FINAL REPORT

Marshall Islands: Country Gender Profile

March 2009

Japan International Cooperation Agency Public Policy Department

Table of Contents

Marshall Islands

Summary

List of Abbreviations

1.	Ва	asic Profiles	1
	1-1	Socio-Economic Profile	1
	1-2	Health Profile	2
	1-3	Education Profile	2
2.	Ge	eneral Situation of Women and Government Policy on Gender	4
4	2-1	General Situation of Women in Marshall Islands	4
4	2-2	Government Policy on Gender	6
2	2-3	National Machinery	8
3.	Cı	urrent Situation of Women by Sector	10
2	3-1	Education	10
3	3-2	Health	15
3	3-3	Agriculture, Forestry and Fisheries	18
3	3-4	Economic Activities	20
4.		ender issues which should be particularly taken into consideration in future JIC phors/NGOs' intervention in the country	
5.	Oı	n-going Gender Projects	23
6.	Ge	ender Information Sources	24
7	D	ofinitions	26

Summary of Country Gender Profile in Marshall Islands (2009)

Current Situation of Women in [Marshall Islands]

The Republic of Marshall Islands (RMI) was independent from the United States of America in 1986 and entered into a treaty with the US, the Compact of Free Association. While access to the education and health services are given equally to men and women under the Compact, there remain visible and invisible gender disparities in social, economic and political spheres including private spaces. Such disparities are mostly originated from the indigenous practices. In order to overcome them, the Government of the RMI has been working on gender equality with NGOs.

Government Policy on Gender

The RMI does not have any policy on gender. Therefore, it complies with the UN treaties, such as the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child.

National Machinery

The national machinery on gender in the RMI is the Women in Development in the Ministry of Internal Affairs (WID). The WID functions as the main player of sensitizing gender over the country and improving the women's livelihoods in the RMI. Main activities of the WID have been stipulated in the Strategic Plan 2010 – 2012 of the Ministry.

Situation of Women/Gender in Education

In the education sector, gender disparities have been diminishing by the introduction of the compulsory primary and secondary education. Recently, drop-out students are recognized as a critical issue to be overcome urgently. For those students, the RMI has vocational training institutes and support their achievement of employment opportunities.

Situation of Women/Gender in Health

Because of the geographic characteristics in the RMI, the regional disparities in the availability of health services are large between the urban and rural areas. To overcome the disparities, the Ministry of Health dispatches regularly the mobile team to atolls in order to provide primary health care and do dissimilation of essential information for people's livelihoods. As for the major diseases in the RMI, diabetes, cancer and sexual transmission diseases are identified. Because those are preventable, the Ministry of Health encourage people in trainings and/or through the media to do screening checks and consultations regularly.

Situation of Women./Gender in Agriculture, Forestry, Fisheries

In the RMI, most of the commercial activities in the agriculture and fishery sectors are dominated by men and women engage in these sectors only for substance. Recently, the Ministry of Resource and Development has encouraged women in their Strategic Plan 2005 -2010 to enter markets with their skills of producing handicrafts which have been highly evaluated.

Situation of Women/Gender in Economic Activities

In the RMI, there remain significant gender disparities in terms of access to the employment opportunities, wage differences and working environments. In order to diminish such disparities, some NGOs have engaged in advocacy activities in public spaces and have provided trainings for doing small business on their own. Governmental organizations also support such women's activities by offering small loan service.

List of Abbreviations (Marshall Islands)

ADB	Asian Development Bank
BMI	Body Mass Index
CDC	Centers for Disease Control and Prevention
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CMI	College of Marshall Islands
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Sruvey
DOE	United States Department of Education
FSM	Federated States of Micronesia
GDI	Gender-related Development Index
GDP	Gross Domestic Product
GEM	Gender Empowerment Measurement
GOR	Government of Republic of Marshall Islands
HDI	Human Development Index
HIV/AIDS	Human-Immunodeficiency Virus/ Acquired Immuno-Deficiency Syndrome
MDG	Millennium Development Goal
MISAT	Marshall Islands Standardized Achievement Test
MOE	Ministry of Education
МОН	Ministry of Health
MOIA	Ministry of Internal Affairs
MRD	Ministry of Resource and Development
NGO	Non Governmental Organization
ORT	Oral Rehydration Therapy
PHC	Primary Health Care
RMI	Republic of Marshall Islands
SBDC	Small Business Development Center
SEG	Special Education Grants
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TBA	Traditional Birth Attendants
UN	United Nations
UNDP	United Nations Development Programs
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
US	United States of America
USD	United States Dollar

WHO	World Health Organization
WID	Women in Development, Ministry of Internal Affairs
WUTMI	Women United Together Marshall Islands

1. Basic Profiles

1-1 Socio-Economic Profile

			Socio-ecor	nomic profile				Ref.	
Social indicators									
International deve indicators	elopment	Human devel	•	Gender-related ind	d developn ex*		Gender empowerment measurement (Value)*		
		N	/A	N	/A		N/A		
Demographic indica	tors	Total		% of urban	population				
			% of female		% of fen	-			
	1999	50,840	population 48.8	65.1	populati 49.1	on (%) 1.5		1)	
	1777		pectancy		ouseholds			1)	
		Life ex	pectancy			holds (HH)			
		Male	Female	Total	Male-hea				
	1999	65.7	69.4	N/A	N/A	N/A		1)	
Economic indicators									
		GDP/Capita (US\$)	Growth rate of real GDP	GDP implicit deflator*	Gini ind	ex* Aid/GNP			
	2007	2,851	2.0%	N/A	N/A	N/A		2)	
	1999	2,013	-2.9%	N/A	N/A	N/A		1)	
Public sector expend sectors	liture on	Health	Education	Social welfare	Defens	e Gender	Others		
	2009	21.922,844	26,776,671	N/A	N/A	N/A	75,806,064	3)	
		/GDP	/GDP	/GDP	/GDF	/GDP	/GDP		
		N/A	N/A	N/A	N/A	N/A	N/A		
Industry /GDP		Agriculture	Industry	Service	Other	3			
		N/A	N/A	N/A	N/A				
Labour indicators		Total No.		Unemployment rate			mum wage		
			% of female population		of fema populati	on	Female		
	1999	10,141	30.8	4,536	41.1		9,003	1)	
Employment rate (19	999)	Agriculture		Non-agriculture			(2004)	2)	
Employment rate (1)	<u> </u>	rigilealture	Equipment	Service	Profession	onal Others			
			Operator						
Total		2,079	2,471	1,687	1,546	2,358		1)	
% of female popu	ılation	11.5	27.9	31.5	35.8	47.2		1)	
Approaches to gende	er issues								
Ratification and sign	ature of i	international lav	WS				Year		
Convention of the			ns of Discrimina	ition Against W	omen (CEl	DAW)	2006		
Convention on the			1				1993		
Women in decision-				D	, ls		1	1	
Government		In parliament	N/A	Private se		Managers			
		Ministers	1		1	Technicians Technicians			
		Deputy ministe	ers 0						
Policy of gender							Year		
None									
Laws of gender							Year		
None							٨		
Plan of gender							Year		
Strategic Plan 20	10 – 2012	2, Ministry of Ir	nternal Affairs				2009		
Public organization (of gender	,							
Name of the natio	onal mach	ninery Wome	en in Developme	ent, Ministry of	Internal At	fairs			

