

**GENDER INEQUALITY AND
EARLY CHILDHOOD
DEVELOPMENT**

A REVIEW OF THE LINKAGES

- Why is the development that occurs in the early years of such critical importance for the rights and wellbeing of girls and boys as they progress into adulthood?
- Why do gender inequality and discrimination matter so much for early childhood development?
- Why do Early Childhood Development programmes and services offer so much potential to promote the rights of girls and boys, and gender equality?

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About Plan International

We strive to advance children’s rights and equality for girls all over the world.

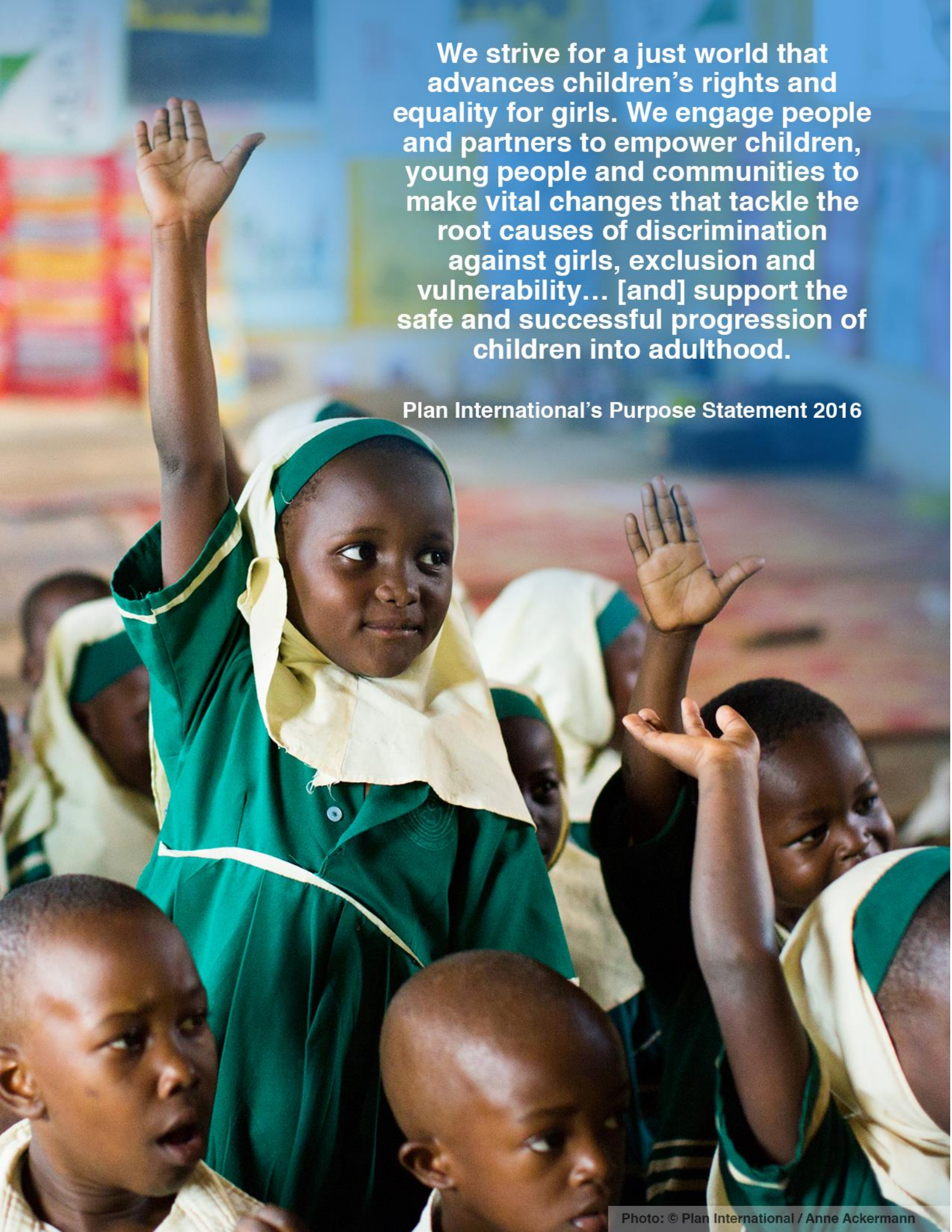
We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it’s girls who are most affected.

As an independent development and humanitarian organisation, we work alongside children, young people, supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children.

We support children’s rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity.

We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge.

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A group of young girls in green school uniforms and white headscarves, with their hands raised in a classroom setting. The girls are looking towards the camera with various expressions of interest and engagement. The background is slightly blurred, showing other students and classroom posters.

We strive for a just world that advances children's rights and equality for girls. We engage people and partners to empower children, young people and communities to make vital changes that tackle the root causes of discrimination against girls, exclusion and vulnerability... [and] support the safe and successful progression of children into adulthood.

Plan International's Purpose Statement 2016

INTRODUCTION

Plan International's commitment to tackle discrimination and exclusion and advance children's rights and equality for girls lies at the heart of our new **Organisational Purpose**. Our ambition to tackle the drivers of exclusion and gender inequality is in response to the fact that in most of the countries and communities in which Plan works, entrenched gender inequality, discrimination against girls and women, and son preference continue to exist. These affect the care and access to services and opportunities provided to girls, right from birth.

This paper aims to respond to the fact that Early Childhood Development initiatives and programmes, both internal and external, often appear to give limited attention to gender inequality and discrimination. Furthermore, initiatives to promote girls' rights and gender equality often pay little attention to early childhood, instead focusing on older girls and adolescents. There is no question that the most significant *gender-specific* rights violations and gaps usually affect older girls, adolescents and young women. Added to this, global-level data does not indicate significant differences between girls and boys in terms of infant mortality, under-five malnutrition or enrolment in pre-school, while in the countries with available data, girls and boys are roughly equally at risk of experiencing violent punishment from caregivers in the home.^{1,2} But if we focus just on the global data, it is easy to lose sight of the fact that in many communities and **right from birth, gender discrimination affects girls disproportionately** – and girls' chances to realise their rights and to live a life of dignity. It also sets up boys for a life of harmful notions of masculinity.

This paper aims to describe why gender inequality and discrimination matter so much for the early years' development of childrenⁱ, and to frame the compelling and interconnected reasons why gender-transformative Early Childhood Development (ECD) programmingⁱⁱ is of fundamental importance for promoting the rights of girls and boys and for challenging gender inequality and discrimination. The paper explains how:

- ✓ **Early childhood development matters for children's rights and for gender equality.**
There is overwhelming scientific evidence that the first years are the most important years of a child's life. This is the period when 90 per cent of a child's brain is built and when the child learns social, emotional, cognitive and language skills that are the foundations for health, development, wellbeing, healthy relationships and productivity into adulthood. This is also the period when children learn the gendered norms, attitudes and expectations of their community and society, meaning that by the time they reach primary school, girls and boys may already have a clear idea of how they are expected to behave, how they are valued and what their future role will be.
- ✓ **Gender equality matters for early childhood development.**
In many contexts, gender inequality and discrimination underpin women's low status, their poor physical and mental health and their limited opportunities to make choices for themselves and their children. This in turn results in their children having fewer chances of surviving and thriving during early childhood. In countries and communities where gender discrimination and son preference are significant, girls often receive lower quality care and attention right from birth and grow up at a disadvantage, with lifelong implications that affect the next generation.

ⁱ We refer throughout this paper to children, boys and girls while recognising that this binary definition of gender does not adequately take into consideration children with other gender identities, including transgender children who may strongly identify with the other gender from as young as two or three years of age. The implications of gender inequality and discrimination, and gender socialisation for the early years' development of transgender children are not considered in this paper.

ⁱⁱ Gender-transformative programmes have the explicit intention to transform unequal power relations. Their focus goes beyond improving the condition of women and girls: they seek to improve the social position of girls and women (how they are valued in society) as well as the full realisation of their rights.

- ✓ **Gender transformative ECD programming matters for ending this cycle of discrimination.**
Gender transformative ECD programming and policy advocacy aims not only to ensure that girls and boys access the care, supports and services they need to survive, grow healthily and develop to their full potential – it also pays specific attention to transforming unequal gendered power relations. When ECD programmes are gender transformative, they engage parents, caregivers, community leaders and educators to change the way that children are taught so that unjust gendered norms and attitudes are challenged from an early age; they work to ensure that girls and boys are provided with equal care and opportunities; they successfully promote men’s support for care work and emotional engagement in the upbringing of their children; and they support women’s rights to health, freedom from violence and empowerment. They offer, as a result, a key window of opportunity to promote young children’s development as well as to advance gender equality – with potentially long-term impact.

The evidence presented here expands on these reasons. It draws substantively on external reports and sources, and on the findings from research conducted by Plan in six countries (Ethiopia, Mozambique, Pakistan, Uganda, Kenya and Bolivia) on the gender dimensions of early childhood development.³

A. EARLY CHILDHOOD MATTERS:

The cognitive, social and emotional skills that are learned early on influence lifelong educational achievement, health and wellbeing

Early childhood – the period below the age of eight years⁴ – is *the most important* phase of development of a person’s life.

- Healthy early child development – which includes the physical, social, emotional and cognitive domains of development, each equally important – strongly influences wellbeing, mental and physical health, learning and competencies in literacy and numeracy as well as social and economic participation throughout life.⁵
- The first years of life see the most rapid development and learning.⁶ During the first three years, a child’s experiences interact with biological and genetic factors to establish as much as 90 per cent of the brain’s structures and circuits that are key for thinking, feeling, moving, communicating and interacting throughout life.⁷
- During early childhood, girls and boys develop a sense of self-worth, identity and belonging, and learn the beliefs, norms and expectations of their community and society.⁸ They also develop social and emotional skillsⁱⁱⁱ that are the foundations of both the cognitive development that comes later and the “life skills” that are traditionally the focus of programmes with adolescents and youth. These are critically important not only for future success in school and the workplace, but also for forming healthy relationships with others, based on respect and equality.
- Making up for opportunities lost during this early years “window of opportunity” is not impossible. However, correcting developmental deficits later on, to enable a child to develop to her or his full potential, will require much greater resources – both time and financial. For this reason, it is much more cost-effective and efficient to prevent inequalities in development from occurring during the earliest years, rather than remedying them later.⁹
- Despite all the evidence demonstrating the importance of ECD, this is the period of a child’s life in which governments often invest the least. Globally, an estimated 250 million children under five years of age – 43% of the under-fives growing up in low- and middle income countries – will probably not develop to their full potential because they grow up facing a number of risk factors.¹⁰ These include poverty; poor health and under-nutrition; inadequate responsive care and learning opportunities provided within the home; exposure to violence, abuse and neglect; and lack of access to quality Early Childhood Development (ECD) services, including pre-primary schooling.
- When girls *and* boys are denied access to the opportunities, care and services they need to thrive and develop to their full potential, this affects the rest of their lives.¹¹

Girls and boys who fail to develop fully in the early years are more likely to have children with poor life outcomes in the future.

