

**Economic and Social Commission for Asia and the Pacific**

Midterm Review of the Asian and Pacific Ministerial Declaration on
Population and Development

Bangkok, 26–28 November 2018

Item 3 (a) of the provisional agenda*

Thematic discussion on emerging issues and gaps in the implementation of the Programme of Action of the International Conference on Population and Development, the key actions for its further implementation and the recommendations of the Asian and Pacific Ministerial Declaration on Population and Development

Population dynamics and inequality in Asia and the Pacific**Note by the secretariat***Summary*

The 2030 Agenda for Sustainable Development and its Sustainable Development Goals guide the efforts of Member States towards realizing an increasingly inclusive and sustainable future for all.

Despite progress in Asia and the Pacific in economic and social development in recent decades, inequalities persist. The region's combined income inequality, as measured by the Gini coefficient, increased by over 5 percentage points in the past 20 years. Population dynamics are both drivers and outcomes of sustainable development at the local, national, regional and global levels. Inequalities can be intersectional in nature, meaning that they often have the most impact on those who are already in vulnerable situations, such as migrants or older persons. Nuanced policy responses are therefore necessary to address the different manifestations and impacts of inequalities.

The present document contains an analysis of the key demographic trends and challenges within this context, and proposed strategies and policy recommendations to address such challenges in support of the implementation of the 2030 Agenda.

* ESCAP/APPC/2018/L.1.

I. Introduction

1. The Asia-Pacific region, comprising 58 countries and territories – the members and associate members of the Economic and Social Commission for Asia and the Pacific (ESCAP) – has over the past few decades registered the fastest rate of economic growth globally and achieved gains in human and social development. Life expectancy, an internationally accepted barometer of human development, has increased significantly. While poverty eradication efforts have released approximately a billion people from poverty, both income poverty and multidimensional poverty continue to exist alongside affluence within and between countries.¹ Inequalities persist, with income, consumption and wealth concentrated among the top deciles of the population. Non-monetary inequalities exist between regions, gender, race, ethnicity, geography and age, as well as in access to services, including sexual and reproductive health services.

2. The Asia-Pacific region is home to approximately 4.5 billion people, and its demographic landscape is diverse in terms of population growth and size, composition by age and sex, and spatial distribution. Countries too are at different phases of the demographic transition, the gradual shift from high mortality and fertility to low mortality and fertility. The effects of the demographic transition vary in terms of timing and intensity across and within countries. The variations in fertility are captured broadly under three categories, namely countries whose total fertility rate – measured as live births per woman aged 15–49 – is more than 2.5 live births per woman, those with near-replacement fertility and those with a very low total fertility, of 1.7 live births per woman. The pace and variations in both fertility and mortality transitions across the region are invariably related to issues of access to sexual and reproductive health services.

3. One consequence of a transition to low mortality is the emergence of a large cohort of young people aged 10–24 relative to other age groups. At the same time, declining fertility, arising, among others, from greater access to sexual and reproductive health and rights, has contributed to a growing share of the population in the working age of 15–60 years. As the working-age population grows, the dependency ratio – the ratio of dependants (children and older persons) to the working-age population – declines, thus presenting a window of opportunity for a demographic dividend,² such as in countries in South Asia, Pacific island countries and other least developed countries in the region. Countries or areas that have benefited from the dividend, such as those in East and North-East Asia, did so through investments in voluntary family planning, education and health, among others, and enjoyed higher economic growth and reduced poverty.

4. Since the Sixth Asian and Pacific Population Conference, in 2013, the international community has adopted the 2030 Agenda for Sustainable Development, including its 17 Sustainable Development Goals. Goal 10 refers to the reduction of inequality within and among countries. In keeping with the

¹ Multidimensional poverty is made up of several factors that constitute poor people's experience of deprivation, such as poor health, lack of education, inadequate living standards, lack of income, disempowerment, poor quality of work and threat from violence.

² Demographic dividend is the accelerated economic growth that could result from a decline in a country's mortality and fertility and the consequent change in age structure.

spirit of the 2030 Agenda to leave no one behind, the focus of this document is on inequality and population dynamics.

II. Perspectives on inequality

5. The Asia-Pacific region is experiencing growing inequality even while registering impressive economic growth and poverty reduction: the gains from socioeconomic development have favoured the wealthiest, with the wealthiest 5 per cent of the population controlling close to 70 per cent of total wealth in the region.³ Over the past 20 years, the Gini coefficient, a measure of wealth inequality, has increased by more than 5 percentage points, averaging 0.38 in 2014, indicating high wealth inequality.⁴ The Gini coefficient for selected Asia-Pacific countries is shown in table 1. While wealth inequality has fallen in some countries, it has increased sharply in others, particularly in populous countries such as China, India and Indonesia.

Table 1
Gini coefficient in selected Asia-Pacific countries, 1990–1994 and 2010–2014

<i>Country</i>	<i>1990–1994</i>	<i>2010–2014</i>
Azerbaijan	0.37	0.19
Bangladesh	0.275	0.32
Cambodia	0.38	0.32
China	0.325	0.42
India	0.31	0.35
Indonesia	0.29	0.37
Kazakhstan	0.33	0.27
Lao People’s Democratic Republic	0.34	0.38
Malaysia	0.47	0.45
Pakistan	0.33	0.30
Papua New Guinea	0.47	0.56
Philippines	0.43	0.43
Sri Lanka	0.32	0.39
Thailand	0.455	0.38
Tonga	0.38	0.38
Viet Nam	0.36	0.40

Source: ESCAP Statistical Online Database. Available at http://data.unescap.org/escap_stat (accessed on 5 August 2018).

Note: The Gini coefficient of each country was calculated as the simple average of the available Gini coefficients within each five-year period (1990–1994 and 2010–2014).

³ *Inequality in Asia and the Pacific in the Era of the 2030 Agenda for Sustainable Development* (United Nations publication, Sales No. E.18.II.F.13).

⁴ A Gini coefficient of 1 means absolute inequality, while 0 means absolute equality.

6. There are three types of inequality: inequality of outcome, inequality of opportunity and inequality of impact. An important distinction should be drawn between inequality of outcome and inequality of opportunity. While inequality of outcome refers to the end of a process, inequality of opportunity relates to one's circumstances, such as gender, race or ethnicity, place of birth, education of the head of household, and income, which can determine inequality of outcome. These circumstances often shape, accentuate and perpetuate inequalities in income and wealth. For example, the outcome can be influenced by efforts made in education or the labour market. The last category, inequality of impact, relates to the differential impact of certain events or phenomena, such as a natural disaster, on different groups. The impact has often been greater on poor people, women, older persons, persons with disabilities and other marginalized groups. Inequality is thus more complex than merely a lopsided distribution of wealth and income. It is representative of various forms of disparity between sexes, races and ethnicities, and age groups and between rural and urban households. It is deprivation and lost potential, and ultimately a barrier to sustainable development.

