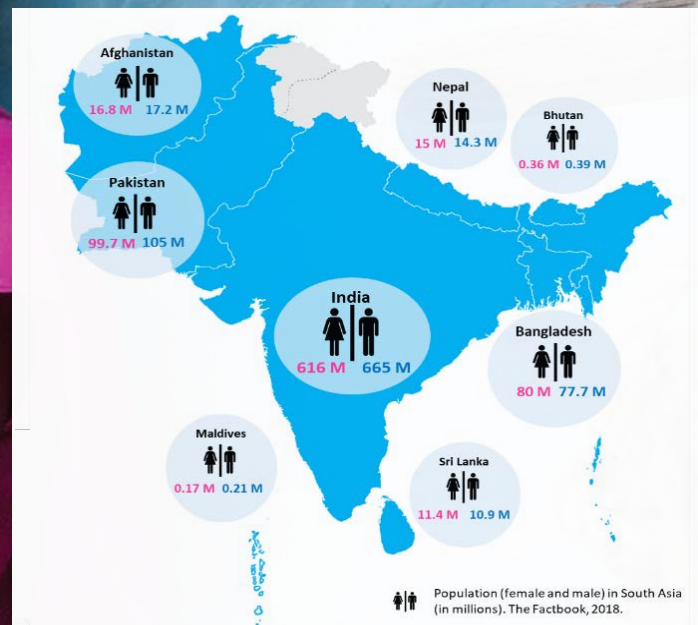


# Gender Equality Programming in South Asia



Globally, **689 million children** live in absolute poverty; **nearly half (44%)** live in South Asia



**5.4 million girls** are married before the age of 18



**10 girls** are vulnerable to violence and exploitation every minute



**31.9 million children** are out of school at primary and secondary level



**66,000 women** die from preventable maternal deaths every year

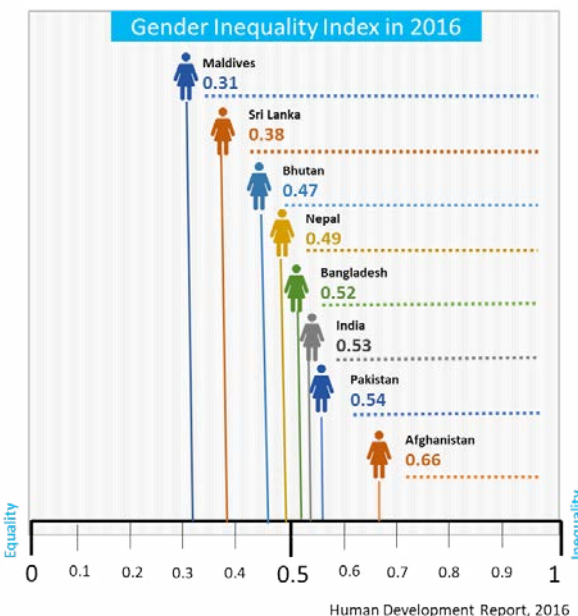


**45 million women and girls** are missing in India alone due to female foeticide



Throughout the South Asian region — India, Pakistan, Afghanistan, Bangladesh, Sri Lanka, Nepal, Bhutan and Maldives — inequalities arising from caste, religion, ethnicities are further complicated by severe gender discrimination that holds back progress for girls' and boys' development, wellbeing, voice and agency. Girls in South Asia experience the most critical gender gaps as pervasive social norms tend to privilege men's and boys' access to opportunities and resources over that of women and girls.

Girls' lives in particular are significantly impacted by high rates of child marriage (especially in Nepal, India and Bangladesh); lack of gender parity in primary education (in Afghanistan and Pakistan), gender barriers in transitioning to lower secondary education; adolescent pregnancies; and high levels of sexual and gender-based violence (latter three across the region).