- Girls and boys with impaired cognitive, social and emotional development in early childhood are more likely to do poorly in school and leave school early: subsequently, as adults, they are more

ⁱⁱⁱ Social and emotional (or psychosocial) competencies that develop during early childhood include the ability to form attachments, emotional bonds with others, and to love, care for and trust in others; an understanding of self, along with a sense of self-worth and self-caring; the ability to experience and express emotions and to understand the feelings of others; assertiveness (without aggressiveness); and an understanding of the social and cultural rules and expectations of their families and communities. Self-regulation and executive function skills also start to be formed in early life: they require a child to use simultaneously a combination of different cognitive, social and emotional skills and are essential for later success: they enable us to plan, focus attention, remember instructions and juggle multiple tasks successfully. They require working memory, mental flexibility and inhibitory control (impulse control). “Life skills” include these competencies and interpersonal skills such as those required for negotiation, conflict resolution, and communication. They enable a person to build healthy relationships, empathise with others, make informed decisions, think critically and creatively, and manage the demands and challenges of their lives in a healthy and productive manner.

likely to have low incomes, high fertility and provide poor healthcare, nutrition and stimulation to their own children.¹²

- Supporting girls and boys to develop to their full potential also, therefore, contributes to breaking the inter-generational transmission of discrimination, disadvantage and poverty.

B. GENDER EQUALITY AND WOMEN'S RIGHTS MATTER FOR EARLY CHILDHOOD DEVELOPMENT

As mentioned in the previous section, millions of children are failing to develop to their potential due to multiple risk factors. Poverty is a key structural cause of this situation. Another is gender discrimination which - in many communities - underpins gendered social norms^{iv} and expectations about the role and behaviours of women *and* the denial of the rights of women who are primary caregivers, impacting in turn on the development of their children.

B.1 Deeply entrenched gender inequalities are at the root of the high rates of maternal mortality, ill health and under-nutrition in many low-income countries¹³

Gender inequality and women's low social status and disempowerment impact on access to and demand for maternal healthcare services in countries with high maternal mortality rates.¹⁴

Of the 800 women who died every day from maternal causes in 2015, 99 per cent were from developing countries.¹⁵ Most maternal deaths are directly related to complications during delivery that could have been prevented through access to quality essential obstetric care.¹⁶ The number of maternal deaths is highest in countries with weak health systems that fail to provide equitable, free-at-point-of-use, quality and acceptable maternal healthcare. In most countries, national maternal and neonatal health policies and strategies recommend at least four antenatal visits, a postnatal visit within 24 hours and skilled care at birth.¹⁷ However, in many cases – particularly where overall public investment in health is low¹⁸ and where policy and decision makers of state institutions mirror societal attitudes and beliefs around gender, women's rights and women's value¹⁹ – governments have lacked the political will or momentum to increase the quantity and quality of investments in maternal healthcare and fail to translate these recommendations into reality.

As a result:

- antenatal care and essential obstetric care coverage remains inadequate, particularly in the regions with highest maternal mortality;^{v, 20, 21}
- user fees continue to represent a major barrier to service use in many countries;^{vi}
- women in rural areas face additional barriers to accessing healthcare: services are often concentrated in urban areas, road infrastructure is poor and emergency transport is lacking;^{vii 22}

^{iv} For the purposes of this document, we have used social norms to mean the shared expectations and informal rules of a particular group, community, or society about what is appropriate behaviour for people. Gendered social norms are the shared expectations and informal rules about how each gender should behave.

^v Globally, only 58 per cent of women receive at least four antenatal visits – the recommended minimum: in sub-Saharan Africa and South Asia the rates are 49 per cent and 42 per cent respectively. While the percentage of women delivering with a skilled attendant increased from 59 per cent to 75 per cent between 1990 and 2015, only 51 per cent of women in sub-Saharan Africa, 45 per cent of women in West and Central Africa and 62 per cent of women in South Asia gave birth with a skilled attendant in 2015. UNICEF Data: *Monitoring the situation of women and children*, [online] <http://data.unicef.org/> (accessed May 2017)

^{vi} For instance, of the 51 countries in which Plan works, in 13 countries (25 per cent) there is no or only partial waiver of user fees for antenatal care. In 19 countries (37 per cent) there is no or only partial waiver of user fees for childbirth. In at least 18 countries (35 per cent), families have to bear some or all of the costs of pharmaceuticals and supplies for maternal and newborn care. World Health Organization (WHO) Maternal and Newborn Health Policy Indicators (www.who.int/maternal_child_adolescent/epidemiology/policy-indicators/en/)

^{vii} Africa is also facing a health worker crisis: on average, there are only 13.8 nursing and midwifery personnel for every 10,000 people and most of these are concentrated in urban areas. Africa Progress Panel (2010) *Maternal health: investing in the lifeline of healthy societies and economies*. Policy brief.

- inequities in the use and coverage of skilled maternity care persist within low-income countries alongside inequities in maternal outcomes. Women from the richest income quintile are almost three times more likely to give birth with a skilled attendant than women from the poorest quintile (86 per cent versus 33 per cent); and just over half of all births among rural mothers are attended by skilled health personnel, compared to 85 per cent of urban mothers.^{23, 24}

Even while the coverage and reach of maternal health services has increased dramatically in some high-burden countries, the content and quality of care have not improved at the same pace.²⁵

- In many countries, health services fail to ensure a sufficient number of female providers, particularly for services such as obstetrics and gynaecology;^{viii} or to ensure that women can receive care and services without the partner's consent.
- A growing body of research on women's experiences during pregnancy, and particularly childbirth demonstrates that women across the globe experience disrespectful, abusive or neglectful treatment during childbirth in facilities.^{ix} Adolescents - as well as women who are unmarried, of low socio-economic status, from ethnic minorities, or who are migrant or living with HIV - are particularly likely to experience disrespectful and abusive treatment. In each case, this constitutes a violation of trust between women and their healthcare providers, and can be a powerful disincentive for women to seek and use maternal healthcare services.²⁶

Alongside these supply-side barriers, there are demand-side barriers – many of which are underpinned by gender discrimination – that may prevent a woman from *seeking* healthcare even when it exists.²⁷ A particularly important demand-side barrier is the control that a woman's partner or his family (including female family members) has over her access to health information and services.²⁸ In many contexts, gendered norms and expectations – often underpinned by cultural and religious beliefs - limit women's mobility and movements outside the household²⁹ or mean that they are not allowed to make independent decisions about when and how they will access healthcare.³⁰ Furthermore, other family members may consider childbirth as a woman's concern and not that of the household. As a result, women may find it difficult to get the money to pay for services or to obtain transport to get to medical care – and may also only receive incomplete treatment if husbands or family members do not appreciate the need for long-term care.³¹

Gender inequality is linked to high-risk pregnancies and in turn to high maternal mortality and ill health.

- When a woman has undergone female genital mutilation or cutting (FGM/C) the risks of obstetric complications, such as post-partum haemorrhaging, prolonged labour and prenatal death, are increased.³²
- In areas with strong son preference, women are often under intense societal pressure to produce sons, and may continue having children until a boy is born – thus putting their health and life at risk. Failure to bear a son may lead to consequences including violence, rejection by the marital family or even death.
- Women who have more than four children are at increased risk of maternal mortality. An estimated 225 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception – for reasons that range from lack of access to methods to the opposition of their partner and community³³.

^{viii} A quarter of women in 41 countries gave not having a female health provider as a reason why they did not go to a health facility to give birth. Save the Children (2011) *An equal start: why gender inequality matters for child survival and maternal health*. London: Save the Children Fund.

^{ix} Reports of disrespectful and abusive treatment during childbirth in facilities have included physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures (including sterilisation), lack of confidentiality, failure to get fully informed consent, refusal to give pain medication, gross violations of privacy, refusal of admission to health facilities, neglecting women during childbirth to suffer life-threatening, avoidable complications, and detention of women and their newborn babies in facilities after childbirth due to an inability to pay. WHO (2015) "The prevention and elimination of disrespect and abuse during facility-based childbirth", WHO Statement.

- In societies in which a woman's social value is largely determined by her ability to produce children for the family or for the larger social group, high fertility patterns and high-risk pregnancies are common. These types of pregnancies, which are often too early or too late, too frequent or too many, adversely impact the survival of a woman's child, as well as her own health.³⁴
- Women's under-nutrition is related to gender inequality, further exacerbated by poverty and lack of access to resources. In many cultures, boys and men traditionally eat first, and girls and women eat the leftovers. They are also the first to make nutritional sacrifices in the face of economic shocks. In some cultures, mothers are subject to dietary restrictions during pregnancy, which in some cases mean that they are deprived of essential nutrients and which are linked to iron and protein deficiencies. Maternal under-nutrition and anaemia are linked to higher rates of maternal death and morbidity.³⁵

Gender inequality is a root cause of adolescent pregnancy and child marriage: these in turn are linked to a higher risk of maternal death and disability.

- Approximately 16 million adolescent girls aged 15 to 19 years and 2.5 million girls aged 12 to 15 years give birth each year – 95 per cent of these births occur in developing countries.³⁶ It is estimated that between 25 per cent and 50 per cent of all young women in low-income countries give birth before they turn 18.³⁷ In every region of the world, girls with lower education levels and from rural, low-income families or ethnic minorities are more likely to become pregnant than their wealthier, urban, educated counterparts.
- Nine in ten of these births occur within marriage or a union. Adolescent birth rates are highest where child marriage is most prevalent: young girls forced early into marriage rarely have a say regarding when they will get pregnant. Despite near-universal commitments to end child marriage, in developing countries, one in three girls is married before the age of 18 and one in nine girls before the age of 15.³⁸
- The risk of maternal death among teenagers – and in particular young teenagers – is higher than among women. Complications during pregnancy and childbirth are the second cause of death for 15 to 19-year-old girls globally: about 70,000 adolescents in developing countries die annually of causes related to pregnancy and childbirth.³⁹ Younger teenagers also face significantly higher rates of obstetric fistulae due to prolonged or obstructed labour.

B.2 When women's rights to health and nutrition are not realised, and when they have low status and decision-making power within the household, this will have a negative impact on their children's survival and early years' development

Family environments are a major predictor of child development outcomes. There is a large body of non-experimental evidence showing that adverse family environments substantially impair child development outcomes. The likelihood of parents and caregivers being able to provide the responsive care, nutrition, stimulation and protection that they would like to – and that their children need to develop to their full potential - is reduced when families are poor; when there are high levels of family stress; when families face societal violence or conflict, or are displaced; and when the mother is suffering from maternal depression. Children's chances of surviving and thriving are also reduced when their mothers experience the health issues described in the previous section, have low levels of education and limited intra-household bargaining power.

The following section explores the strong links between a woman's health, nutrition, wellbeing and decision-making power and her children's survival, growth and development. Supporting the woman and promoting women's empowerment means supporting the child.

A mother's health and nutritional status affects her child.