Note: Refer to the definitions for the words attached with *

1-2 Health Profile

				Health	Indicators				Ref.
Prevalence of health services		No. of Hospital beds per 1,000 persons N/A			physicians per 000 persons N/A				
Infant mortality rate (per 1,000)	2006	Total			24	Female	:	12	5)
Under-five mortality rate (per 1,000)	2007	Total		37		Female		N/A	4)
Prevalence and death rates associated with tuberculosis	2006	Total		24 (per 10,000)		Female		N/A	5)
% of vaccinated (1	year	BCG	Da	TP3	Polio	MMR			
old)		69.5	47	7.8	45.9	54.1			4)
Reproductive hea	Reproductive health		Contraceptive prevalence		Rate of births trained p			alence among at women	
	2007	58			9.	4		/A	4)
		Maternal mortality ratio			Total fert	tility rate	Average age o	of first marriage	
	2006	0.0	64		11	2	N	ī/A	5)
Nutrition		Children und age (& age			Oral re-hydrati		Iodine d	eficiency	
	2006	2		N/A			N	5)	
	1999	11	16		N/	'A	N/A		
Community health s	ervice	Ad	ccess to	safe wa	ter	Access	s to adequate sanitation		
-		Total	Ur	ban	Rural	Total	Urban	Rural	
	2000	88	8	33	96	81	93	57	6)
HIV/AIDS				HIV pro	evalence			lation aged	
			Total Male		Fen	nale	with comprehensive knowledge of HIV/AIDS		
						Pregnant women	Male	Female	
	2007	N/A	N.	/A	N/A	N/A	28	35	4)

1-3 Education Profile

			Educati	on Indicators				Ref
Education syste	ems	Primary	6	Secondary	6	Tertiary	1-3	7)
Adult literacy 1 (15 – 49 yrs		Total	N/A	Male	94.4%	Female	95.3%	4)
Primary educat	tion					-1		
Net enrolment rate		Total	N/A	Male	N/A	Female	N/A	
Progression rate		Total	N/A	Male	N/A	Female	N/A	
Drop-out rate	2006-07	Total	26.7	Male	26.9	Female	26.4	7)
Secondary educa	ation							
Net enrolment rate		Total	N/A	Male	N/A	Female	N/A	
Progression rate		Total	N/A	Male	N/A	Female	N/A	
Drop-out rate	2006-07	Total	1.0	Male	0	Female	5.2	7)
Tertiary educat	tion							
Net enrolment rate		Total	N/A	Male	N/A	Female	N/A	
Progression rate		Total	N/A	Male	N/A	Female	N/A	
Drop-out rate		Total	N/A	Male	N/A	Female	N/A	

Tertiary level enrolment by field of study by gender	Education	Arts	Business Administratio	Nursing	Others	
			n			
2006	189	180	127	118	14	7)

Note: Refer to the definitions for the words attached with *

Reference:

- 1) RMI Statistical Yearbook 2004
- 2) Economic Policy and Plan, Statistical Office HP http://www.spc.int/prism/Country/mh/stats/index.htm
- 3) Birdseye View of the Fiscal Year 2009 Global Budget
- 4) Demographic and Health Survey 2007
- 5) Fiscal Year 2006, Annual Report, Ministry of Health
- 6) World Health Organization, WHO Statistical Information System (WHOSIS)
- 7) Annual Report Fiscal Year 2007, Ministry of Education

2. General Situation of Women and Government Policy on Gender

2-1 General Situation of Women in Marshall Islands

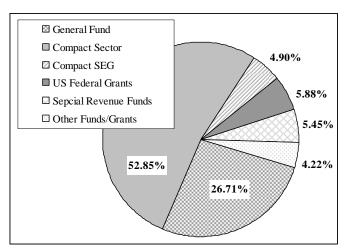
General Situation of Women in Marshall Islands

- 1) The Republic of Marshall Islands (RMI) was independent from the United States of America in 1986 and, at the same time, entered into a treaty with the US, the Compact of Free Association
- 2) Though the RMI consists of scattered atolls and islands, their culture and social systems are mostly homogenous.
- 3) The Government of the RMI has been working on gender equality, however, there remain visible and invisible gender disparities in social, economic and political spheres including private spaces.

[General situation of Marshall Islands]

The Republic of Marshall Islands (RMI) was independent from the United States of America (US). The RMI consists of scattered atolls and islands in the Pacific. Most of the population in the RMI are the indigenous Marshallese and culture and social systems are homogenous over the country.

The RMI ratified the Compact of Free Association (the Compact) in 1986. Under the Compact, the RMI agreed to grant the US military access and receive economic and technical assistance. In 2004, the Compact was amended to another, namely the amended Compact, which would cover till 2023. The amended Compact is expected to contribute to the enhancement of the productive capacity through the private sector development. Therefore, assistances in the framework of the amended Compact have been allocated to the development of public infrastructure, education, health, environment, supports for private sector and public sector capacity building in order to make the environment more attractive for foreign investors. In the Global budget of the RMI, the Compact-related funds account for the most as shown below.



