

1. Title of the project

Disparity and Despair: Household Vulnerability, Gender Bias and the Girl Child in Development Policy

2. Description of the research

My research will involve determining the direct/indirect causes and impact of household discrimination against the girl child in less developed countries. It will look at several indicators that effect the life and well-being of the girl child including: the health status and access to health care; nutrition and food intake; domestic work including child care, water gathering, gardening, laundry, cooking and cleaning; educational opportunities and access; and household attitudes surrounding the importance and role of the girl child in the family.

The research will seek to prove the theory that the more reliant the household is on girl domestic labour, the more inequitable the household is in food sharing and nutrition, the more discriminatory the household is in terms of seeking health care and services for the girl child, then the more vulnerable the household must be. Vulnerability assessment and targeting should use the status of the girl child as both predictor for and outcome of household vulnerability. In general, the overuse of the girl child as unpaid household worker without access to leisure activities or sufficient food speaks to the level of poverty and desperation within that household. In households that are very poor and vulnerable, there is often an underlying cause that is making that household less productive, less able to function and less effective in meeting the needs of the family. Poverty alone rarely accounts for this because even within extremely impoverished areas, households function at different levels of efficiency. In rapid assessments it is important to derive the underlying causes of household insecurity in order to enhance effective targeting. By looking to the girl child and assessing her role in the household, her needs and her stress factors, one is able to evaluate more effectively the level of household insecurity and the assistance required.

The research will gather data on the specific forms of disparity that exist at the household level and how that bias affects the lives of girl children. Further to this, the research will seek to correlate the needs of the girl child with the official country Plan of Action to see how development programming and policy is seeking to redress the situation and support the needs of the girls. The girl child must be seen as a specific population at risk that can benefit from direct development programming.

While girl children are vulnerable throughout the world, my research will focus on rural West Africa, specifically Senegal and Ghana. The field research in these two countries will allow for some comparisons to be made between Francophone and Anglophone Africa, Muslim and Christian based societies and differing social and cultural attitudes and norms that effect the lives

of girl children.

3. The research question (with background debate)

Currently the basic health and life needs of the girl child are severely neglected worldwide. This is particularly true in the rural villages of poor and underdeveloped nations in Africa and Asia. Despite the issues and subsequent policy decisions highlighted at the Beijing Platform for Women and Beijing+10, there still exists very little development programming that focuses specifically on the needs of the girl child. In impoverished households, girl children's basic rights to adequate food, health, education, and leisure are severely curtailed and they often face additional discriminations directly related to their gender.

Girl children in poor households have a high work burden placed on them both through informal domestic labour including childcare, laundry, cleaning, cooking, gardening and water gathering as well as more structured wage earning activities. Leisure time is severely restricted, leaving girls little opportunity to develop interests and reach their full imaginative potential. Educational possibilities are often limited due to cultural barriers and fee issues that prioritise male school attendance and discourage girls and societal norms that encourage girls to remain in the home. Perhaps most disturbing are the health and nutritional inadequacies faced by girl children in vulnerable households. Girls are the least likely sub-group to utilize health services and to receive treatment for health complaints. Falling between the focus on children under five and women of childbearing age, girl children are often "missing" in health statistics and programming. This health burden is further compounded by inadequate nutritional intake. Studies show that girl children are often directly discriminated against in terms of inter-household food distribution, receiving less in both quantity and quality of food. Globally, girl children are three times more likely to suffer malnutrition than boys. Inadequate nutrition and insufficient paediatric care are often the result of pervasive cultural attitudes that cause female children to be regarded as less important and less productive than males (Girl Child Health Issues, Working Group on Girls, website reference). Based on the high workload and growth, girls often do not consume adequate food to support their needs. Subsequently, anaemia rates are very high, and other micronutrient deficiencies are very common. Girl children often lack the resources to purchase additional foods and low access to school eliminates the benefits of school feeding programs in the diet. The health of the girls is then weak going into the childbearing years, which will further compromise her health. Repeated pregnancies tax the young body that is already insufficiently nourished and physically weak. Girls who are stunted as a result of malnutrition during childhood are more likely to experience an obstructed childbirth, with greater risk of dying during childbirth. This then leads to poor pregnancy outcomes, low birth weight infants, and a cycle of poor health is perpetuated. Additional social and cultural factors such as female genital mutilation, early marriage, low access to birth control, household and societal discrimination and isolation negatively influence girl children and obstruct them from reaching their true potential.