7. The term "population dynamics" refers to the size and growth of the population, and its age, sex and spatial composition. It also refers to demographic changes, related to fertility, mortality and migration. Population dynamics per se do not cause inequality. Demographic change is, however, affected by development through its influence on the key demographic drivers: fertility, mortality and migration. For instance, the demographic transition in many places has been made possible by successful efforts in advancing educational attainment and gender equality and reducing infant mortality and poverty.

III. Population megatrends and inequality

8. Both fertility and mortality have declined considerably in the region, driven mainly by socioeconomic development, especially rising levels of education and health improvements.

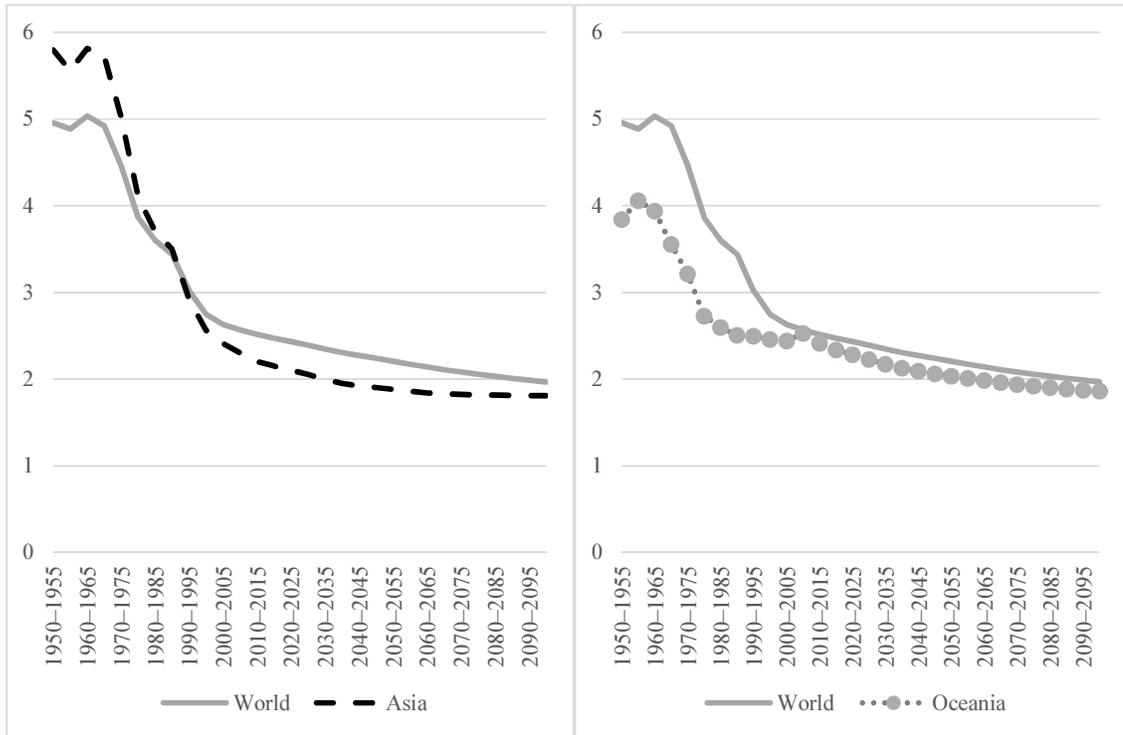
A. Declining fertility and inequality

9. The downward trend in fertility (figures I and II), has been a result of population policy, especially family planning, and postponement of marriage and childbearing. The sharpest decline in the total fertility rate was observed in East and North-East Asia, where fertility halved from 5.5 to 2.5 live births per woman during the period 1965–1980. The slowest decline was observed in the Pacific.⁵ Many countries are converging towards near replacement-level fertility,⁶ while several others, especially those in East Asia, are experiencing below replacement-level and very low fertility. Afghanistan and Timor-Leste still have very high total fertility rates, of 5.26 and 5.91 live births per woman respectively during the period 2010–2015.

⁵ *Addressing the Challenges of Population Ageing in Asia and the Pacific: Implementation of the Madrid Plan of Action on Ageing* (United Nations publication, Sales No. E.17.II.F.17).

⁶ Replacement-level fertility is the total fertility rate at which a population replaces itself, without migration. It is approximately 2.1 children per woman.

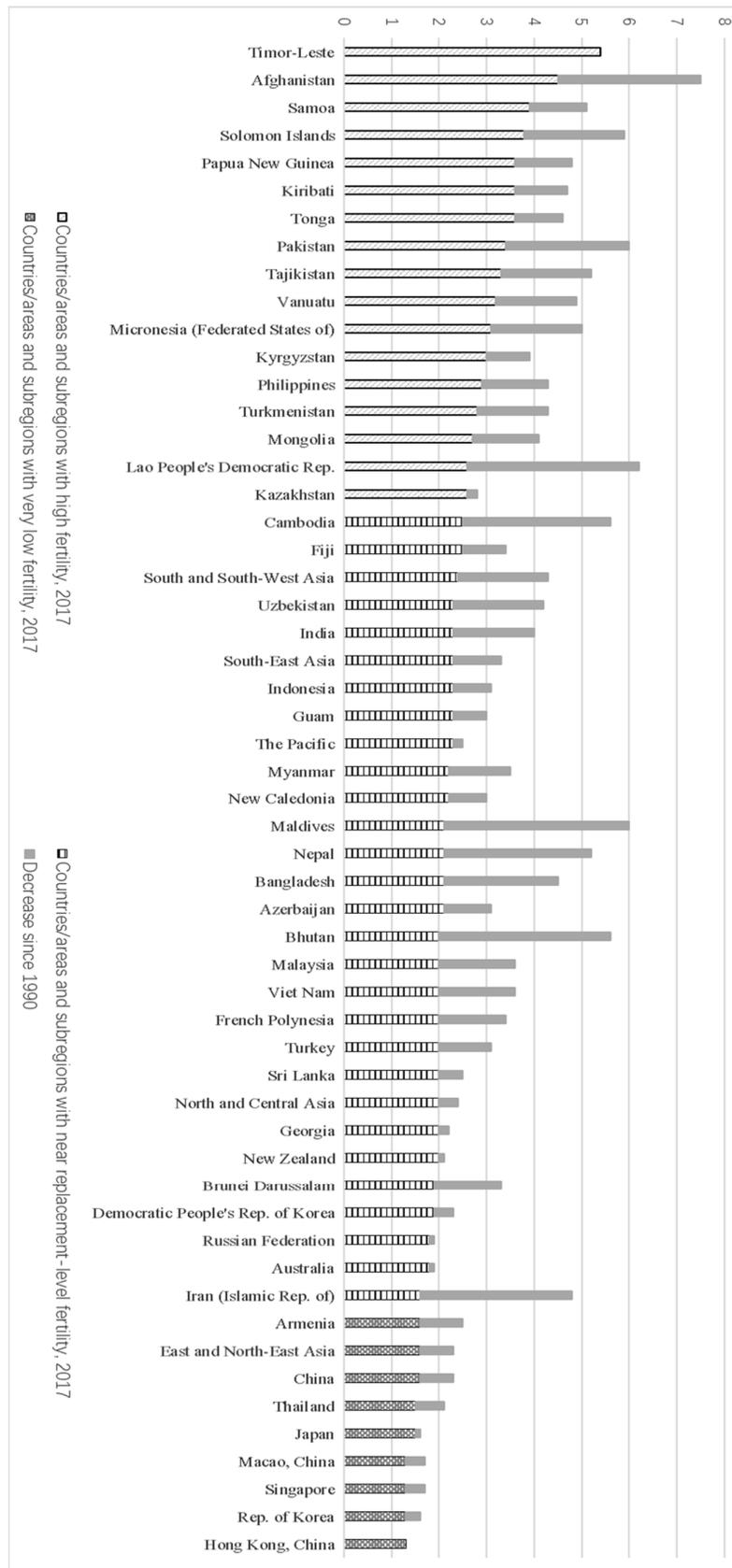
Figure I
Falling fertility in Asia and the Pacific: total fertility rate (live births per woman), 1950–2095