Composition of the Revenue of FY 2009 (Total Revenue: US\$ 124.5 million)

Source: Birdseye View of the Fiscal Year 2009 Global Budget

[General situation of Women in Marshall Islands]

The RMI is the matrilineal society. Following that system, land ownerships are inherited in the family. On the other hand, male-dominated atmosphere is observed in the RMI. For example, in terms of women's participation in the national parliament and wage employment in the non-agricultural sector, the total number of women engaging in those activities is smaller than the men's number. As described below, the recent increase of sexual violence has been identified as a result from the gender disparities in the RMI and been challenged in order to protect and improve women's livelihoods.

The Government of the RMI (GOR) has been educating people with the concepts, "gender" and "gender equality", on the basis of the contexts of Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) to people and sensitizing gender equality in the society.

[Sexual harassment and violence against women]

The Demographic and Health Survey (DHS) 2007 identifies that violence against women is a crucial issue in the RMI. According to the DHS 2007, the followings are pointed out;

- In most cases reported, women are perpetuated by their husband or partner with sexual and/or physical violence. Some of them experience heavy injuries and suffer trauma throughout their life.
- Many women have tendencies to accept violence as a form of showing male-female relationships and are not willing to speak out violence they experience and to seek out for supports. In the case that they try to find any support, most of them need their family and people close to them. Therefore, it is hard to recognize the actual cases of violence against women.
- Around 20% of women have experienced forced sexual harassments in their teenage or younger.

Taking these findings into consideration, it is required to enact new regulations for eradicating violence against women. UNIFEM (2007) points out that the existing Criminal Code does not correspond wholly to the articles of the CEDAW in terms of violence against women.

[Presentation in key decision making positions in the government]

In terms of political participation of women in the RMI, they achieved their rights to vote and stand for elections in 1979. Though the GOR has started sensitizing gender mainstreaming and/or the contexts of the CEDAW, they have not been prevalent in the country yet and, as of March, 2009, the RMI has only a minister among ten in the national government.

However, Women United Together Marshall Islands (WUTMI), the biggest NGO in the RMI, has held annual conferences by inviting women and men, as representatives of atolls or islands, in order to discuss about issues related to gender in the RMI and raise awareness of gender. These activities are expected to achieve people's understandings or awareness of gender equality in their societies.

2-2 Government Policy on Gender

Government Policy on Gender

- 1) The RMI complies with the UN treaties on gender, because it does not have its own gender-specific policy.
- 2) A strategic plan on gender is stated with actions to be implemented in the Strategic Plan 2010-2012 of the Ministry of Internal Affairs.

[Government Policy on Women]

The GOR ratified the Convention on the Rights of the Child (CRC) in 1993 the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 2006. As of March 2009, the GOR does not have any women-specific policy. Previously, the National Women Policy (NWP) was promulgated but it has not worked these days.

[Development Plans for Women]

Ministry of Internal Affairs (MOIA), which has the national machinery on gender, Women in Development (WID), formulated Strategic Plan 2010 – 2012 in 2008 and this plan has the goals to be achieved till 2012 and implementation actions of each division and programs in MOIA. WID also has its own statements. In the statement, the WID's goal to be achieved till 2012 is to increase the role of women in the development of the nation and to empower women in all aspect of life and continue to support their ideal. To accomplish this goal, WID has the following action plan.

Implementation Plan of WID in the MOIA's Strategic Plan 2010-2012

•	The first of the state of the s
Objective	Implementing Actions
To increase participation of women throughout the RMI	- To implement the annual International Women's Day (March 8 th)
	- To continue to conduct a biannual Forum for women
	throughout the RMI to address pressing issues relating to
	women, children, and family development
To empower women	- To conduct basic skills on sewing, knitting, weaving, cooking, home gardening, floral arrangement, and basic skills on income generation initiatives such as; production
	of noni juice/tea, and virgin coconut oil and etc.
	- To conduct workshops on parenting skills, family planning and basic budgeting for young parents and teenage single mothers
	- To raise awareness with women on their rights under CEDAW, and other national legislations
To strengthen WID's advocacy role	- To review and revise the National Women Policy (NWP)
	- To submit for endorsement the NWP
	- To implement, monitor and evaluate the NWP
	- To raise public awareness on the CEDAW
	- To implement and monitor the CEDAW
	- CEDAW report prepare for submission
	- To conduct the weekly Women's Radio Program on V7AB

Objective	Implementing Actions
	Radio*.
To build capacity within the Women	- To conduct training of trainer/refresher for staff
In Development Office	

2-3 National Machinery

National Machinery on Gender

The national machinery on gender in Fiji is Women in Development in the Ministry of Internal Affairs. This machinery practices their activities on the basis of the Ministry's Strategic Plan 2010-2012.

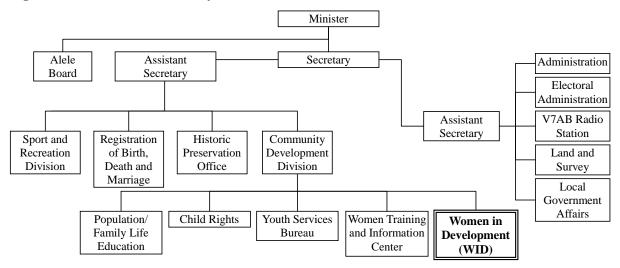
[Background]

Women in Development in the Ministry of Internal Affairs (WID) is the national machinery on gender in Marshall. It is established in 1970 and has three staffs as of March, 2009. The main roles are 1) advocating gender equality, 2) educating people the contexts of Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and 3) training the public about issues related to women.

