieved unless specific and urgent attention is paid to this issue. The present report will enable researchers and politicians to develop more effective strategies for doing so.

For the individual widow in Varanasi or Kigali, in Donetsk, Damascus or Philadelphia, our hope is that this work means her voice will not much longer go unheard, or her desperate plight unseen. The Loomba Foundation will continue with its twin track approach: bringing aid and comfort to thousands of individual widows and their families, while developing further evidence and knowledge that can ultimately help the millions more beyond our reach.

I take this opportunity to thank Risto Harma for his herculean efforts in drawing this evidence together, and the eminent academics listed in the acknowledgements for their help in ensuring we present a true, fair and validated picture of the discrimination and injustice faced by widows in many societies all over the world. I thank also Secretary-General Ban Ki-Moon and his predecessor, Kofi Annan, as well as the governments of India, Gabon and the United Kingdom, whose unwavering support has played such an important part in bringing this issue to the attention of the member countries of the United Nations.

The fact that widows and their children have suffered for generations does not make this less of an emergency. It is the undeniable evidence that they are, and the effect this has on their communities, their countries and the world, that must drive our urgency in developing a meaningful response.



Lord Loomba, CBE

Founder and Chairman Trustee, The Loomba Foundation

Vice Chair, UK All-Party Parliamentary Group for Sustainable Development Goals



THE LOOMBA FOUNDATION
Caring for widows around the world



1 Introduction

This report – like the 2010 Loomba Foundation global study of the plight of widows (Loomba Foundation, 2011, referred to throughout this report as ‘the 2010 Study’) – provides a unique complete, country by country, regional and global quantitative breakdown of data about widows. It brings together disparate and inaccessible material from unusual and difficult to find sources, including in-depth studies in academic journals and reports by international development organisations. The present report includes the testimony from publicly available internet video and documentary sources referenced in the 2010 Study, details of which are given in the References. This report promotes greater awareness of all the sources by bringing them together in one place.

The term ‘widow’ or ‘widows’ in this report refers not only to married women who have lost their husband but also, where appropriate, to women who were not formally married and whose partner has died.

Prior to the research undertaken for the 2010 Study, The Loomba Foundation had provisionally estimated the number of widows globally at 100 million. The 2010 Study produced a global estimate of 245 million (245,188,630) women who are widows and have not currently remarried (note: some countries include women who are not legally married but are in legal unions in their widow count). Due to a 2012 revision by the United Nations Population Division of data on which some of the 2010 Study figures were based, we have in this report adjusted the 2010 baseline from 245,188,630 down to 237,113,760, to ensure that subsequent developments and trends are accurately recorded in the World Widows Report 2015.

This report estimates the number of widows globally in 2015 to be 258,481,056, representing an increase of 21,367,296 or 9.0 percent. This figure does not account for widows who have remarried, whether freely or for economic and cultural reasons, who are counted as married in official statistics.

1.1 The omission

‘It can be said that there is no group more affected by the sin of omission than widows. They are painfully absent from the statistics of many developing countries, and they are rarely mentioned in the multitude of reports on women’s poverty, development, health or human rights published in the last 25 years.’

(United Nations Division for the Advancement of Women, 2001)

It is this sin of omission which the Loomba Foundation seeks to address in this first definitive guide to the many varied problems – and too often, extreme deprivation – that are faced by widows and their children in contemporary global society.

Widows’ deprivation has for too long been comprehensively ignored, yet the conditions many widows are forced to live in by economic necessity or social norms amount to a humanitarian emergency and significant human rights violations including segregation, harassment, extortion, sexual assault and murder, all on a large scale. It is disturbing that respected social institutions are not uncommonly used to justify these aggressions.

Notwithstanding the extreme poverty, starvation, rape, HIV/AIDS, armed conflict, seizure of

homes and possessions, and social exclusion they face, the deprivation of widows has largely been invisible to policymakers and the public. Their children often also have to endure poverty, child labour, prostitution or being used as bargaining chips to strip widows of their assets and rights. Through no fault of their own, they have little hope of reversing a life of ever diminishing options.

Whereas a small number of researchers and non-governmental organisations (NGOs) have sought to focus on the issue, with intermittent support from the United Nations, the lack of mainstream attention has meant that the issue has stayed under the radar of even the most proactive governments.

Achieving widespread understanding of the extent of deprivation faced by widows and their children is the purpose of this report, raising the visibility of the issue in the global development agenda and ensuring it receives the recognition that is needed for meaningful action to follow.

1.2 The evidence

To achieve this, the World Widows Report 2015 has brought together previously unseen data and assembled a unique and substantial collection of existing material, so for the first time presenting individual research items and first person accounts in a single, easily accessible place. In so doing we offer a clear view of widows' deprivation as a major global issue affecting human rights as well as social and economic development. The World Widows Report 2015 offers the first definitive global guide to this issue.

'In a wide range of societies widowhood has been recognised as a particular hazard for women.'

(Wilson 2000: 126)

Available qualitative and quantitative country data shows that in many countries, widowhood spans a broad range of ages, with clear and important reasons that differ according to location.

In western countries, a smaller percentage of women marry and more consensual relationships outside traditional marriage exist, and greater longevity in general means widowhood tends to be concentrated in older age groups.

However, in significant parts of developing countries, lack of social safety and prevailing social norms that do not accept the existence in society of single women mean that remarriage is often effectively mandatory for widows. Many widowed women therefore remain hidden and are not recorded in official statistics: only women who are currently widows are typically recorded in censuses and survey data. Thus the true magnitude of the number and problems of widowed women and girls remains unknown. Furthermore, premature male mortality is much higher in developing than developed countries, extending the risk of being widowed to younger women and girls. Early marriage means a number of girls will also become widows.

The research reveals the important role of widows in some third world countries – notably in Sub-Saharan Africa – where they are the last tier of adults left to manage communities decimated by HIV/AIDS.

'The less you find, the more telling it becomes about a much undervalued population.' – Eileen Stillwaggon, a development researcher, referring to the absence of research into the lives of widows.¹

¹ R.F. Harma's written communication with Stillwaggon, 2009.

One does not need to go further than an internet search to verify the paucity of research and policy work on this subject. Very little material is available in the English language on widows in East Asia, the Middle East, in OECD² and other developed countries, the majority of published references being to Sub-Saharan Africa and South Asia.

An Australian study notably observes that in most research in Australia, ‘little emphasis has been given to the broader needs of [widowed] women’ (Feldman 2002: 135) beyond the personal meaning and psychological effects of losing a husband. This is an unsatisfactory state of affairs, when the same Australian study showed that a large proportion of women were only just getting by on their incomes.

Little quantitative and qualitative data is available for China, apart from the stark figure that in 2007 the number of widows in that country totalled 39.5 million. There is a similar paucity of data on the situation in Cambodia and Vietnam, both of which have been racked by wars, genocide and large-scale violence, and so are likely to have a disproportionately large residue of widows.

Indications of how serious conditions can become, and hence the need for research and action, are shown by the statistics for Rwanda, where a minimum of 13 percent of women and girls are widows (Rwanda Census 2002), with half of all married men slaughtered during the genocide. The same applies to the Democratic Republic of Congo, where sustained conventional warfare has left some localities with a 40 percent widowhood rate. In Afghanistan, UNIFEM (the United Nations Fund of Women) has reported as many as two million war widows, i.e. well above 20 percent of the corresponding female population, but we have little if any any knowledge of the conditions in which they and their children live.

The countries with the highest percentage of widows in the female marital age population are in Europe, where Ukraine leads with a rate of 19.2 percent, followed by the Czech Republic with 13.6 percent – similar to post-genocide Rwanda – and France with 12.2 percent. A country by country list of data on widows is given in Appendix 1.

Without further research on the living conditions of widows in under-researched countries, the widows’ issue will in part remain hidden in heavily aggregated poverty statistics. The call for more and better statistics on gender by the Beijing Platform for Action at the UN Beijing Women’s Conference in 1995 has still not received an adequate response from governments.

The negative impact of widows’ deprivation on societies cannot be mitigated with the current lack of focus and understanding of the issue. There is virtually no reference to the negative effect of widows’ precarious economic condition on girls’ opportunities to receive education and healthcare, and therefore on the life prospects of young women. The well-known social phenomenon in many parts of the world of ‘son preference’ has been extensively researched in Elisabeth Croll’s global study *Endangered Daughters* (2000). While not the only reason for ‘son preference’, women’s dependence on males for economic and physical security throughout their lives in those societies creates incentives in the family that work against ensuring the welfare of girls. Females either are not permitted to take on paid work, or are paid significantly less than males. This is compounded by the lack of social welfare and a higher chance of women becoming widows because of high male mortality and large age differentials at marriage.

In practical terms this results in a culture of, first, ensuring a male heir exists, and second,

2 The OECD – the Organisation for Economic Cooperation and Development – is a group of the world’s richest and most influential countries, but is by no means complete. Most of what little research has been done on widows is clustered between the 1980s and 1990s, and even then only three international studies appeared in English as books.

that male children receive all available family resources to facilitate moving into paid work. This insecurity of adult women in less well-off circumstances, often results in girls not receiving even primary school education. In more affluent families it can lead to widespread abortion of female foetuses. The present Report does not investigate this area in depth, but its conclusions should encourage wider recognition of the link between widows' deprivation and girls' deprivation generally, and thus an appreciation that the impact of widows' deprivation is widely underestimated. The evidence shows that the widows' issue is not just about old ladies without pensions. Rather, it is a systemic problem that impacts on a number of different issues.

Without research, no meaningful action will be taken. Without the required country-level statistics, little systematic comparative country-level research can be undertaken – only Latin America, for example, has statistics on income poverty compiled by sex. The present Report should act as a trigger for action as well as further research to improve understanding of the factors affecting the lives of women who have lost husbands and partners through death.

'Significant attention has been paid to women's needs and rights in adulthood, particularly during their child-bearing years... [but] more still needs to be done, however, to fully understand the challenges posed by abrupt changes in status brought about widowhood.'

UK Government Report (Department for International Development 2000: 19)

While there had been no comprehensive global study of the deprivation faced by widows and their children prior to the publication of The Loomba Foundation's 2010 Study, work has been done in other fields – in particular women's rights – which has shed light on some issues affecting widows, such as inheritance of husbands' property, and HIV/AIDS and remarriage.

Human rights expert Professor Joshua Castellino has pointed to the requirements of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW),³ which covers widows. He states that law sets the standard and act as 'a statement of intent', to be followed by action on the ground to change social attitudes.

Poverty has not been neglected as an issue, but it is rarely addressed in the mainstream as a matter of human rights, though it touches on elements enshrined in the UN's International Covenant on Economic, Social and Cultural Rights. The deprivation or poverty faced by widows and their children predominantly results from the negation of widows' human rights precisely on account of their status as widows. Whether one construes poverty as a human rights issue per se, or in instrumentalist terms as a set of obstacles to be overcome so as to achieve better living conditions for widows, the two approaches are inextricably linked and one cannot be dealt with in isolation from the other.

Once widows are acted against by various social, political and religious actors on account of their status as widows, day-to-day poverty is for most widows globally the defining issue that makes all other outrages perpetrated against them possible. Poverty reinforces the stigma of their social position as women without husbands and facilitates all the other indignities they face. In many parts of rural Sub-Saharan Africa, where poverty is deepening, widows' deprivation is spreading. In the United States, where mass employment in well-paid blue-collar jobs has been decimated over three decades, many young widows find themselves in poverty on low pay with no access to healthcare.

³ Part of an address to the South Asia Forum UK-Oxfam GB-British Indian Parliamentary Association meeting on forced marriage in the South Asian community, Houses of Parliament, London, 17 June 2009.

Without a full picture of the deprivations suffered by widows, and the causes of that deprivation, it is impossible to put in place social protection, or to apply the human rights conventions and laws needed to target the social and economic structures supporting this deprivation. More startlingly still, by ignoring the position of widows in many societies, the significant impact of widows' deprivation as a cause of girl-child deprivation has been overlooked. This factor has significantly impeded recent efforts to improve girls' lives, undermining achievement of the Millennium Development Goals (MDGs).

It is clear that the paucity of research and policy attention has contributed to sustaining widows' deprivation as an extreme form of poverty. Local and international campaigning experience shows that while local NGOs do the work that matters on the ground, they are limited in the scale of their impact due to lack of resources. They often find themselves isolated by vested interests. Pressure through research, policy action and high-level advocacy creates an enabling environment for sustained and comprehensive action, as seen with the international women's movement and with the campaign against child labour in the 1990s. (Harma, *Global March Against Child Labour*, 2009)

Recognising that the severe deprivation faced by widows and their children was largely neglected by policy makers and governments, and seeing that burden was carried by only a small number of international NGOs working with widows, The Loomba Foundation, itself an accredited NGO, broadened its focus beyond programme support to international advocacy.

In 2005, The Loomba Foundation launched 23 June as International Widows Day, an annual global day of action on the issue. Each year on this day, The Foundation holds events around the world in countries where it operates or supports programmes with local and international partners. The activity built on, and was complemented by, the Foundation's longstanding strategy of recruiting notable international personalities as programme partners and advocacy ambassadors to raise awareness of the issue in high-level decision-making circles and to stimulate wider international societal recognition.

In 2006, The Loomba Foundation, in collaboration with the UK Foreign and Commonwealth Office, held an international conference on widows in London. In 2008 it began its research focus in earnest, commissioning a research survey facilitated by the Royal Institute of International Affairs at Chatham House in London and conducted by World Public Opinion. The survey collected data on perceptions of societies' treatment of widows across a sample of 17 developed and developing countries (see Chapter 2).

'The failure to focus on the conditions in which widows live in many different cultures and countries is particularly reprehensible considering the seriousness of the deprivation suffered, and how badly it affects their welfare and that of their children.' (Sossou 2002: 201).

This marked the start of The Loomba Foundation's effort to expand the evidence base on widows, and to make this knowledge easily accessible to the public and to policy makers. The data and written summary of the survey findings are available on the World Public Opinion website, and have been cited in a number of studies internationally. The Loomba Foundation-commissioned 2010 Study added to the WPO findings by bringing together the data of diverse studies by researchers and activists all over the world. The 2010 Study was also used as the basis for *Invisible, Forgotten Sufferers: Why the UN Should Recognize International Widows Day*, the Loomba Foundation book published in 2010 to lobby for official UN adoption of International Widows' Day, a campaign that succeeded late that year with unanimous agreement from the United Nations General Assembly.

International Widows' Day – 23 June 2011:

Message from Michelle Bachelet, Under-Secretary General and Executive Director, UN Women, on the occasion of the first commemoration of International Widows' Day.

Women who lose their husbands suffer a great loss, but they remain vital contributors to their families and societies. On this first International Widows' Day, we salute their achievements in continuing to care for their children, manage homes and jobs, and sustain leadership roles. We do so with the greatest respect because they do this in the face of adversity, not just from grief, but also from discriminatory social conventions that in far too many societies still relegate widows to positions of invisibility and marginalization. This first International Widows' Day is an important global step towards ending this discrimination, and promoting the universal protection of their rights. Today UN Women stands with the UN General Assembly in its resolution to affirm that widows must be granted the rights accorded to them under the Convention on the Elimination of All Forms of Discrimination Against Women and other international agreements.

This renewed international focus has resulted in a noticeable increase in the volume of written material from researchers and media organisations, as well as activities by NGOs. The United Nations, through UN Women, has also initiated programme funding aimed at bringing about practical improvements in the lives of widows and women who have lost partners.

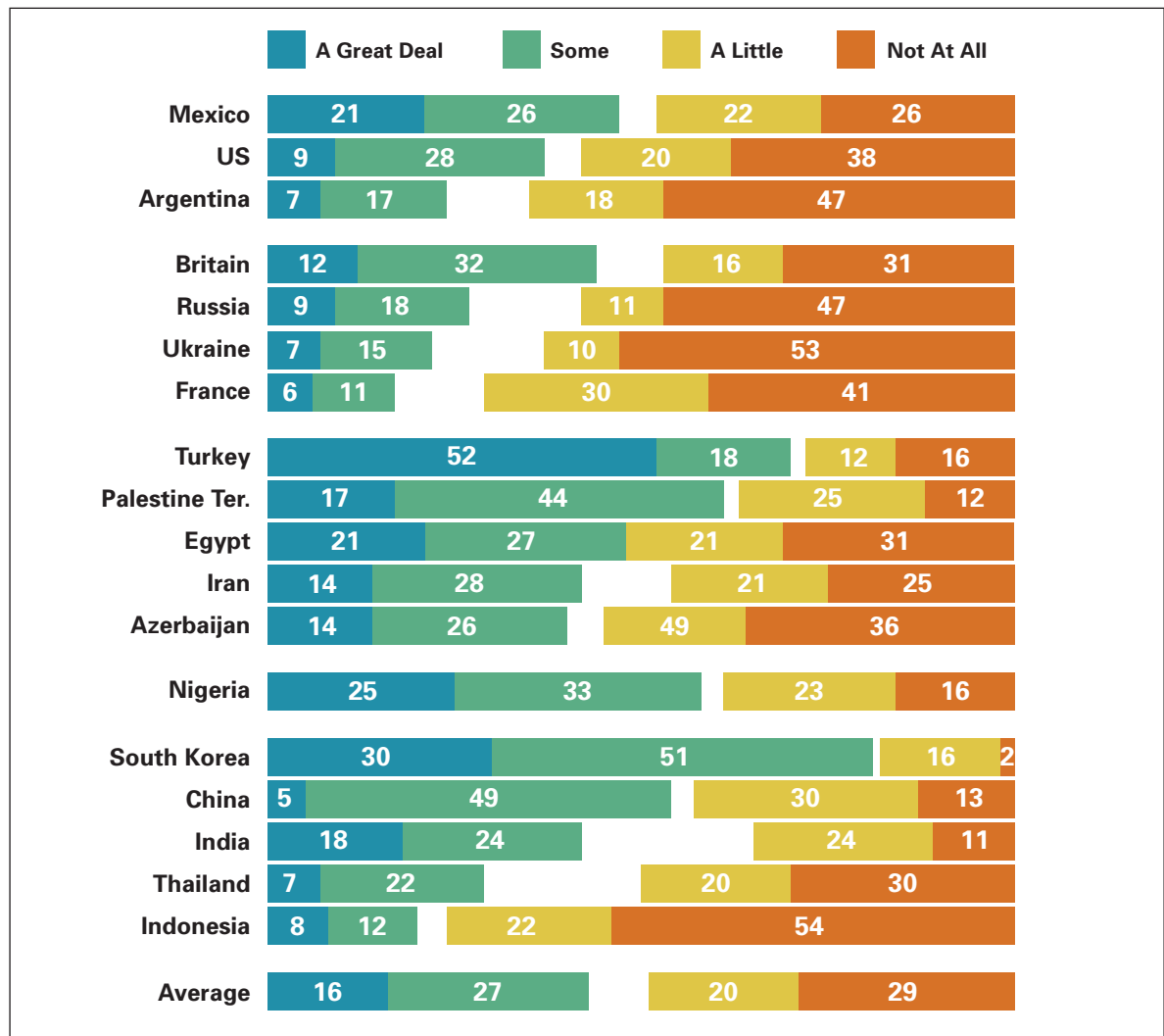
The present Report will ensure that the stories of these women and girls are not forgotten. It will continue to improve understanding of the issue, offering greater insight and factual ammunition to all those involved in trying to create a better life for widows and their children.

2 Scale

2.1 Not limited to one culture, society or region

The 2008 survey commissioned by The Loomba Foundation on the treatment of widows across a sample of seventeen developing and developed countries uncovered evidence of widespread widows' disadvantage. Twelve countries saw at least 40 percent of respondents reporting varying degrees of widows' disadvantage, from 'a great deal,' to 'some'. On average, 63 percent of respondents reported widows being treated worse than the general female population, of whom 20 percent said 'little', 27 percent said 'some', and 16 percent answered 'a great deal'. Only 16 percent answered 'not at all.'

Figure 2.1 Treatment of widowed women



The question asked was: To what degree are women in [country] who are widowed treated worse than other women? Survey 'respondents' were the general public. The survey was conducted by World Public Opinion, and facilitated by The Royal Institute for International Affairs (Chatham House); results were released in June 2008. Worldpublicopinion.org (2009).

This evidence, indicating that widows' deprivation is an issue not exclusive to any one culture, society or region, is corroborated by other evidence presented here, much of it brought together for the first time. The themes that emerge as key underlying factors in the perpetuation of widows' deprivation are (1) low levels of economic development and (2) social norms that have the effect of retarding women's empowerment. In many cases, low levels of economic development are experienced as poverty, often extreme poverty. The added impact of social norms sees widows suffering especially serious deprivation through 'harmful traditional practices', a term regularly used by the United Nations and NGOs. Using levels of economic development, government social protection (state welfare services), and social norms as key factors for assessing widows' deprivation inevitably means the focus falls disproportionately on developing countries. This study reflects this global reality, but also identifies the less dramatic but widespread deprivation and neglect experienced by widows in developed countries. In some cases, this too meets the criteria for extreme poverty prevalent in many developing countries.

2.2 Key findings

2.2.1 Numbers

- In 2015, the global affected population was 258,481,056 million widows with 584,574,358 children (both under 18 and adult children).
- The number of children of widows grew by 5.7 percent – 31,691,946 – since the 2010 Study (adjusted figures). Over the same period, the number of widows grew by 9.0 percent (21,367,296).
- A minimum estimate of 38,261,345 million widows – 14.8 percent of the total – live in extreme poverty where basic needs go unmet. Compared with the adjusted 2010 data, the number in extreme poverty fell by 22.2 percent over the period.

2.2.2 Conflict

- The 2010 Study was completed before the start of the Arab Spring. Since then there has been a significant exacerbation in conflict areas in the Middle East and North Africa, notably the Syrian civil war, resulting in a marked increase in the number of widows, many younger women with small children, and in the severity of their living conditions.
- Worst affected by conflict are Afghanistan, Iraq (2.5m displaced), South Sudan (4.1m needing humanitarian assistance), Central African Republic (2.7m needing humanitarian assistance) and Syria (12.2m, almost half the population, needing humanitarian assistance) (OHCA 2015). In northeast Nigeria, southeast Niger, west Chad and north Cameroon, circa 1.5m have been displaced by continuous attacks on civilians by Boko Haram.

2.2.3 Disease

- In Sub-Saharan Africa the worst conditions are faced by evicted and abandoned widows with dependants, by elderly widows caring for orphaned grandchildren due to HIV/AIDS and by those caught up in the Ebola-affected areas, where millions are in need of assistance due to economic collapse, which is further exacerbated by traditional ‘cleansing’ rituals. Widows with only female children and child widows aged between 10 and 17 face severe discrimination in many developing countries.
- Elderly widows are often the last left to bring up children and run farms following the devastation of communities by HIV/AIDS, which has reached crisis levels in eastern and southern Africa. While there have been some positive signs regarding the HIV pandemic, it continues to be a significant threat, a cause of widowhood and cause of chronic illness and death among infected widows. Sub-Saharan African countries facing HIV emergencies are Botswana, with an adult 15-49 age group infection rate of 21.9 percent, Lesotho (22.9), Namibia (14.3), South Africa (19.1), Zimbabwe (15.0), Swaziland (27.4) and Zambia (12.5). In India, total HIV/AIDS infection among all ages in 2013 was estimated by UNAIDS as 2.1 million compared to South Africa’s 6.3 million, Nigeria (3.2m), Kenya (1.6m) and Malawi (1.0m) according the 2014 UNAIDS Gap Report (UNAIDS 2014). Data for China is not available. The reality in many parts of the world remains discouraging due to lack of education and poor understanding of HIV and medical treatment. Social norms around sexual behavior remain counterproductive, with extreme poverty a driver of ‘exchange sex’ or ‘survival sex’ relationships, and poor healthcare systems, especially in rural areas.

2.2.4 Customs

- Customary ‘cleansing’ rituals, where widows are required to drink the water with which their dead husband’s body has been washed and to have sex with a relative, continue to spread disease and violate the dignity of widows in many Sub-Saharan countries. Rooted in beliefs about the afterlife and suspicion about widows surviving their husbands, the continued practice of such rituals has been reported in Angola, Botswana, Republic of Congo, Democratic Republic of Congo, Cote d’Ivoire, Ghana, Kenya, Lesotho, Malawi, Nigeria, Rwanda, Senegal, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe as well as some of the Ebola-affected countries.
- Widows are regularly accused of killing their husbands either deliberately or through neglect – including by transmitting HIV/AIDS – in India, Nepal, Papua New Guinea and Sub-Saharan Africa. Systematic seizure of property and evictions by the late husband’s family remains widespread in Angola, Bangladesh, Botswana, Republic of Congo, DR Congo, India, Ivory Coast, Ghana, Kenya, Lesotho, Malawi, Namibia, Nigeria, Rwanda, Senegal, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

2.2.5 Advanced economies

- President Barak Obama’s observation that many Americans are ‘one medical emergency away from bankruptcy,’ applies to many developing countries. In advanced economies such as the USA, widows with low educational attainment face insecurity due to the lack of affordable

healthcare and the decline in well paid jobs for low-skilled workers. In Eastern Europe, Central Asia and Russia, state welfare provision has declined significantly since 1990, leading to similar insecurity. The recent financial collapse in Greece has resulted in widespread poverty, disproportionately affecting elderly widows living alone.

In addition to these broad trends, widows and their children suffer from a range of less well-documented but extremely serious outcomes as a result of the loss of husbands and partners in the areas of poverty, health, human rights and child protection, with consequences ranging from exposure to serious diseases and over-work, to targeted murder, forced marriage, child marriage, children's loss of schooling, child labour, and multiple child safety risks including trafficking, rape and homelessness.

These consequences stem from the immediate loss of income that tips widows and their children into poverty, as well as deepening the poverty of families already on low incomes. Hazardous work, loss of paid work due to care-giving responsibilities and employer discrimination, lack of social welfare provision across the spectrum of needs, harmful traditional practices, illiteracy, preventable disease and inadequate post-conflict security create significant barriers to widows rebuilding their lives.

Data on the number of widows, both globally and broken down by region and country, are published here for the first time in their entirety. The data includes measures of extreme poverty and confirms that the majority of widows in severe poverty are in developing countries. However, as The Loomba Foundation's WPO survey (WorldPublicOpinion.org 2009) indicates, and other evidence in this Report shows, important aspects of poverty and insecurity persist in developed countries, with negative consequences for widows' well-being. Developed country poverty is not widely covered in mainstream international development literature, leading to a distorted global picture of poverty and deprivation. The present Report covers both developed and developing countries, to provide the first systematic quantitative overview of widows' deprivation around the world.

In addressing the causes of widowhood, the Report focuses primarily on premature male mortality, defined as occurring in the 15-59 age range. High levels of preventable disease (notably HIV/AIDS, malaria and tuberculosis), widespread malnutrition, hazards in the workplace, and conflict (from intermittent to full-scale warfare and violent crime); they all contribute to premature male mortality being a major concern for women in developing countries. The data shows that developed countries, including in Eastern Europe, also see relatively significant incidence of premature male death. In advanced developed countries, the challenge with rapidly ageing populations is to provide for growing numbers of elderly citizens, many of course widows. Regardless of country, elderly and child widows are least able to secure equitable access to resources and thus at the greatest risk of poverty.

The impact of widowhood, which falls hardest on women and children from low-income and low-skilled backgrounds all over the world, is explored in depth. This economic group constitutes a significant portion of the population in nearly all countries, often the majority. They are least able to recover from a sudden drop in household income. The pivotal factor on which widows' fortunes depend is the existence of effective state welfare provision through income support, healthcare, free education and childcare. Whether they live in a developing or developed country, widows are faced with stark choices – particularly if they have dependent children, when their primary occupation is maintenance of the home and childcare and they depended on the husband

for earning the household income.⁴

Even in developed countries, where families may receive two incomes and childcare responsibilities can be more equitably distributed, the loss of one person's income has serious consequences. A widow in a developed country may find she has no choice but to move on to state benefits due to her childcare responsibilities, a lack of affordable childcare and a lack of suitable employment opportunities for women with children.

The situation of widows in developing countries is often further complicated by social expectations and requirements. She may have to stay within the husband's family to ensure continuity of land possession, not uncommonly requiring her to marry the husband's brother, and/or to perform ritual 'cleansing' involving sexual intercourse. This can of course amount to a virtual death sentence in communities affected by HIV/AIDS and lacking in free and effective healthcare. The problem is often compounded by lack of legal redress to ensure inheritance of the family (husband's) property, due to poorly standardised and gender-discriminatory legal systems as well as a lack of skills, knowledge and financial resources to bring a case to court.

The present Report seeks to provide the evidence base for highlighting important facts known to the Foundation from its experience in the field, namely that widows, as a group, tend to experience more extreme poverty and extreme forms of deprivation than the general population, and that being widowed puts women at high risk of poverty and often severe discrimination. It also aims to identify the countries with the highest incidence of widows' poverty and deprivation, the global distribution of that deprivation and the regional distribution of different types of deprivation.

A key factor in presenting a global picture of widows, as in the 2010 Study, has been the compilation of a global data set on widows. This has been collated using population data from the UN combined with census data from member countries compiled into a single set by the UN. Additional census data from countries not included in the UN set has been added for the present Report and finally, in the case of countries where no data is available, we have included estimates based on a sample of other countries with comparable social, economic and other characteristics.

This data has not previously been available other than in research from The Loomba Foundation and has been completely revised and updated for the present Report. The data is presented complete with appendix definitions, a new theoretical model used in the analysis of widows, and broad theoretical and specific data methodologies. For the general reader, however, it not necessary to understand these elements in order to grasp the implications. The facts plainly presented in this book will leave all readers with a clear picture of the state of widows' lives around the world, the far-reaching but poorly appreciated impact on societies and the urgent need for action.

Country examples used in the Report have been selected for their relevance, availability and illustrative value and do not reflect political leanings of any kind. Certain countries, regions and topics have received more attention by researchers and the news media. This in turn affects the availability of information, as reflected in this Report.

⁴ Not all women's time, once children are involved, is unpaid: their caregiving role is often combined with part-time and full-time work; an alternative way of looking at this is to consider circumstances from the point when women who leave employment for a designated period while children are young, and then later re-enter full-time employment. Becoming a widow in the period outside employment will result in a livelihood crisis, which is also likely in the part-time work scenario.

3 Key statistics

3.1 Number of widows and poverty

This chapter provides quantitative data on the status of widows globally. There are currently no other publications available that present comprehensive data on widows as in this Report.

The data is taken from the UN database (UN Data, UN Statistics Division, <http://data.un.org/Data.aspx?d=POP&f=tableCode%3a23>) and individual country census and population survey data collected individually for the present Report.

Table 3.1 Regional and global estimates of widows

Changes between 2010 (adjusted) and 2015

Region	2010 totals	2015 totals	Increase	% change
Sub-Saharan Africa	20,562,647	22,153,905	1,591,258	7.7%
East Asia and Pacific	72,927,868	82,298,356	9,370,488	12.8%
Middle East and North Africa	12,045,467	14,969,643	2,924,176	24.3%
Central Asia	3,518,319	3,614,152	95,833	2.7%
South Asia	54,562,110	57,844,083	3,281,973	6.0%
North America	14,209,960	14,280,312	70,352	0.5%
Caribbean	865,404	988,860	123,456	14.3%
Central America	3,624,832	4,159,216	534,384	14.7%
South America	11,309,297	12,774,265	1,464,968	13.0%
Europe and Russia	43,487,856	45,398,264	1,910,408	4.4%
Total	237,113,760	258,481,056	21,367,296	9.0%

Using the adjusted 2010 data, it is possible to analyse changes in the number of widows from 2010 to 2015: the 2015 total of 258,481,056 represents a 9.0 percent global increase in the number of widows.

All regions of the world showed an increase in the number of widows. The Middle East and North Africa showed the largest change, with a 24.3 percent increase. The region with the smallest change was North America, with only a 0.5 percent increase. The least developed regions of South Asia and Sub-Saharan Africa showed percentage changes at half those of the Caribbean, Central America, South America and East Asia and Pacific, likely due to the steadily improving life expectancy of women in these areas. The region with the highest number of widows was East Asia and Pacific, followed by South Asia and Europe/Russia in that order. All other regions have significantly smaller numbers of widows than these three. The South Asia share is significant because of the high level of extreme poverty in this region, while Sub-Saharan Africa has a higher percentage of extreme poverty but a much lower global share of widows.

Table 3.2 Regional distribution of widows as percentage of global

Region	2010 adjusted totals	2010 % by region	2015 Totals	2015 % by region
Sub-Saharan Africa	20,562,647	8.7%	22,153,905	8.6%
East Asia & Pacific	72,927,868	30.8%	82,298,356	31.8%
Middle East & North Africa	12,045,467	5.1%	14,969,643	5.8%
Central Asia	3,518,319	1.5%	3,614,152	1.4%
South Asia	54,562,110	23.0%	57,844,083	22.4%
North America	14,209,960	6.0%	14,280,312	5.5%
Caribbean	865,404	0.4%	988,860	0.4%
Central America	3,624,832	1.5%	4,159,216	1.6%
South America	11,309,297	4.8%	12,774,265	4.9%
Europe and Russia	43,487,856	18.3%	45,398,264	17.6%
Total	237,113,760	100.0%	258,481,056	100.0%

Table 3.3 Percent of widows of marital age female population – 2015 estimates

Region	Widows	Total marital age females	Widows as % of marital age females
Sub-Saharan Africa	22,153,905	325,665,142	6.8%
East Asia and Pacific	82,298,356	920,906,147	8.9%
Middle East and North Africa	14,969,643	168,174,803	8.9%
Central Asia	3,614,152	31,110,000	11.6%
South Asia	57,844,083	665,180,000	8.7%
North America	14,280,312	149,386,000	9.6%
Caribbean	988,860	14,576,955	6.8%
Central America	4,159,216	65,710,400	6.3%
South America	12,774,265	171,985,800	7.4%
Europe and Russia	45,398,264	314,886,434	14.4%
Total	258,481,056	2,827,581,681	9.1%

The regional percentage of the global total number of widows in 2015 shows that the same three regions represent, in the same order, the largest percentage shares of widows. East Asia and Pacific represents 31.8 percent of the total, with 22.4 percent in South Asia and 17.6 percent in Europe and Russia. These shares show marginal decreases against the adjusted 2010 figures, while the Middle East and North Africa, Central America, and South America all marginally increased their global shares of widows. The Caribbean was unchanged.

The region with the largest percentage share of widows in the female marital age population

is Europe and Russia, followed by Central Asia, then North America. The region with the lowest proportion is Central America. The global female marital age population is over 2.8 billion (see individual country list for marital age ranges), with widows accounting for 9.1 percent.

Table 3.5 Widows' children: 2010 (adjusted) and 2015

Region	2010	2015	Increase	% Change
Sub-Saharan Africa	110,832,667	112,984,916	2,152,248	1.9%
East Asia & Pacific	117,413,867	136,615,271	19,201,403	16.4%
Middle East & North Africa	35,172,764	41,016,822	5,844,058	16.6%
Central Asia	9,393,912	9,432,937	39,025	0.4%
South Asia	148,408,939	146,345,530	-2,063,409	-1.4%
North America	28,704,119	27,703,805	-1,000,314	-3.5%
Caribbean	2,051,007	2,234,824	183,816	9.0%
Central America	9,279,570	9,940,526	660,956	7.1%
South America	24,654,267	26,570,471	1,916,204	7.8%
Europe & Russia	66,971,298	71,729,257	4,757,959	7.1%
Total	552,882,412	584,574,358	31,691,946	5.7%

A notable statistic is that China and India together account for 35.2 percent of the total number widows worldwide in 2015, according to these estimates. Of the two countries, India is of greater concern than China as regards widows' well-being, since the education levels of the mass of the population is much lower, extreme poverty is deeper and more widespread, as illustrated by widespread severe malnutrition in the state of Madhya Pradesh, where poverty is driven by poor sanitation, insufficient water resources, low employment and a potentially expanding HIV epidemic.

Table 3.5 provides data on widows' children by region and globally, compared with the adjusted 2010 data. The estimates show that the only regions where the numbers of widows' children fell were South Asia and North America. All other regions showed increases, the largest increase in East Asia and Pacific, followed closely by the Middle East and North Africa. Sub-Saharan Africa showed only a small rise, while globally, the number of widows' children grew by an estimated 5.7 percent over the period. Globally, birth rates are falling across all regions based on analysis of the Total Fertility Rate (TFR).

Table 3.6 Countries with one million widows or more – 2015 estimates

	Country	Widows	All marital age females		Country	Widows	All marital age females
1	India	46,457,516	504,973,000	21	Korea, South	2,787,174	21,606,000
2	China	44,590,560	557,382,000	22	Philippines	2,636,634	34,242,000
3	USA	12,883,200	134,200,000	23	Ethiopia	2,560,680	35,565,000
4	Russia	11,607,558	65,211,000	24	Spain	2,437,560	20,313,000
5	Indonesia	9,550,980	103,815,000	25	Myanmar	2,391,424	21,352,000
6	Japan	7,838,318	57,214,000	26	Afghanistan	2,350,881	11,037,000
7	Brazil	6,937,554	88,943,000	27	Nigeria	2,145,605	61,303,000
8	Germany	4,856,808	36,794,000	28	Congo, DR	2,083,435	24,511,000
9	Bangladesh	4,194,125	64,525,000	29	Argentina	1,690,520	16,905,200
10	Pakistan	4,051,845	71,085,000	30	Korea, North	1,599,156	10,251,000
11	Ukraine	4,000,128	20,834,000	31	South Africa	1,485,993	22,179,000
12	Vietnam	3,943,518	37,203,000	32	Romania	1,479,348	9,483,000
13	Italy	3,895,177	27,239,000	33	Kenya	1,424,689	12,281,800
14	France	3,385,134	27,747,000	34	Canada	1,397,112	15,186,000
15	Mexico	3,226,766	48,890,400	35	Colombia	1,331,648	20,807,000
16	Turkey	3,144,914	29,669,000	36	Morocco	1,263,712	12,512,000
17	Egypt	3,065,400	28,648,600	37	Uzbekistan	1,202,463	10,833,000
18	Thailand	3,039,901	29,513,600	38	Algeria	1,011,990	14,457,000
19	Iran	2,894,496	32,892,000	39	Iraq	1,006,060	12,121,200
20	UK	2,819,670	26,854,000				

Due to the difficulty in precisely estimating numbers of widows' children, these estimates are based on the total fertility rate multiplied by the total number of widows region by region. Given that older and elderly widows make up the largest share of widows in all countries, the definition of widows' children used for this data is children both under and over 18 years of age, so including widows' children who are now adults. This is relevant because it shows the scale of individuals directly affected by this issue, including the impact of discrimination, poverty and other severe deprivation on the whole family.

Table 3.6 shows all countries with one million or more widows in their female populations. It also presents the most recent data on the percentage of widowed females in the marital age female population for each country. Different lower age limits for marriage are shown in the census and survey data by country: the ranges used are: 10+, 12+, 14+, 15+, 16+ and 18+. A standard age of 15+ is being adopted more and more and represents a statistical convention only, not social practice on marriage or legal minimum age of marriage: population data are ordered by five year age cohorts from 0-4, 5-9, 10-14, 15-19, 20-24 etc.

Table 3.7 Countries with highest percentage of widows in female marital age population

Country	Widows	All marital age females	Marital age range	Widows as % of marital age females
Afghanistan	2,350,881	11,037,000	10+	21.3%
Ukraine	4,000,128	20,834,000	15+	19.2%
Belarus	783,104	4,256,000	15+	18.4%
Lesotho	127,734	698,000	10+	18.3%
Bosnia-Herzegovina	306,488	1,684,000	15+	18.2%
Bulgaria	578,032	3,176,000	15+	18.2%
Croatia	345,800	1,900,000	15+	18.2%
Lithuania	253,526	1,393,000	15+	18.2%
Hungary	812,147	4,487,000	15+	18.1%
Russia	11,607,558	65,211,000	15+	17.8%
Serbia	716,100	4,092,000	15+	17.5%
Georgia	329,046	1,902,000	15+	17.3%
Latvia	153,252	946,000	15+	16.2%
Korea, North	1,599,156	10,251,000	15+	15.6%
Moldova	237,900	1,525,000	15+	15.6%
Poland	531,648	3,408,000	15+	15.6%
Romania	1,479,348	9,483,000	15+	15.6%
Estonia	89,352	584,000	15+	15.3%
Montenegro	39,260	260,000	15+	15.1%
Greece	711,774	4,842,000	15+	14.7%
Italy	3,895,177	27,239,000	15+	14.3%
Comoros	28,343	198,200	18+	14.3%
Armenia	166,105	1,195,000	15+	13.9%
Mauritius	69,345	498,942	15+	13.9%
Slovakia	331,200	2,400,000	15+	13.8%
Japan	7,838,318	57,214,000	15+	13.7%
Czech Republic	633,760	4,660,000	15+	13.6%
Slovenia	121,230	898,000	15+	13.5%
Germany	4,856,808	36,794,000	15+	13.2%
Korea, South	2,787,174	21,606,000	15+	12.9%
Zimbabwe	608,106	4,714,000	15+	12.9%
Austria	486,588	3,772,000	15+	12.9%
Finland	299,008	2,336,000	15+	12.8%
Kazakhstan	832,358	6,554,000	15+	12.7%
Chad	385,293	3,107,200	18+	12.4%
France	3,385,134	27,747,000	15+	12.2%

Belgium	573,355	4,755,000	15+	12.1%
Spain	2,437,560	20,313,000	15+	12.0%
Djibouti	35,000	299,000	10+	11.7%
Kenya	1,424,689	12,281,800	18+	11.6%
Uruguay	167,941	1,486,200	12+	11.3%
Turkmenistan	226,941	1,985,000	15+	11.3%
Myanmar	2,391,424	21,352,000	15+	11.2%
Tuvalu	351	3,136	15+	11.2%
Uzbekistan	1,202,463	10,833,000	15+	11.1%
Rwanda	492,571	4,519,000	12+	10.9%
Kyrgyzstan	218,916	2,027,000	15+	10.8%
Luxembourg	24,289	227,000	15+	10.7%
Azerbaijan	410,773	3,839,000	15+	10.7%
Egypt	3,065,400	28,648,600	16+	10.7%
Turkey	3,144,914	29,669,000	15+	10.6%
Vietnam	3,943,518	37,203,000	15+	10.6%
Macedonia	92,925	885,000	15+	10.5%
United Kingdom	2,819,670	26,854,000	16+	10.5%
Thailand	3,039,901	29,513,600	13+	10.3%
Cote d'Ivoire	553,982	5,431,200	18+	10.2%
Morocco	1,263,712	12,512,000	15+	10.1%
Argentina	1,690,520	16,905,200	14+	10.0%

Table 3.6 also shows the countries with the highest numbers widows. In 2010, the country with the highest estimated number of widows was China, with India in second place (The Loomba Foundation 2011); by 2015 this had reversed with India as the country with the highest number of widows in the world at 46,457,516 and China with 44,590,560. In 2015, the USA, Russia and Indonesia made up the rest of the top five. There were all together 39 countries – of which only five in Sub-Saharan Africa – with a million widows or more in 2015.⁵

Table 3.7 shows the 2015 ranking of countries with the highest percentage of widows in their female marital age population. Widows make up 10 percent or more of the female marital age population in 58 countries. Afghanistan, as in 2010, remains the country with the highest percentage of widows, although the data for Afghanistan is highly speculative and not used here with a high degree of confidence. Countries with data that likely under-represents the true number of widows are Iraq and Syria, due to the fact that their last available data predates the 2003-13 conflict period, and the present civil war respectively. Our previous report on widows erroneously reported

⁵ Data on remarried widows is not collected in censuses and other regular surveys, therefore the actual number of women who have been widows (i.e. women who have ever been widowed, referred to as 'ever widowed') is significantly higher than the figure presented here; the current report by the Loomba Foundation provides the only systematically calculated up to date estimate of widows that exists in print. Owen (1996: 1-4) also makes the point about data collection methods and ever widowed as well. An estimation methodology for estimating widow remarriage is Bhat et al (1984). See appendix for individual country data tables on widows totals per country for precise ages ranges for individual countries used. These age ranges are set by national statistics departments.

a higher percentage of widows at around 27 percent; the current percentage of 21.3 percent is correct based on the available data. In the present reporting period, Afghanistan at 21.3 percent is followed closely by Ukraine with 19.2 percent.

The important feature of this data is that countries with a high percentage of widows in their female marital age populations are almost entirely high and medium, not low income countries. This is due to a combination of factors: life expectancy, participation in the Second World War (specifically in Europe, Russia, North America and East Asia), social norms around remarriage, and state welfare provision. By contrast, countries with high rates of poverty, lower life expectancy and strong social norms favouring remarriage have lower percentages of widows in their female marital age population. Note however these factors do not hold for all countries: South Asian countries have high poverty rates, but remarriage by widows is low.

Table 3.8 shows the most valuable 2010 information about widows from a policy perspective – Table 3.3 in the 2010 Study (The Loomba Foundation 2011). The cohort analysis shows the percentage of widows by age range. While small in percentage terms, child widowhood still persists because child marriage remains common in certain regions. In India, the state of Rajasthan is regularly in the news with reports of child marriages, many under the age of ten. Very early marriage is reported in part of the state of Uttar Pradesh from between the ages of two and four years. Under-age marriage occurs in many other parts of India, more commonly in the female age range 12-16.⁶ Table 3.8 shows that child marriages and child widowhood also occur in Europe.

Other significant features of Table 3.8 are comparisons of widows in the child-bearing age range 15-49, between Sub-Saharan African HIV/AIDS crisis countries and non-crisis ones, and between Europe (including Russia) and North America.

⁶ See for example, Jha and Jhingran (2005: 229), including Uttar Pradesh data for marriage ages 2-4 years.

Table 3.8 Widows age cohorts regional averages as percent of total widows, 2010*(unadjusted 2010 Study data)*

Region, % of age group	Under 15	15-19	15-49	15-59	60+
North Africa	0.02	0.1	18.1	40.0	60.0
Middle East	0.06	1.0	28.7	41.9	56.1
Sub-Saharan Africa (all countries)	0.1	0.5	24.5	43.6	55.8
Sub-Saharan Africa AIDS crisis countries	0.1	0.7	28.6	46.8	52.3
Sub-Saharan Africa non-AIDS crisis	0.1	0.4	21.9	41.7	58.0
Central Asia	0	0.1	16.8	27.5	69.9
South Asia	0.1	1.3	36.2	54.1	45.7
East Asia and Pacific	0.01	0.2	14.0	34.3	65.5
South East Asia	0.01	0.2	20.0	39.5	60.4
North East Asia	0	0.01	10.9	26.1	73.9
Advanced East Asia	0.006	0.02	8.1	22.1	77.9
Pacific Islands	0	0.3	10.6	40.5	59.3
Anglo Pacific Islands	0	0.08	4.8	13.0	86.7
Caribbean	0	0.2	10.1	24.2	75.7
North America	0	0.1	5.2	13.1	86.9
Central America	0	0.2	17.2	33.6	66.4
South America	0.04	0.2	13.6	29.2	70.8
Europe (all) incl. Russia	0.001	0.02	7.6	18.4	81.5
West Europe	0.001	0.01	3.8	11.6	88.4
Scandinavia (Europe)	0	0.001	2.6	9.3	90.7
Eastern Europe incl. Russia	0.001	0.02	10.6	23.8	76.1
OECD High Income countries	0.001	0.02	4.5	12.8	87.1
Least Developed Countries	0.1	1.0	31.5	51.1	48.5

Data in this table uses un-weighted average. Data for most recent year accessible at time of writing in 2009.

Data source: censuses and UN population data.

From the point of view of policy and prioritising action on widows' deprivation, Table 3.8 significantly reveals that the Least Developed Countries (LDCs) category, defined by the UN as the 49 poorest or most underdeveloped countries, have the largest proportions of widows of child bearing age (over 31 percent). Widows under age 60 (in fact more are under than over 60, unlike the rest of the world) and widows in all age groups, with the exception of South Asia.

Table 3.9 Top 20 countries with the highest number of widows, 2010

Country	Region	Widows	Widows as % of marital age females
China	North East Asia	43,044,943	8.1
India	South Asia	42,395,063	9.1
USA	North America	13,593,000	10.5
Indonesia	South East Asia	9,448,286	8.1
Japan	North East Asia	7,398,791	13.0
Russia	Europe/Asia	7,071,647	11.0
Brazil	South America	5,569,586	6.7
Germany	Western Europe	5,111,621	14.0
Bangladesh	South Asia	4,728,275	7.3
Vietnam	South East Asia	4,685,716	10.4
Pakistan	South Asia	4,333,759	7.6
Ukraine	Eastern Europe	4,107,635	19.0
Italy	Western Europe	4,034,769	15.0
France	Western Europe	3,456,183	13.0
Egypt	North Africa	3,446,855	12.0
Nigeria	Sub-Saharan Africa	3,531,682	7.7
UK	Western Europe	3,284,886	13.0
Thailand	South East Asia	3,065,182	8.8
Philippines	South East Asia	2,901,402	6.2
Mexico	Central America	2,898,346	6.6

Unadjusted 2010 data from Loomba Foundation (2011). Data are in millions and percentages as shown per individual country indicated in 'Country' column. 'Region' indicates the regional group in which a country sits.

Table 3.10 Countries with highest percentage of widows in female marital age group 2010

Country	Percent	Country	Percent	Country	Percent
Ghana	7.0	Guinea	8.5	Norway	12.0
Palestine	7.0	Guinea-Bissau	8.5	Poland	12.0
Peru	7.0	Liberia	8.5	Portugal	12.0
Tanzania	7.0	Somalia	8.5	Slovenia	12.0
Zimbabwe	7.0	Thailand	8.8	Spain	12.0
Cote d'Ivoire	7.2	Tunisia	8.8	Georgia	12.8
El Salvador	7.2	Albania	9.0	Austria	13.0
Malaysia	7.2	Palau	9.1	Denmark	13.0
Senegal	7.2	India	9.1	France	13.0
Turkey	7.2	Cyprus	9.2	Iceland	13.0
Bangladesh	7.3	Taiwan	9.2	Japan	13.0
Bolivia	7.3	New Zealand	9.4	Luxembourg	13.0
Maldives	7.3	Australia	9.7	Mauritius	13.0
Libya	7.4	Canada	9.7	Monaco	13.0
Micronesia	7.4	Oman	9.7	UK	13.0
Namibia	7.5	Chad	9.8	Germany	14.0
CAR	7.6	Mongolia	9.9	Greece	14.0
Pakistan	7.6	Ireland	10.0	Rwanda	14.0
Saudi Arabia	7.6	Israel	10.3	Kazakhstan	14.7
Laos	7.7	North Korea	10.3	Czech	15.0
Mauritania	7.7	South Korea	10.3	Italy	15.0
Nigeria	7.7	USA	10.5	Macedonia	15.0
Chile	7.9	Argentina	10.7	Malta	15.0
Mozambique	7.9	Burkina Faso	10.7	Moldova	15.0
Gabon	8.0	Netherlands	11.0	Slovakia	15.0
China	8.1	Russia	11.0	Bosnia	16.0
Ethiopia	8.1	Sweden	11.0	Estonia	16.0
Indonesia	8.1	Switzerland	11.0	Belarus	17.0
Myanmar	8.1	Uzbekistan	11.1	Hungary	17.0
Sierra Leone	8.1	Turkmenistan	11.5	Lithuania	17.0
Iraq	8.3	Kyrgyzstan	11.9	Romania	17.0
Mali	8.3	Uruguay	11.9	Croatia	18.0
Morocco	8.4	Azerbaijan	12.0	Serbia-Montenegro	18.0
Singapore	8.4	Belgium	12.0	Ukraine	19.0
Angola	8.5	Egypt	12.0	Afghanistan	27.5
Congo DR	8.5	Finland	12.0		
Eritrea	8.5	Latvia	12.0		

4 Causes

High levels of poverty, preventable disease and conflict are the prime causes of premature male death in developing countries – (Lee (2004:1) and Chant (1997:92)) make this point as well – creating the greatest number of widows least able to cope with the material consequences of widowhood. The high incidence of premature male death in developing countries is therefore a major personal economic and social status concern for women of all ages, especially for younger women and married girls. For developed countries, where most widows are retirement age or elderly, the main cause of widowhood is the differing life expectancy between men and women. Large numbers of elderly widows in developed countries are a significant concern since many have depended financially on their husbands and lack sufficient provision for the loss. The most significant issues for this group are health and the costs associated with health and care provision.

4.1 Global death patterns

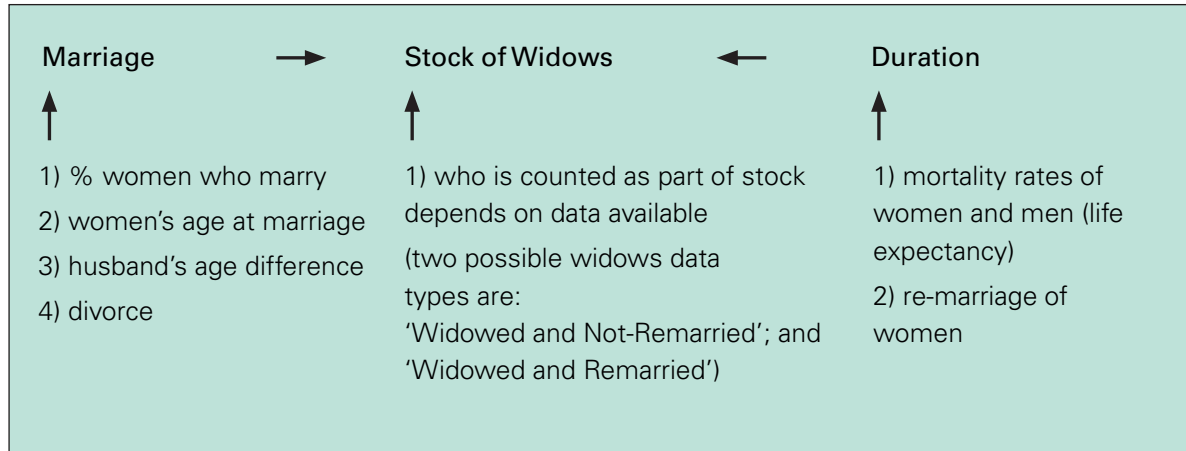
Premature deaths are defined as those in the age range 15-59 years.⁷ With respect to widows, the younger end of this age range is valid given the higher rate of teenage marriage in many countries. Statistically, premature deaths in men are of direct interest to any study of widowhood focusing on causes and consequences, because, as indicated by the widows' incidence model (below), the age difference in life expectancy between men and women significantly affects the number of widows in a population at any one time. Qualitatively, the age range in which women become widows is of paramount interest for the formulation and targeting of social protection policies and concrete assistance, because the needs of widows vary dramatically with age. Age can be analysed in terms of four status categories:

1. child widows without their own children,
2. widows with young children under the age of 18,
3. widows who are not yet elderly
(especially those in the reproductive age range below age 50) with adult children,
4. elderly widows, including those who are no longer economically productive.