Addressing gender gaps in South Asia is critical to strengthen human and cognitive capital. The region requires enhanced girls' education enrollment and completion rates, especially for secondary school; marketable skills training, tailored interventions for poor nutrition and sexual reproductive health outcomes, especially for adolescent girls, critical attention to gender norms that drive child marriage, and inequalities that increases risk of violence and deny women and girls mobility and opportunities at every stage of their lives.

**5 GENDER EQUALITY**

## Gender Equality in South Asia

**Early pregnancy**  
 Despite Bhutan being a middle-income country, early pregnancy before 18 is high

> 20%

**Gender Gap Index**  
 Second lowest gender gap globally

34%

**Education**  
 Countries in South Asia with educational gender gap fully closed

1 (Maldives)

**Health and survival**  
 Countries in South Asia that have fully closed the health and survival gender gap

1 (Sri Lanka)

**Son preference**  
 In more than half of the region, gender discrimination begins before birth.  
 Sex ratio of India:

940 | 1000

**Insecurity**  
 Insecurity elevates girls' and women's marginalization. In Afghanistan,

Girl's completion rate of primary education  
**13%**

Young girl's (15-24) literacy rate  
**32%**

**Social norms**  
 Bangladesh made significant gains in health and education; still social norm remains a challenge:

3 in 5

girls married before age 18, (4th highest rate in the world)

**Gender-based violence**  
 GBV prevalence is high across the region

1 in 3

married girls aged 15-19 in four countries have experienced intimate partner violence

UNICEF in South Asia is committed to equality for all and intensely promotes and advocates gender equality across the organization's results for: *Save Newborns, Stop Stunting, Every Child Learns, End Child Marriage, Stop Open Defecation and Eradicate Polio*. This effort is underpinned by UNICEF's global Gender Action Plan (GAP) 2018-2021, which is aligned with UNICEF's Strategic Action Plan 2018-2021 and Sustainable Development Goal 5 on gender equality and empowerment of all women and girls.

### Global Gender Action Plan (GAP) programming principles

- at scale
- innovative
- evidence-based/data generating
- expert-led
- well-resourced



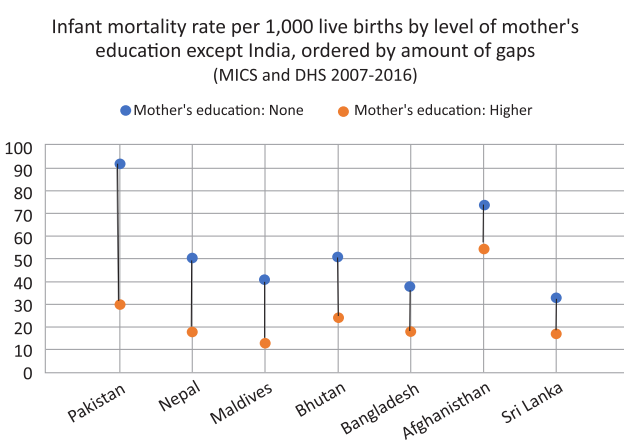
## Save Newborns

Newborn deaths account for 44% of under-5 deaths globally and South Asia accounts for almost 60% of under-5 deaths. Rates are as high as 53 per 1,000 live births among women with no education, versus 30 per 1,000 live births among women with secondary or higher education. The key to regional success in reducing newborn death is with three countries: Afghanistan, India and Pakistan.

In these countries where son preference is the norm and gender discrimination begins before birth such as India, 80-90% of child deaths occur in the first two years of life. Disaggregated data is unavailable to understand gender differences in both mortality and utilization of care, especially for female newborns. Community health workers, which is largely a female workforce, are not empowered and face barriers to delivering services.

Gender norms, cultural beliefs and taboos around birth delivery, differentials in newborn care affect child health, foeticide, maternal mortality, and breastfeeding behaviors. Neonatal mortality, newborn health and wellbeing is also related to mother's level of education, health and wellbeing, and the consequences of child marriage and adolescent pregnancy.

