

DEVELOPMENT CO-OPERATION DIRECTORATE

How fragile contexts affect the well-being and potential of women and girls

The addition of the human dimension to the OECD multidimensional fragility framework, casts new light on the determining role that health, education and other human factors have on women and girls' experiences in fragile contexts.

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How fragile contexts affect the well-being and potential of women and girls

In its *States of Fragility 2022* report, the OECD aims to add a sixth dimension to its multidimensional fragility framework – the human dimension – to measure factors affecting the realisation of people’s well-being and potential. This innovation casts new light on the determining role that health, education and other human factors have on women and girls’ experiences in fragile contexts.

Key Messages

- Adding the human dimension to the OECD multidimensional fragility framework casts new light on the determining role that health, education and other factors have on women and girls' experiences in fragile contexts.
- Compared other developing countries, women and girls in fragile contexts
 - are more exposed to distinct health risks, such as maternal mortality, female genital mutilation and early pregnancies;
 - tend to have lower educational outcomes --out of discrimination but also as a consequence of higher health risks-- with significant impact on the health, cognitive and socio-behavioural development of their children;
 - experience higher levels of gender discrimination, lower access to social protection, worse working conditions and lower pay, which further impedes translating their human capital into empowerment.
- The frequency of crises and conflicts in fragile contexts further exposes women and girls to forced / child marriage, unpaid economic participation, and sexual and gender-based violence.
- Fragility holds back women's economic empowerment, and better human capital outcomes for the current and the next generation.

Introduction

The OECD intends to add a human dimension to its OECD Fragility Framework (Box 1), acknowledging that health and education serve as the building blocks of development, by empowering people to build better lives (Forichon, 2020^[1]). The human dimension measures the risks affecting human capital and human development, particularly those that stem from low levels of health and education and high levels of socio-economic vulnerabilities and inequalities; and the presence of social services and public infrastructure to counteract such risks. At its foundation, human fragility affects the well-being, lives and livelihoods of individual people, in turn affecting households, communities and societies. The sixth dimension would provide an additional layer of analysis of fragility by comparing human development indicators across countries and over time and their effect on country's overall fragility (OECD, 2022^[2]).

This perspective focuses on the human capital aspect of the human dimension of fragility, to reflect the material benefits that higher human capital can bring to individuals and contexts (Forichon, 2020^[1]). Human capital is defined as “the knowledge, skills, and health that people accumulate throughout their lives, enabling them to realise their potential as productive members of society” (World Bank, n.d.^[3]), a key indicator of the country and its citizens' current and future potential.

Gender-related characteristics of human capital are crucial to understanding women's experiences of fragility, and conversely, to analysing what impact fragility has on human capital outcomes and human capital utilisation for women. Exploring human capital aspects of fragility from a gender perspective tells us more about the significant roles that sex (biological attributes) and gender (female and male socially constructed roles, behaviours and identities) play in accounting for human capital outcomes. It also helps explain how they translate into an ability, or an inability, to build sustainable livelihoods in fragile settings. Gender roles and inequalities affect both how and to what extent men's and women's human capital is used. Women and girls face specific barriers in converting their human capital into economic empowerment in fragile contexts. Consequently, gender equality is held back, economic growth is delayed and

opportunities for better human capital outcomes are reduced for the current and the next generation. Gender and fragility are thus inextricably linked (Loudon, Goemans and Koester, 2021^[4]). Investing in women's and girls' human capital should be seen as investing in coping capacities on a societal level, which helps to achieve sustainable development.

While the OECD Fragility Framework addresses gender-related issues in all the different dimensions of fragility, this perspective aims to demonstrate the application of the human dimension for assessing the relationship between women's human capital and fragility. The human dimension makes it possible to measure the risks affecting women's human capital, insufficient coping capacities to counteract such risks, and the consequences they have for the current and the next generation.

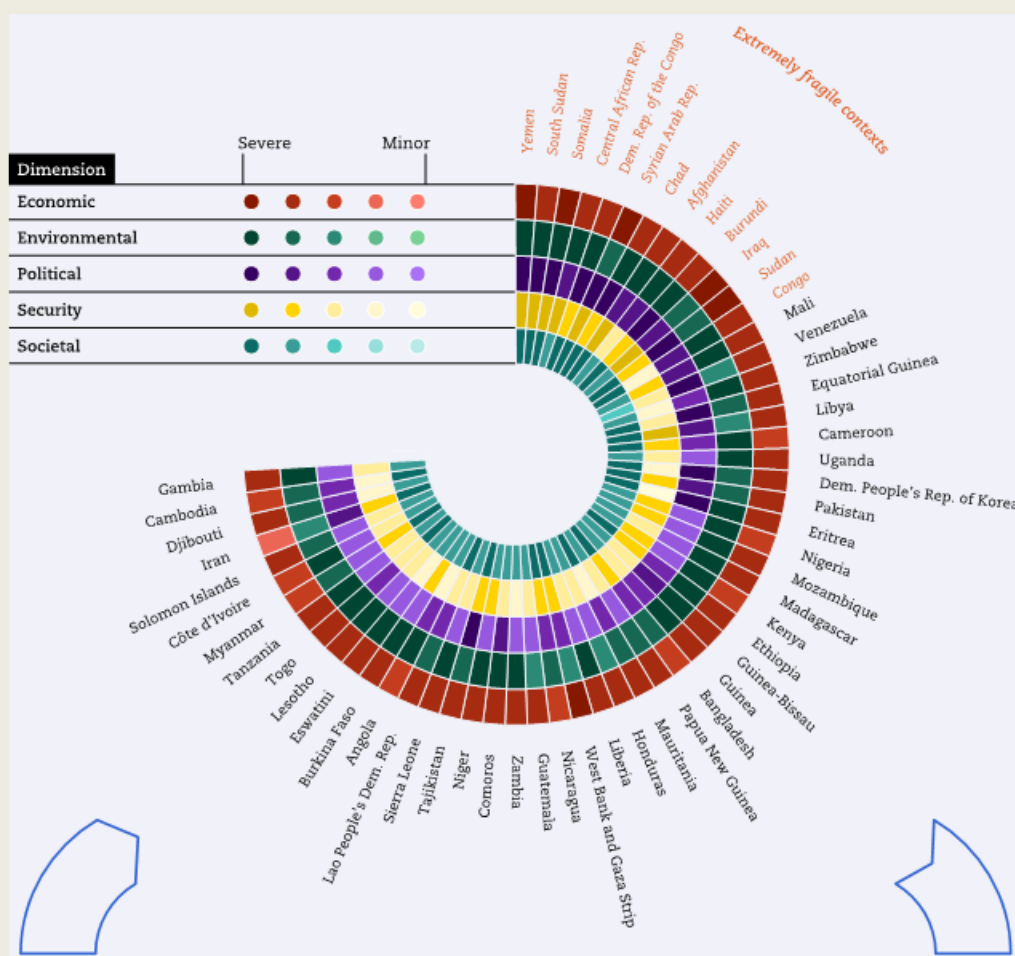
Box 1. What is fragility?