⁷ The Global Burden of Disease studies began with data for 1990, with the most recent study providing data for 2001. For the limitations of life expectancy as a measure of health and development, see the Glossary, premature death measure (ages 15-60), Lopez et al (2006: 27).

Figure 4.1 Widows incidence model

This model presents the determinants of the number of widows (stock of widows), which can be used for a country, region, or the world.



The only available comprehensive data that offers a clear global picture of mortality trends by sex and age is shown in Table 4.1: this shows the percentage of deaths for males and females in the age range 15-59. The Global Burden of Disease study (ibid.) reveals that 'low- and middle-income countries account for a comparatively large number of deaths at young and middle adult ages: 30 percent of all deaths occur at ages 15 to 59, compared with 15 percent in high-income countries.' This difference is caused by the greater incidence in developing countries of preventable diseases, defined as 'communicable diseases, maternal and perinatal conditions, and nutritional deficiencies,' which the GBD study termed 'Group-I' causes of death. Nearly all such deaths are in low- and middle-income countries as revealed in Table 4.1. In addition, preventable non-communicable diseases – for example, those caused by parasites in inadequate housing conditions – compound the effects of malnutrition and are thus much more likely to kill.

Table 4.1 Percent of premature deaths by sex and 15-59 age group, 1990 and 2001

	East Asia, Pacific	Eastern Europe, Central Asia	Latin America, Caribbean	Middle East, North Africa	South Asia	Sub-Saharan Africa	Low to middle income	High income	World
Male									
1990	21.50	28.60	24.50	24.70	31.00	38.60	26.90	14.80	24.50
2001	18.90	32.80	21.80	21.60	28.50	51.80	26.90	12.40	24.30
Female									
1990	15.20	12.50	13.80	17.40	24.30	26.50	18.20	7.40	16.10
2001	12.70	13.30	12.40	14.40	22.60	43.70	19.10	6.50	16.80

Data source: Lopez et al (2006).

Globally, the total number of premature deaths in 2001 was 56 million. Of these, 10.5 million or 18.8 percent were deaths of children under five years of age, with four million mortalities below the age of one month. Almost all (99 percent) of these combined child deaths occurred in low- and middle-income countries (ibid.)

The 2010 Study estimated the number of under-five deaths of widows' children to be around 1.5 million globally (Loomba Foundation, 2011).

Table 4.2 Percent of male deaths by age range of total male deaths, 2005-2010

Source	Region	Period	Age ranges		
			0-19	20-64	65+
Estimates	More developed regions	2005-10	1.6	32.6	65.7
Estimates	Less developed regions	2005-10	23.5	36.9	39.6
Estimates	Least developed countries	2005-10	48.4	30.9	20.6
Estimates	Less developed regions excluding least developed countries	2005-10	17.8	38.2	44.0
Estimates	Less developed regions excluding China	2005-10	28.4	38.3	33.3
Estimates	Sub-Saharan Africa	2005-10	50.3	33.7	15.9
Estimates	Northern Africa	2005-10	22.8	35.9	41.3
Estimates	Eastern Asia	2005-10	4.7	30.8	64.5
Estimates	South-Eastern Asia	2005-10	15.3	42.5	42.2
Estimates	Oceania (Australia, New Zealand, Pacific Islands)	2005-10	9.7	29.3	61.0
Estimates	South-Central Asia	2005-10	22.5	40.1	37.4
Estimates	Central Asia	2005-10	19.3	44.4	36.3
Estimates	Southern Asia (includes Iran, UN region definition)	2005-10	22.6	39.9	37.4
Estimates	Middle East & Armenia, Azerbaijan, Georgia, Cyprus (UN reg. def.)	2005-10	19.0	33.4	47.6
Estimates	North America	2005-10	2.5	30.8	66.7
Estimates	Caribbean	2005-10	15.3	35.6	49.1
Estimates	Central America	2005-10	16.4	39.2	44.4
Estimates	South America	2005-10	12.2	43.5	44.4
Estimates	Eastern Europe (includes Russia, UN region definition)	2005-10	1.8	47.1	51.1
Estimates	Northern Europe (includes Baltic states, UN region definition)	2005-10	1.3	23.4	75.3
Estimates	Southern Europe	2005-10	1.1	21.0	77.8
Estimates	Western Europe	2005-10	1.0	23.4	75.6

UN data for mortality is presented over a five-year period. The data is from UN Population Division, *World Population Prospects: The 2012 Revision. Data: Mortality. Excel Tables-Mortality Data. Percentage of Male Deaths by Broad Age Groups*. <http://esa.un.org/wpp/Excel-Data/mortality.htm>

Table 4.2 shows the percentage of male deaths in specified age ranges for the period 2005-10. The table clearly shows how the risk of widowhood affects much younger ages in developing than developed countries, where 65.7 percent of male deaths occur in the age range 65+. In stark contrast, in the Least Developed Countries (LDCs), only 20.6 percent of male deaths occur over the age of 65.

4.2 Poverty

Table 4.3 shows the 2015 estimates for widows in extreme poverty by regions and globally. The adjusted 2010 data on extreme poverty is provided for comparison. In 2015 only extreme poverty estimates are presented as moderate poverty data is not available. The data shows that in 2015, an estimated 38,261,345 widows are living in extreme poverty where basic needs are not met. This is likely to be a minimum figure. The adjusted 2010 estimates show that 49,205,641 widows lived in extreme poverty at that time. This is a 22.2 percent decrease over the period, which mirrors the global drop in all persons in extreme poverty of approximately 20 percent in the World Bank's 2015 forecast (World Development Indicators 2014).

It should be noted that due to the composite nature of the data used to estimate extreme poverty by region, these estimates must be treated with caution. Qualitative data suggests that in many countries widows typically experience worse poverty than other groups who are in the same economic bracket, so their situation is unlikely to be fully reflected in the whole country population data on which the poverty estimates are based and thus the decrease in numbers may be overestimated.

With that proviso, the region with the greatest change in extreme poverty figures over the period is East Asia and Pacific with a 58.6 percent decrease; Central Asia has seen a 51.5 percent decrease; Central and South America and Caribbean 50.4 percent, with South Asia and Sub-Saharan Africa reporting smaller drops at 12.1 percent and 11.0 percent. In Europe and Russia, the number of widows in extreme poverty rose by 47.2 percent, North America 37.4 percent, and Middle East and North Africa 6.2 percent. Globally, the percentage of widows in extreme poverty dropped by 22.2 percent. The global total of 38,261,345 widows in extreme poverty represents 14.8 percent of the global total of 258,481,056. Given the limitations of the data, these estimates may have understated the true percentage of extreme poverty in nearly all regions (see Appendix 3 for details on the data used). The groupings used in the Table are those employed in the World Bank source data.

Table 4.3: Global and regional estimates of widows in extreme poverty

Regions	All 2010	Extreme poverty 2010	All 2015	Extreme poverty 2015	Change	% Change
Sub-Saharan Africa	20,562,647	10,528,075	22,153,905	9,371,102	1,156,973	-11.0%
East Asia & Pacific	72,927,868	10,939,180	82,298,356	4,526,410	6,412,770	-58.6%
Middle East & North Africa	12,045,467	662,501	14,969,643	703,573	41,072	6.2%
Central Asia	3,518,319	1,386,218	3,614,152	672,232	713,986	-51.5%
South Asia	54,562,110	21,988,530	57,844,083	19,319,924	2,668,606	-12.1%
North America	14,209,960	539,978	14,280,312	741,827	201,849	37.4%
Central & South America & Caribbean	15,799,533	1,769,548	17,922,341	878,195	891,353	-50.4%
Europe & Russia	43,487,856	1,391,611	45,398,264	2,048,082	656,471	47.2%
Total	237,113,760	49,205,641	258,481,056	38,261,345	10,944,296	-22.2%

The adjusted 2010 figures have been used in this table.

Poverty acts as a primary cause of widowhood in three ways:

1. through hazardous work (often the only option for poor males),
2. personal behaviour or psycho-social tendencies causing early death, and
3. poor health and disease caused by inability to afford required nutrition and medical care in countries without effective free healthcare, lack of adequate housing, and lack of clean water and sewage systems.

Poverty here is defined as a range of deprivations, not simply lack of income, similar to the ‘capabilities approach’ created by development economist Amartya Sen (Sen (1999), pp. 72-76, 87-110, 131-138). Sen points out that \$1 million dollars in cash is useless for an illiterate rural woman in a developing country. His idea is that there is more to determining well-being than money. While this approach is used by the United Nations in the annual Human Development Report series and elsewhere, income as a measure of poverty is still the most commonly used measure, probably due to its mass intuitive appeal and ease of calculation. It is currently a standard tool of poverty measurement in developed as well as in developing countries in the form of the income-measured poverty line (Laderchi, Saith and Stewart 2006: 19). It has also gained new visibility through the World Bank’s regularly reported ‘US \$1 and \$2 a day’ poverty measures,⁸ which are focused primarily on countries outside Europe and the OECD. These measures however have clear limitations as explained below and the resulting estimates of people in poverty should therefore be treated as minima.

⁸ The World Bank adopted this measure of poverty, originally introduced by the World Summit for Social Development, Copenhagen 1995. For references see footnote 6, p. 29 in Chant (2007).

The World Bank measure uses absolute poverty, which it also calls extreme poverty, and moderate poverty, which it calls “a higher poverty line used as a proximate vulnerability threshold to identify households who are not suffering absolute material deprivation, but are vulnerable to poverty. Although it seems somewhat arbitrary, it does bear some relation to empirically observed vulnerability to poverty” (World Bank 2005: 50).

This is contrasted with the relative poverty measure used by most developed country governments: ‘relative poverty defines poverty in terms of its relation to the standards which exist elsewhere in society...’, (Spicker, Alvarez and Gordon 2007: 169), with the relative poverty line measured as 50 percent of median income. A median income in one country, though, is not the same as in another, hence its definition as relative poverty.⁹

The research department of the OECD Secretariat compiles absolute poverty statistics of OECD countries, which are used here based on an OECD study by Forster et al (2005) (10), though this differs from the World Bank measure (11) as a statistical definition. Yet, there is an indication that the OECD measure is more or less a classic absolute poverty measure, when it states that ‘basic needs [do not include] child-care costs, for example...’ (Forster and d’Ercole, 2005: 21).

Absolute or extreme poverty looks at what is the minimum required to maintain physical well-being. This covers nutrition, shelter (together with heating where regionally appropriate), and clothing. ‘Moderate poverty generally refers to conditions of life in which basic needs are met, but just barely’ (Sachs 2005: 20). Thus, expenditure of between \$1 and \$2 a day could include very basic household items required for cooking, very basic healthcare and childcare. The concept of extreme poverty refers to inability to maintain core well-being or subsistence and stable good health. This therefore considers what resources are required, depending on regional conditions (e.g. climate), to attain the same state of core well-being whether one lives in Siberia, New York or Papua New Guinea.

Regionally this means that, according to the World Bank’s poverty measurement methodology, extreme poverty and moderate poverty are measured as living below US \$1 or \$2 a day respectively in the regions of South Asia and Sub-Saharan Africa, parts of East Asia, the Pacific, and South and Central America. For Central Asia, Eastern Europe, Russia, parts of South and Central America and East Asia – regions which suffer from extreme cold and so require additional expenditure in items such as warm clothing – under \$2.15 a day constitutes extreme poverty, and \$4.30 measures moderate poverty (World Bank 2008b and Alam et al 2005).

While young and elderly women can fall into poverty on the loss of a husband or partner in developed countries, in developing countries the consequences are potentially far more serious because of unfavourable economic and social contexts. Therefore, the longer a husband’s death is delayed, the greater potential there is to accumulate assets to cushion future household economic

9 The reason for the use of a relative poverty measure by advanced OECD countries is unclear (Mexico, a newer member of the OECD, has three official poverty measures, one of which is an absolute measure). In Britain, the Conservative government of the 1980s stopped using a de facto absolute poverty measure in what poverty specialist Peter Townsend called ‘a shabby and disreputable episode in the history of British statistics as well as government,’ Townsend (1996: 23-27). The USA, one of the original OECD members, uses a variant of absolute poverty, defined as the cost of a ‘nutritionally adequate diet’ (Eitzen and Smith 2009: 2) multiplied times three, based on an empirical observation from 1955 that, ‘...poor people spend one third of their income on food’. The resulting amount is the ‘... minimal amount of money required for a subsistence level of life,’ (ibid.).

10 For OECD extreme and moderate (using relative as a proxy) poverty measures see Forster et al, OECD (2005).

11 The OECD absolute poverty measure uses ‘a relative income threshold in a base year for each country and [keeps] it unchanged in real terms,’ Forster and d’Ercole (2005: 20).

emergencies.

Families in developing countries – more so than low-income families in most developed countries, where the state often provides social protection measures such as healthcare free at the point of delivery, unemployment benefit, tax relief and housing subsidies – must in the absence of state support rely on building up a stock of assets to cushion against income-depleting events (see the literature on ‘livelihoods’, e.g. Ellis (2000); Ellis and Freeman (2004); Whitehead and Kabber (2001)). This adds to the need to save for culturally mandatory high expenditure events such as weddings and funerals in many societies.¹² If a husband dies prematurely, asset-stocking ability is severely affected, particularly where low wages are the norm for unskilled women and lower than men’s for the same job, or where female wage employment is socially restricted or not permitted at all. For those in extreme poverty it is impossible to save since daily income is insufficient to meet basic needs and government provision is typically inadequate or non-existent.

While attention is focused primarily on developing countries given their extreme consequences for poverty, some ostensibly developed countries are also at risk of this type of poverty. The USA and parts of the UK and Ireland have historically had a greater incidence of poverty and this remains arguably the case.¹³ They have been joined by the former communist states of Eastern Europe, Central Asia and Russia, where previous gains in living standards through universal social welfare provision have now been significantly eroded.¹⁴

Figure 4.2 Widows and poverty

Extreme poverty and widows incidence worldwide, 2010, all countries (percent, rank).

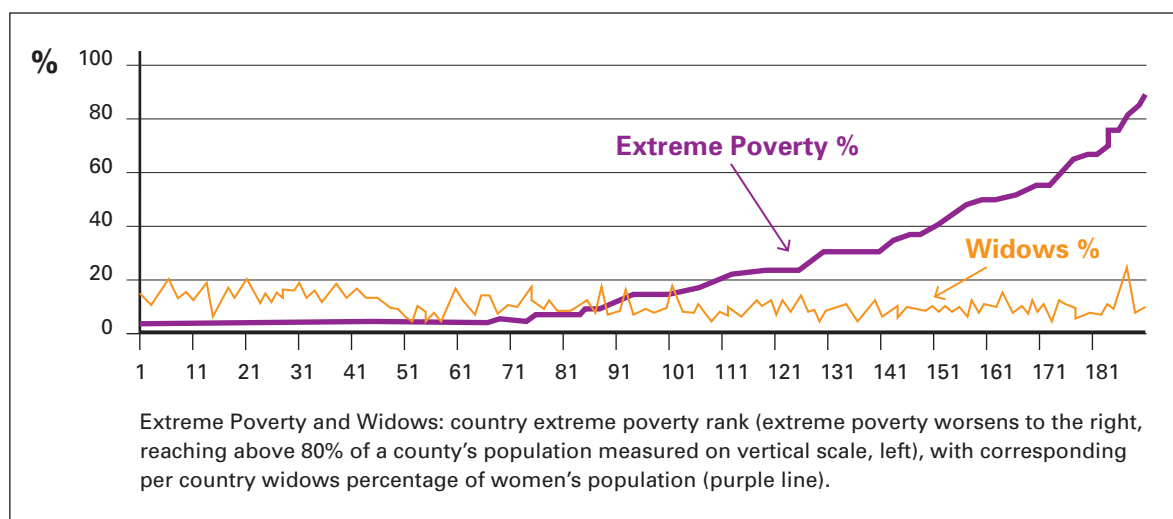


Chart Note: data sources, widows 2010 Study estimates (Loomba Foundation 2011); poverty, World Bank (2008b); demographic data for 2010, UN Population Division.

¹² Among other references, Narayan et al (2000: 254) cite as one of women and men’s reason for their moving into poverty as ‘...the often very heavy toll of dowries and weddings ceremonies.’

¹³ For functional literacy data (distinct from standard literacy) for OECD countries see OECD (2000), (2005); or Burd-Sharps et al (2008: 196).

¹⁴ A clear picture of this trend, with particular severity in rural areas of Russia, which are represented by high numbers of elderly widows, is shown in a recent documentary by *The Guardian* newspaper, see Harding (2008).

Figure 4.2 shows the relationship between extreme (absolute) poverty and the incidence of widows per country. The steadily increasing line is a ranking, in order of severity per country, of extreme poverty. The line that moves erratically up and down between zero and 20 percent – made up of connected individual country observations – is the percentage of widows per country corresponding to the rank of the country in extreme poverty. The numbered horizontal axis shows the cumulative number of countries in the world, totalling 193.¹⁵

Poverty as a cause of widowhood is of special interest because of the prematurity of the widowhood caused. Premature widowhood is a particular concern because it has intergenerational consequences, characterised by women with dependent children. It is also a concern given the high reported incidence of widows under age 60 in developing countries. These women have been partly or wholly dependent on husbands and partners as the primary source of economic support and premature widowhood is more frequent in countries where state welfare in the form of income support and free healthcare is poor or not available at all, and in several regions, women's paid employment is either low paid, or socially unacceptable.¹⁶ These are also regions where being a single woman is not socially acceptable. Becoming a widow under these conditions can therefore lead to a fall into poverty, or a deepening of existing poverty. Poverty therefore sets the scene and enables the conditions for people with low human and social capital and low economic and financial assets to descend into a range of deprivations. Poverty is a breeding ground for disease, and thus reinforces itself in a vicious cycle of deprivation (Hotez 2010) that makes it impossible for those affected to pull themselves out of the quicksand.

In turn, poverty or a fall in living standards, can lead to self-destructive psycho-social conditions, especially in men, leading to increased premature male mortality and hence early widowhood.¹⁷ Widows' circumstances in most developing countries put them at high risk of poverty and additional acute direct threats to their well-being. Vulnerability also appears to be significant in East Europe, Central Asia, parts of Latin America and East Asia. While the picture is more favourable in most OECD countries, some of these have pockets of extreme poverty in which widows figure prominently.

To get a clear sense of what extreme poverty at the '\$1 a day' measure really means for people living below it, we can consider it in relation to the level of consumption assumed in the official poverty line used by the government of India. The comparison described below was made by the World Bank in a 2002 study, when its own extreme poverty line was estimated at £1.08. Available 1993-94 data on Indian consumption in money terms placed the Indian poverty line (measuring absolute poverty) at \$0.22 – twenty-two US cents, which translated into daily food consumption of:

*“Three scant plates of cooked rice, or 8-10 chapattis [flat bread like tortilla bread]
A half cup of cooked pulses [lentils]
A spoon of edible oil
A spoon of dried chilli*

15 Palestine is taken as a de facto country as from the 2010 Study. Other countries seeking de facto recognition are Somaliland, Puntland, and Western Sahara (New Internationalist, 2007).

16 Includes Afghanistan before, during and after the Taliban. See Vaux (2001: 116) and Marsden (1998). Extensively cited in research, in northern India, Pakistan and Bangladesh, employment outside the home for pay, and regular movement outside the home village by women risks serious damage to reputation, and physical punishment from relatives. In contrast, in China, millions of teenage rural girls migrate to work in factories, see Chang (2008).

17 This has been seen across Eastern Europe, and especially in Russia, since 1990.

One medium-sized potato or onion
One cup of tea
A handful of brinjal [aubergine]
One half cup of milk
One banana three times each month
An egg every five days”

While relative prices have changed, and hence the composition of food consumption must have changed in recent years, the change is likely to be marginal; the 1993-94 food basket is still relevant for the poor today. After buying food, two additional rupees each day (about \$0.06 cents) would be left over for items like medicines, school books, fuel for cooking, clothing, soap, durable goods, etc. And one-third of India’s rural population cannot even afford this frugal bundle (World Bank 2002: 13-14). Leaving the monetary indicators to one side, the items and quantities listed present a stark picture of what extreme poverty means.

The most recent available data for the Indian government’s and World Bank’s \$1 a day poverty lines shows the percentage in poverty (below the poverty line) measured by the Indian government for year 1999-2000 at 28.6 percent, while the World Bank figure for India for 2004-05 is 41.6 percent.¹⁸ The Indian measure understates the extent of extreme poverty when compared to the World Bank’s measure.

To see what this ultimately means as a gauge of extreme poverty, as well as its scale and scope, a March 2008 Médecins Sans Frontières (MSF) press release stated that India is experiencing,

‘a major humanitarian crisis... South Asia is one of the world’s malnutrition ‘hot spots’, and in particular India carries the largest burden of illness in the region. One half of India’s children under five are underweight, while every day, six thousand children are lost to complications resulting from malnutrition and as many as 83 percent of women are anaemic.’

For Eastern Europe, Central Asia and Russia, which make up the former Communist region of the Warsaw Pact and Soviet Union, the World Bank produced the following assessment of ‘What Would Someone in the Region Living on Two Dollars a Day Consume?’ (Alam et al 2005: 52 and World Bank 2008b).

Average food expenditure needed to meet basic caloric requirements with the cheapest products available on the market is around \$1.18 a day at 2000 purchasing power parity. Interestingly, it is found to be in a relatively narrow range from the cheapest basket of \$1.15 a day in Tajikistan to around \$1.22 in Kazakhstan. National data show that such allowances cover only very meagre baskets (composed predominantly of wheat, beans, milk, and oil). A person living at the poverty line of \$2.15 a day would have been able to spend about \$1 a day toward other needs. Such needs in the region primarily consist of heating and lighting. The approximate monthly electricity needed to light an apartment with three bulbs and run basic appliances (for example a refrigerator) is 150 kilowatt-hours. At prevailing prices of around two to five cents per kilowatt-hour, when converted into PPP (PPP exchange rates are typically three to four times market levels), and adjusting for family size (three to four per household), this amounts to \$0.07 to \$0.17 [cents] per day. Heating would require significantly more.

18 As presented by World Bank in 2008a; 2004-05 data is available but was not used in the latter report.

Eurelectric's (2003) 'typical consumer' on average requires an additional 350 kilowatt-hours per month.'
(Alam et al, 2005: 52, citing Eurelectric, 2003)

While large-scale incidence of poverty is concentrated in certain parts of the world, poverty remains a potent issue that has still not been satisfactorily dealt with in what are regarded as advanced countries. In all regions, part of poverty's persistence is due to neglected policy areas stemming ultimately from overlooked issues, of which widows form an important part.

4.3 Hazardous work, disease and chronic poor health

4.3.1 'Work kills more people than wars'

The International Labour Organization (ILO) estimates that each year there are 2.3 million deaths of workers, or approximately six thousand a day, in part the result of the annual 270 million workplace accidents. Work deaths are defined as deaths arising from accidents and work-related illness. The ILO states that 'work kills more people than wars'. Globally this costs four percent of GDP, while the accident rate has been increasing in developing countries where an unknown number of work deaths go unreported because a large proportion take place in the informal sector of the economy (International Labor Organization 2004).

Poverty frequently contributes to high premature male mortality through hazardous work, and hence to widowhood. Hazardous work is often exploitative, because in many countries, most low skill workers have no bargaining power.¹⁹ As a result, hazardous work-related deaths become more likely when men have low skills and low or no education, or limited local opportunities to use more advanced skills.²⁰ Hazardous work also occurs where safety standards are poor or non-existent and production techniques low tech. An example is manual agricultural work, where highly toxic pesticides – often having been banned in developed countries (Jacobs and Dinham 2003; Stillwaggon 1998: 263) – are used without protective clothing.

Stillwaggon states that 'studies of occupational safety and health suggest an enormous toll in mortality and morbidity throughout the developing world, with very high costs. An Indian study of occupational hazards in the countryside found that injuries constituted 14 percent of all morbidity. Extrapolating from the data collected in the sample region, researchers estimated serious injuries related to agriculture to amount to five million per year in India, with 500,000 deaths'.²¹ In Latin America, according a study by Professor Chant, 'accidents are on the increase' according to morbidity and mortality data (Chant 2003: 106).

A regular source of reported work deaths is in mining. Chinese and Russian mining deaths

19 Trade unionists are routinely murdered in a number of countries at the behest of employers.

20 Stillwaggon (1998: 262), cites Mohan (1993: 12-13) on Indian agriculture. 'In Mexico, field workers on tomato farms that export produce to the United States market suffer from nervous disorders from organophosphate poisoning. To prevent workers from going to local doctors, who are required to report the poisonings, foremen treat workers in the field with a temporary antidote, atropine.'

21 Stillwaggon also notes that: 'The Pan American Health Organisation estimates that the incidence of accidents and occupational illness is six to ten times greater in developing countries than industrialised countries. In industrialised countries, about 10 percent of workers have a work accident each year. In Brazil, reported work accidents affect one in every five workers'. A comparison with the one developed country around the time of this research cited the USA as having more than six thousand workplace accident deaths per year (ibid., citing Nordheimer 1996: F1).

in particular are frequently in international news headlines. A western journalist investigating Chinese mining accidents reports:

‘[Mining] accidents are so common in China that their plight and that of tens of thousands of other mining widows has become one of the most sensitive issues facing the communist government. More than 5,000 Chinese miners are killed each year, 75 percent of the global total, even though the country produces only a third of the world’s coal. Working under appalling safety conditions, they are sacrificed to fuel the factories that make the cheap goods snapped up by consumers in Britain and other wealthy nations.’

(Watts 2005)

The ILO explicitly backs the conclusion that worker deaths are disproportionately a poor man’s burden: ‘Industrialised countries must take part of the blame.’ In fact, ILO specialist Jukka Takala says,

‘one of the trends is that industrialised countries are exporting their hazards to developing countries. Labour there is not only cheaper but also significantly less protected. Dirty and difficult jobs are left to the South [developing countries]. That includes mining, of course. So while the mining diseases commonly known as pneumoconiosis, including silicosis, [dust caused illness] have virtually disappeared in the industrialised countries, they are still claiming fresh victims every day in the developing world’.

(International Confederation of Free Trade Unions 2002)

The ILO reports that six million miners in Brazil, nearly two million in Colombia and more than two million in India are exposed to conditions that cause silicosis. In Latin America, 37 percent of all miners are ill with silicosis. A 2011 report from Madhya Pradesh observes: ‘Miner tuberculosis creates village of widows in rural India’.

4.3.2 Disease

Preventable diseases are defined as infectious or communicable diseases spread from human to human and non-infectious diseases caused by individual behavioural responses embedded in social norms – these are referred to as psycho-social response diseases. In both cases, public health and state social welfare measures are required to counter their spread.

Disease as a cause of widowhood does not operate on its own, in a social vacuum.²² Social norms leading to socially learned behaviours are crucial facilitators of disease as a killer of men and hence as a cause of widowhood. When fused with poverty, they produce a lethal combination. Malnutrition caused by poverty – especially extreme poverty – reduces the body’s natural defenses to diseases such as HIV/AIDS, with skin on critical surfaces of the body becoming fatally impaired in its ability to resist disease.²³ Data on causes of male death bears this out. Table 2.8 presents data on the top five global causes of death in males aged 15-59 in low- and middle-income versus high-income countries (Lopez et al 2006: 126-130 and 168-172, data from Tables 3B.1 and 3B.8). The top five group accounts for 56.5 percent and 69.7 percent of deaths respectively for these two country groupings. Causes of death heavily influenced by behaviour and low standards

22 Todaro and Smith (2009: 400) note: ‘Poverty plays such a central role in most health problems faced by developing countries that it has its own designation in the International Classification of Diseases: code Z59.5 – extreme poverty.’

23 The probability, on average, in a healthy person, of contracting HIV through a single encounter is not 100 percent.

of living are represented for both low- and middle-income and high-income countries, notably road accidents, self-inflicted injuries and HIV/AIDS.

As noted elsewhere, while we have seen some improvement in HIV prevalence rates since the 2010 Study, the 2014 UNAIDS *Gap Report* shows that Sub-Saharan African countries still facing particularly severe HIV emergencies are Botswana, with an adult 15-49 age group infection rate of 21.9 percent, Lesotho (22.9), Namibia (14.3), South Africa (19.1), Zimbabwe (15.0), Swaziland (27.4) and Zambia (12.5). In India, total HIV/AIDS infections among all ages in 2013 was estimated by UNAIDS as 2.1 million (Wilson and Claeson 2009: 14-17) compared to South Africa 6.3 million, Nigeria 3.2 million, Kenya 1.6 million and Malawi 1.0 million. No data is available for China. Among European Union (EU) countries with data, Estonia (1.3 percent), Italy (0.3), Spain (0.4), Switzerland (0.4) and the United Kingdom (0.3) have the highest rates of HIV in the 15-49 age range, however HIV is much more likely to affect widows in Sub-Saharan Africa than those in the EU. Of 35 million people infected with HIV worldwide, an estimated 19 million do not know they are HIV positive.

The impact of unprotected sex and the link with HIV/AIDS through prostitutes, in addition to other forms of frequent changing of sexual contacts, is a major contributory factor to premature death.

'HIV claims the lives of countless prostitutes and sex slaves each year, and unprotected sex with prostitutes is the single largest contributing factor to India's rapidly growing HIV problem. Assuming 1.5 million prostitutes in India, nine hundred thousand (60 percent) would be HIV positive. If each prostitute provided sex to ten men per day and the infection rate were one in five thousand (0.02 percent), then each day, one thousand eight hundred men in India would become infected with HIV as a result of sexual intercourse with a prostitute. For each 0.01 percent increase in the infection rate, an additional nine hundred men per day would be infected.'

(Kara 2009: 271)

The effects of this and of similarly uncontrolled sexual promiscuity outside the sex trade on widows and their children are felt most acutely in Sub-Saharan Africa. East Asia has also been identified as a prostitution-HIV/AIDS hotspot with spillover into the general population through infection of family members, specifically wives: Thailand has been a noted case for many years given its huge sex industry, with reports of an increasing number HIV/AIDS infected husbands from middle class backgrounds. Meanwhile a reported upsurge in prostitution linked to changes in men's behaviour towards sexual activity has been reported in Vietnam. This change in Vietnamese male behaviour has been linked to the expansion of sex tourism in Vietnam since the start of its economic reforms in 1986 (Barry 1996: 144-156).²⁴ The Philippines is also a noted prostitution hotspot and therefore a breeding ground for HIV/AIDS. HIV/AIDS is the fourth leading cause of death in low and middle-income countries and the leading cause of death for everyone in the 15-59 age group in Sub-Saharan Africa (Lopez et al 2006: 69, 71).

²⁴ In all three cases, the expansion in the sex industry is linked to foreign exchange access promoted by their respective tourist industries. This is well documented in the case of Thailand.

Table 4.4 Male premature death top 5 causes, percent of annual deaths 2001, ages 15-59

Death Cause	Low to middle income	Death cause	High income
1: Cardiovascular Disease	18.5	1: Cancer	27.7
2: HIV/AIDS	13.0	2: Cardiovascular Disease	23.4
3: Cancer	10.7	3: Self-inflicted injuries	8.5
4: Tuberculosis	7.8	4: Road Traffic Accidents	7.9
5: Road Traffic Accidents	6.5	5: Respiratory Disease	2.2

Table Note: data source is Lopez et al (2006), The World Bank.

4.3.3 Chronic poor health

Chronic poor health, brought on by inadequate nutrition, access to healthcare, housing and lack of clean water and sewage infrastructure, is the leading outcome of poverty – with greatest intensity but not exclusively in developing countries. Crucially, chronic poor health aggravates the progression of serious diseases such as HIV/AIDS and tuberculosis (TB), the effects of which can be seen in differences between high and low income countries in male mortality figures and causes in Tables 4.1 and 4.2. Less prominent in the media and the public campaigns of aid agencies are diseases that cause chronic ill health, which truly are the diseases of poverty and these include the Neglected Tropical Diseases. The global picture of chronic poor health and the diseases of poverty have recently been highlighted in *Scientific American* magazine (Hotez 2010, see also Hotez 2008). The key causes of people's susceptibility to diseases of poverty were shown to be poor housing (exposure to disease-carrying parasitic insects), lack of clean water and sewage systems (water and sanitation), and hygiene knowledge and behaviours (together referred to as *WASH* – water, sanitation and hygiene). Slum residents in the Mathare informal settlement in Nairobi still believe that diarrhoea is caused by 'evil spirits', even while human faeces flow in open, shallow, improvised drains.

Many of the diseases of poverty are easily treatable and preventable, but tragically are not treated because those affected live in countries with low quality or non-existent public health systems and are unable to pay for private medical treatment. Notable among these countries, as pointed out in *Scientific American*, is the United States, where poor quality housing also plays a significant role in facilitating preventable disease. Disease becomes chronic poor health when a threshold is passed beyond which they can no longer be treated.

The former editor of the magazine *International Agriculture Development*, John Madeley, observes that 'millions of the rural poor are handicapped by malnutrition, and are vulnerable to chronic illness and injury due to unfavourable working and living environments, including unclean water and poor sanitation facilities' (Madeley 2002: 108).

This is backed by new health measurement techniques that calculate the number of years lost over a person's life to poor health (Lopez et al 2006). In addition, chronic poor health greatly amplifies the mortality potential of opportunistic infections, evidenced by the high number of infectious disease deaths in developing countries (Table 2.7).

4.4 Psycho-social response deaths

Psycho-social response deaths in men is a pertinent area for consideration. The term psycho-social response deaths as used here distinguishes these deaths as inflicted by individuals on themselves, so focusing on the individual as the cause of death. The underlying cause of death, however, is from the male psychological response to reduced economic circumstances. This is a factor whether the deaths result from a prolonged process – as in the case of alcoholism – or when immediate, as in the case of suicide or non-military community violence.

A significant cause of premature deaths of males aged 15-59 is alcoholism as a psycho-social response to economic collapse, which has epidemiological characteristics due to its society-wide incidence. This has been observed in Russia since the early 1990s, following the collapse of the Soviet economy and welfare state. It has been so pronounced that the adult male death rate has increased dramatically, reducing male life expectancy to 58 years.

‘From 1991-94, the risk of premature adult (15-59) death increased by 50 percent for Russian males. It improved somewhat between 1994 and 1998, but subsequently increased’ (ibid.). The resultant increase in the numbers of widows can be seen in Table 4.5.

Thus it can be expected that there are many more younger age widows in Russia than is the developed country norm. Comparing Russian census data on widows for 1989, just before the collapse of the Soviet Union, and in 2002 after the transition of Russia to a market economy, an approximately three and half percentage point increase is revealed in the number of widows in the 15-49 age group.

Alcoholism is also frequently reported in India as a cause of death for men from low-income backgrounds, such as those living in slums or in communities where seasonally enforced breaks in employment – for example in agriculture, or during the monsoon for small scale fishermen – are the norm. On a 2009 visit to the state of Kerala, the president of India commented that ‘alcoholism is rampant’ where human development for women in health and literacy is comparable with developed countries (Hindu 2009: 1). It takes hold during off-season work periods, such as the monsoon, when a long period of bad weather prevents fishermen from going to sea.

Table 4.5 Percentage change in widows during the Russian transition of the 1990s

Age Cohort	1989	2002
15-49	7.3%	10.9%
15-59	22.4%	22.4%
60+	77.5%	77.6%

Table Note: data source is Census of Russia 1989 and 2002.

With reference to Latin America, it has been observed that males are affected by ‘a general pattern whereby male morbidity and mortality is more likely than women’s to occur as a result of behavioural factors such as risk-taking, self-abuse, or attempts to abuse others, including drinking, smoking, car accidents and fighting’ (Chant and Craske 2003: 120, citing Mueller, Helena and Yunes 1993 and Zapata et al 1998).

In many developing countries, widespread suicides have occurred among farmers as a result of deteriorating economic conditions in agriculture. India is often cited in discussions on rural economic distress in developing countries. The consequences for farmers’ widows – rarely focused

on – are illustrated in the example below and in section 5.1.

‘Mr. Kelkar [a cotton farmer who hung himself out of despair over debt] had often talked farmers out of taking their lives in the state’s cotton growing belt of Vidarbha where, on average, one farmer commits suicide every eight hours. In other words, three women become widows here every day. Mr. Kelkar’s wife, Indira, is now one of them. She is left with the mammoth responsibility of paying off his debt while looking after their four children.’

(BBC 2006b)

In his book *Stuffed and Starved*, Raj Patel (2007) observes on farmer suicides across India:

‘Authoritative figures are difficult to come by at a national level, but the state of Andhra Pradesh, with a population of seventy-five million, has been recording rural suicide rates in the thousands per year. Nor is it a problem limited to Andhra Pradesh. The hinterland of Mumbai, where the city finds its food, has experienced a rocketing rate of farmer suicide. It’s a problem that has even hit India’s breadbasket. In Punjab, the epicentre of the country’s high tech agricultural ‘Green Revolution’, the United Nations scandalised the government when it announced that, in 1995-96, over a third of farmers faced ‘ruin and a crisis of existence... This phenomenon started during the second half of the 1980s and gathered momentum during the 1990s. It has been getting worse. According to the most recent figures, suicide rates in Punjab are soaring.’ (See also Mishra 2006, Panargya 2008: 152-154, Reddy and Mishtra 2008: 47-50, Shroff 2008)

Farmer suicides in India have been a feature for some time, and while they have received a great deal of attention in discussion by policy makers, researchers and the media (Patel 2007: 26, citing Phillips, Li and Zhang 2002), nothing suggests that decisive action to tackle it has been or will be taken in the near future.

Patel also cites evidence of suicides among agricultural workers in China, making up over fifty percent of the deaths in one sample, using a study of suicide data for the period 1995-99 (Patel 2007:25 and Murphy 2004:258). In the case of China, there is some evidence to suggest that these deaths may be linked to the break-up of the old collective agricultural system, where farm households in effect pooled resources, including heavy ploughing equipment provided by the government. Many rural Chinese widows are in turn unable to cope alone in agriculture. Patel finds evidence of higher rates of suicide among farmers and agricultural workers among countries as diverse as Sri Lanka, Australia, the United Kingdom and the United States.

Another global cause of death not covered in this report is drug addiction.

4.5 Road traffic deaths

While not popularly associated with developing countries, Table 4.4 shows that road traffic deaths are in the top five causes of premature male death in both developing (low and middle income) and developed (high income) countries alike. Kevin Watkins, formerly head of research at Oxfam GB and former director of the United Nations Human Development Report, characterises the significance of road traffic deaths and injuries as a ‘global pandemic.’ He emphasises that ‘traffic injuries in developing countries kill on a scale of malaria or tuberculosis. For children between five and 14, traffic injuries are the biggest single source of death, and roads are second only to HIV/

AIDS in killing people aged between 15 and 29... The world's most dangerous roads are in Africa. Britain has a fatality rate of one death per 10,000 vehicles; in Ethiopia and Uganda it tops 190. Traffic deaths are climbing most rapidly in Asia and Latin America...' (Watkins 2008).²⁵ In another example, young men interviewed in Kenya explained they were not concerned with likelihood that their risky sexual behaviour might cause HIV/AIDS since they felt the probability of dying in a road accident was the same.

4.6 Conflict: Interstate war, civil war, genocide and unexploded ordnance

4.6.1 Interstate war, civil war and political repression

Conflict as a cause of widowhood can be inter-communal, such as in Kenya in 1992, 1997, and 2007, due the contested presidential elections; in Northern Ireland since the 1970s; the case of the Gujarat massacre of Muslims in India in 2002; massacres and targeted killings in Indian Kashmir in addition to military confrontations; or the Shia-Sunni conflagration of post-Baathist Iraq following the US-led invasion. The death rate of young males is also aggravated by the high level of armed violence in Brazil, Colombia, northern Mexico and several US inner cities – all a byproduct of the international drugs trade. Other locations with high rates of armed violent crime are Chechnya, Kenya, Nigeria, Somalia, and South Africa.

More traditional forms of conflict, such as guerrilla insurgencies and military warfare, produce the highest levels of deaths, again impacting on widowhood. The Democratic Republic of Congo, Chechnya, Iran-Iraq, Afghanistan since 1979, Sri Lanka, the Lebanese civil war, and the US-led battlefield confrontations with Iraq in 1991 and 2003 followed by multi-party fighting, are all examples. The eight year Iran-Iraq War (1980-88) killed 500,000 Iraqi soldiers alone (Enloe 2010: 65). The effects of many years of war in Vietnam – including fighting with China after 1975 – continue to be felt through a large presence of widows in the Vietnamese population.²⁶ The Eritrean war of independence that ended in 1991 caused an estimated 200,000 deaths (Smith 2003: 116-117, citing Tekle 1998: 1). Estimated total deaths (combatant and non-combatants) during the 1979-92 civil war in El Salvador were 80,000 of the total population of five million (Thompson and Eade (2007: 126). Guerrilla-style fighting, with the addition of terror tactics, has continued for the last 50 years between the Palestinians and Israelis, producing a steady stream of widows. More recently, Algeria has suffered an especially brutal civil war instigated by Islamic extremists that has claimed at least 150,000 lives between 1992 and 2005 (Liverani 2008: xxviii)²⁷, in part through extreme forms of terrorism. The conflict in Indian Kashmir, with the presence of Pakistani, international and Kashmiri insurgents as well as the Indian army, continues to result in civilian deaths. Pakistan itself is current gripped by an intensified Taliban-inspired insurgency.

Table 4.6 documents the broad global coverage of war widows based on the prolific state of

²⁵ Formal research articles in international development now appear on the topic, see for example Nantulya and Muli-Musiime (2001). Chant and Craske (2003: 120) refer to road traffic accidents as a cause of higher male mortality, in comparison to women, for Latin America.

²⁶ Heymann (2006) found war widows to still be a major category of women in Vietnam in her international family study, which used, for Vietnam World Bank Living Standards Measurement Survey (LSMS) 1997-98, and her own in depth interviews from 2000-01.

²⁷ Girls and women, including widows, were explicitly targeted for death by the Islamic insurgents.

ongoing conflict, particularly warfare. The region most affected is Sub-Saharan Africa, with several ongoing civil wars, and major civil wars that concluded in the last ten years.

Since the start of the US-led invasion of Iraq in 2003 up to August 2007, a combination of combat deaths, unintended civilian casualties, widespread sectarian killings, illegal killings by security and military forces and violent crime, have produced an estimated 733,158 to 1,446,063 deaths according to one British polling organization.²⁸

On the battlefield, armies of developed countries can swiftly extract wounded soldiers by vehicle or helicopter and provide medical care in transit to a well-equipped medical base for immediate attention, and then by plane to a modern hospital for specialist care. Even so, the deaths of US soldiers during the Vietnam War amounted to 58,000, while post-9/11 operations have resulted in over 4,000 US soldiers killed to date.

In contrast, the armies of developing countries are often rudimentary. Battle and post-battle medical care of soldiers is often very poor, due to the lack of trained medical and planning staff, logistics limitations, and lack of specialist medical supplies. The war in the Democratic Republic of Congo in the 1990s, which involved the armies of several neighbouring countries, resulted in an estimated total number of deaths, male and female, of two million.²⁹

Combat deaths in developing countries are boosted by cheap but robust assault rifles and other cheap mass-availability weapons suited to low-technology warfare by semi- and illiterate soldiers.³⁰ This translates into ill-coordinated battles at close range with fully automatic weapons and mortars – referred to as ‘poor man’s artillery’ because it consists of a tube, base plate, and bipod that can be easily stripped down and transported on a donkey or carried. Together, they maximise the potential for high casualties. This is perhaps best exemplified by the Angolan civil war from 1975 to 1994, when as many as 500,000 people died in the space of a two year period, 1992-94, towards the end of the war ‘through combat and war-induced starvation... in some of the heaviest fighting in the post-Cold War period... Although the government forces made some use of planes and tanks, most of this carnage was produced by light and medium weapons – mortars, light artillery, grenade launchers, machine guns, recoil-less rifles, assault rifles, landmines...’ (Klare 1997: 64-65).

28 Cited in the April 2010 PBS television documentary *Genocide: Worse than War*. See www.youtube.com/watch?v=w7cZuhqSzzc.

29 It has been described as ‘Africa’s First World War’; and armed factions are still active in eastern DR Congo where mineral resources are the main focus of conflict.

30 The midpoint of the estimate range is 1,220,580 with overall plus-or-minus 2.5 percent error margin. Deaths are for violence only, not indirect causes such as lack of healthcare, poor nutrition, and lack of clean water and sanitation. Polling organisation is Opinion Research Business. This is the most recent estimate, a history of estimates on Iraq civilian deaths was reviewed by Steele and Goldenberg (2008).

Table 4.6 Countries with war widows (part 1)

Sub-Saharan Africa	North Africa	Middle East	Central Asia	South Asia	East Asia
Angola	Algeria	Cyprus	Armenia	Afghanistan	Cambodia
Burundi	Egypt	Iran	Azerbaijan	Bangladesh	China
Central African Republic	Libya	Iraq	Georgia	India	East Timor
Chad	Morocco	Israel	Tajikistan	Nepal	Indonesia
Congo (Brazzaville)		Jordan	Uzbekistan	Pakistan	Lao
Congo Dem. Rep.		Kuwait		Sri Lanka	Myanmar
Cote d'Ivoire		Lebanon			North Korea
Djibouti		Syria			South Korea
Eritrea		Turkey			Vietnam
Ethiopia		Yemen			
Ghana					
Guinea					
Guinea Bissau					
Liberia					
Mozambique					
Namibia					
Rwanda					
Senegal					
Sierra Leone					
Somalia					
South Africa					
Sudan					
Togo					
Uganda					
Zimbabwe					

A well-documented example that included large numbers of heavy weapons (tanks, armoured personnel carriers, heavy artillery, large missiles, aircraft, etc.) is the Iran-Iraq war of the 1980s. This saw forces confronting each other in World War One-style assaults, but with far deadlier weaponry, across open ground into concentrated enemy fire. The result was a vast number of war widows. Similarly, the Ethiopian civil war that concluded in 1991 involved huge amounts of these weapons, supplied among others by the then Soviet Union. Ethiopia government forces were described in that period as the largest in Sub-Saharan Africa (Klare 1997: 62).

Table 4.6 Countries with war widows (part 2)

Pacific Islands	Anglo-Pacific Islands	North America	Caribbean	Central America	South America	Europe incl. Russia
Papua New Guinea	Australia New Zealand	Canada USA	Cuba Haiti	El Salvador Guatemala Nicaragua	Argentina Peru	Albania Belgium Bosnia Croatia France Germany Italy Kosovo Macedonia Montenegro Moldova Netherlands Russia Serbia Slovenia Spain UK

Note: tables part 1 and 2 show countries that have been at war, either interstate or civil, not including civil unrest or protests resulting in deaths, or disappearance-presumed-dead actions by security forces (political disappearances). Most wars included here ended in late 1980s, 1990s, or 2000s; major wars such as Korean War of the 1950s, and the Vietnam War of the 1960s-1970s have also been included because the large number of deaths, which are still having an impact through surviving widows who have not remarried. Source: Smith (2003); Bercovitch and Fretter (2004).

Massacres and summary executions are also a source of conflict deaths. In Europe, when such events were thought to have been consigned to the Second World War era, the conflict in the former Yugoslavia reintroduced these types of atrocities. The most infamous example was at Srebrenica (Loyd 1999: 293-294 and Rohde 1997), where 8,000 men and boys were massacred by the Bosnian Serb army in 1995. In Beirut in 1982, when the Israel-Palestine Liberation Organisation (PLO) dispute spilled over into the Lebanese civil war, Christian militia fighters indiscriminately massacred Palestinian refugees in the camps of Sabra and Shatila. In the same year the Syrian army, under orders from President Hafez al-Assad, carried out a massacre to put down an uprising in the town of Hama, with fatality estimates ranging between 10,000 and 40,000.

The number of Iraqi civilian deaths from Saddam Hussein's Baathist regime's numerous internal crackdowns is unknown. The largest of these occurred after the 1991 Gulf War, focusing on the Shia and Kurdish communities in the south and north respectively. The previous decade, the regime had used poison gas against the Kurds, killing around 100,000 in the Anfal campaign. Similarly, the anti-insurgency campaign against the Mayans in Guatemala was described by the United Nations as 'genocide' (Steele and Goldenberg 2008: 11, Pilger 2007 citing the United

Nations Truth Commission for Guatemala).³¹

Internal crackdowns resulting in political ‘disappearances’ are another source of male conflict mortality and cause of widowhood. The best-known of these occurred in Argentina and Chile. El Salvador saw some of the worst political repression of regime opponents during its civil war from 1979-92, resulting in the disappearance of some 7,000 people. This has been described as:

‘...a particularly cruel civil war for the civilian population... In the cities the armed forces arrested, ‘disappeared’, tortured, and killed tens of thousands of people – professors, union organisers, health workers, slum dwellers, students, lawyers, and church workers. By 1984, the popular movement has been wiped from the streets; almost an entire generation of civil society leaders had been assassinated. In the countryside, the military undertook a scorched-earth policy to depopulate the zones in the north and east of the country held by the [rebels]. They razed homes, massacred entire communities, destroyed crops and livestock and carried out carpet bombing. By 1985 the [rebel-held] zones were largely depopulated, and one in five [twenty percent] Salvadorans was displaced within the country or had sought refuge abroad.’³²

(Thompson and Eade 2007: 126-127)

Open political repression, such as the 1989 Tiananmen Square massacre of students in China or the ongoing state of Zimbabwe under Robert Mugabe and the military government in Myanmar, continues to be a problem around the world.

One consequence of warfare is disease and starvation caused by disruption of food supplies and health services, resulting in deaths among the general population. This occurred with devastating effect in the multi-country war in the Democratic Republic of Congo which began in 1996 and extended internationally from 1997-2002, where civilians fled into the deep bush areas to avoid approaching armies, and are said to have perished in large numbers from lack of food and water (Legros and Brown, citing Rehn and Sirleaf 2003: 33). As a result, there are estimated to be 1.9 million widows in DR Congo in 2010, some as young as ten. Mass starvation also resulted from the civil war in Somalia in the early 1990s.

International Rescue Committee (IRC) research by a demographer Les Roberts estimates that there were 2.6 million conflict deaths from all violence and health-related causes (including starvation) in the Congo between 1998 and 2001 (Prunier 2009). Roughly 86 percent of the deaths were estimated to have been from ‘disease and malnutrition.’ A newer estimate of Congo’s total conflict deaths (Coghlan et al, 2006) places the figure at 3.9 million for the period 1998-2004. In 2009 the same researchers published their latest survey of the country and found much higher death rates resulting from continued lack of basic health services. Mass starvation also resulted from the civil war in Somalia in the early 1990s when 300,000 died from lack of food and healthcare, and a repeat of this was threatened in 2009 (Burnett 2005, Black 2005).

31 Shia total deaths reported as 100,000 as a result of the 1992 crackdown.

32 The rebels were the Frente Farabundo Marti para la Liberacion Nacional (FMLA).

Table 4.7 Pre- and post-civil war Liberia: Widows of child-bearing age, percentages

Liberia	Year	15-19	20-24	25-29	30-34	35-39	40-44	45-49	PTW
Post-war	2007	0	0.4	0.8	1.3	2.7	5.8	12.6	2.4
Pre-war	1986	0.3	0.1	0.8	1.4	2.3	5.1	5.2	1.5

Note: PTW means Percentage of Total (i.e. all) women; data is for the percentage of widows from the respective age group of all women making up that age group, i.e. this is not percentage of a group of widows out of all widows. Source: Demographic and Health Survey (DHS) 2007 and 1986. OCR Macro International.

While before-and-after time series data from the same source is unavailable for DR Congo, Table 4.5 shows the before-and-after effects of the Liberian civil war that began in 1989 and ended in 1997. While DHS data do not go beyond age 49, in the absence of other major calamities in Liberia during this period – including an absence of east African-levels of HIV/AIDS – it is evident that the high number of widows ten years after the end of the conflict in the 45-49 age group is a result of the civil war.

4.6.2 Genocide deaths

Genocide, the systematic and large-scale killing of non-combatants, is facilitated by war, and is sometimes its primary purpose. It is therefore the most serious war-related cause of death for the general population as, once organised and put into action, it is difficult to escape or stop. It is usually perpetrated in the context of a country-wide internal war. The most recent large-scale and well-known example is the 1994 Rwandan genocide, in which an estimated 800,000 to one million people were killed and this ‘also contributed to new wars that bedevilled central Africa into the twenty-first century’ (Shaw 2003: 211).³³ As many as 50 percent of married women were estimated to have become widows, the majority of them over 30.

Table 4.6, also using DHS data, shows the effects of the genocide on the number of widows in Rwanda and the change in those numbers over time, ten years after the genocide. Notable is the extent to which the number of widows has quickly dissipated across all age ranges, to the point that the average for the whole age range 15-49, as a percentage of all women 15-49, has effectively reached its pre-genocide level. This is probably due to reduced rates of marriage and the generally very high mortality rate in the country between birth and age 30 (ORC-Macro International 2006, ch. 2).

Table 4.8 Pre- and post-genocide Rwanda: Widows of child-bearing age, percentages

Rwanda	Year	15-19	20-24	25-29	30-34	35-39	40-44	45-49	15-49
	2005	0	0.02	0.9	3.3	8	14.6	17.9	4.3
Post-genocide	2000	0	1.1	4.3	10.1	16.2	20.3	26.3	7.7
Pre-genocide	1992	0	0.8	2.5	4.2	8	11.5	16.8	4.1

Note: Genocide occurred in 1994; soonest date with available data post-genocide is 2000; data is for the percentage of widows from the respective age group of all women making up that age group, i.e. this is not percentage of a group of widows out of all widows. (ORC Macro International 1993, 2001, 2006).

³³ The Rwandan genocide contributed to starting the Congo war.

Rwanda was not the first genocide in the region around that time. Before then, neighbouring Burundi experienced two genocides, according to the final report of the International Commission of Inquiry for Burundi discussed at the UN Security Council in 2002 – the first in 1972 and the second in 1993, a year before Rwanda. There had been waves of inter-ethnic massacres since the country gained independence in 1962. Between 1962 and 1993, one estimate suggests 250,000 people died.