### INFANT MORTALITY RATE STRONGLY RELATES TO MOTHER'S LEVEL OF EDUCATION



### Gender-responsive approaches to save newborns

- ✓ Ensure health and nutrition sector policies prioritize adolescent girls, pregnant and lactating mothers
- ✓ Expand institutional care and coverage of services for mothers and newborns especially in rural areas
- ✓ Families and communities better understand harmful consequences of early pregnancy and newborn mortality
- ✓ Engaging fathers and households in unbiased newborn care for better cognitive and Early Childhood Development (ECD)
- ✓ Improving awareness of essential antenatal and post-natal care among women in households
- ✓ Empowering women and girls in household with health behavior change and resource allocations
- ✓ Improve demand and access to health services among young women and adolescent girls
- ✓ Communicating sexual and reproductive health information with adolescent girls and boys
- ✓ Micronutrient supplementation to avert anaemia in girls and women of reproductive age
- ✓ Increasing numbers and capacity of female health workers on birth preparedness and newborn care
- ✓ Gender-sensitive indicators, beyond sex-disaggregation, to improve data and measurement

### Gender issues across the life cycle

#### Infancy (0-3)



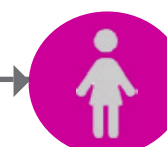
Poverty and son preference often lead to female foeticide and infanticide as well as discrimination in breastfeeding and health care

#### Early Childhood (3-5)



Discriminating gender socialization, early gender norms, discrimination in food and health care continues

#### School Age (6-10/11)



School dropout, malnutrition, emerging health issues, such as anaemia and iodine deficiency disorder, high risks of child abuse and exploitation

#### Early Adolescence (10/11-14)

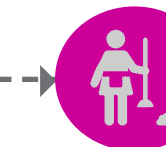


Child marriage, puberty, continued malnutrition and anaemia, risk of violence, HIV/AIDS, trafficking and commercial sex work

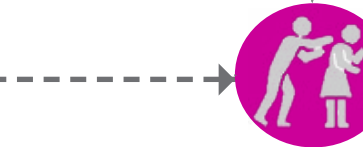
#### Adolescence and Youth (15-24)



Premature and frequent pregnancy through unsafe delivery which leads to high maternal and infant mortality rate, anaemia and undernutrition



Unpaid care or farm work at home or lower paid job with risk of sexual abuse at workplace, lack of voice, agency and support facilities



Risks of domestic violence, rape, trafficking, commercial sex work, abortion, HIV/AIDS, dowry, harassment, polygamy and divorce

#### Adult (over 25)



Locked out from decisions regarding household income and other resources making women poor and powerless with few assets throughout their lives

### Impact areas

Addressing gender norms and barriers

Empowering and investing in women and girls

Engaging men and boys

Mobilizing communities for change

Addressing gender issues at system, legal and policy level

Partnerships and systems for innovation, data and evidence

## Stop Stunting

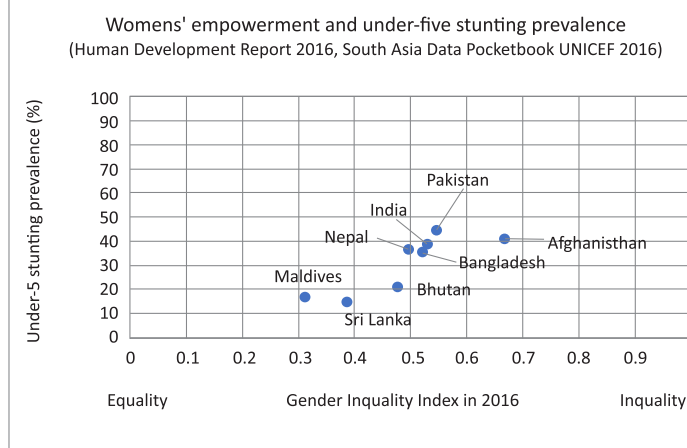
One in three children under 5 in South Asia have stunted growth affecting their physical and cognitive development (40% of the world's burden of child stunting is in South Asia).