- Deaths during the first month of life – the neonatal period – constitute 44 per cent of child deaths, and most result from inadequate maternal healthcare before birth and during delivery.⁴⁰

- An infant whose mother dies from maternal causes is up to ten times more likely to die before the age of two, compared to an infant whose mother survives.^x
- Maternal under-nutrition is a risk factor for low birth weight, premature birth and increased child mortality, contributing to an estimated 800,000 neonatal deaths a year.⁴¹
- The health risks to the infants and children of adolescent mothers have been well documented. Infants born to mothers under the age of 20 have a 73 per cent higher rate of infant mortality than infants born to older mothers. Stillbirths and newborn deaths are 50 per cent higher among infants of adolescent mothers than among infants of mothers aged 20 to 29 years. Premature birth and low birth weight are also more common, and in turn are linked to a higher risk of intellectual, language and socio-emotional delays.⁴²

A woman's mental health and wellbeing affects her child.

- Maternal depression and depressive symptoms, particularly when these affect the mother during the first year after birth, are associated with her children's impaired growth and delayed socio-emotional and cognitive development. This is because – across different cultures and socio-economic groups – maternal depression is associated with compromised parenting behaviour, non-responsive caregiving practices and a lower likelihood or shorter duration of breastfeeding.⁴³ In the absence of another caregiver – such as the father – who can provide the secure attachment and responsive care an infant needs to feel secure, explore and learn, the child is at higher risk of experiencing developmental delays.
- It is estimated that approximately one in four women living in low- and middle-income countries suffer from depression during the antenatal period, and one in five women suffer from depression during the postnatal period.⁴⁴ As many as 55% of women may suffer depressive symptoms (and therefore poor psychological wellbeing): furthermore, maternal depression can persist beyond the postpartum period, after which symptoms might recur or become chronic and adversely affect the most sensitive years of child development.⁴⁵
- Depression in women is usually the result of multiple causes and factors – many related to gender discrimination and women's low status – including poverty, low education, high stress due to marital conflict and domestic violence, lack of control over economic resources and poor social support.
- More than two thirds of countries have a mental health policy, but in most low- and middle-income countries these are inadequately implemented and poorly resourced.^{xi, 46} As a result, access to mental healthcare for *both men and women* is limited. It is estimated that on average, up to 20 per cent of women attending primary healthcare in developing countries suffer from anxiety and/or depressive disorders: however in most centres, these patients are not recognised and therefore not treated. Communication between health workers and women patients is extremely authoritarian in many countries, making a woman's disclosure of psychological and emotional distress difficult, and often stigmatised. When women dare to disclose their problems, many health workers tend to have gender biases which lead them either to over- or under-treat women.⁴⁷

A woman's educational level affects her child's chances of surviving and thriving.

- For every one-year increase in the education of women of reproductive age, child mortality decreases by 9.5 per cent.⁴⁸ The children of mothers with no education are far more likely to be stunted than children born to mothers who have been to school.⁴⁹
- Maternal education is important because it is a key determinant of health service utilisation, helping to bolster understanding of health and sanitation and to empower women to make decisions concerning their and their children's health. Women with more years of schooling also have improved income earning potential; improved childcare practices; and reduced risk of depression.⁵⁰

^x A stark example of this comes from Afghanistan where 75 per cent of infants who survive their mother's death die within their first year of life. Save the Children (2011) *op. cit.*

^{xi} Levels of public expenditures on mental health are very low in low- and middle-income countries: less than US \$2 per capita. WHO (2015) *Mental Health Atlas 2014*. www.who.int/mental_health/evidence/atlas/mental_health_atlas_2014/en/

Research in India has also found that women's education is the single most significant factor in reducing son preference.⁵¹

When women are expected to shoulder the responsibility for care work and childrearing, and men do not engage and share these responsibilities, this can impact negatively on their children's development and wellbeing.

Over the past 20 years, the issue of unequal gendered distribution of care work has attained more global attention and been mentioned in many international agreements:^{xii} in parallel, gendered social norms around fatherhood, caregiving and care work have been shifting. As women's roles in the labour force have increased, men in many parts of the world have begun to play a larger role in care work and childrearing.

While this is encouraging, in much of the world men are still more usually expected to be the main or sole provider for their families, while women are expected to be responsible for caring for children, the home and their families. Despite women's increased work outside the home and escalating burden of care, and men's decreasing role as sole providers, in many contexts men continue to show strong resistance to sharing responsibilities for care work (including domestic chores) and childrearing:⁵²

- According to global statistics, women take on two thirds of the household and care work within their homes. In 2014, across 66 countries representing two thirds of the world's population, women did more than three times as much unpaid care work as men: and in Cambodia, India, Mali and Pakistan they spent at least ten times as many hours as men on unpaid care work.^{xiii, 53}
- In most countries, men also spend a lot less time with their children than the mother does. This is particularly the case during infancy, when men usually have minimal involvement in providing care (for instance feeding or nappy-changing) or helping with domestic chores. If they do engage, it is usually as the child gets older, spending time playing or helping with homework.^{54, xiv}
- This gendered division of labour, which leaves women with multiple responsibilities (usually encompassing domestic tasks, childcare, paid or unpaid labour and community work), is a heavy burden and means that women simply may not have the time to take themselves or their children

PLAN'S STUDY ON THE GENDER DIMENSIONS OF ECCD CONFIRMED MEN'S LIMITED INVOLVEMENT IN CHILDCARE.

In Mozambique, mothers reported that fathers had no input of any kind to their daughters' upbringing before the girl reached 15 years. They were more involved with sons, but here their engagement was focused mainly on practical skills such as construction, and preparing boys to become "household heads and providers".

In Bolivia, men were reported to be largely absent from the lives of both sons and daughters.

Men neglecting and abandoning both women and children was a common theme in Kenya, Uganda and Mozambique. In these countries, women explained that they often had no choice but to take up sole responsibility for their children.

Even though they were less involved with "actually getting things done", in both Uganda and Ethiopia men still had authority, control and decision-making power.

^{xii} Including the 1994 International Conference on Population and Development's (ICPD) Programme of Action and the 1995 Beijing Declaration and Platform for Action.

^{xiii} Care work includes the care of children and the elderly at the household level, care of the sick and disabled in the community, and housework/domestic chores.

^{xiv} Illustrating this, the multi-country IMAGES study (conducted in Brazil, Chile, Croatia, India, Mexico and Rwanda) showed that nearly half of the men in all sites (with the exception of India) reported that they play an equal or greater role in one or more household duties: however, in most cases they participated in duties seen as typically male (house repairs, paying bills) rather than those seen as typically female (cleaning, washing clothes, food preparation). Likewise, close to half of men with young children reported being involved in some daily caregiving – however they tended to be involved with playing rather than feeding/nappy changes etc. Barker, G., *et al.* (2011) *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. International Center for Research on Women (ICRW)

for essential services and to practice what they know is important in relation to childcare.⁵⁵ Faced with balancing their domestic responsibilities and love for their children with the need to provide for them economically, some mothers also end up taking what they know is the risky option of leaving their young children unaccompanied in the home.^{xv}

A woman's status, agency and ability to negotiate power relations and influence decision-making within the household affect the care that she is able to provide for her children.

- In many countries and contexts, the woman's intra-household bargaining power and control over resources is influenced by many factors underpinned by gender inequality, including the extent to which she contributes to the household income, her educational level, her position in the hierarchy of wives in polygamous households, her age at marriage and where she sits within the household hierarchy of age. The last factor is particularly important: women who are significantly younger than their husbands or who live in a household where an older senior female holds significant power, often have little bargaining power.⁵⁶
- A body of research spanning more than 20 years has shown strong links between improved women's status (the position women hold vis-à-vis men in a given family, community or society) and improved child survival, health and nutrition. For instance, a study in South Asia estimated that if women and men had equal status, the underweight rate for children under three would drop by approximately 13 percentage points, meaning 13.4 million fewer malnourished children in this age group alone.⁵⁷
- The extent to which women are able to make decisions and influence decision-making within the household influences how resources are channelled to children, in terms of both nutrition and health inputs (i.e. feeding practices, prenatal and birthing care, seeking treatment for childhood illness and immunisation). Where women only control smaller budgets this restricts the type of services, such as healthcare, that they can access for themselves or their children.^{xvi}
- The extent to which women are able to make decisions and influence decision-making within the household also affects their control over when to get pregnant and have children, their use of modern contraception, and their ability to ensure adequate intervals between births. In developing countries, the risk of prematurity and low birth weight doubles when a woman gets pregnant again within six months of giving birth. Children born within two years of an older sibling are 60 per cent more likely to die in infancy than those born more than two years after their sibling.⁵⁸ Repeated pregnancies can also cause maternal under-nutrition and poor health.⁵⁹
- Despite the fact that women bear most of the responsibility for childcare, in many communities decision-making remains the prerogative of males and senior household members, especially in situations where accessing services or care will require a larger budget.^{xvii}
- While there are men who are happy to maintain the status quo in terms of the gender distribution of decision-making power and care work within the household, in others a more complex set of motivations may explain their limited engagement in the care and development of their children. Across all regions, barriers exist that prevent men from being more engaged in their children's care and development – even those who would like to do more:
 - One key barrier to men's engagement in childrearing is the commonly held perception – shared by women and men – that men lack the skills or disposition to be good caregivers.

^{xv} Using data from the Multiple Indicator Cluster Surveys in 53 developing countries, it is estimated that 20 per cent of under-fives in these countries – some 35.5 million children – spend at least an hour a week on their own without adult supervision. Children from low-income countries were more likely to be left alone (46 per cent) and within countries, children from the poorest households were more likely to be left alone. Samman E. *et al.* (2016) 'Women's work: Mothers, children and the global childcare crisis', London: Overseas Development Institute

^{xvi} In only one in three countries worldwide do at least half of women participate in all household decisions, including those taken in regard to their own healthcare. In Burkina Faso 75 per cent of husbands make decisions about their wives' healthcare. In Nigeria it is 73 per cent and Nepal 51 per cent. Save the Children (2011) *op. cit.*

^{xvii} For instance, evidence from demographic and health surveys in 30 low- and middle-income countries reveals that in many households, women have little influence over important household decisions. In only ten of the 30 countries surveyed did at least half of women participate in all household decisions, including those taken in regard to their own healthcare, major household purchases, daily household spending and visits with family or relatives outside the household. Women's participation was particularly low in sub-Saharan Africa and South Asia. (*ibid.*)

- Of particular importance in many communities are the gendered social norms and expectations around manhood and fatherhood, which are often at odds with men taking an engaged role as a father. “Good” fathers are expected to be the authoritarian protector, provider and decision maker, while good mothers are those who are responsible for the lower-value “women’s work” – childrearing and care work. Men who “deviate” from this socially expected role risk being “sanctioned” – ostracised and ridiculed. These norms are reinforced across multiple institutions – including education and health services - as well as through media depictions of men and women, and their roles and behaviours.
- Other obstacles that prevent men from engaging more include men’s migration for employment, lack of parenting leave for working fathers, and the fact that key services (health, early education) are rarely father-friendly and often exclude men from participating.⁶⁰

The issues of gendered distribution of care work, childrearing and decision-making power also reflect the fact that in many low- and middle-income countries States have failed to take measures to:

- increase the value accorded to care work;⁶¹
- promote the redistribution of care work from women to men, communities and the State^{62, 63} and ensure families have access to childcare;⁶⁴
- support paternity leave as a mechanism to engage men early in childcare and development;^{65, 66, 67}
- provide early childhood education services that meet the needs of children *and* carers;⁶⁸
- ensure that social protection policies do not reinforce gendered norms around care work.⁶⁹

These are explained in more detail next page.