The OECD characterises fragility as the combination of exposure to risk and insufficient coping capacity of the state, systems and/or communities to manage, absorb or mitigate those risks. Fragility can lead to negative outcomes, including violence, poverty, inequality, displacement, and environmental and political degradation.

Presently, fragility is measured on a spectrum of intensity and expressed in different ways across economic, environmental, political, security and societal dimensions, with a sixth dimension (human) to be added in the forthcoming States of Fragility 2022. Each dimension is represented by 8 to 12 indicators – 44 in total across all 5 dimensions – that measure risks and coping capacities for fragility.

The 2020 edition of the fragility framework covers 57 countries and territories (hereafter referred to as “contexts”) of which 13 are extremely fragile and 44 are fragile contexts. The framework captures the diversity of contexts affected by fragility and the dimensions of fragility in each context where indicators point to encouraging or worrying performance. Additional information on each dimension and what it measures, as well as the methodology for States of Fragility, is available on the States of Fragility platform, launched in October 2019 and containing the most up-to-date data and evidence on the states of fragility in fragile contexts. The results of the 2022 edition of the fragility framework, including the human dimension, will be presented in States of Fragility 2022 (OECD, Forthcoming^[5]).

Figure 1. Fragile contexts in the 2020 edition of the fragility framework



Source: OECD (2020^[6]), <https://doi.org/10.1787/ba7c22e7-en>.

Women and girls' health outcomes in fragile contexts

Women are disproportionately exposed to a number of gender-specific health risks in fragile contexts

While common indicators of health human capital outcomes are generally higher for women than men globally (Box 2), fragility influences how these results shape women and girls' experiences in fragile contexts. Adult survival rates are significantly higher for women than men globally. However, the gap between survival rates of women and men is on average significantly smaller in fragile contexts, especially in extremely fragile contexts, than it is in other developing settings. The gap between men and women in fragile contexts becomes even narrower when healthy life expectancy is considered, that is, the number of years that a person is expected to live in good health (World Health Organization, 2003^[7]). Maternal conditions contribute more to differences in life expectancy at birth between men and women than any other cause (World Health Organization, 2019^[8]). Maternal risks are much higher in fragile contexts, and in extremely fragile contexts, than in other developing countries. Approximately 220 000 women die due

to pregnancy in fragile contexts per year. This means that three-quarters (75%) of all maternal deaths worldwide occur in fragile contexts (World Bank, 2019^[9]).

Girls are more exposed to female genital mutilation (FGM) in fragile contexts than in other developing contexts. The practice is concentrated in these settings, especially in its most severe forms. Close to 90% of countries where FGM is common are fragile. About 98% of Somali girls are estimated to have undergone some form of FGM (UNICEF, 2020^[10]). FGM has a wide range of serious effects on the long-term and short-term health of affected women and girls. Generally performed in unhygienic conditions by informal health practitioners, the after-effects of infections and scarring present further health risks for girls (Save the Children, 2021^[11]). In addition, FGM is associated with a large number of childbirth complications and higher perinatal mortality rates, posing significant risks for both mothers and children.

Fertility rates in fragile contexts are high. Lower child survival rates, frequent cultural preferences for larger families, limited knowledge about and access to fertility planning in fragile contexts contribute to this trend (Bakilana and Hasan, 2016^[12]). Fertility rates in extremely fragile settings (4.5 births per woman) and other fragile settings (3.9) are considerably higher on average than in other developing settings (2.5) (World Bank, 2019^[13]). Differences in adolescent fertility are even starker between fragile and other developing contexts than fertility rates in general, partly due to child marriages. On average, the number of births per 1 000 women aged 15-19 is almost twice as high in extremely fragile (83) and other fragile contexts (86) than in other developing countries (43) (World Bank, 2019^[13]). Early pregnancies and high fertility rates cause higher health risks for mothers and their children and increase the chances of maternal mortality. Adolescent girls (of ages 10 to 19) face even greater risks of eclampsia, systemic infections and complications during childbirth than women aged 20 to 24 (Pan American Health Organization, UNFPA, UNICEF, 2017^[14]).

Box 2. The Human Capital Index and gender differences

The Human Capital Index (HCI) is a World Bank measure that quantifies how health and education contribute to the productivity of the future generation of workers (World Bank, 2020^[15]). It emphasises the economic benefits of higher health and educational human capital outcomes. The sex-disaggregated HCI in fragile contexts provides a measure of differences between girls' and boys' future economic potential and offers an entry point for analysing consequences of gender dynamics in human capital for human fragility and fragility overall.