Source: ESCAP calculations, based on United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: 2017 Revision. Available at <https://population.un.org/wpp>.

Note: Values for 1950–2015 are estimated, and values for 2015–2100 are projected.

Figure II
Total fertility rate in the Asia-Pacific region by country/area and subregion, 1990 and 2017



Source: ESCAP calculations, based on World Population Prospects: 2017 Revision (see figure I).

10. Differences in the fertility decline unveil inequalities, such as access to sexual and reproductive health and rights services or education. Most countries have population subgroups in which fertility continues to be higher than the average (table 2). These differentials reveal the extent of inequality between wealth quintiles, educational attainment and rural and urban locations. For instance, the total fertility rate of the lowest wealth quintile in countries such as India, Myanmar, Nepal and Pakistan is twice that of the highest quintile. Contraceptive prevalence has also been generally lower among women who are poorer, less educated or living in rural areas compared to women who are richer, more educated or living in urban areas. There is a gap of 17 per cent in the contraceptive prevalence rate between the top and bottom income quintiles of women aged 15–49 who are married or in a union.⁷ The corresponding gap is 9 per cent between urban and rural areas. There is a significant unmet need for family planning among an estimated 140 million women.⁸ In percentage terms, it is highest in the Pacific, at 25 per cent, followed by South Asia and Central Asia, both at 14 per cent.⁹

11. Poverty, inequality and high fertility are closely associated. Poor households tend to have many children¹⁰ owing mainly to lack of access to and knowledge of contraceptives, low autonomy among women, and the demand for children for economic or household support. Contraception is less accessible to women who are poor, less educated and living in rural areas. These fertility differentials perpetuate intergenerational poverty and inequalities.

⁷ United Nations Population Fund (UNFPA), *The State of World Population 2017: Worlds Apart – Reproductive Health and Rights in an Age of Inequality* (New York, 2017).

⁸ Jo-Anne Bishop and Robyn Drysdale, “Preparing for the last mile: reaching universal access by 2030 in the Asia and Pacific Region – a review of progress and future priorities: sexual and reproductive health and rights under the UNFPA Asia-Pacific regional programme 2018–2021”, paper prepared for the UNFPA Regional Office for Asia and the Pacific, Bangkok, 2016.

⁹ United Nations, *The Millennium Development Goals Report 2015* (New York, 2015).

¹⁰ UNFPA, *Population and Poverty: Achieving Equity, Equality and Sustainability*, Population and Development Strategies Series, No. 8 (New York, 2003).

Table 2
Fertility differentials by urban or rural area, education level and wealth quintile

Country (year)	Total fertility rate						
	Total	Rural area	Urban area	No education	Secondary education	Lowest wealth quintile	Highest wealth quintile
Afghanistan (2015)	5.3	5.4	4.8	5.5	4.3	5.3	4.6
Armenia (2015/16)	1.7	1.8	1.7	2.8 (primary)	1.9	2.0	1.9
Bangladesh (2014)	2.3	2.4	2.0	2.4	2.4	2.8	2.0
Cambodia (2014)	2.7	2.9	2.1	3.3	2.5	3.8	2.2
India (2015/16)	2.2	2.4	1.8	3.1	2.1	3.2	1.5
Indonesia (2012)	2.6	2.8	2.4	2.8	2.7	3.2	2.2
Kyrgyzstan (2012)	3.6	4.0	3.0	0.6	3.9	4.0	2.7
Myanmar (2015/16)	2.3	2.4	1.9	3.6	2.0	3.5	1.6
Nepal (2016)	2.3	2.9	2.0	3.3	2.1	3.2	1.6
Pakistan (2012/13)	3.8	4.2	3.2	4.4	3.2	5.2	2.7
Timor-Leste (2016)	4.2	4.6	3.5	4.8	4.3	5.2	3.4

Source: United States Agency for International Development, Demographic and Health Survey Program STATcompiler. Available at <http://www.statcompiler.com> (accessed on 12 June 2018).

12. Fertility decline has taken place even in low-income countries such as Bangladesh, India, Myanmar and Pakistan. This decline has been attributed to fertility being closely aligned with the education and health components of the human development index, rather than per capita income alone.¹¹

13. With the broad-based decline in fertility taking place, age structures have changed and will continue to change. For instance, in 2017, in East Asian countries (with the exception of Mongolia), where fertility is far below replacement-level, less than one fifth of the population was below the age of 15, a rising share was aged 60 and above, and the working-age population was large but shrinking.¹² The situation was similar in two countries in South-East Asia (Singapore and Thailand), in two in North and Central Asia (Armenia and

¹¹ Gavin Jones, “Sustainable development and changing demography in Asia and the Pacific”, paper prepared for the UNFPA Asia Pacific Regional Office, Bangkok, 2017.

¹² United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2017 Revision – Key Findings and Advance Tables*, Working Paper No. ESA/P/WP/248 (New York, 2017).

Georgia), and in Australia in the Pacific. In South Asia, however, the under-15 age group accounted for about one third of the total population, while the proportion of older persons remained low at 5 per cent of the population, reflecting a much younger population structure. However, declining fertility in this subregion suggests that ageing will grow in importance in the future.

14. Countries in which fertility levels are still relatively high – such as Afghanistan, Pakistan, Papua New Guinea and the Philippines – will see rising numbers of children over the next decade and a half, followed by a declining child population thereafter as is happening currently in other countries of the region.