OBSTACLES TO THE REDISTRIBUTION OF CARE WORK AND TO MEN'S ENGAGEMENT AT THE POLICY LEVEL

States have failed to take measures to increase the social value accorded to care work. The care economy (domestic and care work) – provided overwhelmingly by women – is not considered in the economic calculations of most countries, even though without this, the productive economy – including service delivery – would not function. Estimates of the value of domestic and unpaid care work (including unpaid agricultural labour and family employment) range from 10 per cent to more than 50 per cent of a country's gross domestic product (GDP).

While calculating the value of care work is currently challenging in the absence of standard definitions, ensuring that this is included in national and global estimations of GDP and productivity in the future will be critical to ensuring care work is valued both in the home and community and at the policy level.

Efforts to increase women's participation in workforces have not been accompanied by policy that supports the redistribution of care work or that shifts the association of care work away from "women's work". In many low- and middle-income countries, policies pay scant attention to the redistribution of care work (from women to men, and from the family to communities and the State) and to reducing the burden and drudgery of care.

A review of public policies in the ECD and Social Protection sectors over the last 20 years of all low- and middle-income countries found that:

- a very small proportion of policies – 25 out of 107 social protection policies and 41 out of 270 ECD policies – expressed an intent to address unpaid care concerns; and among those that did, the main focus was on redistributing care responsibilities from the family to the state;
- there were no social protection policies aiming to redistribute unpaid care work from women to men;
- among the ECD policies, support for carers in terms of better parenting was widespread, often acknowledging men's role as fathers though without explaining how their engagement would be promoted. No policies were identified that were oriented towards reducing the drudgery of unpaid care.

While globally there has been an expansion of **early childhood care and education (ECCE) services** in recent years, data from 67 developing countries covering roughly one quarter (24 per cent) of the global population shows that on average just under one third of children aged three to five participates in ECCE services. Even when these are available they are rarely tailored to consider the needs of the caregivers: classes rarely run for more than a few hours each day, which leaves caregivers without enough time to work. Meanwhile, public (or social) provision of childcare has been put under severe strain by economic policies limiting public expenditure on social budgets in many countries. In low-income countries, childcare is rarely available for children under the age of four – and is often very expensive, meaning that the poorest children and the poorest mothers have the least access.

Social protection policies in many low- and middle-income countries do not adequately provide for paternity leave. When parental leave for men becomes public policy, it provides one of the strongest public statements that societies can make to affirm the value of unpaid care work, and more specifically, to affirm the importance of men's participation in unpaid care work and childrearing.

While paternity leave is, admittedly, of less relevance in countries that do not have a significant proportion of the workforce in formal employment, it is still an important policy instrument. According to the International Labour Organization in 2014, only 79 countries offered paternity leave, with this being paid leave in 71 cases. In half of these countries, the leave is less than three weeks. This number includes leave that is specifically available only to fathers and leave that is available to either parent. In practice if leave is not specifically designated for fathers or is not adequately funded then few fathers will actually take it.

Social protection measures often reinforce gendered norms and expectations around care work. Widely adopted social protection initiatives, including conditional cash transfers, have been criticised for their heavy reliance on women as mothers; for the fact that they make little effort to involve men – including in shared responsibilities such as unpaid domestic work – and for the fact that this exclusion of "poor" men is founded on a stereotypical perception of them being unreliable and irresponsible.

A woman's ability to generate household income and decide on its use is linked to her children's wellbeing and development – though the linkages are complex and not always positive.

- In many countries and contexts, a woman's control over household financial resources is influenced by the extent to which she contributes to the household income. Women's increased access to and control over financial resources have been associated with improvements in child health and nutrition.⁷⁰ Women's paid labour can, therefore, have positive outcomes for child health and nutrition by increasing the household income.
- Globally, however, women continue to experience higher rates of unemployment and vulnerable employment compared to men.⁷¹ Responsibility for domestic chores and caring for children, the elderly and the sick often keeps women out of the paid labour force.⁷² Women make up the majority of the 56 per cent of the working population in developing countries that are in "vulnerable employment"⁷³ – either self-employed within the informal economy or as contributing family workers – often having to choose to work in the informal sector as this allows them more flexibility to meet their care work responsibilities. At the same time, these types of vulnerable employment are usually associated with conditions that limit the woman's ability to provide loving responsive care and stimulation to her children: long hours, poorer pay and lack of access to social protection – including childcare.⁷⁴
- Many countries have seen an increasing number of women migrating independently in search of paid employment as a survival strategy for their families and in response to the demand in richer countries for cheap labour to provide childcare. Women's migration for paid employment can have positive and negative consequences for the development of their children: household income and investment in health and education may increase and women may have increased decision-making power; but the children are often left in the care of grandmothers or more distant female relatives who may not always be able or willing to provide the same level of responsive and loving care.⁷⁵
- Furthermore, a lack of attention to the impact of economic empowerment initiatives (including of women's empowerment efforts) on gender relations has meant that while many women have increased income generation opportunities, they are often also put under enormous pressures, as in most cases their increased income generating capacity is not paired with a decrease in their burden of care work. This inattention to gender relations in economic empowerment initiatives has also led in some cases to household tensions and resentment by men: in these contexts abusive behaviours and violence against women have been explained as efforts to re-establish male dominance and control.⁷⁶

When a woman is affected by intimate partner violence – an extreme expression of gender discrimination and women's low status – this has negative impacts for the woman herself and the wellbeing and development of her children.

- Recent global prevalence figures indicate that almost one third (30 per cent) of women worldwide who have been in a relationship report experiencing some form of physical and/or sexual violence by their intimate partner.^{xviii} In Africa and South-East Asia the percentages are higher (36.6 and 37.7 per cent respectively).⁷⁷
- Intimate partner and sexual violence are mostly perpetrated by men against women. The unequal position of women relative to men and the normative use of violence to resolve conflict, and of male control over a household are drivers for the high rates of intimate partner violence.
- Women who have been physically or sexually abused by their partners report higher rates of various important health problems, including unintended pregnancies, sexually transmitted infections (including HIV), depression and problem drinking. Intimate partner violence during pregnancy increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth-weight babies.

^{xviii} Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. WHO Fact sheet N°239. *Intimate partner and sexual violence against women*. www.who.int/mediacentre/factsheets/fs239/en/

- Witnessing domestic violence as a child represents a key risk factor for toxic stress,^{xix} which can affect the child's brain development with potentially long-term impacts on social, emotional and cognitive development. Children who grow up in families where there is violence may suffer a range of behavioural and emotional disturbances. Intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (e.g. diarrhoeal disease, malnutrition).⁷⁸
- Ultimately, witnessing violence against women gives girls clear messages that they are of lower worth and can expect to be treated this way in adulthood, and gives boys the message that they are superior and can expect to use violence over others as a means of control and of asserting power in their adulthood.

C. SON PREFERENCE MATTERS:

Where son preference is strong, families invest less in the care and education of daughters – with potential implications for their development and wellbeing

Here we show how across different contexts, gender discrimination, son preference and the fact that girls are valued less than boys affect the care and attention that girls receive at various stages of childhood and even from before birth.

CAUSES OF SON PREFERENCE

Son preference is a reality in many of the countries where Plan works. While it is usually considered to be particularly strong in certain regions – East Asia, Central and South Asia, the Middle East and North Africa – it has also been noted in communities in which Plan works in Central and South America and in Sub-Saharan Africa. The extent to which sons are preferred over daughters and the causes for son preference differ between countries. They include the following:

- Sons are seen as having a higher wage-earning capacity (especially in agrarian economies) with more potential to add to family wealth and property (while customs dictate that daughters drain it through dowries).
- Sons continue the family line and often take responsibility for the care of parents in illness and old age, while daughters are married away to another household.
- Sons perform important religious roles.
- Sons are expected to defend or exercise the family's power while daughters are viewed as requiring protection, creating a perceived burden on the household.
- Producing sons is seen as a reaffirmation of a father's manhood, and failure to produce sons is seen as a woman's failure.

In most contexts, the fact that son preference is prevalent does not mean that families do not love and want to care for their daughters. What it more usually means, particularly among families with a limited income, is that they choose to invest more of the scarce resources they have in the care and education of their sons.

In some countries and communities, gender discrimination and son preference impacts on young girls' rights to survival, nutrition and the highest attainable standard of health.

- Boys are biologically weaker than girls. They are more likely to be born prematurely and are more likely to die in the first years of life: as a result child mortality rates should be higher among boys compared to girls.⁷⁹ This was the case in all countries bar India in 2015,⁸⁰ where the medical and nutritional neglect of girls is believed to be the cause of the considerably higher female mortality in children aged one to five years.⁸¹

^{xix} See the [Centre on the Developing Child, Harvard](#) for more information on toxic stress, and its causes and consequences.

- In countries with strong son preference in South, Central and East Asia, *female infanticide* (through abandonment, live burial or neglect) has been an issue for many decades. More recently, with the expansion of medical technology to ascertain sex before birth, *sex-selective abortion* has increased – particularly among middle and upper income families that can afford diagnostic services. Different studies and authors have estimated that between 60 million and 106 million females are "missing" from the projected populations in Asia – including in Bangladesh, China, India, Pakistan, South Korea and Taiwan – due to sex-selective abortion and female infanticide.⁸² In some areas, sex ratios at birth are as high as 130 boys for every 100 girls (whereas the biologically normal sex ratio is 102 to 106 boys for every 100 girls). While a number of countries – including India, South Korea and Nepal – have placed criminal bans on sex-selective abortions, the evidence suggests that these are ineffective and have not succeeded in halting this practice.^{xx, 83} Furthermore, bans may “distract attention from the real issue and fail to combat the underlying societal attitudes that devalue girls and underlying cultural pressures that cause individuals and couples to pursue sex-selective abortions.”⁸⁴
- Global data do not suggest significant gendered differences between girls and boys in terms of stunting (chronic malnutrition) rates. However, within countries and communities, gender discrimination does influence the quality of feeding practices. Men and boys often eat first with the choice of the best nutrients; girls often miss out on the protein-rich foods, particularly in times of scarcity. In one study, 78 per cent of households favoured their sons, and 22 per cent favoured their daughters in terms of feeding practices.⁸⁵ Studies suggest that where breastfeeding is still an important contraceptive method – including in North Africa (Egypt, Morocco), India and sub-Saharan Africa – gender bias in breast-feeding exists: girls are weaned several weeks earlier than boys in some communities in order that the mother can get pregnant more quickly and hopefully bear a son.⁸⁶
- In about half of the 29 countries where female genital mutilation/cutting occurs, it is mostly carried out on girls aged under five.⁸⁷

Gender discrimination and son preference has implications for girls’ right to early education and learning opportunities.