Women and girls generally perform better than men and boys on the HCI, including in fragile contexts. However, the gap between women's and men's human capital is not as wide in fragile and extremely fragile contexts, pointing to specific barriers that women in fragile contexts experience in developing their human capital. Women's better performance on/according to the HCI is affected by biological differences, as well as distinct societal roles and expectations for women and men. These include:

- Male infants are more likely to die shortly before, during or after birth and to have congenital malformations (Costa, da Silva and Victora, 2017^[16]). Boys are generally more likely to die before the age of 5, because they tend to be born with less mature lungs (Waldron, 1998^[17]). Girls also have a higher resistance to infectious diseases than boys. Boys are generally more likely to be malnourished than girls, which is evident, for example, in higher rates of stunting in most countries, partly due to biological differences in susceptibility to disease and energy needs (World Health Organization, 2019^[8]).
- Women also live longer than men globally. The cause of death that most contributes to a lower life expectancy for men than women is ischaemic heart disease, to which women are thought to be biologically less vulnerable, due to higher levels of oestrogen. Similarly, immunological

factors may be part of the reason why tuberculosis reduces male life expectancy more than female life expectancy globally (World Health Organization, 2019^[8]).

- Men and women tend to have different occupations. This may contribute to the higher risk of death of road injuries among men, the second most significant cause of death in reducing life expectancy for men as compared to women.
- Gender norms contribute to considerably higher rates of smoking among men globally, increasing risks of certain cancers, which are the third-largest contributing factor to gender differences in life expectancy.

The combination of sex and gender in shaping HCI outcomes mean that male and female differences cannot be read as indicating gender discrimination and require careful contextual analysis.

This points to a lack of coping capacities for mitigating gender-specific health risks that women and girls experience in fragile contexts, in comparison to other developing settings. Access to health infrastructure, socio-economic vulnerability and government effectiveness are insufficient to protect women and girls from the distinct risks they face in fragile contexts. Simultaneously, fragility exacerbates those health risks, offering further evidence that gender inequality shapes women's experiences in fragile contexts.

Gender-specific health-related risks are connected to discriminatory social norms and have significant consequences for girls' education

Girls in fragile contexts are disproportionately pressured into child marriage, that is, a formal or informal union between a child under the age of 18 and another child or an adult (UNICEF, 2021^[18]). All countries where more than 50% of girls are married by 18 are fragile; 76% of girls in Niger, 61% in Chad and 61% in the Central African Republic are married by the age of 18 (UNICEF, 2021^[18]). Child marriage has an impact on girls' educational outcomes. Demand for girls' involvement in household work, and the perception of a woman's primary role as a wife and mother and in taking care of the house, can lead to dropouts from the educational system. In Uganda, 25% of secondary school dropouts among girls are due to early marriage, and 59% due to pregnancy (Watson, Bantebya and Muhanguzi, 2018^[19]). Fragile contexts such as Sierra Leone and Equatorial Guinea have legal measures that allow for expelling pregnant students from schools. Tanzania has only lifted the ban on pregnant schoolgirls and adolescent mothers in November 2021 (Center for Reproductive Rights, 2021^[20]). In Tanzania between 2003 and 2011, over 55,000 adolescent girls either dropped out or were expelled from primary or secondary schools due to pregnancy (Center for Reproductive Rights, 2020^[21]). Child marriage also has significant consequences on girls' health. They are more exposed to sexually transmitted diseases, such as HIV infections, and to sexual and gender-based violence. Girls in fragile contexts are less often in a position to negotiate sexual relations, and have less knowledge and limited access to family planning (UNFPA, 2006^[22]).

The FGM procedures may prevent girls from attending schools for prolonged periods. Of girls who undergo FGM, 70% attend school irregularly, because most of them spend time in seclusion before the procedure and during the recovery time (Njogu, 2015^[23]). A case study conducted in public primary schools in Wamba, Kenya, showed that 40.6% of girls are absent from school for one month after the FGM procedure is conducted, in order to heal (Njogu, 2015^[23]). Girls can also suffer medical complications and psychological trauma, feelings of incompetence, fear and inferiority affecting girls' educational performance, such as memory dysfunctions (World Health Organization, 2022^[24]) (Behrendt and Moritz, 2005^[25]) (Katsounari, 2015^[26]). FGM is often seen as a transition into womanhood, leading to early marriages and possible consequent dropout from school (Pesambili and Mkumbo, 2018^[27]).

Poverty and conflict exacerbate gender discrimination against women and girls

Poverty further intensifies child marriage rates, as they are often perceived as a way to manage hardship. In Bangladesh, Chad, Mozambique and Madagascar, girls from the poorest 20% of households were twice as likely to be married before age 18 than in the richest 20% (UNFPA, n.d.^[28]). In Madagascar, early marriage is often seen as a survival strategy for young girls, as it is believed to break the cycle of poverty (UNICEF, 2021^[29]). High levels of poverty may also multiply the effects of gender bias in access to education. When resource constraints force households to make choices about which children to send to school, poor families favour boys when investing in education (UNICEF, 2021^[30]). As a result, girls leave school more often and more quickly, which decreases their educational chances. During crises, school closures often increase girls' vulnerability to marriage or sexual and gender-based violence, since school can provide a protective environment for girls. During the Ebola crisis in Sierra Leone, school closures contributed to higher rates of adolescent pregnancies, since transactional sex and early marriage were seen as crisis mitigation. In some of those communities, adolescent pregnancy increased by up to 65% (UNESCO, 2020^[31]). Moreover, poverty influences high rates of maternal mortality, while mothers' deaths can perpetuate the cycles of poverty. Maternal mortality can cause a series of shocks to the economic conditions in a household (Kes et al., 2015^[32]). Women take on multiple economic roles (including unpaid care work), which has an important impact on the economic situation of the household. The loss of economic contribution caused by maternal deaths can push those in already vulnerable settings into poverty.