[National Machinery]

Name of National Machinery	Women in Development, Ministry of Internal Affairs (WID)
No. of personnel	3
Objectives	1) Overseeing all the gender-related activities in the RMI
Roles	1) advocating gender equality
	2) educating people the contexts of Convention on the Elimination
	of all forms of Discrimination Against Women (CEDAW), and
	3) training the public about issues related to women

Organizational Chart of Ministry of Internal Affairs



[The Main Activities of Women in Development, Ministry of Internal Affairs]

Recently, WID determines their activities on the basis of the Strategic Plan of MOIA. Therefore, their cores of their activities are as follows;

- To increase participation of women throughout the RMI
- To empower women
- To strengthen WID's advocacy role, and
- To build capacity within the Women in Development Office

The trainings of sensitizing gender equalities are held jointly with NGOs. For people living in the outer islands, WID dispatches officers for trainings there with the mobile team from the Ministry of Health (MOH).

3. Current Situation of Women by Sector

3-1 Education

Education

- 1) In the education sector, gender disparities have been diminishing by the introduction of the compulsory primary and secondary education.
- 2) The RMI has vocational training institutes in order to provide employment opportunities to the youth. The institutes are open equally to male and female, especially drop-out, and offers with appropriate programs for individuals.

[Government Policy]

In 1991, the Education Act. was enacted. The Act. states the goal of the education in the RMI is "to provide a thorough and efficient system of education to provide all children in the Republic, regardless of socioeconomic statue, handicap, or geographical location, the educational opportunity that will prepare them to develop into self-reliant individuals and to function socially, politically and economically in society".

On the basis of the Act. and the Education Regulation stated in the Act., the Ministry of Education (MOE) formulated the Strategic Plan (2008 – 2011) as a periodic rolling plan. The objectives of the Plan are as follows;

- To ensure that the Strategic Plan is guided and followed by every division/department within the Ministry
- To ensure that planning within the MOE is achieved in accordance to the priorities set under the Strategic Plan
- To ensure that Information Technology System is deployed to the schools
- To continue to prepare the US Department of Education (DOE) Indicators for the Performance Based Systems
- To develop a research department to target studies/projects that will assist the MOE in its planning and decision making
- To evaluate existing programs for their effectiveness within the MOE and at the school levels
- To continue to administer the Marshall Islands Standardized Achievement Test (MISAT) for grade 3, 6, and 8
- To incorporate and standardize the math and science subjects into the MISAT series
- To develop the 10th and 12th grade MISAT for all public high schools
- To expand the use of the centralized data management system for the MOE's effectiveness

Recently, the MOE has implemented their actions by following the Strategic Plan, and has carried on the monitoring and reviews of the progress over the RMI.

[Gender consideration development plan and education]

In the education sector, there is no gender-specific policy and plan. However, the MOE follows the UNESCO's Education For All Policy and states in the Visions 2018 as "We aim to prepare ALL students to be literate and successful, reach their greatest potential, be critical thinkers and problem-solvers, and be culturally and globally competent and responsive. Thus, we are committed to developing effective partnerships with parents and the community, placing qualified teachers in all schools, creating safe and conducive learning environments, and equipping our schools with vital learning sources." Recently, as shown in the table below, the gender disparities in the enrollment in the compulsory education (primary and secondary education) have not been so large.

Schools, Teachers and Students in the Primary and Secondary Education in the RMI (2006-07)

(2000 07)									
		Primary 6	education		Secondary education				
	School	Teacher	Boy	Girl	School	Teacher	Boy	Girl	
Majuro	21	375	2,599	2,421	9	119	877	866	
Kwajalein (Ebeye)	10	144	1,129	1,089	6	33	319	350	
Outer islands	70	441	2,329	2,152	4	42	372	284	
Total	101	960	6,057	5,662	19	194	1,568	1,500	

Source: Annual Report Fiscal Year 2007, MOE

The table below compares the number of teachers in the primary and secondary education in 2005/06and 2006/07. Overall, the total number of male teachers is larger than female. In addition, more male teachers have degrees or certificates.

Teachers in the Primary and Secondary Education in the RMI (2005-06/2006-07)

(2005-00/2000-07)									
			2005-06		2006-07				
		Male	Female	Total	Male	Female	Total		
With degree	No.	332	277	609	420	342	762		
	%	54.5	45.5	100.0	55.1	44.9	100.0		
Without	No.	57	84	141	30	41	71		
degree	%	40.4	59.6	100.0	42.2	57.8	100.0		
Total	No.	389	361	750	450	383	833		
	%	51.8	48.2	100.0	54.0	46.0	100.0		

Source: Annual Report Fiscal Year 2007, MOE

[Primary education]

The compulsory education for the primary education in the RMI is from kindergarten (under 6 years old) to grade 6 (12 years old) in Majuro and Ebeye or grade 8 (14 years old) in the outer islands. Throughout the compulsory education, tuition fees are free if students go to public schools.

Recently, MOE introduced a national standardized testing system, namely the Marshall Islands Standardized Achievement Test (MISAT) to measure student competency in the three areas, English, Marshallese and Mathematics. In the primary education, students in grade 3 and 6 are obliged.

[Secondary education]

The secondary education is also a part of the compulsory education in the RMI. However, because of the insufficient number of the secondary schools, students who are willing to go to a high school are required to take the High School Entrance Examination. The Examination may be replaced by MISAT III which is taken by all the students in grade 8. Only those who pass the Exam are entitled to go to public high schools. However, in the case of going to private high schools, this entry procedure is not always applicable.

Currently, drop-outs in the secondary education have been concerned as a critical issue. One of the outstanding reasons is teenage pregnancy before the completion of the program. In 2008, the 83 cases of teenage pregnancy under 17 years old were reported to the MOH. Though safety nets for those drop-out students are prepared by the MOE and NGOs, difficulties have been identified, such as risks of low-weight babies and lacks of parenting skills, especially for students who have babies, and unwillingness to go back to schools. Therefore, the MOE has introduced health education programs in the secondary education and has educated the youth about preventive measures against health risks.