In East Timor, formerly a part of Indonesia, 200,000 deaths have been reported for the period 1975-99, many as the result of massacres of non-combatants (Rosenberg 2003: 229). In Cambodia, the Khmer Rouge regime killed an estimated 1.5 million to three million people of a total population of seven million (*ibid.*). The Cambodian genocide has been described as ‘the most comprehensive of all modern mass killings, in the extent to which it touched all sections of the population within a given territory.’ At least one researcher refers to a higher than normal number of widows in Cambodia, at around 11 percent; an aid agency estimate made before 1994 was to have stated that approximately 80 percent of rural households were headed by women, most of them widows. The most recent census estimate for Cambodia places widows at 6.4 percent of the female population aged ten and above (1998 Census) (Shaw 2003: 166, Lee 2004: 3, Chant 1997: 92, quoting O’Connell 1994: 68).

More recently, the actions of the Bosnian Serb army during the 1990s have been characterised by international officials as genocide, with total war deaths on all sides – most of them civilian and non-Serb – at over a quarter of a million (Shaw, *ibid.*, 192).

In 2002, around 2,000 people were massacred in the Indian state of Gujarat, facilitated by the local police.

4.6.3 Deaths from landmines and other unexploded ordnance

A less well-publicised but equally important cause of male deaths occurs post-conflict, with serious economic implications for rural women and widows, as a result of landmines and other unexploded ordnance (UXO) deposited during combat, ranging from hand grenades to cluster munitions (often referred to as cluster bombs).

The most serious type of UXO is the anti-personnel landmine (Black 2005: 212).³⁴ After landmines, the most insidious UXO is the mortar shell. Mortars are called ‘poor man’s artiller’ because they are compact and relatively cheap; mortar shells are typically fired in large numbers. They can be found in regular use in armies across developing countries. The main casualties from landmines and UXO are the rural population, typically farmers who disturb landmines and other UXO in the course of everyday work, often resulting in death.

The key characteristic of the UXO issue is its longevity, because clearance is slow and expensive, and because they typically remain active for many decades. For example, six hundred tons of UXO continues to be discovered and cleared every year from World War Two. Since World War Two, landmine technology has evolved so that many now include anti-tamper devices that cause them to explode if moved after they have been laid in the ground, so modern landmines must be destroyed where they lie. In addition, plastic or ‘minimum metal’ landmines have been developed

34 Anti-personnel landmines have been banned by the international treaty of the Ottawa Convention, 1997, which China, Russia and the USA have not signed. Part of the \$250 million the USA (Klare, 1997: 62) spent on arms for Angola, together with undisclosed sums by South Africa, Spain, North Korea, Brazil, Cuba, the Soviet Union and black market sources is responsible for the problem. See also Rubin (2007: 10).

to thwart traditional metal detectors, resulting in the use of sniffer animals, particularly rats and dogs. All this has made traditional dig-and-remove clearance impossible and contemporary landmine removal is thus very slow and expensive.

There are 33 countries, 'where landmines constitute a major problem for the civilian population; the situation in five of those countries – Afghanistan, Angola, Cambodia, Iraq and Laos – must be categorised as an emergency on the basis of the scale of existing [post-war] casualties.' Landmines deliverable from aircraft were deployed during the Soviet-Afghan war, enabling a large increase in the numbers of landmines used. It is estimated that there are currently around 100 million landmines in the ground around the world.

In 2006 in South Lebanon, during the Israel-Hezbollah summer war, Israeli forces used cluster shells delivered by mobile heavy artillery guns on Hezbollah positions, carpeting these areas. Cluster munitions are large shells designed solely for killing people, not destruction of property; they contain a large number of small anti-personnel bombs inside. A British cluster rocket, for example, carries six-hundred 'bomblets', which are released from the cluster munition shell above ground in order to carpet a broad area. They have a high failure rate: many fail to detonate when first fired, only doing so later when disturbed. The combination of this high failure rate, small size (roughly the size of a large Coke can) and ability to cover a large area of ground, has caused them to be likened to landmines. Hezbollah also fired anti-armoured vehicle cluster munitions into Israel using Chinese-made Type 81 rocket launchers during the 2006 war.

This was only the latest episode in Lebanon's UXO problem, as the case of a Lebanese widow's battle with landmines makes clear. The UK-based Mines Advisory Group (MAG) – a leading UXO clearance NGO – documented the story of a Lebanese widow, now aged 60, who was hit by gunfire in a battle in her village during the civil war in 1977. In the same incident, her husband was killed outright. Her farmland was laced with UXO. She had nine children, the war pension was too little for the family to live on, so she started a small shop, which was looted several times during the fighting. In the early 1990s, using a knife, she started clearing her farmland of landmines. By 1997, she reached the limits of her property, but it was only finally made safe after MAG started work in 2007. (Story of Mrs. Em Saoud Mashmoushi, Bsaba village, Chouf Mountains, Lebanon) (Mines Advisory Group 2009).

The 2014 Gaza war and the ongoing civil wars in Syria, Iraq, Libya and Yemen will only increase the amount of UXO and Improvised Explosive Devices (IEDs) with a parallel rise in deaths.

4.6.4 Scale of conflict deaths

What is the scale and relevance of conflict as a cause of widowhood? Up to 1960, simultaneous conflicts globally averaged around 25. After this date we have seen a steady increase in conflicts, peaking at more than 50 in 1992, and falling to just below 30 in 2003 (Black 2005: 210, Fig. 13.1). In relation to the number of war widows, whereas it is possible to count the number of widows in censuses and surveys, data on the causes of widowhood is either not collected or, if collected, not made available.

Data on conflict deaths and injuries, including sex crimes, is extremely problematic. Data on rapes would be extremely valuable for estimating the scope and scale of health interventions, given the prevalence of HIV/AIDS in many conflict countries and the fact that many victims are women widowed as a result of the fighting. Conflict death and injury statistics are almost always very loose estimates in many developing countries, given the lack of wartime record-keeping systems.

Employing professional demographers, as by IRC in the Congo example cited above, rarely happens. With respect to gender, 'there are relatively little sex-disaggregated data on the impacts of armed conflict; and indeed the difficulty of collecting data in any conflict zone means that there is usually little dependable data at all' (*ibid.*, 211). Therefore, at the present time, there appears to be little or no data on the number of war widows with sexually transmitted diseases contracted as a result of military and random criminal actions.

Estimates for 2000 produced by Murray et al (2002) show significant excess male deaths, particularly in the 15-44 age range. This indicates the clear likelihood of a sizeable number of widows, since the high male death rate in is the prime male reproductive age group. One estimate suggests that the proportion of widows in conflict societies may be as high as 30 percent of a country's total adult population (*ibid.*, 213, Fig. 13.2, and Sorensen 1998).

There is no up-to-date global figure for the actual number of war widows, but some better-documented country-level examples stand out. These are Afghanistan with up to two million, Iraq 740,000 to eight million, and Rwanda 370,000 (Ministère des Finances et de la Planification Économique 2005).

5 Consequences: developing countries

The negative effects of becoming a widow have far reaching consequences for societies at large. These range from the mass poverty of pension-age women, to severe destitution, as well as outcomes not dissimilar to more serious types of war crimes in some developing countries. Ultimately, each of the consequences represents a deprivation that requires urgent action, because if left unaddressed, the negative ethical and economic costs, which are interlinked, will be felt with increasing intensity by societies around the world. This presents barriers to the prospects for achieving the Millennium Development Goals (MDGs), due to the cross-cutting impact of widows' deprivation on themes such as gender equality and the link between the deprivation of widows and girls.

The basic themes examined are the consequences for widows of:

1. moving into poverty and the intensification of existing poverty,
2. health risks and outcomes,
3. threats and outcomes for their children,
4. social marginalisation,
5. the impact of social norms.

These themes run throughout the consequences of widowhood in all parts of the world. The main substantive distinction between developing and developed countries is that the impact of social norms on deprivation is far less direct in developed countries.

5.1 Loss of income, disinheritance, government neglect, social exclusion

Four factors determine the consequences of the loss of a husband or partner for women:

1. loss of the husbands' (or partners') income from paid employment,
2. the availability of adequately paid employment opportunities for women together with childcare,
3. rules regarding the inheritance of property (both formal and informal) – particularly land for rural women in developing countries, where the impact of a lack of sons is significant,
4. the existence or lack of state welfare provision (especially healthcare, childcare and education), currently referred to in the research on developing countries as social protection.³⁵

The consequence of loss of income on the husband's death is straightforward, in that the income he once earned is no longer available for the surviving wife or partner and any dependent children.

³⁵ On the economic impact of sons – existence and lack of – on widows, see Cain (1986;1988) on Bangladesh and India; Croll (2000) ch. 2 and 3 on China, South Korea, Taiwan, Vietnam, Bangladesh, India and Pakistan; see for example Barrientos et al (2008) for a comprehensive overview of social protection, while in developed countries it continues to be referred to as welfare regimes or welfare state policy, see for example, Alcock et al (2009) for rare coverage of a large range of countries, including Russia.

A programme for widows started in 1999 by the World Bank and Indonesian government stated that ‘the link between widows and poverty is well-known. Loss of an adult male is economically devastating to already poor families’ (World Bank 2005).

How severe the impact of this material change in circumstances is depends on the other three factors mentioned. The evidence from around the world suggests that in too many cases, all three of these factors present themselves simultaneously in the least advantageous ways, compounding one another and ensuring widows and their children move into extreme poverty. Jody Heymann’s international study (Heymann 2006) on families in poverty demonstrated the wide international incidence of income-induced poverty for women and their dependents when families go from two incomes to one, or as is often the case, from a better paid male income to a very badly paid female income when women lose their partners or husbands.

The big-picture view of the prevalence and severity of loss of income for widows as a group, from premature male death, is provided by a rare multi-country poverty study by the World Bank (Narayan 2000: 253-254). This study on causes and processes of poverty asked individual men and women around the world about the triggers of downward mobility into poverty. Data in the study are ordered in the broad geographic groupings of Africa, Asia, Eastern Europe and Central Asia, and Latin America and the Caribbean.

In all regions combined, 43 percent of women cited ‘illness, injury, or death’ (World Bank’s wording) as the primary cause for moving into poverty, compared with only 23 percent of men. Combining men and women together, overall, ‘illness, injury, or death’ was the most common out of the 17 poverty triggers the study recorded. Nearly 35 percent of men and 20 percent of women reported the reason for falling into poverty as ‘loss of employment or fewer opportunities’, which includes, ‘a decline in temporary and seasonal wages.’ Section 5.1.1 examines the impact of losing the husband’s or partner’s income in more detail.

5.1.1 Loss of income, low wages and lack of a welfare state

In many country contexts, women, and in particular widows, are either not permitted to take up paid employment at all, or find it difficult to obtain, and/or are unable to find dignified types of work (Shukri 1996: 59-63, Sangtin Writers and Nagar 2006: 72-77, Jeffery and Jeffery 1993 and 1996). Even where they do, they are paid less than men, sometimes significantly so. Income inequality between men and women can further aggravate a situation where men’s wages in manufacturing and agriculture are already low and typically insufficient to maintain families without state welfare support. In addition, childcare is required if women are to take up full-time work due to the loss of a spouse or partner. This brings additional costs and daily logistical considerations. The international significance of the childcare issue was highlighted in a recent international study by Jody Heymann (2006) and shown to be a significant problem across all regions, especially for women in low-paid employment.

The problem and risks of inadequately paid work and lack of childcare are starkly illustrated in the 2008 testimony of a young Bangladeshi widow. Salma (name changed), a garment factory worker in Dhaka in her mid-20s, whose husband was killed in a factory fire, gave the following account during a awareness raising campaign on the exploitative working conditions of workers producing clothes for the OECD market:

‘Working hours per day are from 8 am to 10 pm, with only a 15-minute break. Work pressure is high: there

is not time to go to the toilets, which are very dirty and too few in number, there is no safe water to drink, some have caught typhoid from it. We are often not paid on time, and overtime is sometimes not paid at all even when it is due. I earn £25 a month, £40 if I am in luck through overtime.

Workers do not get the legal entitlement to maternity leave. Factories sometimes have very bright lights or not enough light. The air in the factories becomes extremely hot because of the outside temperature and the lack of windows, most of which are very small, and again, there is nothing to drink. Chemicals on the fabrics are not handled with protective clothing. [Air-borne particulate matter from the cloth poses a significant respiratory hazard if not controlled.] The buyers require two things of factory owners for the workers, a canteen and a children's day-care facility. But in my factory, we are not permitted to use them, and are told that we should tell anyone who asks where the children are, that we have no children, so we don't need the children's facility.'

A trade unionist representing Salma said the wages widows earn do not support a family, resulting in them living in slums located far from the factories in the case of Dhaka. And when the factory workers, 85 percent of whom are women, agitated not for a living wage, but for equal pay with men, some local Mullahs (Islamic clerics) condemned equal pay with men, saying if obtained, the women would, 'burn in hell'.

On top of this, buses are not affordable on a daily basis, so they have to walk (a two hour commute one way), which, with a late evening finish, means women are said to be at risk of sexual assault. Because of the working conditions, workers spend no more than six to ten years in the industry.

Salma was able, through the trade union that fought her case, to obtain compensation for the death of her husband. Because she is widowed, and the factory does not allow the childcare facility to be used, Salma's son, her only child, lives with her parents in the countryside. Salma is only able to see her son twice a year, usually during Eid. The western company that outsources the production of its clothes to her Bangladeshi company contractually requires it to provide childcare for employees with young children (interview with R.F. Harma, 2008).

Without her husband, this widow is locked into this highly demanding poverty trap, with heightened risks and accumulating negative impact on her health. Without remarrying, and with only one young child as a possible source of future support, she already faces a heightened risk of deeper deprivation and outright destitution. There are three million Bangladeshi garment workers, most of them women.

Even widows whose husbands have left them money are not immune to the problems faced by the group in which they unwittingly find themselves. Kidan Felomon, an Eritrean widow, thought she might be one of the lucky ones, until reality proved otherwise:

I am a 47-year-old widow and I live in Asmara, the capital of Eritrea. I have nine children. The oldest is 20 and youngest is seven. My husband died of AIDS in 1999. He was a well-to-do merchant who travelled between Eritrea and Ethiopia. He did not tell me that he was infected with AIDS. Three years before his death I asked the doctor who was looking after him to tell me the cause of his sickness and he told me that my husband was suffering from liver cancer. But later, one of the nurses who were coming to my house weekly told me that my husband was infected with the virus. When I found out that I was HIV-positive too, I felt like killing my children and myself. The illness of my husband totally impoverished our family. I sold all our furniture and jewellery to support my family and pay for my husband's medical expenses. I had 70 to 80 grams of gold, which my husband had bought for me, but I had to sell that too. There were times when I

could not give food to my children. Once, my children went without food for a whole day. In the evening I gave the last plate of pasta to my husband and did not know what to give to the children...'
(Izumi 2006: 14)

In Cambodia, widows do not suffer from the levels of gender discrimination seen in Sub-Saharan Africa, South Asia and the Middle East, due to the reciprocal nature of kinship practices between husbands' and wives' parents' families. This means married daughters are able to assist their widowed mothers on the mother's agricultural plot, an unlikely scenario in northern India, where married women are deliberately isolated from their parents (Lee 2004: 4-6).

However, Cambodia still provides a prime example of large-scale widows' deprivation, due to the country suffering from widespread and deep poverty induced by economic underdevelopment, and due to international and internal military conflict, including a heavy incidence of landmines and UXO. A significant section of the country was carpet bombed with high explosive and air deliverable landmines during the Vietnam war and today remains unsuitable for livelihood exploitation. Cambodia is one of the 49 countries designated by the UN as 'least developed' (LDC status) (United Nations Conference on Aid and Development 2008). Around 80 percent of the population is rural. Rural widows are reportedly unable to support their children through agriculture, requiring a diversified livelihoods strategy. However, unlike the post-conflict situation in Afghanistan, widows have been able to move into male work roles in the face of the shortage of men caused by the Khmer Rouge genocide (Lee 2004: 4-6).

Table 5.1 Maternal mortality: Deaths in childbirth per 100,000 live births, 2000

Indicator for quality and/or existence of Government social protection (welfare state).

1,000+	700-999	400-699	100-399	10-99	Under 10
Afghanistan	Benin	Bhutan	Algeria	Argentina	Austria
Angola	Cameroon	Bolivia	Bangladesh	Armenia	Australia
Burkina Faso	Congo DR	Cambodia	Belize	Azerbaijan	Canada
Burundi	Djibouti	Comoros	Botswana	Bahamas	Croatia
Burkina Faso	Equatorial Guinea	Congo Rep.	Brazil	Bahrain	Czech Rep.
Central African Republic	Ethiopia	Cote d'Ivoire	Cape Verde	Barbados	Denmark
Chad	Guinea	Eritrea	Colombia	Belgium	Finland
Guinea Bissau	Liberia	Ethiopia	Dominican Republic	Belarus	Germany
Kenya	Nepal	Gambia	Ecuador	Brunei	Greece
Malawi	Nigeria	Ghana	El Salvador	Bulgaria	Iceland
Mali	Uganda	Haiti	Guatemala	Chile	Ireland
Mauritania	Zambia	India	Guyana	China	Italy
Mozambique		Lesotho	Honduras	Costa Rica	Kuwait
Niger		Lao	Indonesia	Cuba	Malta
Rwanda		Madagascar	Iraq	Cyprus	New Zealand

Tanzania		Pakistan	Kazakhstan	Egypt	Portugal
Sierra Leone		Peru	Kyrgyzstan	Fiji	Slovakia
Somalia		Senegal	Lebanon	France	Spain
Zimbabwe		Sudan	Maldives	Georgia	Sweden
Somalia		Timor Leste	Mongolia	Hungary	Switzerland
Zimbabwe		Togo	Morocco	Iran	
		Yemen	Myanmar	Israel	
			Namibia	Jamaica	
			Nicaragua	Japan	
			Palestine	Jordan	
			Panama	Latvia	
			Papua New Guinea	Libya	
			Paraguay	Lithuania	
			Philippines	Luxembourg	
			Qatar	Macedonia	
			Samoa	Malaysia	
			Solomon Islands	Maldives	
			South Africa	Mauritius	
			Suriname	Mexico	
			Tajikistan	Moldova	
			Trinidad and Tobago	Montenegro	
			Tunisia	Netherlands	
			Vanuatu	North Korea	
			Vietnam	Norway	
				Oman	
				Poland	
				Romania	
				Russia	
				Saudi Arabia	
				Serbia	
				Singapore	
				Slovenia	
				South Korea	
				Sri Lanka	
				Thailand	
				Turkey	

				Turkmenistan	
				Uruguay	
				UAE	
				UK	

Source: State of the World's Children 2007, UNICEF. The data in the table is for the maternal mortality ratio defined as 'the number of deaths of women from pregnancy-related causes per 100,000 live births during the same time period.' Definition as worded in the 'Women' data table in the State of the World's Children annual reports by UNICEF. Individual country data is available online in the UNICEF report. Maternal mortality shows the largest discrepancy between developed and developing countries of all health indicators monitored by the World Health Organization.

Clearly effective social protection or state welfare provision, including free healthcare (free at least with regard to non-elective medical treatment), income support, childcare, and free children's education would make a significant positive difference for widows. The minimum requirement of these is income support (including pensions for older people), while a truly effective regime would include at least free healthcare and childcare as part of this minimum. As a proxy for the effectiveness and existence of state welfare provision, Table 5.1 looks at data on deaths of mothers in childbirth for nearly all countries. Maternal mortality is a very effective indicator of the quality and coverage of healthcare systems because of the multi-faceted nature and complexity of maternal healthcare, covering pre-pregnancy, antenatal, childbirth and post-childbirth stages of medical care required to ensure women stay healthy, with a particular emphasis on logistics. In Table 5.1 countries with poorly functioning or non-existent welfare state are at far left, and those with very effective and 'gold standard' ones are at far right. Afghanistan versus Austria sums up the measurement scale. A gradation of groupings lies in between.

Table 5.1 measures the coverage and effectiveness of state welfare provision globally using maternal mortality as an indicator. Countries with the highest maternal mortality, such as those in Sub-Saharan Africa, or Afghanistan, are known to have very low quality or non-existent state welfare provision. Child mortality follows a similar pattern, and can be seen in the table in the appendix to this section. Similarly, as shown in the section on war widows, women who are effectively widowed by conflict, but who cannot prove their husbands' deaths, are denied government income support, resulting often in severe poverty that threatens health and life expectancy. The opposite outcome is clearly demonstrated by those East Asian countries with state welfare provision in the core areas of health, education and income support for vulnerable groups (Haggard and Kaufman 2008, Gauld 2005).

The following example highlights the importance of state welfare provision where husbands have died of HIV/AIDS. It demonstrates the start of a downward spiral for the surviving family. The story of Lorato, a young widow in Botswana, illustrates clearly what happens when employment and family support fails and the welfare state does not exist. Lorato is the mother of three children: one year old Unity, three year old Masilo, and seven year old Ontibile. She had been maintaining her children on a small income provided by her partner, Baruti, which amounted to 600 pula (\$129 US). However, Baruti died of HIV/AIDS, resulting in an immediate crisis for Lorato and the children. She not only faced a dramatic drop in income, she now had to find childcare if she was to work enough to support her children. She was forced to choose work that allowed her to take the youngest child with her, and left the two older children alone at home. However, further complications arose when the youngest child became ill. Caring for the ill child prevented

her from working, which meant she did not get paid. She recounts:

‘With the money, I always made sure I paid the rent first. If we didn’t have accommodation, it would be extra difficult. We make sure we pay the rent and with the money that is left we buy food and try to live off piece jobs. I used to get my money from piece jobs and buy some used clothing for my baby – shawls, vest, socks. There was another lady we knew who worked at the clinic. Because other children were getting food from the government and were picking it up at the clinic, we usually asked her to give us some cooking oil. She’d take some for us if she could manage it. Sometimes it was paleche [corn porridge], beans, or milk. She would help us in that way.

‘After Baruti passed away, I think my children noticed a change in my care. My ability to provide food for them and other needs had changed. [Before he died], there were times when there was a favourite meal – meat with beans. Very soon, it wasn’t there, and they started asking for it. I’d just tell them, ‘Look, I have only porridge today, so you’ll just have to eat it.

‘I was lucky I got a job as a maid, so I had to get someone to look after the children while I was out at work. But I came back after a very long time, and my baby had the same diaper on as when I left. Even now, my child is being treated for her diaper rash. The baby still has it.

‘[The care provider] had taken her [own] baby and left my children hungry and with no one to take care of them. When I came home, my youngest son had eaten a chongololo [a type of centipede]. They have many, many legs. He swallowed one and its legs were all over his throat. The legs had to be taken out at the hospital.

‘My baby started to get sick in the beginning of December. Although I was breast-feeding her and she ate and fed well, she started vomiting after eating. I watched her, thinking she would be okay, giving her porridge often during the day so that she would still have her strength. I gave her some water and she got better. On the 16th, I decided to bring her to the hospital because she had started to have diaorrhea by now. She was admitted that same day in the hospital, and on December 25th she was getting better. On the 29th, it started again. That’s when she didn’t want to eat anything – she didn’t take any food. Only recently, one of the doctors here asked me if people ever visited me who were my guardians and who were close to me. I started getting worried. What if something serious were to happen? What if I’d have the world’s worst problems?

‘I really can’t afford anything because I’m not working and there really isn’t anyone who is helping me with anything. None of my relations have come to visit me except my sister. . . . When we were first here at the hospital, she gave me 50 pula from her money (her boyfriend) had given her. In that sense, that’s all I can live on. Sometimes the people who are in the hospital as well send me to go to a tuck shop (a small informal stand or stall close to a roadside which sells basic provision) and then on the way I meet somebody I know. They’ll say to me, “Here’s 5 pula, go and buy yourself a drink.” I don’t use that money for drinks; I make sure that I buy soap.’

(Heymann 2006)

Jody Heymann, the author of the international study that featured Lorato’s case, documents similar conditions for widows and their children in Honduras and Vietnam. She emphasises the need for adequate state-funded childcare, among other free-at-the-point-of-use social provision such as healthcare, if low-income single parent (e.g. widows’) families are to survive.³⁶

Other researchers have noted the simultaneous confluence of loss of income, lack of employment, lack of a welfare state and loss of inheritance. The following is an observation by Chen and

³⁶ There is a economic cost to the economy in not providing such investment in human capital. Parents must be enabled to impart and imbue children with the required levels of skills to be economically productive. Heymann found the lack of government childcare provision to be a problem in both developed and developing countries.

Drèze, widely known internationally for their research on widows deprivation, in their research on India:

‘The north Indian widow tends to be a highly marginalised person. She typically receives very little support from persons other than her own children, and even when she lives with one or several of her adult sons she remains highly vulnerable to neglect. Further, her ability to engage in income-earning activities of her own is severely restricted, partly due to various patriarchal norms such as patrilineal inheritance and the division of labour by gender [i.e. limited options for women to have paid employment]. The consequences of this social and economic marginalisation are manifest (...) in poor health and high mortality levels.’
(Madan 2002: 417-444, citing Chen and Drèze 1995)

In India, the widely held view that older widows are adequately cared for by their children is only partly true, based on the evidence of older widows living on their own or evicted and abandoned. This is of great concern, given the sheer number of widows in India and that 41.6 percent of widows are living in extreme poverty. The 2001 Census of India recorded 34.3 million widows, which the present Report estimates will have reached at least 42 million by 2010 (Government of India 2008: 5).³⁷ A medical NGO working in a rural area of the Indian state of Haryana identified widows with dependent children as the group least likely to be able to afford healthcare, the widowed mothers being able to secure only one meal a day. In another example, an aid worker from the NGO Action Aid’s Bangalore office visiting a rural area in the state of Karnataka, found a family who had placed their elderly widowed mother in a type of cage. This was done because the old woman, while left alone in the house, had a habit of breaking things due to her frail condition. While the first response to a case like this can be to view this as a barbaric act, it should also be considered that there is no state welfare provision for home help for a family in this position (R.F. Harma interview with Action Aid Bangalore, December 2009).

The town of Vrindavan, in the state of Uttar Pradesh, northern India, serves as a barometer of the widows issue in South Asia. Research indicates it has a population of 16,000 widows who have been abandoned there or sought refuge in the community. Some have been there since becoming child widows. The situation in Vrindavan was captured in the documentary *The Forgotten Women* (Mehta 2008) and the photographer Fazal Sheikh has produced a photo essay with testimonies. Vrindavan also featured in an article on Indian widows in *The Economist* (2007).

In all instances of widow poverty documented in this Report, the outcomes of becoming widows would have been significantly improved had state welfare provision existed and operated in an effective manner. However, where welfare states exist, they must be properly managed or they can cease to have the required effect. An example of poor management in this respect is the Philippines between 1969 and 1988, where the government paid for access to private sector healthcare provision. However, no effective cost management was applied, allowing providers to increase prices to the point where the government was no longer able to provide effective healthcare and low-income recipients suffered. By 1988, the state covered only 30 percent of ‘average hospital costs.’ In India, the complete collapse of the public healthcare system in many parts of the country ‘for reasons

³⁷ Two estimate procedures both produce at least 42 million widows for the year 2010: applying the average growth rate in the numbers of widows based on the 1991 and 2001 Indian Census figures; or applying the proportion of widows in the 2001 female population to that in 2010. Population data from United Nations Population Division 2008. Note that for India, a figure of 44 million widows has been erroneously cited as Census data by several sources. This figure is for widowed men and women, not women only.

other than under-funding' has been noted in government research (Government of India 2005, Jeffery, Jeffery and Lion 1988, Haggard and Kaufman 2008: 121).

The effects of inadequate welfare state provision is given by this example from Egypt:

'My son ran away from home and left me. He blames me for remarrying at my age. But tell me, what should I have done? I tried for two years to survive on my own after my husband died. I tried to work but could not find a part-time job, and I have no skills but to clean other people's houses. I went to MOSA [the Egyptian Ministry of Social Affairs] and they gave me 34 [Egyptian] pounds a month. But I need more than 200 pounds to barely survive and to pay for the children's school. I was unable to work. I really tried.' (Sitobom, 32, widow who remarried)

(Bibars 2001: 2)

5.1.2 Disinheritance and 'grabbing'

Loss of the husband's income driving widows and their children into extreme poverty is often compounded by disinheritance in developing countries (Tinker 1999: 9-11). This consists of the widow being dispossessed by her late husband's family. While there are no statistics on disinheritance, a careful reading of the evidence indicates it is a widespread problem that affects several regions, notably South America (Deere and León 2001), Central America (Hamilton 2002), across Asia (Agarwal 1994 and 2007, Rao 2008, Krishnaraj 2007, Chowdhry 2009, Chaudhry 2001, Anh 1999, Gaetano and Jacka 2004), Sub-Saharan Africa (Asimwe 2002) and the Middle East (Moors 1996). At its worst, it can involve not only property, but also the confiscation of children. Inheritance rights of women as widows are thus a major concern for the well-being of widows and their dependent children, and has been officially recognised by the UN agencies IFAD – the International Fund for Agricultural Development – and FAO – the Food and Agriculture Organization (IFAD 1998a and b, 2000 and 2009).

Disinheritance takes several forms, differing in combination across developing countries. It can include:

- losing control of the family land, housing, ordinary household property and farm assets of all kinds;
- outright eviction and complete loss of all property resulting in abandonment of the widow and her children (i.e. expulsion from the extended family);
- eviction with complete property loss together with confiscation of the children by the husband's family.

Why does disinheritance happen? The causes include

1. gender inequality that penalises women, based either on culture ("Good women do not inherit land" (Rao 2008) or, if they can, they must choose between freedom to re-marry by choice and losing their children to in-laws), or on practical considerations (difficulty in obtaining agricultural inputs),
2. economic pressures in rural areas e.g. decreasing farm size in areas of increasing population density,
3. formal or customary inheritance laws that do not allow widows to inherit their husbands' property.

Most women in developing countries (except Latin America) are rural, supporting their families through subsistence agriculture. However, the land they work is typically owned and/or controlled by their husbands. Many newly-widowed women are instantly disinherited illegally and legally and therefore lose this source of non-cash income as well as the husband's cash income. They become homeless, with their children or on their own. The risks to these women's well-being include acute malnutrition, rape, prostitution, debilitating and fatal diseases, and exposure to adverse weather conditions (Tipple and Speak 2009: 135). If their children go with them, they face the same hazards, together with loss of education and the risk of child labour.

The Property Rights Alliance, an NGO based in Washington, D.C., produces an annual monitoring report on property rights around the world, known as the International Property Rights Index (IPRI). This includes a version that takes into account gender equality, and the relative lack thereof, in property rights between men and women. One of the gender variables in the index is inheritance. Out of ninety countries for which the index has data, representing nearly half of countries in the world, the 2009 IPRI report found that the most gender equal country in property rights was Finland, and the least gender equal was Chad. The top ten countries include all of Scandinavia, together with the Netherlands, Germany, New Zealand, Australia, Switzerland and Austria. The bottom eleven, from position 80 downwards, were Nepal, Pakistan, Cameroon, Zambia, Albania, Ethiopia, Nigeria, Angola, Zimbabwe, Bangladesh and Chad. The report also notes that:

'Women's equal rights to the free possession, enjoyment and disposal of property are a universal human right recognised by international human rights treaties including the Universal Declaration of Human Rights. In fact, the recognition of 'the same rights for both spouses in respect of the ownership, acquisition, management, administration, enjoyment and disposition of property, whether free of charge or for a valuable consideration [and] to have access to agricultural credit and loans, marketing facilities, appropriate technology and equal treatment in land and agrarian reform as well as in land resettlement schemes' are universally considered as part of elimination of all forms of discrimination against women.'

(Property Rights Alliance 2009)

Disinheritance can apply in a loose and a strict sense. In the loose sense, in parts of Sub-Saharan Africa, women may not have the civil legal or customary right to inherit their husbands' land, but instead have the right to reside in the house where they lived with their husbands and have use rights to the land. Disinheritance in this case involves being evicted from the house and not continuing as a part of the husband's wider family. The strict sense of disinheritance operates in the standard legal meaning of being entitled to inherit by law, but being prevented by any of a number of illegal blockages, typically applied by other male family members of the deceased husband. The end result is that male family members acquire the land and property of the widow. As well as Sub-Saharan Africa, this is a common occurrence in South Asia, and to some extent in Latin America, notwithstanding the latter's generally more favourable legal inheritance provisions for widows (Deere and Léon 2001).

In the case of South Asia, with specific reference to northern states of India where most of the population lives and where widows deprivation is particularly intense, the following picture emerges. Writing in 1994, the researcher Bina Agarwal observed that 'in practice....the fragmentary available evidence suggests that many [widows] who are eligible to inherit do not, and those that do inherit do so mostly on severely restricted terms... In most cases women do not inherit the absolute estate they are entitled to under contemporary Law' (Agarwal 1994, see also Phadke

2008).³⁸ More recent evidence for north east India published by Sindhu Phadke in 2008 finds that widows, whether Hindu or Muslim, are unable to inherit across most of the states in this region of the country in spite of laws specifying their entitlement. Indigenous ethnic groups in the north east typically follow strong patriarchal norms, resulting in widows not inheriting property. There are exceptions, such as among the Tripuri and Jamatia indigenous groups in Tripura state, and also in some other states, where some small inheritance concessions exist in social norms, but they are in the minority (Phadke 2008: 171). It should be borne in mind when drawing conclusions that we have not listed every exception in the present Report. Evidence published in 2009 for most of the rest of northern India (central and west) confirms that inheritance discrimination against widows is the general norm there:

‘...in the tenurial laws of northern India, namely, [the states of] Haryana, Himanchal Pradesh, Punjab and Uttar Pradesh (as also in Delhi and Jammu and Kashmir), the specified rules of devolution of land show a strong preference for agnatic succession, with priority being given to agnatic males. In all these states the tenancy devolves in the first instance on the male line of descent. The widow inherits only in the absence of these male heirs... She also loses her land if she remarries or fails to cultivate it for a specified period, usually a year or two.’

(Chowdhry 2009: xxii, Parwez 2009, Devi and Arora 2009, Karna 2009, Hans, Mishra and Patel 2009, Brown and Chowdhury 2009, Jha 2009, Sethi 2009a, b, c and Arora and Singhi 2009)

In the northern Indian state of Jharkhand, near the states of Bihar and Uttar Pradesh, an example from the Santal indigenous ethnic group illustrates the significance of the absence of male heirs, a widow’s young age and place of residence:

‘Married at the age of 20, widowed at 32, Jharna has two daughters aged ten and six years. After her husband’s death, she moved to her parents’ home in a nearby village. She earned wages through labour [to pay a man to plough her land] in order to cultivate her husband’s land, one acre in all. When she returned to Bagdiba to cultivate, however, she found that this land had been ploughed over by her husband’s brother and father. On being questioned, they denied her claims on grounds that she had only daughters, while her husband’s brother had a son. The community leaders held a meeting and decided in her favour. She started cultivating the land... Though she is prepared to pay the full wage for ploughing her land, they [her father and brother in law] ask other men in the tola [hamlet, small village] not to plough for her.’

(Rao 2008: 216)

Few countries in Sub-Saharan Africa ‘...have legislation in place designed to assure women’s access to land and property.’ As of 2006, Sweetman (2006) lists those that do as Burkina Faso, Eritrea, Malawi, Mozambique, Niger, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zimbabwe (Sweetman 2006: 2; for Eritrea see Tekle 1998: 2; for Nigeria see Immigration and Refugee Board of Canada 2000). East Asian countries, particularly those with communist roots in the second half of the twentieth century, appear to have the most egalitarian legal systems of inheritance for widows, even though, as in many parts of the world, practice does not mirror the legal position.

Inheritance practices in Islamic societies are on paper more clear-cut, with Islamic inheritance rules applying, in principle, across international borders. These allocate a specific percentage of

38 The Hindu Succession Act allows for widows’ inheritance of their husbands’ property.

the husband's estate – 12.5 percent of the husbands' 'property and assets accumulated during the marriage' (Sonbol 2003: 159), and 25 percent if there are no children – to the widow. A clear quantitative standard is underpinned by religious authority, although in most cases, where widows come from low income backgrounds, the specified share will not be adequate to support livelihood.

However, Islamic inheritance rules and the assumed respect for the Qur'an do not always hold in practice: 'one must always keep in mind the difference between law and custom when dealing with women in Islam, for often Islam grants them rights which social custom strips away' (Amawi 2003: 157). Although internationally, there are local divergences from this rule of thumb, under customary law in Berber parts of Morocco and western Algeria, among Kurdish tribes in Turkey and among most tribes throughout the Middle East for most tribes, women have no inheritance rights at all. Muslim widows in the north east Indian state of Assam do not inherit (Phadke 2008: 155). In Bangladesh it has been said that, '...in the absence of a mature son, survivors [widows] are at substantial risk of economic decline during the transitional period [after the husbands' death], because of the insecurity of property rights and the appalling vulnerability of women in this society' (Cain 1988: 20, Owen 1996: 51). Examples from the Nablus area of the West Bank in Palestine follow the same pattern: widows can be disinherited if they are young, have small children (especially girls), and are not on good terms with in-laws. Often property, such as land, is distributed to other male in-laws in order to avoid it going to the widow (see section 5.3.4). The situation in Afghanistan is still many times worse for widows (see section 4.6). In Pakistan, research carried out in 2001 for a report on women and poverty focusing on parts of Sindh and Punjab provinces found that 'very few widows, especially those with small or not male children, are allowed access to their deceased husband's land or income. Whereas some women from landed backgrounds are at least taken care of by their relatives, many women, especially those with little backing from parents or siblings, are left to their own devices'. Numerous other examples of individual widows' loss of husbands' land were recorded in this research on Pakistan (Chaudhry 2010: 61-62, 90-91, 103-104). A 2009 survey on the reality of women's inheritance rights in southern Punjab in Pakistan found that respondents most often cited a widespread social norm against women's inheritance as the reason for women in general – not solely widows – not inheriting (Awaz Foundation Pakistan 2010: 12).

In Iran, the situation is generally no better:

'...historically, Iranian women have experienced a sharp diminution of economic and social authority after their husbands' death. Inheritance laws give a widow a very small proportion of her husbands' wealth (one-quarter of moveable assets if they have no children and one-eighth if they do). The rest goes to the children, the parents, and the siblings of the deceased. In most cases, her son becomes the main provider for the widow.'

(Afary 2009: 303)

There are some examples – as with the Muslim matriarchal communities in Sumatra and Java in Indonesia – where customary inheritance practice works in favour of women (in contrast to a section of southern Sumatra, see material on East Asia below). It has been noted elsewhere in research that there is no uniformity in Islamic practice with respect to widows (Ruthven 2000: 158; Yalcin-Heckmann 1995: 220; Bremmer and Van den Bosch 1995, ch. 10).

Unpredictable outcomes can occur in Islamic societies, as shown in Lebanon in 2001:

‘a new law passed without discussion by the Lebanese cabinet has deprived Palestinians of any future house ownership in Lebanon and – in a clause that has astonished and appalled those who already own their own homes – has forbidden Palestinian men from passing on their property to their wives or next of kin when they die. Grieving Palestinian widows in Lebanon can now look forward to eviction from their family homes, which must, by law, be sold to Lebanese.’

(Fisk 2001)

In Palestine itself, it is crucial for widowed women to be on good terms with their late husbands’ relatives in order to inherit. Disinheritance often happens before the husband’s death by his redistribution of property to other family members – on his death there is no property left to be inherited (Moors 1996: 79).

More generally, it appears that there are striking parallels between rural northern India and rural Sub-Saharan Africa, as shown in this description of rural Jordanian society:

‘The right to inherit land as a widow has not always been easy for a woman to assert in practice. A widowed woman cannot alienate the land – in effect she merely acts as custodian of it until her sons grow up. A widow who has no children is unlikely to be able to claim the property in practice, exercising only the right to maintenance for herself from her husband’s family which custom has always permitted. If she has small children it may still be difficult for her to assert her right to take over the land on their behalf unless her own kinsmen are prepared to help her put up a fight. Otherwise her husband’s kinsmen are likely to put every obstacle in the way of her registering the land in her own name.’

(Shukri 1996:67)

Conversely, while the lack of economic growth is one of the key reasons Sub-Saharan African widows face disinheritance – with families viewing the death of a relative as the only opportunity for economic gain in their lives – in several East Asian countries the cause of disinheritance can sometimes be rapid economic growth and economic transformation. The economic transformation now taking place is succinctly presented by Irene Tinker and Gale Summerfield, two women’s development specialists who have provided some of the limited amount of research on women’s property rights in East Asia:

‘When the communist governments were set up in Vietnam, Laos and China, nominal rights were granted to women. The peasant leaders of these socialist movements realised the importance of the connection to land and granted land use titles to women as well as men; land was and is still officially owned by the state in these Asian countries. Housing in the countryside remained private, but in the city state-owned enterprises offered employees subsidised units at less than five percent of a worker’s salary; these could be allocated either to women or men but in reality were given out through the man’s work unit. Because China began its socialist phase in 1949, most urban households were living in subsidised units until recently; in Vietnam, which set up the socialist government in the North in the mid-1950s, and throughout the country in the 1970s, less than half the households were in state units in the North, fewer in the South. Laos, as a predominately rural country, had not yet introduced subsidised housing...’

(Tinker and Summerfield, 1999: 3)

The reform process in these three economies began in China in 1976, when communes were turned into family farms and non-state businesses and self-employment were permitted. In Laos and Vietnam

it began in the 1980s, with land being returned to private control and exchange through sale (*ibid.*).

The adverse affect on widows of economic growth and transformation has been demonstrated in rural lowland Laos and rural China. In Laos, women are losing traditional matriarchal property rights to male relatives because of flawed government land reforms. This has been reported as resulting from the lower education levels of women compared to men, and from gender-divisive bureaucratic procedures (Deere and Léon 2001, ch. 8). Forms to register land require completion by the head of household, and some men use their greater literacy to deliberately disinherit their female family members. This underlines the importance of literacy and education for women's well-being (Viravong 1999: 153-161, Ireson-Doolittle 1999: 149). The other key factor is gender-insensitive government departments assuming there can only be a single household head and that this person is the husband, thus ruling out the concept of joint ownership of property in marriage (Deere and Léon 2001): '... all-male teams from the strongly male-dominated Department of Forestry register household land, including the land inherited by the wife from her parents, in the name of the 'head of household,' who is always understood to be male unless there is no adult male in the household' (Ireson-Doolittle 1999: 149). Thus, once widowed, women even stand to lose property that was already their own.

In Laos, the land titling process has been established 'in response to pressure and funding from multilateral lending agencies and bilateral Western aid donors' (*ibid.*). While these international donors have indicated the need for, and their commitment to, gender-sensitive development programmes and policies, they have not exercised the required level of oversight in programme implementation. Male bias with regard to international multilateral donor property titling programmes was also experienced in Latin America (where joint ownership in marriage does occur in several countries). Compounding international agencies' ineffectiveness in ensuring that the implications of gender discrimination are addressed, is so-called 'gender fatigue' (Jones 2007), increasingly cited by practitioners against a backdrop of deliberate blocking of pro-women policies, including those focused on widows, by many developing country governments (R.F. Harma interview with intergovernmental agency gender specialist, 2010).

Research on inheritance practices affecting Cambodian widows is scant. A 1968 source quoted by Susan Lee (2006) implies that widows had full inheritance rights to their husbands' property and typically do inherit (Lee 2006: 25, citing Ebihara 1968: 114). However, the family as an organisational unit was abolished under the Khmer Rouge regime, when the concept of inheritance was irrelevant. A 2001 reference states without elaboration that '...in Cambodia, where laws provided for the legal ownership of land, widows encountered problems gaining legal possession because of their low social status and the indifference of local authorities' (Kumar 2001: 16).

In Vietnam, the government's land reform process explicitly recognised the right of women to be joint landowners with husbands. However, women's lack of awareness of the benefits of joint ownership caused some to miss out on joint ownership and thus a potentially improved situation once widowed (Tinker 1999: 19). As in Laos, the general bias (on the part of government and husbands) towards the idea that the head of household must be male, has resulted in 80 percent of Vietnamese rural households being male-headed in the latter 1990s. Vietnam used the same ownership-head of household criterion in its land-titling process as Laos (Anh 1999: 109).

In rural China, while the Chinese constitution guarantees the right of women to inherit property, 'such provisions are seldom enforced'. Specifically, 'according to the traditional clan and viri-local residence customs, women have no right of inheritance' (Weisha 1999: 136). Referring to the period up to 1990, it has been observed that 'widows in reform-era rural China still had difficulty

claiming family property' (Hershatter 2007: 25). There appears still to be a strong and widespread social norm against widows' independence in property inheritance and remarriage, also reported to exist in Taiwan (Gilmartin 1990: 210, for Taiwan see Kung 1997). Chinese widows are expected to remain in their original marital home or with the families of sons, who take on the head of household role when their mothers become widows. However, the massive economic transformation that has taken place and is continuing in China has produced more concrete burdens for rural Chinese widows, which are addressed in section 5.2.2.

These conclusions on East Asia should however be treated with caution, given the evidence from southern Sumatra about the customary law applied in the Batak community, denying widows rights to inheriting the husband's property. There is evidence of violence perpetrated by sons, and of sons stripping widowed mothers of all assets and possessions based on customary law, although the evidence is not sufficient to determine how widespread these practices are. Indonesia, like other countries, has more than one type of law in operation, with different outcomes for widows' inheritance. Customary law operates as described. Formal or written law exists in two forms: the Civil Code introduced by the former colonial power, the Netherlands, and Islamic law. In addition there is the Marriage Act, which sits outside the other three systems and specifies widows' inheritance rights (Irianto 2002: 92-96 and 2003; Ihromi, Kriekhof and Irianto 1996). Case law meanwhile is also developing as a fourth type of law. This is referred to as 'judge made law' (Irianto 2002) or legal precedent, drawing creatively on the three existing systems to deal with particular issues as they arise.

Just as we must be cautious in our conclusions on the first group of East Asian countries described above since the rest of East Asia may not be the same, the same applies to Indonesia. While the Sumatran study illustrates serious problems for widows, a study of Java shows that, notwithstanding land titling being in the name of the husband, the social norm, as in law, is that property is jointly owned by husband and wife (Brown and Purwanti 2002: 2). It is also worth noting, for inheritance purposes, that 'nearly all of rural Java is Muslim.'³⁹ However, based on an opt-out rule – see consensus by heirs in previous footnote – Javanese in practice use customary law for widows' inheritance: 'Under customary practice, a surviving spouse generally inherits all marital property and separate property if the couple's children are still young. If the children are adults and the surviving spouse is elderly, all of the decedent's property passes directly to the children. It is generally understood that if the property passes to the children while one parent is still alive, the children remain responsible for caring for their surviving parent' (ibid.).

39 'In Indonesia, Islamic Law has been codified in a 'Compilation of Islamic Law' which is used as the basis for legal decisions made by religious courts. According to Islamic law a Muslim can bequeath up to one-third of his or her property by will. Remaining property (or all property in the case of intestacy) is governed by Islamic succession rules. When a married person dies, half of any marital property becomes the separate property of the surviving spouse, and the other half of the marital property (the deceased's share) devolves to his or her heirs as if it were separate property per a will or the intestacy rules. Rules for dividing separate property are more complicated. A widower is entitled to one-half of his wife's separate property if the couple does not have children and one-fourth if they do have children. A widow is entitled to one-fourth of her husband's separate property if there are no children and one-eighth if there are children. If the decedent had one daughter and no sons, the daughter is entitled to one-half of the property. If the decedent had more than one daughter but no sons, all daughters are entitled to split two-thirds of the estate. However, if the decedent had any sons, the share of any daughter and any son is figured such that each son receives a share that is twice as large as each daughter's share. In general, if after the decedent's spouse and children get their shares, there is still remaining property such property passes to the decedent's parents and siblings... Heirs can agree by consensus to ignore the intestacy rules or the provisions of a will and distribute the property among themselves however they choose, so long as each heir is aware of his or her actual rights under the Compilation of Islamic Laws.' (ibid, 5-6).

As regards East Asia, available English language research offers no indication that widows suffer eviction through disinheritance by relatives as in Sub-Saharan Africa and South Asia. In practical terms widows are not disinherited, in that they do not lose the use of and access to home and land, but they are not permitted unilaterally to alter the constitution of their property. There is however technical disinheritance, as in Laos, Vietnam, and part of Indonesia.

The available evidence on East Asia indicates that widows do not suffer the symbolic bias prevalent in Hindu communities of South Asia, such as inauspiciousness due to perceived immoral conduct in a past life, nor the criminal exploitation of assets and supernatural suspicions seen in Sub-Saharan African societies. By comparison, East Asian widows appear to benefit from a higher cultural status,⁴⁰ However, there is evidence of suspicion about their sexual availability, covered later in this report.

While the evidence suggests that disinheritance is relatively common in many developing countries across the world, the majority of available data shows that the most serious violations of widows' human rights in this regard occur in South Asia and Sub-Saharan Africa. Within these two regions, most of the data applies to southern and eastern regions of Sub-Saharan Africa and to India. The majority of references in a research publication providing and annotated bibliography on women's inheritance in developing countries are for Sub-Saharan Africa and the second most referenced area is India. Almost all of these references were for a small sub-set of countries: Kenya, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Zambia and Zimbabwe.

Physical eviction from the family is a common feature of the disinheritance ordeal in South Asia and Sub-Saharan Africa, with serious consequences for widows and their children. A study on widows working as prostitutes in Calcutta in north east India illustrates:

'Munni is a twenty-four year old widow from Bihar. She has a nine-year old daughter from her marriage. Less than a year after her husband's death, her in-laws threw her and her daughter out of the house. She travelled to Calcutta as she had a friend there who managed to get her a job working as a housemaid. The position was a live-in job, so she and her daughter had a place to live as well as the income. ...[after some time] her employer – the man of the house – started sexually harassing her. For months she had to submit to his sexual advances. ...One day his wife discovered what was happening and immediately threw Munni and her daughter out onto the street. For a while they begged on the streets. One day a woman approached them and brought Munni and her daughter to Kalighat red light [prostitution] area. Munni began practising as a sex worker. ...She is resigned to her life here but does not want her daughter to join the profession. After paying her daily room rent. ...and paying the police their regular bribe to leave her alone, she is left with enough to employ an ayah [child minder for her daughter] in the evenings when she works. Her immediate problem now is a landlord who troubles her a lot, who has beaten and raped her when she has been unable to pay the rent.'
(Chen 2000: 33, citing Sleightholme 1995: 4)

40 This may be related to the generally higher status of women in East Asian society compared to Sub-Saharan Africa and South Asia, as well as the Middle East. For example in the case of Taiwanese Chinese society, young women do not necessarily need to marry before starting life independent of their parents, and sharply unlike the other three regions cited above. Young Taiwanese women have migrated to cities and taken factory jobs, from which they remit part of their earnings as repayment to their parents, in terms of the South Asian context, this resembles a dowry in reverse. This has similarly been noted on mainland China with rural young women, many in their mid-teens, migrating to factory towns in their millions, and remitting wages to parents, see Chang (2008). In South Asia, the Middle East and parts of Sub-Saharan Africa, it would be unthinkable for young women, particularly teenage girls, to leave parents' home unmarried to take up paid employment (or even to take up paid employment when married, for example, especially in parts of South Asian and the Middle Eastern societies).

For rural Sub-Saharan African women, disinheritance is a crucial issue, with a level of seriousness not typically seen elsewhere in the world. (The region with the closest resemblance is South Asia.) As elsewhere, Sub-Saharan African widows suffer from an absence of effective alternative livelihoods when they lose subsistence agriculture and husbands' cash incomes. With respect to property, what makes the Sub-Saharan widows' situation stand out is the high risk of eviction by relatives on becoming a widow. This leads to migration in a destitute state with only the clothes they are wearing, as often all property down to cooking utensils is confiscated. Their chances of rebuilding their lives and those of their children are further undermined by the HIV/AIDS pandemic if sex work becomes the only option for immediate survival. Disinheritance and property and asset theft have also been reported among urban widows in Nigeria: 'family members [of the deceased husband] may have moved into the [widow's] home, or taken the car, or cleaned out the family bank account' (see Immigration and Refugee Board of Canada 2000). The chances of disinheritance and destitution are higher for young widows with no children, or with no sons, as shown in this example in Nigeria:

'...if the man died without the couple having had children, it would be much more likely that the family [of the deceased husband] would challenge the widow's inheritance rights... In rural settings, widows are at a particular disadvantage where the husband's family is much more likely to go directly to traditional courts [using customary law], which 'always rule against widows.' In an urban setting the regular courts [civil courts] may rule in her favour, but the widow will often face the obstacles of getting the property back from the family.' (ibid.)

Similar evidence of the bias of 'traditional' courts is found on the other side of Africa, in a study of rural Tanzanian widows (Kessy, Makaramba and Kiria 2008: x). In the Democratic Republic of Congo, a widow states: 'here widows are treated very badly. Normally what happens is that the family take the children and all the belongings, and send the widow back to her family' (Guardian 2008).

Kenyan widow Theresa Murunga recounted in 2002 that 'My in-laws took everything – mattresses, blankets, utensils. They chased me away like a dog. I was voiceless' (Sweetman 2006: 1). Another Kenyan widow tells her story:

When Susan Wagitangu's parents died, her brothers inherited the family land. 'My sister and I didn't inherit,' said Wagitangu, 53-year-old Kikuyu woman. 'Traditionally, in my culture, once a woman gets married, she does not inherit from her father.' The assumption is that once a woman gets married she will be given land where she got married. This was not the case for Wagitangu: when her husband died, her brothers-in-law forced her off that homestead and took her cows. Wagitangu now lives in a Nairobi slum. 'Nairobi has advantages,' she said. 'If I don't have food, I can scavenge in the garbage dump.'

(Human Rights Watch 2003)

A far starker tradition in many Sub-Saharan African rural societies is that widows are literally 'inherited', through forced re-marriage to a brother of the deceased husband (Conroy and Whiteside 2006: 55; Potash 1986). The purpose behind widow inheritance, not to be confused with widows' property inheritance, is to keep the property of the husband and the husband's children, particularly male children, inside the husband's family. Children have economic and cultural value: they continue the inter-generational reciprocity of family care and support, and they ensure

continuation of the family lineage.

In other cases, widows have been known not to remarry and to remain within the husband's family. The evidence suggests it can be possible for a widow to return to her parents' home, depending on the practices of individual ethnic groups (Salamone 1986). Betty Potash has emphasised that there is great heterogeneity in the practices affecting widows in Sub-Saharan Africa, so one model of behaviour cannot be assumed to apply uniformly across the continent. Brydon and Chant make the same observation: '...the range of patterns of land-holding is as varied here [in Sub-Saharan Africa] as the range of kinship and inheritance patterns, with or without an overlay of Islam, Christianity or modern 'bureaucracy' (state control)' (Brydon and Chant 1989: 83). However, the evidence suggests that Sub-Saharan African widows more often do not have a choice about where to live and whether or not to remarry.⁴¹

In Kenya we can see differences between ethnic groups. For the Nandi, it is rare for widows to remarry the deceased husband's brother – a custom known as levirate – and 'control over resources through the household complex enables a widow to refuse the levirate.' The Luo on the other hand require it: 'women are expected to continue bearing children [i.e. to remarry].... a widow's status and her security in old age depend on having many sons' (Potash 1986: 10-11).