Health and nutrition is only one lens among many to view the discrimination that takes place against girl children, but as a cornerstone to all development projects and goals, health and nutrition rights become a very clear way to address the needs of the girl children and prove its relevance to both the individual and the society at large.

Development programming must take into account the special needs of girl children and support programs that specifically address the problems facing girls. Girls' rights in development must be honoured by both articulating these rights and determining the most appropriate method to supporting them. In the Platform for Action of the Fourth World Conference on Women (held in Beijing in 1995) agreed to by 182 countries, the Girl Child was mentioned throughout the document and fully recognized as her own separate area of critical concern (Beijing Women's Document, Section L). Governments committed themselves to concrete actions that would improve the lives of girls in all areas and protect their rights to survival and development.

While fairly extensive data has been collected about the current status of the girl child in Asia (particularly India, Pakistan and Bangladesh), similar information is not available for most of Africa. Research is needed at the household level to help determine the breadth and depth of the problem. Statistics support that the health and nutritional state of the girl child is strongly impacted by social and cultural determinants. However, much of the information is anecdotal and a case for the needs of the girl child in Africa would be considerably strengthened if specific supporting research were carried out.

The central objective of the research is to gather sufficient data and information on the specific needs, desires and particular risks faced by girl children in Africa in order to inform and impact development policy. The research will seek to clearly link the discrimination at the household level to the unfulfilled rights of the girl child to the subsequent obligations of the government and international development organizations. Further, the research will help develop a tool for assessing household vulnerability by approaching this vulnerability through the role and status of the girl child.

Core research question: How do the health, nutrition, and rights disparity within the household lead to underdevelopment of girls and a cycle of despair?

Sub-questions:

- 1 What is the level of powerlessness and deprivation faced by the girl child in the household?
- 2 What is the effect of high domestic labour on health, nutritional status, and educational opportunity?
- 3 What are the factors that obstruct girl children from growing up with dignity and meeting their potential?
- 4 What specific power relations within the family that support or inhibit rights of the girl child?
- 5 How can one codify and quantify the impact of gender discrimination on the girl child?
- 6 What is the best way to approach the needs of the girl child? What is the level of discussion and who are the actors for change? The girl child? The household? The community? The local institutions? The government? International aid organizations?
- 7 How can the interests and desires of the girl child be articulated to allow her a voice in determining her own future?
- 8 What constitutes, for the girl child in rural Ghana and Senegal, a good quality of life and what actions can be taken to improve her quality of life?
- 9 How do the individual rights of the girl child spelled out in the UNCRC coexist within the context of the rights of child in the African Charter?

4. Contribution/relevance of research to current field of knowledge

The research will attempt to quantify and qualify the needs of and barriers faced by the girl child in the household that keep her from growing and thriving. This research will then allow for improvements to be made in development programming that specifically addresses the needs of girl child.

The research will help to develop an instrument of assessment that can help to identify key factors in evaluating the vulnerability of a household. This vulnerability assessment will then influence development and aid targeting that can prioritise the poorest households and support those in the greatest need.

The research will offer insight and information about the daily living stresses of the girl child in Ghana and Senegal today. It will allow the girl children to voice their own needs and concerns and become, in effect, advocates for change by giving a voice to the voiceless. By gathering data at the household level, the research will seek to expand the current knowledge and provide much needed information about the current household dynamics that suppress the growth and freedom of girl children.

The research will seek to blend the rights-based discourse on children with that of the quality-of-life based discourse arguing that both discourses seek the same end: to support the personhood of the girl child and recognize her right and self-interest in being a primary player in her own development.

5. Current theory and prior empirical research

My intended research can generally be broken down into three primary areas of theoretical research, though of course there are many overlaps in terms of sub-groupings and practice. The three primary areas are as follows: the theories relating to childhood, children, needs/rights/quality of living discourses, and participation of the child in her own development; the theories relating to gender studies in terms of household power/powerlessness, discrimination and bias, family responsibilities and work; and finally the theories relating to provision and use of basic services by girl children such as health and nutrition programs, education, and skill training within the rural African context and the bias within the provision of these services, given the inherent cultural and societal issues. Each of the theoretical approaches is seen through the lens of extreme poverty and vulnerability, which is the context of my research.