Secondary Grades Dropout Rate 2000 - 2007

Year Started at	Year To Reach	Number (%) Reached Grade 12			I	Orop out (%)
Grade 9	Grade 12	Male	Female	Both	Male	Female	Both
2000-2001	2003-2004	60.3	59.4	59.8	39.7	40.6	40.0
2001-2002	2004-2005	62.4	62.8	62.6	37.5	37.1	37.3
2002-2003	2005-2006	53.9	56.6	55.3	46.1	43.4	44.7
2003-2004	2006-2007	103.2	94.8	99		5.2	1

Source: Annual Report Fiscal Year 2007, MOE

[Tertiary education]

The RMI has the College of the Marshall Islands (CMI), which is the only institute of the tertiary education. The College offers the five degree programs, Development education, Liberal Arts, Mathematics and Science, Business and Information Technology, Education and Nursing and Allied Health. The table below shows the number of student enrolment in each degree program in 2004 and 2006. The number of male student enrolment is slightly larger than the female one.

Comparison of Student Enrollment by Sex and Degree Program at the CMI in 2004 and 2006

	Fall Semester in 2004			Fall Semester in 2006		
	Female	Male	Total	Female	Male	Total
Business Administration	84	111	195	57	89	146
Education	51	76	127	78	111	189
Liberal Arts	73	104	177	86	94	180
Nursing	59	51	110	71	47	118
Others	7	6	13	9	5	14
Total	274	348	622	301	346	647
10(a)	44.1%	55.9%	100.0%	46.5%	53.5%	100.0%

Source: Annual Report Fiscal Year 2007, MOE

Note: The names of the degree programs are followed in the original information as of 2006.

According to the survey in 2006, the average of the semesters required for graduating each program are various not only by the programs' contents but also by the students' irregular attendance. The table below shows the survey's result. The latter related to student's attendance may mention that some students attend on their irregular schedule, such as by taking their leave before completing their degree or transfer to other institutions, such as the University of South Pacific (USP), with credits achieved in the CMI. In addition, the survey mentions possibilities that programs change their requirements year to year.

Average of Number of Semesters for Graduation of Degree Programs (2001-2006)

Program	Business and Computer Science	Elementary Education	Liberal Arts	Nursing	Overall Average
No. of Semester	8.81	11.39	8.27	9.82	9.66

Source: Average Number of Semester Needs to Graduate by Major, 2006

Note: The names of the degree programs are followed in the original information as of 2006.

Educational Attainment of the RMI population aged 15 -49 years (2007)

12 15 years (2007)					
	Male (%)	Female (%)			
No education	0.6	0.4			
Some primary	11.0	6.9			
Completed primary	15.2	19.1			
Some secondary	39.0	42.3			
Completed secondary	18.3	20.2			
More than secondary	15.8	11.2			
Total	100.0	100.0			

Source: Source: Demographic and Health Survey 2007, Republic of

the Marshall Islands

[Literacy education]

In the Demographic and Health Statistics held in 2007, the adult literacy rates in the RMI are 94.4% for men and 95.3% for women. That shows the grate improvement of the adult literacy from 1999. At the census in 1999, the adult literacy was recorded 74.4%.

[Vocational and Technical education, higher education]

The RMI has a national vocational school, namely the National Vocational Training Institute (NVTI), which provides alternative secondary education to students who would not complete further educational program after grade 8. After the completion of the whole program in the NVTI, students are entitled to take the RMI High School Equivalency Test as well as students in the secondary education.

As another institution for students who would not attend at the secondary education, there is the National Training Council (NTC). The NTC aims to provide various vocational trainings to the youth (16 – 24 years old). Current major courses offered by the NTC are the followings; 1) Basic Education and Life Skills, 2) Sustainable Livelihoods and 3) Technical and Vocational Skills. All the courses are managed in close partnerships between the NTC and public/private sectors and are able to give employment opportunities to students if they fulfill the requirements throughout the courses.

3-2 Health

Health

- Because of the geographic characteristics in the RMI, the regional disparities in the availability of health services are large between the urban and rural areas. To overcome the disparities, the Ministry of Health dispatches regularly the mobile team to atolls in order to provide primary health care and do dissimilation of essential information for people's livelihoods.
- 2) Though the HIV/AIDS infection rates are low, the number of people infected with Sexual Transmission Diseases is large.

[Government Policy]

The Health Sector is operated on the basis of the Fifteen Years Strategic Plan 2001- 2015 and the Plan recently has been amended.

[Medical Health]

Regional disparities in the access to health services are large among the cities like Majuro and Ebeye and the outer islands. The cities have hospitals which are able to provide mostly adequate services, though patients suffering from certain diseases such as cancer are be sent out to the referral hospitals in Manila or Honolulu. However, in the other outer islands, there is not always a health center or health post. Therefore, people living in those islands are dependent mostly on the mobile team consisting of the physicians from the Majuro Hospital. The team regularly goes around the country and provides curative, preventive and public health services including training programs of providing nutritious information and other information necessary for people's healthy livelihoods.

As for the immunization program in the RMI, all children are obliged to take immunization of DTaP, Polio, HepB, Hib, MMR and BCG till the age of two in the certain manners. For the entry to schools, elementary, secondary and tertiary schools, people are required to show their immunization records as a part of their application. In order to manage the records, the National Immunization Registry (NIR) is established and any infant born in the hospitals is registered in the NIR. These immunization systems have contributed to the improvement of the immunization rates in the urban areas (Majuro and Ebeye), however, because of the chronic shortage of transportations between Majuro and outer islands, there remains disparities in the rates between the urban and rural areas.

Comparison of the immunization coverage for children 12 – 23 months by region

	Total	Urban	Rural
Children 12 – 23 months fully immunized (BCG, measles	34.3	43.6	13.4
and 3 doses each of Polio and DTaP)			
Children 12 – 23 months who have received BCG (%)	69.5	68.2	72.4

	Total	Urban	Rural
Children 12 - 23 months who have received 3 doses of	45.9	58.3	17.9
polio vaccine (%)			
Children 12 - 23 months who have received 3 doses of	47.8	60.6	18.8
DTaP vaccine (%)			
Children 12 – 23 months who have received MMR (%)	54.1	55.9	50.0

Source: Demographic and Health Survey 2007, Republic of the Marshall Islands

In terms of immunization for the adult, these three are required; HPV for women aged in 13-21 years old to prevent cervical cancer, tetanus toxoid for pregnant women to prevent neonatal tetanus and influenza vaccine for any people if necessary other than two times in their childhoods. All the immunization is provided for free and all the vaccines are imported from the US under the Compact.