15. In countries in which fertility is just above replacement-level, the working-age population (aged 15–60) is expected to increase rapidly, with the increase tapering between 2030 and 2050 as these cohorts progress through the working ages.¹³

16. Two shifts are thus taking place in the region's demography: while populations as a whole are ageing, the youth population is also increasing. Young people aged 15–24 make up close to one fifth of the region's population, and strenuous efforts are required to meet their specific needs, including sexual and reproductive health. Although the size and share of this age group is expected to fall in the next 15 years and beyond, the challenges for the youth population can be seen from the perspective of rising disparities and inequalities. About 6.3 million adolescent girls in the region are estimated to have an unmet need for contraception. Owing to financial capacity, legal restrictions and societal norms, adolescents have even less access than adults to reproductive health and HIV-prevention services.

17. In countries where the number of youths seeking jobs is high relative to employment opportunities, and where their skills do not match market requirements, young people often cannot find decent jobs. The share of workers in unpaid jobs in Asia is twice as high for young people aged 15–24 as for adults aged 25–29 years.¹⁴ The inequality of job opportunities is further compounded by technological change, which is altering the type and number of jobs generated. This has led to high unemployment rates among young entrants to the labour market, often twice the unemployment rate of the overall labour force, as is the case in Indonesia, Mongolia and the Philippines.¹⁵ Youth unemployment rates in 2016 were as high as 39 per cent in Armenia, 30 per cent in the Islamic Republic of Iran and 18.8 per cent in Fiji.¹⁶ Workers' fundamental rights, especially those of women and marginalized populations, have also been challenged by the rise in vulnerable employment.¹⁷ Vulnerable employment is extensive throughout the region, is especially concentrated in agriculture, and affects women more than men. In South Asia and East Asia, approximately 40 per cent and 30 per cent, respectively, of identified victims of human trafficking and forced labour are children.

¹³ Jones, "Sustainable development and changing demography in Asia and the Pacific".

¹⁴ World Inequality Lab, *World Inequality Report 2018* (Paris, 2018).

¹⁵ World Bank, *East Asia Pacific at Work: Employment, Enterprise and Well-being* (Washington, D.C., 2014).

¹⁶ World Bank, "Unemployment, youth total (% of total labor force ages 15–24) (modeled ILO estimate)", World Bank Open Data database. Available at <https://data.worldbank.org/indicator/SL.UEM.1524.ZS?locations=AM> (accessed on 9 August 2018).

¹⁷ Vulnerable employment covers jobs involving inadequate pay, low productivity and adverse working conditions.

18. Other population groups also face inequities. Members of ethnic minorities often face barriers to employment, access to services and social integration. Persons with disabilities face barriers to education, employment and overall participation in society. For instance, about half of children with disabilities do not make the transition from primary to secondary education. Women and girls with disabilities face additional barriers in accessing development opportunities and education and health services, particularly sexual and reproductive health services. People with diverse sexual orientation and gender identity often face violence and discrimination, and health services, especially HIV-related and sexual and reproductive health services, often do not consider their special needs.

19. Early adolescent childbearing is prevalent in the region owing mainly to early marriage of girls, especially in parts of South and South-West Asia. The practice represents another example of how inequalities impact and stem from early fertility. Apart from being a violation of fundamental human rights, the economic costs related to child marriage are large, with impacts on fertility and population growth, health, education and earnings. A study for Nepal found that increasing the age at first marriage could lead to economic gains with an equivalent of 3.9 per cent of gross domestic product in 2015.¹⁸ Girls living in poverty are more likely to face early marriage. For example, in India, girls in the lowest wealth quintile are almost five times as likely to get married before the age of 18 than girls in the highest wealth quintile.¹⁹ Child marriage therefore perpetuates poverty and inequality.

20. There is evidence too of major gaps in service coverage in the provision of sexual and reproductive health services for adolescents, especially unmarried adolescents. Early and child marriage therefore represent intersecting inequalities related, inter alia, to age, gender, sexuality and education that are rooted in patriarchy and structural inequalities. While child marriage is highest in South Asia, increasing adolescent pregnancy and birth rates in South-East Asia and Mongolia have been observed in recent decades.²⁰ The adolescent birth rate per 1,000 women aged 15–19 in 2015 was 24.7 in Central Asia, 33.6 in South Asia, 44.9 in South-East Asia and 49.9 in the Pacific (excluding Australia and New Zealand).²¹ The high adolescent birth rates are linked to increasing sexual activity among young people and limited access to sexual and reproductive health information and services in some countries. Laws and gender norms across the region still partly restrict the use of contraception by adolescents, especially those who are unmarried. Young adolescents face a higher risk of complications and death as a result of pregnancy relative to other women.

¹⁸ Amjad Rabi, “Cost of inaction: child and adolescent marriage in Nepal”, UNICEF Nepal Working Paper Series, No. WP/2014/001.

¹⁹ Quentin Wodon and others, *Economic Impacts of Child Marriage: Global Synthesis Report* (Washington, D.C., World Bank, 2017); and Bishop and Drysdale, “Preparing for the last mile”.

²⁰ UNFPA and United Nations Children’s Fund (UNICEF), “Background paper: understanding patterns and relationships of adolescent pregnancy, child marriage and early union – an overview of the situation in Southeast Asia and Mongolia” (Bangkok, 2018).

²¹ ESCAP calculations based on data from Statistics Division of the Department of Economic and Social Affairs, “Indicator 3.7.2, series: adolescent birth rate (per 1,000 women aged 15–19 years)”, Global Sustainable Development Goal Indicators Database. Available at <https://unstats.un.org/sdgs/indicators/database/?indicator=3.7.2#indicatorPanel> (accessed on 17 July 2018).

B. Mortality and inequality

21. Mortality has fallen significantly owing to improvements in economic and social development. Asia-Pacific countries have gained on average an additional 20 years of life expectancy since 1960, with women living longer than men. There are, however, inequalities between and within countries by sex, place of residence and income group. For instance, life expectancy at birth in East and North-East Asia stands at 78 years, compared to 71 years in North and Central Asia. Life expectancy of both males and females in urban areas is higher than life expectancy of both sexes in rural areas in Myanmar.²² Mortality rates also reflect inequities, especially with respect to access to health services, also compounded by poverty and gender norms.

22. Despite impressive gains in the reduction of maternal mortality in all countries, there are wide disparities in the presence of skilled birth attendants during delivery. Women in the highest wealth quintiles have greater access to skilled attendants at the time of birth than those in the lowest wealth quintiles across all countries, with the gaps most pronounced in Afghanistan, Bangladesh, Indonesia, Myanmar, Nepal and Pakistan (table 3). Similar gaps exist between urban and rural areas, especially in South Asia. In Bangladesh, for instance, 35.6 per cent of all births in rural areas were attended by skilled personnel, compared with 60.3 per cent in urban areas.²³ For the region as a whole, almost 30 per cent of births were not attended by skilled birth attendants, further reflecting intercountry inequalities.