Girls in conflict settings are at higher risk of child and forced marriage (UNHCR, n.d.^[33]). They are more often abducted, raped or sold by militants, as seen in the cases of al-Shabaab in Somalia, the Taliban in Pakistan and Afghanistan, Boko Haram in Nigeria or the Islamic State in Iraq and Syria. They are also at risk of being married off by their families as soon as possible, to make them less vulnerable to sexual and gender-based violence from militants, forced prostitution and slavery (Buchanan, 2019^[34]). In the Nakivale refugee settlement in Uganda, decisions on girls' marriages were shaped by previous experiences of sexual violence from the conflict in the Democratic Republic of the Congo. Girls were married off quickly to accommodate children born out of rape, often to the perpetrator (Women's Refugee Commission, 2016^[35]).

Women and girls in fragile contexts face distinct challenges in accessing health care

Lack of access to professional health care before, during and after childbirth is a major risk factor for maternal deaths (and other health-related complications). The percentage of births attended by skilled health care personnel is especially low in many fragile contexts (where data is available) compared to the trend in other developing settings. Most recent estimates suggest an average of 58% for extremely fragile contexts and 69% for other fragile settings, compared to 93% in other developing countries. In South Sudan, only 1 in 5 births is attended by a skilled health care worker (DeVries, 2017^[36]). In Chad, only 22% of women delivered at a health facility (INSEED, 2016^[37]). Professional healthcare for FGM-related complications is also limited. Women tend to first seek the assistance of traditional healers because of its affordability and physical accessibility, which can lead to further worsening of health conditions and inadequate treatments (Kimani et al., 2020^[38]). Lack of skilled health professionals is a reflection of gaps in education in fragile contexts, while high costs of health care point to the lack of social protection benefits for the population. Moreover, inaccessibility of health facilities due to remoteness and lack of coverage of essential services is an indication of the insufficient coping capacities in fragile contexts.

The available data suggests that women have particular difficulty participating in decisions at the household level in many fragile settings, increasing the risk of human fragility. Women and girls are in a distinct position of vulnerability and exposure to a wide range of health risks, because many of them are not able to make decisions about their own healthcare. On average, only about half of all women in fragile

contexts (where data is available) reported participating in decisions about their own healthcare, with husbands tending to make decisions alone about the healthcare for their wives (World Bank, n.d.^[39]).¹ In Chad, as many as 74% of all women reported that husbands made these decisions alone. Half of all women in Afghanistan, 45% in the Congo and 41.9% in Somalia reported having to get permission as a major problem in accessing treatment, compared to approximately one-third in the Democratic Republic of the Congo (32.6%) and Yemen (36.6%) (World Bank, n.d.^[40]). Discrimination within the family is particularly pronounced in the region of Africa, limiting women's decision-making power and obstructing gender equality on the continent (Box 3).

Box 3. Perspectives on gender inequality in Africa: Insights from the latest SIGI 2021 Africa report

The OECD's Social Institutions and Gender Index (SIGI) that measures discrimination against women in social institutions confirms that women in Africa face the highest levels of gender discrimination in the world. The SIGI Regional Report for Africa shows that while there are variations across the continent, African countries display high levels of discrimination in intra-household dynamics, caregiving roles, the working environment, and pervasive and harmful practices (inducing domestic violence and FGM).

The most challenging element of gender inequality in Africa remains to be discrimination within the family. The deeply-rooted unequal power dynamics within the household are reflected in legal frameworks of many African countries, where child marriage is legal and customary and informal laws limit women's right to divorce and access to inheritance rights. The high prevalence of violence against women showcases the restricted physical integrity of African women. Comprehensive framework that protects women from all forms of violence, including at home, at work, in public and educational spaces is not available in any country in Africa.

Given the structural nature of the discriminatory practices that continue to constrain women's empowerment, it is important for donors to continue addressing gender inequalities in formal and informal social institutions in Africa. In particular, the legal measures present in many African countries, including in fragile contexts, highlight the need to improve legal protection for women and girls, remove discriminatory social practices and ensure the effective enforcement of these laws. The SIGI 2021 Regional Report for Africa highlights the importance to focus on laws related to child marriage. Inheritance, violence against women, FGM, workplace rights and citizenship rights.

Source: OECD (2021^[41]), <https://doi.org/10.1787/a6d95d90-en>.

Maternal deaths affect the physical and mental health of family members to a great extent. Children are significantly more likely to die if their mothers have passed away (Atrash, 2011^[42]). Mothers in fragile contexts are at increased risk of maternal stunting and are more likely to have stunted children, as 20% of stunting is found to originate *in utero* (van der Knaap, 2018^[43]). Moreover, domestic violence significantly affects the mental and physical health of children, and thus their human capital outcomes. Domestic violence can result in emotional traumas, creating barriers to learning and disruptive behaviour in schools (Lloyd, 2018^[44]). Domestic violence that does not stop during pregnancy poses significant health risks for unborn children (Cook and Bewley, 2008^[45]). Violence against women perpetuates itself through generations: a major risk factor for becoming a perpetrator and a victim of domestic and sexual violence is having witnessed family violence.

¹ This survey has results for 28 fragile contexts and 6 extremely fragile contexts.

Women and girls in fragile contexts are exposed to greater risk of sexual and gender-based violence

While there is a great variety across countries, on average 34% of ever-married/partnered women in fragile contexts and 39% in extremely fragile contexts reported having suffered intimate partner physical and/or sexual violence, compared to an average of 26% in other developing contexts (where data is available) (Loudon, Goemans and Koester, 2021^[4]).² Domestic violence perpetrated by partners (husbands, boyfriends) tends to be by far the most common form of physical and sexual violence against women. In the Democratic Republic of the Congo, a country highly affected by public violence and conflict-related sexual violence, more than one in two women (52%) reported having experienced physical violence since age 15, while almost a third of women (27%) reported having experienced sexual violence. Of those incidents, 36.8% were perpetrated by their partners (ICF International, 2014^[46]; UNFPA, n.d.^[47]). Given that violence often goes unreported, especially in fragile contexts, the incidence of violence is probably higher (Loudon, Goemans and Koester, 2021^[4]).