Disinheritance and levirate have become aggravating issues for widows as a result of the HIV/AIDS crisis, the dynamics of which are further described in section 5.1.2.

Disinheritance is made possible in a significant number of South Asian and Sub-Saharan countries which are lacking in provisions for protecting widows and where laws have not been standardised, thus allowing the simultaneous application of statutory, customary and religious law (Von Struensee 2004: 4; Horrell and Krishnan 2007: 1353-1354).

Poor implementation and enforcement of modern legal systems, combined with widespread ignorance of their existence and processes among the rural population in the least developed parts of the world, ensure that customary law operates by default in most Sub-Saharan African countries, as reported in Ghana, Nigeria, Tanzania, Zambia and Zimbabwe (ibid.; Nytimes.com 2004; Immigration and Refugee Board of Canada 2000; Kessy et al 2008). Appropriation of inheritance by the husband's family and forcible eviction of the widow from her home and land and now illegal in Namibia, but the practice persists due to a weak legal system (Thomas 2008: 73).

This is against a background where most countries have adopted the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), including the provision that this supersedes all domestic law.

The relevant CEDAW provision for widows' inheritance is Article 16(h), paragraph 74 (Forward-Looking Strategies), which states: 'State Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women: the same rights for both spouses in respect of the ownership, acquisition, enjoyment and disposition of property.'

The existence and ratification of CEDAW in many countries, together with the existence of modern law, have however offered little protection to widows, where affordability and lack of enforcement undermine the rule of law. There is also outright obstruction of gender-neutral policies by politicians in many countries in spite of their official declarations to the contrary. Uganda is a

41 Remarriage does not always operate in the way the term implies. Many Sub-Saharan African remarriages, when they require the dead husband's brother to take on his widow, will require sexual relations to produce children in the name of the dead husband, with the widow living with her children in her marital house, while the husband's brother continues to reside with his own wife and children.

notable example (Asiimwe 2002: 125-126). Bina Agarwal, a specialist in women's property rights also observes regarding South Asia that 'The idea of 'command' over property implies not merely rights in law, but also effective rights in practice. The gap between inheritance law and its practice is especially wide. Indian women legally enjoy significant inheritance rights (even if unequal to men's). In practice, only a small percentage inherit. This is especially true of immovable property such as land or a house' (Agarwal 2007: 219).

In Sub-Saharan Africa, widows' disinheritance is referred to in a form of Pan-African dialect by the term 'grabbing'. This describes relatives' immediate action, on the death of the husband, to evict the widow from her home and plot of land and incorporate it into their holdings. This is property theft in practice if not in law: in some Sub-Saharan African countries such as Swaziland, widows' rights to inheritance or to own property at all is not recognised in law.

'Grabbing' widows' property is also reported as widespread across Bangladesh, northern India and Pakistan; evidence also exists in the West Bank in Palestine (Moors 1996: 80). 'Grabbing' can take a different form when the husband has more than one widow. Resource value is diminished and even the prospect of any inheritance is in question when more than one wife exists, with the original wife sometimes having no knowledge of additional wives when men migrate for work and have married again. Multiple wives are common in several regions, including South Asia and the Arab states, as well as Sub-Saharan Africa.

Widows' loss of land and property has also been documented as a result of natural disaster and war, when they are displaced as refugees from their homes (Fitzpatrick 2008; Baldauf 2005; Owen 1996: 175).

With eviction often the result of resisting forced re-marriage to the husband's brother, this 'safety net', which retains the land and property within the husband's family is often the only clear option for her to maintain her livelihood. It poses particular risks in the context of HIV/AIDS. Widows or husbands' brothers are often infected, so continued transmission of the virus is assured (see section 5.3.4).

Victims of disinheritance or property-grabbing include child widows such as Kunese, age 16, from Tanzania, who recounts her experience:

'I was married when I was about 13 years old; it was through an arranged marriage by my father. I stayed with my husband for three years and then I experienced the trauma and grief of his death. I cared for my bedridden husband for some months and no relatives helped. After the death of my husband, my brother-in-law evicted me from the matrimonial home and squandered all the matrimonial property. I moved to my father's hut with my two children. We slept on the floor. I begged from neighbours for my daily food and one child was often sick.'

(Moors 1996: 80)

An in-depth study of widows in rural Kenya shows that land grabbing is not a recent phenomenon and has been increasing over time. It appears to date from the government land reforms that followed independence. The study provides examples of evictions and land theft from widows from the early 1970s. Many affected widows had written, with help if illiterate, to authorities locally and in Nairobi:

'I came across nearly two hundred such letters from widows to the district officers and to the Ministry of Lands and Settlements, all of which expressed their strong dissatisfaction with land consolidation and

registration [i.e. reform]. The process was obviously not working out as intended – partly because bribery and corruption hindered the fair and equitable distribution of land, but also because the intensive labour involved in cultivating the larger plots made it difficult for widows to achieve any success... when Jedida Karani could not get her land adjudicated because the officers preferred to serve those who had paid them bribes, she asked her daughter to write a letter of complaint to [Member of Parliament Peter] Kibisu. Karani informed him that she felt she was being discriminated against because she was a widow and had no money for bribes. By the end of the 1980s, many widows still do not have their land registered. A national survey showed that fewer than 30 percent of peasants in western Kenya had title deeds. Of those, only five percent could afford to plant the more lucrative crops such as tea or coffee. Jedida Karani was one of the fortunate few who managed to register her land. Close to 70 years old, Karani still looks youthful and continues to earn a decent income by growing tea. Many widows were not so lucky.'
(Magoke-Mhoja 2008)

Evidence from rural Tanzania shows a high proportion of widows, 62 percent in one locality, when faced with the loss of access to their deceased husbands' property, had to resort to clearing new land – previously unfarmed wilderness – for cultivation (Van Vuuren 2003: 126).

The appropriation of widows' inheritance can, in the context of limited economic opportunities, be seen as an attempt to improve family options. Partha Dasgupta, an Indian development economist who combines sociological, demographic and economic perspectives, has observed that social norms survive only as long as the economic systems that support them (Dasgupta 1993: 324).

Duncan Green, former head of research at Oxfam GB, points out that 'without legal rights to own property, regardless of marital status, most women living in poverty in developing countries depend on their relationship with men to deliver [a home and place to work]. Hence [female] livelihoods are precarious. If the relationship sours, or if a man falls ill and dies, how are they and their children to survive?' (Green 2008: 77-78).

While the effects of property on the well-being of widows is rarely mentioned, high level international policy planners explicitly acknowledge the centrality of property rights in relation to women generally (Quisumbing and Meinzen-Dick 2001: 1).

Property rights regimes with more favourable outcomes for widows are to be found in parts of Central and South America. While these parts of the world remain challenging places for women in general, and the inheritance regimes are not perfect, they do offer greater security than elsewhere in the developing world (Deere and León 2001).

Countries can be grouped by type of inheritance regime. Unlike other parts of the developing world, where the formal use of wills either does not exist or is overridden by customary law, in Central and South America it makes a difference whether the husband dies with or without a will. When considering inheritance outcomes for widows (or women in consensual unions, a state which is formally recognised in the civil law of most of these countries), the starting point is therefore whether the deceased left a will or died intestate. Only after this, we look at the inheritance regime of the individual country (ibid.).

Countries differ as to the 'testamentary freedom' the will writer has for allocating items to individual recipients, and the type of marital regime in place. Some rely solely on testamentary freedom, while others rely on the type of marital regime in combination with testamentary freedom. When a husband's will does not leave anything to the wife, some countries provide for a discretionary inheritance based on the widow's '...economic need and the relative economic position

of husband and wife' (ibid.).

Table 5.2 is based on data from Deere and León 2001, which excludes Argentina, Belize, Panama, Paraguay and Uruguay. It shows that when a will exists in, for example, Bolivia, one fifth of the property can be freely given to any individuals, while the rest is automatically allocated to the living children and spouse (for the purposes of this Report, the widow). Where it refers to 'marital share', this is allocated to the widow where the husband has not made any allocation in the will. The actual marital share depends on the widow's economic need '...and the relative economic position of husband and wife'. Next, the first rank order for inheritors of people who die intestate designates an automatic equal share to each individual listed, for example, in Bolivia the children, the spouse, and the parents each receive an equal share. Some countries, like Brazil, stipulate that in intestate deaths, 25 percent is allocated to the widow. The second rank applies when the deceased individual has no living children, in Brazil among other countries. However, in Brazil and Guatemala, the type of marital regime type, or the default marital regime (defined below) where none has been stipulated by the couple, critically determines the inheritance outcome for widows. In Table 5.2 this has been stated using Deere and León's work. Since they do not specify the implications of marital regime in Brazil and Guatemala, the entries for these countries are incomplete.

Table 5.2 Inheritance regimes in Central and South America

	Will exists	Intestate (no will)
Country	Share of property free to allocate in will	Rank order for inheritors
Bolivia	20 percent if living children and spouse, e.g. wife	1st children, spouse, parents
Brazil	50 percent if living children or parents	<p>Marital regime applies:</p> <p>Participation in profits (default regime) and Separation of property: 1st children, spouse (25 percent usufruct rights)</p> <p>2nd spouse (50 percent usufruct rights) and parents if no living children; in both cases widow loses usufruct if remarries.</p> <p>Full common property: no inheritance (0 percent) for widow if living children or parents; widow is allowed usufruct right of family home if does not remarry.</p>
Chile	25 percent if living children, marital share	<p>1st children, marital share</p> <p>2nd spouse (25 percent) and parents if not living children</p>

Colombia	25) if living children, marital share	1st children, marital share 2nd spouse (25 percent) and parents if no living children
Costa Rica	All (100 percent) freely allocate to anyone	1st children, parents, and marital share
Ecuador	25 percent if living children and parents, marital share	1st children, marital share 2nd spouse and parents if no living children
El Salvador	All (100 percent) freely allocate to anyone	1st children, spouse, parents
Guatemala	All (100 percent) freely allocate to anyone	Marital regime applies: Participation in profits (default regime): 1st children, marital share (cannot be larger than children's share) depending on patrimony size of each spouse; 2nd spouse and parents if no living children. Common property: widow inherits if no living children. Separation of property: widow inherits share equal to children.
Honduras	75 percent, marital share	1st children, marital share 2nd spouse and parents if no living children
Mexico	All (100 percent) freely allocate to anyone	1st children, marital share 2nd spouse and parents if no living children
Nicaragua	75 percent, marital share	1st children, marital share 2nd spouse (25 percent) and parents if no living children
Peru	33 percent if living children or spouse	1st children, spouse, and parents

In summary, Deere and León state that in Central and South America, where a will exists, 'the civil codes most favourable to widows are those of Bolivia and Peru, for testamentary freedom is restricted in their and their children's favour, irrespective of the size of the spouses' patrimony'. They continue: 'in the other countries with provisions protecting spouses (Chile, Colombia, Ecuador, Honduras and Nicaragua), whether the widow is guaranteed a share of her husband's estate if he has willed otherwise depends on her economic need and the relative economic position

of husband and wife.’ Honduras and Nicaragua have relatively little protection for widows, allowing 75 percent property to be willed without restriction and providing only a marital share for widows. Four countries have complete testamentary freedom: Costa Rica, El Salvador, Guatemala and Mexico. For widows, the significance of this ‘freedom’ is that the widow’s property share is entirely at the discretion of the husband. The likely consequences are summed up by Deere and León: ‘Testamentary freedom probably did open the way for greater inequality in property ownership by sex and, due to gender roles, may also have enhanced differences in the composition of inheritance, with sons favoured by the inheritance of land.’

Gender roles also impact equality of property ownership in rural Costa Rica, where widows are often forced to move to urban locations where it is easier for them to establish livelihoods, since in rural areas, subsistence needs are ‘as determined by a judge’ (ibid.). Brazil and Guatemala provide complicated options, some very unfavourable to widows (see Table 5.2). What is clear is that heavy gender segregation creates great difficulty conducting agriculture without male family or spousal input (Chant 1997: 132).

Table 5.3 Marital regimes in Central and South America

1: full common-property regime (FCP)	FCP: ‘...is based on the pooling of all property brought into or acquired during marriage. All profits or rents generated from such property are also pooled, as are wages, salaries, or other income earned by either spouse. In the case of separation or divorce, all property and income is divided in equal shares between the spouses; in case of the death of one of them, his or her estate also consists of one-half of the common property, with the other half remaining with the surviving spouse’.
2: participation-in-profits regime	<p>PIP: ‘...is based on the separate recognition of the individual private property brought into or acquired during marriage, including in the latter any inheritances, donations, or concessions received by each spouse.</p> <p>However, any profits, rents, or other income derived from such property during marriage is considered to be common property. In addition, any property acquired during the marriage from wages, salaries, or other income also forms part of the couple’s common property. In case of separation or divorce, half of the common property thus generated is retained by each of the spouses; similarly, when one spouse dies, his or her estate is made up of half of the common property. Whatever the causes of the dissolution of [a marriage under] this regime, the individual property brought into marriage or acquired through inheritance is maintained by the spouse who was the original owner’.</p>

3: complete separation-of-property regime	CSP: ‘...each individual maintains ownership and administration of the property they brought into marriage, as well as that acquired during marriage through inheritance, donation, or concessions and the profits generated from such, and any property acquired during marriage with their own income. If the union is terminated, each spouse retains their own individual property and the gains or profit from these’.
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In addition, some countries have two or three of these regimes available, with a decision to be taken at the time of marriage by the couple as to which they will use; if a couple does not choose a regime, a default regime applies, what this regime is depends on the country. The default regimes are any of the three marital regimes listed here (these are given in Deere and León, Table 2.3, material quoted above is from pages 50-51).

El Salvador provides greater security for widows whose husbands died intestate, similar to Bolivia and Peru. While widows of intestate husbands in the other South and Central American countries considered here receive a marital share, the size of such share in Ecuador, Colombia, Honduras, and Nicaragua, means that in practice none of the inheritance options allow for widows in those countries ‘...maintaining control of the family farm or business – that is, providing for their own economic autonomy’ (ibid.).

5.2 No way out: HIV/AIDS, famine, macroeconomic catastrophe and war

5.2.1 HIV/AIDS and famine

The economist Jeffrey Sachs recounts a scene of economic devastation of rural livelihoods and resulting human cost in the wake of HIV/AIDS while on a work visit to rural Malawi in 2004:

‘It is still midmorning in Malawi when we arrive at a small village, Nthandire, about an hour outside of Lilongwe, the capital. This year has been a lot more difficult than usual because the rains have failed. The crops are withering in the fields that we pass. If the village were filled with able-bodied men, who could have built rainwater-collecting units on rooftops and in the fields, the situation would not be so dire. But as we arrive in the village, we see no able-bodied young men at all. In fact, older women and dozens of children greet us, but there is not a young man or woman in sight.

‘Where, we ask, are the workers? Out in the fields? The aid worker who has led us to the village shakes his head sadly and says no. Nearly all are dead. The village has been devastated by AIDS... There are just five men between twenty and forty years of age left in the village...’

‘The presence of death in Nthandire has been overwhelming in recent years. The grandmothers whom we meet are guardians for their orphaned grandchildren. Each woman has her story of how her sons and daughters died, leaving her to bear the burden of raising and providing for five or ten, sometimes 15 orphaned grandchildren. The margin of survival is extraordinarily narrow; sometimes it closes entirely.

‘One woman we meet in front of her mud hut has 15 orphaned grandchildren. As she begins to explain her situation to us, she first points to the withered crops that have died in the fields next to her hut. Her small farm plot, a little more than an acre in all, would be too small to feed her family even if the rains had been plentiful. The soil nutrients have been depleted so significantly in this part of Malawi that crop yields reach only about a half-ton per acre, about one-third of normal. This year, because of the drought, she will get

almost nothing. She reaches into her apron and pulls out a handful of semi-rotten, bug-infested millet, which will be the basis for the gruel she will prepare for the meal that evening. It will be the one meal the children have that day.

'I ask her about the health of the children. She points to a child of about four and says that the girl contracted malaria the week before. The woman had carried her grandchild on her back for the six miles to the local hospital. When they got there, there was no quinine, the anti-malarial medicine, available that day. With the child in high fever, the two were sent home and told to return the next day. In a small miracle, when they returned after another six-mile trek, the quinine had come in, and the child responded to treatment and survived. It was a close call though. More than 1 million African children, and perhaps as many as 3 million, succumb to malaria each year.'

(Sachs 2004: 5-7)

Poverty, and widows' attempts to escape it, has been a contributing factor in the spread of HIV/AIDS when their only option to earn income is to resort to sex work. AIDS has also been a major cause of widows' poverty by causing widowhood at younger ages, where women either have no children, particularly no sons, or only young children. This in turn has increased the incidence of disinheritance, with relatives evicting widows who have no adult sons to inherit their husbands' property (Nytimes.com 2004).

Fishermen's widows on the shores of Lake Victoria in Tanzania have become live-in sex workers. In parts of Sub-Saharan Africa this is referred to as 'exchange' sex work, where the transaction is often in kind and with a regular client-partner, as opposed to 'classic sex work where a person openly solicits sex [for cash]' (Southern African Research and Documentation Centre 2005; Uwakwe 1997: 40; Harma 2009).

While the more affluent sex workers who interact with white collar professional clients often understand the need for, and can afford, safe-sex precautions, the prostitutes on Lake Victoria are from low education backgrounds, and in tackling their immediate concern for food and shelter, many had become infected with HIV/AIDS through their fishermen clients (Sauper 2004; Appleton 2000; Izumi 2006: 5-6 citing Bio-medical Research and Training Institute 2000).

The combination of 'exchange sex' and itinerant migrant labour has been shown to be particularly dangerous with respect to HIV/AIDS and female, landless, commercial agricultural workers (as distinct from women working on their own plot of land). In Zimbabwe, because of the precarious nature of this work, which does not offer settled accommodation, these women find themselves cohabiting with male farm workers. They become de facto widows in this context before they die themselves. Research shows both these men and women farm workers have significantly higher infection rates than local urban populations. The infection rate for farm women was 64 percent, and for local urban women 44 percent. Similarly, a high degree of widow migration to and from urban areas is reported in the Kagera region of Tanzania, for the purpose of saving up to buy land for subsistence agriculture. Sex work has been a relatively lucrative option for women engaged in this process (Smith 2001: 155-171).

Elsewhere, recent famines unrelated to HIV/AIDS have left many women widowed, but no data on famine widows exists. In 1992, at least 200,000 people died from lack of food; Sudan faced famine in 1993 and 1998; Ethiopia in 2003 with a serious food crisis in 2008; in late 2010, the potential for famine in East Africa was once again highly advanced. North Korea from 1994-98 faced a severe famine as a result of a collapsing economy and simultaneous natural disaster, with estimates of deaths ranging between 300,000 and 2.4 million. Qualitative accounts of widows in these

calamities exist (Noland 2001; see also Demick 2010: 133-173).

5.2.2 Macroeconomic catastrophe

In addition to the economic collapse instigated by HIV/AIDS as illustrated by Sachs above, macroeconomic catastrophe is playing out its inexorable, grinding logic elsewhere. The precarious position of widows from low-skilled and unemployment prone social strata is compounded by dysfunctional national or sector economies, ineffectual education systems and international trade policies that militate against good employment opportunities for low-skilled women. When trade policy was changed in the Caribbean without regard to its welfare and poverty implications, or to the proximity of these islands to the heart of the international drug trade in South America, the macroeconomic effects were widespread but fell heaviest on women and widows. 'Trade liberalization, the introduction of structural adjustment programmes, and the loss of preferential treatment for the Windward Islands' bananas [through the creation of European Union single market trade restrictions] all contributed to an increase in poverty and to a deterioration in the quality of life. ...the banana industry [had] provided employment and contributed to sustainable livelihoods for large numbers of women and their families'.⁴² The change in tariff regime caused a 20 percent fall in banana exports between 1991 and 1992 (Ellis 2003: 6; 117).

The application and impact of these and other international trade policies is felt across developing countries dependent on agriculture exports as their main source of income. There are at least three aggravating factors at play in this: first, western tariff regimes block exports from developing countries; second, developed countries sell very cheap surplus grain on the world market, facilitated by massive subsidies comparable in size to the combined aid budgets of developed countries and the United Nations; and third, developing countries are forced, through periodic trade rounds, bilateral negotiations, or the World Bank, to open their markets to cheap, subsidised western agricultural imports. A similar process is at work where cheap developing country manufactured imports destroy manufacturing jobs in developed countries, made possible by cheap, low-skill labour (Dowden 2008: 268; see also Oxfam International 2002 and Kohr 2005).

The combined effect of these three elements, or unfair terms of trade, has caused a documented depression in agricultural sectors of developing countries that have been forced to open their markets to imports, with serious implications for widows' deprivation in these countries. Many of these are least developed countries (LDCs) and so are least likely to be able to diversify their economies.⁴³ Badly designed western development aid has contributed to macroeconomic instability and its effects on the most economically vulnerable segments of countries, including widows. Tanzania is a well documented example, showing negative cumulative effects over the period of the 1970s to 1990s (Oxfam International 2002).

What makes the effects of HIV/AIDS, international trade policy and rich-country agricultural subsidies so devastating for widows in rural areas is that they often find themselves in an unsustainable position with exhausted soils, progressively smaller plot sizes caused by pressures of population growth, deforestation, and the subdivision of land between family members (Wangwe 2004). Low economic growth further exacerbates this situation (Pender and Gebremedhin 2006; Alinovi, Hemrich and Russo 2008). Small plot size and population growth are particularly relevant

42 The Windward Islands, also known as the south islands group of the Lesser Antilles, include Barbados, Dominica, Grenada, Martinique (part of France), St. Lucia, St. Vincent and Grenadines, and Trinidad and Tobago.

43 This can also result from developed countries' deliberate policy, see Turner (2008: ch. 4).

in densely populated countries such as Bangladesh and Rwanda, or in densely populated regions such as the northern highlands of Ethiopia.

Rural widows may also find themselves worse off as the result of economic reforms and the resultant growth benefiting other sectors of the economy (e.g. manufacturing in urban areas), as in China, Laos and Vietnam.

With regard to African agriculture generally, it has been observed that '[the reality] is that of a single woman whose primary means of income is a one-hectare plot of unimproved land on an eroded hillside. From each harvest she must provide for virtually all the needs of her family throughout the year, including clothing, healthcare, education costs and housing.' It follows that, 'there is a single consistent outcome from an agricultural economy based on inadequate fallows and extensive, low-input cultivation – crop yields decline and soils erode'.⁴⁴ An additional little-known reason for the apparent failure of smallholder agriculture in Senegal was identified as the destruction of a cooperative system of reciprocal farm labour. The introduction of modern methods caused the disintegration of this system, resulting in individual households having to rely solely on their own labour. Western economists were observed to have misunderstood this system, resulting in the use of inappropriate agricultural programmes. This has had implications for widows, causing the sort of conditions that have led to disinheritance of widows elsewhere in Sub-Saharan Africa (Blackie and Conroy 2006: 88-89, citing DeVries and Toenissen 2001). Similar conditions exist in South Asia, with the widely discussed issue of rural decline across sections of India (Mackintosh 1989: 63-66), where farm size has also decreased, groundwater is over exploited, and commercial farming of cash crops has proved difficult for many, resulting in the farmer suicide rates discussed earlier (Section 4.4).

Widows can face culturally imposed problems to earning their livelihood when left as the sole farmer, as evidenced in the example from Jharkhand State, India earlier. It is seen elsewhere in the northern highland area of Tigray, Ethiopia, where female-headed farms face 'a cultural taboo against women ploughing and threshing... As some female-headed households have had the need and courage to challenge such norms... this can be difficult [as] such women may be subject to ridicule or intimidation' (Krishnaraj 2007: 41-69). This is one reason why the UN's International Fund for Agricultural Development (IFAD) has adopted a 'Gender Strengthening Programme' (Pender and Gebremedhin 2006: 123 and footnote 26 referencing Aday et al 2001).

A food crisis across the Horn of Africa involving Ethiopia, parts of northern Kenya, most of Somalia and parts of Sudan is aggravated by lack of rain, little in the way of irrigation systems, and soils with extreme low fertility. By 2007, about 40 percent of agricultural soil fertility around the world was seriously degraded. In Central America, 75 percent of agricultural land is degraded, in Sub-Saharan Africa 20 percent, across Asia 11 percent. Because soil fertility degradation is a dynamic process – getting progressively worse – if the present trend continues in Sub-Saharan Africa, the land will only be able to feed 25 percent of the population by 2025 (IFAD 2000). Globally the number of people without adequate food – described as 'undernourished', a term that covers mild-to-acute malnutrition – has been growing and was estimated by the United Nations Food and Agriculture Organization (FAO) to have reached 1.02 billion individuals in 2007-08, up from 848 million in 2003-05) (FAO 2008 and 2009).

In China we are seeing the demise of the small scale farmer resulting from economic

⁴⁴ In some country cases, inappropriately externally imposed economic policies add to the problem. These are covered elsewhere in this report. On population growth see for example Smith (2001: 57-66); on deforestation, agricultural limits and population growth, see for example Todaro and Smith's (2003: 497) case study on Pakistan.

development biased against the agricultural sector, with implications for older rural women and widows (Murphy 2004). Rural China has seen young people moving in their tens of millions to the large industrial manufacturing centres in the east (Chang 2008). This has meant that widows, particularly older and elderly mothers, have been left to run the farms on their own. Researchers Jackson, Liu and Woo recently stated that, ‘in China... the modernisation project and market economy... have often worsened the economic situation of older, uneducated and rural women’ (Jackson, Liu and Woo 2008: 13, citing Lee 2005, Liu 2007 and Pun 2005). This is partly reflected in the unbalanced geographic labour force distribution in China. Urban areas have seen the enforcement of the one-child-policy, while rural areas were largely exempt. With the rapid onset of large-scale manufacturing, there was probably insufficient labour supply in urban areas of eastern China. Simultaneously, the reform period has seen the collapse of the collective farm system following the effective introduction of expensive farm machinery. This has caused considerable hardship among small farmers, particular widowed farm women, who find it difficult to carry out all the necessary land preparation activities because they lack the machinery or the technical knowledge of former collective farm operatives, or through general lack of labour and financial capital. While remittances from children in manufacturing partly compensates, the land widows have taken out of production for the reasons cited often cancels this out (Murphy 2004; David and Wang 2009).

The picture of widows remaining on the land while family members migrate to urban areas to work in East Asia and Sub-Saharan Africa contrasts with that in Costa Rica, where widows often migrate to urban areas themselves ‘...because they cannot sustain rural livelihoods without men’ (Chant 1997: 132).

5.2.3 War

The effects of war and large-scale civil unrest present many of the factors underlying the particular deprivation of widows already described. In addition they produce a new set of factors, thus producing a highly intensified form of deprivation.

The standard factors are loss of income, housing and livelihood options. Additional factors produced by war are intensified threats to personal safety from soldiers and armed criminals, either to life or through sexual assault, including the threat of HIV/AIDS, and the risk of starvation and other acute illnesses. Widows are often forced to resort to prostitution – what UNHCR refers to as ‘survival sex’ (264). If they survive the conflict, they may face government diktats as to how they should live their lives as war widows. Financial incentives are sometimes put in place to force them to remarry or live in poverty if they refuse. Governments can demand excessive proof of the husband’s death before awarding compensation, proof that in many circumstances is impossible to obtain.

War forces widows into poverty and destitution even when they are not evicted from their homes in conflict locations: it may be too dangerous, either from on-going fighting or conflict-induced criminal activity such as looting, robbery, murder, random torture and rape, for women to seek paid work. Supply chains may have broken down locally or even nationally, making it difficult or impossible for goods and services to be traded. Conversely, a set of different goods and services can arise in war settings, many detrimental to long-term human development prospects, especially for widows and their children. Prostitution and the supply of logistical services for fighting forces are some of the most salient aspects of the war economy; children may even enter the conflict as combatants – a form of economic resourcing for armed groups in many developing countries. All

the other risks widows face still pertain: lack of male guardians signalling that widows are available for various kinds of sexual exploitation; loss of husbands' and partners' incomes resulting in poverty; loss of land through disinheritance; loss of social status leading to being forcefully removed from land by relatives or strangers; and finally, becoming international or internally displaced refugees. Displacement is often the most dangerous aspect of war widows' conflict experience, as the journey to safety can be full of threats, and living conditions often little better than those they escape.

After the 1994 Rwandan Genocide, a mass exodus of the Hutu population into eastern Congo, then called Zaire, resulted in a huge refugee camp at the town of Goma. Systematic clean water and sanitation facilities could not be provided in time to prevent a massive cholera and dysentery epidemic that killed an estimated 50,000 people (Enloe 2010:58; Goma Epidemiology Group 1994). The quality of camps depends on geographic location, funding, and the ability of international humanitarian agencies to reach displaced people. Once displaced in camps without a normal home support network or livelihood, widows become dependent on aid, if it is available. Often however, elderly widows are not fit enough to collect the aid provided.

In 2007, Oxfam reported that 'an increasing proportion of the Iraqi population are in dire need of humanitarian aid, including food' (Oxfam International 2009), with an estimated one million widows living under these conditions. An Iraqi account starkly illustrates this:

'I remember one day when I was shopping with my mother, there was one woman who needed to buy flour. She was a widow. We had known her husband, who was killed by Saddam's soldiers. No one wanted to lend her money. She was so desperate because she had several children to feed. She started shouting: 'Do you want to have sex with me so that I can buy flour?' People told her never to say that again, and they gave her money to buy flour'.⁴⁵

This acute humanitarian crisis has its roots in the post-1992 sanctions period. It has been noted that prior to this, 'after the Iraq-Iran War and Gulf War of 1991, over 20 percent of young Iraqi women had lost their husbands. This group of Iraqi women became the most vulnerable under sanctions, as they no longer received the benefits that had previously been given by the state. Single women breadwinners were the worst affected under sanctions. Not only had they lost the formal support provided by the state, but the economic crisis had also shrunk the degree of support previously provided by the extended family' (Al-Jawaheri 2008: 104-105). Recently, in the context of the post-2003 US invasion and administration of Iraq, Oxfam's 2007 report *Rising to the Humanitarian Challenge in Iraq* 'found that one-third of the Iraqi population was in need of humanitarian assistance and that essential services were in ruins'. Humanitarian assistance refers in the first instance to emergency food aid to prevent malnutrition and starvation. Oxfam's 2009 follow up survey report, *In Her Own Words: Iraqi women talk about their greatest concerns and challenges*, cited widows as a key group in severe poverty: 'the largest group of women interviewed who are deemed especially vulnerable, consists of those widowed by conflict who are now acting as the head of her household, and who have been driven deep into poverty' (Oxfam International 2009: 2). The survey found that '76 percent of widows interviewed had not received a pension from the government. Thirty-two percent of those said the registration process was too complicated; 18

45 Account in Al-Ali (2007: 200), Iraqi widows data cited pp. 199-200. Zangana (2007: 110) cites the Iraqi Ministry of Women's Affairs as saying there are at least 300,000 widows in Baghdad, 'and a further one million through the country.' Iraqi estimates vary dramatically from 740,000 to eight million.

percent said they were unaware they had a right to receive a widow's pension; 14 percent said they were 'not allowed' to register and 9 percent said it was 'unsafe' (ibid.: 7).

Perversely, attitudes toward women have also become more severe under sanctions, aggravating an already deteriorating situation, through concern over single women and 'public morals' (Al-Jawaheri 2008: 106).

The cumulative effect of war and sanctions was significant, as Iraqi society had depended for some time on a generous welfare state. On the eve of war with Iran in 1979, the Middle East Economic Digest provided a summary of the most valuable benefits on offer: the price of staple goods was subsidised; minimum wages were set above inflation; labour law provided job security; an active labour market policy by the state ensured work for all university graduates; education and healthcare were free (ibid.: 9).

In northern Iraq, Kurdish women widowed during the post-1992 Kuwait war found themselves, together with the rest of their community, isolated and physically cut off by the Ba'athist regime's military forces. As a result of the onset of mass malnutrition, the Kurdish community became a ward of the United Nations under Resolution (SCR) 986.

While it is recognised that the period from 1980 to the present has 'created many war widows', war widows, together with other widows and single women, and women with incapacitated husbands, comprise an estimated female-headed household figure of six percent in the Kurdish area of Iraq. Given that war societies typically face higher percentages of widows (above six percent), this suggests that some widows have remarried or been incorporated into male-headed households (Waite 2000: 154).

There are two further aggravating factors for widows in providing for their families in urban Iraq. First, regular activity such as walking down the street has become high risk not only because of sectarian gun battles and IEDs but because of death squads who target women considered to be acting contrary to Islam. The Oxfam survey cited above found that of all women interviewed, '55 percent of respondents had been subjected to violence since 2003' (Oxfam International 2009: 5). Second, widows who cannot prove the deaths of their husbands are denied government income support designed for widows. This has also been documented as a problem in Afghanistan and in Indian Kashmir, where they are referred to as 'half widows' (Al-Ali 2007; Immigration and Refugee Board of Canada 2007; Black 2005: 214).

In 2008, a 38-year-old Iraqi widow recounted:

'My children and I left my home in Anbar governorate almost two years ago. My husband had been killed right in front of us. I had to protect my children, so we fled the same night with nothing but some money. For me, today, there is no past and no future, only a horrible present. I only wish I had some photos of my husband and my family. I can see it all in my mind but I don't know for how long I will remember.'

(Enloe 2010: 65)

Prior to Iraq, the 1992-2005 civil war in Algeria saw widows and other women specifically targeted for assassination by Islamic extremists if living on their own or acting in some other way that was deemed contrary to Islam. Targeting widows for assassination was also documented in the Guatemalan civil war (Ait-Hamou 2004: 120; Povey 2003: 173; Womankind 2006: 12; Zur 2001: Introduction).

In Afghanistan, 20 years of war has resulted in a reported two million widows (UNIFEM 2006), or 27.5 percent of females age ten and over, although other sources put the number of widows at

approximately one million. The Immigration and Refugee Board of Canada (Tang 2011: 159) provides the following summary of the Afghan widows' statistics:

'Without providing specifics, the Institute of War and Peace Reporting (IWPR) reported in 2003 that Afghanistan has one of the highest rates of widowhood worldwide (IWPR 8 Oct. 2003). In May 2006, the International Organization for Migration's (IOM) Kabul office estimated the number of widows in Afghanistan to be over one million (15 May 2006). In the month prior to that, the United Nations Development Fund for Women (UNIFEM) placed the number of 'war widows' in the country at more than two million (11 Apr. 2006), with between 30,000 to 50,000 widows residing in the capital, Kabul (UN n.d., 1). Most women are widowed as a result of the more than two decades of conflict in Afghanistan, during which many men were killed or went missing (ibid.; IOM 15 May 2006, 1; IWPR 8 Oct. 2003). Low life expectancy and early marriage in Afghanistan result in women often being widowed in their twenties and thirties (ibid.; UN 15 Feb. 2006, para. 28).'

The cumulative effect of the conflict is demonstrated by the story of a widow who lost a son at the start of the Soviet invasion, then lost her second son and husband after the Soviet withdrawal in 1989, and finally, during the Taliban period, her last son was killed. Originally a carpet weaver, she now keeps a set of chickens to sell eggs as her only means of survival, which she uses to support her widowed daughter-in-law and three granddaughters. There are no male relatives (BBC 2006).

The effects of continuous conflict, lack of a social safety net and highly discriminatory cultural practices that severely limit women's livelihood options, have been so serious that 65 percent of widows in Kabul interviewed for a 2006 UNIFEM survey said they consider suicide a real option (Sadid 2006). The situation is succinctly summarised in this account, which highlights both the material and the socially marginalising impact on war widows:

'According to my interviewees there are approximately 35,000 women-headed households in Afghanistan, mainly because so many men were killed during the war years and under Taliban rule (1996-2001). These women are called zanane bee sarparast (unprotected women), itself a derogatory term. In the post-Taliban era, they have been cast out by both family and community. They constitute the poorest of the poor and intra-familial violence against them has increased. Many women believe there is a real danger of a large number of women being socially excluded because they are beggars, sex workers, or household heads... indeed, Kabul's streets [are] full of beggars, especially women and children.'

(Povey 2003: 173-174)

Afghan women who have no able-bodied husband or male relatives, or children who can work for cash income, are often forced into begging and prostitution because of the extreme hostility towards allowing women to work. The conditions are so severe that some widows have resorted to selling some children so they can feed the others.

One researcher observes similarly:

'Three decades of war and conflict have left about one million widows to support broken families in a deeply impoverished and divided country, where it is still frowned upon for women to leave home or take jobs, so that sex work too frequently becomes the only possible source of income. Afghanistan has reeled into ever increasing violence as the insurgency has flared in recent years, so the number of widows continues to rise.'

(Joya 2009: 230)

In Rwanda, post-genocide, the economic and childcare burdens on surviving widows have been high:

A middle-aged widow lost her husband and her four youngest children in the genocide. She now lives in Kigali with her three remaining children and several orphans she has adopted. She loves children. Though caring for these orphans cannot replace the children she lost, she feels less sorrow. While having a salaried job, she is not secure. She fears a younger person with higher educational qualifications may replace her. Losing her job would make her situation much more difficult. With her modest income and help from a relative, she regularly provides meals daily to more than fifteen people in her household.'

(Tang 2011: 159)

It is estimated that in 2001 widows represented 60 percent of female-headed households in Rwanda (Newbury and Baldwin 2001: 32).

In Nepal, following the civil war and in the face of strong popular aversion to widow remarriage, the government proposed a scheme to pay men to marry widows. Opponents point out that it risks abuse by people traffickers and that a one-off payment is not enough to ensure that widows enter marriage with the means to provide for existing children from previous marriages (ibid.: 33).

In Sri Lanka, after 30 years of war between the government and Tamil Tiger rebels, an estimated 33,000 war widows in Eastern Province alone are said to be experiencing deprivation: 'despite the government's claims that several measures have been taken up to ameliorate their situation, activists maintain the authorities display a clear lack of commitment to help these women...' (Buncombe 2009). Still more alarming are reports citing ongoing disappearances of men and murder by apparent death squads well after battlefield hostilities have ceased and the civil war has ended (Pathirana 2008).

Iranian war widows who lost husbands during the near decade long Iran-Iraq war of the 1980s, were given preferential treatment by the government. This resulted in a lack of equity in government policy towards different groups of widows, elevating one into a materially privileged group:

'...while an ordinary widow received no state assistance, the state fully compensated war widows and their families.'

(Channel 4 2007; Pathirana 2008)

'...the Iranian programme included pensions, healthcare, education, counselling, vacation [paid holidays], pilgrimage, subsidised housing, low-interest mortgages, interest-free loans for establishing a business, low travel fare and burial benefits... a monthly allowance until they remarried, custody of their children.'

(Afary 2009: 300)

The government also had an active employment placement programme in state organisations. Children of widows were given a range of education subsidies, including a university quota.

'Historically, Iranian women have experienced a sharp diminution of economic and social authority after their husbands' deaths... In most cases her son becomes the main provider for the widow. The war subsidies changed this situation for the widows...' (ibid., citing Zahedi 2006: 274).

In addition to material benefits of being a war widow, there was however official state pressure on war widows with respect to their private lives, the state demanding that they remarry:

‘During and after the war, the state pressured young war widows to remarry. Ranking clerics, and later President Hashemi Rafsanjani (1989-1997), advocated temporary marriage as a solution to the economic burdens of the war and the moral dilemma of having many young widows around [i.e. single women in their sexual prime]. There were about 56,000 war widows, and many were asked to engage in temporary marriages with ideologically committed Islamists or disabled veterans. The state also used the issue of the war widows to promote polygamy for all women.’ (ibid.: 303)

5.3 Discrimination, stigma, violence and predatory sexual behaviour

To establish a guiding framework for understanding material outcomes for widows, it is crucial to investigate discrimination, stigma, domestic violence and sexual abuse in conjunction with purely economic factors, to explain how widows can face a choice between severe poverty or making deeply compromising decisions to ensure their long term material well-being.⁴⁶

It is difficult to quantify the incidence of any of these on their own or even in combination, but they are often interlocking themes. It is not unusual in a society context for widows to be despised and deliberately ostracised, while simultaneously being targeted by men for extra-marital sexual gratification.

5.3.1 Stigma and religion

The popular archetypal image of extreme social conservatism towards widows is typified in the elite segment of Indian society, the Hindu Brahmin religious caste, where remarriage is often not permitted, past acts of sati (the now-banned practice whereby widows were expected to immolate themselves on their husband’s funeral pyre) may still be revered, and ritualised norms severely restrict daily dress and behaviour for the remainder of women’s lives as widows. ‘Inauspiciousness’ is often seen as a defining characteristic of widows, with negative consequences on people’s futures if they interact with a widow when performing a key life-cycle event such as marriage. While high caste Hindu social norms with regard to widows still apply today (with variations according to social context, such as in rural and urban locations), for wider Indian Hindu society – characterised as non-elite – widows’ social alternatives are more varied, if only out of material necessity. In lower Hindu social groups, widows’ remarriage is more common.⁴⁷

In Hindu Nepal, a documentary film showed that widows face discrimination because of a belief that their husbands died as punishment for immoral acts or crimes committed by the widows in a past life. The younger the age of the husband at death, the greater the severity of the crime committed by the widow. This is significant: 67 percent of Nepalese widows are under age 35 (Widows for Peace Through Democracy 2009: 1). Retribution is further aggravated by hostility of the dead husband’s family, who feel the immoral woman has forced them to pay a high price for crimes they did not commit. This belief is mirrored in a study of widows in southern India

46 With respect to domestic violence, material well-being decisions and social norms, see Adelman (2004: 66) cited by Merry (2009: 103). A practical example: ‘...battered wives in Bangladesh who, despite their husbands’ cruelty, would not file for divorce nor leave home because in their country separated, abandoned, or divorced women are considered social outcasts...’ Sancho-Liao (1993: 31-32); a similar attitude can be found in strata of Indian society. Widows are treated similarly in both societies.

47 For a rare quantitative India-wide study of remarriage, see Bhat and Kanbargi (1984).

(Channel 4 2009; Bhai 1999: 148): ‘widowhood was considered ‘fate’ by at least 58.4 percent of the working widows and 28.7 percent of the non- working widows [in interviews]. Many of them believed it was the curse of a previous birth [life] and some felt it was a consequence of not satisfying the deity [God]’.

The complexity of convoluted social and religious attitudes means that even as the widow is mistrusted, she can simultaneously be revered, as demonstrated in the case of Roop Kanwar, an educated young woman who is said to have committed ritual suicide by fire – sati – on her husband’s funeral pyre in 1987 in Jhunjhunu, Rajasthan, northern India. Her case became notorious because it had been thought that sati was no longer practised. The women activists who protested against the circumstances of her death were however condemned by a counter protest that accused them of having been ‘corrupted by western values, [and that] their devaluation of the incident of sati, the supreme glory of Hindu womanhood, had to be stopped.’ Roop has not been the only recent case, as evidenced in research published in 1996.⁴⁸

An estimate of widows experiencing physical abuse can only be attempted by reference to the statistics for all women prepared by UNIFEM: ‘globally, one in three women will be raped, beaten, coerced into sex or otherwise abused in her lifetime’.⁴⁹

Applying this to the global total of 245 million widows produces a figure of 81 million abused widows. While almost certainly understated given that widows are open to higher levels of abuse than other women, this still gives a sense of the magnitude of the problem internationally. In terms of likely regional distribution, Kate Young of NGO Widows Rights International states that ‘research in different cultural contexts clearly shows that the mistreatment of widows is most acute in South Asia and Sub-Saharan Africa’ (Young 2006: 201). Studies on widows in India and Bangladesh have shown mortality rates of older widows on average 50 percent higher than those for still married women of the same age range. In the case of India, a study on widows ages 45 and over showed that they had a mortality rate 82 percent higher than that of still married women of the same age (Rahman, Foster and Menken 1992; Bhat 1998).

5.3.2 Stigma and sex

In some parts of the world, widowhood suffers from an ambiguous and convoluted social reasoning that links widows with the prejudice about single women that regards them as sexually ‘loose’, i.e. promiscuous at best and prostitutes at worst. Local expressions and views about widows have taken on the same deeprooted prejudice, which is often extended also to unmarried school age girls in the 12-17 age range.⁵⁰ It is well documented that some terms for widow are synonymous with

48 Quoting Malini Bhattacharya in Bhattacharya (2008: 67). There is some controversy as to the precise details of Roop’s death. A news report stated there were 50 (known) sati widows’ deaths in India in 1990, see Sonali Verma, Human Rights Information Network, India News Network Digest, Vol. 2, Issue 1648, August 1997. For a nuanced account of Roop’s case, see ‘The Deorala Sati’, chapter 7 in Mark Tully’s book *No Full Stops in India*, (1991). Weinberger-Thomas (1996 French; 1999 English translation). See Brydon et al (1989: 39-40) for an overview of the highly discriminatory nature of the conservative interpretation of Hinduism towards widows and women.

49 Quote continues: ‘Violence against women has become as much a pandemic as HIV/AIDS or malaria. But it is generally downplayed by the public at large and by policy makers...’, UNIFEM (2003: 6).

50 Jha and Jhingran (2005: 230): ‘The association between school attendance by girls and immortality is one of the reasons for early marriage of their girls and withdrawal from school even without marriage in many parts of the country... the cultural environment [in Karnataka state, southern India] is so conservative that school attendance by adolescent girls is associated with immorality.’

prostitute, as for example in Hindi, the most widely spoken of the regional languages of India (Chen 2000: 333). Women consequently often prefer not to use the term ‘widow’ at all.

This stigma means widows can lose out on jobs, with employers fearing the potential inference that they would be employed because of their perceived sexual availability. It may also mean they cannot obtain credit or other necessities, since travel outside the village community – seen as sexually questionable – has not been permitted and they are therefore unacquainted with their regional geography. Martha Chen, a specialist on Indian widows, observed that ‘whether or not widows who work as domestic servants or wage labourers or factory workers also engage in or are coerced into prostitution, they are perennially suspected and accused of sexual misconduct’ (ibid.: 332-333).

A poor widow from Kithoor village in the Indian state of Rajasthan reported: ‘If a woman travels out of the village too often on her own, they say she roams around, that she is a loose woman’ (Agarwal 1989: 86).

This perception of sexual promiscuity can mean that basic protection within the home and community, including protection from rape, becomes impossible, as this case study illustrates:

‘Kodiben had three children when her husband died. Soon afterwards her married brother-in-law, living with her in the joint family, tried to rape her. His wife knew of the incident and was jealous. The second time he caught Kodiben when she was collecting firewood and she was badly hurt. Bravely she appealed to the panchayat (village council) for justice and protection. Its members decided that she should live separately but that her widowed father-in-law should live with her to protect her. The jointly owned land was divided and she, her children and the old man began to live in another house. At first everything was all right, but then the father-in-law began to harass her sexually. Desperate, she appealed again to the panchayat but its members refused to believe her this time. They accepted the father-in-law’s version and condemned Kodiben for her loose ways. Kodiben was distraught with shame and felt she could no longer hold her head up in the village. She drowned herself in the pond the next night.’

(Recounted by Owen 1996: 19)

Other widows may find they are unable to defend themselves against sexual advances or to take such uncompromising action. Greg Mortenson’s account of his time in rural northern Pakistan makes reference to a local man who regularly visited a widow for sex (Mortensen and Relin 2008).

In Iran, men also see widows as sexually available. ‘I must take care every moment. Men, when they see a widow woman, they view her as an easy and helpless prey’ comments one Iranian widow (Afshar 1989: 50).

5.3.3 Stigma and rape during war

Debilitating outcomes for widows are made more likely by their unprotected status. Rape is one of the most common and most serious events they may face. Human Rights Watch remarked, ‘Worldwide, victims of rape are stigmatised and made to feel shame for the crime that has been committed against them. As a result, rape is one of the most under-reported crimes. One [Rwandan] rape survivor said ‘after rape, you don’t have value in the community’ (Human Rights Watch 1996: 23, 25).

While the civilian context of rape is less easy to predict and quantify, war in most parts of the world still guarantees frequent rape – and not uncommonly, mass rape.

Rape is only the starting point of the ordeal. In many societies, confused thinking on women's issues results in condemnation of the rape victim. In many rural societies, where personal and family status have major economic implications, no aspect is more important for women than sexual purity, or more precisely, the local community perception of their sexual purity. This extends to both promiscuity and sexual abuse (an involuntary sexual act committed against them). Women rely on their sexual purity in order to secure their long-term material well-being through marriage. Rape, then, is a near guarantee of destitution.

In the context of HIV/AIDS, rape in many countries also amounts to a death sentence, and combined with war, is certain to result in major demographic upheaval. Human Rights Watch reported after the Rwandan genocide with its use of mass rape:

'The profound discrimination against women has carried over into a post-genocide Rwanda and poses serious problems for women, particularly given that they now constitute roughly 70 percent of the population. Many survivors are widows who lost their families in the genocide and found themselves displaced or refugees with no remaining male relatives, as a result many female genocide survivors have been reduced to an even lower standard of living now that they are widowed or orphaned. Most have little education, lack marketable skills, and are often denied access to their husband's or father's property because they are women. In addition, rates of maternal mortality as well as malnutrition have reportedly risen since the genocide.' (ibid.)

The International Criminal Tribunal on Rwanda (ICTR), is said to have achieved recognition of rape 'as a war crime for the first time' (Merry 2009: 174. See also Pankhurst 2003: 32, citing Drakulic 1994). In addition, rape and 'sexual enslavement' in wartime were classified as 'crimes against humanity' as part of the International Tribunal for Yugoslavia.

In highland Guatemala during the 1980's civil war, 'widespread use of rape [against the Mayans] during counterinsurgency war was a gendered way in which the military attacked the social fabric of family and community life. Widows in particular are forced to confront multidimensional problems as they struggle to survive: not only the loss of family members, but in some cases the rupture of family ties and outright hostilities within families, in some cases leading to domestic violence...' (Green 1999: 32).

In conventional war, women have a higher chance of surviving conflict than in the case of genocide. This also means they have a higher chance of being widowed, and therefore displaced as refugees, without the protection of their husbands or communities.

The spread of HIV/AIDS through rape during conflict has serious implications for Sub-Saharan African countries. As one researcher observes, 'the link between conflict and HIV/AIDS is two-way: the virus is a threat to peace and is spread particularly by war' (Smith 2003: 84). Once a war or significant civil unrest has begun, large movement of people as refugees sets the scene for the spread of HIV/AIDS and other communicable diseases. The main transmitter risk is through armies, through the use of mass rape by soldiers as a political tactic, through generally increased levels of opportunistic sexual assault, or through women and girls resorting to prostitution as a means of survival (ibid.; Black 2005: 233).

Estimates at the height of the HIV/AIDS epidemic in the 1990s placed the level of HIV/AIDS infection among soldiers in the South African army at 40 percent, the Angolan at up to 60 percent, and the DR-Congolese and Zimbabwean armies at around 75 percent. In addition, many Sub-Saharan armies are involved in peace-keeping operations in Africa (Smith 2003: 84). As the UNHCR states, 'in any civilian exodus, women and children normally make up an estimated 75

percent of a refugee population' (UNHCR 2002: 6). In wartime, women – and by extension, widows – face a severe risk of rape from ill-disciplined soldiers acting on their own, or even from organised mass rape. In either case, they face the threat of being raped more than once. UNHCR reported in 1999 that at Kanembwa camp in Tanzania, 26 percent of the Burundian female refugees between and 12 and 49 had been raped (Izumi 2006: 15 and footnote). Such conditions favour rapid transmission of HIV/AIDS and other sexually transmitted diseases, and it is clear that widows, as part of refugee groups, face multiple health risks.

Some aspects of the stigmas around rape and HIV infection act to prevent HIV-infected widows from gaining such little specialist assistance as is sometimes available, as an Eritrean widow reveals:

'I am a member of an association of people living with HIV and AIDS. But I am not an active member, because many of the members are commercial sex workers and I do not want to be associated with them. I thus fail to get the benefits that I could get with the association.' (ibid.)

5.3.4 Widow cleansing and inheriting

Two of the most detrimental and harmful traditional practices specific to widows are widow cleansing and widow inheriting. Cleansing involves compulsory sexual intercourse with another man after the husband's death. Based on the available evidence, the practice appears peculiar to Sub-Saharan Africa. Cleansing is clearly a high risk activity in the context of the HIV/AIDS pandemic, as well as with respect to other sexually transmitted diseases. Hepatitis B is a hundred times more infectious than HIV, and an estimated 350 million people are infected.

Cleansing, as forced sexual intercourse on a par with rape, presents a clear legal and moral issue by violating a woman's ability to maintain her physical and psychological integrity. This case is from Malawi in 2005:

'In the hours after James Mbewe was laid to rest his 23 year old wife, Fanny, hid in his sister's hut, hoping that the rest of the in-laws would not find her. But they hunted her down, she said, and insisted that if she refused to exorcise her dead husband's spirit, she would be blamed every time a villager died. So she forced herself to have sex with James's cousin...'

(La Franière 2005)

Widow cleansing is required because it is believed to break the supernatural or spiritual bond between the widow and her dead husband's spirit. Until this is done, the husband's spirit is believed to cause a range of negative outcomes, such as deaths, for the local community – a kind of supernatural turbulence. The choice for the widow is stark: either be cleansed or be banished from the community. The research for this report has not uncovered references to cleansing outside Sub-Saharan Africa, where also – although found all across the continent – it is not universally practised within countries.

In Zambia, Paulina Bubala's husband died in 1996 of what appeared to be AIDS-related symptoms. Soon after the funeral, both Ms. Bubala and her husband's second wife covered themselves in mud for three days. Then they each bathed, stripped naked with their dead husband's nephew and rubbed their bodies against his. Weeks later, she said, the village headman told them this cleansing ritual would not suffice. Even the stools they sat on would be considered unclean, he

warned, unless they had sex with the nephew. ‘We felt humiliated,’ Ms. Bubala said, ‘but there was nothing we could do to resist, because we wanted to be clean in the land of the headman.’ The nephew died last year. Ms. Bubala said the cause was hunger, not AIDS. Her husband’s second wife now suffers symptoms of AIDS and rarely leaves her hut. Ms. Bubala herself discovered she was infected in 2000.

What is perplexing about this story is that in spite of the negative impact of her own ‘cleansing,’ and the fact that she has been working as an HIV/AIDS volunteer awareness raiser, Ms. Bubala still appears to support cleansing (ibid.).

Similarly, in another case from Malawi:

‘Shortly after Emily Omino’s husband died, her in-laws insisted that she be ‘cleansed’ by having sex with a social outcast, a custom in her region, as a condition of staying in her home [because of the need to break her link with her dead husband’s spirit]. They paid a herdsman to have sex with Omino, against her will and without a condom.’