The region also has the world's highest prevalence of anaemia, estimated at 55-80%. Stunting is concentrated among children born in poorest rural households to vulnerable women (who are young, anaemic, malnourished, uneducated and/or disempowered). Gender inequities, biased feeding practices, women's lack of resources, underlying social norms that result in child marriage, adolescent pregnancy and the low status of girls and women impede efforts to improve nutrition outcomes.

Women and girls who lack safe water and hygiene are prone to WASH-related illnesses, such as hookworm infestation, which, during pregnancy results in low birth weight, slow child growth and hepatitis.

Stop stunting efforts will be greatest in countries where stunting prevalence exceeds 30% and/or minimal dietary diversity in children 6-23 months is less than 30% : Afghanistan, Bhutan, Bangladesh, India, Nepal and Pakistan.

### UNDER-5 STUNTING RATE IS HIGHER IN COUNTRIES WHERE GENDER INEQUALITY IS HIGH



### Gender-responsive approaches to stop stunting

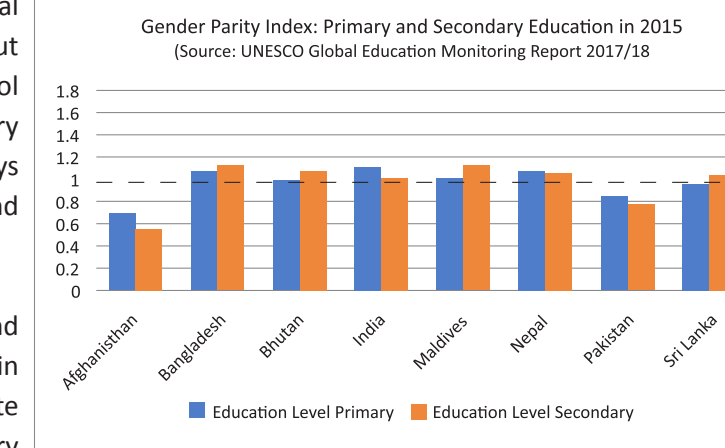
- ✓ Costed gender and adolescent-responsive national health and nutrition policies
- ✓ Health systems and community platforms to deliver equitable maternal nutrition services, particularly among the most disadvantaged, poorest and socially excluded groups
- ✓ Address gender differentials in child nutrition and barriers for young mothers to access nutrition services
- ✓ Early Childhood Development (ECD) and WASH interventions to be gender responsive and integrate with health and nutrition
- ✓ Improve women's nutritional intake during their reproductive years (targeting adolescent girls and young mothers beyond iron folate supplementation)
- ✓ Empower and enhance pregnant women's and girls' knowledge of hygiene and breastfeeding practices
- ✓ Engage fathers and other family members in nutrition programming
- ✓ Enhance maternity protection and breastfeeding in the workplace
- ✓ Collect and analyze sex-disaggregated data to inform gender-responsive nutrition interventions

## Every Child Learns

South Asia has the highest number of out-of-school girls (14.71 million). Completion of secondary education for girls significantly helps to reduce rates of child marriage, stunting and child and maternal mortality. However, of the region's 31.9 million out of school children, girls are unlikely to start school (82%), compared with boys (41%). Lower secondary completion rates in the region are higher for boys than for girls, with the exceptions of Maldives and Sri Lanka.

Emerging trends of higher school drop-out and out-of-school children are noted among boys in Bangladesh (70%), Maldives and Nepal, while acute challenges persist for girls to complete primary education in Afghanistan and Pakistan. Retaining girls at the secondary level is a challenge throughout the region, hindered by high prevalence of child marriage and early pregnancy, lack of value in educating girls, lack of female teachers, unsafe schools with limited water and sanitation facilities and long distances to schools that increase risk of violence.

