Gender discrimination across the life cycle

Foeticide and infanticide
Gender discrimination begins early. Modern diagnostic tools for pregnan-
cy have made it possible to determine
child sex in the earliest phase.
Where there is a clear economic or
cultural preference for sons, the mis-
use 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 coun-
tries – 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 educa-
tional disadvantage.
Primary education
For every 100 boys out of school,
there are 115 girls in the same situa-
tion. Though the gender gap has
been closing steadily over the past
few decades, nearly 1 of 5 girls
who enrols in primary school in
developing countries does not com-
plete a primary education. Missing
out on a proper 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 educa-
tion 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 educa-
tion 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 free-
dom of movement and mental health.
It also strengthens women's bargain-
ing 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 adoles-
cent development are abuse, explota-
tion and violence, and the lack of vital
knowledge about sexual and repro-
ductive 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 complica-
tions, inflammatory diseases and uni-
nary 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 some-
times barely possible. Parents may
consent to child marriages out of
economic necessity, or because they
believe marriage will protect girls
from sexual assault and protect their
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 ado-
lescents 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 physi-
cal 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 inter-
ocourse 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 des-
perately 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 contin-
ue 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 at greater risk of contracting
HIV than men. One important explana-
tion 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 discrimina-
tion 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 infec-
tion and possible protection strate-
gies. 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 moth-
ers 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 com-
bine 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 industrial-
ized 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 emer-
gency 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 dis-
crimination 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 experi-
ence related to all aspects of maternal
and child health and care. In many
families, they are a mainstay of child-
care 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.