(Human Rights Watch 2002)

As well as cleansing, widows may face being literally inherited by the dead husband’s brother (the second eldest brother among siblings). Widow inheriting is a practice seen across the developing world, especially widespread in Sub-Saharan Africa, but also found in parts of South Asia and the Middle East (Ntozi 1997: 125-144). It involves the brother of the deceased husband marrying the widow (a practice sometimes referred to as levirate); or alternatively, if she is allowed to choose not to remarry the brother, it may be limited to the widow promising not to remarry outside the family in order to keep her children and any inherited property – she often has no ownership entitlement to the husband’s property, only usage rights which constitute her property inheritance.

Most of the available evidence focuses on Sub-Saharan Africa, where, like widow cleansing, it is found across the continent but not universally practiced within countries. The purpose of widow inheritance is to provide a safety net for the widow and her children, and to prevent the widow remarrying outside this dead husband’s family. This is important because the children of the widow are considered to be the direct preservers of the dead husband’s family line and so must be kept within the family. Widow inheritance takes no account of the widow’s. Sometimes it also fails to take account of a widow’s right to retain her own children, as this example from Palestine shows:

‘For widows, ...it is social relations rather than access to property that really count. A widow is usually more concerned about being able to keep her children than about realising her property rights in her husband’s estate. When households were still mainly dependent on agriculture for a livelihood, the importance of women’s labour was recognised and children were seen as an asset. If a rural widow had to give up her children it was because her kin wanted her to return home; in particular if she was young, they may have feared for her reputation and wanted her to remarry. Unless she married her husband’s brother, her in-laws would not allow her to keep her children and, legally, she would be obliged to give them up.’

(Moors 1996: 79)

A combination of the traditional practices of cleansing and widow inheritance, HIV/AIDS and the lack of government intervention has produced highly destructive results among the Luo ethnic group in Kenya:

'In the past, tero [widow inheritance] was a practice of 'guardianship' through which the widow and her children were taken care of by her husband's family, and through which she could continue to have children in the dead husband's name. Since the widow was 'taken' by an agnate of her husband, the practice ensured that her sexual and procreative capacities were contained within her husband's lineage, while providing security to the widow and her children after the husband's death.

'In the 1980s and 1990s, with the emergence of the AIDS epidemic in western Kenya, the practice of tero began to change dramatically. First, the problem of what to do about widows has become particularly acute because AIDS has created many young widows, many of them HIV positive. Second, with the high death rate from AIDS in recent years, brothers and kinsmen are reluctant to expose themselves to the risk of AIDS [via widow cleansing by sexual intercourse and widow inheritance] or undertake the responsibility of another household. It is becoming common for an unrelated man to be given money or goats to 'cleansed' the widow of her husband's death. Most strikingly, there has been a shift from being 'taken' by an agnate to being taken by a 'professional inheritor', a man outside the husband's lineage and often outside Luo community itself. [These men are 'professional inheritors' because they move from village to village, living off providing the cleansing ritual].⁵¹ Taking a widow has become a job done in exchange for money and material benefits, and tero is often described today as a business. People also complain that today, instead of doing tero in its proper place, the home, widows are increasingly drawing upon both AIDS education discourse and church support to refuse to be inherited at all.

'There are numerous reports of widows being forced off their husband's land and their property being taken because they refuse tero or because they are accused of spreading HIV/AIDS. Many of these widows and their children end up trying to eke out a living in town from petty trading, bar work or commercial sex work.

'Young widows are regarded as a threat to the well-being of the home and its people, either because they are suspected of being HIV positive or because, by refusing tero, they carry widow's dirt (chola).'

(Alber, Geest and White 2008: 153-155)

Nancy Luke records that, even as brothers avoid performing cleansing for fear of HIV/AIDS, they still insist that widows are cleansed by someone to fulfil cultural norms and to avoid the supernatural retribution (chira) that comes with breaking traditional practices, hence the professional inheritors (Luke 2002: 9). Regardless of who does the cleansing, the widow, is passed on to a male relative without regard to her views.

Sexual cleansing is considered important because an evil spirit is believed to have caused the death of the husband; the cleansing ritual removes the evil spirit, and until it is completed, the spirit still surrounds the widow. If the widow passes by as someone dies or falls ill, it is the work of the evil spirit. Widows are therefore not permitted to go to market and no one should eat at the widow's home except her own children, who are also not permitted to circulate in the community until cleansing has been performed. Those who violate this norm and are thought to have caused harm to someone as a result can find themselves in serious physical danger from the community, which believes the widow is acting in full knowledge of what 'she is capable of' (Interview with respondent from the Luo community, March 2015).

Cleansing was recognised as a serious problem in a recent Open Society Institute report on HIV/AIDS in Kenya, that makes the link between property rights, widows' inheritance and the spread of the pandemic. Cleansing was included as one of the key HIV/AIDS transmitters:

'Widow inheritance and widow cleansing – the practice of forcing a woman to marry a relative

⁵¹ The term 'professional inheritors' appears to have been first used by Nancy Luke. For details of the practice, see Luke (2002).

of her deceased husband and also sometimes to have sex with a ‘village cleanser’ in order to be accepted back into the community – are both linked to HIV infection in Kenya’ (Kalla and Cohen 2007: 17). Cleansing can even include widows ‘having sex with their husband’s dead body’ (Sweetman 2006: 3-4).

In Uganda, Kanya, age 24, provides a male perspective of the unwilling brother required to inherit his older brother’s widow:

‘I was only 22 when Sula, my brother, died. I was waiting for my college exam results. Meanwhile, I worked as a minibus conductor. At the burial ceremony of Sula, we discovered that he had left no will. So the clan elders came to me after their meeting. They told me I was going to ‘take on’ Namutebi – Sula’s widow – and also her three children. ‘Ah, me?’ I asked them. ‘I am only a college student. How can I take on the widow?’ ‘It is because you are the oldest brother of the dead man. It is your duty to take care of the widows and orphans. The children are your blood,’ the old men said. I was shocked. I was angry. Sula was a rich man when he lived. He had his coffee plantation. He never shared his wealth with me. And then I felt fear, because everyone knew that Sula had loved many women. He must have died of AIDS. So his widow had HIV. All these thoughts ran through my mind that day, but I could not challenge the clan elders. I went through with the inheritance rites. But since then, I have never gone back to see Namutebi and her children. It is now almost two years.’ (Jones 2006, citing Ntozi 1997: 125-144)

Some attempts have been made at banning and/or modifying the practice of cleansing:

‘In Malawi, after unsuccessfully attempting to ban widow cleansing, health officials convinced traditional leaders to encourage the use of condoms for those who are involved in the rituals. Some local tribal leaders have welcomed the initiative, modifying customary law to punish cleansers who force women to have sex without condoms (Ligomeka 2003). In 2005, the government of Zambia amended the penal code to make it illegal for any person to engage in a harmful cultural practice such as widow cleansing, or to encourage another person to engage in the practice. This national level law reform supports ongoing changes to policies and practices at the local levels. The AIDS Care and Prevention Department at Chikankata Hospital began promoting alternative ritualistic methods of sexual cleansing through a process of consultation with local chiefs. These consultations explored alternative to ritualistic cleansing, such as nonsexual practices or protected (using condoms) sexual practices. Subsequently, the chiefs in the Chikankata Hospital area enacted a law to abolish ritual cleansing by sexual intercourse in the early 1990s.’ (Gamharter et al., 2007)

5.3.5 ‘Husband killing’ and the stigma of witchcraft

Accusations of witchcraft levelled against widows typically take on two forms.

First, widows of any age whose husbands have died in what appear to the community unexplained circumstances (while typically, the cause is an unidentified or unknown disease), are accused of killing them by witchcraft. An example from western Kenya is HIV, when it was still poorly understood during the 1980s, 1990s, and part of the 2000s – i.e. the community did not know it was HIV or what HIV was across the entire rural population. Some women whose husbands died during that period still live under the stigma of witchcraft, with community members focusing on murder rather than HIV as the cause. HIV continues, in 2015, to be poorly understood by some community members in western Kenya, with denials of HIV causing the death of family members.

Second, ‘women who are violating norms of female behaviour by living on their own – often in widowhood – face accusations of witchcraft in many parts of the world’ (Pickup, Williams and Sweetman 2001: 93). This typically happens to elderly widows. Even without violating social norms, they are often effectively suspected of murder immediately after the husband’s death, with the burden of proving otherwise resting on the widow.⁵² The claims are always baseless, and not supported by actual evidence. Suspicion of this kind is common, as reported for Nigeria: ‘...in cases where there are no children, the family [of the deceased husband] will often suspect the widow had been involved in the husband’s death’ (Immigration and Refugee Board of Canada 2000).

Having children is no insurance however, as this example from southern Nigeria shows:

‘Beatrice’s husband died intestate in 1991, six years after their marriage. Immediately after his burial, Beatrice’s in-laws summoned her to a family meeting and accused her of killing her husband. They forcibly took away her two small children, ordered Beatrice, five months pregnant at the time, to move out of her matrimonial home without her belongings, and told her that she could return after having the baby to swear an oath that she did not kill her husband.’

(Ewelukwa 2002: 426)

This stigmatisation of widows through the alleged use of witchcraft, with claims of deliberately causing the deaths of their husband and other individuals, is well documented. Sometimes they are even held responsible for droughts and outbreaks of disease, but the accusation can also be motivated simply by the desire to acquire widows’ property, or to exact revenge for an alleged transgression. The witchcraft stigma is found in such geographically disparate locations such as Papua New Guinea, India and Sub-Saharan Africa. It typically exists where the reach of formal law and police presence are limited or non-existent. The problem is so pervasive in Papua New Guinea that a government official was quoted as saying, ‘witch killing is out of control’ (Channel 4 2009). The Melanesian Institute on the island researches the killings.

It is clear that witchcraft accusations represent a concrete threat to the life and health of a broad spectrum of widows.

Older women are at increased risk of the accusation. In participatory research undertaken by Help Age International in Tanzania, older widows living alone raised accusation of witchcraft as a key concern:

‘The solitude of a widow brings additional problems – if she is not seen much about the village, an air of mystery may grow up around her, which contributes strongly to accusations of being a witch. They are often seen as cleverer than older men and often have physical signs of being a witch [perceived by the community] – red eyes, wrinkles, bags under the eyes, twisted limbs, gnarled hands.’

(Hari 2009)

Depending on the locality, there can be a serious level of threat: organised vigilante groups specialise in the interrogation, torture and execution of the accused. A Papua New Guinean woman

⁵² This suspicion exists as part of a generalised understanding across many Sub-Saharan African societies, whereby death is not understood as a random event, but instead is seen as having been caused deliberately with the intention of obtaining a given end. The understanding is that living human beings can call on the spiritual to affect another human being as directed. This is also related to ‘cleansing’, where it is taken that negative influences from the spiritual world will result in concrete consequences if ‘cleansing’ is not performed. See Mbiti (1991: 117).

accused of witchcraft was spared execution by offering assistance to the vigilantes – as a witch, it was said she could identify other witches (Channel 4 2009).

Such allegations are often clearly caused by straightforward ignorance, for example, of how disease is spread. An adult working age male from a village in Tanzania was recently recorded as declaring: ‘The witches must be killed. My son got diarrhea and died. It was the witches. Of course they deny it...’

Another man stated: ‘witches use the power of our ancestors to harm others. It happened to my grandfather. One day he got pricked by a thorn, and he died the next day. How can a thorn prick kill somebody? He must have angered a witch. It was the same with my father. He was a mentally well man. But then he was bewitched and we haven’t seen him since.’

This is a particular problem for older widows and regularly leads to their murder. One investigation in Tanzania reported: ‘Witch killings are a daily event in Sukumaland. The victims are almost invariably old ones, living alone.’

A Tanzanian activist states:

‘Witch-hunting is the most extreme end of the extreme views towards women held by many men here. Women do the vast majority of the work. We are seen as the property of our husbands. Women are not allowed to decide anything about their lives. We have no rights, no property, and no say. Widows are the exception – and that is why they are targeted. Any bad thing is blamed on us, and we can’t answer back. It ends with us being blamed even for disease and death.’

(Hari 2009: 3-4; see also Fazoranti and Aruna 2002: 55)

Help Age International (HAI) Tanzania explains the context:

‘Unlike other crimes, violence against older women is not just tolerated but accepted. The perpetrator of an attack is usually known and the feud is personal. The killing of an older woman had taken place the night before we arrived to meet Bugandando villagers. [HAI] was sure it had been a deliberate act of intimidation intended to crush the momentum of activists like him. Many older women are vulnerable targets with which to attribute blame for unforeseen problems. They are also regarded with suspicion for having outlived many of their own children – the so-called ghost generation of HIV and AIDS. UNICEF estimates that 14 percent of all children in Tanzania are orphans, of whom 64 percent are cared for by grandparents. The reasons for these killings are complex. Tanzania and Mozambique remain two of the poorest countries in the world with over 50 percent of the population living below the locally defined poverty line. A belief in witchcraft and the use of traditional healers to vocalise suspicions and vendettas seeps through the lifeblood of East Africa. There is nothing wrong with belief in spirits and a connection to the land; it is no different from other organised worship. The harm is in utilising a respected and ancient belief system to justify irreligious violence and brutality for settling jealousies and fear of the unknown. Witchcraft is a vague and loose term, defying exact definition. All too often an accusation of witchcraft prevents the participants from confronting the true nature of the social problems that face them. Searching for herbs in the scrubland rather than making expensive and exhausting journeys to clinics is seen as a telltale sign of witchcraft, as are red eyes: in reality often the result of older women spending a lifetime stirring maize porridge over smoky fires.’

(Help Age International n.d.)

An FAO (UN Food and Agriculture Organization) field officer states the practice of falsely accusing widows of causing their husbands’ deaths has intensified due to HIV/AIDS:

‘Widows are often held responsible for the deaths of their husbands for allegedly having infected them with HIV/AIDS, or causing their death through witchcraft. Property-grabbing from widows and orphans is not a new phenomenon, it existed prior to the HIV/AIDS epidemic. However, HIV/AIDS has worsened the situation. Increasing rates of infection and the stigma accompanying the disease only add to the economic vulnerability of widows and orphans.’

(Izumi 2006: 3-4)

Witchcraft accusations are also documented elsewhere in Sub-Saharan Africa, as well as in the Indian state of Orissa. There is also a general reference to Dalit women (formerly referred to as ‘untouchables’ in India) as witches.

Research by Oxfam Project Officer Puja Roy in the Indian state of Bihar in 1998 casts doubt on ‘the assumption that the persecution of women accused of witchcraft is a problem restricted to tribal people, and that it is caused by illiteracy and superstition.’ The research suggests that ‘violence against ‘witches’ is better explained against a background of female economic subjugation, sexual exploitation, and the persecution of widows and independent vocal women’ (Pickup, Williams and Sweetman 2001: 93).

From 1991-94 in West Singhbhum District in Bihar, 60 women were accused of being witches and tortured to death (ibid.). There have also been documented cases in Bihar of murder after accusations of witchcraft, with the real motive being the desire to unlawfully appropriate land. This is part of a general pattern of violence often employed by relatives to acquire land from widows:

‘Pressure on widows with children to sell their shares [in land] to a relative at a low price, or to lease it out, is usually considerable. Single women (married or widowed) are particularly vulnerable to harassment by male kin who may threaten to kill them if they insist on exercising their claims [to property and land]. Cases of direct violence to prevent women from filing their claims of exercising their customary rights have also been noted, especially in Bihar, beatings being common...’

(Shah 2006: 132-133; Agarwal 1989: 83-84)

The same research study disclosed the case of ‘a widow and her daughter-in-law [who] were forced to parade around the village naked. They were branded as witches because they refused to oblige four prominent men with sexual favours. When they reported this to the police, the villagers responded by burning their house down’ (Pickup, Williams and Sweetman 2001: 93).

5.3.6 The threat and stigma of HIV/AIDS

The stigma surrounding HIV/AIDS affects not just those who have the disease, but also their close associates. In Kenya and Uganda, widows of HIV/AIDS husbands speak of HIV/AIDS discrimination being directed not only at them as wives of HIV victims, but at all widows as a group (Nyanzi, Emodu-Walakira and Serwaniko 2007: 3-4).

An online widows-HIV discussion group has been set up for uninfected ‘HIV widows’. Stigma with regard to HIV/AIDS is considered particularly harmful, because it has been shown to cause infected people to avoid treatment, and to avoid frank and open discussion of the disease, leading to denial of risk.⁵³

⁵³ The US Centers for Disease Control and Prevention (CDC) state that, ‘while stigma’s pernicious effects are perhaps most obvious in countries other than the US, stigma negatively affects Americans as well.’ As of 2000, 20 percent of

In addition to the HIV/AIDS threat presented by wartime rape, when widows are evicted from their homes by relatives and left with no income and no immediate employment prospects, prostitution is often the only option. The story of Munni, the widow from northern India recounted earlier, is incomplete without emphasising that she is very likely to become infected with HIV/AIDS. HIV/AIDS emphasises the pivotal role of relatives in their power to safeguard or destroy widows' lives. Many rural women who enter prostitution have been shown to be unaware of HIV/AIDS and how it is transmitted. The results of such economic deprivation and discrimination leading to prostitution, combined with ignorance of the disease, are predictable. A World Bank publication on the HIV/AIDS epidemic in South Asia observes: 'in parts of India, the scale and frequency of commercial unprotected sex have been sufficient to ignite epidemics among sex workers, their clients, and a growing number of the clients' sexual partners'.⁵⁴

5.3.7 Jealousy and other causes

Violence towards widows does not always come from obvious sources, as a widow, living in Vrindavan, Uttar Pradesh state, northern India, recounts:

'Life has taught me that women are the enemies of other women. My husband and I were happy at first, but when I couldn't give him a child he began to beat me. Then he took another wife and we all lived together in the same house. A few months later I found out I was pregnant. This made the other wife very jealous. We carried on like this for two years until my husband fell sick and died. By this time I was pregnant again and had a second baby boy, which only made the other wife even more jealous. One afternoon she crept into the room where I was asleep with the baby and set fire to the bed. The heat and smoke woke me up and I started to scream. The neighbours rushed in but it was too late and my son burned to death. My brothers-in-law beat the woman and threw her out of the house, but she was never arrested or held responsible for what she had done. I suffered fifty-percent burns all over my body and my mother had to sell all her land to pay the hospital fees.'

(Sheikh 2005: 62)

5.4 Ebola: Widowhood as a driver

Ebola and widows are linked in a significant way not because more men are dying than women, but because the practice of widow cleansing, widow inheritance, mourning rituals and burial rituals cause widows to become a means of spreading the virus: a disease vector. This section shows how widowhood can act as facilitator of a public health disaster. Widowhood in this context is not an outcome, but a driver of outcomes.

Safe handling of Ebola-infected bodies requires complete protective covering in hazmat

American held stigmatising beliefs towards HIV/AIDS victims while 'leaders of the Christian Right also work to keep AIDS-related stigma alive.' Moremen (2003: 398-399): citing CDC (2000; 2002) on stigma and data respectively; Herek and Capitanio (1999) on the Christian Right and stigma.

⁵⁴ Wilson and Claeson (2009: 12). Sex workers lack of knowledge of disease risk, Department for International Development (DFID) UK (2007: 20), in which a sex worker explained it was only after eight years as a prostitute that she learned about the associated diseases and risks. For another recent qualitative non-academic study of the causes of the HIV/AIDS epidemic in India see Brook (2007).

biohazard suits to avoid even the tiniest contact with infected body fluids from the ill person. Traditional close-contact rituals militate against these life-saving measures.

In addition to the high risk of death after contact with the husband's corpse, if the widow is able to avoid infection, she faces not only social isolation like other family members of Ebola victims, but sometimes also claims, as reported in Guinea, that she 'allowed' her husband to die.

The aspects of traditional widowhood practices that are most pertinent in contracting and transmitting Ebola include requirements to:

- drink the water used to wash the husband's corpse,
- have the widow's head shaved, often with non-sterile razors or sharp objects,
- have sexual intercourse with a relative or other man,
- marry the husband's brother.

Ebola represents an extreme health emergency due to its very high infectiousness and mortality rate, up to 90 percent depending on the strain and whether a patient receives professional treatment. The mortality rate among patients at medical facilities was reported at up to 59 percent (World Health Organization 2015). Dr. Gabriel Fitzpatrick, a doctor with Médecins Sans Frontières (MSF) at a field hospital at the epicentre of the outbreak in Sierra Leone, recounted how a family of nine were all killed by the disease in around five days after the grandmother came down with symptoms (O'Carroll 2014). Treatment is only supportive, which gives a better chance of survival but does not directly attack the virus itself, it only attempts to maintain the body's processes, such as staying hydrated.

The Ebola outbreak began at the end of 2013 in Guinea. 'In March 2014, hospital staff alerted Guinea's Ministry of Health and then MSF. They reported a mysterious disease in the south-eastern regions of Gueckedou, Macenta, Nzerekore, and Kissidougou. It caused fever, diarrhoea and vomiting. It also had a high death rate. Of the first 86 cases, 59 people died. The WHO later confirmed the disease as Ebola' (BBC 2015).

By 30 March 2014, Liberia reported two Ebola cases, with news also of suspected Ebola cases in Sierra Leone. On 1 April 2014, MSF, highly experienced in tropical medicine, warned that the Ebola epidemic's spread was 'unprecedented.' However the World Health Organization (WHO), behind the curve at that stage, called it 'relatively small still.'

There had been many Ebola outbreaks since it was first discovered in 1976 in Zaire, now the Democratic Republic of Congo. In every previous case, the outbreaks of Ebola were contained, but in 2014 MSF warned that this outbreak was different. As time passed, it was clear that the 2014 outbreak had grown into country-wide epidemics and an international emergency. The prognosis was not good, not least due to the very slow international response to scaling up what MSF was doing. The outbreak turned into a regional epidemic. The three neighbouring countries at its centre all had poor quality health systems (ibid.), with prevalent traditional beliefs about disease and mourning traditions ideal for Ebola transmission. Widows were directly involved in these mourning practices, which are not the only factor turning the Ebola outbreak into an epidemic and regional humanitarian emergency, but they are an important one.

In Liberia, the scale of the after effects of Ebola is beginning to come to light. A recent article on a Liberian Ebola widow appears typical of conditions on the ground:

'In the span of a single week at the end of August [2014], Makavi Dulleh [woman widowed by Ebola] lost 19 of her relatives to the Ebola virus. It overtook her family as suddenly as it had engulfed Liberia – as one member was carted away to a hospital, it seemed another would instantly fall sick. Ebola... entered the

family through an uncle who was a surgeon at a hospital Voinjama, the capital of Lofa County, where the hemorrhagic fever first crossed into Liberia from Guinea a year ago. Dulleh watched her parents, siblings, and husband all contract the virus, until eventually she herself became ill and was taken to the county's only Ebola treatment center during the outbreak...

After 30 days in the treatment center, Dulleh was discharged from the facility with her healthy baby boy Famoya by her side. It was then that healthcare workers explained to her that only she and her brother had survived – the other relatives who had been taken to the hospital had all died. She is one of many women across the country who lost a husband during the deadliest Ebola outbreak in history...

'...VICE News heard similar stories from various other Liberian women whose husbands died of Ebola, losing their partner and often the family's primary, or only breadwinner. The outbreak crippled the country's economy; as it wanes a year later, it is clear that widowed mothers have been particularly hard hit. Many now have serious difficulty with feeding and supporting their children... the International Rescue Committee (IRC)'s women's protection and empowerment program in Lofa County... told VICE News that [IRC] is learning about more and more widows each day, such that she couldn't provide an official estimate. The outbreak abruptly threw many women into the position of having to provide for their children.

'[An IRC staff member explained]: Women in Liberia and Lofa, most of them are dependent on their husbands or other men to be able to make a living, ...noting that education rates for women in Lofa are especially low.'

(Ruble 2015)

This report suggests that Ebola widows and their children will face extreme deprivation if humanitarian aid in the form of food and livelihood training is not provided. The VICE News article went on to show that Ebola widows are often taking care of several orphans from other families wiped out by Ebola. Humanitarian emergency needs other than for the immediate medical care of Ebola patients and Ebola awareness prevention will persist for the foreseeable future.

On 17 June 2014, Liberia reported that Ebola had reached the capital, Monrovia. By 23 June, because of the slow international response, MSF stated that the epidemic was 'out of control' and made a public request for large-scale, multi-agency assistance. Medical staff and money were needed to contain the outbreak. The countries affected faced mounting losses among their limited numbers of medical personnel and equipment was not widely available. The outbreak had become more like a war, with medical staff as 'soldiers', dying on the frontline against a relentless enemy and in urgent need of reinforcements.

Isolated locations were more severely affected because of limited facilities, distance, poor transport links and widespread popular ignorance about basic health knowledge. Most communities had not experienced Ebola before. The International Federation of the Red Cross and Red Crescent (IFRC) reported on the loss of health workers in the isolated far north of Liberia, at Foya near the Sierra Leone and Guinea borders:

'When my husband tested positive for the Ebola virus, my children and I were isolated by our community and our neighbours. We were denied access to contact and assistance from our own family and social workers. My children were prohibited from attending school and I found it difficult to support my family during those trying days,' says Musu Dolo (name changed).

Her husband later died from the highly contagious disease. He was one of the healthcare workers at a hospital which received an Ebola patient from Guinea. He was also the breadwinner for his family of four sons and a daughter. When her husband's case was confirmed, the entire family was put under surveillance at

home for 21 days, the incubation period for Ebola. During this time, the community knew very little about the disease as it was the first time it had surfaced in Liberia. There were a lot of misunderstandings and misperceptions about the outbreak.'

(Bestman 2014)

Eight months into the emergency, just after mid-August, MSF Operations Director Brice de la Vigne (O'Carroll 2014) stated: 'Globally, the response of the international community is almost zero. Leaders in the west are talking about their own safety and doing things like closing airlines – and not helping anyone else'.

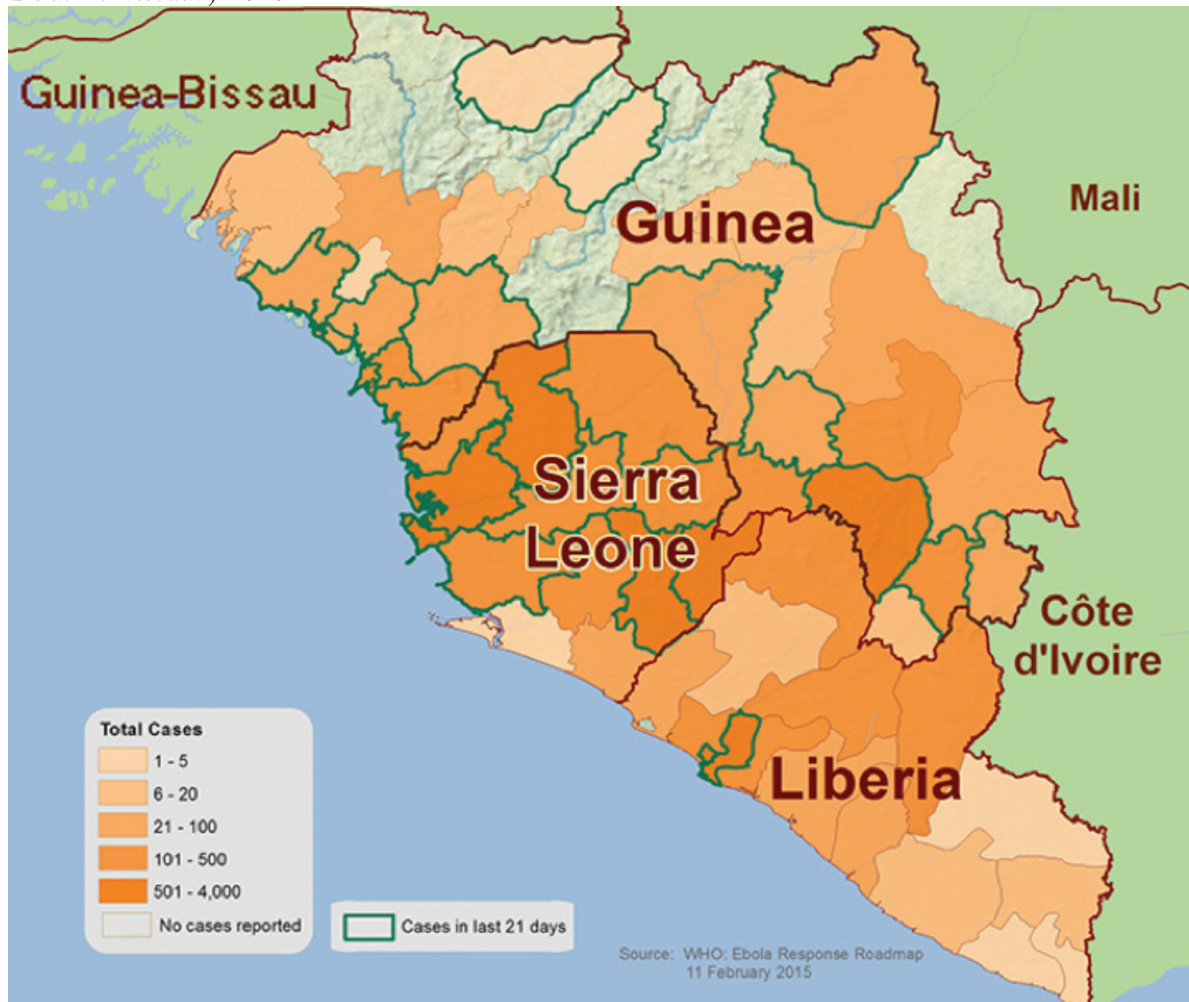
At the end of August, de la Vigne stated: 'It is simply unacceptable that, five months after the declaration of this Ebola outbreak, serious discussions are only starting now about international leadership and coordination.' (USA Today 2014).

The official figures for the death toll and total cases are reported below, but anecdotal evidence suggests these may be seriously understated: 'The World Health Organisation (WHO) admits the figures are underestimates, given the difficulty collecting the data. WHO officials this week discovered scores of bodies in a remote diamond-mining area of Sierra Leone, raising fears that the scale of the Ebola outbreak may have been underreported.' BBC, 10 February 2015.

In November 2014, the BBC reported serious concerns about the accuracy of the statistics: 'The data remains extremely poor. This is particularly pertinent in Liberia, where new cases are supposedly falling, as only 38 percent of the reported cases are actually laboratory confirmed, compared with 85 percent in Guinea. There is also the overhanging spectre of vast numbers of unreported cases - the best guess is there are around twice as many cases out there as have been reported' (BBC 2015).

Table 5.4 suggests that at 17 February 2015, there were around 50,000 cases of infection. A rough estimate of the number of widows involved, at 10-15 percent of all patients, suggests 5,000 to 7,500 (Loomba Foundation estimate).

By early November 2014 there were indications that the epidemic was levelling, with new cases holding steady at 1,000 per week. The three West African countries that had seen cases from travellers – Mali, Nigeria and Senegal – were free of Ebola by the end of 2014.

Figure 5.1: 2014 Ebola Outbreak in West Africa – Outbreak Distribution Map*As at 17 February 2015**Source: WHO ebola situation map cited by Center for Disease Control and Prevention, 2015***Table 5.4 – Incidence of Ebola by country as at 17 February 2015**

Country	Total cases (suspected, probable, and confirmed)	Laboratory-confirmed cases	Total deaths
Guinea	3,108	2,727	2,057
Liberia	9,007	3,149	3,900
Sierra Leone	11,103	8,212	3,408
Total	23,218	14,088	9,365

*Source: WHO Centers for Disease Control and Prevention.**<http://www.cdc.gov/vbf/Ebola/outbreaks/2014-west-africa/case-counts.html>*

Picking up Musu Dolo's story, we can trace the course of the social and agency responses to the epidemic:

'Because the family had direct contact with an infected person, they were on a priority list for a visit from a psychosocial support counsellor with the Liberia National Red Cross Society. During the first visit, the Red Cross team provided the family with a survival kit which included food and non-food items, as well as psychological first aid to help them cope with being ostracized from the community.'

'It was indeed a very difficult period for Musu Dolo and her children who were mourning the loss of their husband and father, and facing the future with uncertainty. She told us that sometimes people at the shops refused to accept her money for fear of contracting Ebola,' explains one of the trained Red Cross volunteers. The National Society has deployed 345 trained volunteers to communities at risk of Ebola, providing them with factual information about the disease and how they can protect themselves. Volunteers also focus on enhancing community knowledge in prevention and hygiene promotion in order to contribute to stopping the social stigmatization of people like Musu Dolo who are directly affected by Ebola.

After several visits by the Red Cross psychosocial support team, the family was gradually becoming open to more interactive sessions. 'My sleeping has improved and I am now thinking of how to organize a fitting memorial service for my late husband,' says Musu Dolo. Since then, she has been reintegrated into the community and – with community support – was able to hold that memorial service which was also attended by Red Cross volunteers.

Musu Dolo's experience is one of many cases in an environment where cases of denial and the challenges of traditional beliefs and customs continue to impede the fight against the epidemic. Government authorities have solicited more support from the Liberia National Red Cross Society to scale up awareness across the country.' (Bestman 2014).

6 Consequences: developed countries

Widows' deprivation in developed countries has been widely overlooked in research and awareness is low. In part this may be because any comparison between the West and the Third World reduces the significance of the western findings. Many of the deprivations suffered by widows in Africa and Asia are however shared by their western counterparts, though rarely to the same degree.

Poverty, sexual exploitation, exclusion from healthcare and from social acceptance: the stigma of widowhood exists as in parts of the developing world just as elsewhere. And in the developed world too, it is mostly below the radar of governments and the media.

Where developed countries differ as a group is in lacking the discriminatory widow-specific social norms that in many developing countries act as a driver of material deprivation. There is no serious link in developed countries between stigma and material deprivation.

6.1 Incomplete welfare states: lack of free healthcare and pensions

Such research as exists is mainly concentrated on the older, especially the elderly age groups, with particular focus on the psychology of bereavement in widowhood. A recent study on widowhood in the UK reveals this tendency (Chambers 2005; see also Bennett 1997). Another focus is on pension shortfalls, not without reason – in 2005, around two-thirds of Britain's poorest pensioners were reported to be female' (Osborne 2005). Help the Aged, a UK NGO, stated that 'The existing contributory pension system is unfair because it penalises women who take time out from their careers to care for family or who work part-time, reducing their overall pension pot in retirement' (ibid). Deaths of elderly UK widows have been documented from lack of winter heating due to "fuel poverty". Whether young or old, widows from low-skill, low-income backgrounds risk significant deterioration in their standard of living in several developed countries through loss of their husband or partner's income. The areas of severest deprivation are housing and healthcare.

The United States is of particular interest for the study of widows' deprivation in developed countries, due to its higher than average incidence of a range of deprivations – from infant mortality and functional illiteracy to mass lack of access to healthcare (OECD 2000 and 2005). However, the research on widows living in poverty in the USA – beyond some work on older women as widows – is limited, and we therefore have to extrapolate widows' outcomes from general accounts of similar younger women from low-income, low-skill and low-education backgrounds. The research on older widows indicates that there is a poverty issue among this group:

'For the past 30 or more years, the poverty rate for elderly widows has persistently been three to four times higher than that for elderly married women. Although policy makers have repeatedly expressed concern about these high rates, successful policy prescriptions have yet to be adopted'.

(McGarry and Schoeni 2005: 58)

It was noted that poverty of elderly widows in the United States is linked to 'the potential for

couples to spend substantial portions of their resources on the healthcare of a sick or dying spouse, leaving the surviving spouse in a precarious financial situation.’ (ibid.) This is in no small part due to the severe limitations of the healthcare system, not in terms of quality of care, but in terms of who can obtain health insurance to avoid otherwise catastrophic medical costs. Women dependent on the husband’s employer-provided health insurance risk losing this when he dies (Weir and Willis 2002).

Some 47 million US citizens are said to be without medical insurance. In the absence of a state system accessible to all, catastrophic medical expenses or death and disability are inevitable. Even when people do have medical insurance, it often does not cover required treatment, or insurance companies seek to avoid having to pay for treatment. The example of President Barack Obama’s mother having to negotiate her cancer treatment with the insurance company is well known.

Research shows that medical expenses are a significant social problem in the US due to the lack of free or substantially subsidised healthcare, and the common requirement even for those who are insured to pay first and be reimbursed later (ibid.). The US spends a ‘...greater proportion of national income ... on healthcare, [yet] manifests poorer health than many other developed nations’ (Kubzansky et al 2001: 105). Catastrophic medical expenses are a standard feature of the widow experience in developing countries. Costs often accrue in the period leading up to the death of the husband. Remote Area Medical, a US-based health NGO originally established to provide aid in developing countries, now operates a mobile field hospital across the United States, providing free medical care for a few days in each location. The similarity with developing countries is striking. Government-provided healthcare for those in poverty is not uniform across the country; instead ‘Medicaid’ programmes are set up at state level, with coverage therefore varying from state to state. The system lacks its own medical staff. Medical service providers’ costs are capped irrespective of need, so creating a barrier against participation by providers (Clarke with Fox Piven 2009: 30, citing Starr 1982).

Healthcare is an ongoing cause of concern for people in poorer countries, or those, such as Russia, which have seen a sharp fall in state health expenditure and scrapping of free provision. Ambulances in at least one part of Russia do not respond to calls from the elderly.

A 2002 World Bank poverty study found that Bosnians considered lack of healthcare insurance as a key poverty characteristic and it is notable that in this way, the US healthcare system draws parallels with Balkan countries recovering from war. US researchers point out that ‘healthcare ranked first among the issues Americans believe the government should address, and third among the most critical issues facing the country today’ (Narayan et al 2002: 8; Murray et al 2000). One commented:

‘...it is impossible to estimate how many women turn to welfare simply because they have no health insurance for their children. Generally no records are kept that would provide that kind of information, although one study estimated that the welfare caseload would drop by 16 percent if all working women had health coverage.’
(Berrick 1997: 43)

The parallels with developing countries are clear.

The Obama administration has sought to address the healthcare issue with the introduction of the 2010 Patient Protection and Affordable Care Act (popularly referred to as ‘Obamacare’). In the face of determined opposition by the insurance lobby and the Republican Party many of its provisions have been watered down and problems certainly persist. It is too early to assess what impact Obamacare may have on widows’ poverty in coming years.

6.2 Poverty and deprived social groups: ethnic minorities and low skilled workers

The combination of incomplete welfare states with other poverty risks – e.g. belonging to ethnic minority or low-skill groups – produces further striking parallels with developing countries.

The high poverty rate among US widows has been observed in various studies (Hurd and Wise 1998; Hurd 1991; Weir 1998). There is also evidence – although at lesser magnitude than in developing countries – of widows taking on the primary care role for grandchildren when parents die of HIV/AIDS (Draimin and Reich 2005).

One significant group of widows known to be at risk of severe poverty in the United States are African Americans:

‘The effects of race, class, and gender proscriptions have placed the black female in one of the most vulnerable positions in American society, black women are more likely to be overrepresented at the bottom of the economic and social hierarchy. While married, these effects are somewhat mitigated by the emotional and economic supports of the spouse. However, the death or loss of a spouse may be among the most devastating events for a black woman. For, in many instances, the husband provided a major source of economic support.’

(McDonald 1987: 141)

Poverty data for 2005 using the official US government poverty line showed that of all those below the poverty line, 24.9 percent were African American, and female-headed households represented 28.7 percent. White Americans accounted for 8 percent of the total (United States Census Bureau, 2006).

The development economist Amartya Sen highlights the plight of African Americans:

‘...[with respect to income] African Americans are decidedly poorer than American whites. This is very often seen as an example of relative deprivation of African Americans within the nation, but not compared with poorer people in the rest of the world. Indeed, in comparison with the population of third world countries, African Americans may well be a great many times richer in terms of income, even after taking note of price differences. Seen this way, the deprivation of the American blacks seems to pale to insignificance in the international perspective.’

‘But is income the right space [metric] in which to make such comparisons? What about the basic capability to live to a mature age, without succumbing to premature mortality? In terms of that criterion the African American men fall well behind the immensely poorer men of China, or the Indian state of Kerala, and also of Sri Lanka, Costa Rica, Jamaica and many other poor economies. [American] black women too fall not only behind white women in the United States but also behind Indian women in Kerala, and come very close to falling behind Chinese women as well. American black men continue to lose ground vis-à-vis the Chinese and Indians over the years – well past the younger ages when death from violence is common.’

(Eitzen and Eitzen-Smith 2009: 121)

Two US poverty specialists report key facts for the United States, which has consistently shown the worst performance among developed countries on a broad range of human development indicators:

‘Two out of three impoverished adults in the United States are women, a consequence of the prevailing

institutional sexism in society. With few exceptions, US society provides poor job and earnings opportunities for women. 28.7 percent of female-headed families with no husband present were below the poverty line in 2005, compared to 5.1 percent of married couples living in poverty. Women with children with no husband present, on average, were in 2005, \$8,610 below the poverty threshold. In short, the highest risk of poverty results from being a woman and having children...' (ibid.)

American women on low incomes with dependent children often find it is better to accept government income support, because income support includes free state-funded healthcare for children. Childcare – essential if they are to work – is also neither universal nor affordable (ibid.: 144-150).

Since US state benefits do not cover living costs for a single adult with children, the adult – typically a woman – must find other ways of making up the shortfall, sometimes resorting to extreme steps, as recounted by one poor female family head from Chicago:

'They ought to build [create] jobs, build houses or buildings where people can live. You got three of four families staying together because they can't find nowhere to stay or they can't afford where this rent is at. So everybody that can, they huddle up together. Then you have to fix it, and give an address somewhere else in order to get your cheque [state support]. They don't understand that the rent is so high that the only thing you can do is live with somebody. [Interviewee assumes the tone of a government official making accusation of fraudulent benefit claims]: Well all you all living in the same house together, you all just trying to get all the money you can.' They don't realise how things is.'

(Wilson 1996: 82)

US writer Barbara Ehrenreich spent months living in America's low-wage economy to see how difficult it was to survive. She worked waitressing, in a care home, marketing and cleaning. At times, she had to take two jobs to make ends meet. Finding affordable accommodation is an heroic undertaking, even trailers and rented rooms proving beyond the means of the low paid. Having paid rent, essential energy can eat up most of what remains after the purchase of the minimum food basket. Following labyrinthine inquiries, Ehrenreich learns that food vouchers are available for the working poor.

'My dinner choices... are limited to any two of the following: one box spaghetti noodles, one jar spaghetti sauce, one can of vegetables, once can of baked beans, one pound of hamburger [raw minced beef], a box of Hamburger Helper [seasoning mix], or a box of Tuna Helper. No fresh fruit or vegetables, no chicken or cheese, and oddly, no tuna to help out with. For breakfast I can have cereal and milk or juice... Bottom line: \$7.02 worth of food acquired in 70 minutes of calling and driving, minus \$2.80 for the phone calls.'

(Seabrook 2003: 14)

Poverty also remains an issue in the UK, with children among the worst affected. In 2003, Save the Children UK published an in-depth report on child poverty in the UK, showing:

'...eight percent of British children – approximately one million children – were severely poor and 37 percent non-severely poor. Children were defined as being in severe poverty if they were poor on three measures:

1. *'the child's own deprivation – the child going without one or more 'necessities' because they could not be afforded;*
2. *'the deprivation of the parents – parents going without two or more 'necessities' because they couldn't be*

afforded;

3. *'the income poverty of their household – the household having an income of below 40 percent of median income.'*

(Adelman, Middleton and Ashworth 2003)

Child poverty is the result of adult poverty. Single parents on low incomes in the UK often face long term poverty due to the lack of state-provided free childcare which leaves them able only to work part-time or not at all. Single parents who are widows may fall into the low-income single parent category. Government plans to reduce or end dependence on welfare state benefits undermine efforts to move low-skilled people into employment, which may well require more benefits, such as free or subsidised childcare, to succeed. In 2001, it was observed that: 'provision of publicly funded childcare in the UK remains derisory, (covering) only two percent of children up to age three, and (is) one of the lowest rates in Europe' (Hearn 2001: 92; see also Heymann 2006).

In Eastern Europe and Central Asia the situation for impoverished widows and their children remains bleak, with a review of a series of World Bank poverty assessments from the 1990s indicating that female-headed households have a greater probability of being in poverty than other household types (composition of households was shown to make a difference) (Lampietti and Stalker 2000: 24-25).

In Russia, the scaling back of state provision has been especially severely felt in rural areas. Migration to cities following the 1991 demise of the Soviet Union has left rural local government with few resources, resulting in the systematic closure of local government offices and reduction in welfare provision. The remaining inhabitants are mainly elderly and predominantly widows, living in villages and on former farmland. Widespread male alcoholism is partly to blame through increased male mortality – so much so that alcoholism is to segments of Russian society what HIV/AIDS is to whole Sub-Saharan African countries. A Russian woman is making a significant statement when she says, 'I am lucky my husband does not drink' (Levinson et al 2002: 301).

A recent account of the dire state of rural Russian public services, and the isolated elderly widows who once depended on them, was given in a report by The Guardian newspaper, which adds to the picture of developing poverty traced through a series of studies (Harding and Robertson 2008). One shows a widespread drop in the real public health spending in Russia over the period 1994-2000 (Ivaschenko 2006: 265-272; Shkolnikov, Field and Andreev 2001: 151). This is corroborated by more recent evidence:

'...according to the results of the INTAS funded project, Health, Health Policy and Poverty in Russia, 'the poorest strata of the population showing the lowest levels of health find it hardest to obtain access to good quality healthcare, since free medical services are being gradually phased out.'

(Davidova and Manning 2008: 205, citing Davidova 2007)

The decline of the high pay, low skills manufacturing sector has increased the poverty risk for current and future widows from low-income, low-skills backgrounds in advanced OECD countries. A 1991 study noted that middle or lower-income US households were getting poorer in real terms:

'Families have come increasingly to rely on the dual income of husband and wife to meet ongoing expenses in light of erosion of the family wage. Since the wife's earnings were once thought of as 'extra money', such reliance may reduce both the effect of married women's earnings on family savings for retirement and their

replacement potential when a marriage ends through death [hence, in widowhood] or divorce.’
(Morgan 1991: 275, citing Smith 1984; Treas 1981; Morgan 1981)

This decline has been extensively documented in ‘When Work Disappears: The World of the New Urban Poor’ (Wilson 1996) and ‘The Collapse in Demand for the Unskilled and Unemployment Across the OECD’ (Nickell and Bell 1995) among other research. By 1990, widows entering older age groups were characterised as having limited previous employment experience, often placing them in competition for jobs with younger low-skilled workers (Morgan 1991: 277). Very few of these widows have built private sector pensions of their own. The position is likely to worsen as the baby-boom generation ages, particularly in light of increasing life expectancy. A form of discrimination against widows in the US indirectly suggested by a US economist, who suggested that since women live longer than men, employers will have to pay pensions longer too. This justified reducing women’s wages during their employment (ibid., citing Moore 1997)

In America, low-skilled but well-paid manufacturing work allowed large numbers of men and women with minimal levels of education to rise to relative affluence after the end of the Second World War. Other western countries followed and the period to 1970 has been referred to as the ‘golden era’ in western economic history. This was followed by the steady decline of manufacturing industry in the west in the face of competition from Japan and the so-called Asian Tiger economies, a group of East Asian countries that invested aggressively in human and physical capital and in research and development.

China’s entry into this arena in the last 15 to 20 years has added further challenging manufacturing competition for developed countries. In the USA, poor business planning and incentives from poorly designed economic policy has had the effect of transferring manufacturing capacity to such lower cost countries. Together with declining quality of state education and the lack of universal healthcare coverage, this has resulted in increasing poverty for the low-skilled and those from low-income backgrounds. The implications for widows and women who have lost partners are clear.

Research has noted that women still face labour market discrimination in developed economies. A study on family and employment in the OECD notes: ‘the persistence of powerful gender norms in relation to care work means that women have different kinds of external constraints, and therefore a lack of equity, in comparison to men’ (Crompton 2006: 90). Another study observes that, ‘the structural causes of female poverty are to be found in the interaction of economic disadvantages and risk factors in domestic circumstances, labour markets and welfare systems’ (Ruspini 2001: 107). It is clear that widows will feel the effects on their living standards and those of their children.

The economic impact of caring for dependent children is another factor. Nancy Folbre and M. V. Lee Badgett’s observation about the US can be applied widely:

‘No matter who performs it, caring labour is expensive. A parent who devotes time and energy to ‘family-specific’ activities typically experiences a significant reduction in lifetime earnings. The human capital that housewives and/or househusbands acquire is less transportable than that of a partner who specializes in market work, leaving them in a weaker bargaining position in the family and economically vulnerable to separation or divorce [to this, add: or being widowed].’

(Badgett and Folbre 2001)

US research has conclusively shown that older widows who have had a break in employment, seen

little employment over their lives, or come from low-skilled backgrounds in continuous employment, end up in poverty in old age: ‘those poor beyond age sixty-five remain disproportionately female, with an overrepresentation of widows’ (Morgan 1991: 275, citing Boskin and Shoven 1986; Holden, Burkhauser and Myers 1986; Holden 1988; Walick 1985). And:

‘of all the factors associated with poverty in old age, the most critical is to be a woman without a husband... those most likely to be widowed have lower incomes than intact couples even before they lose their husbands. Their lower incomes reflect less education on the part of both husband and wife and poorer health on the part of the husband than couples that remain intact.’

(Karamcheva and Munnell 2007: 1)

With similar effects, but different causes, the pre-1989 gains in living standards in Eastern Europe, Central Asia and Russia were seriously reversed with the collapse of the communist system. Russia faced ten years of crisis during which social policy received no serious consideration, with far-reaching consequences for low-income groups, widows among them. Older widows living alone are most at risk from this trend. This has been drawing some attention from researchers, for example: ‘Older women in Europe: East follows west in the feminization of poverty?’ (Ginn 1998).

Among developed countries – OECD, Eastern Europe, Russia and East Asian countries such as Japan, Malaysia, Singapore and Taiwan – the different causes of widows’ deprivation are determined by whether or not, or to what degree, countries have relatively comprehensive welfare states and strong pro-women labour market legislation. Such differences can often be traced to prevailing social norms, and in some cases to strong vested interests that have grown from them and that reinforce them.

By this measure, developed countries fall into two groups: those with incomplete means testing or minimal welfare states and labour market legislation, including Australia, the United Kingdom, Canada, New Zealand, the United States, Eastern Europe and Russia; and those with comprehensive systems: the six original members of the European Economic Community (now the European Union) and the Scandinavian countries. Comprehensive welfare is also provided in the advanced East Asian countries of Japan, Taiwan and South Korea (Haggard and Kaufman 2008: 227-229; Uzuhashi 2009: 210-230).

This distinction is illustrated with clear implications for widows in this observation:

‘In a number of respects, British labour market and welfare policies are closer to those of the US than the rest of Europe. For example, a comparative policy analysis of dual-earner family policies and their outcomes consistently ranks Britain, along with the US and Canada, as making the least generous provisions and having the most negative outcomes for families.’

(Gornick and Meyers 2003: 92)

State provision still exists in Eastern Europe and Russia, but it has become inconsistent and, since those who rely on it most heavily require a broad range of support, has therefore become less effective. A woman in her thirties from the Kyrgyz Republic in Central Asia exclaims ‘...now it is as if the government didn’t exist!’ (Kuehnast 2003: 38). Some changes have resulted from regressive attitudes, such as in Hungary, where childraces was withdrawn in the face of calls for women to return to the home-based role.

Overall, the crucial determinant of poverty, deprivation and destitution for widows and their

children is the extent to which they must rely on private means versus the availability of government support.

Globally the distribution of poor widows facing multiple deprivations can be distinguished with on the one hand countries that have effective government welfare provision, and on the other, those that do not. We have seen that this does not neatly fall into rich and poor countries with the examples of the USA, where there is no universal free healthcare, and many of the former communist states of Eastern Europe, Russia, and Central Asia, where state social protection has declined since the end of Communism (Kandiyoti 1999: 500; see also Haggard and Kaufman 2008). This global correlation between poverty and state welfare is broadly confirmed for both developed and developing countries. Poverty remains the common denominator in the deprivations faced by widows and their children across the world.

7 Outcomes for children

7.1 Some examples

What is even more devastating about the destitution faced by widows is the resultant severe impact on their children. The report on Indonesian widows quoted earlier goes on to say,

‘the link between widows and poverty is well-known. Loss of an adult male is economically devastating to already poor families. Not only are families instantly plunged into poverty, but poverty becomes the fate of future generations, with children being pulled from their schools by mothers unable to pay school fees, and needing them to work for family survival.’

(World Bank 2005)

This Chapter provides a brief snapshot of widows’ children in the conditions often found in developing countries.

One study of Indian widows below 35 years of age found their children had a mortality rate 20 percent higher than those who still had two parents (Bhat 1998: 183). In Afghanistan, conditions for widows can be so bad that there have been reports of them selling smaller children in order to save the others, or abandoning them in orphanages (Joya 2009: 230). The implication is that without systematic intervention, children may not survive to adulthood, or if they do survive, their enforced poverty means they are unable to acquire skills through education, or to obtain adequate nutrition and healthcare to stave off extreme deprivation. Even when widows’ children attend free government schools, there are often additional indirect costs with teachers demanding unofficial top up fees. Other hidden and indirect costs – books, uniforms, stationary, travel –make even free government schools unaffordable for low income families. Numerous studies exist about the impact of these costs on enrolment and attendance of low-income students.

Table 7.1: Widows’ children by key child age groups, 2015 global estimates

Age Group	Widows’ Child Numbers	Percent of Total Widows’ Children
0-4	53,114,426	29.5%
0-17	180,048,902	30.9%
All Ages (0+)	584,574,358	100%

Table Notes: All Ages includes adult children of widows and is the global total number of widows’ children based on this definition.

Child labour or, in the case of girl children, early marriage, are often the only options. Girls under 16 will often be married early by their widowed mothers in the hope that their daughters’

well-being will improve in a new, more economically stable family.

The core threats to children's well-being when a mother becomes a widow are:

1. a dramatic fall in family living standards, leading to hunger (poor nutrition, sometimes acute malnutrition) and poor child health,
2. removal from school,
3. entry into paid external employment, or permanent domestic work in their own home,
4. early or child marriage.

Widows' children – when their mothers face eviction, destitution and infection from 'cleansing' or prostitution – fall into a group defined in policy terms as 'children in especially difficult circumstances' (CEDC) (Ansell 2006: 192-194).

Forced and bonded child labour are CEDC features that may also result. The former is working for no remuneration while completely controlled by organised criminals, businesses or unscrupulous neighbours who offer 'child fostering' to poverty-stricken mothers – a common practice in Sub-Saharan Africa. Bonded labour means working to pay a debt under the lender's control. This can occur when loans are taken out to cover catastrophic medical expenses for ill fathers who subsequently die.