Global data do not demonstrate significant differences between girls and boys in terms of enrolment in pre-primary school, which is encouraging. However, caution is needed when looking at figures on gender parity in early childhood education for several reasons.

- For both girls and boys, **enrolment rates in any form of early childhood education are far too low.** The global pre-primary gross enrolment ratio (GER) was 54 per cent in 2012 for both sexes, but less than 20 per cent in sub-Saharan Africa (20 per cent for girls, 19 per cent for boys).⁸⁸ Fewer than one in ten children attend any form of early learning activity in many countries. With such low enrolment rates, it is impossible to know if gender gaps would emerge if more children attended.

^{xx} Sex-selective abortions have continued in countries even after prohibition. In some countries, illegal clinics have sprung up in response to local demand. Legal sanctions have proven difficult to enforce because ultrasounds and abortions are typically done at separate clinics, or in the private sector, which is largely unregulated. Communicating the sex of a foetus can be done discreetly, even without words, making it “extremely difficult” to catch offenders. Vogel, L. (2012) ‘Sex-selective abortions: no simple solution’, *Canadian Medical Association Journal* 2012 184(3): 286–88

- National figures are thought to conceal local gender disparities, including the fact that in some countries girls from rural areas or poor families will have less access to schools than their brothers.⁸⁹ In cases where the family values sons more than daughters and is unable or unwilling to fund all children through school, daughters may be deprived of early childhood education or be given a lower-cost, and often lower-quality, option.⁹⁰

In Plan's study on the gender dimensions of early childhood in Pakistan, parents explained that poverty prevented them from sending both sons and daughters to school, and that if funds were available, the son would take precedence.

Girls were also being kept out of early education because – even as young as three years of age – they were needed at home to look after younger siblings, and because the education of girls was considered to be against family traditions.

THE IMPORTANCE OF PRE-SCHOOL

Quality early learning opportunities and pre-primary schooling represent one of the key services that children need to develop to their full potential in the early years, to be ready to enter primary school and to succeed in primary school and beyond. We know also that starting primary school at the right age is important: children who start late are more likely to fall behind or drop out completely. Girls who receive pre-primary education stay enrolled in primary school, attend for longer and have an equal or better chance than boys of continuing to the upper grades and of making the transition to secondary school.

Global Campaign for Education (2012) *Gender discrimination in education: the violation of rights of women and girls*. Global Campaign for Education. A report submitted to the Committee on the Elimination of all forms of Discrimination against Women.[online]

UNESCO (2015) *EFA Global Monitoring Report 2015. Gender and EFA 2000–2015: Achievements and challenges*. Paris: UNESCO

Meanwhile, gendered gaps do exist in terms of transition and timely entry into primary school, a process that takes place in early childhood.

- Poverty is the most important factor explaining why boys and girls are not enrolled in and attending school. However, in many (though not all) countries, poor girls are more likely to be out of school and remain out of school than boys. Girls make up 53 per cent of the estimated 58 million primary school-aged children who are out of school.⁹¹ Of all the girls who are out of school, a far greater proportion (48 per cent) are likely never to enrol in school compared to the proportion of out-of-school boys (37 per cent). If current trends continue, almost 16 million of the girls aged six to 11 years who are currently out of school will never start school and attend a single day of classes, compared to about 8 million boys.⁹² These gender disparities are highest in the Arab States, sub-Saharan Africa and South and West Asia, affecting principally the poorest girls.⁹³
- Multiple barriers – both on the supply and demand side – explain why girls, particularly from poor, rural communities, are less likely to enter primary school or to start school on time. They include: gendered norms and expectations about the future role of girls and boys which result in families with limited incomes opting to invest in boys' education (given expectations that men will earn higher incomes than women);⁹⁴ the decision to keep the girl out of school in order that she can take care of younger siblings; and parents' concerns about the lack of separate hygiene and sanitation facilities in schools, as well as the safety of their daughters both within and en route to school.^{xxi, 95}

^{xxi} For instance in many countries, girls who live in dispersed rural communities distant from government schools are enrolled two to three years later by their families in primary school, when they feel that they are old enough to travel safely to school.

Gendered expectations for girls' future roles impact on their right to play and discover the world.

- In many communities, girls from the earliest age spend more time than their brothers helping with domestic chores, including with the care of their younger siblings. Globally, girls aged five to nine years spend an average of four hours a week on household chores, 30 per cent more of their time than do boys of the same age.⁹⁶ In parts of Ethiopia, more than half of rural girls aged five to eight years provide unpaid care on a daily basis.⁹⁷ This means that girls often have less time for play and interaction, and therefore fewer chances to build the social and emotional skills that are the foundation stones of leadership, networking, negotiation, communication and participation skills for later in life.
- In Plan's study on gender discrimination in early childhood, parents in Uganda, Bolivia, Ethiopia and Mozambique explained that girls are expected to take on domestic tasks from a very young age. In Mozambique, boys aged three to six years are allowed to "roam further afield", while girls aged three and older are expected to stay close to home and help their mothers; by four years of age, girls are learning to "babysit"; and by seven to eight years are put in full charge of younger siblings.⁹⁸

D. EARLY GENDER SOCIALIZATION MATTERS:

It is during their first years that girls and boys are socialised into and learn gendered attitudes, norms and expectations^{xxii 99}

Early childhood is a crucial time for the development of a child – a time when girls and boys begin to acquire a sense of themselves and their place in the world.

Right from birth, children are learning – through interaction with parents and other caregivers; by absorbing information from the words and actions of those around them; and from what they observe in their environment and the wider world. This means that right from birth, children begin learning about the gendered norms and expectations of their community and society - from parents, caregivers, other family members and teachers – and about how girls and boys/women and men should behave, their social worth and what their role is in society. Adults teach children gendered beliefs, norms and expectations when they do the following things.^{xxiii}

- When they "model" different roles and behaviours for men and women (both inside and outside the home).
- When they treat girls and boys differently or encourage specific activities for girls and boys (including toys/household chores/play activities).

^{xxii} This paper does not explore the nature vs. nurture debate and the relative contribution to gendered differences in attitudes, behaviours and expectations made by *biological sex differences* (differences in the brain's structure, circuits and functioning, influenced in part by different levels of different sex hormones) compared with *gender socialisation and bias*. This is an ongoing debate, for which no scientific consensus has been reached, and will be explored separately. What we have seen from the literature review is that the extreme "nature" position – the position that the differences between men and women, girls and boys are all "innate" and biologically determined – has been disproved. There is evidence from multiple scientific sources that some differences between the sexes – in terms of *some* behaviours, preferred activities and very specific abilities (but not overall cognitive ability) – do have their roots in biological differences in the brain structure and functioning, but that these are less important than a girl's or boy's experiences and interactions. There is also scientific evidence that experience can indeed change the concentration of sex hormones and that brains are constantly changing and so the "wiring" is not permanent. What also emerges clearly is that *biological sex differences do not influence gendered attitudes and expectations (for how girls and boys should be and behave): these are learnt*.

^{xxiii} The media – in particular television – also plays a role in gender socialisation in many countries, through the ways that programming for young children portrays boys and girls, men and women.

- When they communicate different expectations for the ways girls and boys should behave – including through rewarding behaviours that reflect expected behaviours for their gender, and punishing those that do not.
- When they explicitly set out to teach children in preparation for adult life in the future. The vast majority of parents want their children to be happy and to “succeed”. As Plan’s research has found,¹⁰⁰ what parents explicitly teach their sons and daughters often reflects what they think girls and boys need to learn – within their cultural and religious contexts – in order to comply with the expected behaviours and roles of women and men, to be accepted by their community/society in the future and to be happy. Even when parents do not like what is currently expected for men and women, and would like to imagine a future that is different for their children, they may prefer to be “prudent” and prepare their daughters and sons in line with existing societal norms and expectations.

This process of gender socialisation may differ from family to family, depending on their personal religious and cultural beliefs, the gendered norms and expectations of their community and society as well as the family composition (and how many sons and daughters they have). Plan’s research on the **gender dimensions of early childhood development** showed, meanwhile, that in various countries – including Mozambique, Pakistan and Uganda – adults (caregivers and parents) reproduce the gender socialisation practices that they themselves experienced as children.

REFLECTIONS ON GENDER SOCIALIZATION PROCESSES IN BOLIVIA, MOZAMBIQUE, PAKISTAN AND UGANDA

In all countries, parents spoke of the importance of ensuring that, from early on, children start learning in preparation for adult life. This often meant that girls needed to learn in preparation for a domestic role, while boys needed to learn leadership skills, independence, a strong work ethic and skills related to construction and managing resources. In Pakistan and Uganda, parents mentioned both traditional and non-traditional career aspirations for their daughters, but no non-traditional roles for sons. Mothers in Uganda seemed to be “hedging their bets”: while they expressed hope that their daughters might break out of narrow domestic roles, they were also aware of risks to a girl and her family if she grew up failing to comply with socially prescribed norms. They still focused heavily, therefore, on ensuring that their daughters would have the right skills and attitudes to succeed as wives and mothers.

The different gendered roles of men and women were usually understood to be “natural” and directly related to biological differences between males and females – rather than social constructs. For instance, in Mozambique and Bolivia, community leaders explained that women are “naturally” more skilled as cooks and caregivers. The studies concluded that adults, while *often genuinely believing that existing ways of treating girls and boys were fair*, were frequently reinforcing unjust gender norms, roles and relations.

Kilsby D. (2014) *Synthesis report: research into gender in ECCD in six countries*. Plan Australia and Plan Finland

Along with parents and primary caregivers, it is widely recognised that teachers at all levels of the education system, from pre-school upwards, play a critical part in shaping children’s understanding of gender roles. Teachers’ attitudes, practices and different expectations of boys and girls in school can reproduce gender stereotypes and affect girls’ and boys’ motivation, participation and learning outcomes.¹⁰¹ The limited official data available suggests, however, that too little is being done within public pre-school programmes to challenge – rather than reinforce – the way children are taught unjust gendered norms and attitudes from the earliest age.

- A review of education policy in 40 developing countries indicated that policies to integrate gender training into teacher education *at any level* remained scarce. Gender-sensitive teacher training has been implemented - usually funded by donors or international NGOs – in multiple countries,

including Bangladesh, Botswana, Indonesia, Kenya, Lesotho, Malawi, Nigeria, Rwanda, South Africa, Sri Lanka, Swaziland and Zambia. However, inadequate resourcing, and poor implementation, supervision and evaluation have frequently limited the effectiveness of the training.