The norms of high acceptability of violence together with the limited power to negotiate sexual relations and inequitable gender dynamics in relationships create a permissive environment for sexual and gender-based violence (Bhattacharjee et al., 2020^[48]). Social Institutions and Gender Index (SIGI) indicators suggest that the social acceptability of domestic violence is higher on average in fragile settings than in other environments. These attitudes are accompanied by higher prevalence estimates. In extremely fragile contexts, on average almost two-thirds (65.5%) of women aged 15 to 49 reportedly consider a husband to be justified in hitting or beating his wife for at least one of several specific reasons, including if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations (where data is available). In other fragile contexts, on average, 43.5% of women of ages 15 to 49 considered such violence to be acceptable in dedicated surveys, compared to an average of 23.3% in other developing contexts (OECD, n.d.^[49]; Loudon, Goemans and Koester, 2021^[4]).

Many forms of violence against women and girls increase during conflicts

While gender norms are the root cause of sexual and gender-based violence, this violence often increases further as conflict, economic crisis, natural disasters, pandemics and other challenges put societies under stress, compounding the risks women face. Sexual and gender-based violence can be used as a political instrument in conflicts, further compounding the effects of fragility and presenting risks for human and societal dimensions of fragility. Torture, rape, forced prostitution or forced marriage have been strategies used in countries such as Somalia, Afghanistan or Uganda to humiliate the enemy, weaken families and break down the social fabric of societies (Myers, 2013^[50]). Abductions of girls and women by Boko Haram in Nigeria, notably the 2014 Chibok kidnapping of schoolgirls, became a new model for advancing the group's cause and getting international attention (Collins, 2020^[51]). Since 2020, Ethiopian soldiers, police and militias used rape and sexual violence on Tigrayan women to impose lasting physical and psychological damage. Between February and April 2021, 1 288 cases of gender-based violence were reported by Tigrayan health facilities. Many survivors did not seek professional help, suggesting that the extent of this type of violence was in fact much higher (Chakamba, 2021^[52]). Other forms of crises have also exacerbated gender-based violence, increasing the risks of violence against women in situations where coping capacities are already compromised. In Kenya, calls for help against domestic violence increased by 34% in the first three weeks of the curfew imposed due to the COVID-19 pandemic in 2020 (Chuku, Mukasa and Yenice, 2020^[53]). During the post cyclone Idai period in Mozambique in 2019, cases of sexual exploitation and abuse by people in positions of power when assigning relief items have been reported (Gender-Based Violence AoR, 2019^[54]).

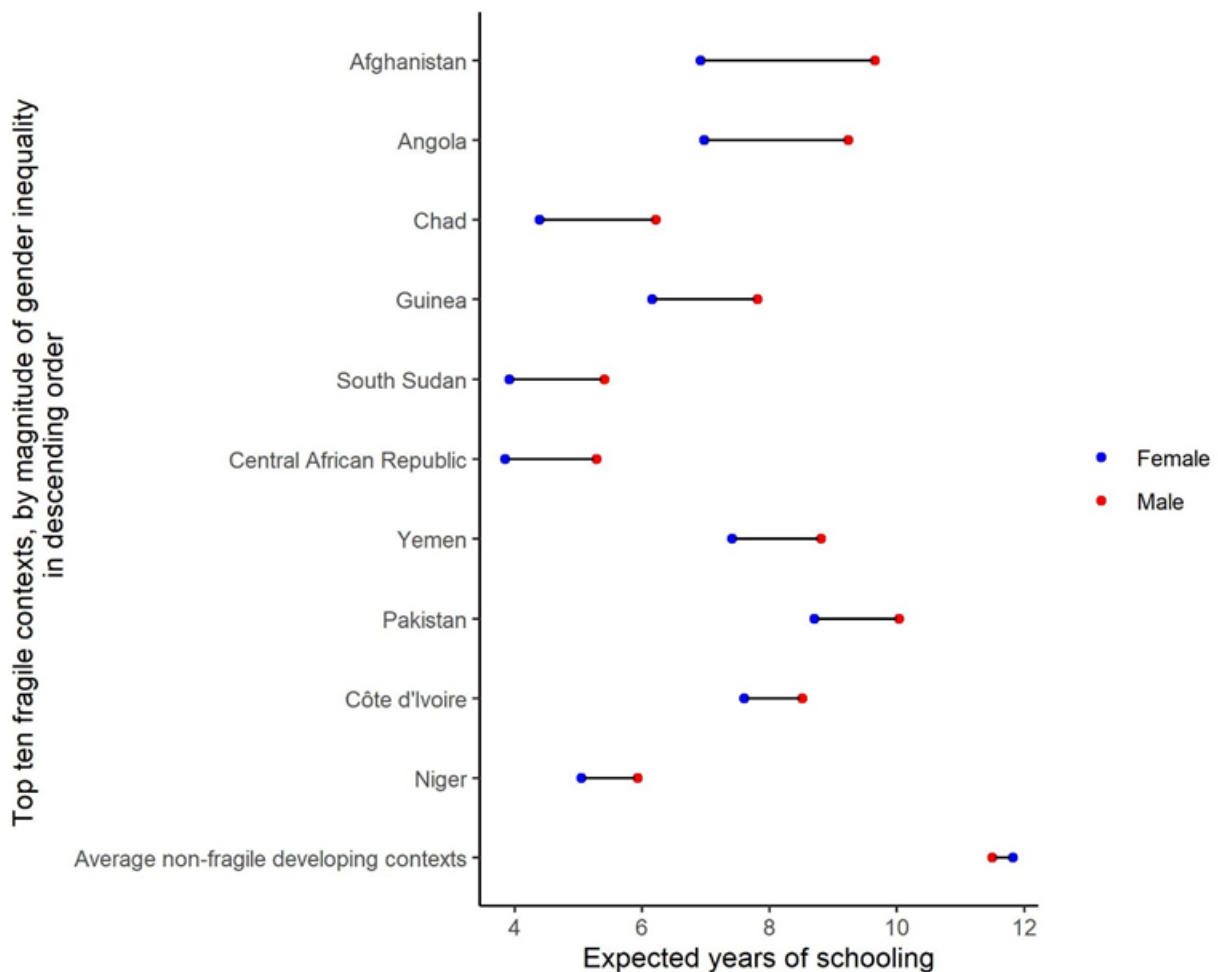
² Prevalence estimates in fragile contexts vary greatly – ranging from 6.4% in Comoros to 85% in Pakistan.