A 2004 study of low-income working women in Ghana shows that small children, particularly infants, suffered a noticeable deterioration in health if their mothers worked full-time. An analysis of Demographic and Health Survey data on Ghana showed that:

'not only are people having fewer children, but a significant proportion appear unable to satisfy the basic nutrient needs of their infants. Mother's escalating work burdens, both domestic and occupational, and decreasing conjugal and kin support and protection, are viewed as implicated in what has been termed a sharper productive/reproductive squeeze... lack of support and resources in both time and materials affect [mothers'] ability to respond effectively to infant needs.'

(Oppong 2004: 49-50)

Similarly, in her pioneering comparative international study of families and work, Jody Heymann (2006) found that women, including widows, who are on low incomes and live in poverty, cannot protect very young children from multiple risks, leading to injury, illness and death.

Removal of children from school as a result of a negative economic event or shock such as the death of a father, is a much-studied area of education policy for human development outcomes, especially in developing countries. Even the smallest recurrent costs associated with education can prove too much for low-income families when incomes fall. If there is a choice, girls are almost always removed from school while their brothers remain, due among other factors, to women's economic and cultural returns.

When not removed by the husband's family, widows' children from low-income families often have no choice but to enter the labour force as child labourers to support their mothers and siblings.⁵⁵ This is often the case where employment opportunities for women are effectively non-ex-

55 The ILO's estimate of global child labour, all categories, for age group 5-14 years is 165.8 million out of a total global child population for ages 5-14 in 2004 of 1.206 billion; (corresponding child labour percentage of this total child population cohort is 13.7 percent). Note that an 'economically active' child does not always mean a child in child labour: a general formulation definition of child labour is any form of work that is detrimental to the physical and ethical development of the child and that denies them an effective education. This definition is in the spirit of the ILO definition, while the latter employs certain exceptions to the category of 'work' with respect to child labour (ILO 2006).

istent, as in Afghanistan and rural Bangladesh, or are low paid, as in northern India. These widows are from low-skilled rural and poor urban households. Many women working for cash in rural Bangladesh are widows.

Child labour often results in lost education, high risk of harm through hazardous employment, heightened risks associated with child labour such as physical and sexual abuse, and other special child risks such as abduction by professional begging and prostitution gangs. In conflict areas, children may be kidnapped for sexual slavery, forced marriage or forced recruitment of child soldiers. In 2007, an Afghan widow reported that her 11-year-old daughter was kidnapped by a district chief and a war lord, who raped her and later 'exchanged her for a dog' (Obaid-Chinoy 2007a and b).

Widows' daughters have been found to be at risk of entering prostitution while still girls, usually due to their mothers' lack of employment opportunities and inability to shield them from recruiters (Chen 2000: 322; Owen 1996: 142). Child prostitution falls under the ILO's category Worst Forms of Child Labour. Often, children are lured into prostitution or exploitative factory work from under the noses of unsuspecting parents, or they are reluctantly given to creditors to work as bonded labour to pay medical or other debts. Bonded labour is equated with slavery by many child protection experts and NGOs.

Domestic cleaning in developing countries, especially if living in, can be among the most dangerous form of labour for both children and adults. Child workers are often sexually abused, with the attendant risk of sexually transmitted diseases. Extreme violence and de facto torture are common.

A researcher on sex trafficking recounts the aftermath of child prostitution:

'The 12 teenage girls I met in a shelter for rescued victims of sex trafficking in the Katmandu valley in Nepal did not look or act any different from thousands of teenage girls I have seen in South Asia... Their ages ranged from 13-15 years. All of them had attended elementary school. Their appearance of carefree teenage behaviour hid the fact that they were rescued victims of sex trafficking... All of them had been forced to work as prostitutes in brothels along Falkland Road of the red light district of Mumbai, India... and all of them had been earlier diagnosed with the HIV/AIDS virus... With no appropriate medication available to them, they had to know that they were unlikely to survive their teenage years.'

(Samarasinghe 2008: 1)

In Sub-Saharan Africa, the core threats to the children of widows are the cultural practices of 'cleansing' and 'inheriting' described in Section 5.3.4, which puts their widowed mothers at high risk of contracting HIV/AIDS or other fatal sexually transmitted diseases, and the criminal practice of property disinheritance described in Section 5.1.3, where widows and their children are disowned by the husband's family and all property is confiscated, leaving them destitute.

Widows' testimonies recount these facts:

'I cried, remembering my husband. When he [the 'cleanser'] was finished [completed sexual intercourse with me], I went outside and washed myself because I was very afraid. I was so worried I would contract AIDS and die and leave my children to suffer [as orphans],' (Fanny, widow in Malawi, 2005).

(La Franière 2005)

UNICEF defines an orphan as a child who has lost one or both parents, a child being defined as a person of 0-17 years of age. In 2010, Sub-Saharan Africa had an estimated 48 million orphans, 12

million orphaned by HIV/AIDS, and almost two-thirds of the total global number of people infected with HIV/AIDS (UNICEF 2006, citing Grassly and Timaeus 2005).

One account states:

'Shortly after Emily Owino's husband died, her in-laws took all her possessions – including farm equipment, livestock, household goods, and clothing. They later took over her farmland. She sought help from the local elder and chief, who did nothing. Her in-laws forced her out of her home, and she and her children were homeless until someone offered her a small, leaky shack. No longer able to afford school fees, her children dropped out of school.' (Interview with Emily Owino, Siaya, Kenya, November 2, 2002)
(Human Rights Watch 2003)

Widows from low-income backgrounds or with few financial assets often see marrying their girl children as soon as possible as a way of ensuring their daughters' economic and physical security. One researcher recounts: 'child marriage is a very common reality... Child marriage is common in parts of Rajasthan, Madhya Pradesh and Uttar Pradesh. Laws against it are not enforced, and it pervasively shapes the trajectory of a girl's life. In Rajasthan, for example, girls I visited with the organisation Vishaka were already married by the age of eight or nine' (Nussbaum 2000: 29).

The fate of widows' children mirrors that suffered by their impoverished mothers. No better account of the horrors many children of widows face can be found than that of the 11- and 15-year-old daughters of a West Bengal widow in the city of Mumbai, India:

'First thing when we wake up, we wrap up all our bedding and hide it in a tree. It's a 10 minute walk from the bridge where we sleep, over the railway tracks near Mabim station. Then I take my sister Deepa to the toilets near the station. We wash our faces, brush out teeth and then go to Uncle's tea stall at Platform one. After that we go to Bandra for breakfast, and then start work.

'We go to the shelter outside Dadar station, take our goods from the locker and go into the local trains to sell them. I sell trinkets, clips, cookery and henna pattern books in the trains. Before we had the locker we used to keep all our stuff under our heads and sleep. Even when you sleep, you have to be alert. If you are deep in sleep, not only will someone take your goods, they can take you. It happened to one girl I know. A gang of boys picked her up and took her to Dadar Tilak bridge and did bad things to her. She had to have stitches. The boys were taken to the police station. She cried for many days. Everyone said to her: 'You are disgraced!' She thought: 'Whatever I do I am shamed, so why should I live like this? That's why she chose to go into wrong work as a prostitute...'

'If the police catch us when we are selling we have to pay Rs. 500 [rupees]. Once a police officer caught us and asked me to pay him regularly. I told him: 'What money? I am poor. I don't have money to eat, from where will I pay your bribe?'

'We bathe and wash our clothes in Bandra. They charge Rs. 20. We wait there an hour or two until they dry. Deepa climbs up to hide our clothes on the roof of the station: I'm too scared to do it. I don't let Deepa work. If I have to travel for a catering job, I leave her with some people we know in Santa Cruz and give them some money to look after her. Last week my sister Deepa got lost. I went to Vasbi [a suburb] for catering work. I told her: 'Go and get some clothes, I have to go for five days, and then meet me at the park.' While she was waiting for me in the garden, she'd started talking to a woman. The woman told her: 'Come with me. I will look after you.' That lady took her on a crowded train so she couldn't escape and went directly to Malad [a distant suburb]. Then she hit her a lot and put her in wrong work. But after some days, Deepa ran away... [Deepa] was very small when our mother died. I cried so much and was so upset that I fell ill.

Deepa looked after me. She was the only one...

'Even I was taken into wrong work. One day I told Deepa: 'You sell the stuff. I am going out to watch a film.' My friend took me to a place in Bombay Central. There she took some money from a man and told me: 'Go into my room.' She took off my dupatta. I asked her what she was doing. She said: 'Take off your dupatta and go to sleep.' How could I if that man was there? I put my dupatta on, kicked the man in his pants and ran out.

'Our village is in West Bengal. My two brothers live in the village. Both are married. My younger brother loves me a lot. But how can I live with them? He has five children and no house. When my father was ill, he asked his brother – my uncle – to leave all his land in his children's names. You know what my uncle did? He put it all in his name. My father died and my uncle removed us from our house. He is the one who threw us into problems. He brought us to Kings Circle in Mumbai, made us work and didn't give us anything to eat. We almost died of starvation.

'When we lived in Kings Circle our two brothers were with us. No one would give my brothers work, and my mother was very weak. She was very hungry, very hungry. I used to go out begging to look after her. One day my mother started beating me a lot. She said: 'You shouldn't beg. It's not good.' So I told her: 'Mummy, I don't like it if you are hungry.' My mother was angry. I was small: nine or ten years old....

'Then my mother fell ill. My mother died two years back when I was 13. When she died, my brother threw me out of the house. He told me: 'Go to the boy with whom your marriage has been arranged.' My mother had fixed my marriage. She told his family: 'Wait for two years until my daughter becomes big and then we will have the wedding.' In our community we get married very young. I went to Surat [a city in Gujarat state] to look for him....'

After returning to Mumbai and being forced into prostitution, and forced into marriage with a stranger by the female brothel owner, she escaped back to the streets.

'I don't want to marry again now, but later. Once I become someone and show the world, then I will get married. Now I am still a child. Marriage is no small matter.

'God knows what these Mumbai boys are like. They'll take you on the excuse of going back to the village and instead kill you somewhere. My husband [from the forced marriage] said he would be back in three days. And he never came back. It's been one and a half years and he hasn't come back. So here I am in Mumbai. We all sleep together – four or five of us single girls on the bridge at Mahim. It's difficult for girls to live alone on the street. There are people so horrible they won't even leave a one-year-old girl alone.'

(New Internationalist 2005)

7.2 Wider implications of widows' deprivation: girl-children

This report concludes with a view on the wider impact of the deprivation and human rights abuses faced by women as widows from a well-known researcher and activist in international development. He speaks from the perspective of his particular expertise on India:

'The neglect of widows in India causes a great deal of misery, not only for widows themselves but also for the society as a whole. The need for action arises not only from concern for the well-being of widows, but also from the close links that exist between widowhood and a whole range of other social problems....

'To start with, the prospect of widowhood reduces the quality of life of most Indian women (notably by

introducing a large element of insecurity in their lives), even if only some of them are actually widowed at any particular point in a time. Indeed, the average married woman in India faces an extremely high risk of becoming a widow at some stage of her life.

‘Relatedly, there is an important connection between widowhood and the burden of high fertility. Avoiding insecurity in old age is a major motive for high fertility, and there is also a clear association between widowhood and old age insecurity (a large majority of women above 60 are widows).

Along the same line of reasoning, there may also be a close connection between widowhood and the neglect of female children. Studies of parental attitudes in rural India suggest that the anxiety to have at least one surviving son (to avoid old age insecurity) is much higher among women than among men. They also bring out how women often ‘collaborate’ in the preferential treatment of sons vis-à-vis daughters. It would be surprising if these two findings were entirely unrelated.

‘Further, there is a clear link between widowhood and child labour. The absence of an adult male in a household, and the limited prospects for remunerative female employment, often compel a widowed mother to allow, encourage or even force her children to undertake wage labour in spite of miserable conditions of work and pay.

‘Finally, it is important to place the issue of widowhood in the context of the women’s movement in India. A whole range of patriarchal institutions contribute to the deprivation of widows, including patrilineal inheritance, patrilocal residence and the sexual division of labour (amongst others). This is one way in which the sufferings of widows are connected with other forms of female oppression, from seclusion to rape (and including, of course, sati itself). Combating the neglect of widows must be seen as an integral part of the broader struggle against gender inequalities.’

(Drèze 1990; see also Kishor 1998)

8 Key issues

In summary, twelve key issues are present to differing degrees when considering the plight of widows in diverse societies around the world, some universal and some region or country-specific.⁵⁶

8.1 Property theft and denial of inheritance

Widows are often forcibly evicted from their homes and extended families by the husband's family after his death, often amounting (where formal or customary laws permit widow inheritance) to theft of land, buildings and even such mundane items as pots, pans and bedding. Widows are left destitute and homeless. This occurs across Sub-Saharan Africa, South Asia and the Middle East. Eviction results from lack of inheritance rights in law or lack of enforcement when such rights do exist. Women fear invoking inheritance rights lest it puts them in conflict with the family.

Eviction can occur in cases where the husband's family repudiates the customary practice of incorporating the widow into the family, or when widows refuse to go through the cleansing ritual. These are both common characteristics of the widow experience in Sub-Saharan Africa.

In the Middle East, cases have been reported where the widow suffers a form of property theft by the husband, before his death, instigating the transfer of property to male relatives.

Eviction of widows is widely practised in Sub-Saharan Africa and South Asia and has also been documented in North Africa and parts of East Asia.

8.2 Superstition and/or cruel beliefs

Due to high levels of superstition in many developing countries, widows are often erroneously accused of having caused the deaths of their husbands and subjected to psychological and physical abuse as well as eviction. Such accusations have been documented across Sub-Saharan Africa and in India and Nepal.

8.3 Discrimination against women

Working women, regardless of marital status, are still widely forced to accept lower wages than men. This inequality is a global phenomenon, exacerbated by issues such as illiteracy. As women, widows are also often not permitted to take over rural livelihoods due to the highly gendered nature of farm work and agricultural supply chains. This phenomenon has been documented in Latin America, parts of East Africa and parts of East Asia.

8.4 Denial of right to family

International law requires countries to 'facilitate the family'. Children however are sometimes

⁵⁶ This section is based on a range of sources: UNDAW (2001); Owen (1996); Young (2006); Potash (1986); Lopata (1987); Rwomire (2001); Chen and Drèze (1995); Das Gupta, Chen and Krishnan (1998).

forcibly removed from their mother on the death of the father. The eviction described in Section 8.1 is also a form of denying the right to family. Loss of children has been documented in Sub-Saharan Africa, South Asia, the Middle East and North Africa.

8.5 Child labour

When not removed by the husband's family, widows' children from low-income families often have no choice but to enter the labour force as child labourers to support their mothers and siblings. (For definitions of child labour, see International Labour Organization 2006.) Child labour often results in lost education, high risk of harm through hazardous employment, heightened risks associated with child labour such as physical and sexual abuse, and other special child risks such as abduction by professional begging and prostitution gangs. Children of widows working as child labour is ubiquitous across all developing countries.

8.6 Remarriage

It can be difficult or impossible for widows to remarry, or only under unfavourable circumstances, such as when child or very young widows can only marry older men, sometimes with older wives still in the household. Bans on remarrying for cultural reasons with no basis in law have been documented in some Hindu social strata in India and Nepal.

Widows are sometimes dissuaded or prevented from remarrying so as to keep the children in the husband's family. These practices have been documented in many parts of Sub-Saharan Africa, South Asia, the Middle East and North Africa.

Under local traditions, widows can commonly be forced to remarry a brother of the deceased husband. The risks associated with this practice are clear as the custom often takes little or no account of the presence of widespread infectious diseases such as HIV/AIDS or Hepatitis B and C in the husband, the widow or the brother.

8.7 Widowhood customs

Widows suffer psychological and physical abuse through the traditional death rituals known as 'cleansing' whereby they may be required to drink the water in which the husband's corpse has been washed and to have sexual intercourse with a brother-in-law or other man to remove evil spirits. This practice has been widely documented across Sub-Saharan Africa.

Exclusion of widows from normal society is common in a variety of forms, including superstitions that widows bring bad luck, requiring them to reflect their status in their appearance through clothing or shaved heads, or considering them unsuitable for remarriage. Extended exclusion often interferes with prospects for paid employment, so adding to poverty and deprivation.

Exclusion has been documented in Sub-Saharan Africa, South Asia, and worldwide in Muslim communities. Cultural bans on remarriage have been documented in some Hindu social strata across India and Nepal.

8.8 Child marriage

Child marriage exposes girls to many of the risks described including the likelihood of early

widowhood. They are not uncommonly taken on for sex by already married older men no longer attracted to older wives and often face retaliation by the children and older wife or wives of the husband. Child marriage has also been used as a cover for obtaining victims for human trafficking

Child marriage has been documented across Sub-Saharan Africa, South Asia, the Middle East and North Africa.

8.9 Poverty and neglect

In northern parts of South Asia, widows in their forties and fifties have significantly higher mortality than married women in the same age group; winter deaths due to fuel poverty have been documented among elderly widows in the United Kingdom. The spiral of poverty further undermines widows' ability to find and maintain employment and increases the risks to their children, so setting in train a cycle of deprivation that can last for generations. This is a feature of widows' deprivation in all parts of the world.

8.10 Little or no social welfare protection

In some developed countries, losing a husband presents a substantial risk to health through the loss of the husband's occupational health insurance and the associated reduction in pensions and other income. In countries lacking social protection, losing a husband's income often leads to extreme poverty and destitution. Efforts to avoid this through high fertility (i.e. having sufficient surviving children, especially male, to provide care) can increase the risk of maternal morbidity and mortality due to the absence or poor quality of healthcare.

8.11 Disease and public health

As noted in Sections 8.6 and 8.7, widowhood can act as a driver to spread infectious diseases such as HIV/AIDS, hepatitis B and C (350 million people are infected with hepatitis B), syphilis and gonorrhoea due to enforced traditional practices of cleansing and widow 'inheritance'. This issue is most acute in Sub-Saharan Africa.

8.12 Girl-child deprivation

An often overlooked consequence of widows' deprivation in developing countries, is the discrimination it encourages against girls within the family when resources are scarce, state welfare is lacking and women are banned or obstructed in accessing paid employment. These conditions cause families to focus resources on male children and adults to ensure family survival, including by mothers with inadequate pension provision. Limited funds are therefore directed to ensure boys receive healthcare when ill and are educated to maximise their income earnings potential. The risks of widowhood are therefore in part responsible for the phenomenon of 'son preference' in many societies around the world (Plan International 2009: 56; Croll 2000).

9 How the world can help

9.1 Effective advocacy

This chapter looks at practical programme interventions, policy recommendations and advocacy options, including recommendations for working towards achievement of the Sustainable Development Goals. The Sustainable Development Declaration is included in Appendix 8 and definitions of gender-based violence are set out in Appendix 7.

The deprivation faced by widows and their children is a human rights issue of such magnitude that it requires recognition and action by international bodies and special consideration in development programmes.

The extent of the scale and wider impact of widows' deprivation having been systematically demonstrated, we explore the actions and policies required so that ultimately widows and their children can live normal lives.

The first step is high-level recognition by the United Nations of the need for action. This will give advocacy in support of this cause impetus and legitimacy in countries where widows face marginalisation, discrimination or outright persecution.

To date, most efforts to address the issue internationally have been by NGOs and activists on the ground in different countries. These efforts have created a foundation on which more concerted action can be built. In addition to The Loomba Foundation, these NGOs include Help Age International, Widows' Rights International and Widows for Peace and Democracy, with intermittent actions by agencies like UNIFEM and the United Nations Division for the Advancement of Women. The attention of a small number of researchers⁵⁷, policy specialists, academics and journalists has also played an important role.

Awareness of the widows issue often comes about through overlaps with other, more visible issues. Widows' access to agricultural land through inheritance has for example appeared when the United Nations Food and Agriculture Organization analysed gender-focused solutions. In the developed world, widows come into focus through concerns on geriatric healthcare and pension resource requirements with respect to ageing populations.

While important, these examples are however disconnected and have hitherto failed to provide policymakers with the wider picture. Specifically it has not been easy to see the systemic features of widows deprivation, and the negative knock-on effects on societies and economies which add to the urgency of remedial action. Shedding light on the human rights violations faced by widows and their children has not been sufficient, with the result that nothing tangible has been done at international level to tackle disinheritance, property and land grabbing, ritual cleansing, enforced sex with relatives, social stigma, irreversible descent into poverty or any of the other issues affecting widows and their children, including the discrimination against girls that is driven by attempts to mitigate the threats of widowhood.

To succeed with advocacy networks and policy makers, action must be undertaken on different

⁵⁷ Notably Maria Cattell, Martha Chen, Jean Drèze, Uche Ewelukwa, Helena Lopata, Margaret Owen, Betty Potash, Vanessa von Struensee and Kenda Mutongi.

levels. At the micro level, the focus should be on the widows-specific issues, while at the macro level, it should look at the wider and cross-cutting impacts, for example on girls. It is necessary to define the terms and themes of the debate in such a way that it gains traction with those who are unfamiliar with it. The widows issue should be an integral part of the social and economic debate.

The starting point for effective advocacy is to emphasise that widows are women and human beings first before other labels are attached. Their personal safety, dignity, social worth and life chances should not be dependent on changes in their relations with another person, from married to widowed. This ‘power analysis’, which looks comprehensively at the topic of an advocacy campaign and its audience, is a standard approach used by NGOs including Oxfam GB in developing an effective advocacy strategy.

Updated terminology could also help to reclaim social standing: saying ‘women with deceased partners’, or WDPs, instead of widows, for example. Some take the view that this is the only appropriate term compatible with the spirit of the United Nations Charter on Human Rights, which covers all prescribed areas of discrimination against individual human beings.

The next step is to determine what issues advocacy should focus on. As we have seen, the causes of widows’ deprivation are:

1. lack of livelihoods: few or no employment opportunities, cultural taboos against women farmers, lack of inheritance rights,
2. lack of skills –literacy, numeracy and business skills,
3. inadequate or non-existent welfare states,
4. stigma: culture, religion, vulnerable to sexual violence and disease,
5. dislocation by war and other humanitarian disasters,
6. economic collapse: no access to agricultural resources and discriminatory trade policies.

Advocacy campaigns may chose to focus on the causes of widows’ deprivation, the consequences of losing a husband or a partner, or both.

9.2 Awareness of rights and entitlements

Where widows do have rights, they are often unaware of them. Very little is typically done by governments to provide information about rights and available material support. Country-wide outreach services are crucial in countries with low government penetration of rural areas and urban slums where ignorance as well as impact on widows and children are greatest. Where statutory law exists but people aren’t aware of it, local traditions prevail, including customary law where it is practised, putting widows at a significant disadvantage.

Illiterate and isolated communities are often unaware of the law or the availability of government services:

‘...Indian women do not become aware of many areas of legislation and action. The dissemination of information about new legislation is extremely varied and patchy. Illiteracy and exclusionary social practices further exacerbate this isolation from the processes of state organisations.’

(Rai 2008: 57)

This situation has been noted for other countries around the world.

Development economist Jean Drèze, during his extensive experience living and working in

rural locations in northern India, identified a crucial role for outreach and for professional social worker intermediaries (Drèze 1998: 196-197). Income support is available for widows under 60, but Drèze learned that their applications were routinely ignored unless made with an accompanying male representative. Yet a condition of the support is that it is only available to widows who have no adult male children. Drèze observed that it was difficult for most widows to mobilise the required male support and hence they lived in poverty.

Even where intermediary support exists, for example through NGOs representing whole communities, many obstacles remain, including corruption of ‘rent seeking’, and effective distribution of the social benefit is hard to achieve. One NGO in Rajasthan developed its own autonomous programme, bypassing the government altogether. A local community served by this NGO chose its project, turning down an apparently much more lucrative project operated through a partnership between the local government and the World Bank, ‘... because people felt they had control over the process ... and knew that [the NGO] was accountable and accessible to them on an ongoing basis’ (Mehta 2000: 19-25).

In Bangladesh, similar dynamics were responsible for the development of BRAC, an NGO that provides comprehensive services on a large scale and is tacitly accepted as playing a part in the government’s role as service provider.

Drèze has pointed out that marginalised social groups often do not come forward because they do not expect to receive anything other than rejection and violence in response. He was referring to the ongoing intensive discrimination faced by the Dalit community in Hindu society.⁵⁸

Radio has been shown to be an effective outreach tool Afghanistan, India and Uganda. In Uganda, up to 70 percent of the annual Ugandan primary education budget went missing, either through unapproved reallocation or outright theft, until the budget details were broadcast on radio and posted outside primary schools (UNESCO 2005: 83).

The first requirement for change in this regard is for governments to provide capacity at ministry-level to plan and implement reform.

One country that has taken a robust approach to legal reform in spirit and action is Namibia, whose constitution: ‘... has been widely praised for its strong commitment to human rights and its specific focus on gender equality and the rights of women. The constitution also uses gender-neutral language throughout and forbids discrimination on the basis of sex’ (One World Action 2001: 40-41).

Namibia, like many former colonies, has laws that predate its 1990 constitution and which are at odds with it. So, in 1992, Namibia ‘...established a statutory body, the Law Reform and Development Commission, whose mandate is to review all discriminatory legislation and to make proposals for its amendment.’ Crucially, ‘a Women and Law Committee was established under this commission to give special attention to law reform on gender-related matters...’ (ibid.)

Country-level NGOs have an important role to play in lobbying for reform as well as advising on and informing the process.

Among developing countries, Uganda is seen as a country with a strong women’s movement, comprising both NGOs and broad-based activism. In discussions leading up to the 1998 Land Act, the Ugandan parliament agreed to allow co-ownership by husbands and wives, but when the Act was published there was no mention of it. While the issue has still not been resolved, ‘the issue of women and land has become a ‘hot topic’ thanks in large part to the advocacy by women and

⁵⁸ In conversation with R.F. Harma, 2003. See also Jha and Jhingran 2005.

non-governmental organisations...’ (Asiimwe 2002: 121).

One major step forward would be for governments to provide financial assistance to widows bringing cases to court. At present, this is being done on a small scale by NGOs – the Centre for Widows and Children Tanzania or the Women’s Centre for Legal Aid and Counselling for Palestinian women in Jerusalem, for example (Women’s Centre for Legal Aid and Counselling 1995).

Measures to ensure registration of all marriages are crucial in countries where unregistered marriages are common, while registration is required for inheritance, as often happens in Sub-Saharan Africa (Horrell and Krishnan 2007: 1353-1355). Marriage reform, including documentation of individuals, has an important part to play in reforming property and inheritance rights in order to give women greater bargaining power vis-à-vis husbands and family members. Where civil law permits inheritance by women, it is clear that the system under which they marry – customary or civil law – has major implications for the outcome when they are widowed.

To change gender relations in marriage with all the attendant outcomes for widows and wider society, international development agencies at all levels must look beyond their sectional or specialist interest to pool resources and coordinate planning and delivery.

Simultaneously, governments should seek to establish core welfare provisions including free healthcare and income support for widows, education subsidies for their children, and childcare facilities to allow widows to work.

9.3 Social and economic programmes

9.3.1 Livelihood

Support for livelihoods is particularly necessary in acute situations, such as the HIV pandemic. In western Kenya, which continues to be a HIV hotspot, support is needed to avoid ‘exchange sex’ – ongoing sexual relationships in exchange for subsistence – or forced marriage to a brother-in-law. Also common on the shores of Lake Victoria in Kenya, widows ‘fish for sex’:

‘Lucy Odiambo, 35, prepares her latest purchase for the market... a widow and mother of five, she says women here are in a bind. ‘I’m forced to pay for the fish with sex because I have no other means,’ she tells the BBC. ‘Usually I sleep with one or two fishermen a week. I could get diseases but I have no other choice: I have my children to send to school. Jaboya [exchanging sex for goods] is an evil practice.’ The HIV infection rate in this area is almost 15 percent, double the national average...’
(BBC 2014)

One NGO, Vired International, addresses the issue by helping women to get into fishing themselves, with their own fishing boats and equipment. Loans are provided and the repayments are recycled into providing boats for more women (Vired International 2011).

The micro-credit model of generating loans for women by investing in women has been around for some time, with examples like the UK’s Youth Business International, which offers loans and business training to widows in several countries.

Where land is the main source of income, the first issue to address for security of livelihood is inheritance, which covers a large proportion of widows. The lack of inheritance laws, or failure to enforce them where they exist, is the first issue that must be addressed to ensure adequate livelihoods

for widows since property is widely taken from them in the various ways described in this report.

These instances of property theft generally depend on absence of legal protection or enforcement and on ignorance of such laws as do exist. Steps to remedy this should include:

1. Adopting formal laws regarding property ownership for women and providing legal protection of widows' inheritance rights that overrides customary law,
2. Establishing legal information and advice programme to make widows aware of inheritance rights and procedures for legal protection,
3. Establishing community programmes to encourage behaviour change regarding widows' inheritance rights,
4. Instituting awareness programmes for police, lawyers and judges,
5. Establishing Gender-Based Violence (GBV) centres offering legal advice on inheritance, case management, and reconciliation,
6. Develop a range of livelihood support services:
 - a. business training: stock control, basic accounting, market analysis, taking and managing a loan,
 - b. providing micro business loans and grants,
 - c. assistance in establishing cooperatives,
 - d. technical support for farming: crop planning (including soil management), animal husbandry, management, marketing, shipping to market, finding out about market prices,
 - e. training on types of business suited to the local economy.

Special emphasis should be placed on skills training, including the basic literacy and numeracy skills which many widows lack, as well as business management skills in combination with funding through business loans or grants.

9.3.2: Social programmes

Gender-based violence advice and response centres

In recent years, specialist centres have developed offering services and advice to women who have suffered GBV (for definitions see Appendix 7), referred to as 'Rainbo centers' in Sierra Leone and 'one stop centres' in Somalia. The idea is also being looked at in India. The common focus of service delivery for the centres is to provide. The centres provide an institutional setting suited to women facing physical and sexual violence, with immediate treatment for rape and other forms of violence, as well as advice and case management.

This example should be adopted by countries who currently lack dedicated GBV services and encompass GBV against widows in the local context. Such centres also offer opportunities for disseminating other relevant information about government and NGO support programmes such as maternal and child healthcare and nutrition. Establishment of centres should be accompanied by an awareness campaign to ensure they reach out to those who need their services. As with all reform actions, effective coordination between government and aid agencies – including UN-facilitated emergency response clusters – is required to achieve the best outcomes.

Free healthcare

The widespread sexual violence and deprivations described present grave health risks for widows

and their children – and often, as we have seen, for the wider community in consequence. It should therefore be a public health priority to provide free healthcare to widows and their children. In many countries, Community Health Workers can play an important role in this regard, from mobile community health monitoring to referrals and some clinical procedures.

Introduction of such services should also be accompanied by an effective information campaign to achieve the desired result.

Education grants

Children's education is often one of the first expenditures to be cut on the death of a breadwinner, particularly in poor or large families. Children are often put into work to make up the lost income. To be effective in keeping children in school, grants must cover all direct and indirect costs and a family income subsidy may also be necessary depending on the degree of poverty.

Income support

Government-provided income support for widows is a social necessity due to the factors that make them especially vulnerable to poverty and deprivation, including:

1. Limited employment opportunities
2. Property grabbing
3. Disinheritance
4. Dependent children
5. Low earning potential in own business or employment
6. Lack of skills
7. Inability to work due to old age
8. Inability to work due to disability

Introduction of such support should be accompanied by an effective information campaign to achieve the desired result.

9.4 Food security

Food security is a critical issue for widows and their children in developing countries – particularly least developed countries (LDCs) – because the majority are dependent in smallholder agriculture for their livelihood. Food shortages, and in some cases famine, are an ever-present risk, not helped by decimation of the agricultural workforce through HIV/AIDS.

Of all the issues we have reviewed, the international trade arrangements as they affect smallholder agriculture is perhaps the most significant and the most capable of remedy by developed nations, whose production and export subsidies, enforced access to market through the World Bank while imposing their own import restrictions, have all significantly damaged food security in developing countries.

Kevin Watkins, until recently Director of the United Nations Human Development Report and a former head of research at Oxfam GB, writes:

‘developing countries have been liberalising rapidly, while rich countries, despite the free trade rhetoric of their governments, have remained fiercely protectionist in their approach to developing country exports. These

protectionist policies are one reason why integration into world markets is not delivering its full benefits to poor countries.

‘Poor people in general and women in particular bear the brunt, since it is they who produce the goods most affected by import barriers: agriculture and labour intensive manufactured goods. Agriculture accounts for 62 percent of women’s employment in developing countries, and women make up 70 percent of workers in export- processing zones.’

(Oxfam International 2002: 95-96, also citing Chen, Sebstad and O’Connell 1999)

The case for action on agricultural trade policies is extremely strong.

9.5 Empowerment

The primary objective of the Loomba Foundation’s programmes is the tangible empowerment of widows. The positive impacts of economic empowerment are clear. It has been shown that improved female income earning capacity improves human capital: significantly more income in the hands of mothers goes directly to children’s health and education than income in the hands of fathers (Chant 2007: 335; Todaro and Smith 2009: 22).

Through their impact on widows, their families and the wider community, the current social norms in many developing countries undermine their productive assets and reduce their GDP. Strategies need to be developed to change the perception of widows from perceived liabilities into valuable assets.

The key requirements for achieving widows’ empowerment are:

1. Promoting international awareness of the issue of widows deprivation among researchers, policy specialists, politicians, NGOs and the public,
2. Taking steps to avoid the physical dangers of cultural practices associated with widowhood,
3. Promoting the adoption of property and inheritance laws,
4. Promoting awareness of legal protections available welfare from government and NGOs,
5. Averting poverty when widowhood occurs through government intervention in the form of income support, healthcare, education, childcare, and pensions for older widows,
6. Implementing literacy programmes,
7. Achieving significant reduction in HIV/AIDS infection rates,
8. Changing social attitudes to widowhood traditions and women’s property rights
9. Working to achieve a positive perception of widows and their social and religious status,
10. Promoting effective law enforcement, especially in rural communities, against violations of widows’ rights.

Initiatives that could help achieve empowerment of widows and secure the well-being of their children include:

1. Scaled up global advocacy by the United Nations, including on International Widows Day,
2. Reforming national legal systems to enshrine human and inheritance rights for widows, Develop outreach programmes for legal services and welfare provision by governments and NGOs,
3. Reforming and expanding welfare states to prevent women and their children falling into poverty with the onset of widowhood,
4. Provision of emergency aid for the HIV/AIDS belt of eastern and southern Sub-Saharan Africa, including food and health, agriculture support and systematic HIV/AIDS prevention plans,

5. Developing literacy programmes run by women, using NGO networks (Sangtin Writers and Nagar 2006: xii) and the micro-finance model as a model for delivering tuition,⁵⁹
6. Reforming agricultural trade policies in favour of local production and exports by developing countries,
7. Promoting gender mainstreaming in policy development to ensure inclusion of widows and their children in women's social and economic issues,
8. Promoting recognition that widows are the last tier of adults left to manage communities ravaged by HIV/AIDS – and supporting them accordingly,
9. Working with religious, political and community leaders to promote a positive change in attitudes towards widows in countries where widowhood carries a social stigma.

9.6 International Widows Day

The unanimous designation of 23 June as International Widows Day by the UN General Assembly in December 2010, endorsing the initiative launched five years earlier by The Loomba Foundation, has placed the plight of widows on the mainstream development agenda for national governments and international agencies. It is only a start, but a significant one.

The Loomba Foundation sees International Widows Day as:

1. A fundamental step in gaining recognition of the plight of widows and their children around the world,
2. A critical tool in drawing attention to the social impact of widows' deprivation health, education, empowerment and the position of women and girls,
3. A means of highlighting the significance of addressing this issue to achievement of many of the Millennium and Sustainable Development Goals. crucial role that widows deprivation plays in determining whether or not the key Millennium Development Goals (MDGs) on extreme poverty, health, education and women's empowerment will be met.

9.7 Millennium Development Goals

The Millennium Development Goals (MDGs) come to an end at the end of 2015. Launched by the United Nations in 2000 with support from governments around the world, the overarching goals set specific targets to be achieved by 2015.

While the idea of collecting the different elements of economic and social development into a single framework made sense from a policy, awareness and implementation perspective, there was a danger of oversimplification and missing out on key issues.

While considerable progress was achieved in a number of areas, there were numerous calls from agencies throughout the MDG era for further topics to be included. While the world is still a long way from achieving Millennium Development Goals such as eradicating extreme hunger and poverty and achieving universal primary education, the MDG initiative has created a foundation for

⁵⁹ The relevance of the micro-finance model to academic activity is the use of positive peer pressure to maintain the operation of the group; in the micro-finance case, the personal, small group dynamics ensures women repay loans, while in the literacy teaching case, it is used to ensure that literacy group members maintain attendance and complete the required work.

continued top level coordination of development policy in the post-MDG period.

9.8 Sustainable Development Goals

The development framework for the period 2016-2030, adopted by the UN Sustainable Development Summit in New York on 25-27 September 2015, has replaced the MDGs with 17 Sustainable Development Goals:

- Goal 1. End poverty in all its forms everywhere
- Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3. Ensure healthy lives and promote well-being for all at all ages
- Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5. Achieve gender equality and empower all women and girls
- Goal 6. Ensure availability and sustainable management of water and sanitation for all
- Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- Goal 10. Reduce inequality within and among countries
- Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12. Ensure sustainable consumption and production patterns
- Goal 13. Take urgent action to combat climate change and its impacts★
- Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

- Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development

** Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.*

The Heads of State and Government and High Representatives gathered in New York to adopt these goals set out what they saw as areas of critical importance for humanity and the planet, including the need:

- ‘to end poverty and hunger, in all their forms and dimensions, and to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment,’
- to ensure that all human beings can enjoy prosperous and fulfilling lives and that economic, social and technological progress occurs in harmony with nature,’
- ‘to foster peaceful, just and inclusive societies which are free from fear and violence.’

The full 2015 UN Sustainable Development Declaration is reproduced in Appendix 8.

It is clear from the overwhelming evidence presented in this report that widows are a key group affected by all these areas and that their plight cannot be ignored if Goals 1, 2, 3, 4, 5 and 16 are to be achieved.

The Loomba Foundation will continue to play its part in providing the evidence required to develop effective and sustainable policies and will work with the United Nations, national government, NGOs and voluntary organisations to ensure that the injustices visited upon widows, with all the calamitous consequences for their children, their communities and the economy of their countries, is consigned to history.

Appendix 1 – Widows: Estimates by country, 2015

1 Sub-Saharan Africa

	Total Widows	Total marital age females	Widows age range	Widows % of marital age females	% source date	Widows data source
Angola	650,335	7,651,000	10+	8.50%	2010	LF estimate
Benin	349,248	5,457,000	10+	6.40%	2013	census
Botswana	50,049	747,000	15+	6.70%	2011	census
Burkina Faso	531,495	5,715,000	12+	9.30%	2006	census
Burundi	297,351	3,671,000	10+	8.10%	2008	census
Cameroon	632,543	7,621,000	12+	8.30%	2005	census
Cape Verde	7,760	194,000	12+	4.00%	2010	census
Central African Republic	135,584	1,784,000	10+	7.60%	1988	census
Chad	385,293	3,107,200	18+	12.40%	2003	WHO WHS
Comoros	28,343	198,200	18+	14.30%	2003	WHO WHS
Congo, Dem. Rep.	2,083,435	24,511,000	10+	8.50%	2010	LF estimate
Congo, Republic of	82,198	1,208,800	18+	6.80%	2003	WHO WHS
Cote d'Ivoire	553,982	5,431,200	18+	10.20%	2003	WHO WHS
Djibouti	35,000	299,000	10+	11.70%	2002	PAPFAM survey
Equatorial Guinea	16,182	279,000	10+	5.80%	2002	census
Eritrea	200,345	2,357,000	10+	8.50%	2010	LF estimate
Ethiopia	2,560,680	35,565,000	10+	7.20%	2007	census
Gabon	50,720	634,000	10+	8.00%	1993	census
Gambia	23,590	674,000	10+	3.50%	2013	census
Ghana	766,260	9,460,000	12+	8.10%	2010	census
Guinea	369,580	4,348,000	10+	8.50%	2010	LF estimate
Guinea-Bissau	54,315	639,000	10+	8.50%	2010	LF estimate
Kenya	1,424,689	12,281,800	18+	11.60%	2003	WHO WHS
Lesotho	127,734	698,000	10+	18.30%	2006	census
Liberia	93,161	1,579,000	10+	5.90%	2008	census
Madagascar	483,728	8,638,000	10+	5.60%	1993	census
Malawi	421,590	5,405,000	10+	7.80%	2008	census
Mali	273,504	4,884,000	12+	5.60%	2009	census
Mauritania	96,270	1,229,000	15+	7.80%	1991	PAPCHILD survey
Mauritius	69,345	498,942	15+	13.90%	2011	census
Mozambique	740,712	8,818,000	12+	8.40%	2007	census
Namibia	48,660	811,000	15+	6.00%	2011	census

Niger	367,752	5,572,000	10+	6.60%	2001	census
Nigeria	2,145,605	61,303,000	10+	3.50%	2006	census
Rwanda	492,571	4,519,000	12+	10.90%	2012	census
Sao Tome & Principe	544	68,000	12+	0.80%	2012	census
Senegal	245,088	5,328,000	10+	4.60%	2002	census
Seychelles	2,088	36,000	15+	5.80%	2010	census
Sierra Leone	179,804	2,276,000	10+	7.90%	2004	census
Somalia	156,408	3,724,000	10+	4.20%	2002	economic survey
South Africa	1,485,993	22,179,000	10+	6.70%	1996	census
South Sudan	201,300	4,026,000	12+	5.00%	2008	census
Sudan	703,840	13,280,000	12+	5.30%	2008	census
Swaziland	18,120	453,000	12+	4.00%	2007	census
Tanzania	610,722	14,541,000	15+	4.20%	2012	census
Togo	201,432	2,398,000	10+	8.40%	2010	census
Uganda	721,671	10,459,000	15+	6.90%	2002	census
Zambia	369,180	4,395,000	12+	8.40%	2000	census
Zimbabwe	608,106	4,714,000	15+	12.90%	2012	census
Total	22,153,905	325,665,142				

2 East Asia and Pacific

	Total Widows	Total marital age females	Widows age range	Widows % of marital age females	% source date	Widows data source
Australia	832,235	9,791,000	15+	8.50%	2011	census
Brunei Darussalam	7,084	161,000	15+	4.40%	2001	census
Cambodia	468,701	5,647,000	15+	8.30%	2008	census
China, People's Republic	44,590,560	557,382,000	15+	8.00%	2010	census
Fiji	28,260	314,000	15+	9.00%	2007	census
Indonesia	9,550,980	103,815,000	10+	9.20%	2010	census
Japan	7,838,318	57,214,000	15+	13.70%	2010	census
Kiribati	3,384	36,000	15+	9.40%	2010	census
Korea, North	1,599,156	10,251,000	15+	15.60%	2008	census
Korea, South	2,787,174	21,606,000	15+	12.90%	2005	census
Lao, People's Dem. Rep.	184,939	2,341,000	15+	7.90%	2005	census
Malaysia	853,920	11,860,000	15+	7.20%	2010	census
Marshall Islands	603	14,236	15+	4.20%	1999	census
Micronesia	2,618	34,000	15+	7.70%	2000	census
Mongolia	106,524	1,076,000	15+	9.90%	2000	census
Myanmar	2,391,424	21,352,000	15+	11.20%	1991	survey

Nauru	212	3,102	15+	6.80%	2011	census
New Zealand	160,565	1,889,000	15+	8.50%	2006	census
Palau	663	6,864	15+	9.70%	2005	census
Papua New Guinea	170,784	2,372,000	15+	7.20%	2010	survey
Philippines	2,636,634	34,242,000	15+	7.70%	2010	census
Samoa	5,251	59,000	15+	8.90%	2011	census
Singapore	203,532	2,423,000	15+	8.40%	2010	census
Solomon Islands	11,264	176,000	15+	6.40%	2009	census
Taiwan	844,536	9,683,209	15+	8.70%	2010	census
Thailand	3,039,901	29,513,600	13+	10.30%	2010	census
Timor-Leste	28,800	320,000	15+	9.00%	2010	census
Tongo	2,640	33,000	15+	8.00%	2011	census
Tuvalu	351	3,136	15+	11.20%	2002	census
Vanuatu	3,825	85,000	15+	4.50%	2009	census
Vietnam	3,943,518	37,203,000	15+	10.60%	2009	census
Total	82,298,356	920,906,147				

3 Middle East and North Africa

	Total Widows	Total marital age females	Widows age range	Widows % of marital age females	% source date	Widows data source
Algeria	1,011,990	14,457,000	15+	7.00%	2008	census
Bahrain	14,070	209,998	15+	6.70%	2010	census
Egypt	3,065,400	28,648,600	16+	10.70%	2006	census
Iran	2,894,496	32,892,000	10+	8.80%	2011	census
Iraq	1,006,060	12,121,200	12+	8.30%	1997	census
Israel	247,690	2,914,000	15+	8.50%	2008	census
Jordan	158,571	2,517,000	15+	6.30%	2004	census
Kuwait	22,118	350,729	15+	6.30%	2011	census
Lebanon	196,196	2,002,000	15+	9.80%	2007	survey
Libya	150,876	2,286,000	15+	6.60%	2006	census
Morocco	1,263,712	12,512,000	15+	10.10%	2004	census
Oman	43,065	639,647	15+	6.70%	2003	census
Palestine	84,513	1,536,600	12+	5.50%	2007	census
Qatar	4,597	74,724	15+	6.20%	2010	census
Saudi Arabia	341,070	5,732,123	15+	6.00%	2007	survey
Syria	437,919	7,179,000	15+	6.10%	2009	survey
Tunisia	374,255	4,403,000	15+	8.50%	2004	census
Turkey	3,144,914	29,669,000	15+	10.60%	2011	census

United Arab Emirates	15,853	255,182	15+	6.20%	2005	census
Yemen	492,278	7,775,000	15+	6.30%	2004	PAPFAM survey
Total	14,969,643	168,174,803				

4 Central Asia

	Total Widows	Total marital age females	Widows age range	Widows % of marital age females	% source date	Widows data source
Armenia	166,105	1,195,000	15+	13.90%	2011	census
Azerbaijan	410,773	3,839,000	15+	10.70%	2009	census
Georgia	329,046	1,902,000	15+	17.30%	2002	census
Kazakhstan	832,358	6,554,000	15+	12.70%	2009	census
Kyrgyzstan	218,916	2,027,000	15+	10.80%	2009	census
Tajikistan	227,550	2,775,000	15+	8.20%	2010	census
Turkmenistan	226,941	1,985,000	15+	11.30%	1989	census
Uzbekistan	1,202,463	10,833,000	15+	11.10%	1989	census
Total	3,614,152	31,110,000				

5 South Asia

	Total Widows	Total marital age females	Widows age range	Widows % of marital age females	% source date	Widows data source
Afghanistan	2,350,881	11,037,000	10+	21.30%	2007	informal
Bangladesh	4,194,125	64,525,000	10+	6.50%	2011	census
Bhutan	15,132	291,000	10+	5.20%	2005	census
India	46,457,516	504,973,000	10+	9.20%	2011	census
Maldives	2,210	130,000	15+	1.70%	2006	census
Nepal	218,040	4,740,000	10+	4.60%	2011	census
Pakistan	4,051,845	71,085,000	10+	5.70%	2007	survey
Sri Lanka	554,334	8,399,000	15+	6.60%	2012	census
Total	57,844,083	665,180,000				

6 North America

	Total Widows	Total marital age females	Widows age range	Widows % of marital age females	% source date	Widows data source
Canada	1,397,112	15,186,000	15+	9.20%	2011	census
USA	12,883,200	134,200,000	18+	9.60%	2010	census
Total	14,280,312	149,386,000				

7 Caribbean

	Total Widows	Total marital age females	Widows age range	Widows % of marital age females	% source date	Widows data source
Antigua & Barbuda	1,836	36,000	15+	5.10%	2001	census
Bahamas	9,322	158,000	15+	5.90%	2010	census
Barbados	7,345	113,000	15+	6.50%	2010	census
Cuba	369,964	5,068,000	10+	7.30%	2012	census
Dominica	1,643	24,099	15+	6.80%	2001	census
Dominican Republic	260,958	3,782,000	15+	6.90%	2010	census
Grenada	2,520	40,000	15+	6.30%	2001	census
Haiti	223,070	3,584,000	15+	6.20%	1996/2006	survey
Jamaica	61,347	1,093,800	16+	5.70%	2011	census
St. Kitts & Nevis	955	13,256	15+	7.20%	2001	census
St. Lucia	3,796	73,000	15+	5.20%	2010	census
St. Vincent & Grenadines	1,960	40,000	15+	4.90%	2001	census
Trinidad & Tobago	44,144	551,800	14+	8.00%	2011	census
Total	988,860	14,576,955				

8 Central America

	Total Widows	Total marital age females	Widows age range	Widows % of marital age females	% source date	Widows data source
Belize	7,830	174,000	15+	4.50%	2010	census
Costa Rica	99,328	1,947,600	12+	5.10%	2011	census
El Salvador	180,830	2,782,000	10+	6.50%	2007	census
Guatemala	304,904	5,349,200	12+	5.70%	2002	census
Honduras	135,548	2,884,000	12+	4.70%	2001	census
Mexico	3,226,766	48,890,400	12+	6.60%	2010	census
Nicaragua	123,706	2,249,200	12+	5.50%	2005	census

Panama	80,304	1,434,000	15+	5.60%	2010	census
Total	4,159,216	65,710,400				

9 South America

	Total Widows	Total marital age females	Widows age range	Widows % of marital age females	% source date	Widows data source
Argentina	1,690,520	16,905,200	14+	10.00%	2010	census
Bolivia	223,992	3,672,000	15+	6.10%	2012	census
Brazil	6,937,554	88,943,000	10+	7.80%	2010	census
Chile	587,250	7,250,000	15+	8.10%	2002	census
Colombia	1,331,648	20,807,000	10+	6.40%	2005	census
Ecuador	356,102	6,247,400	12+	5.70%	2010	census
Guyana	19,272	264,000	15+	7.30%	2002	census
Paraguay	120,956	2,749,000	10+	4.40%	2002	census
Peru	690,954	12,122,000	12+	5.70%	2007	census
Suriname	13,260	204,000	15+	6.50%	2012	census
Uruguay	167,941	1,486,200	12+	11.30%	2011	census
Venezuela	634,816	11,336,000	15+	5.60%	2011	census
Total	12,774,265	171,985,800				

10 Europe and Russia

	Total Widows	Total marital age females	Widows age range	Widows % of marital age females	% source date	Widows data source
Albania	106,764	1,302,000	15+	8.20%	2011	census
Austria	486,588	3,772,000	15+	12.90%	2011	census
Belarus	783,104	4,256,000	15+	18.40%	2009	census
Belgium	573,355	4,755,000	15+	12.10%	2011	census
Bosnia-Herzegovina	306,488	1,684,000	15+	18.20%	2011	informal
Bulgaria	578,032	3,176,000	15+	18.20%	2011	census
Croatia	345,800	1,900,000	15+	18.20%	2011	census
Cyprus	39,114	477,000	15+	8.20%	2011	census
Czech Republic	633,760	4,660,000	15+	13.60%	2011	census
Denmark	232,750	2,375,000	15+	9.80%	2011	census
Estonia	89,352	584,000	15+	15.30%	2011	census
Finland	299,008	2,336,000	15+	12.80%	2011	census
France	3,385,134	27,747,000	15+	12.20%	2010	census

Germany	4,856,808	36,794,000	15+	13.20%	2011	census
Greece	711,774	4,842,000	15+	14.70%	2011	census
Hungary	812,147	4,487,000	15+	18.10%	2011	census
Iceland	6,996	132,000	15+	5.30%	2012	survey
Ireland	152,118	1,878,000	15+	8.10%	2011	census
Italy	3,895,177	27,239,000	15+	14.30%	2011	census
Latvia	153,252	946,000	15+	16.20%	2011	census
Liechtenstein	1,344	15,434	15+	8.70%	2010	census
Lithuania	253,526	1,393,000	15+	18.20%	2011	census
Luxembourg	24,289	227,000	15+	10.70%	2011	census
Macedonia	92,925	885,000	15+	10.50%	2002	census
Malta	17,856	186,000	15+	9.60%	2011	census
Moldova	237,900	1,525,000	15+	15.60%	2004	census
Montenegro	39,260	260,000	15+	15.10%	2011	census
Netherlands	696,290	7,105,000	15+	9.80%	2011	survey
Norway	195,393	2,101,000	15+	9.30%	2011	census
Poland	531,648	3,408,000	15+	15.60%	2011	census
Portugal	623,568	4,724,000	15+	13.20%	2011	census
Romania	1,479,348	9,483,000	15+	15.60%	2011	census
Russia	11,607,558	65,211,000	15+	17.80%	2010	census
Serbia	716,100	4,092,000	15+	17.50%	2011	census
Slovakia	331,200	2,400,000	15+	13.80%	2011	census
Slovenia	121,230	898,000	15+	13.50%	2011	census
Spain	2,437,560	20,313,000	15+	12.00%	2011	census
Sweden	375,720	4,040,000	15+	9.30%	2011	census
Switzerland	348,230	3,590,000	15+	9.70%	2011	census
Ukraine	4,000,128	20,834,000	15+	19.20%	2001	census
United Kingdom	2,819,670	26,854,000	16+	10.50%	2011	census
Total	45,398,264	314,886,434				

11 Regions and worldwide

	Total widows	Total widows' children (all ages)
Sub-Saharan Africa	22,153,905	112,984,916
East Asia and Pacific	82,298,356	136,615,271
Middle East and North Africa	14,969,643	41,016,822
Central Asia	3,614,152	9,432,937
South Asia	57,844,083	146,345,530
North America	14,280,312	27,703,805
Caribbean	988,860	2,234,824
Central America	4,159,216	9,940,526
South America	12,774,265	26,570,471
Europe and Russia	45,398,264	71,729,257
Total	258,481,056	584,574,358

Notes

1. 'LF estimate' is an estimate of the percentage of widows of the female population of marital age produced by the Loomba Foundation (LF) for the 2010 Study – note that in the 2010 Study the abbreviation used for Loomba Foundation estimates was 'Av', not LF. The LF estimates were produced when no data was available for a country from any source for the percentage of widows of the female marital age population. The estimates were produced by using a sample of up to five other countries from the same region, calculating the average percentage of widows for those countries is calculated and then applying it to the country lacking source data. When producing an estimate for a conflict country, the sample used is of conflict countries with similar profile (insurgency, conventional war, conflict with famine, conflict with major population displacement, including combinations of these characteristics).
2. In the 2010 Loomba Foundation global widows report, the terminology employed for 'Total marital age females' as used in these tables was Corresponding female population. Total marital age females means all females (girls and women) at and above a specified age range of marital status (10+, 12+, 13+, 14+, 15+, 16+ and 18+), this group covers all females in the following categories Single, Married, Divorced; Separated; Widowed. Some countries use different categories specifications, but these five are the essential marital status categories. The percentage of widows shown therefore is of the total of this group. We do not use the total female population because it is assumed very few children under the specified age are married. We do not use the whole population (male and female) because the particular issues of widows are better understood in relation to the issues facing women than the population as a whole.
3. The quality of data on widow numbers has improved since the 2010 Study, which relied almost exclusively on incomplete UN data on marital status. For the present report, availability of the most recent data for each country was checked against the country census websites. When recent census data was not available, a search was made for other available surveys (population, income and expenditure, and social and economic).
4. The population data for females (counts of population by age) was taken from the data published online by the UN Population Division using the 2012 Revision. This data is presented in five-year age range cohorts – 0-4, 5-9, 10-14, 15-19 etc. When a marital status age range did not coincide – for example when marital age starts are 12+ – the figure was extrapolated by dividing the total by five and allocating pro rata to the required period. To access UN Population Division population data for females, visit <http://www.un.org/en/development/desa/population/> and then select 'Estimates and Projections' > 'Detailed Indicators' > 'Population by five year age group and sex' > 'Medium variant' > 'year: 2015' (start and end) > 'country' > 'outputs type'.
5. Individual country estimates for widows in extreme poverty are not available due to lack of appropriate data for many countries after 2010. Regional estimates used in this report are from the World Bank's World Development Indicators 2014, and ad hoc estimates using specific country data for North America and for Europe and Russia. See the methodology notes in Appendix 4 for further details.
6. Individual country estimates for children of widows have not been calculated.