- Likewise progress with developing and implementing gender sensitive curricula – even at the primary and secondary levels – has been limited.¹⁰² As a result, in many countries education reproduces gender inequalities through biased curriculum material and pedagogical practices, teacher attitudes and behaviours, discipline, and the threat or presence of violence.^{xxiv,103,104}

Plan's gender analysis of community early learning spaces, pre-schools and the early grades of primary has demonstrated the following:

- Gender roles in the family are reflected in these spaces. In Uganda there was a disproportionate percentage of male educators in senior roles relative to women. Management committees in all countries tended to be male-dominated.
- Even where the curriculum was on the surface “gender-neutral”, educators reinforced stereotypical gender roles, particularly in interactions outside the curriculum e.g. corner-play and the tasks assigned to girls and boys. Most educators believed their job entailed training girls to be women and boys to be men within narrow, culturally prescribed gender roles. Many reinforced feminine and masculine ideals in their interactions with the children. For instance in Ethiopia, girls were asked to sit near “restless” boys, acting as de facto assistants to educators (thereby detracting from the girls’ own learning). In Uganda, rather than encouraging and supporting girls and boys to play together, boys’ disruptive behaviour was used as an excuse to separate the sexes. Girls were encouraged to use materials and equipment related with traditional gender norms, such as dolls and cooking equipment. Boys dominated the outside play areas, leaving the girls little space to play.
- Boys can also be impacted negatively by teachers’ expectations for their gender. For instance, in some cases early grade teachers explained that they paid more attention and dedicated more time to girls, as they were more cooperative and willing and able to learn.

As a result of these gender socialization processes, children usually have a sense of gender identity (i.e. an understanding of whether they are a boy or girl) by the age of three years. Once they understand their own gender identity, they begin to pay much more attention to “models” of the same sex, become aware of gendered prohibitions on certain activities/behaviours and begin to learn, and rigidly stick to, gender stereotypes. By the time they reach primary school entry age, children are often imitating the roles of their gender and encouraging or discouraging certain “gendered” behaviours among their peers.¹⁰⁵

If children are taught right from birth – whether explicitly or “subconsciously” – unjust gender norms, attitudes and expectations, then they internalise these at an early age. When these norms are taught, reinforced and adopted at an early age, they often become central to female and male identity, making them even more difficult to change.¹⁰⁶ Though there is limited empirical data from low- and middle-income countries available to substantiate this, the estimation is that by the time they reach primary school, many boys and girls have already internalised the norms and attitudes of their community and society in terms of how they are expected to behave, how they are valued and what their future role will be.

^{xxiv} For instance, assessments undertaken by Plan in ten countries in Asia found that women are often portrayed in the home engaging in domestic and caregiving tasks, typically positioned as passive, and self-sacrificing, while men tend to occupy leadership or professional roles, and are described as brave and strong. Male and female teachers have been found to hold stereotypical attitudes about boys’ and girls’ achievements and roles such as attributing academic achievement in girls to dedicated work but in boys to natural ability or assuming competency at certain subjects, such as boys being inherently better at maths. *Plan International (2017). Synthesis Report on Research into gender equality and early childhood development in 11 countries in Asia*

Learning to live according to these unjust gendered norms and expectations is limiting for girls and boys. However, evidence suggests that gendered norms have a particularly profound impact on the agency and empowerment of girls and on their expectations for the future.

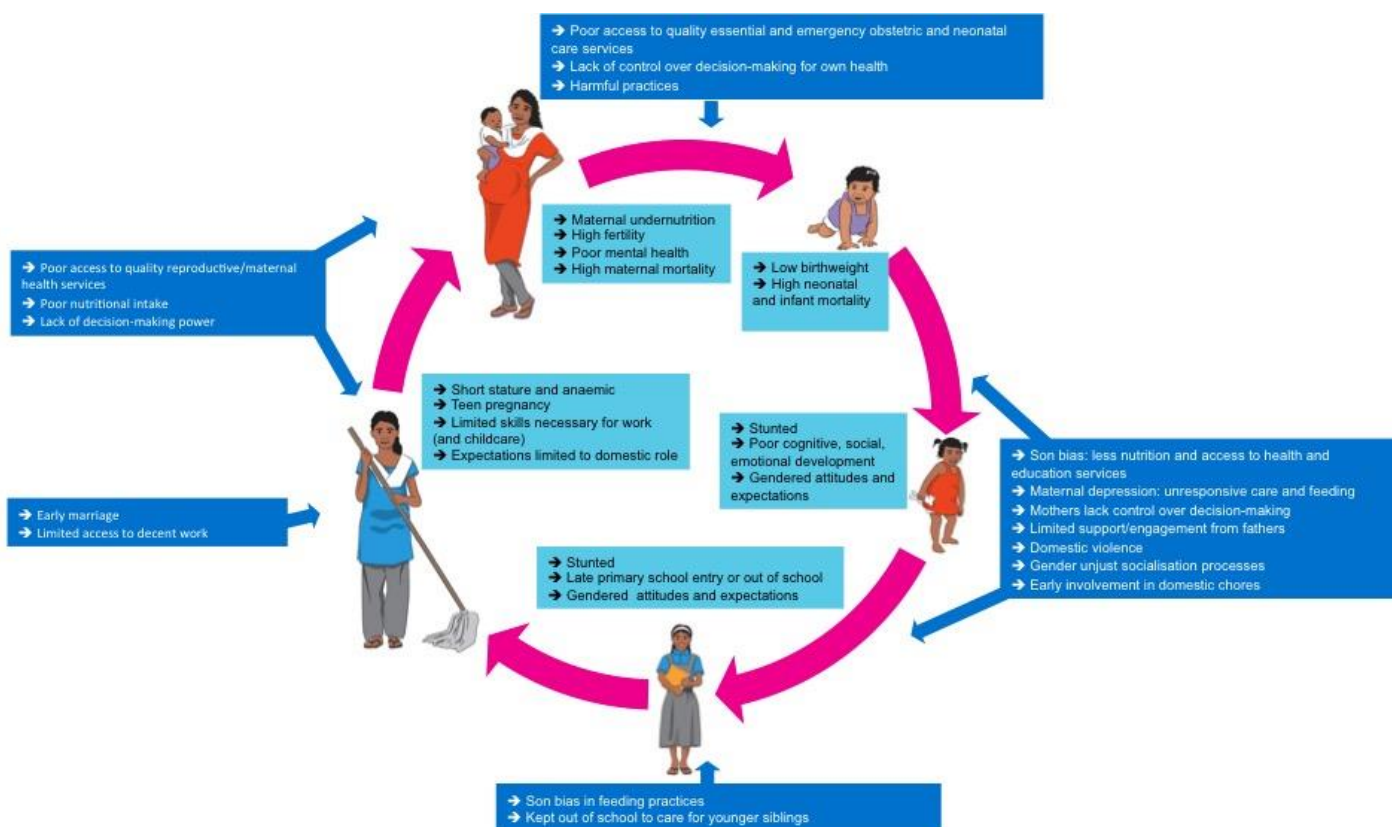
For instance:

- In a recent US study, researchers found that by the age of six, girls were learning the common stereotype that associates high-level intellectual ability (brilliance, genius, etc.) with men more than women. This means that many girls believe that men will do better in fields associated with brilliance – such as physics and mathematics. Not only were girls aged six less likely than boys to say that their own gender is “really, really smart”: this stereotype appeared to already be shaping their interests (for instance, the girls were less likely to opt into a game described as “being for super-smart kids”) and, therefore, potentially narrowing the range of careers they would one day contemplate.¹⁰⁷
- A 2016 UNICEF study found that the types of household chores commonly undertaken by young girls – preparing food, cleaning and caring for others “not only set the stage for unequal burdens later in life but can also limit girls’ outlook and potential while they are still young. The gendered distribution of chores can socialize girls into thinking that such domestic duties are the only roles girls and women are suited for, curtailing their dreams and narrowing their ambitions. Household chores are usually not valued by the family and community the way income-earning activities are, rendering the contributions of girls less visible and less valuable, and having lasting effects on their self-esteem and sense of self-worth”.¹⁰⁸

E. EARLY CHILDHOOD DEVELOPMENT PROGRAMMING MATTERS:

It offers a key opportunity to break the cycle of gender discrimination, promote the rights of girls and boys, and advance gender equality

The sections above have described how gender inequality impacts on women’s rights and in turn on the development of girls and boys. They have also described how gender discrimination and gender socialisation start at birth, affect the girl’s whole life course and are transmitted onto the next generation, as illustrated in the diagram below.



Gender transformative ECD programming – programming that supports young girls and boys to develop to their full potential while also working to transform unequal gendered power relations and improve the social position of girls and women – offers a key opportunity to break this unjust, inter-generational cycle and to advance children’s rights and equality for girls.

E.1 Comprehensive ECD programming that ensures a child receives adequate care, supports and services during the early years, is essential for her development and long-term wellbeing.

There is substantive scientific evidence demonstrating the following:

- To thrive and develop to their full potential, children need adequate nutrition and protection from infections and disease; secure attachment with responsive and playful caregivers; and safe and stimulating environments for exploration and learning – first at home, and as the child grows older, also in settings outside the home such as playgroups, pre-schools and schools. Comprehensive ECD programmes and services – encompassing the health, nutrition, education and protection sectors and *including supports to parents in their critical role as children’s first and most important caregivers and educators* – are essential for children’s early years development.
- The benefits of comprehensive ECD programmes and services extend beyond early childhood. These programmes represent one of the most cost-effective approaches for ensuring children’s health, optimal development, wellbeing and future economic productivity into adulthood.¹⁰⁹ Investing in the early years is the smartest investment for girls’ and boys’ development, with the return on investment significantly greater than the return for programmes for school-aged children, adolescents and youth.¹¹⁰

E.2 ECD programmes are a great “equaliser”, capable of closing gaps between disadvantaged children and their more privileged peers.

- Over time, developmental disparities increase between disadvantaged children and children who receive the care and attention needed for their integral development. This is because the disadvantaged child is exposed for longer to different risk factors for developmental delays. For many children, the gaps apparent at school entry continue to widen with age.¹¹¹
- For this reason, ECD programming has been scientifically demonstrated to be an excellent “equaliser” – children living in poverty and disadvantage gain more from the programming than their more privileged peers.¹¹²
- This last point also holds true for girls and for **closing gendered gaps between girls and boys in early childhood**. A large body of evidence suggests that disadvantaged girl students achieve the most dramatic gains from ECD programmes, including early learning and pre-school programmes (formal and non-formal, and school-readiness programmes).^{xxv} Participation in such programmes prevents gaps in development from occurring, allows girls to enter primary school on a more level footing, and enables girls to cope better with primary schooling and stay longer in school. It therefore has the potential to eliminate inequalities in terms of educational outcome and economic productivity in later life.¹¹³
- Supporting girls to develop to their full potential also contributes to breaking the inter-generational transmission of disadvantage and poverty.