Women and girls' educational outcomes in fragile contexts

Women and girls in fragile contexts face disproportionate discrimination in access to education

While there is variation between countries, boys average more years of schooling between the ages of 4 and 17 than girls in most fragile settings. In 2019, the difference amounted to 1.2 years in fragile contexts, and 2.1 years in extremely fragile contexts. Nearly two-thirds of extremely fragile contexts are marked by more expected years of schooling for boys than girls (64%), compared to half of other fragile contexts (51%) and less than one-fifth of all other developing contexts (19%). The gap between boys' and girls' expected years of schooling is not only particularly common but also particularly wide in many fragile contexts (see Figure 1.1), reaching as much as 4.1 years of difference between boys and girls in Afghanistan. Among the countries where girls can expect fewer years of schooling than boys, girls can expect on average only 80% of the schooling of their male counterparts in extremely fragile contexts, 92% in other fragile contexts and 98% in other developing contexts (World Bank, 2021^[55]). The gap between boys and girls in years of schooling in fragile contexts widens as they complete more levels of education, as does the gap in gender discrimination between fragile contexts and other developing settings. Women are also less literate than men. In the Central African Republic, 50% of men are literate in contrast to 26% of women. In South Sudan, 40% of men and 29% of women are literate, while in Chad, 31% of men are literate compared to only 14% of women (World Bank, 2020^[56]).

Figure 2. Top 10 fragile contexts with the widest gaps in expected years of schooling for boys and girls, compared to the average for non-fragile, developing contexts.



Source: World Bank, Human Capital Index 2020, <https://www.worldbank.org/en/publication/human-capital>.

Lower levels of education among women contribute to their lower capacity to access higher-quality employment. There is also a correlation between low levels of education and higher rates of informal employment (Bonnet, Vanek and Chen, 2019^[57]). The gender gaps in accessing education shape the terms in which women participate in the labour force throughout their lives, and notably have impact on the quality of unpaid care work provided by women at home.

Women's educational human capital has significant consequences for human capital outcomes of their children and societies overall

Indicators of women's education are closely associated with indicators of the health, cognitive and socio-behavioural development of their children. The earliest years of a child's life are especially crucial for developing these skills, which in turn shapes the child's potential for further skills development later in life. The significant differences in average female educational attainment between fragile and other contexts represent great disadvantages for women as well as their children and overall human capital in fragile settings. Maternal education increases the possibility of her child's survival by 21% with each additional year of schooling. More years of education are also associated with lower levels of child's stunting, as mother's education and children's nutrition are linked (Badji, 2016^[58]; Burchi and De Muro, n.d.^[59]).

Girls go to school less often and for shorter periods of time than boys in fragile contexts. The lack of pre-primary schooling in many fragile settings implies that women in these settings play an even greater role in this phase of human capital development than elsewhere. Where schooling is disrupted or unavailable for children, women tend to take on primary responsibility for ensuring their education. This has an even stronger effect in fragile contexts, as female members of the family are more likely to exercise exclusive influence on early childhood development. Mothers' educational levels directly influence the educational outcomes of their children. The limited ability of women to participate in decisions about how resources are allocated at the household level creates further barriers for developing human capital for the next generation. Women often spend more than men on their children and their family when they are able to decide how the income is used, which contributes to the economic and societal coping capacities of families and communities.

Human capital outcomes and their consequences for societal-level fragility are shaped by women's empowerment within relations in the household. Women's ability to make their own decisions about, for example, sexual relations, reproductive issues, healthcare and earnings, can affect demographic pressures and the human capital of the next generation. The limited control that women often exercise at the household level on how resources – including their own earnings – are spent further constrain women's economic empowerment.

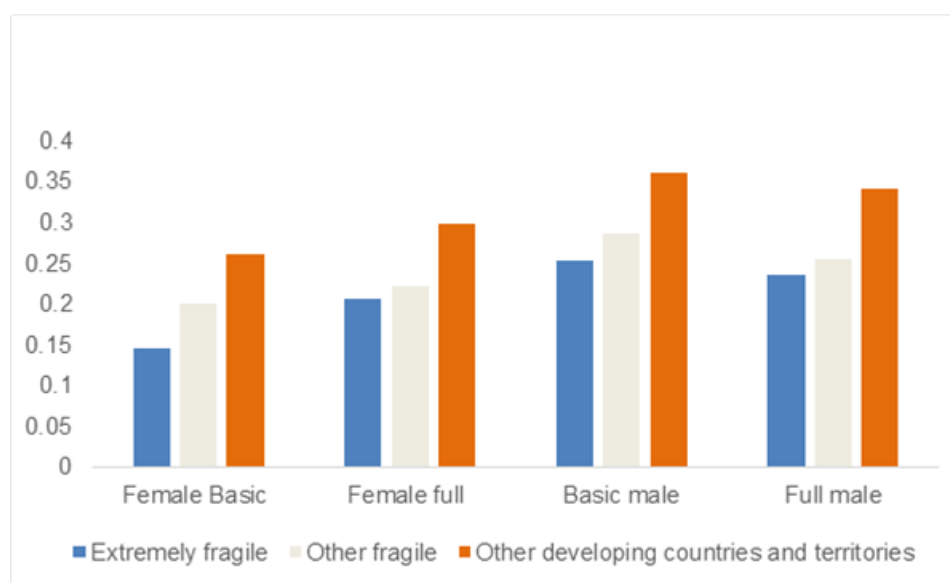
Women's human capital utilisation in fragile contexts

Women's potential to convert human capital into economic opportunities is much lower than men's in fragile contexts

Labour market utilisation of human capital (the types of jobs people are able to have, based on their human capital) is an important aspect of measuring human fragility, as it is an indication of the distinct challenges that women in fragile contexts face in translating their human capital into economic empowerment. In turn, these challenges affect human, economic and societal fragility, and hamper gender equality efforts.