Appendix 2 – Data sources, 2010 and 2015

1 Sub-Saharan Africa

	Source date 2010	Data age range	Widows % in source 2010	Source date 2015	Date age range	Widows % in source 2015	Data source 2015
Angola	Av	10+	8.50%	2010	10+	8.50%	LF estimate
Benin	2002	10+	6.40%	2013	10+	6.40%	census
Botswana	2001	12+	6.40%	2011	15+	6.70%	census
Burkina Faso	1985	12+	10.70%	2006	12+	9.30%	census
Burundi	1990	15+	6.40%	2008	10+	8.10%	census
Cameroon	Av	10+	5.80%	2005	12+	8.30%	census
Cape Verde	1990	10+	5.00%	2010	12+	4.00%	census
Central African Republic	1988	10+	7.60%	1988	10+	7.60%	census
Chad	1993	12+	9.80%	2003	18+	12.40%	WHO WHS survey
Comoros	1991	12+	4.20%	2003	18+	14.30%	WHO WHS survey
Congo, DR	Av	10+	8.50%	2010	10+	8.50%	LF estimate
Congo, Rep	Av	10+	5.80%	2003	18+	6.80%	WHO WHS survey
Cote d'Ivoire	1988	15+	7.20%	2003	18+	10.20%	WHO WHS survey
Djibouti	Av	10+	5.80%	2002	10+	11.70%	PAPFAM survey
Equatorial Guinea	Av	10+	5.80%	2002	10+	5.80%	census
Eritrea	Av	10+	8.50%	2010	10+	8.50%	LF estimate
Ethiopia	1994	10+	8.10%	2007	10+	7.20%	census
Gabon	1993	10+	8.00%	1993	10+	8.00%	census
Gambia	1993	10+	3.50%	2013	10+	3.50%	census
Ghana	2000	12+	7.00%	2010	12+	8.10%	census
Guinea	Av	10+	8.50%	2010	10+	8.50%	LF estimate
Guinea-Bissau	Av	10+	8.50%	2010	10+	8.50%	LF estimate
Kenya	1989	12+	5.20%	2003	18+	11.60%	WHO WHS survey
Lesotho	Av	10+	5.80%	2006	10+	18.30%	census
Liberia	Av	10+	8.50%	2008	10+	5.90%	census
Madagascar	1993	10+	5.60%	1993	10+	5.60%	census
Malawi	1998	10+	6.70%	2008	10+	7.80%	census
Mali	1987	12+	8.30%	2009	12+	5.60%	census
Mauritania	1988	10+	7.70%	1991	15+	7.80%	PAPCHILD survey
Mauritius	2000	15+	13.00%	2011	15+	13.90%	census
Mozambique	1997	12+	7.90%	2007	12+	8.40%	census

Namibia	1991	15+	7.50%	2011	15+	6.00%	census
Niger	1988	10+	5.20%	2001	10+	6.60%	census
Nigeria	2007	15+	7.70%	2006	10+	3.50%	census
Rwanda	2002	12+	13.30%	2012	12+	10.90%	census
Sao Tome and Principe	1991	10+	1.10%	2012	12+	0.80%	census
Senegal	1988	10+	7.20%	2002	10+	4.60%	census
Seychelles	2002	15+	4.10%	2010	15+	5.80%	census
Sierra Leone	1985	10+	8.10%	2004	10+	7.90%	census
Somalia	Av	10+	8.50%	2002	10+	4.20%	Econ survey
South Africa	1996	10+	6.70%	1996	10+	6.70%	census
South Sudan	NA	NA	NA	2008	12+	5.00%	census
Sudan	1993	10+	6.20%	2008	12+	5.30%	census
Swaziland	1986	10+	3.60%	2007	12+	4.00%	census
Tanzania	1988	10+	7.00%	2012	15+	4.20%	census
Togo	Av	10+	5.80%	2010	10+	8.40%	census
Uganda	2002	10+	5.50%	2002	15+	6.90%	census
Zambia	1990	12+	5.30%	2000	12+	8.40%	census
Zimbabwe	1992	10+	7.00%	2012	15+	12.90%	census

2 East Asia and Pacific

	Source date 2010	Data age range	Widows % in source 2010	Source date 2015	Date age range	Widows % in source 2015	Data source 2015
Australia	2001	15+	9.70%	2011	15+	8.50%	census
Brunei Darussalam	2001	15+	3.10%	2001	15+	4.40%	census
Cambodia	1998	10+	6.40%	2008	15+	8.30%	census
China	2007	15+	8.10%	2010	15+	8.00%	census
Fiji	1986	15+	4.60%	2007	15+	9.00%	census
Indonesia	2000	10+	8.10%	2010	10+	9.20%	census
Japan	2000	15+	13.00%	2010	15+	13.70%	census
Kiribati	ND	ND	ND	2010	15+	9.40%	census
Korea, North	1993	15+	10.30%	2008	15+	15.60%	census
Korea, South	2000	15+	10.30%	2005	15+	12.90%	census
Laos	1995	10+	7.70%	2005	15+	7.90%	census
Malaysia	2000	15+	7.20%	2010	15+	7.20%	census
Marshall Islands	1999	15+	4.20%	1999	15+	4.20%	census
Micronesia	1994	15+	7.40%	2000	15+	7.70%	census
Mongolia	2000	15+	9.90%	2000	15+	9.90%	census

Myanmar	1991	10+	8.10%	1991	15+	11.20%	survey
Nauru	1992	15+	ND	2011	15+	6.80%	census
New Zealand	2001	15+	9.40%	2006	15+	8.50%	census
Palau	1995	15+	9.10%	2005	15+	9.70%	census
Papua New Guinea	Av	15+	5.80%	2010	15+	7.20%	survey
Philippines	2000	10+	6.20%	2010	15+	7.70%	census
Samoa	Av	15+	6.20%	2011	15+	8.90%	census
Singapore	2000	15+	8.40%	2010	15+	8.40%	census
Solomon Islands	Av	15+	6.20%	2009	15+	6.40%	census
Taiwan	2000	15+	9.20%	2010	15+	8.70%	census
Thailand	2000	13+	8.80%	2010	13+	10.30%	census
Tongo	1996	15+	4.30%	2011	15+	8.00%	census
Timor-Leste	Av	15+	6.20%	2010	15+	9.00%	census
Tuvalu	ND	ND	ND	2002	15+	11.20%	census
Vanuatu	1989	15+	6.00%	2009	15+	4.50%	census
Vietnam	1999	13+	10.40%	2009	15+	10.60%	census

3 Middle East and North Africa

	Source date 2010	Data age range	Widows % in source 2010	Source date 2015	Date age range	Widows % in source 2015	Data source 2015
Algeria	1998	10+	5.10%	2008	15+	7.00%	census
Bahrain	2001	15+	4.80%	2010	15+	6.70%	census
Egypt	1996	15+	12.00%	2006	16+	10.70%	census
Iran	1996	10+	6.00%	2011	10+	8.80%	census
Iraq	1997	12+	8.30%	1997	12+	8.30%	census
Israel	2002	15+	10.30%	2008	15+	8.50%	census
Jordan	1994	15+	6.30%	2004	15+	6.30%	census
Kuwait	2000	15+	4.50%	2011	15+	6.30%	census
Lebanon	Av	15+	5.80%	2007	15+	9.80%	survey
Libya	Av	15+	7.40%	2006	15+	6.60%	census
Morocco	1994	10+	8.40%	2004	15+	10.10%	census
Oman	1995	15+	9.70%	2003	15+	6.70%	census
Palestine	1997	12+	7.00%	2007	12+	5.50%	census
Qatar	2004	15+	3.60%	2010	15+	6.20%	census
Saudi Arabia	1996	15+	7.60%	2007	15+	6.00%	survey
Syria	1994	15+	5.00%	2009	15+	6.10%	survey
Tunisia	1994	15+	8.80%	2004	15+	8.50%	census

Turkey	2000	10+	7.20%	2011	15+	10.60%	census
United Arab Emirates	1995	15+	4.00%	2005	15+	6.20%	census
Yemen	1994	10+	6.80%	2004	15+	6.30%	PAPFAM survey

4 Central Asia

	Source date 2010	Data age range	Widows % in source 2010	Source date 2015	Date age range	Widows % in source 2015	Data source 2015
Armenia	2001	15+	13.60%	2011	15+	13.90%	census
Azerbaijan	1999	16+	12.00%	2009	15+	10.70%	census
Georgia	Av	15+	12.80%	2002	15+	17.30%	census
Kazakhstan	1999	15+	14.70%	2009	15+	12.70%	census
Kyrgyzstan	1999	15+	11.90%	2009	15+	10.80%	census
Tajikistan	1989	10+	8.40%	2010	15+	8.20%	census
Turkmenistan	Av	15+	11.50%	1989	15+	11.30%	census
Uzbekistan	1989	15+	11.10%	1989	15+	11.10%	census

5 South Asia

	Source date 2010	Data age range	Widows % in source 2010	Source date 2015	Date age range	Widows % in source 2015	Data source 2015
Afghanistan	2007	10+	21.30%	2007	10+	21.30%	informal
Bangladesh	2001	10+	7.30%	2011	10+	6.50%	census
Bhutan	2005	10+	5.20%	2005	10+	5.20%	census
India	2001	10+	9.10%	2011	10+	9.10%	census
Maldives	2000	15+	7.30%	2006	15+	1.70%	census
Nepal	2001	10+	3.70%	2011	10+	4.60%	census
Pakistan	1998	15+	7.60%	2007	10+	5.70%	survey
Sri Lanka	Av	10+	6.70%	2012	15+	6.60%	census

6 North America

	Source date 2010	Data age range	Widows % in source 2010	Source date 2015	Date age range	Widows % in source 2015	Data source 2015
Canada	2001	15+	9.70%	2011	15+	9.20%	census
USA	2000	15+	10.50%	2010	18+	9.60%	census

7 Caribbean

	Source date 2010	Data age range	Widows % in source 2010	Source date 2015	Date age range	Widows % in source 2015	Data source 2015
Antigua and Barbuda	Av	15+	6.70%	2001	15+	5.10%	census
Bahamas	2000	15+	4.40%	2010	15+	5.90%	census
Barbados	Av	15+	6.70%	2010	15+	6.50%	census
Cuba	Av	15+	6.70%	2012	10+	7.30%	census
Dominica	2001	15+	6.80%	2001	15+	6.80%	census
Dominican Republic	2002	15+	6.90%	2010	15+	6.90%	census
Grenada	Av	15+	6.50%	2001	15+	6.30%	census
Haiti	Av	15+	4.80%	1996/2006	15+	6.20%	survey x2 sources
Jamaica	2001	16+	6.10%	2011	16+	5.70%	census
St. Kitts and Nevis	Av	15+	6.70%	2001	15+		census
St. Lucia	2001	15+	4.90%	2010	15+	5.20%	census
St. Vincent & Grenadines	1991	15+	5.20%	2001	15+	4.90%	census
Trinidad & Tobago	1990	14+	8.90%	2011	14+	8.00%	census

8 Central America

	Source date 2010	Data age range	Widows % in source 2010	Source date 2015	Date age range	Widows % in source 2015	Data source 2015
Belize	2000	14+	4.10%	2010	15+	4.50%	census
Costa Rica	Av	15+	5.30%	2011	12+	5.10%	census
El Salvador	1992	15+	7.20%	2007	10+	6.50%	census
Guatemala	Av	15+	5.30%	2002	12+	5.70%	census

Honduras	1988	12+	4.30%	2001	12+	4.70%	census
Mexico	2000	12+	6.60%	2010	12+	6.60%	census
Nicaragua	Av	15+	5.30%	2005	12+	5.50%	census
Panama	2000	15+	5.50%	2010	15+	5.60%	census

9 South America

	Source date 2010	Data age range	Widows % in source 2010	Source date 2015	Date age range	Widows % in source 2015	Data source 2015
Argentina	2001	14+	10.70%	2010	14+	10.00%	census
Bolivia	2001	15+	7.30%	2012	15+	6.10%	census
Brazil	2000	10+	6.70%	2010	10+	7.80%	census
Chile	1992	14+	7.90%	2002	15+	8.10%	census
Columbia	1993	12+	6.80%	2005	10+	6.40%	census
Ecuador	2001	12+	5.70%	2010	12+	5.70%	census
Guyana	Av	15+	5.90%	2002	15+	7.30%	census
Paraguay	2002	10+	4.40%	2002	10+	4.40%	census
Peru	Av	15+	7.00%	2007	12+	5.70%	census
Suriname	Av	15+	5.90%	2012	15+	6.50%	census
Uruguay	1996	12+	11.90%	2011	12+	11.30%	census
Venezuela	2001	10+	5.10%	2011	15+	5.60%	census

10 Europe and Russia

	Source date 2010	Data age range	Widows % in source 2010	Source date 2015	Date age range	Widows % in source 2015	Data source 2015
Albania	2001	15+	9.00%	2011	15+	8.20%	census
Austria	2001	15+	13.00%	2011	15+	12.90%	census
Belarus	1999	15+	17.00%	2009	15+	18.40%	census
Belgium	2004	15+	12.00%	2011	15+	12.10%	census
Bosnia-Herzegovina	1991	15+	16.00%	2011	15+	18.20%	informal
Bulgaria	2001	15+	16.70%	2011	15+	18.20%	census
Croatia	2001	15+	18.00%	2011	15+	18.20%	census
Cyprus	2001	15+	9.20%	2011	15+	8.20%	census
Czech Republic	2001	15+	15.00%	2011	15+	13.60%	census
Denmark	1991	15+	13.00%	2011	15+	9.80%	census

Estonia	2000	15+	16.00%	2011	15+	15.30%	census
Finland	2000	15+	12.00%	2011	15+	12.80%	census
France	1999	15+	13.00%	2010	15+	12.20%	census
Germany	2001	15+	14.00%	2011	15+	13.20%	census
Greece	2001	15+	14.00%	2011	15+	14.70%	census
Hungary	1990	15+	17.00%	2011	15+	18.10%	census
Iceland	Av	15+	13.00%	2012	15+	5.30%	survey
Ireland	2002	15+	10.00%	2011	15+	8.10%	census
Italy	2001	15+	15.00%	2011	15+	14.30%	census
Latvia	2000	15+	12.00%	2011	15+	16.20%	census
Liechtenstein	2007	15+	8.90%	2010	15+	8.70%	census
Lithuania	2001	15+	17.00%	2011	15+	18.20%	census
Luxembourg	2001	15+	13.00%	2011	15+	10.70%	census
Macedonia	1989	15+	15.00%	2002	15+	10.50%	census
Malta	Av	15+	15.00%	2011	15+	9.60%	census
Moldova	1989	15+	15.00%	2004	15+	15.60%	census
Montenegro	2003	15+	14.10%	2011	15+	15.10%	census
Netherlands	2002	15+	11.00%	2011	15+	9.80%	survey
Norway	2001	15+	12.00%	2011	15+	9.30%	census
Poland	2002	15+	12.00%	2011	15+	15.60%	census
Portugal	2001	15+	12.00%	2011	15+	13.20%	census
Romania	2002	15+	17.00%	2011	15+	15.60%	census
Russia	2002	15+	11.00%	2010	15+	17.80%	census
Serbia	2002	15+	16.40%	2011	15+	17.50%	census
Slovakia	2001	15+	15.00%	2011	15+	13.80%	census
Slovenia	2002	15+	12.00%	2011	15+	13.50%	census
Spain	1991	15+	12.00%	2011	15+	12.00%	census
Sweden	2003	15+	11.00%	2011	15+	9.30%	census
Switzerland	2000	15+	11.00%	2011	15+	9.70%	census
Ukraine	2001	16+	19.00%	2001	15+	19.20%	census
United Kingdom	2001	15+	13.00%	2011	16+	10.50%	census

Notes

1. Burundi census 2008 percentage for widows: UN database data gives 8.1 percent for widows as a percentage of the female marital age population, but Burundi Census gives two figures: 15.3 percent of female marital age population in all provinces, and 8.1 percent of females by age group and marital status. In addition it states the overall widowhood rate as 15.3 percent, and an Appendix states this is the percentage for widows across all provinces. The reason for these differences is not clear. Source: Recensement Général de la Population et de l'Habitat du Burundi 2008 Vol. 3: Analyse Tome 4.
2. Gulf Arab countries: Most Arab countries in the Persian Gulf have large expatriate populations, some more than half the size of the indigenous population. The lack of detailed census data makes it difficult to produce an accurate widows count. There are further difficulties extrapolating indigenous population data when detailed data is available, so the present Report has taken the actual census or survey data for the most recent year for each country – or a more recent year for which data could be accessed. Arab countries in the Middle East that have not been at war have remarkable consistent rates of widows as a percentage of the total female marital age population ranging from six to just under seven percent. The 2010 Study produced estimates at around four percent for widows, which were not accurate due to this mix of expatriate and local populations. The need is to measure widows from the local population so as to understand marriage practices and trends of the local population – including expatriates in such large numbers obscures the true picture. In the present Report, only indigenous and no expat data has been used for Bahrain, Kuwait, Qatar and UAE. The data for Oman and Saudi Arabia is believed to be for indigenous population only but this is not confirmed.
3. Conflict countries: In Syria, Iraq, Lybia, Yemen, South Sudan and Central African Republic the increase in the number and proportion of widows arising from the civil wars in these countries cannot yet be estimated with any degree of confidence. In Iraq, the widows percentage in the 1997 Iraq census produces a 2015 estimate of just over one million widows, but other estimates, now several years old, place the highest estimate at over eight million widows. All these conflict countries are still at the acute, full fighting stage of conflict.

Appendix 3 – Key definitions

Widows

The definition of widow used in this report is the standard used in country censuses around the world, namely a woman (or girl) who is ‘Widowed and not remarried’. By excluding ‘Widowed and remarried’ and ‘Ever widowed’, for which comparable data are not available, it is acknowledged that the true scale of the issue is understated, particularly since qualitative evidence demonstrates problems associated with widespread remarriage customs affecting widows. Where the context permits, widows includes women who, though officially unmarried, have lost a male partner.

Destitution

‘Destitution refers to a total, or near complete absence of resources’ (Spicker et al (2007: 51)) for a human being thereby making life effectively unlivable through lack of key minimum essential items of food, water, sanitation, and shelter.

Extreme poverty

A measure of absolute poverty. Extreme Poverty was defined in the 1995 Report of the UN World Summit for Social Development as: ‘a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to services.’ The World Bank subsequently developed an income-based measure of extreme poverty less than one dollar a day. In 2008 this was re-estimated to be \$1.25 a day at 2005 prices, below which an individual is said to be living in extreme poverty.

Moderate poverty

Moderate poverty is the \$2 dollars a day internationally comparable poverty line produced by The World Bank. In cold climates, the moderate poverty level is \$4 dollars a day.

Purchasing power parity

The purchasing power of a country’s currency correcting for the bias in the value of a currency at standard exchange rates. PPP is necessary in constructing the internationally comparable poverty lines used by the World Bank (Haughton et al 2009: 186-188).

Count data

The number of times objects or individuals from a given category have been counted (enumerated).

Under-five child mortality

The probability of dying before the fifth birthday, measured as the number of deaths out of one thousand live births.

Appendix 4 – Usage and methodology

Estimates and calculations

UN population data is used to calculate numbers of widows per country based on the total female population of marital age, and widows' children based on the average number of children born to a woman over her reproductive years using regional total fertility rates (TFR). Where possible, the most recent census data not available from individual country statistics website has been taken from the United Nations Statistics Division, 2015 (<http://data.un.org/Data.aspx?d=POP&f=tableCode%3a23>) where widows data appears under marital status. Source data and discrepancies are noted by country in Appendix 6 and further details about sources and usage are given in the notes to Appendices 1 and 2.

Data is typically drawn from the UN Population Division 2012 Revision and from other sources including:

- country government websites
- the Demographic and Health Survey series sponsored by USAID and produced by ORC Macro International, Calverton, Maryland, USA
- specialist sources such as IPUMS (Integrated Public Use Microdata Series) at the Minnesota Population Center, University of Minnesota, USA.

The source date stated in the tables refers to year of census or date of estimate.

There are conflicting estimates of the number of widows for the countries of Afghanistan and Iraq. For Iraq we have used the 1997 Iraq census figure, which in view of ongoing conflict since that date is likely to be an underestimate. In the case of the Afghanistan, no census has been done since 1979; we have used a widely quoted estimate of two million widows (e.g. Obaid-Chinoy 2007b) in the absence of a better alternative, but this does not appear to have any firm methodological basis.

'ND' denotes no data available on which to base a calculation of widows data from the relevant country

and for the relevant years. Loomba Foundation estimates (denoted by 'Av' or 'LF') are produced when no reliable data exists by taking the average proportion of widows in the corresponding female population of a cluster of comparable countries and applying this to the total female population of the country estimated.

The marital status category from which widows statistics are extrapolated comprises all females of the marital age and above per country. The applicable marital age range is shown in the tables and varies from ten upwards. The ranges used – 10+, 12+, 13+, 14+, 15+, 16+ and 18+ – should be treated with caution as they do not always reflect local practice, with marriage often occurring at lower ages in each case.

Generally speaking, the widow counts per country (and thus per region and worldwide) are actuals and not contextual extrapolations, though in some cases estimates have had to be made as explained. Where census data is available, we have used the most recent reliable counts. Thus, the overall scale of the issue is visible for the first time in this level of detail, both worldwide and by region and country.

The definition of widows used is 'widowed and not remarried', since remarried widows are not included in census data. The estimates are thus known to underestimate the total in that there are significant forms and customs of remarriage that fall into the area of discriminatory and harmful practice.

A final definitional note is that the term 'widowed', while often taken to refer to a female, is used by the India and United States census offices as a genderless term to include widowers. In this report, the terms widow and widowed refer always to the female unless expressly stated otherwise.

Poverty and living standards

In the absence of comprehensive data on deprivation and poverty at country, regional and global levels, widows' living standards are measured by proxy using

existing pertinent data and wherever possible triangulating known poverty factors, e.g. food shortage. (For use of indirect measurement in social science studies see for example Minot and Baulch 2006: 9-35). Where World Bank poverty data (using the applicable \$1, \$2 or \$4 dollar a day measure) is not directly available, extrapolation is made by reference to comparable countries. Data sources for the widows poverty estimates prepared exclusively for this report are:

- Iraq, Libya, Palestine, and Syria: World Bank's World Development Indicators (WDIs) 2014 on internally displaced people and refugees (note: food security data used solely for Palestine);
- Pakistan, the Sustainable Development Policy Institute's most recent poverty estimate taking account of the effects of three consecutive years of serious flooding (2010-2012) as the WDI 2014 estimate relies on pre-flood data (www.sdpi.org).
- Russia and Central Asia countries: the WDI 2014 \$2.00 a day poverty line was used due to higher minimum cost of basic needs in cold climates.
- South Asia: individual country data used in preference to the WDI 2014 Statistical Supplement regional forecast for 2015.
- USA: 2013 USDA Low Food Security Data as percentage of total population as proxies for extreme poverty. The measure used was 'food-insecure households', with 3.9 percent or 4.4 million households (equating to 7.6 million adults and 3.2 million children) having 'very low food security'.
- Canada: 2013 Canadian food bank use data as percentage of total population also Fraser Institute's Basic Needs Poverty Measure which put the poverty rate for 2004 at 4.9 percent (Poverty in Canada: 2006 Update. Fraser Institute, November 2006).
- Caribbean: Caribbean Development Bank's poverty data, using the 'indigent' closest measure of absolute poverty as the 'indigent' measure, defined as those that are 'very poor', cited in the Caribbean Development Bank and Government of the Commonwealth of Dominica country poverty assessment final report (June 2003).
- Europe excluding Russia: extreme poverty calculated using the average of Canada and USA

estimates of food security. (Note that to calculate the comparative extreme poverty data for 2010 in this report, the unadjusted 2010 Study percentages for poverty were reapplied to the adjusted 2010 data.

It has not been possible to calculate 'moderate poverty' for the present report, as up to date complete data tables for all or most countries was not available.

The starting point for providing the most accurate possible measure of widows' poverty and deprivation is to define key indicators of women's poverty and well-being and their relation to widows' issues in combination with known quantitative and qualitative data specific to widows. The same process is used with regard to widows' children, using variables such as Under Five Child Mortality and the child-specific variable of economic activity. Figure 4.1, the Widows Incidence Model demonstrates the potential scale of the number of widows in relation to a number of variables and a sense of the relative seriousness of deprivation and rights violations they experience.

Since the 'widowed and not remarried' definition used in this report denotes the most vulnerable and deprived category of all widows, they are in relation to the general averages more likely to be living below the moderate or the extreme poverty lines given the lack of adequate possibilities for living as single women outside most OECD countries. Our conclusion that we have the right basic data for measuring poverty and deprivation among widows is further strengthened by the absence of social protection or welfare states in most developing countries. Most OECD countries – with the exception of the USA – will conversely tend to avoid extreme poverty, but may still experience moderate absolute and relative poverty.

The core variables that relate closely to women in this regard are:

1. child mortality for under-fives (U5MR),
2. the total fertility rate (TFR),
3. adult female literacy (AFL),
4. female life expectancy (FLE).

High values for the first and second, and low values for the third and fourth, are indicators of low female human development (as well as indirect indicators of child well-being).

The under-five mortality rate is a measure not only of child well-being, but also of the mothers' capacity to provide for children and of the quality of the healthcare system. A high U5MR is thus seen as a reliable measure of women's poverty and deprivation.

The TFR defines the potential number of births a woman will have on average. It is a good indicator of the resources required for a family, of women's autonomy with regard to controlling fertility, and of the scope for roles outside the family.

Adult female literacy is a literal measure of skills and empowerment and thus a direct measure of adult female well-being.

Female life expectancy is measured from birth, taking into account age-specific mortality rates as they change through a person's life cycle in their society.

The data available for these variables apply to the total adult female population of 15 years and above. This is important since qualitative data – such as the narrative accounts of widows' daily living situations recounted here – indicate increased intensity of poverty where an individual already experienced less severe poverty, or a shift into poverty from a previously adequate standard of living. This suggests that a higher proportion of widows may be living all types of poverty, moderate to extreme, than would be the case in the general female population. The method of interpreting of these average measures of poverty in the female population is that the worse the indicator, the greater the probability of a widow moving into poverty if not remarried (contingent on other social norms, e.g. with regard to paid employment).

These considerations relate to broad poverty, or what may alternatively be referred to as deprivation.

The strict or orthodox definition of poverty is of absolute poverty, defined as failure to have access, (access for example through income), to the minimum necessary level of food consumption in terms of calories, together with minimum necessary non-food items (Haughton and Khandker 2009, ch. 3; Note

that there are some confusing presentations of this measure, see 'international poverty line' in Todaro and Smith (2009: 828)).

The orthodox measure of absolute poverty – widely defined as income of \$1 dollar a day by the World Bank, which produces the poverty estimates – has been used in the Millennium Development Goals, with income of less than a dollar a day defining extreme poverty and two dollars a day moderate poverty, with regional climate variations. Less extreme or moderate poverty is measured as those living below \$2 dollars a day.

This report uses both absolute poverty measures, averaged across the entire male and female population, to calculate the number of widows in poverty. As the first internationally comparable absolute poverty measures, the widows' poverty estimates presented in this report offer a benchmark.

Appendix 5 – Region definitions

Unless otherwise stated, the country groupings by regions used in this Report are those defined by the United Nations Populations Division and listed below. (United Nations Department of Economic and Social Affairs, Population Division, 2015)

The least developed countries, as defined by the United Nations General Assembly in its resolutions (59/209, 59/210, 60/33, 62/97, 64/L.55, 67/L.43) included 49 countries in June 2013, 34 in Africa, 9 in Asia, 5 in Oceania and one in Latin America and the Caribbean:

Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Yemen and Zambia.

These countries are also included in the less developed regions.

More developed regions comprise Europe, Northern America, Australia/New Zealand and Japan.

Less developed regions comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.

Other less developed countries comprise the less developed regions excluding the least developed countries.

These regional groupings and country lists were

used for all Loomba Foundation 2015 and adjusted 2010 estimates with the exception of the extreme poverty estimates.

For some of the extreme poverty estimates, World Bank World Development Indicators (WDIs) Statistical Supplement country groupings were used. Specifically, the groupings with the corresponding extreme poverty data as defined by WDIs as Latin America and Caribbean, East Asia and Pacific, and Central Asia. The WDI country group and extreme poverty data for Central Asia also includes Europe as the WDI groups Central Asia together with Europe. The Europe data only covers Eastern Europe.

Appendix 6 – Census and survey data

This Appendix specifies the country data used in this report.

Except where expressly stated otherwise, census data for individual countries was accessed from the UN database (<http://data.un.org/Data.aspx?d=POP&f=tableCode%3a23>) under the marital status category. Note this is census data, not UN estimates). Only in cases where the most recent census or survey data is not available in the UN database, an alternative survey has been sourced, or a Loomba Foundation estimate produced based on the methodology defined in Appendix 4 and noted as ‘LF Estimate’ below.

1 Sub-Saharan Africa

Angola. LF Estimate (see p.24). The last census was in 1970. A new 2014 census has not yet been completed.

Benin. 2002 census (UN database); 2013 census not yet available.

Botswana. 2011 census and accompanying analytical report for age cohorts and marriage trends.

Burkina Faso. 2006 census (http://cns.bf/IMG/pdf/th_2_etat_et_structure_de_la_population_f.pdf) Note: the UN database has errors for the number widows entered for Burkina Faso.

Burundi. 2008 census. This census has conflicting data on numbers, with two different percentages used to calculate total widows.

Cameroon. 2005 census (http://www.ceped.org/ireda/inventaire/ressources/cmr-2005-rec_TOME2.11_situation_femmes.pdf) IREDA: Inventaire des Recensements et Enquêtes Démographiques en Afrique and CEPED: Centre for Population and Development.

Cape Verde. 2010 census (<http://www.ine.cv/actualise/publicacao/files/1103929942013Mulheres%20e%20Homens%20em%20Cabo%20Verde.pdf>)

Central African Republic. 1988 census. The 2003

census data is not available so this is the most recent available data.

Chad. World Health Organization World Health Survey (WHS) 2003. (<http://www.who.int/healthinfo/survey/whstcd-chad.pdf>) The 2009 census data is not available.

Comoros. World Health Organization World Health Survey (WHS) 2003. (<http://www.who.int/healthinfo/survey/whscom-comoros.pdf>) The 2003 census data is not available.

Congo, Democratic Republic. LF 2010 estimate. Last census was 1984.

Congo, Republic of. World Health Organization World Health Survey (WHS) 2003 for Congo (<http://www.who.int/healthinfo/survey/whscog-congo.pdf>) The 2007 census is not available.

Cote d'Ivoire. World Health Organization World Health Survey (WHS) 2003 for Cote d'Ivoire. (<http://www.who.int/healthinfo/survey/whsciv-cotedivoire.pdf>) The 2014 census was not yet available at time of research.

Djibouti. 2002 PAFAM (Pan-Arab Project for Family Health) Survey. (<http://www.papfam.org/index.php/en/publications>) The 2011 census data is not yet available.

Equatorial Guinea. LF 2010 estimate. The 2002 census is not available.

Eritrea. LF 2010 estimate. Last census was 1984.

Ethiopia. 2007 census. (http://www.csa.gov.et/newswave/images/documents/surveys/Population%20and%20Housing%20census/ETH-pop-2007/survey0/data/Doc/Reports/National_Statistical.pdf) (<http://www.csa.gov.et/index.php/2013-02-20-14-51-51/2013-04-01-11-53-00/census-2007>)

Gabon. 1993 census. The 2003 census is not available.

Gambia. 1993 census. The 2013 census was not yet available at time of research.

Ghana. 2010 census. (<http://www.statsghana.gov>

- gh/docfiles/2010phc/Census2010_Summary_report_of_final_results.pdf)
- Guinea-Bissau. LF Estimate 2010. Census data is not available.
- Guinea. LF 2010 estimate. The 1996 census is not available.
- Kenya. World Health Organization World Health Survey (WHS) 2003 for Kenya. (<http://www.who.int/healthinfo/survey/whsken-kenya.pdf>) 2009 census results for widowed females only are difficult to access.
- Lesotho. 2006 census.
- Liberia. 2008 census.
- Madagascar. 1993 census. This is the most recent census conducted.
- Malawi. 2008 census. (<http://www.nsomalawi.mw/2008-population-and-housing-census/107-2008-population-and-housing-census-results.html>)
- Mali. 2009 census.
- Mauritania. PAPCHILD (Pan-Arab Project) Survey 1991.
- Mauritius. 2011 census.
- Mozambique. 2007 census.
- Namibia. 2011 census. (<http://www.nsa.org.na/files/downloads/Namibia%202011%20Population%20and%20Housing%20Census%20Main%20Report.pdf>)
- Niger. 2012 census.
- Nigeria. 2006 census.
- Rwanda. 2012 census.
- Sao Tome and Principe. 2012 census. (http://www.ine.st/nacionais_RGPH_2012.html)
- Senegal. 2002 census. The 2013 census is not yet available.
- Seychelles. 2010 census.
- Sierra Leone. 2004 census.
- Somalia. Socio- Economic Survey 2002 (UNDP and World Bank). (UNFPA has done a population estimation survey in 2014, but marital status has not yet been calculated.)
- South Africa. 1996 census, UN database. Widows data for most recent census not accessible.
- South Sudan. Sudan 2008 census (before independence of South Sudan). (<http://www.cbs.gov.sd/en/files.php?id=7#&panel1-4>).
- Sudan. 2008 census. (<http://www.cbs.gov.sd/en/files.php?id=7#&panel1-4>).
- Swaziland. 2007 census, UN database.
- Tanzania. 2012 census. Statistical Tables, Table 4.3: Female Population Aged 15 Years and Above by Five Year Age Groups and Marital Status. (<http://www.nbs.go.tz/>)
- Togo. 2010 census. Tableau 2.3b : Répartition de la population résidente féminine de 12 ans ou plus selon l'état matrimonial et le groupe d'âges (http://www.stat-togo.org/index.php?option=com_docman&task=cat_view&gid=67&&Itemid=56)
- Uganda. 2002 census, UN database. 2014 census results not ready.
- Zambia. 2000 census, UN database. There is a 2010 census but it is not accessible.
- Zimbabwe. Census 2012 census. Table 1.6: Percent Composition of the Female Population by Age Group and Marital Status. Population Census Office.

2 East Asia and Pacific

- Australia. 2011 census. (http://stat.abs.gov.au/Index.aspx?DataSetCode=ABS_CENSUS2011_T04 - registration required.)
- Brunei Darussalam. 2001 census, UN database. 2011 census not accessible.
- Cambodia. 2008 census, UN database.
- China. 2010 census, UN database.
- Fiji. 2007 census. (<http://www.statsfiji.gov.fj/index.php/2007-census-of-population>)
- Indonesia. 2010 census. (<http://tinyurl.com/p5b6ltg>)
- Japan. 2010 census, UN database.
- Kiribati. 2010 census, UN database.
- Lao. 2005 census, UN database. This is the most recent census.
- Malaysia. 2010 census, UN database.
- Marshall Islands. 1999 census, UN database.
- Micronesia (Federated States of Micronesia). 2000 census, UN database.
- Mongolia. 2010 census, UN database.

- Myanmar. Myanmar Sample Survey 1991, Population Changes and Fertility Survey. (<http://www.dop.gov.mm/wp-content/uploads/2012/12/PCFS-1991-Country-Report.pdf>). The 2014 census is still being processed; the last census was 1983.
- Nauru. 2011 census. (http://www.spc.int/nmdi/nmdi_documents/2011_NAURU_CENSUS_REPORT).
- New Zealand. 2006 census, UN database. This is the most recent census.
- North Korea (Democratic People's Republic of Korea). 2008 census, UN database.
- Palau. 2005 census, UN database. This is the most recent census.
- Papua New Guinea. 2009-10 Household Income and Expenditure Survey, Table 1.3. (http://www.spc.int/nmdi/reports/PNG_HIES_2010.pdf) No data is accessible from the 2000 and 2011 censuses.
- Philippines. 2010 census, UN database.
- Samoa. 2011 census. (http://www.sbs.gov.ws/index.php?option=com_advlisting&view=download&fileId=277)
- Singapore. 2010 census, UN database.
- Solomon Islands. 2011 census, Table 52. (http://www.spc.int/prism/solomons/index.php/sinso_documents?view=download&fileId=59)
- South Korea (Republic of Korea). 2005 census, UN database. 2010 census results on South Korea census website do not provide data on widowed females.
- Taiwan. 2010 census, Table 3. (<http://ebas1.ebas.gov.tw/phc2010/english/rehome.htm>)
- Thailand. 2010 census, UN database.
- Timor-Leste. 2010 census. (http://www.statistics.gov.tl/wp-content/uploads/2013/12/Fertility_Monograph.pdf and http://www.statistics.gov.tl/wp-content/uploads/2013/12/PPJ_Monograph.pdf)
- Tonga. 2011 census. (<http://tinyurl.com/p3d383q> and <http://tinyurl.com/pkqryug>)
- Tuvalu. 2002 census, UN database. This is the most recent census.
- Vanuatu. 2009 census, UN database.
- Vietnam. 2009 census, UN database.
- ### 3 Middle East and North Africa
- Algeria. 2008 census. (<http://www.ons.dz/-Population-RGPH2008-.html> and http://www.ons.dz/IMG/pdf/pop5_national.pdf)
- Bahrain. 2010 census. Table: Population by Age Groups, Nationality and Sex.
- Egypt. 2006 census, UN database. This is the most recent census.
- Iran. 2011 census. (<https://www.amar.org.ir/Portals/1/yearbook/1391/2.pdf>)
- Iraq. 1997 census, UN database.
- Israel. 2008 census, UN database.
- Jordan. 2004 census, UN database. This is the most recent census.
- Kuwait. 2011 census. (http://www.csb.gov.kw/Socan_Statistic_EN.aspx?ID=8)
- Lebanon. 2007 census, UN database.
- Libya. 2006 census, UN database.
- Morocco. 2004 census, UN database.
- Oman. 2003 census, UN database. 2010 census not accessible.
- Palestine. 2007 census, UN database.
- Qatar. 2010 census. (http://www.qsa.gov.qa/QatarCensus/General_Results.aspx)
- Saudi Arabia. Saudi Arabia Sample Survey 2007, UN database.
- Syria. 2009-10 Family Health Survey. (<http://www.cbssyr.sy/family%20health/syrian/TAB-2-HealthSy.htm>)
- Tunisia. 2004 census, UN database. This is the most recent census.
- Turkey. 2011 census, UN database.
- United Arab Emirates (UAE). 2005 census. Table 1: UAE Population By Marital Status, Age Groups, Sex and Nationality. (<http://www.uaestatistics.gov.ae/EnglishHome/ReportDetailsEnglish/tabid/121/Default.aspx?ItemId=1873&PTID=104&MenuId=1>)
- Yemen. Yemen PAFAM Survey 2004.

4 Central Asia

- Armenia. 2011 census. Table 2.1, p. 143 Population (urban, rural) by Age, Sex and Marital Status. (<http://armstat.am/file/doc/99486153.pdf>)
- Azerbaijan. 2009 census. 1.17. Marital status by age groups, 2009. (<http://www.stat.gov.az/source/gender/indexen.php>)
- Georgia. 2002 census, UN database. This is the most recent census.
- Kazakhstan. 2009 census. (www.stat.gov.kz/getImg?id=WC16200032376)
- Kyrgyzstan. 2009 census. Table 7, Main social and demographic characteristics of population and number of housing units.
- Tajikistan. 2010 census, UN database.
- Turkmenistan. 1989 census. The most recent census in 1995 is not accessible.
- Uzbekistan. 1989 census, UN database. This is the most recent census.

5 South Asia

- Afghanistan. LF Estimate (2010 adjusted). The most recent (partial) census was 1979.
- Bangladesh. 2011 census, UN database.
- Bhutan. 2005 census, UN database.
- India. 2011 census. Marital census table. (Sourced privately as not readily accessible online.)
- Maldives. 2006 census. (<http://planning.gov.mv/en/images/stories/publications/analysiscd/#>) Also in UN database.
- Nepal. 2011 census, UN database.
- Pakistan. Pakistan Demographic Survey 2007. (<http://www.pbs.gov.pk/content/pakistan-demographic-survey-2007> and http://www.pbs.gov.pk/sites/default/files/population_statistics/publications/pds2007/tables/t02.pdf). The most recent census was 1998.
- Sri Lanka. 2012 census, Table A10. (<http://www.statistics.gov.lk/PopHouSat/CPH2011/Pages/Activities/Reports/FinalReport/Population/Table%20A10.pdf>)

6 North America

- Canada. 2011 census, topic-based tabulations – Legal Marital Status (6), Common-law Status (3), Age Groups (17) and Sex (3) for the Population 15 Years and Over. Source: Statistics Canada, 2011 Census of Population, Statistics Canada Catalogue no. 98-312-XCB2011039.
- USA. 2010 census, Table 57 – Marital Status of the Population by Sex and Age. (http://www.census.gov/compendia/statab/cats/population/marital_status_and_living_arrangements.html)

7 Caribbean

- Antigua and Barbuda. 2001 census, UN database. 2011 census marital status by sex is not available.
- Bahamas. 2010 census, UN database.
- Barbados. 2010 census, Table 02.02. (http://www.barstats.gov.bb/files/documents/PHC_2010_Census_Volume_1.pdf)
- Cuba. 2012 census, UN database.
- Dominica. Census 2001 census, UN database. 2011 census results are not available.
- Dominican Republic. 2010 census, UN database.
- Grenada. 2001 census. 2011 census results were not available at time of compilation. Data extrapolated from 2010 Grenada CEDAW report for five year age groups by sex for 2001, and from CARICOM Capacity Development Programme 2000 Round of Population and Housing Census Sub-project, CARICOM Secretariat, 2009.
- Haiti. 1996/2006 composite data on widowed females, combines from 2006 Demographic and Health Survey for age up to 39, and UN data for ages 40 and above from 1996 (census or survey data not specified). 2003 census data is not accessible, UN only has 1982 census data. (1996 data: <http://www.factfish.com/statistic-country/haiti/widowed%2C%20female%2C%20ages%2060%20and%20above%2C%20total>)
- Jamaica. 2011 census, Table 4.1, Marital Status. (http://issuu.com/digjamaica/docs/1_pdfsam_general_report_census_2011)
- St. Kitts and Nevis. 2001 census. (<http://www>)

criti.info/sharing_the_vision/CARICOM%20Documents/CHAP1-POPFAM.pdf)

St. Lucia. 2010 census.

(<http://204.188.173.139:9090/stats/index.php/databases>)

St. Vincent and Grenadines. 2001 census, Table 5.1.

(<http://www.redatam.org/redsvg/SVG2001/svg2001report.pdf>). This is the most recent census.

Trinidad and Tobago. 2011 census, Table 3.1 (UNDP website).

8 Central America

Belize. 2010 census, Female Population 15 Years and Older by Five-year Age Group and Marital Status (<http://www.sib.org.bz/statistics/population>).

Costa Rica. 2011 census, Cuadro 6.

El Salvador. 2007 census, UN database.

Guatemala. 2002 census, Table 8, Estado Conyugal.

This is the most recent census.

Honduras. 2001 census, UN database. This is the most recent census.

Mexico. Mexico Census 2010, Consulta de:

Población de 12 años y más Por: Sexo Según: Situación conyugal. (http://www.inegi.org.mx/est/lista_cubos/consulta.aspx?p=pob&c=1 and http://www.inegi.org.mx/lib/olap/consulta/general_ver4/MDXQueryDatos.asp?proy=cpv10_p12mas)

Nicaragua. 2005 census, UN database. This is the most recent census.

Panama. 2010 census, UN database.

9 South America

Argentina. 2010 census, Cuadro P25. Total del país. Población de 14 años y más por estado civil legal y convivencia en pareja, según sexo y grupo de edad.

Bolivia. 2012 census. (<http://datos.ine.gob.bo/binbol/RpWebEngine.exe/Portal?&BASE=CPV2012COM>)

Brazil. 2010 census. (<http://www.ibge.gov.br/home/>

[estatistica/populacao/censo2010/nupcialidade_fecundidade_migracao/nupcialidade_fecundidade_migracao_tab_xls.shtm](http://www.ibge.gov.br/home/estatistica/populacao/censo2010/nupcialidade_fecundidade_migracao/nupcialidade_fecundidade_migracao_tab_xls.shtm))

Chile. 2002 census. (http://www.ine.cl/canales/usuarios/cedoc_online/censos/pdf/censo_2002_volumen_I.pdf) The 2002 census was used because the 2012 census was reported as being statistically unreliable due to poor data collection.

Colombia. 2005 census, UN database. This is the most recent census.

Ecuador. 2010 census. (http://www.ecuadorencifras.gob.ec/wp-content/descargas/Libros/Socioeconomico/Mujeres_y_Hombres_del_Ecuador_en_Cifras_III.pdf)

Guyana. Guyana Census 2002, Table 9.1. 2012 census results not available for marital status (<http://www.statisticsguyana.gov.gy/census.html#popcenfinal>)

Paraguay. 2002 census, UN database. This is the most recent census.

Peru. 2007 census, UN database.

Suriname. 2012 census, Tabel 2 Bevolking (15 jaar en ouder) naar burgerlijke staat en geslacht (http://unstats.un.org/unsd/demographic/sources/census/2010_PHC/Suriname/SUR-Census2012-vol1.pdf)

Uruguay. 2011 census, Cuadro 9. Población de 12 años o más de edad, por situación conyugal, según área, sexo y grupo quinquenal de edades (<http://www.ine.gub.uy/censos2011/resultadosfinales/pais%20poblacion.html>).

Venezuela. 2011 census. (http://www.ine.gov.ve/index.php?option=com_content&view=category&id=95&Itemid=26)

10 Europe and Russia

Albania. 2011 census.

Austria. 2011 census, UN database.

Belarus. 2009 census.

Belgium. 2011 census. (<http://tinyurl.com/o62p4c8>)

Bosnia Herzegovina. Extrapolated from Croatia census 2011. Marital status not yet available

- from 2013 Census, so percentage of Croatia 2011 widows applied as both countries have comparable history since 1992.
- Bulgaria. 2011 census. (<http://www.nsi.bg/census2011/pageen2.php?p2=179&sp2=209>)
- Croatia. 2011 census. (<http://tinyurl.com/o62p4c8>)
- Cyprus (Republic of). 2011 census, UN database.
- Czech Republic. 2011 census. (<https://ec.europa.eu/CensusHub2/query.do?step=selectHyperCube&qhc=false>)
- Denmark. 2011 census. (<https://ec.europa.eu/CensusHub2/query.do?step=selectHyperCube&qhc=false>)
- Estonia. 2011 census, UN database.
- Finland. 2010 census. (<https://ec.europa.eu/CensusHub2/intermediate.do?&method=forwardResult>)
- France. 2010 census, UN database.
- Germany. 2010 census, UN database.
- Greece. 2011 census, UN database.
- Hungary. 2011 census, UN database.
- Iceland. 2012 census, UN database.
- Ireland. 2011 census, UN database.
- Italy. 2011 census, UN database.
- Latvia. 2011 census, UN database.
- Liechtenstein. 2010 census, UN database.
- Lithuania. 2011 census, UN database.
- Luxembourg. 2011 census, UN database.
- Macedonia (Former Yugoslav Republic of). 2002 census. (<http://www.stat.gov.mk/Publikacii/knigaIX.pdf>)
- Malta. 2011 census, UN database.
- Moldova. 2004 census, UN database. This is the most recent census.
- Montenegro. 2011 census, UN database.
- Netherlands. Netherlands estimates 2011, UN database.
- Norway. 2011 census, UN database.
- Poland. 2011 census, UN database.
- Portugal. 2011 census, UN database.
- Romania. 2011 census, UN database.
- Russia (Russian Federation). 2010 census, UN database.
- Serbia. 2011 census, UN database.
- Slovakia. 2011 census, UN database.
- Slovenia. 2011 census, UN database.
- Spain. 2011 census, UN database.
- Sweden. 2011 census, UN database.
- Switzerland. 2011 census, UN database.
- Ukraine. 2001 census, UN database. This is the most recent census.
- UK. UK census 2011, data separately sourced from statistical office of each of the constituent countries of the UK.

Appendix 7 – Definitions of gender-based violence

The five types of gender-based violence (GBV):

1 Sexual violence

Rape and marital rape: The invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent (International Criminal Court).

Child sexual abuse, defilement and incest: Any act where a child is used for sexual gratification. Any sexual relations/interaction with a child.

Forced sodomy/anal rape: Forced/coerced anal intercourse, usually male-to-male or male-to-female.

Attempted rape or attempted forced sodomy/anal rape: Attempted forced/coerced intercourse; no penetration.

Sexual abuse: Actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions.

Sexual exploitation: Any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting momentarily, socially or politically from the sexual exploitation of another; Sexual exploitation is one of the purposes of trafficking in persons (performing in a sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing, engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits, sexual slavery).

Forced prostitution (also referred to as sexual exploitation): Forced/coerced sex trade in exchange for material resources, services and assistance, usually targeting highly vulnerable women or girls unable to meet basic human needs for themselves and/or their children.

Sexual harassment: Any unwelcome, usually repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature, display or pornographic material, when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.

Sexual violence as a weapon of war and torture: Crimes against humanity of a sexual nature, including rape, sexual slavery, forced abortion or sterilisation or any other forms to prevent birth, forced pregnancy, forced delivery, and forced child rearing, among others. Sexual violence as a form of torture is defined as any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession of punishment from the victim or third person, intimidate her or a third person or to destroy, in whole or in part, a national, ethnic, racial or religious group.

2 Physical violence

Physical Assault: Beating, punching, kicking, biting, burning, maiming or killing, with or without weapons; often in combinations with other forms of sexual and gender-based violence.

Trafficking, slavery: Selling and/or trading in human beings for forced sexual activities, forced labour

or services, slavery or practices similar to slavery, servitude or removal of organs.

3 Emotional and psychological violence

Abuse/Humiliation: Non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private; denying basic expenses for family survival.

Confinement: Isolating a person from friends/family, restricting movements, deprivation of liberty or obstruction/restriction of the right to free movement.

4 Harmful traditional practices

Female genital mutilation (FGM): Cutting of genital organs for non-medical reasons, usually done at a young age; ranges from partial or total cutting, removal of genitals stitching whether for cultural or non-therapeutic reasons; often undergone several times during life-time, i.e., after delivery or if a girl/woman has been victim of sexual assault.

Early marriage: Arranged marriage under the age of legal consent (sexual intercourse in such relationships constitutes statutory rape, as the girls are not legally competent to agree to such unions).

Forced marriage: Arranged marriage against the victim's/survivor's wishes, which is exposed to violent and/or abusive consequences if he/she refuses to comply.

Honour killing and maiming: Maiming or murdering a woman or a girl as a punishment for acts considered inappropriate with regards to her gender, and which are believed to bring shame on the family or community (e.g. pouring acid on a young woman's face as punishment for bringing shame to the family for attempting to marry someone not chosen by the family), or to preserve the honour of the family (i.e. as a redemption for an offence committed by a male

member of the family).

Infanticide and/or neglect: Killing, withholding food from, and/or neglecting female children because they are considered to be of less value in a society than male children.

Denial of education for girls or women: Removing girls from school, prohibiting or obstructing access of girls and women to basic, technical, professional or scientific knowledge.

5 Socio-economic violence

Discrimination and/or denial of opportunities, services: Exclusion, denial of access to education, health assistance or remunerated employment; denial of property rights.

Social exclusion/ostracism based on sexual orientation: Denial of access to services or social benefits, prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights, imposition of criminal penalties, discriminatory practices or physical and psychological harm and tolerance of discriminatory practices, public or private hostility to homosexuals, transsexuals or transvestites.

Obstructive legislative practice: Prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights by women.

Source: <http://www.unhcr.org/cgi-bin/texis/vtx/s>

Appendix 8 – The Sustainable Development Declaration

To assist governments, NGOs and researchers in aligning the issues evidenced in this Report with the vision, goals and targets of the 2016-2030 global development framework we reproduce here in full the Declaration adopted by the Sustainable Development Summit of the UN General Assembly in September 2015.