^{xxv} In Brazil, girls from low-income families who attend community-based pre-school programmes are twice as likely to reach Grade 5 (age 10) and three times more likely to reach Grade 8 (age 13) compared to girls who do not attend pre-school. In Nepal, the implementation of an early childhood and care education (ECCE) initiative increased the female-to-male student ratio in Grade 1. These early achievements are strong predictors of later success and equality in outcomes. Arnold *et al.* (2007) in Pia Rebello Britto (2012) *School Readiness: a conceptual framework*. UNICEF.

E.3 ECD programmes offer a key opportunity to work with parents, caregivers, educators and communities to reflect on and transform gendered norms and early gender socialisation processes.

- ECD programmes offer multiple entry points to work with the parents, caregivers, families, community leaders and educators who are already engaged in initiatives for young children's development, and to reflect with them on the implications of gender discrimination, gendered social norms and gender socialisation processes in early childhood – for both girls and boys.
- ECD programmes offer an opportunity to work, as partners, with these same adults that are central figures in the lives of young children, to change the way they teach young children- either explicitly or subconsciously – the discriminatory gendered attitudes, norms and expectations of their community and society.
- Transforming gendered social norms and promoting such “gender-equal” socialisation is not a simple task. It requires working with others to promote change at the individual, collective and structural levels. It means **listening** first to understand the drivers of people's gendered parenting and teaching practices; opening spaces for dialogue and discussion; identifying, learning from and supporting those that are making the change; and moving away from approaches focused on “training” or “educating”. This is a longer term process, but has the potential for long-term impacts on a girl's sense of worth and expectations for her future; for improved relations between boys and girls starting in the early years; and for breaking the inter-generational transmission of gender discrimination and inequality.

E.4 ECD programming also benefits older female siblings.

- Evaluation data from several communities with ECD programmes has demonstrated an improvement in girls' enrolment in primary school, as the existence of the programme frees up older sisters who were previously kept at home to look after younger children to attend school and to perform better in their studies.¹¹⁴

E.5 Mothers benefit from the provision of comprehensive ECD programmes.

- When women who wish to work can access quality early childhood care and education services (including day care) for their children, they have more time for income-generating activities including employment, which, if coupled with explicit empowerment interventions, can in turn positively affect their intra-household decision-making power. Studies in communities in East Africa have shown an increase in mothers' income due to the presence of ECD programmes in the community. ECD programmes have also been shown to generate employment and income opportunities for women, given the high rates of female participation in the labour force in early health, education and protection services.
- In addition, parenting education and support programmes have been shown to improve mothers' self-esteem, confidence and knowledge of parenting behaviours, leading to a sense of empowerment and improved mental wellbeing. Parenting groups also provide a forum for the development of peer support or solidarity networks for women, which facilitates women's self-expression and social camaraderie.¹¹⁵

E.6 ECD programmes offer an entry point to promote reflection on attitudes, norms and expectations for men and women regarding care work and childrearing, and to promote male engagement with childcare and development – with benefits for all the family

- There is a consensus, and a lot of descriptive evidence, that involving men in their children's lives is a good thing. High levels of father involvement are associated with multiple positive outcomes for their children, including better physical and mental health; better cognitive development and higher educational achievement; better peer relationships; fewer behaviour problems among boys and fewer psychological problems among girls.¹¹⁶

- Men’s engagement in childcare has also been shown to have positive results in terms of gender relationships and equality in decision-making in the home; reductions in domestic violence; and improved maternal wellbeing.¹¹⁷
- Children of fathers who are involved in childcare demonstrate more openness to questioning traditional gender roles and tend to have non-traditional attitudes to earning and childcare. Fathers actively involved with the care and development of their children also benefit: they are more likely to feel satisfied with their lives and experience less stress; to adopt health-promoting behaviours and get sick less; have fewer accidents and live longer; and to have greater involvement in their community.¹¹⁸
- The father’s engagement, support and presence as a positive role model is important throughout the child’s life – not just in the earliest years. However, ECD programming affords an opportunity to get fathers involved early – supporting their partners during pregnancy and as soon as the child is born. We know that the earlier the father is involved, the stronger the relationships with his children are likely to be, and the more sustained his engagement over the longer term.¹¹⁹

CONCLUSIONS

Gender inequality and discrimination, and women’s low status represent an important root cause of women’s limited autonomy and of the denial of women’s rights to health and bodily integrity: these, in turn, impact on children’s survival, healthy growth and development.

In communities with strong son preference, girls may be discriminated against from birth and receive care, supports and services of lower quality than young boys. As a result, they may fall behind their male peers before entering primary school, and their chances of developing to their full potential are reduced.

Across many contexts, girls and boys are being “socialised into” and taught gendered attitudes, norms and expectations about their behaviours, value and future role right from birth. These are potentially limiting for both sexes, but have particularly significant impact on girls and their feelings of self-worth, self-esteem and their expectations for the future.

Early childhood development programming that ensures that children receive a comprehensive set of care, supports and services is key for children’s early years’ development; for preventing children from excluded groups from falling behind their more privileged peers before they even reach school; and for children’s academic performance, health, wellbeing and productivity into adult life. ECD programming that is *gender aware* ensures that girls are provided with the same opportunities as boys to develop to their full potential, enabling them to grow up self-confident, socially competent and emotionally secure. ECD programming that is *gender transformative* offers a key opportunity to promote equal, respectful relationships within families; to promote women’s rights and empowerment; and to ensure that both girls and boys grow up free of limiting gendered attitudes and expectations, and unrestricted by their society’s gendered norms and prohibitions.

Findings from research on Plan’s own programmes suggests that more explicit attention may often need to be paid to gender discrimination and gender socialisation within ECD programmes and across all the different interventions and services that these encompass, including parenting education and support; community-based early childhood care and education programmes; formal pre-primary schooling; maternal, newborn and child health (MNCH) services – as well as the role of gender equality policies within the different sectors for driving large scale change.

Plan International’s new Global Strategy (2017-2020)¹²⁰ focuses on promoting children’s rights, tackling discrimination and advancing equality for girls; it includes ECD as a priority programme area. Plan will test and validate gender-transformative ECD interventions and models to ensure that they are effective not only in supporting young children to develop to their full potential, but also in transforming gender

relations and in improving both the situation and position of girls and women. In the coming years, this will be an organisational priority for Plan International across all the regions in which we work.

REFERENCES

- ¹ UNICEF (n.d.) UNICEF Data: Monitoring the situation of women and children, [online] <http://data.unicef.org/> (accessed January 2016)
- ² UNICEF (2016) *Harnessing the power of data for girls. Taking stock and looking ahead to 2030*. [online] www.unicef.org/gender/files/Harnessing-the-Power-of-Data-for-Girls-Brochure-2016-1-1.pdf
- ³ Kilsby D. (2014) *Synthesis report: research into gender in ECCD in six countries*. Plan Australia and Plan Finland
- ⁴ See General Comment N° 7 from the United Nations Committee on the Rights of the Child.
- ⁵ Irwin L.G., Siddiqui R., Hertzman C. (2007) *Early child development: a powerful equalizer*. Prepared for the WHO commission on Social Determinants of Health. Vancouver: WHO
- ⁶ Harvard University Center on the Developing Child (2007) *In brief: the science of early child development*, [online] www.developingchild.harvard.edu (accessed December 2016)
- ⁷ Harvard University Center on the Developing Child (2007) *op. cit.*
- ⁸ Irwin L.G. *et al.* (2007) *op. cit.*
- ⁹ Harvard University Center on the Developing Child (2007) *op. cit.*
- ¹⁰ Black, Maureen M *et al.* Early childhood development coming of age: science through the life course *The Lancet* , Volume 389 , Issue 10064 , 77 - 90
- ¹¹ Irwin L.G. *et al.* (2007) *op. cit.*
- ¹² Grantham-McGregor S., Cheung Y.B., Cueto S., Glewwe P., Richter L., Strupp B., and the International Child Development Steering Group (2007) 'Series, Child development in developing countries. Developmental potential in the first 5 years for children in developing countries'. *The Lancet*, 369: 60–70.
- ¹³ Paruzzolo S., Mehra R., Kes A., Ashbaugh C. (2010) *Targeting poverty and gender inequality to improve maternal health – A narrative review*. Executive Summary. Washington, D.C.: International Center for Research on Women (ICRW)
- ¹⁴ Radcliffe Lattof S., Thomas T., Wegner M.N. *et al.* (2014) 'Improved Maternal Health Since the ICPD: 20 Years of Progress', Background paper prepared for the ICPD Beyond 2014 Expert Meeting on Women's Health.
- ¹⁵ UNICEF and World Health Organization (2015) *A Decade of Tracking Progress for Maternal, Newborn and Child Survival: The 2015 Report*, Countdown to 2015. Geneva: World Health Organization (WHO)
- ¹⁶ UNICEF (n.d.) UNICEF Data: *Monitoring the situation of women and children*, [online] <http://data.unicef.org/> (accessed January 2016)
- ¹⁷ World Health Organization Maternal and Newborn Health Policy Indicators. www.who.int/maternal_child_adolescent/epidemiology/policy-indicators/en/ (accessed November 2016)
- ¹⁸ Hulton L., Murray S., Thomas D. (2010) 'The Evidence Towards MDG 5: A Working Paper' (commissioned for DFID and NORAD). Options Consultancies Services.
- ¹⁹ Save the Children (2011) *An equal start: why gender inequality matters for child survival and maternal health*. London: Save the Children Fund
- ²⁰ UNICEF (n.d.) UNICEF Data: *op. cit.*
- ²¹ UNICEF (n.d.) UNICEF Data: *op. cit.*
- ²² Africa Progress Panel (2010) 'Maternal health: investing in the lifeline of healthy societies and economies', Policy brief. [online]. www.africaprogresspanel.org/policy-papers/maternal-health-investing-in-the-lifeline-of-healthy-societies-economies/
- ²³ UNICEF (n.d.) UNICEF Data: *op. cit.*
- ²⁴ Temmerman M., Khosla R., Bhutta Z.A., Bustreo F. (2015) 'Towards a new global strategy for women's, children's and adolescents' health', *British Medical Journal* 2015; 351:h4414
- ²⁵ Radcliffe Lattof, S. *et al.* (2014) *op. cit.*
- ²⁶ World Health Organization (2015) 'The prevention and elimination of disrespect and abuse during facility-based childbirth', WHO Statement
- ²⁷ Temmerman M. *et al.* (2015) *op. cit.*
- ²⁸ UNICEF, Liverpool School of Tropical Medicine (2011) *Gender influences on child survival, health and nutrition: A narrative review*. New York: UNICEF and Liverpool: Liverpool School of Tropical Medicine
- ²⁹ Paruzzolo S. *et al.* (2010) *op. cit.*
- ³⁰ Save the Children (2011) *op. cit.*
- ³¹ Africa Progress Panel (2010) *op. cit.*
- ³² World Health Organization (n.d.) *Health risks of female genital mutilation (FGM)*. [online] www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/ (accessed February 2016)
- ³³ <http://www.unfpa.org/family-planning> (accessed May 2017)
- ³⁴ UNICEF (2011) *Promoting gender equality through UNICEF-supported programming in young child survival and development*. Operational Guide. New York: UNICEF
- ³⁵ Save the Children (2011) *op. cit.*
- ³⁶ Chandra-Mouli V., [Svanemyr J.](#), [Amin A.](#), [Fogstad H.](#), [Say L.](#), [Girard F.](#), [Temmerman M.](#) (2015) "Twenty years after the International Conference on Population and Development: where are we with adolescent sexual and reproductive health and

rights?" *J Adolesc Health*, 56, S1-6. (Cited in Plan's *Sexual and Reproductive Health and Rights Impact Area Overview* (2016))