While the human capital index is generally slightly higher for women globally, for biological and societal reasons (Box 2), women's labour market utilisation of human capital is on average lower than men's. The adjusted HCI for labour market utilisations has higher values for men than for women across most contexts, with an exception of the slightly higher average female to male ratio in fragile contexts when compared to extremely fragile and other developing contexts. In fragile contexts, and particularly in extremely fragile settings, both basic and full measures of Utilisation-adjusted Human Capital Index (UHCI) are particularly low (see Figure 1.2). The basic UHCI measures the share of people aged 15 to 64 who are employed, out of the working-age population of 15 to 64 years old, while the full UHCI measures "better employment" – non-agricultural employees and employers. Both measures of female UHCIs also tend to be more unequal relative to male UHCIs in fragile settings as compared to other developing contexts (Pennings, 2020^[60]).

Figure 3. Female and male full and basic Utilisation-adjusted Human Capital Index



Source: World Bank (2021_[61]), <https://www.worldbank.org/en/publication/human-capital>.

Wide differences in women’s basic human capital utilisation across fragile contexts may signify strong gender discrimination and poverty

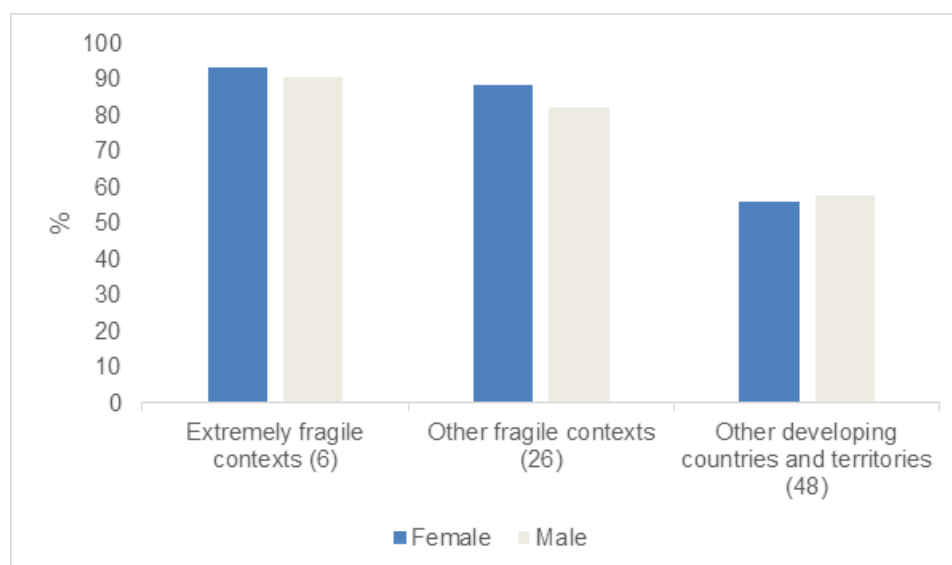
In terms of the quantity of people in employment, “utilisation” of women’s human capital tends to be either very low or relatively high in fragile contexts, with values for developing contexts more concentrated in between. The basic utilisation rate is generally lower for women than men across extremely fragile, fragile and developing contexts. On average, male rates vary less than average female rates across the three settings. Much greater polarisation among fragile contexts may reflect that fragile settings are more likely to discriminate against women very strongly in terms of their economic participation, or to experience such high levels of poverty that women are forced to participate economically in high numbers for households to survive. In Yemen, the basic utilisation rate for men (22% of what it could have been with complete education and full health) is much higher than that for women (1%). This can be explained by high discrimination against women, including in the workplace, exacerbated by legal barriers (Council on Foreign Relations, n.d._[62]). Discriminatory social norms are confirmed by the fact that 49% of the Yemeni population disagree with the statement that “*It is perfectly acceptable for any woman in your family to have a paid job outside the home*” (Loudon, Goemans and Koester, 2021_[4]). On the other hand, in Togo, the basic utilisation rate is higher for girls (27%) than boys (21%) (World Bank, 2021_[61]), which can be partly explained by women’s higher participation in the workplace to mitigate poverty (World Bank, 2020_[63]).

The quality of women’s employment is low in fragile contexts

The pattern of quality of employment across fragile and non-fragile contexts is more consistent than that of quantity. The “Better employment” measure, which allows for analysing better usage of people’s full human capital, is significantly lower for women than men in fragile contexts, and especially in extremely fragile contexts (World Bank, 2021_[61]). The gap between the levels of “better employment” between men and women is wider in fragile contexts, and particularly extremely fragile contexts, than it is in other developing settings. Even in those fragile contexts where rates of female employment tend to be high, the “better employment” rates are significantly below average compared to those in other developing settings. Women are also more often employed informally in fragile contexts than men. The available data suggests that women are also especially likely to be informally employed in many fragile contexts (see Figure 1.2).

In informal employment, women are more often exposed to the lack of access to social protection, poor working conditions and low or no pay than men (Quek, 2019^[64]).

Figure 4. Informal employment rates for different settings



Note: The figure is based on most recent estimates available for all countries. Data for this indicator is only available for a limited number of extremely fragile, fragile and other developing countries and territories.

Source: ILO, (2021^[65]), <https://ilostat.ilo.org/topics/informality/>.