23. High out-of-pocket expenditures for health in several countries in the region – including Afghanistan, Azerbaijan, Bangladesh, Cambodia, India and Tajikistan – result in a high financial burden on poor and vulnerable households.²⁴ This results in inadequate health care and increases the risk of these groups falling into poverty.

24. In addition to its intrinsic value, education plays an important role in human capital development, and in the promotion of value change such as in reducing fertility and inculcating healthy lifestyles. If a woman is educated, there is a strong chance that she will take care of her own health as well as that of her children and family. However, disparities exist with respect to access to education, and many groups are left behind especially at secondary and tertiary education levels. Less than 30 per cent of the poorest quintile attended secondary school in one third of the countries in the region, compared with an 80 per cent of children from the upper quintile.²⁵ Similarly, residence in a rural area brings down the probability of obtaining a secondary education by 50 per cent in many developing countries in the region.

²² Myanmar, Department of Population, Ministry of Labour, Immigration and Population, *The 2014 Myanmar Population and Housing Census: Thematic Report on Population Dynamics – Census Report*, vol. 4-E (Nay Pyi Taw, 2016).

²³ United States Agency for International Development, Demographic and Health Survey Program STATcompiler. Available at <http://www.statcompiler.com> (accessed on 12 June 2018).

²⁴ *Inequality in Asia and the Pacific in the Era of the 2030 Agenda*.

²⁵ *Ibid.*

Table 3
Share of births attended by skilled personnel by wealth quintile and education levels, selected ESCAP countries, latest year
 (Percentage)

<i>Country (year)</i>	<i>Wealth quintile</i>		<i>Education of women</i>		
	<i>1 (lowest)</i>	<i>5 (highest)</i>	<i>No education</i>	<i>Primary</i>	<i>Secondary</i>
Afghanistan (2015)	26.9	88.0	48.5	74.8	80.4
Azerbaijan (2006)	74.2	100.0	-	85.9	87.9
Bangladesh (2014)	17.9	74.4	17.1	29.5	49.2
Cambodia (2014)	79.0	98.7	76.0	91.6	97.5
India (2015/16)	67.2	95.9	68.5	79.2	90.2
Indonesia (2007)	46.5	96.0	32.8	59.6	86.2
Myanmar (2015/16)	39.6	98.4	28.6	61.5	81.2
Nepal (2016)	38.5	90.3	43.6	54.1	73.4
Pakistan (2012/13)	34.0	85.8	42.2	60.4	76.4
Tajikistan (2012)	72.9	96.3	73.0	79.8	87.4
Timor-Leste (2016)	27.9	91.5	33.4	45.0	67.9

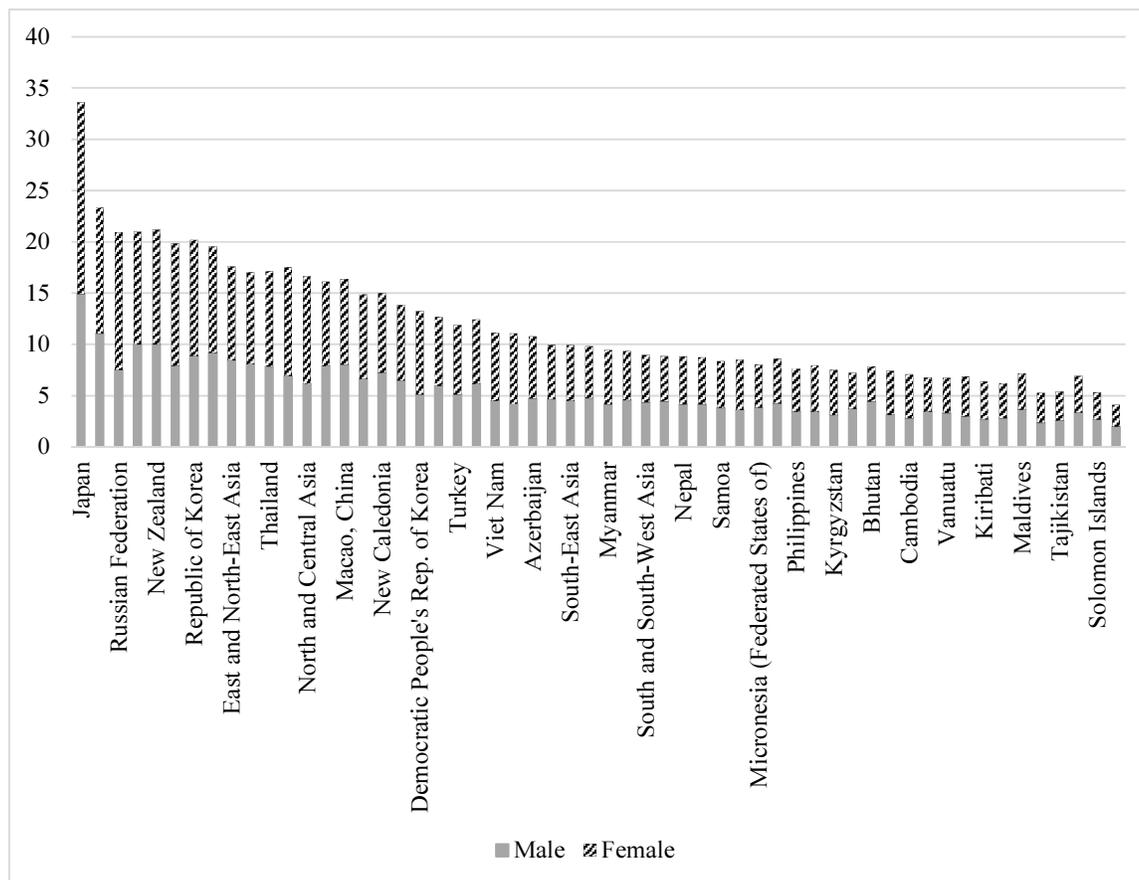
Source: Demographic and Health Survey Program STATcompiler (see table 2).

C. Population ageing: a megatrend that could raise intergenerational inequalities

25. Driven by declining fertility and rising longevity in the region, there has been a rapid shift towards an ageing population. It is a megatrend because of its inevitability, its rapid pace – especially in East Asia, and parts of South-East Asia and North Asia – and its significant potential economic and social impact. About 12 per cent of the region’s population was aged 60 or above in 2016, and this proportion is expected to double to 25 per cent, or 1.3 billion people, by 2050. The share of older persons in Armenia, Brunei Darussalam, China, Georgia, the Islamic Republic of Iran, Japan, the Republic of Korea, Singapore and Thailand will exceed 30 per cent by 2050 (figure III).²⁶

²⁶ *Addressing the Challenges of Population Ageing in Asia and the Pacific.*

Figure III
Population of older adults, by country/area and subregion, 2017
 (Percentage of total population)



Source: ESCAP calculations, based on World Population Prospects: 2017 Revision (see figure I).

