

Gender discrimination across the life cycle

Foeticide and infanticide

Gender discrimination begins early. Modern diagnostic tools for pregnancy have made it possible to determine a child's sex in the earliest phase. Where there is a clear economic or cultural preference for sons, the misuse of these techniques can facilitate female foeticide. Although there is no conclusive evidence to confirm such illegal misuse, birth histories and census data reveal an unusually high proportion of male births and male children under five in Asia, notably in China and India, suggesting sex-selective foeticide and infanticide in the world's two most populous countries – despite initiatives to eradicate these practices in both countries.

The middle years

A principal focus of the middle years of childhood and adolescence is ensuring access to, and completion of, quality primary and secondary education. With a few exceptions, it is mostly girls who suffer from educational disadvantage.

Primary education

For every 100 boys out of school, there are 115 girls in the same situation. Though the gender gap has been closing steadily over the past few decades, nearly 1 of every 5 girls who enrolls in primary school in developing countries does not complete a primary education. Missing out on a primary education deprives a girl of the opportunity to develop to her full potential. Research has shown that educated women are less likely to die in childbirth and are more likely to send their children to school. Evidence indicates that the under-five mortality rate falls by about half for mothers with primary school education.

Secondary education

Recent UNICEF estimates indicate that an average of only 43 per cent of girls of the appropriate age in the developing world attend secondary school. There are multiple reasons for this: There may simply be no secondary school for girls to attend – many developing countries and donors have traditionally focused on offering universal primary education and neglected to allocate the resources to increase enrolment and attendance in secondary education. A girl's parents may conclude that they cannot afford secondary education or may take the traditional view that marriage should be the limit of her ambitions.

Secondary education has multiple benefits for women and children. It is singularly effective in delaying the age at which a young woman first gives birth and it can enhance freedom of movement and maternal health. It also strengthens women's bargaining power within households (*see Chapter 2*), and is a crucial factor in providing opportunities for women's economic and political participation (*see Chapters 3 and 4*).

Adolescence

Among the greatest threats to adolescent development are abuse, exploitation and violence, and the lack of vital knowledge about sexual and reproductive health, including HIV/AIDS.

Female genital mutilation/cutting

Female genital mutilation/cutting (FGM/C) involves partial or total removal of, or other injuries to, female genitalia for cultural, non-medical reasons. The practice of FGM/C mainly occurs in countries in sub-Saharan Africa, the Middle East

and North Africa and some parts of South-East Asia. It is estimated that more than 130 million women and girls alive today have been subjected to FGM/C. FGM/C can have grave health consequences, including the failure to heal, increased susceptibility to HIV infection, childbirth complications, inflammatory diseases and urinary incontinence. Severe bleeding and infection can lead to death.

Child marriage and premature parenthood

Child or early marriage refers to marriages and unions where one or both partners are under the age of 18. Globally, 36 per cent of women aged 20–24 were married or in union before they reached their 18th birthday, most commonly in South Asia and sub-Saharan Africa. Child marriage is a long-standing tradition in areas where it is practised, making protest sometimes barely possible. Parents may consent to child marriages out of economic necessity, or because they believe marriage will protect girls from sexual assault and pregnancy outside marriage, extend girls' child-bearing years or ensure obedience to their husband's household.

Premature pregnancy and motherhood are an inevitable consequence of child marriage. An estimated 14 million adolescents between 15 and 19 give birth each year. Girls under 15 are five times more likely to die during pregnancy and childbirth than women in their twenties. If a mother is under 18, her baby's chance of dying in the first year of life is 60 per cent greater than that of a baby born to a mother older than 19. Even if the child survives, he or she is more likely to suffer from low birth-weight, undernutrition and late physical and cognitive development.

Sexual abuse, exploitation and trafficking

The younger girls are when they first have sex, the more likely it is that intercourse has been imposed on them. According to a World Health Organization study, 150 million girls and 73 million boys under the age of 18 experienced forced sexual intercourse or other forms of physical and sexual violence in 2002. The absence of a minimum age for sexual consent and marriage exposes children to partner violence in some countries.

An estimated 1.8 million children are involved in commercial sex work. Many are forced into it, whether they are sold into sexual slavery by desperately poor families or abducted and trafficked into brothels or other exploitative environments. Children exploited in the commercial sex industry are subjected to neglect, sexual violence and physical and psychological abuse.

Sexual and reproductive health

Because unprotected sex carries the risk of pregnancy and sexually transmitted infection, including HIV, knowledge of sexual and reproductive health is essential for the safety of young people. Information alone cannot provide protection, but it is certainly a first step. Nonetheless, adolescents around the world continue to have limited knowledge of reproductive health issues and the risks they face.

HIV/AIDS

By 2005, nearly half of the 39 million people living with HIV were women. In parts of Africa and the Caribbean, young women (aged 15–24) are up to six times more likely to be infected than young men their age. Women

are at greater risk of contracting HIV than men. One important explanation is physiological – women are at least twice as likely as men to become infected with HIV during sex. The other crucial, and largely reversible, factor is social – gender discrimination denies women the negotiating power they need to reduce their risk of infection. High rates of illiteracy among women prevent them from knowing about the risks of HIV infection and possible protection strategies. A survey of 24 sub-Saharan African countries reveals that two thirds or more of young women lack comprehensive knowledge of HIV transmission.

The dramatic increase in infection among women heightens the risk of infection among children. Infants become infected through their mothers during pregnancy, childbirth or breastfeeding. In 2005, more than 2 million children aged 14 years or younger were living with HIV.

Motherhood and old age

Two key periods in many women's lives when the pernicious effects of both poverty and inequality can combine are motherhood and old age.

Maternal mortality

It is estimated that each year more than half a million women – roughly one woman every minute – die as a result of pregnancy complications and childbirth. Some 99 per cent of all maternal deaths occur in developing countries, with over 90 per cent of those in Africa and Asia. Two thirds of maternal deaths in 2000 occurred in 13 of the world's poorest countries. The same year, India alone accounted for one quarter of all maternal deaths. One out of every 16 sub-Saharan

African women will die as a result of pregnancy or childbirth, compared to just 1 out of every 4,000 in industrialized countries. Moreover, motherless newborns are between 3 and 10 times more likely to die than newborns whose mothers survive.

Many of these women's lives could be saved if they had access to basic health care services, including skilled attendants at all births and emergency obstetric care for women who develop complications.

Women in old age

Elderly women may face double discrimination on the basis of both gender and age. Women tend to live longer than men, may lack control of family resources and can face discrimination from inheritance and property laws. Many older women are plunged into poverty at a time of life when they are very vulnerable. Only a few developing countries have safety nets for older people in the form of non-contributory or means-tested pensions.

Grandmothers in particular possess a great deal of knowledge and experience related to all aspects of maternal and child health and care. In many families, they are a mainstay of childcare for working parents. Experience has shown that children's rights are advanced when programmes that seek to benefit children and families also include elderly women.

See References, page 88.