For a global understanding of the current childhood and rights issues, the different international bodies, conferences, web sites and reports that have been drafted in support of the girl child offer an important basis and legal/moral backdrop to approach the current needs and problems of the girl child. UNICEF, WHO, UNFPA, UN General Assembly Special Session on Women, INSTRAW backed by the CEDAW and CRC, and the PfA from Beijing, have all developed programs and plans that focus specifically on the needs and rights of girl children worldwide. Many international NGOs have adopted the rights of the girl child as a piece or cornerstone of their development work. These include the West African Networks and NGOs, the Working Group on Girls, the Girl Child Network, AWID, the Global Health Council. Despite the number

of agencies involved, there has not been adequate empirical research that addresses the specific needs and issues of girl child in rural Africa.

In terms of children, childhood and specifically the role of girl children in the process of their own development, the recent work of Ansell (2005), Kehily (2004), Rogers (2004), Casas (1998, 2000), Roche (2001) and Hill (1999) have been extremely helpful in conceptualising the debate. These authors are interested in issues of agency and actors, pushing forward the idea that children are not passive beings, awaiting inputs, but rather play an active role in developing their own future. Action can thus be collaborative and participatory- with recipients taking an active part in what is done, rather than being passive receivers of service. (Rogers 2004:143). Rogers (2004) has articulated the three 'discourses of concern' towards children that informs policy and practice: the *needs* discourse, the *rights* discourse and the *quality of life* discourse. This work, complemented and expanded by James and Prout (1997) and Casas (1998, 2000), moves the debate beyond looking at needs or even just at the realization of rights, into a third discourse that further supports the participation of children in both articulating and promoting their own development. While the needs discourse fosters passivity, recent writing has pointed out that the rights discourse in isolation can overwhelm cultural context and become another form of outside imposition from the adult world (Burr 2004). Because of this the *quality of life* discourse has emerged. The two main ideas of the quality of life discourse are resilience (*normal* development under difficult conditions Fonagy et al 1994) and promotion of children's own voice and own concern in the debate (Roche 2001). Hill (1999) points out that it is rare that children are consulted...yet children are key stakeholders in the services and care provided for them, and if quality services are to be offered to them this cannot be done without finding out about *their* priorities and concerns. The quality of life discourse also acknowledges that children's welfare is always contextual. It cannot be fostered in isolation, but has to take into account the concerns, values, resources and limitations of the families and communities in which children are reared and cared for (Rogers 2004:137).

The notion of cultural relativism within the childhood experience is a key aspect of the current debate. Kehily (2004), Burr (2004) and Ansell (2005) all support the idea that there is not a universal notion of childhood, but that it is a product of culture and as such will vary across time and space (Kehily 2004:7). Awareness of the cultural context allows for development programming that is sensitive to various forces at play in the child's life including family responsibilities, societal values, community contracts and the real options the child faces. The lack of cultural context is a limitation of the right-based approach that many NGOs have adopted in their childhood development programming. Ncube (1998), Burr (2004) and Boyden (1990) have all written about the tension between the UNCRC as a universally applicable document and the local community context which might have a different interpretation of child rights, as can be seen in many of the articles of the African Charter on the Rights and Welfare of the Child (ACRWC).

To understand the role of the girl-child within the family structure, both Ansell (2005) and Kabeer (2000) offer insight into the different roles and power dynamics at play. Ansell writes 'A useful tool for understanding why families differ is the notion of 'intergenerational contracts', which conceptualises family relationships as a set of implicit understandings concerning the roles and responsibilities of family members (Ansell 2005:64).' These expected roles and responsibilities are often gendered, which contributes to unequal treatment of girls and boys

(Kabeer 2000). Anayanwu's (1995) work examines the living conditions and survival of the girl children in Nigeria and the preferential treatment of boy children. Girls are discriminated against in Nigeria in access to educational opportunity, food and nutrition. Girls carry a heavy burden of farm work and housework. Poor female nutrition contributes to greater vulnerability to disease and to poor physical and mental development.