26. Population ageing can lead to rising intergenerational inequality. The inadequacy of social security and planning in the face of rapid population ageing carries the risk of older persons falling into poverty. Currently, in many countries of the region, less than one third of the working-age population is covered by a pension scheme. Sometimes, benefit levels are insufficient to meet basic needs. With reduced capacity to earn incomes, limited social protection and loosening family ties, many older persons are at risk of falling into poverty. Thus, the achievement of further poverty reduction can be at stake. There are also significant inequalities among older persons themselves: older persons in rural areas are more likely to be poor than those in urban areas.

27. As age structures change in the region, many countries are faced with rising old-age dependency ratios: that is, declining working-age populations relative to older persons. Old-age dependency ratios in East Asia and the Pacific are projected to reach 46 and 29 per 100 members of the working-age population respectively by 2050. They were 15.5 and 18.5 respectively in 2015.²⁷ This means that there will be fewer working-age persons to support an increasing older population. For both men and women, the likelihood of illness,

²⁷ United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects: 2017 Revision. Available at <https://population.un.org/wpp>.

prevalence of non-communicable diseases, and disability increase with age. Countries will need to have sufficient financial resources to provide for the welfare both of the growing older population and of the rest of the population, while at the same time ensuring sustained economic growth.

28. There is a close association between poverty and old age among older women. Firstly, older women often have less or no access to pensions or social security given their lower participation rates in formal employment. Secondly, many of them have suffered a lifetime of inequalities and discrimination, especially in societies where son preference is strong. These adversities include greater nutritional deficiencies, lower access to health and education, less employment opportunity and earning power, and lack of decision-making power. These consequences of the inequalities faced in earlier stages of their life course are magnified at old age. Studies have also shown that, particularly in South Asia, widowed women in rural areas are most likely to be poor, live alone and have no family support, and can thus be classified as being among the furthest behind.

29. Emergencies such as natural and human-caused disasters disproportionately affect older persons, given their increased risks for chronic illness, mobility impairments or dementia. These inequalities of impact are generally overlooked, and older persons remain unprotected during and after disasters.

D. Migration and urbanization growing in scale and leading to rising inequalities

30. Continued international migration is another megatrend, owing to its size, complexity, scale and impact. An important driver of international migration is demographic change: that is, high population and labour force growth in countries of origin coupled with demographic change in destination countries where fast economic growth has been accompanied by labour shortages. In 2017, there were 62 million international migrants in countries of the region, compared with 7 million in 1990.²⁸ Approximately 102 million people from the region lived outside their countries of birth.²⁹ Much of this migration is South-South and intraregional. International migration is expected to grow as the Asia-Pacific economies expand and as the demographic transition further unfolds.

31. Migration often occurs as an escape from inequalities of opportunity, including decent work in home countries, or a flight from persecution, climate change, conflict or poverty. There is migration for marriage and domestic work too. Mobility does offer a chance to improve one's condition in a new setting. Many migrants, however, face other forms of inequalities such as precarious working conditions, human rights abuses and irregular employment in their countries of destination. A considerable proportion of international migration within and from the Asia-Pacific region is irregular. For example, it was estimated that there were approximately 3 million irregular migrants in the Russian Federation in 2010.³⁰ The composition of migration flows includes labour migrants, refugees and victims of human trafficking. Regardless of their

²⁸ United Nations, Department of Economic and Social Affairs, Population Division, "Trends in international migrant stock: the 2017 revision" (New York, 2017).

²⁹ *Towards Safe, Orderly and Regular Migration in the Asia-Pacific Region: Challenges and Opportunities* (United Nations publication, Sales No. E.18.II.F.3).

³⁰ Sergey V. Ryazantsev, *The Role of Labour Migration in the Development of the Economy of the Russian Federation*, Facilitating Migration Management in North and Central Asia, Working Paper, No. 1 (Bangkok, ESCAP, 2016).

status, these migrants have limited access to health-care services, including sexual and reproductive health services, and other forms of social protection. Migrants are also vulnerable to coercion, discrimination, exploitation and substandard labour conditions and benefits. Female migrants are often victimized on the grounds of both being female and being migrants. They face labour exploitation, including confinement, lack of pay and lack of rest days. Undocumented female migrants also have no access to sexual and reproductive health services. The human rights of migrant workers, including sexual and reproductive health and rights, are not recognized in many destination countries. Under the guise of public health, mandatory HIV and pregnancy testing are imposed upon female migrants by immigration authorities. Those who test positive could be imprisoned or deported.

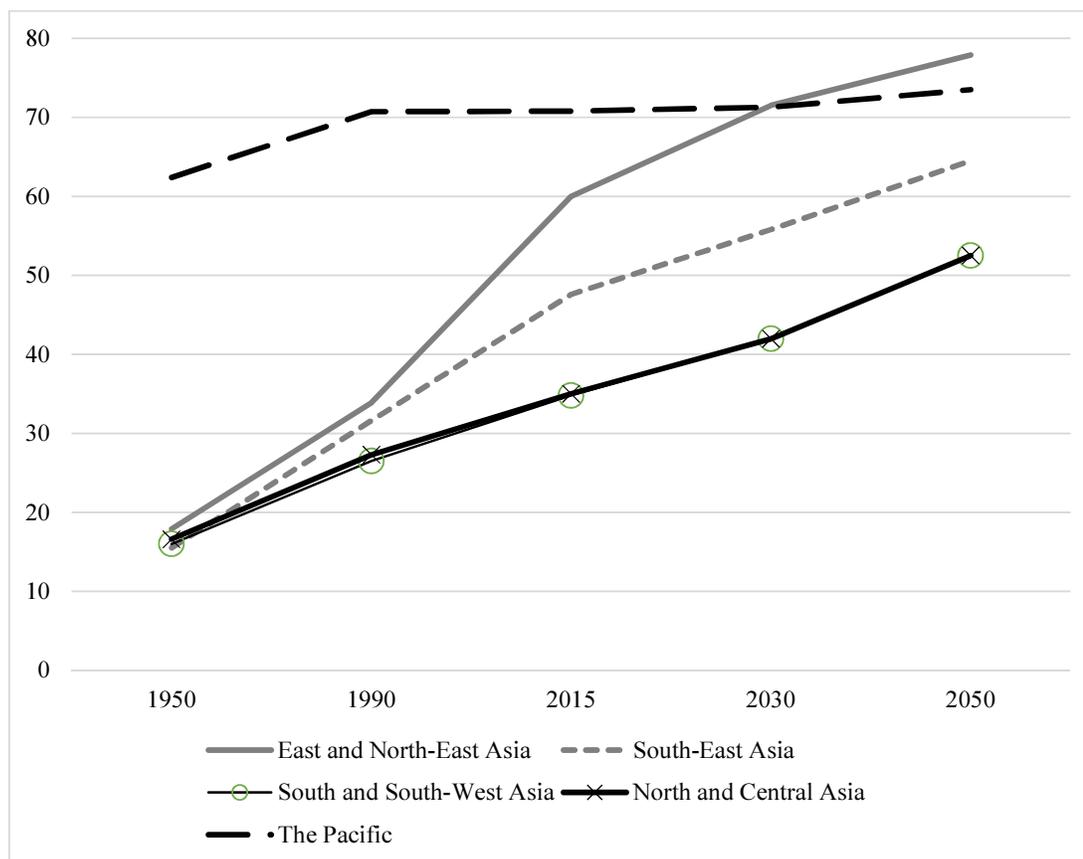
32. Migration is age-selective, with young and middle-aged people being the most mobile and more likely to migrate. This can have implications for the demographic dividend, as the country of origin has fewer productive and skilled younger workers per dependant, while countries of destination gain from increasing their ratios of workers to dependants and potentially creating or exacerbating intercountry inequalities. However, benefits such as remittances and rising wages in areas of origin can compensate for the above losses.