MOH observes that the major causes of the female morbidities are cancer and sexual transmission diseases (STD). In order to prevent them, MOH has campaigns for encouraging people's awareness and enhancing their knowledge of how to prevent them. Those campaigns are held in communities and high schools. Especially, for cancer prevention, the Centers for Disease Control and Prevention (CDC), a US public health organization, has supported the campaigns since 2007. With the CDC's financial and technical supports, the hospitals works on encouraging people to go for screening tests regularly. The cost for each screening is US\$ 5. The most significant types of cancer for women are breast and carnival. Following these two, the number of cases suffering from thyroid cancer is the next. Some of them were exposed to radiation from the US's nuclear testing program in the 1950s (MOH, 2006).

Number of screenings for carnival cancer (2000-2006)

	2000	2001	2002	2003	2004	2005	2006
Cases	1,389	1,277	1,605	1,072	1,364	1,253	1,647
Positive cases	34	37	51	15	56	74	133

Source: MOH, 2009

[Nutrition Conditions]

The rate of the overweight and obese is quite high. That is caused by unbalanced daily diets, an excess of fat and lack of vitamins. To reduce this rate and change those people's diet behaviors, MOH has started campaigns of promoting ingestions of fresh fruits and vegetables with the Taiwanese financial supports and NGOs. On the other hand, the low-weight birth rate is also high, especially in babies from young mothers, due to lack of essential knowledge for parenting skills, such as breastfeeding, and inadequate health conditions of mothers.

MOH also provides free health check services, consisting of screenings of tuberculosis, diabetes, hypertension, cholesterol, BMI and leprosy.

[Family Planning]

MOH is the family planning program supported by UNFPA and US Congress. The program is mainly to educate people about contraceptive prevalence, parenting, reproductive health and diets. As a result of this continuous education through the media and in hospitals and health centers, public awareness for those issues has been raised in men and women and the contraceptive measures, such as use of pills and condoms, counseling and immunization, have been employed. In addition, because traditional deliveries are still popular especially in the outer islands, the MOH offers trainings of traditional birth attendants (TBAs).

[HIV/AIDS]

The HIV/AIDS infection rate is relatively low, however, the number of people infected with STD is large. To prevent the further prevalence, awareness raising programs have been implemented over the country. For people living in the outer islands, the mobile team supports the programs. The programs are held in the community, hospitals, health centers and high schools.

In order to do this program more effectively, MOH has the training programs of its staffs and strengthens the management systems against the increase of the STD infected people

Sexual Transmitted Diseases

Types of STD/STI	Positive Cases (Compared with the total number of screening)
Syphilis	296/15,128
Gonorrhea	29/687
Chlamydia	173/731
HIV	1

Source: Annual Report 2006, Ministry of Health

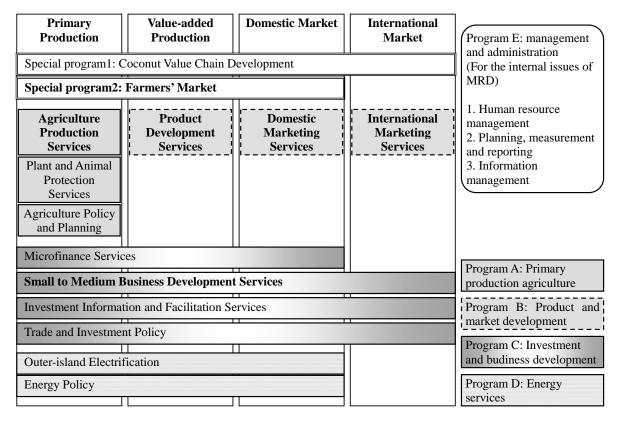
3-3 Agriculture, Forestry and Fisheries

Agriculture, Forestry and Fisheries

- 1) In most cases, women engage in agriculture and fishery activities only for their subsistence. That is originated from the conventional idea that those activities are dominated by men.
- 2) Handicraft by women in the RMI is one of the major products and is promoted in the Strategic Action Plan.

[Government Policy]

Ministry of Resource and Development (MRD) formulated the Strategic and Action Plan 2005-2010. This Plan states the function of the MRD and the further development plans to be carried out till 2010 in the agriculture sector. In the Plan, MRD sets the overview of programs to be implemented in the figure bellows.



Overview of the Strategic and Action Plan 2005-2010¹

In the figure above, some explanations are written in the bold characters. Those programs are proposed with the assumption of women's involvements. For example, all the programs in Program B expect that women engage in the programs with their products such as handicraft (weavings) and food processed products. Those products in rural areas are sold mainly inside their communities, especially

_

¹ Strategic and Action Plan 2005-2010

in the outer islands. However, some NGOs have encouraged women to produce more and tried to find any commercial route between the islands and Majuro or Ebeye because of their values. In order to do small income generation activities in more commercial manners, some of women in Majuro have participated in business programs held by the Small Business Development Center (SBDC) under MRD. That is one of the expected outcomes of the program, "Small to Medium Business Development Services".

[Agricultural Policy and Gender]

In the RMI, agriculture has been recognized as men's activities because the indigenous customs. Women have engaged in agriculture by contributing their labor to their family farming and/or working on small business activities, such as food processing or weaving, only if they are allowed to do extra works rather than household duties. However, in the Strategic Plan explained above, such conventional women's involvements in the agriculture sector are welcomed especially in the programs, 1) Agriculture Production Services, 2) Product Development Services, 3) Domestic Marketing Services, 4) International Marketing Services and 5) Small to Medium Business Development Services.