### MANY GIRLS REMAIN OUT OF SCHOOL ESPECIALLY IN AFGHANISTAN AND PAKISTAN



### Gender-responsive approaches to achieve gender equality in education

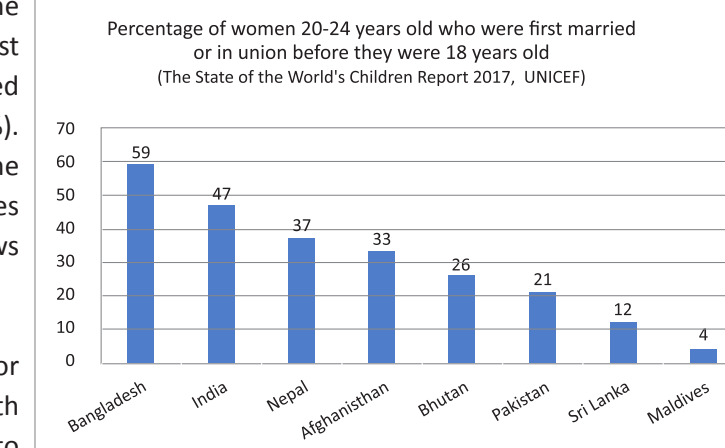
- ✓ Holistically addressing gendered barriers at all levels of education, such as child marriage, gender-based violence, inadequate WASH facilities in schools, child labour and the burden of household tasks
- ✓ Support governments to develop gender-responsive national education sector plans
- ✓ Strengthen female teacher recruitment, retention, training, incentives and deployment
- ✓ Support governments and schools to remove gender stereotypes in teaching materials
- ✓ Train teachers in gender-responsive pedagogy and equip teachers to ensure children's safety in schools
- ✓ Address financial constraints through conditional incentives to help families' value and send girls to school
- ✓ Support community-based schools and alternative learning opportunities for out-of-school girls and boys
- ✓ Ensure girl-friendly sanitation in schools, and improve menstrual hygiene management facilities
- ✓ Invest in market-driven technical, skills and vocational education, especially for girls
- ✓ Address gender socialization processes and promote effective, non-discriminatory parenting in early childhood
- ✓ Collect and analyze disaggregated data and measures of gender inequality in education beyond parity

## End Child Marriage

South Asia has the highest prevalence of child marriage in the world: nearly half (45%) of all girls in South Asia marry before the age of 18. Between 2010 and 2030, an estimated 130 million girls in the region will be married, Bangladesh has the highest rate of child marriage in the region (59%), followed by India (47%), Nepal (37%) and Afghanistan (33%). Despite official laws prohibiting the practice in some countries, child marriage ban enforcement measures are often lacking and religious and customary laws prevail.

Child marriage results in negative consequences for girls, including early pregnancy, risk of childbirth complications, stunted newborns, exposure to sexually-transmitted infections, HIV, social isolation, interrupted schooling, limiting career and vocational advancement and increased risk of domestic and sexual violence with no recourse. More than one in three girls aged 15-19 have experienced physical, sexual or emotional violence by their intimate partner in Afghanistan, Bangladesh and India.

### APPROXIMATELY 1 IN 2 GIRLS MARRIED OFF BEFORE THE AGE OF 18



### Gender-responsive approaches to end child marriage

- ✓ Address discrimination against girls and structural determinants of child marriage
- ✓ Support national action plans to end child marriage and ensure plans are costed and implemented
- ✓ Support enforcement of legal policies against child marriage that adhere to international standards
- ✓ Strengthen child protection systems that address gender-based violence
- ✓ Educate girls to complete secondary school and advance girls agency and school retention
- ✓ Integrate life skills, menstrual hygiene management, sexual and reproductive health and gender-based violence in health and education policy frameworks, curricula and implementation strategies
- ✓ Support behaviour-change initiatives that challenge pervasive gender norms that drive inequality
- ✓ Mobilize and empower religious leaders, parents and community members as advocates against child marriage
- ✓ Provide social and economic alternatives to child marriage and early childbearing
- ✓ Increase generation and use of disaggregated data and evidence for advocacy, programming and learning

## AFGHANISTAN

### Growing the pool of female teachers

Afghanistan faces a shortage of female teachers, especially in rural areas. UNICEF and its partners have supported the government with strategies for teacher training and enlarging the pool of female teachers.