33. Another defining megatrend is internal migration, which has increased in volume in the past few decades. Increased internal migration has been due to fewer work opportunities in traditional agriculture and better employment opportunities in urban areas, manufacturing in urban areas and high-production agriculture. People also move internally for marriage, family reunification and education. Conflict, climate change and environmental changes also cause people to migrate internally. In addition to permanent migration, circular migration is emerging as the dominant pattern for poorer population groups, who keep a base in their villages of origin. The research also indicates that these migrants are generally younger and more educated and do not represent a homogeneous group. Often, they include ethnic minorities, persons with disabilities, children, older persons, vulnerable women, people with diverse sexual orientation, and others, and thus their special needs, concerns and reasons for migration may differ.

34. There has been unprecedented urbanization as a result of a combination of natural population increase, rural-urban migration and reclassification. The share of the urban population in all subregions is growing (figure IV). By 2050, two out of three people are expected to live in urban areas, with about 10 per cent of the urban population living in megacities, and the rest living in medium-sized and small cities.³¹

³¹ ESCAP and United Nations Human Settlements Programme (UN-Habitat), *The State of Asian and Pacific Cities 2015: Urban Transformations – Shifting from Quantity to Quality* (Bangkok and Nairobi, 2015).

Figure IV
**Population living in urban areas in Asia and the Pacific, by subregion,
 1950–2050**
 (Percentage)



Source: ESCAP Statistical Online Database. Available at http://data.unescap.org/escap_stat (accessed on 4 September 2018).

35. Cities in Asia and the Pacific have become vibrant hubs of economic growth and wage employment. Urban dwellers enjoy, on average, better schooling opportunities, health-care options and other urban services than rural residents. The region has witnessed a growing urban middle class on the back of rising economic opportunities in urban centres. However, cities mask vulnerabilities and inequalities such as high levels of pollution and vulnerability to disasters and the possible impact of climate change, as well as exclusion. Income and wealth in urban areas are more unequal than in rural areas. This urban divide is often an unfortunate result of poor urban planning and management. When urbanization is not well managed, urban slums and informal settlements, poverty and inequality become features of the urban landscape. Approximately half of all urban dwellers in South Asia live in slums.³² In large countries such as Bangladesh, China, India, Indonesia, Pakistan, the Philippines, Thailand and Viet Nam, 30 to 60 per cent of the urban population lives in slums.

36. People in slums face such challenges as poor health conditions, lack of sanitation and risk of exposure to pollution, including high carbon emissions.

³² David E. Bloom and Tarun Khanna, “The urban revolution”, *Finance and Development*, vol. 44, No. 3 (September 2007).

Approximately 10 per cent of the urban population experiences multidimensional poverty.³³

37. Urban fertility rates are declining, with rates often lower than the national average rates. For example, the national total fertility rate in Japan is 1.39 live births per woman while the rate in Tokyo is 1.0 live birth per woman; for the Republic of Korea, the total fertility rate is 1.29 live births per woman, while in Seoul it stands at 1.01 live births per woman.³⁴ With rising ageing of the population in urban areas, there is growing concern that older persons living there may become socially excluded. Issues of access to housing, transportation, employment and health services represent key areas of concern.

38. On the positive side, rural-urban migration has resulted in the influx of younger members of the working-age population to cities, thus boosting the size and share of the working-age population. When overall dependency ratios fall, there is an opportunity for a demographic dividend to be realized. The loss of the younger population to urban areas can result in an acceleration of ageing in rural areas.

E. Gender inequalities in Asia and the Pacific

39. Gender inequalities are persistent in Asia and the Pacific. In particular in the Pacific, women and girls face fewer opportunities for development. Gender inequalities also intersect and overlap with age, ethnicity, wealth status, and residence, inter alia. Many of these inequalities have been discussed earlier, such as the differential access to maternal health services by less educated, rural and poorer women (table 3). While certain Asia-Pacific countries have reduced gender inequalities, progress varies greatly. For instance, as of 2015, there was almost complete gender parity in secondary education in Kazakhstan, whereas in Afghanistan only 56 girls for every 100 boys attended secondary school.³⁵ The gender wage gap also shows great variation. In countries such as Georgia and Nepal, women's earnings are up to 40 per cent less than their male counterparts', but the reverse is true in the Philippines and Turkey.³⁶

40. Great strides have been made in girls' education in almost all countries, however. Yet in many countries, girls cannot complete their schooling because of early marriage, poverty, gender norms or other sociocultural reasons. Their participation is low in the fields of science, mathematics and applied sciences, thus narrowing the scope of job opportunities for them. There remain wide differences between the male and the female population aged 25 and above with at least some secondary education, as shown in table 4. The differentials are especially sharp in Afghanistan, Cambodia and Pakistan. In the labour market, women dominate irregular or vulnerable employment and bear the brunt of unpaid care work as well, balancing work and family responsibilities. Women often are paid less than men for the same job, because of the gender pay gap as well as the intermittent interruptions at work given childbearing, childcare and other family responsibilities. Pregnancy and child-rearing can mean exclusion from the labour force or lower earnings. Table 4 also shows the variation in

³³ ESCAP, Asian Development Bank and United Nations Development Programme (UNDP), *Eradicating Poverty and Promoting Prosperity in a Changing Asia-Pacific* (Bangkok, ESCAP, 2017).

³⁴ ESCAP and UN-Habitat, *The State of Asian and Pacific Cities 2015*.

³⁵ ESCAP Statistical Online Database (based on data from the United Nations Educational, Scientific and Cultural Organization). Available from: http://data.unescap.org/escap_stat (accessed on 4 September 2018).

³⁶ See ESCAP/CSD/2018/2.

maternal mortality ratios among selected countries. Effective and equitable access to basic services such as education and health as well as opportunities such as decent jobs for men and women are essential for human development and equality. Education and health in particular determine economic opportunity and future well-being.