[Ownership of farming land and agrarian reform]

The land ownership inheritance system in the RMI is based on the indigenous matrilineal system. In the system, all persons born to a woman may inherit the right to cultivate and use land owned by their matrinial lineages. This system is still working in the RMI and some communities have female chiefs because she is entitled to control her family's inheritance system. On the other hand, it is observed that women's involvement in the social and economic activities is still less than men's. Therefore, the RMI has some gaps on the relationships between men and women.

[Rural life and gender]

Most of women living in rural areas work on their household duties and sometimes engage in agriculture and/or fishery activities as supports for their male family members or for their self-consumption. Thus, they are not like to engage in the commercial activities on their own in the sectors. However, the production of handicrafts is one of the popular activities for them and helps to generate incomes for their livelihoods by selling their products to Majuro and Ebeye.

[Fisheries]

In the RMI, usually men engage in commercial fisheries and women in the fishermen's families engage in fisheries activities in smaller-scale for self-consumption or their own artisanal activities. Those activities are limited in case that they need cash income and prepare for their daily meals.

3-4 Economic Activities

Economic Activities

- 1) There remain significant gender disparities in terms of access to the employment opportunities, wage differences and working environments.
- 2) Access to support services is open to people who has willingness to start their own business, regardless of sex.

[Employment opportunities]

According to the census held in 1999, women have significantly less employment opportunities than men. As another gender disparity, at the assessment of the progress of the MDGs by the GOR and UNDP in 2005, the difference at earning power between male and female was identified. The GOR and UNDP show for some occupations males earn more salaries than females while they are in the same status with the same responsibilities and have equal educational qualifications and backgrounds.

As for the access to employment opportunities, one of the possible reasons is the conventional idea that women are responsible for working on household duties and taking care of their families in their home rather than engaging in income generation activities. The GOR and UNDP support this reason by the indigenous matrilineal systems where women have more responsibilities of preserving their own social and cultural systems in their communities by following their conventional duty allocation as well as the land inheritance system. However, gender-oriented wage difference is difficult to be explained wholly with such conventional ideas. In addition, as explained in 3-2, differences in the educational attainment, one of the possible determinants of wage, between female and male have been diminishing. Therefore, that gender-oriented wage difference can be recognized as one of the gender discrimination.

Employment by Occupational Group in the RMI (1999)

Occupational group	Male	Female	Total
Professional, Technical and Related	991	555	1,546
Admin and Management	352	84	436
Clerical and Related	534	831	1,365
Sales	212	132	344
Service	1,135	532	1,687
Agriculture and Related/Fishery Production and Transport	1,838	241	2,079
Equipment Operators and Laborers	1,780	691	2,471
Not stated	146	67	213
Total	7,008	3,133	10,141

Source: RMI Statistical Yearbook, 2004

[Women workers in public and private sector]

In the census in 1999, the employment in the public and private sector by sex is shown in the table below. In the table, the unemployment rate of female is 37.3% while the male's rate is 27.5%.

Position of Economically Active Population and Employed Population (1999)

		· /		
		Total	Male	Female
Economically active		14,677	9,679	4,998
Employed	Public sector	3,106	2,234	872
	Private sector	7,035	4,774	2,261
Unemployed		4,536	2,671	1,865

Source: RMI Statistical Yearbook, 2004

[Support system for women workers]

MOIA has the Women Training and Information Center. The Center holds regular workshops to train women for handicrafts (weaving), food processing, sewing and so on and works on marketing activities around the Center which are open for the participants in the workshops for selling their products. Throughout the process, women can practice their own business activities and gain lessons from the practices. This program is financially supported by the MOIA.

In addition, the Small Business Development Center (SBDC), which is under the Ministry of Resource and Development, also opens training programs and consultation services to the public for free. In the programs, the people can achieve skills required for starting their own business and acquire tips for achieving the successful business. When the people achieve the SBDC's approval of their business plans, they are entitled to receive loans from the Bank of Marshall Islands. The range of the loan is from USD 500 up to USD 10,000. As of March 2006, SBDC has 13 female clients among the 61. SMDC also provide their training and consultation services to other organizations. This loan system is supported by the Taiwanese Government.

4. Gender issues which should be particularly taken into consideration in future JICA and other donors/NGOs' intervention in the country

- 1) The MRI has homogeneous culture over the country. However, because of the scattered locations of atolls and islands, it is always difficult to provide to people equally with any service and information, including health services and training/seminars related to gender. Such differences originated from the geographical factors may require the careful consideration.
- 2) In the people's livelihoods in the MRI, there remains indigenous customs which may often cause negative issues against women, especially. However, those issues are not always considered for those women as significantly crucial rather than the third parties, such as international development agencies, consider. In development interventions, such gaps should be taken into consideration.
- 3) In the education sector, with the efforts of the GOR and financial supports of the US have contributed to the shrinkage of gender disparities. However, even in the case that there is no difference in the educational attainment, wage differences have been identified.

5. On-going Gender Projects

Project / Program	Implementing Organization	Donor Organization	Duration	Budget (US\$)	Area		
Women / General							
Kwajalein Development Fund	N/A	US Compact Capital Funds	N/A	1,817,308	General		
Child Protection Programme	N/A	UNICEF	N/A	N/A	Child Protection		
Education							
Elementary and High School Projects	Ministry of Education	US Compact Capital Funds	N/A	4,325,013	Education		
College of Marshall Islands	Ministry of Education	US Compact Capital Funds	N/A	5,000,000	Education		
Health / Medicine	e						
Majuro Hospital	Ministry of Health	US Compact Capital Funds	N/A	1,000,000	Health		
Vaccine Independence Initiative	N/A	UNICEF	N/A	N/A	Immunization		
Adolescent Development and Child Health Programme	N/A	UNICEF	N/A	N/A	HIV/AIDS		
Economic Activit	Economic Activities						
Infrastructure Maintainance Fund	N/A	US Compact Capital Funds	N/A	602,369	Infrastructure		
Outer Islands Renewable Energy Proejcts	N/A	US Compact Capital Funds	N/A	349,000	Energy		