A new two-year teacher training programme allows female high school graduates to receive an Associate Degree qualifying them to teach. This not only increases teacher availability, but having more female teachers helps girls' in the country gain greater access to education and female dropout rates decrease.

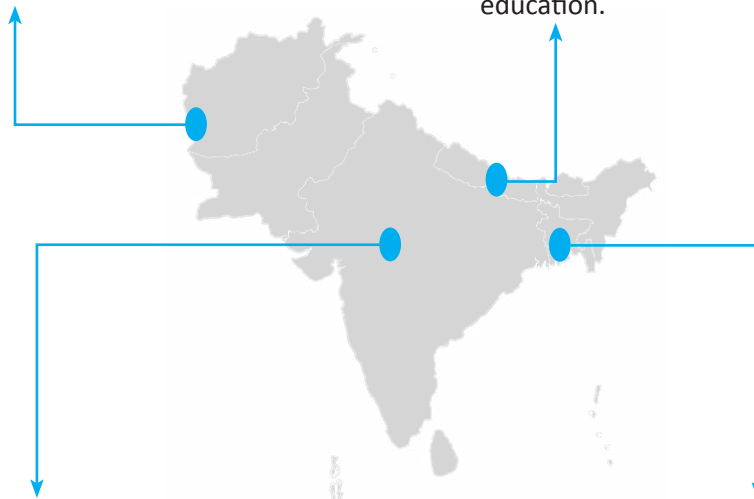
## NEPAL

### Training for adolescents to reduce child marriage

Nepal has one of the highest rates of child marriage in the world: 37% of girls are married before 18 and more than one in ten boys. A social and financial skills training programme called 'Rupantaran', or 'transformation,' helps Nepali girls and boys aged 10 to 19 years to become agents of change in their communities.



In twice a week classes, the children, and their parents engage in analyzing gender role in society and discuss topics such as the negative consequences of child marriage, safe motherhood, gender-based violence, the environment and the importance of education.



## INDIA

### Improve girls' and women's nutrition through empowerment

India has the highest numbers of stunted children globally. 'Swabhimaan' (self-respect, self-reliance), started in 2016, is an initiative that aims to improve girls'



and women's nutrition before conception, during pregnancy and after birth through women-led self-help groups. Programme activities include systems strengthening activities, such as capacity building of agriculture department personnel, training of village resource persons who engage with women farmer self-help groups and male sensitization on women's access to nutrition.

The programme reaches vulnerable women/girls through women's collectives that implement village maternal nutrition plans and run camps for undernourished women and girls (especially in Bihar, Chhattisgarh and Odisha). This has also led to increased women's voice and decision-making in communities.