41. Female labour-force participation rates in the region have fallen from 67 per cent in 1990 to 61 per cent in 2017. The decline in female labour-force participation rates in South Asia, and particularly in India, is of concern. Among the reasons offered for this declining trend include higher levels of household income, increased school attendance of girls, the structural shift away from agricultural employment, and the unpaid, non-economic work burden of women which is usually undercounted in official work statistics. Lower earnings and irregular work lead to lower pensions at retirement or no pensions at all, leaving older women, who tend to live longer, more vulnerable to poverty.

42. Son preference in certain countries in East and South Asia manifests itself in adverse sex ratios at birth. It is a violation of the human rights of girls resulting in a surplus of males. Other forms of physical and sexual violence against girls and women, which is prevalent across all socioeconomic groups, also represent gender inequality as they deter women from achieving their full potential by denying them opportunities and life chances that should be available to all.

Table 4

Gender inequality in education and health, selected Asia-Pacific countries

	<i>Population with at least some secondary education, 2005–2014 (percentage of population aged 25 and above)</i>		<i>Maternal mortality ratio, 2013 (deaths per 100,000 live births)</i>
	Female	Male	
Australia	94.3	94.6	6
Republic of Korea	77.0	89.1	27
Malaysia	65.1	71.3	29
Iran (Islamic Republic of)	62.2	67.6	23
Sri Lanka	72.7	76.4	29
China	58.7	71.9	32
Fiji	64.2	64.5	59
Mongolia	85.3	84.1	68
Thailand	35.7	40.8	26
Samoa	64.3	60.0	58
Indonesia	39.9	49.2	190
Philippines	65.9	63.7	120
India	27.0	56.8	190
Bangladesh	34.1	41.3	170
Cambodia	9.9	22.9	170
Pakistan	19.3	48.1	170
Myanmar	22.9	15.3	200
Papua New Guinea	7.6	14.1	220
Afghanistan	5.9	29.8	400

Source: UNDP, Asia-Pacific Human Development Report: Shaping the Future – How Changing Demographics Can Power Human Development (New York, 2016).

IV. Conclusions

43. The 2030 Agenda, with its Sustainable Development Goals and pursuit of inclusive sustainable growth, carries a commitment to leave no one behind. Population dynamics alone do not cause inequality, but rather reflect and interact with existing inequalities. Ensuring that all members of society can enjoy the benefits of sustainable development will require Governments to consider demographic factors in planning and policy formulation for the achievement of the 2030 Agenda.

44. To ensure that action is based on evidence, it is essential for all countries to understand current and future population trends and ensure that population and development concerns are integrated well into national development plans and programmes, including sectoral road maps. This can support holistic policy development, including ensuring equality of opportunities for all based on accurate development planning for health and education.

45. While fertility is declining, access by women to sexual and reproductive health and rights is uneven. Sharp disparities continue to exist between countries and within countries by income and education levels, age and residence. These inequalities, if unaddressed, will slow the pace of the fertility transition, especially in low-income and high-fertility countries. Several communities face discrimination and lack of access to their rights and services. Investing in sexual and reproductive health and rights saves lives, advances gender equality, improves health and well-being, increases productivity and household income and contributes to broader development goals.

46. Investment in the education and skills development of young people is critical to ensuring the realization of the demographic dividend, including reducing inequalities and boosting economic growth. Furthermore, by providing universal access to health services, including family planning, providing employment opportunities for young people, and providing opportunities for saving for retirement, Governments can ensure healthy and successful transitions to adulthood which benefit individuals and societies as a whole.

47. Providing for decent work and protecting the rights of all workers will enable the growth of a productive workforce that is able to adapt to ongoing trends, such as the fourth industrial revolution. Similarly, the benefits of international migration are shared by all – countries of origin, countries of destination and the migrants themselves – when the human rights of all migrants, regardless of status, are protected. Clear, non-discriminatory migration and labour laws and policies therefore need to be formulated that consider international human rights obligations (including the principle of non-refoulement and the non-criminalization of irregular migration), national human resource requirements and international agreements on human mobility, in consultation with migrants and communities in countries of origin, transit and destination to ensure that they meet their objectives of maintaining competitiveness, protecting national and migrant workers and supporting sustainable development. The sexual and reproductive health and rights of women migrants must be ensured at all stages of the migration process through, inter alia, the provision of comprehensive sexual and reproductive health services, including HIV prevention and treatment, and education.

48. Likewise, increased urbanization is inevitable. With smart policy interventions and regulations, it can promote development through economies of agglomeration and specialization, efficient service delivery and greater productivity of labour. If city governments, however, are unable to manage and plan city growth, slum populations can emerge with the attendant inequalities of access.

49. In order to reap the benefits of urbanization, while minimizing the environmental and other adverse impacts of urban growth, strategies have to be in place that plan for future urban growth. Urban growth needs to be inclusive to address urban poverty and other inequalities. Urban governments must ensure that urban areas provide universal access to education and health services, including sexual and reproductive health services. The generation of decent employment is critical, especially to provide sustainable livelihoods and ensure social inclusion in urban areas.

50. Ageing is a major achievement of humanity and all of society can benefit from the skills and experience of older persons. Action to support population ageing should appreciate the diversity of experiences of ageing and ensuring that action is context-specific and rights-based. Governments can help ensure that social protection or safety-net architecture that incorporates a pension or social pension is in place to help provide an income for older persons, especially older women. Continued labour-force participation, especially by those who can work and contribute their knowledge, can be encouraged. The provision of services and welfare benefits based on need will help to augment older persons' income, helping avoid old-age poverty and empower older persons to contribute to their communities.

51. Inequalities in opportunity constrain progress towards achieving the 2030 Agenda. Factors that inhibit equality of opportunity should therefore be addressed to ensure that all benefit from sustainable development. In this respect, gender equality needs to be realized, as it intersects with other inequalities. Growth that is more inclusive is also more sustainable, so labour-market policies that allow women to better balance work and family responsibilities should be promoted for increased female labour-force participation. This will also help parents make choices on the number of children that they want and the timing of births, especially in low-fertility countries.

52. Population and health policies that fully integrate sexual and reproductive health and rights and ensure that all have equal access bring benefits for society as a whole. Comprehensive sexuality education should be part of in-school or out-of-school curricula to help adolescents and young people develop essential life skills. A pro-bottom-quintile approach to the provision of services, including greater access to reproductive health and family planning services, should be a priority in those countries with inequitable access, in order to reach the furthest behind first. Universal health coverage should ideally include family planning, preventive sexual and reproductive health services, HIV counselling and screening, and commodities, and should be inclusive of marginalized population groups.

53. The 2030 Agenda puts people at the heart of sustainable development to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment. Highlighting and addressing the above interlinkages between population dynamics and inequalities will be essential in ensuring the success of this commitment.