6. Gender Information Sources

6-1 List of Organizations related to Gender

Name of Organization	Area of Specialization	Activity	Contact
Government Organization			
Ministry of Health	Health services	Health services	Ph#: 625 7246/5660/5661 Fax#: 6253432/4543/4372
Small Business Development Center (Ministry of Resource and Development)	Small business development	Support for starting small business	Ph#:6253685 Fax#: 6253685
Women Training, Marketing and Information Center (Ministry of Internal Affairs)	Gender	Support for women's activities	6257380
Women in Development (Ministry of Internal Affairs)	Gender (National machinery on gender)	Gender	Ph#: 6258718/8240
Economic Policy, Planning and Statistics Office	Statistics	Statistics	Ph#: 6253802
Finance, Budget/OIDA and Procurement and Supply (Ministry of Finance)	Coordination of Overseas Development Assistance	Coordination of Overseas Development Assistance	Ph#:6258835 Fax#: 6253607
Ministry of Resource and Development	Agriculture	Agriculture	Ph#:6253206 Fax#: 6257471
Marshall Islands Marine Resources Authority	Fishery	Fishery	Ph# and Fax#: 6257680
NGOs			
Women United Together Marshall Islands (WUTMI)	Gender	Empowerment of women Prevention of violence against women Advocacy	Ph# and Fax#: 625 4296
Youth to Youth	Youth and Reproductive health for youth	Youth and Reproductive health for youth	Ph#: 6253098/3326 Fax#: 625-5449

As of 24 March 2009

6-2 List of reports and references related Gender

Title	Author	Publisher/Source	Year
Education and Training			
Education for All Mid-Decade	Ministry of	Ministry of Education	2005
Assessment	Education		
Health and Medicine			
Fiscal Year 2006 Annual	Ministry of	Ministry of Health	2007
Report	Health		
Demographic and Health Survey 2007	Economic Policy, Planning and Statistics Office	Economic Policy, Planning and Statistics Office	2008
Country Health Information Profiles Republic of Marshall Islands	World Health Organizatiuon	World Health Organizatiuon	2008
Agriculture, Forestry and Fisheri	es		
Strategy and Action Plan 2005-2010	Ministry of Resources and Development	Ministry of Resources and Development	2004
Economic Activities			
Key Indication for Asia and the Pacific 2008	Asian Development Bank	Asian Development Bank	2009
Country Report	United Nations Development Programme	United Nations Development Programme	2008
Report to the Congress on the Compact of Free Association wit the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI) for Fiscal Year 2006	United States of America	United States of America	2006
Social/Gender Analysis			
The New Shape of Old Island Culture	Hezel, F	University of Hawai'i Press	2001
Translating CEDAW Into Law	United Development Fund for Women	United Development Fund for Women	2007
Others			
RMI Statistic Yearbook 2004	Economic Policy, Planning and Statistics Office	Economic Policy, Planning and Statistics Office	2005
Millennium Development Goals National Progress Report	Economic Policy, Planning and Statistics Office RMI UNDP Office	Economic Policy, Planning and Statistics Office	2005

7. Definitions

<Technical Terms>

Informal sector

Part of economy consisting of small competitive individual or family firms listed in the labor indicators. According to the definition of ILO, those engaged in this sector have simple technology, insufficient amount of capital, unidentified business location, minimum number of employees (or none of them), lack of legality and registration, and no capability of bookkeeping.

Reproductive health/rights

Health/Rights concerning sex and reproduction. To be able to live safe and satisfied sex life, and to have freedom to decide whether, when and how many children to deliver.

National machinery

Administrative organization to promote equal participation between men and women, and to implement and strengthen policies related to women, and to supplement organization for women.

Affirmative action

Prioritized positive measure to promptly correct the difference, in the case that discriminated groups are placed in extremely unequal conditions to other groups, due to the discrimination accumulated in the past.

<Indicators>

Inflation rate

Instead, GDP deflator is used.

Gini index

Aggregate numerical measures of income inequality ranging from 0 to 100. A Gini index of zero represents perfect equality, while an index of 100 implies perfect inequality.

Percentage of Women's Income

There are no appropriate data comparable to each country. UNDP works out that the women's income is 75% of men's in non-agricultural sector.

Total fertility rate

Average number of children whom a woman delivers in all her life

Under-one mortality rate

Annual number of infants who die among 1,000 newborn babies within 1 year after the birth

Under-five mortality rate

Annual number of infants who die 1,000 newborn babies within 5 years after birth

Maternal mortality rate

Annual number of mothers who die among 100,000 cases of delivery due to pregnancy

Percentage of births attended by trained health personnel

The rate of births with the help of doctors, nurses, midwives, trained health personnel, or trained traditional midwives

Percentage of infants with low birth weight

The rate of newborn children of which the birth weight is less than 2,500 grams

Oral Rehydration Therapy (ORT) use rate

The rate of using oral rehydrate salt or substitute solution for under- infants having diarrhea

Enrolment ratio of primary and secondary school

Total enrolment ratio (or gross enrolment ratio) is the rate of pupils going to school with no respect to school age against population at the school age. Net enrolment ratio is the rate of pupils going to school at the school age against the people at the school age.

References

- Asian Development Bank, Key Indication for Asia and the Pacific 2008
- Economic Policy, Planning and Statistics Office and the RMI UNDP Office, Millennium Development Goals National Progress Report, 2005
- Economic Policy, Planning and Statistics Office, RMI Statistic Yearbook 2004, 2005
- Economic Policy, Planning and Statistics Office, Demographic and Health Survey 2007, 2008
- Hezel, F., The New Shape of Old Island Culture, University of Hawai'i Press, 2001
- Ministry of Education, Education for All Mid-Decade Assessment, 2005
- Ministry of Education, Fiscal Year 2007 Annual Report, 2009
- Ministry of Health, Fiscal Year 2006 Annual Report, 2007
- Ministry of Resources and Development, Strategy and Action Plan 2005-2010, 2004
- United Development Fund for Women, Translating CEDAW Into Law, 2007
- United Nations Development Programme, Country Report, 2008
- United States of America, Report to the Congress on the Compact of Free Association wit the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI) for Fiscal Year 2006
- World Health Organization, Country Health Information Profiles Republic of Marshall Islands, 2008