³⁷ Paruzzolo S. *et al.* (2010) *op. cit.*

³⁸ UNFPA (2013) *Motherhood in childhood: facing the challenge of teenage pregnancy*. State of World Population 2013. New York: UNFPA

³⁹ World Health Organization (n.d.) *Adolescent pregnancy* [online] www.who.int/maternal_child_adolescent/topics/maternal/adolescent_pregnancy/en/ (accessed February 2016)

⁴⁰ UNICEF (n.d.) UNICEF Data [online] <http://data.unicef.org/> (accessed January 2016)

⁴¹ Save the Children (2011) *op. cit.*

⁴² Save the Children (2011) *op. cit.*

⁴³ Grantham-McGregor S., *et al.* (2007) *op. cit.*

⁴⁴ Gelaye B., Rondon M.B., Araya R., Williams M.A. (2016) "Epidemiology of maternal depression, risk factors, and child outcomes in low-income and middle-income countries", *Lancet Maternal Depression Series 1. Lancet Psychiatry* 2016; 3: 973–82

⁴⁵ Singla, D., Kumbakumba, D., Aboud, F. Effects of a parenting intervention to address maternal psychological wellbeing and child development and growth in rural Uganda: a community-based, cluster-randomised trial. *The Lancet Global Health*. July 2015. Volume 3, Issue 8, e458 - e469

⁴⁶ World Health Organization (2015) *Mental Health Atlas 2014* [online] www.who.int/mental_health/evidence/atlas/mental_health_atlas_2014/en/ (accessed January 2017)

⁴⁷ World Health Organization (n.d.) *Gender disparities and mental health: The Facts* www.who.int/mental_health/prevention/genderwomen/en/ (accessed January 2017)

⁴⁸ Save the Children (2011) *op. cit.*

⁴⁹ Save the Children (2015) *The lottery of birth, Giving all children an equal chance to survive*. London: Save the Children Fund

⁵⁰ UNICEF, Liverpool School of Tropical Medicine (2011) *op. cit.*

⁵¹ International Center for Research on Women (ICRW) (2006) *Son preference and daughter neglect in India, What happens to living girls?* Washington, D.C.: ICRW

⁵² EMERGE (2015) *op. cit.*

⁵³ Samman E., Presler-Marshall E., Jones N. *et al.* (2016) 'Women's work: Mothers, children and the global childcare crisis', London: Overseas Development Institute

⁵⁴ MenCare (2015) *State of the World's Fathers* [online] <http://sowf.men-care.org/> (accessed February 2016)

⁵⁵ UNICEF, Liverpool School of Tropical Medicine (2011) *op. cit.*

⁵⁶ UNICEF, Liverpool School of Tropical Medicine (2011) *op. cit.*

⁵⁷ Save the Children (2011) *op. cit.*

⁵⁸ Cleland J., Conde-Agudelo A., Peterson H., Ross J., Tsui A. (2012) 'Contraception and health'. *The Lancet* 380.9837: 149–56

⁵⁹ Bhutta Z. *et al.* (2008) 'What works? Interventions for maternal and child under-nutrition and survival'. *Maternal and Child Under-nutrition Series. The Lancet* 371.9610: 417–40

⁶⁰ Plan (2016) *Recommendations emerging from a Practice Review: Promoting fathers' positive involvement in their children's lives, care and development*. Pending.

⁶¹ EMERGE (2015) *op. cit.*

⁶² Chopra D. (2013) 'A Feminist Political Economy Analysis of Public Policies Related to Care: A Thematic Review', Brighton: Institute of Development Studies.

⁶³ EMERGE (2015) *op. cit.*

⁶⁴ Samman E. *et al.* (2016) *op. cit.*

⁶⁵ OECD (2011) *Doing Better for Families*. Paris: OECD Publishing

1. ⁶⁶ International Labour Organization (2015) *World Social Protection Report 2014/15: building economic recovery, inclusive development and social justice*, Geneva: ILO

⁶⁷ MenCare (2015) *op. cit.*

⁶⁸ Samman E. *et al.* (2016) *op. cit.*

⁶⁹ EMERGE (2015) *op. cit.*

⁷⁰ UNICEF, Liverpool School of Tropical Medicine (2011) *op. cit.*

⁷¹ International Labour Organization (2015) *World Employment Social Outlook, Trends 2015*. Geneva: International Labour Organization

⁷² UNICEF (2011) *op. cit.*

⁷³ EMERGE (2015) 'Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality', Evidence Report. IDS/Promundo/Sonke Gender Justice

⁷⁴ International Labour Organization (2015) *op. cit.*

⁷⁵ Mary Young, China Development Research Foundation, at the 1st International Early Childhood Action Congress, Paris, June 2016.

⁷⁶ EMERGE (2015) *op. cit.*

⁷⁷ World Health Organization (2013) *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: WHO.

⁷⁸ World Health Organization (n.d.) *Intimate partner and sexual violence against women*. Fact sheet N°239. [online] www.who.int/mediacentre/factsheets/fs239/en/ (accessed February 2016)

- ⁷⁹ London School of Hygiene and Tropical Medicine (2013) *Baby boys at higher risk of death and disability due to preterm birth* [online] www.lshtm.ac.uk/newsevents/news/2013/preterm_birth_risk.html (accessed February 2016)
- ⁸⁰ UNICEF and World Health Organization (2015) *op. cit.*
- ⁸¹ Save the Children (2011) *op. cit.*
- ⁸² Save the Children (2011) *op. cit.*
- ⁸³ Vogel, L. (2012) 'Sex-selective abortions: no simple solution', *Canadian Medical Association Journal* 2012 184(3): 286–88
- ⁸⁴ Center for Reproductive Rights (n.d.) 'Statement of Policies and Principles on Discrimination Against Women and Sex-Selective Abortion Bans' [online] www.reproductiverights.org/document/statement-of-policies-and-principles-on-discrimination-against-women-and-sex-selective-abor (accessed November 2016)
- ⁸⁵ UNICEF (2015) *Progress for Children, Beyond averages: learning from the MDGs*. Number 11. New York: UNICEF
- ⁸⁶ Chakravarty, A. (2012) 'Gender bias in breastfeeding and missing girls in Africa: the role of fertility choice' [online] www.homepages.ucl.ac.uk/~uctpabc/Gender%20Bias%20in%20Breastfeeding%20in%20Africa.pdf (accessed November 2016)
- ⁸⁷ Gender and Development Network (2013) *Harmful traditional practices: your questions, our answers*. [online] <http://gadnetwork.org/gadn-resources/2015/1/13/harmful-traditional-practices-your-questions-our-answers> (accessed November 2016)
- ⁸⁸ UNESCO (2015) *Education for All 2000–2015: achievements and challenges*. EFA Global Monitoring Report. Paris: UNESCO
- ⁸⁹ Self S. *et al.* (2011) 'Is there gender bias in participation in early childhood education programs in developing countries?' *Journal of International Development* 23.7.
- ⁹⁰ UNESCO (2007) *Strong Foundations for Gender Equality in Early Childhood Care and Education – Advocacy Brief*. Bangkok: UNESCO
- ⁹¹ UNESCO/UNICEF (2015) *Fixing the broken promise of Education for All. Findings from the Global Initiative on Out-of-School Children*. UNESCO Institute for Statistics.
- ⁹² UNESCO (n.d.) *E-Atlas of Gender Inequality in Education* [online] <http://tellmaps.com/uis/gender/> (accessed March 2016)
- ⁹³ http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/right-to-education/single-view/news/twice_as_many_girls_as_boys_will_never_start_school_says_une/. Accessed March 2016
- ⁹⁴ Rao, N. and Sweetman, C. (2014) 'Introduction to Gender and Education', *Gender and Development* 22.1: 1–12
- ⁹⁵ UNESCO/UNICEF (2015) *op. cit.*
- ⁹⁶ UNICEF (2016) *op. cit.*
- ⁹⁷ Samman E. *et al.* (2016) *op. cit.*
- ⁹⁸ Kilsby D. (2014) *op. cit.*
- ⁹⁹ This section is drawn largely from the chapters on 'Gender: early socialization', in *Encyclopedia on Early Childhood Development* [online] www.child-encyclopedia.com/gender-early-socialization/introduction (accessed April 2016)
- ¹⁰⁰ Kilsby D. (2014) *op. cit.*
- ¹⁰¹ UNESCO, United Nations (2015) *Girls' education initiative*. Gender and Education for All 2000–2015. [online]
- ¹⁰² UNESCO, United Nations (2015) *Girls' education initiative*. Gender and Education for All 2000–2015. [online] <http://unesdoc.unesco.org/images/0023/002348/234809E.pdf> (accessed June 2016)
- ¹⁰³ EMERGE (2015) *op. cit.*
- ¹⁰⁴ Plan (2013) *Girls' Learning: Investigating the Classroom Practices that Promote Girls' Learning*, London: Plan UK
- ¹⁰⁵ Encyclopedia on Early Childhood Development (n.d.) *op. cit.*
- ¹⁰⁶ EMERGE (2015) *op. cit.*
- ¹⁰⁷ Bian L., Leslie S.J., Cimpian A. (2017) 'Gender stereotypes about intellectual ability emerge early and influence children's interests', *Science* 355: 389–391 (2017)
- ¹⁰⁸ UNICEF (2016) *op. cit.*
- ¹⁰⁹ Neuman M.J., Devercelli A.E. (2013) *What Matters Most for Early Childhood Development: A Framework Paper*. Systems Approach for Better Education Results (SABER) working paper series no. 5. Washington, D.C.: World Bank
- ¹¹⁰ Neuman M.J., Devercelli A.E. (2013) *op. cit.*
- ¹¹¹ Neuman M.J., Devercelli A.E. (2013) *op. cit.*
- ¹¹² Irwin L.G. *et al.* (2007) *op. cit.*
- ¹¹³ Rao N. (2007) *Strong foundations for gender equality in early childhood care and education – advocacy brief*. Bangkok: UNESCO
- ¹¹⁴ Rao N. (2007) *op. cit.*
- ¹¹⁵ Singla D. (2015) *op. cit.*
- ¹¹⁶ MenCare (2015) *op. cit.*
- ¹¹⁷ MenCare (2015) *op. cit.*
- ¹¹⁸ MenCare (2015) *op. cit.*
- ¹¹⁹ MenCare (2015) *op. cit.*
- ¹²⁰ <https://plan-international.org/organisation/strategy>