Women's unpaid care work creates barriers to translating women's human capital into economic empowerment

Women disproportionately use their human capital for unpaid care work, providing non-market unpaid services within a household for its members (OECD, 2019^[66]). Unpaid care work is one of the barriers that prevent women from converting their human capital into economic productivity and economic empowerment in fragile contexts. On average, women in fragile contexts for which data is available spend close to four times as much of their day on unpaid care as men in the same countries, compared to three times as much in other developing settings for which estimates are available.³ In Iraq, women spend 24% of the day on unpaid domestic and care work in comparison to 4% for men (World Bank, 2018^[67]). Because of these responsibilities, they have less time to engage in paid labour or work for longer hours in paid and unpaid labour. They are more likely to require flexible hours and to be especially unable to travel for work – all of which limit their professional opportunities and chances of employment success (Jayachandran, 2021^[68]).

While highlighting women's distinct vulnerabilities, the COVID-19 pandemic has also underlined the significance of women's diverse contributions in human capital maintenance and making societies resilient to such shocks, especially in areas where support from the state is limited. For example, more than 60% of Africa's health care workforce and essential service providers are female (Chuku, Mukasa and Yenice, 2020^[53]). Moreover, school closures and lockdowns around the world required additional care of children, the sick and the elderly, which were mostly performed by women. Globally, the extra care work at home

³ Data for this indicator is available in only 13 fragile contexts and 37 other developing countries and territories.

due to lockdowns required around an additional 4 hours per day, mainly performed by women (Chuku, Mukasa and Yenice, 2020^[53]). Some of them also maintained paid jobs.

These findings show that levels of women's economic participation differ across fragile contexts. However, even high levels of female labour force participation in fragile contexts are unlikely to represent quality employment and should not be equated with women's economic empowerment.

Women tend to increase their economic participation and assume new professional roles in crises

Women's unpaid care burdens tend to rise with crises, which are particularly common in fragile settings. After conflicts and natural disasters, women tend to more frequently care for the victims of conflict – including the injured or the orphaned children. Women often take on new economic roles previously performed by men, particularly as male relatives are fighting, injured or killed. In such cases, women often assume the primary responsibility to ensure the family's survival by taking over the role of the breadwinner (World Bank, 2011^[69]). During the conflict in Syria, women were increasingly the main source of income in their families, performing jobs traditionally seen as being only for men (GK Consulting LLC, 2020^[70]). As they perform new economic activities, women in fragile contexts may experience increased violence. For example, during and after the war in Liberia (1989-1997) and Sierra Leone (1991-2002), women reported increased intimate partner violence when they assumed new economic opportunities (Quek, 2019^[64]).

At the same time, fragile contexts are often marked by the limited availability of services, at least as provided by the state, including in areas such as health, education, childcare or support for the elderly. Women tend to be called upon more often to provide these services through unpaid care work when they are not available through other sources. There are accounts of women and women's groups stepping in to provide services in a more organised fashion when the state is unable to do so due to conflict or other crises. In Somalia, women were at the forefront of emergency care and social recovery efforts at the community level after the war broke out (Gardner, 2007^[71]). During the Ebola outbreak in Sierra Leone (2013-2016), women bore most of the caretaking responsibilities of orphans and additional children (Androsik, 2020^[72]).

As families are separated, often permanently, due to crises, the number of female-headed households tend to increase. If women do not have the right to own or inherit the land or house in which the family lives, which is often a case in fragile contexts; women and entire families may be displaced as a result. Female-headed households in conflict situations are especially vulnerable to intergenerational poverty (Buvinic et al., 2012^[73]). Discriminatory property and inheritance legislation against women also reduce society's capacity to cope with crises. Conversely, women's economic empowerment contributes to economic recovery after conflicts (Loudon, Goemans and Koester, 2021^[4]). It is not only women's economic participation as such, but their ability to access quality jobs (including as a result of women being relatively more educated) that help households and communities to navigate through – and recover from – crisis.

Women's care work affects societal coping capacities and resilience

Women's care work often plays a central role in supporting the family, the community and a country's coping capacities in fragile contexts. In many cases, social protection mechanisms, health and educational services are barely available, and these gaps tend to be filled more often by women than men. Women's higher educational attainment thus supports mitigation of consequences of fragility, increases human capital outcomes for the next generation and helps achieve sustainable development. Women are at the centre of building and maintaining the human capital of the next generation. The level of their health and education has a critical effect on the extent to which they are able to do so.

Conclusion

While gender equality is mainstreamed throughout the OECD Fragility Framework, the new human dimension allows for an in-depth analysis of women's experiences of fragility. The evidence presented in this paper suggests that biological differences between men and women and their distinct social roles shape human fragility in a multitude of ways. The health and education outcomes of women in fragile contexts point to the distinct challenges that they face in developing, maintaining and utilising human capital. This holds back women's empowerment within the household, their economic potential and society's future human capital outcomes.

Women's human capital outcomes are crucial to addressing fragility, building the resilience of societies and supporting sustainable development. The issues that women and girls experience in fragile contexts have direct and indirect effects on achieving those objectives. Given these findings, it is important for donors to further advance gender equality in their policies, programming and funding as means of addressing fragility. Fostering legal changes that discriminate against women, encouraging gender-sensitive health services and eliminating discriminatory barriers to the education of women and girls in fragile contexts would advance gender equality efforts while building societies' resilience. This highlights the need for gender equality to be at the centre of donors' efforts to effectively address fragility.

Furthermore, the availability of data that can demonstrate more detailed linkages between women's human capital outcomes and fragility is limited. Fragile contexts, and particularly extremely fragile contexts, often present major data gaps. While the data included in this paper begins to outline the breadth of issues, patterns and connections that the gender perspective of human fragility can reveal, the sex-disaggregated indicators may be insufficient to account for women's experiences of fragility and their contributions to human capital. More systematic sex-disaggregated data collection in fragile and extremely fragile contexts is thus needed for accurate assessment.

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