## BANGLADESH

### Access to quality care means healthier newborns

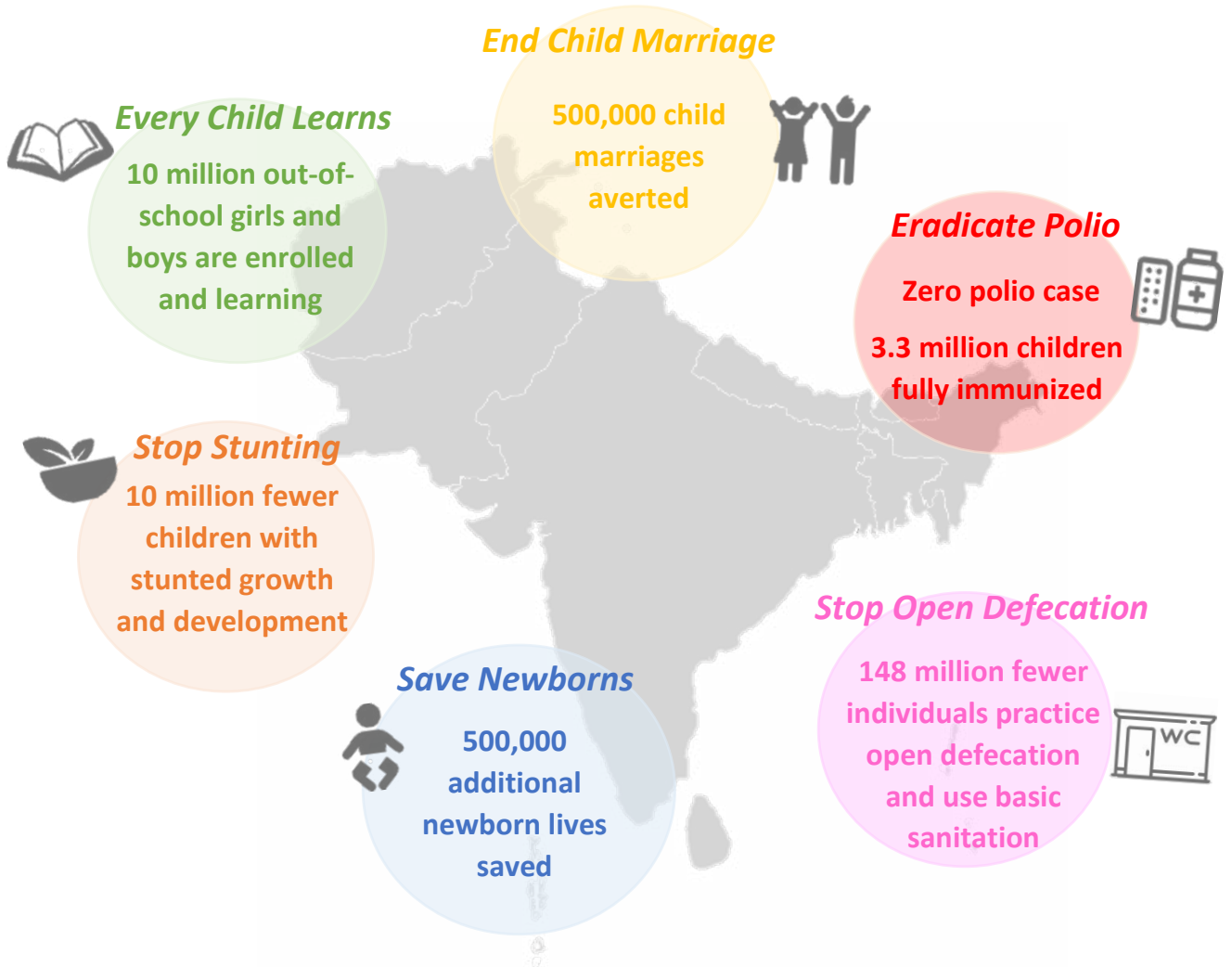
In Bangladesh, neonatal mortality contributes to 60% of all under-5 mortality and reduction in neonatal mortality has been slow. Most hospitals do not have adequate facilities for treating newborns. UNICEF has supported the Ministry of Health and Family Welfare to establish 16 Special Care Newborn Units (SCANUs) that provide essential and emergency care for sick newborns.



Clinic staff have been trained on improvement of services in the SCANUs and a web-based 'Individual Case Tracking' system has been developed for online reporting from all SCANUs.

Following the positive outcome, the Government of Bangladesh has planned to scale up the special care units in all 64 districts.

# South Asia Regional Headline Results 2018-2021



UNICEF is **committed to promoting gender equality in South Asia** by seeking to address discriminatory policies and services, socialization processes and norms that negatively define gendered roles and practices. UNICEF supports girls and boys from early childhood through adolescence to adopt and shape more equitable gender relations, opportunities, norms and social progress for every child.

For more information on UNICEF gender equality work in South Asia, please contact UNICEF ROSA Gender Section.

Check our short YouTube video : [www.youtube.com/watch?v=II0FBbjThfY](https://www.youtube.com/watch?v=II0FBbjThfY)



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