Introduction

1. We, the Heads of State and Government and High Representatives, meeting at United Nations Headquarters in New York from 25 to 27 September 2015 as the Organization celebrates its seventieth anniversary, have decided today on new global Sustainable Development Goals.
2. On behalf of the peoples we serve, we have adopted a historic decision on a comprehensive, far-reaching and people-centred set of universal and transformative Goals and targets. We commit ourselves to working tirelessly for the full implementation of this Agenda by 2030. We recognize that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development. We are committed to achieving sustainable development in its three dimensions — economic, social and environmental — in a balanced and integrated manner. We will also build upon the achievements of the Millennium Development Goals and seek to address their unfinished business.
3. We resolve, between now and 2030, to end poverty and hunger everywhere; to combat inequalities within and among countries; to build peaceful, just and inclusive societies; to protect human rights and promote gender equality and the empowerment of women and girls; and to ensure the lasting protection of the planet and its natural resources. We resolve also to create conditions for sustainable, inclusive and sustained economic growth, shared prosperity and decent work for all, taking into account different levels of national development and capacities.
4. As we embark on this great collective journey, we pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and peoples and for all segments of society. And we will endeavour to reach the furthest behind first.
5. This is an Agenda of unprecedented scope and significance. It is accepted by all countries and is applicable to all, taking into account different national realities, capacities and levels of development and respecting national policies and priorities. These are universal goals and targets which involve the entire world, developed and developing countries alike. They are integrated and indivisible and balance the three dimensions of sustainable development.
6. The Goals and targets are the result of over two years of intensive public consultation and engagement with civil society and other stakeholders around the world, which paid particular attention to the voices of the poorest and most vulnerable. This consultation included valuable work done by the Open Working Group of the General Assembly on Sustainable Development Goals and by the United Nations, whose Secretary-General provided a synthesis report in December 2014.

Our vision

7. In these Goals and targets, we are setting out a supremely ambitious and transformational vision. We envisage a world free of poverty, hunger, disease and want, where all life can thrive. We envisage a world free of fear and violence. A world with universal literacy. A world with equitable and universal access to quality education at all levels, to healthcare and social protection, where physical, mental and social well-being are assured. A world where we reaffirm our commitments regarding the human right to safe drinking water and sanitation and where there is improved hygiene; and where food is sufficient, safe, affordable and nutritious. A world where human habitats are safe, resilient and sustainable and where there is universal access to affordable, reliable and sustainable energy.
8. We envisage a world of universal respect for human rights and human dignity, the rule of law, justice, equality and non-discrimination; of respect for race, ethnicity and cultural diversity; and of equal opportunity permitting the full realization of human potential and contributing to shared prosperity. A world which invests in its children and in which every child grows up free from violence and exploitation. A world in which every woman and girl enjoys full gender equality and all legal, social and economic barriers to their empowerment have been removed. A just, equitable, tolerant, open and socially inclusive world in which the needs of the most vulnerable are met.
9. We envisage a world in which every country enjoys sustained, inclusive and sustainable economic growth and decent work for all. A world in which consumption and production patterns and use of all natural resources — from air to land, from rivers, lakes and aquifers to oceans and seas — are sustainable. One in which democracy, good governance and the rule

of law, as well as an enabling environment at national and international levels, are essential for sustainable development, including sustained and inclusive economic growth, social development, environmental protection and the eradication of poverty and hunger. One in which development and the application of technology are climate-sensitive, respect biodiversity and are resilient. One in which humanity lives in harmony with nature and in which wildlife and other living species are protected.

Our shared principles and commitments

10. The new Agenda is guided by the purposes and principles of the Charter of the United Nations, including full respect for international law. It is grounded in the Universal Declaration of Human Rights, international human rights treaties, the Millennium Declaration and the 2005 World Summit Outcome. It is informed by other instruments such as the Declaration on the Right to Development.
11. We reaffirm the outcomes of all major United Nations conferences and summits which have laid a solid foundation for sustainable development and have helped to shape the new Agenda. These include the Rio Declaration on Environment and Development, the World Summit on Sustainable Development, the World Summit for Social Development, the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the United Nations Conference on Sustainable Development. We also reaffirm the follow-up to these conferences, including the outcomes of the Fourth United Nations Conference on the Least Developed Countries, the third International Conference on Small Island Developing States, the second United Nations Conference on Landlocked Developing Countries and the Third United Nations World Conference on Disaster Risk Reduction.

12. We reaffirm all the principles of the Rio Declaration on Environment and Development, including, inter alia, the principle of common but differentiated responsibilities, as set out in principle 7 thereof.
13. The challenges and commitments identified at these major conferences and summits are interrelated and call for integrated solutions. To address them effectively, a new approach is needed. Sustainable development recognizes that eradicating poverty in all its forms and dimensions, combating inequality within and among countries, preserving the planet, creating sustained, inclusive and sustainable economic growth and fostering social inclusion are linked to each other and are interdependent.
14. We are meeting at a time of immense challenges to sustainable development. Billions of our citizens continue to live in poverty and are denied a life of dignity. There are rising inequalities within and among countries. There are enormous disparities of opportunity, wealth and power. Gender inequality remains a key challenge. Unemployment, particularly youth unemployment, is a major concern. Global health threats, more frequent and intense natural disasters, spiralling conflict, violent extremism, terrorism and related humanitarian crises and forced displacement of people threaten to reverse much of the development progress made in recent decades. Natural resource depletion and adverse impacts of environmental degradation, including desertification, drought, land degradation, freshwater scarcity and loss of biodiversity, add to and exacerbate the list of challenges which humanity faces. Climate change is one of the greatest challenges of our time and its adverse impacts undermine the ability of all countries to achieve sustainable development. Increases in global temperature, sea level rise, ocean acidification and other climate change impacts are seriously affecting coastal areas and low-lying coastal countries, including many least developed countries and small island developing States. The survival of many societies, and of the biological support systems of the planet, is at risk.
15. It is also, however, a time of immense opportunity. Significant progress has been made in meeting many development challenges. Within the past generation, hundreds of millions of people have emerged from extreme poverty. Access to education has greatly increased for both boys and girls. The spread of information and communications technology and global interconnectedness has great potential to accelerate human progress, to bridge the digital divide and to develop knowledge societies, as does scientific and technological innovation across areas as diverse as medicine and energy.

Our world today

14. We are meeting at a time of immense challenges to sustainable development. Billions of our citizens continue to live in poverty and are denied a life of dignity. There are rising inequalities within and among countries. There are enormous disparities of opportunity, wealth and power. Gender inequality remains a key challenge. Unemployment, particularly youth unemployment, is a major concern. Global health threats, more frequent and intense natural disasters, spiralling conflict, violent extremism, terrorism and related humanitarian crises and forced displacement of people threaten to reverse much of the development progress made in recent decades. Natural resource depletion and adverse impacts of environmental degradation, including desertification, drought, land degradation, freshwater scarcity and loss of biodiversity, add to and exacerbate the list of challenges which humanity faces. Climate change is one of the greatest challenges of our time and its adverse impacts undermine the ability of all countries to achieve sustainable development. Increases in global temperature, sea level rise, ocean acidification and other climate change impacts are seriously affecting coastal areas and low-lying coastal countries, including many least developed countries and small island developing States. The survival of many societies, and of the biological support systems of the planet, is at risk.
16. Almost 15 years ago, the Millennium Development Goals were agreed. These provided an important framework for development and significant progress has been made in a number of areas. But the progress has been uneven, particularly in Africa, least developed countries, landlocked developing countries and small island developing States, and some of the Millennium Development Goals remain off-track, in particular those related to maternal, newborn and child health and to reproductive health. We recommit ourselves to the full realization of all the Millennium Development Goals, including the off-track Millennium Development Goals, in particular by providing focused and scaled-up assistance to least developed countries and other countries in special situations, in line with relevant support programmes. The new Agenda builds on the Millennium Development Goals and seeks to complete what these did not achieve, particularly in reaching the most vulnerable.
17. In its scope, however, the framework we are announcing today goes far beyond the Millennium Development Goals. Alongside

continuing development priorities such as poverty eradication, health, education and food security and nutrition, it sets out a wide range of economic, social and environmental objectives. It also promises more peaceful and inclusive societies. It also, crucially, defines means of implementation. Reflecting the integrated approach that we have decided on, there are deep interconnections and many cross-cutting elements across the new Goals and targets.

The new Agenda

18. We are announcing today 17 Sustainable Development Goals with 169 associated targets which are integrated and indivisible. Never before have world leaders pledged common action and endeavour across such a broad and universal policy agenda. We are setting out together on the path towards sustainable development, devoting ourselves collectively to the pursuit of global development and of “win-win” cooperation which can bring huge gains to all countries and all parts of the world. We reaffirm that every State has, and shall freely exercise, full permanent sovereignty over all its wealth, natural resources and economic activity. We will implement the Agenda for the full benefit of all, for today’s generation and for future generations. In doing so, we reaffirm our commitment to international law and emphasize that the Agenda is to be implemented in a manner that is consistent with the rights and obligations of States under international law.
19. We reaffirm the importance of the Universal Declaration of Human Rights, as well as other international instruments relating to human rights and international law. We emphasize the responsibilities of all States, in conformity with the Charter of the United Nations, to respect, protect and promote human rights and fundamental freedoms for all, without distinction of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, disability or other status.
20. Realizing gender equality and the empowerment of women and girls will make a crucial contribution to progress across all the Goals and targets. The achievement of full human potential and of sustainable development is not possible if one half of humanity continues to be denied its full human rights and opportunities. Women and girls must enjoy equal access to quality education, economic resources and political participation as well as equal opportunities with men and boys for employment, leadership and decision-making at all levels. We will work for a significant increase in investments to close the gender gap and strengthen support for institutions in relation to gender equality and the empowerment of women at the global, regional and national levels. All forms of discrimination and violence against women and girls will be eliminated, including through the engagement of men and boys. The systematic mainstreaming of a gender perspective in the implementation of the Agenda is crucial.
21. The new Goals and targets will come into effect on 1 January 2016 and will guide the decisions we take over the next 15 years. All of us will work to implement the Agenda within our own countries and at the regional and global levels, taking into account different national realities, capacities and levels of development and respecting national policies and priorities. We will respect national policy space for sustained, inclusive and sustainable economic growth, in particular for developing States, while remaining consistent with relevant international rules and commitments. We acknowledge also the importance of the regional and subregional dimensions, regional economic integration and interconnectivity in sustainable development. Regional and subregional frameworks can facilitate the effective translation of sustainable development policies into concrete action at the

national level.

22. Each country faces specific challenges in its pursuit of sustainable development. The most vulnerable countries and, in particular, African countries, least developed countries, landlocked developing countries and small island developing States deserve special attention, as do countries in situations of conflict and post-conflict countries. There are also serious challenges within many middle- income countries.
23. People who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities (of whom more than 80 per cent live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants. We resolve to take further effective measures and actions, in conformity with international law, to remove obstacles and constraints, strengthen support and meet the special needs of people living in areas affected by complex humanitarian emergencies and in areas affected by terrorism.
24. We are committed to ending poverty in all its forms and dimensions, including by eradicating extreme poverty by 2030. All people must enjoy a basic standard of living, including through social protection systems. We are also determined to end hunger and to achieve food security as a matter of priority and to end all forms of malnutrition. In this regard, we reaffirm the important role and inclusive nature of the Committee on World Food Security and welcome the Rome Declaration on Nutrition and the Framework for Action. We will devote resources to developing rural areas and sustainable agriculture and fisheries, supporting smallholder farmers, especially women farmers, herders and fishers in developing countries, particularly least developed countries.
25. We commit to providing inclusive and equitable quality education at all levels — early childhood, primary, secondary, tertiary, technical and vocational training. All people, irrespective of sex, age, race or ethnicity, and persons with disabilities, migrants, indigenous peoples, children and youth, especially those in vulnerable situations, should have access to life-long learning opportunities that help them to acquire the knowledge and skills needed to exploit opportunities and to participate fully in society. We will strive to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend including through safe schools and cohesive communities and families.
26. To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality healthcare. No one must be left behind. We commit to accelerating the progress made to date in reducing newborn, child and maternal mortality by ending all such preventable deaths before 2030. We are committed to ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education. We will equally accelerate the pace of progress made in fighting malaria, HIV/AIDS, tuberculosis, hepatitis, Ebola and other communicable diseases and epidemics, including by addressing growing anti-microbial resistance and the problem of unattended diseases affecting developing countries. We are committed to the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development.
27. We will seek to build strong economic foundations for all our countries. Sustained, inclusive and sustainable economic growth is essential for prosperity. This will only be possible if wealth is shared and income

inequality is addressed. We will work to build dynamic, sustainable, innovative and people-centred economies, promoting youth employment and women's economic empowerment, in particular, and decent work for all. We will eradicate forced labour and human trafficking and end child labour in all its forms. All countries stand to benefit from having a healthy and well-educated workforce with the knowledge and skills needed for productive and fulfilling work and full participation in society. We will strengthen the productive capacities of least developed countries in all sectors, including through structural transformation. We will adopt policies which increase productive capacities, productivity and productive employment; financial inclusion; sustainable agriculture, pastoralist and fisheries development; sustainable industrial development; universal access to affordable, reliable, sustainable and modern energy services; sustainable transport systems; and quality and resilient infrastructure.

28. We commit to making fundamental changes in the way that our societies produce and consume goods and services. Governments, international organizations, the business sector and other non-State actors and individuals must contribute to changing unsustainable consumption and production patterns, including through the mobilization, from all sources, of financial and technical assistance to strengthen developing countries' scientific, technological and innovative capacities to move towards more sustainable patterns of consumption and production. We encourage the implementation of the 10-Year Framework of Programmes on Sustainable Consumption and Production Patterns. All countries take action, with developed countries taking the lead, taking into account the development and capabilities of developing countries.
29. We recognize the positive contribution of migrants for inclusive growth and sustainable

development. We also recognize that international migration is a multidimensional reality of major relevance for the development of countries of origin, transit and destination, which requires coherent and comprehensive responses. We will cooperate internationally to ensure safe, orderly and regular migration involving full respect for human rights and the humane treatment of migrants regardless of migration status, of refugees and of displaced persons. Such cooperation should also strengthen the resilience of communities hosting refugees, particularly in developing countries. We underline the right of migrants to return to their country of citizenship, and recall that States must ensure that their returning nationals are duly received.

30. States are strongly urged to refrain from promulgating and applying any unilateral economic, financial or trade measures not in accordance with international law and the Charter of the United Nations that impede the full achievement of economic and social development, particularly in developing countries.
31. We acknowledge that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change. We are determined to address decisively the threat posed by climate change and environmental degradation. The global nature of climate change calls for the widest possible international cooperation aimed at accelerating the reduction of global greenhouse gas emissions and addressing adaptation to the adverse impacts of climate change. We note with grave concern the significant gap between the aggregate effect of parties' mitigation pledges in terms of global annual emissions of greenhouse gases by 2020 and aggregate emission pathways consistent with having a likely chance of holding the increase in global average temperature below

2° C or 1.5° C above pre-industrial levels.

32. Looking ahead to the twenty-first session of the Conference of the Parties in Paris, we underscore the commitment of all States to work for an ambitious and universal climate agreement. We reaffirm that the protocol, another legal instrument or agreed outcome with legal force under the Convention applicable to all parties shall address in a balanced manner, inter alia, mitigation, adaptation, finance, technology development and transfer and capacity-building; and transparency of action and support.
33. We recognize that social and economic development depends on the sustainable management of our planet's natural resources. We are therefore determined to conserve and sustainably use oceans and seas, freshwater resources, as well as forests, mountains and drylands and to protect biodiversity, ecosystems and wildlife. We are also determined to promote sustainable tourism, to tackle water scarcity and water pollution, to strengthen cooperation on desertification, dust storms, land degradation and drought and to promote resilience and disaster risk reduction. In this regard, we look forward to thirteenth meeting of the Conference of the Parties to the Convention on Biological Diversity to be held in Mexico.
34. We recognize that sustainable urban development and management are crucial to the quality of life of our people. We will work with local authorities and communities to renew and plan our cities and human settlements so as to foster community cohesion and personal security and to stimulate innovation and employment. We will reduce the negative impacts of urban activities and of chemicals which are hazardous for human health and the environment, including through the environmentally sound management and safe use of chemicals, the reduction and recycling of waste and the more efficient use of water and energy. And we will work to minimize the impact of cities on the global climate system. We will also take account of population trends and projections in our national rural and urban development strategies and policies. We look forward to the upcoming United Nations Conference on Housing and Sustainable Urban Development to be held in Quito.
35. Sustainable development cannot be realized without peace and security; and peace and security will be at risk without sustainable development. The new Agenda recognizes the need to build peaceful, just and inclusive societies that provide equal access to justice and that are based on respect for human rights (including the right to development), on effective rule of law and good governance at all levels and on transparent, effective and accountable institutions. Factors which give rise to violence, insecurity and injustice, such as inequality, corruption, poor governance and illicit financial and arms flows, are addressed in the Agenda. We must redouble our efforts to resolve or prevent conflict and to support post-conflict countries, including through ensuring that women have a role in peacebuilding and State- building. We call for further effective measures and actions to be taken, in conformity with international law, to remove the obstacles to the full realization of the right of self-determination of peoples living under colonial and foreign occupation, which continue to adversely affect their economic and social development as well as their environment.
36. We pledge to foster intercultural understanding, tolerance, mutual respect and an ethic of global citizenship and shared responsibility. We acknowledge the natural and cultural diversity of the world and recognize that all cultures and civilizations can contribute to, and are crucial enablers of, sustainable development.
37. Sport is also an important enabler of sustainable development. We recognize the growing

contribution of sport to the realization of development and peace in its promotion of tolerance and respect and the contributions it makes to the empowerment of women and of young people, individuals and communities as well as to health, education and social inclusion objectives.

38. We reaffirm, in accordance with the Charter of the United Nations, the need to respect the territorial integrity and political independence of States.

Means of implementation

39. The scale and ambition of the new Agenda requires a revitalized Global Partnership to ensure its implementation. We fully commit to this. This Partnership will work in a spirit of global solidarity, in particular solidarity with the poorest and with people in vulnerable situations. It will facilitate an intensive global engagement in support of implementation of all the Goals and targets, bringing together Governments, the private sector, civil society, the United Nations system and other actors and mobilizing all available resources.
40. The means of implementation targets under Goal 17 and under each Sustainable Development Goal are key to realizing our Agenda and are of equal importance with the other Goals and targets. The Agenda, including the Sustainable Development Goals, can be met within the framework of a revitalized Global Partnership for Sustainable Development, supported by the concrete policies and actions as outlined in the outcome document of the Third International Conference on Financing for Development, held in Addis Ababa from 13 to 16 July 2015. We welcome the endorsement by the General Assembly of the Addis Ababa Action Agenda, which is an integral part of the 2030 Agenda for Sustainable Development. We recognize that the full implementation of the Addis Ababa Action

Agenda is critical for the realization of the Sustainable Development Goals and targets.

41. We recognize that each country has primary responsibility for its own economic and social development. The new Agenda deals with the means required for implementation of the Goals and targets. We recognize that these will include the mobilization of financial resources as well as capacity-building and the transfer of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed. Public finance, both domestic and international, will play a vital role in providing essential services and public goods and in catalysing other sources of finance. We acknowledge the role of the diverse private sector, ranging from micro-enterprises to cooperatives to multinationals, and that of civil society organizations and philanthropic organizations in the implementation of the new Agenda.
42. We support the implementation of relevant strategies and programmes of action, including the Istanbul Declaration and Programme of Action, the SIDS Accelerated Modalities of Action (SAMOA) Pathway and the Vienna Programme of Action for Landlocked Developing Countries for the Decade 2014-2024, and reaffirm the importance of supporting the African Union's Agenda 2063 and the programme of the New Partnership for Africa's Development, all of which are integral to the new Agenda. We recognize the major challenge to the achievement of durable peace and sustainable development in countries in conflict and post-conflict situations.
43. We emphasize that international public finance plays an important role in complementing the efforts of countries to mobilize public resources domestically, especially in the poorest and most vulnerable countries with limited domestic

resources. An important use of international public finance, including official development assistance (ODA), is to catalyse additional resource mobilization from other sources, public and private. ODA providers reaffirm their respective commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 per cent to 0.2 per cent of ODA/GNI to least developed countries.

44. We acknowledge the importance for international financial institutions to support, in line with their mandates, the policy space of each country, in particular developing countries. We recommit to broadening and strengthening the voice and participation of developing countries — including African countries, least developed countries, landlocked developing countries, small island developing States and middle-income countries — in international economic decision-making, norm-setting and global economic governance.
45. We acknowledge also the essential role of national parliaments through their enactment of legislation and adoption of budgets and their role in ensuring accountability for the effective implementation of our commitments. Governments and public institutions will also work closely on implementation with regional and local authorities, subregional institutions, international institutions, academia, philanthropic organizations, volunteer groups and others.
46. We underline the important role and comparative advantage of an adequately resourced, relevant, coherent, efficient and effective United Nations system in supporting the achievement of the Sustainable Development Goals and sustainable development. While stressing the importance of strengthened national ownership and leadership

at the country level, we express our support for the ongoing dialogue in the Economic and Social Council on the longer-term positioning of the United Nations development system in the context of this Agenda.

Follow-up and review

47. Our Governments have the primary responsibility for follow-up and review, at the national, regional and global levels, in relation to the progress made in implementing the Goals and targets over the coming 15 years. To support accountability to our citizens, we will provide for systematic follow-up and review at the various levels, as set out in this Agenda and the Addis Ababa Action Agenda. The high-level political forum under the auspices of the General Assembly and the Economic and Social Council will have the central role in overseeing follow-up and review at the global level.
48. Indicators are being developed to assist this work. Quality, accessible, timely and reliable disaggregated data will be needed to help with the measurement of progress and to ensure that no one is left behind. Such data is key to decision-making. Data and information from existing reporting mechanisms should be used where possible. We agree to intensify our efforts to strengthen statistical capacities in developing countries, particularly African countries, least developed countries, landlocked developing countries, small island developing States and middle-income countries. We are committed to developing broader measures of progress to complement gross domestic product.

A call for action to change our world

49. Seventy years ago, an earlier generation of world leaders came together to create the United Nations. From the ashes of war and division they fashioned this Organization and the values of peace, dialogue and international cooperation

which underpin it. The supreme embodiment of those values is the Charter of the United Nations.

50. Today we are also taking a decision of great historic significance. We resolve to build a better future for all people, including the millions who have been denied the chance to lead decent, dignified and rewarding lives and to achieve their full human potential. We can be the first generation to succeed in ending poverty; just as we may be the last to have a chance of saving the planet. The world will be a better place in 2030 if we succeed in our objectives.
51. What we are announcing today — an Agenda for global action for the next 15 years — is a charter for people and planet in the twenty-first century. Children and young women and men are critical agents of change and will find in the new Goals a platform to channel their infinite capacities for activism into the creation of a better world.
52. “We the peoples” are the celebrated opening words of the Charter of the United Nations. It is “we the peoples” who are embarking today on the road to 2030. Our journey will involve Governments as well as parliaments, the United Nations system and other international institutions, local authorities, indigenous peoples, civil society, business and the private sector, the scientific and academic community — and all people. Millions have already engaged with, and will own, this Agenda. It is an Agenda of the people, by the people, and for the people — and this, we believe, will ensure its success.
53. The future of humanity and of our planet lies in our hands. It lies also in the hands of today’s younger generation who will pass the torch to future generations. We have mapped the road to sustainable development; it will be for all of us to ensure that the journey is successful and its gains irreversible.
54. Following an inclusive process of intergovernmental negotiations, and based on the proposal of the Open Working Group on Sustainable Development Goals, which includes a chapeau contextualizing the latter, set out below are the Goals and targets which we have agreed.
55. The Sustainable Development Goals and targets are integrated and indivisible, global in nature and universally applicable, taking into account different national realities, capacities and levels of development and respecting national policies and priorities. Targets are defined as aspirational and global, with each Government setting its own national targets guided by the global level of ambition but taking into account national circumstances. Each Government will also decide how these aspirational and global targets should be incorporated into national planning processes, policies and strategies. It is important to recognize the link between sustainable development and other relevant ongoing processes in the economic, social and environmental fields.
56. In deciding upon these Goals and targets, we recognize that each country faces specific challenges to achieve sustainable development, and we underscore the special challenges facing the most vulnerable countries and, in particular, African countries, least developed countries, landlocked developing countries and small island developing States, as well as the specific challenges facing the middle-income countries. Countries in situations of conflict also need special attention.
57. We recognize that baseline data for several of the targets remains unavailable, and we call for increased support for strengthening data collection and capacity-building in Member States, to develop national and global baselines where they do not yet exist. We commit to addressing this gap in data collection so as to

Sustainable Development Goals and targets

better inform the measurement of progress, in particular for those targets below which do not have clear numerical targets.

58. We encourage ongoing efforts by States in other forums to address key issues which pose potential challenges to the implementation of our Agenda, and we respect the independent mandates of those processes. We intend that the Agenda and its implementation would support, and be without prejudice to, those other processes and the decisions taken therein.

59. We recognize that there are different approaches, visions, models and tools available to each country, in accordance with its national circumstances and priorities, to achieve sustainable development; and we reaffirm that planet Earth and its ecosystems are our common home and that “Mother Earth” is a common expression in a number of countries and regions.

Sustainable Development Goals

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| <p>Goal 1. End poverty in all its forms everywhere</p> <p>Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture</p> <p>Goal 3. Ensure healthy lives and promote well-being for all at all ages</p> <p>Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</p> <p>Goal 5. Achieve gender equality and empower all women and girls</p> <p>Goal 6. Ensure availability and sustainable management of water and sanitation for all</p> <p>Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all</p> | <p>Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</p> <p>Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation</p> <p>Goal 10. Reduce inequality within and among countries</p> <p>Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable</p> <p>Goal 12. Ensure sustainable consumption and production patterns</p> <p>Goal 13. Take urgent action to combat climate change and its impacts*</p> <p>Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development</p> <p>Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss</p> <p>Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</p> <p>Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development</p> |
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* *Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.*

Goal 1. End poverty in all its forms everywhere

1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day

1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions

1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment

2.4 By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality

2.5 By 2020, maintain the genetic diversity of seeds, cultivated plants and farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at the national, regional and international levels, and promote access to and fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge, as internationally agreed

2.a Increase investment, including through enhanced international cooperation, in rural infrastructure,

agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries

2.b Correct and prevent trade restrictions and distortions in world agricultural markets, including through the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round

2.c Adopt measures to ensure the proper functioning of food commodity markets and their derivatives and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6 By 2020, halve the number of global deaths and

injuries from road traffic accidents

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education

4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university

4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy

4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide

safe, non-violent, inclusive and effective learning environments for all

4.b By 2020, substantially expand globally the number of scholarships available to developing countries, in particular least developed countries, small island developing States and African countries, for enrolment in higher education, including vocational training and information and communications technology, technical, engineering and scientific programmes, in developed countries and other developing countries

4.c By 2030, substantially increase the supply of qualified teachers, including through international cooperation for teacher training in developing countries, especially least developed countries and small island developing States

Goal 5. Achieve gender equality and empower all women and girls

5.1 End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as

agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

5.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

Goal 6. Ensure availability and sustainable management of water and sanitation for all

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally

6.4 By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity

6.5 By 2030, implement integrated water resources

management at all levels, including through transboundary cooperation as appropriate

6.6 By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes

6.a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies

6.b Support and strengthen the participation of local communities in improving water and sanitation management

Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all

7.1 By 2030, ensure universal access to affordable, reliable and modern energy services

7.2 By 2030, increase substantially the share of renewable energy in the global energy mix

7.3 By 2030, double the global rate of improvement in energy efficiency

7.a By 2030, enhance international cooperation to facilitate access to clean energy research and technology, including renewable energy, energy efficiency and advanced and cleaner fossil-fuel technology, and promote investment in energy infrastructure and clean energy technology

7.b By 2030, expand infrastructure and upgrade technology for supplying modern and sustainable energy services for all in developing countries, in particular least developed countries, small island developing States and landlocked developing countries, in accordance with their respective programmes of support

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and

productive employment and decent work for all

8.1 Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries

8.2 Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labour-intensive sectors

8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services

8.4 Improve progressively, through 2030, global resource efficiency in consumption and production and endeavour to decouple economic growth from environmental degradation, in accordance with the 10-year framework of programmes on sustainable consumption and production, with developed countries taking the lead

8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training

8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms

8.8 Protect labour rights and promote safe and secure working environments for all workers,

including migrant workers, in particular women migrants, and those in precarious employment

8.9 By 2030, devise and implement policies to promote sustainable tourism that creates jobs and promotes local culture and products

8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all

8.a Increase Aid for Trade support for developing countries, in particular least developed countries, including through the Enhanced Integrated Framework for Trade-Related Technical Assistance to Least Developed Countries

8.b By 2020, develop and operationalize a global strategy for youth employment and implement the Global Jobs Pact of the International Labour Organization

Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

9.1 Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all

9.2 Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries

9.3 Increase the access of small-scale industrial and other enterprises, in particular in developing countries, to financial services, including affordable credit, and their integration into value chains and markets

9.4 By 2030, upgrade infrastructure and retrofit industries to make them sustainable, with increased

resource-use efficiency and greater adoption of clean and environmentally sound technologies and industrial processes, with all countries taking action in accordance with their respective capabilities

9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending

9.a Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological and technical support to African countries, least developed countries, landlocked developing countries and small island developing States

9.b Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities

9.c Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020

Goal 10. Reduce inequality within and among countries

10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating

discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality

10.5 Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations

10.6 Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions

10.7 Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies

10.a Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements

10.b Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes

10.c By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums

11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons

11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries

11.4 Strengthen efforts to protect and safeguard the world's cultural and natural heritage

11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations

11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management

11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities

11.a Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning

11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels

11.c Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials

Goal 12. Ensure sustainable consumption and production patterns

12.1 Implement the 10-Year Framework of Programmes on Sustainable Consumption and Production Patterns, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries

12.2 By 2030, achieve the sustainable management and efficient use of natural resources

12.3 By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses

12.4 By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil in order to minimize their adverse impacts on human health and the environment

12.5 By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse

12.6 Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle

12.7 Promote public procurement practices that are sustainable, in accordance with national policies and priorities

12.8 By 2030, ensure that people everywhere have the relevant information and awareness for

sustainable development and lifestyles in harmony with nature

12.a Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production

12.b Develop and implement tools to monitor sustainable development impacts for sustainable tourism that creates jobs and promotes local culture and products

12.c Rationalize inefficient fossil-fuel subsidies that encourage wasteful consumption by removing market distortions, in accordance with national circumstances, including by restructuring taxation and phasing out those harmful subsidies, where they exist, to reflect their environmental impacts, taking fully into account the specific needs and conditions of developing countries and minimizing the possible adverse impacts on their development in a manner that protects the poor and the affected communities

Goal 13. Take urgent action to combat climate change and its impacts

(Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.)

13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries

13.2 Integrate climate change measures into national policies, strategies and planning

13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

13.a Implement the commitment undertaken by developed-country parties to the United Nations

Framework Convention on Climate Change to a goal of mobilizing jointly \$100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible

13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities

Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development

14.1 By 2025, prevent and significantly reduce marine pollution of all kinds, in particular from land-based activities, including marine debris and nutrient pollution

14.2 By 2020, sustainably manage and protect marine and coastal ecosystems to avoid significant adverse impacts, including by strengthening their resilience, and take action for their restoration in order to achieve healthy and productive oceans

14.3 Minimize and address the impacts of ocean acidification, including through enhanced scientific cooperation at all levels

14.4 By 2020, effectively regulate harvesting and end overfishing, illegal, unreported and unregulated fishing and destructive fishing practices and implement science-based management plans, in order to restore fish stocks in the shortest time feasible, at least to levels that can produce maximum sustainable yield as determined by their biological characteristics

14.5 By 2020, conserve at least 10 per cent of coastal and marine areas, consistent with national and international law and based on the best available

scientific information

14.6 By 2020, prohibit certain forms of fisheries subsidies which contribute to overcapacity and overfishing, eliminate subsidies that contribute to illegal, unreported and unregulated fishing and refrain from introducing new such subsidies, recognizing that appropriate and effective special and differential treatment for developing and least developed countries should be an integral part of the World Trade Organization fisheries subsidies negotiation

14.7 By 2030, increase the economic benefits to small island developing States and least developed countries from the sustainable use of marine resources, including through sustainable management of fisheries, aquaculture and tourism

14.a Increase scientific knowledge, develop research capacity and transfer marine technology, taking into account the Intergovernmental Oceanographic Commission Criteria and Guidelines on the Transfer of Marine Technology, in order to improve ocean health and to enhance the contribution of marine biodiversity to the development of developing countries, in particular small island developing States and least developed countries

14.b Provide access for small-scale artisanal fishers to marine resources and markets

14.c Enhance the conservation and sustainable use of oceans and their resources by implementing international law as reflected in the United Nations Convention on the Law of the Sea, which provides the legal framework for the conservation and sustainable use of oceans and their resources, as recalled in paragraph 158 of “The future we want”

Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

15.1 By 2020, ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular forests, wetlands, mountains and drylands, in line with obligations under international agreements

15.2 By 2020, promote the implementation of sustainable management of all types of forests, halt deforestation, restore degraded forests and substantially increase afforestation and reforestation globally

15.3 By 2030, combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation-neutral world

15.4 By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for sustainable development

15.5 Take urgent and significant action to reduce the degradation of natural habitats, halt the loss of biodiversity and, by 2020, protect and prevent the extinction of threatened species

15.6 Promote fair and equitable sharing of the benefits arising from the utilization of genetic resources and promote appropriate access to such resources, as internationally agreed

15.7 Take urgent action to end poaching and trafficking of protected species of flora and fauna and address both demand and supply of illegal wildlife products

15.8 By 2020, introduce measures to prevent the introduction and significantly reduce the impact of invasive alien species on land and water ecosystems and control or eradicate the priority species

15.9 By 2020, integrate ecosystem and biodiversity values into national and local planning, development

processes, poverty reduction strategies and accounts

15.a Mobilize and significantly increase financial resources from all sources to conserve and sustainably use biodiversity and ecosystems

15.b Mobilize significant resources from all sources and at all levels to finance sustainable forest management and provide adequate incentives to developing countries to advance such management, including for conservation and reforestation

15.c Enhance global support for efforts to combat poaching and trafficking of protected species, including by increasing the capacity of local communities to pursue sustainable livelihood opportunities

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1 Significantly reduce all forms of violence and related death rates everywhere

16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children

16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all

16.4 By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime

16.5 Substantially reduce corruption and bribery in all their forms

16.6 Develop effective, accountable and transparent institutions at all levels

16.7 Ensure responsive, inclusive, participatory and

representative decision-making at all levels

16.8 Broaden and strengthen the participation of developing countries in the institutions of global governance

16.9 By 2030, provide legal identity for all, including birth registration

16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements

16.a Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime

16.b Promote and enforce non-discriminatory laws and policies for sustainable development

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Finance

17.1 Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection

17.2 Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries

17.3 Mobilize additional financial resources for developing countries from multiple sources

17.4 Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress

17.5 Adopt and implement investment promotion regimes for least developed countries

Technology

17.6 Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism

17.7 Promote the development, transfer, dissemination and diffusion of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed

17.8 Fully operationalize the technology bank and science, technology and innovation capacity-building mechanism for least developed countries by 2017 and enhance the use of enabling technology, in particular information and communications technology

Capacity-building

17.9 Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the Sustainable Development Goals, including through North-South, South-South and triangular cooperation

Trade

17.10 Promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading

system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda

17.11 Significantly increase the exports of developing countries, in particular with a view to doubling the least developed countries' share of global exports by 2020

17.12 Realize timely implementation of duty-free and quota-free market access on a lasting basis for all least developed countries, consistent with World Trade Organization decisions, including by ensuring that preferential rules of origin applicable to imports from least developed countries are transparent and simple, and contribute to facilitating market access

Systemic issues:

Policy and institutional coherence

17.13 Enhance global macroeconomic stability, including through policy coordination and policy coherence

17.14 Enhance policy coherence for sustainable development

17.15 Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development

Multi-stakeholder partnerships

17.16 Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries

17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships

Data, monitoring and accountability

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries

Means of implementation and the Global Partnership

60. We reaffirm our strong commitment to the full implementation of this new Agenda. We recognize that we will not be able to achieve our ambitious Goals and targets without a revitalized and enhanced Global Partnership and comparably ambitious means of implementation. The revitalized Global Partnership will facilitate an intensive global engagement in support of implementation of all the Goals and targets, bringing together Governments, civil society, the private sector, the United Nations system and other actors and mobilizing all available resources.

61. The Agenda's Goals and targets deal with the means required to realize our collective ambitions. The means of implementation targets under each Sustainable Development Goal and Goal 17, which are referred to above, are key to realizing our Agenda and are of equal importance with the other Goals and targets. We shall accord them equal priority in our implementation efforts and in the global indicator framework for monitoring our progress.

62. This Agenda, including the Sustainable

Development Goals, can be met within the framework of a revitalized Global Partnership for Sustainable Development, supported by the concrete policies and actions outlined in the Addis Ababa Action Agenda, which is an integral part of the 2030 Agenda for Sustainable Development. The Addis Ababa Action Agenda supports, complements and helps to contextualize the 2030 Agenda's means of implementation targets. It relates to domestic public resources, domestic and international private business and finance, international development cooperation, international trade as an engine for development, debt and debt sustainability, addressing systemic issues and science, technology, innovation and capacity-building, and data, monitoring and follow-up.

63. Cohesive nationally owned sustainable development strategies, supported by integrated national financing frameworks, will be at the heart of our efforts. We reiterate that each country has primary responsibility for its own economic and social development and that the role of national policies and development strategies cannot be overemphasized. We will respect each country's policy space and leadership to implement policies for poverty eradication and sustainable development, while remaining consistent with relevant international rules and commitments. At the same time, national development efforts need to be supported by an enabling international economic environment, including coherent and mutually supporting world trade, monetary and financial systems, and strengthened and enhanced global economic governance. Processes to develop and facilitate the availability of appropriate knowledge and technologies globally, as well as capacity-building, are also critical. We commit to pursuing policy coherence and an enabling environment for sustainable development at all levels and by all actors, and to reinvigorating the Global Partnership for Sustainable Development.

64. We support the implementation of relevant strategies and programmes of action, including the Istanbul Declaration and Programme of Action, the SIDS Accelerated Modalities of Action (SAMOA) Pathway and the Vienna Programme of Action for Landlocked Developing Countries for the Decade 2014-2024, and reaffirm the importance of supporting the African Union's Agenda 2063 and the programme of the New Partnership for Africa's Development, all of which are integral to the new Agenda. We recognize the major challenge to the achievement of durable peace and sustainable development in countries in conflict and post-conflict situations.
65. We recognize that middle-income countries still face significant challenges to achieve sustainable development. In order to ensure that achievements made to date are sustained, efforts to address ongoing challenges should be strengthened through the exchange of experiences, improved coordination, and better and focused support of the United Nations development system, the international financial institutions, regional organizations and other stakeholders.
66. We underscore that, for all countries, public policies and the mobilization and effective use of domestic resources, underscored by the principle of national ownership, are central to our common pursuit of sustainable development, including achieving the Sustainable Development Goals. We recognize that domestic resources are first and foremost generated by economic growth, supported by an enabling environment at all levels.
67. Private business activity, investment and innovation are major drivers of productivity, inclusive economic growth and job creation. We acknowledge the diversity of the private sector, ranging from micro-enterprises to cooperatives to multinationals. We call on all businesses to apply their creativity and innovation to solving sustainable development challenges. We will foster a dynamic and well-functioning business sector, while protecting labour rights and environmental and health standards in accordance with relevant international standards and agreements and other on-going initiatives in this regard, such as the Guiding Principles on Business and Human Rights and the labour standards of the International Labour Organization, the Convention on the Rights of the Child and key multilateral environmental agreements, for parties to those agreements.
68. International trade is an engine for inclusive economic growth and poverty reduction, and contributes to the promotion of sustainable development. We will continue to promote a universal, rules-based, open, transparent, predictable, inclusive, non-discriminatory and equitable multilateral trading system under the World Trade Organization, as well as meaningful trade liberalization. We call on all members of the World Trade Organization to redouble their efforts to promptly conclude the negotiations on the Doha Development Agenda. We attach great importance to providing trade-related capacity-building for developing countries, including African countries, least developed countries, landlocked developing countries, small island developing States and middle-income countries, including for the promotion of regional economic integration and interconnectivity.
69. We recognize the need to assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief, debt restructuring and sound debt management, as appropriate. Many countries remain vulnerable to debt crises and some are in the midst of crises, including a number of least developed countries, small island developing States and some developed countries. We reiterate that debtors and creditors must work

together to prevent and resolve unsustainable debt situations. Maintaining sustainable debt levels is the responsibility of the borrowing countries; however we acknowledge that lenders also have a responsibility to lend in a way that does not undermine a country's debt sustainability. We will support the maintenance of debt sustainability of those countries that have received debt relief and achieved sustainable debt levels.

70. We hereby launch a Technology Facilitation Mechanism which was established by the Addis Ababa Action Agenda in order to support the Sustainable Development Goals. The Technology Facilitation Mechanism will be based on a multi-stakeholder collaboration between Member States, civil society, the private sector, the scientific community, United Nations entities and other stakeholders and will be composed of a United Nations inter-agency task team on science, technology and innovation for the Sustainable Development Goals, a collaborative multi-stakeholder forum on science, technology and innovation for the Sustainable Development Goals and an online platform.

- The United Nations inter-agency task team on science, technology and innovation for the Sustainable Development Goals will promote coordination, coherence and cooperation within the United Nations system on science, technology and innovation-related matters, enhancing synergy and efficiency, in particular to enhance capacity-building initiatives. The task team will draw on existing resources and will work with 10 representatives from civil society, the private sector and the scientific community to prepare the meetings of the multi-stakeholder forum on science, technology and innovation for the Sustainable Development Goals, as well as in the development and operationalization of the online platform, including preparing proposals for the modalities for the forum and

the online platform. The 10 representatives will be appointed by the Secretary-General, for periods of two years. The task team will be open to the participation of all United Nations agencies, funds and programmes and the functional commissions of the Economic and Social Council and it will initially be composed of the entities that currently integrate the informal working group on technology facilitation, namely, the Department of Economic and Social Affairs, the United Nations Environment Programme, the United Nations Industrial Development Organization, the United Nations Educational, Scientific and Cultural Organization, the United Nations Conference on Trade and Development, the International Telecommunication Union, the World Intellectual Property Organization and the World Bank.

- The online platform will be used to establish a comprehensive mapping of, and serve as a gateway for, information on existing science, technology and innovation initiatives, mechanisms and programmes, within and beyond the United Nations. The online platform will facilitate access to information, knowledge and experience, as well as best practices and lessons learned, on science, technology and innovation facilitation initiatives and policies. The online platform will also facilitate the dissemination of relevant open access scientific publications generated worldwide. The online platform will be developed on the basis of an independent technical assessment which will take into account best practices and lessons learned from other initiatives, within and beyond the United Nations, in order to ensure that it will complement, facilitate access to and provide adequate information on existing science, technology and innovation platforms, avoiding duplications and enhancing synergies.
- The multi-stakeholder forum on science,

technology and innovation for the Sustainable Development Goals will be convened once a year, for a period of two days, to discuss science, technology and innovation cooperation around thematic areas for the implementation of the Sustainable Development Goals, congregating all relevant stakeholders to actively contribute in their area of expertise. The forum will provide a venue for facilitating interaction, matchmaking and the establishment of networks between relevant stakeholders and multi-stakeholder partnerships in order to identify and examine technology needs and gaps, including on scientific cooperation, innovation and capacity-building, and also in order to help to facilitate development, transfer and dissemination of relevant technologies for the Sustainable Development Goals. The meetings of the forum will be convened by the President of the Economic and Social Council before the meeting of the high-level political forum under the auspices of the Economic and Social Council or, alternatively, in conjunction with other forums or conferences, as appropriate, taking into account the theme to be considered and on the basis of a collaboration with the organizers of the other forums or conferences. The meetings of the forum will be co-chaired by two Member States and will result in a summary of discussions elaborated by the two co-Chairs, as an input to the meetings of the high-level political forum, in the context of the follow-up and review of the implementation of the post-2015 development agenda.

- The meetings of the high-level political forum will be informed by the summary of the multi-stakeholder forum. The themes for the subsequent multi-stakeholder forum on science, technology and innovation for the Sustainable Development Goals will be considered by the high-level political forum on sustainable development, taking into account expert inputs from the task team.

71. We reiterate that this Agenda and the Sustainable Development Goals and targets, including the means of implementation, are universal, indivisible and interlinked.

Follow-up and review

72. We commit to engaging in systematic follow-up and review of the implementation of this Agenda over the next 15 years. A robust, voluntary, effective, participatory, transparent and integrated follow-up and review framework will make a vital contribution to implementation and will help countries to maximize and track progress in implementing this Agenda in order to ensure that no one is left behind.

73. Operating at the national, regional and global levels, it will promote accountability to our citizens, support effective international cooperation in achieving this Agenda and foster exchanges of best practices and mutual learning. It will mobilize support to overcome shared challenges and identify new and emerging issues. As this is a universal Agenda, mutual trust and understanding among all nations will be important.

74. Follow-up and review processes at all levels will be guided by the following principles:

(a) They will be voluntary and country-led, will take into account different national realities, capacities and levels of development and will respect policy space and priorities. As national ownership is key to achieving sustainable development, the outcome from national-level processes will be the foundation for reviews at the regional and global levels, given that the global review will be primarily based on national official data sources.

(b) They will track progress in implementing the universal Goals and targets, including the means of implementation, in all countries

in a manner which respects their universal, integrated and interrelated nature and the three dimensions of sustainable development.

(c) They will maintain a longer-term orientation, identify achievements, challenges, gaps and critical success factors and support countries in making informed policy choices.

They will help to mobilize the necessary means of implementation and partnerships, support the identification of solutions and best practices and promote the coordination and effectiveness of the international development system.

(d) They will be open, inclusive, participatory and transparent for all people and will support reporting by all relevant stakeholders.

(e) They will be people-centred, gender-sensitive, respect human rights and have a particular focus on the poorest, most vulnerable and those furthest behind.

(f) They will build on existing platforms and processes, where these exist, avoid duplication and respond to national circumstances, capacities, needs and priorities. They will evolve over time, taking into account emerging issues and the development of new methodologies, and will minimize the reporting burden on national administrations.

(g) They will be rigorous and based on evidence, informed by country-led evaluations and data which is high-quality, accessible, timely, reliable and disaggregated by income, sex, age, race, ethnicity, migration status, disability and geographic location and other characteristics relevant in national contexts.

(h) They will require enhanced capacity-building support for developing countries, including the strengthening of national data systems and evaluation programmes, particularly in African countries, least developed countries,

small island developing States, landlocked developing countries and middle-income countries.

(i) They will benefit from the active support of the United Nations system and other multilateral institutions.

75. The Goals and targets will be followed up and reviewed using a set of global indicators. These will be complemented by indicators at the regional and national levels which will be developed by Member States, in addition to the outcomes of work undertaken for the development of the baselines for those targets where national and global baseline data does not yet exist. The global indicator framework, to be developed by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators, will be agreed by the Statistical Commission by March 2016 and adopted thereafter by the Economic and Social Council and the General Assembly, in line with existing mandates. This framework will be simple yet robust, address all Sustainable Development Goals and targets including for means of implementation, and preserve the political balance, integration and ambition contained therein.

76. We will support developing countries, particularly African countries, least developed countries, small island developing States and landlocked developing countries, in strengthening the capacity of national statistical offices and data systems to ensure access to high-quality, timely, reliable and disaggregated data. We will promote transparent and accountable scaling-up of appropriate public-private cooperation to exploit the contribution to be made by a wide range of data, including earth observation and geospatial information, while ensuring national ownership in supporting and tracking progress.

77. We commit to fully engage in conducting regular and inclusive reviews of progress at the subnational, national, regional and global levels. We will draw as far as possible on the existing network of follow-up and review institutions and mechanisms. National reports will allow assessments of progress and identify challenges at the regional and global level. Along with regional dialogues and global reviews, they will inform recommendations for follow-up at various levels.

National level

78. We encourage all Member States to develop as soon as practicable ambitious national responses to the overall implementation of this Agenda. These can support the transition to the Sustainable Development Goals and build on existing planning instruments, such as national development and sustainable development strategies, as appropriate.

79. We also encourage Member States to conduct regular and inclusive reviews of progress at the national and sub-national levels which are country-led and country-driven. Such reviews should draw on contributions from indigenous peoples, civil society, the private sector and other stakeholders, in line with national circumstances, policies and priorities. National parliaments as well as other institutions can also support these processes.

Regional level

80. Follow-up and review at the regional and subregional levels can, as appropriate, provide useful opportunities for peer learning, including through voluntary reviews, sharing of best practices and discussion on shared targets. We welcome in this respect the cooperation of regional and subregional commissions and organizations. Inclusive regional processes will draw on national-level reviews and contribute

to follow-up and review at the global level, including at the high-level political forum on sustainable development.

81. Recognizing the importance of building on existing follow-up and review mechanisms at the regional level and allowing adequate policy space, we encourage all Member States to identify the most suitable regional forum in which to engage. United Nations regional commissions are encouraged to continue supporting Member States in this regard.

Global level

82. The high-level political forum will have a central role in overseeing a network of follow-up and review processes at the global level, working coherently with the General Assembly, the Economic and Social Council and other relevant organs and forums, in accordance with existing mandates. It will facilitate sharing of experiences, including successes, challenges and lessons learned, and provide political leadership, guidance and recommendations for follow-up. It will promote system-wide coherence and coordination of sustainable development policies. It should ensure that the Agenda remains relevant and ambitious and should focus on the assessment of progress, achievements and challenges faced by developed and developing countries as well as new and emerging issues. Effective linkages will be made with the follow-up and review arrangements of all relevant United Nations conferences and processes, including on least developed countries, small island developing States and landlocked developing countries.

83. Follow-up and review at the high-level political forum will be informed by an annual progress report on the Sustainable Development Goals to be prepared by the Secretary-General in cooperation with the United Nations system, based on the global indicator framework and

data produced by national statistical systems and information collected at the regional level. The high-level political forum will also be informed by the Global Sustainable Development Report, which shall strengthen the science-policy interface and could provide a strong evidence-based instrument to support policymakers in promoting poverty eradication and sustainable development. We invite the President of the Economic and Social Council to conduct a process of consultations on the scope, methodology and frequency of the global report as well as its relation to the progress report, the outcome of which should be reflected in the Ministerial Declaration of the session of the high-level political forum in 2016.

84. The high-level political forum, under the auspices of the Economic and Social Council, shall carry out regular reviews, in line with General Assembly resolution 67/290. Reviews will be voluntary, while encouraging reporting, and include developed and developing countries as well as relevant United Nations entities and other stakeholders, including civil society and the private sector. They shall be State-led, involving ministerial and other relevant high-level participants. They shall provide a platform for partnerships, including through the participation of major groups and other relevant stakeholders.

85. Thematic reviews of progress on the Sustainable Development Goals, including cross-cutting issues, will also take place at the high-level political forum. These will be supported by reviews by the functional commissions of the Economic and Social Council and other intergovernmental bodies and forums which should reflect the integrated nature of the Goals as well as the interlinkages between them. They will engage all relevant stakeholders and, where possible, feed into, and be aligned with, the cycle of the high-level political forum.

86. We welcome, as outlined in the Addis Ababa Action Agenda, the dedicated follow-up and review for the financing for development outcomes as well as all the means of implementation of the Sustainable Development Goals which is integrated with the follow-up and review framework of this Agenda. The intergovernmentally agreed conclusions and recommendations of the annual Economic and Social Council forum on financing for development will be fed into the overall follow-up and review of the implementation of this Agenda in the high-level political forum.

87. Meeting every four years under the auspices of the General Assembly, the high-level political forum will provide high-level political guidance on the Agenda and its implementation, identify progress and emerging challenges and mobilize further actions to accelerate implementation. The next high-level political forum under the auspices of the General Assembly will be held in 2019, with the cycle of meetings thus reset, in order to maximize coherence with the quadrennial comprehensive policy review process.

88. We also stress the importance of system-wide strategic planning, implementation and reporting in order to ensure coherent and integrated support to the implementation of the new Agenda by the United Nations development system. The relevant governing bodies should take action to review such support to implementation and to report on progress and obstacles. We welcome the ongoing dialogue in the Economic and Social Council on the longer-term positioning of the United Nations development system and look forward to taking action on these issues, as appropriate.

89. The high-level political forum will support participation in follow-up and review processes by the major groups and other relevant stakeholders in line with resolution 67/290.

We call on those actors to report on their contribution to the implementation of the Agenda.

90. We request the Secretary-General, in consultation with Member States, to prepare a report, for consideration at the seventieth session of the General Assembly in preparation for the 2016 meeting of the high-level political forum, which outlines critical milestones towards coherent, efficient and inclusive follow-up and review at the global level. The report should include a proposal on the organizational arrangements for State-led reviews at the high-level political forum under the auspices of the Economic and Social Council, including recommendations on voluntary common reporting guidelines. It should clarify institutional responsibilities and provide guidance on annual themes, on a sequence of thematic reviews, and on options for periodic reviews for the high-level political forum.
91. We reaffirm our unwavering commitment to achieving this Agenda and utilizing it to the full to transform our world for the better by 2030.

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About this book

The Loomba Foundation's World Widows Report is the only authoritative comprehensive data source about the discrimination and injustice faced by widows and their dependants country by country and worldwide, informing policy formulation by the United Nations and national governments.

Key findings include:

- The global affected population numbers 258m widows with 585m children.
- Of these, 38m widows live in extreme poverty where basic needs are unmet.
- Since 2010 there has been a significant exacerbation in conflict areas in the Middle East and North Africa, notably the Syrian civil war.
- Worst affected by conflict are widows in Afghanistan, Iraq, South Sudan, Central African Republic and Syria; by the Boko Haram insurgency, those in northeast Nigeria, southeast Niger, west Chad and north Cameroon.
- In Sub-Saharan Africa the worst conditions are faced by evicted and abandoned widows with dependants and by those caught up in the Ebola crisis areas, which is further exacerbated by traditional 'cleansing' rituals.
- Widows with only female children and child widows aged between 10 and 17 face severe discrimination in many developing countries.
- Social norms around sexual behaviour remain counterproductive with extreme poverty as a driver of 'exchange sex' and 'survival sex' relationships and poor quality healthcare.
- Widows in western and developed countries have also been affected by cutbacks in social welfare and increased insecurity.
- Customary 'cleansing' rituals, where widows are required to drink the water with which their dead husband's body has been washed and to have sex with a relative, continue to spread disease and violate the dignity of widows in many Sub-Saharan countries.
- Widows are regularly accused of killing their husbands either deliberately or through neglect – including by transmitting HIV/AIDS – in India, Nepal, Papua New Guinea and Sub-Saharan Africa.
- Systematic seizure of property and evictions by the late husband's family remains widespread in Angola, Bangladesh, Botswana, Republic of Congo, DR Congo, India, Ivory Coast, Ghana, Kenya, Lesotho, Malawi, Namibia, Nigeria, Rwanda, Senegal, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

The World Widows Report is published to coincide with the adoption of the Sustainable Development Goals by the United Nations and provides a basis for researchers, international and local agencies, governments and all who care about the desperate plight of widows to develop sound, evidence-based policy for a better world.

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