Domestic work plays a central role in the life of many girl children worldwide, particularly those from poor households. Nieuwenhuys (1996:245) argues that it is 'not so much their factory employment as their engagement in low-productivity and domestic tasks that defines the ubiquitous way that poor children are exploited in today's developing world'. In most cases, the poorer the household, the higher the domestic work burden. It is commonly asserted that most child labour is attributable to poverty (Ansell 2005:170). Nieuwenhuys (1994, 1996), Robeson (1996) and Myers (1999) have all looked at the current situation of child labour, paying special attention to the role of the girl in the household work. As Nieuwenhuys has discussed 'Despite the importance of children's unpaid work... children's tasks are valued little by local people and may not even be regarded as work. Girls' work, in particular, is seen simply as devotion to the family- a pattern that continues into adulthood. Girls are expected to put family interests above their own, and cannot retain any money they earn (Nieuwenhuys 1994)'. There is of course a link between children engaged in labour and their access to school, leisure activities and even health care. In Ghana, working children do worse in school, even where their attendance is comparable with children who do not work, perhaps because of exhaustion or because their interests now lie elsewhere (Heady 2000). Research supports that school attendance continues to be very gender biased. Of 113 million children out of school, sixty percent are girls worldwide, with figures creeping up to eighty and ninety percent in selected countries.

For health and nutrition research, the work of Boyden (1991) in Somalia is helpful in documenting the under-utilisation of health services and accompanying high malnutrition rates if children between five and twelve. The work of Shell-Duncan and McDade (2005) is particularly relevant because it links the preferential treatment of boy children to household food allocation. Shell-Duncan and McDade found that in household economically able to purchase iron-rich foods, these foods are being preferentially fed to boys. They concluded that while economic development may result in improved iron status for boys, it would be unlikely to benefit girls unless cultural biases are addressed. This is particularly telling because it confounds the theory that girls are not receiving protein foods because the family cannot afford it, replacing it with the notion that the food bias is deliberate and intentional. Contrary to assumptions that household nutritional discrimination is a thing of the past, Klasen (1996) re-examines data collected to show that there is a bias against girls in terms of nutritional access in the family and that this disparity is on the rise. Ansell (2005) attempts to develop the causes behind differential treatment of children in health care, and the underlying causes for poor care-seeking behaviour. Much research has been done in Africa on the girl child in reference to anaemia, antenatal care, early pregnancy results, family planning and birth control, malaria and other diseases, school feeding, and sexual abuse. Within this genre, the work of Adetoro (1988) is helpful in identifying the health risks to girl child with early pregnancies and deliveries and Brabin et al (1998) which supports the need for heightened health and monitoring of girl children falling pregnant as young as ten. Several writers address the rights of girl children in terms of adequate health. Fathalla (1997) discusses three components of right to health: a social right to health care, a natural right to health protection and an enabling right to education. Inequitable access of girls and boys to

health care and nutrition, son preference and the practice of infanticide are producing a significant gender gap in some countries. Backstrom (1996/1997), Sohoni (1995), and Santos (1997,1999) take a more global perspective of girl's rights and access to services while Klasen (1996) and Anayanwu's (1995) research is African-based.

Research from Asia offers many comprehensive studies on the effect of household discrimination on the girl child. The studies often focus on the "missing generation", the number disparity between girls and boys that exists in parts of Asia due to child infanticide, food and health service discrimination, and generalized neglect (Basu 1991). These Asian-focused studies make the link between household bias and the greater societal issues of men and women's rights, pointing out the long term effects of discrimination that are reflected in denial or ignorance of female children's educational, health, nutritional and recreational needs. Many of the studies are also able to use health and nutrition as a statistical jumping off point to view the cultural and societal pressures on girls and their role in the household. Of particular interest is the research of Fikree and Pashna (2004), which looks at gender discrimination at each stage of female life cycle contributing to health disparity, sex selective abortions, neglect of girl children, reproductive mortality, and poor access to health care for girls and women. Boys in families are more likely to be taken to health clinics for illnesses and more likely to receive treatment by health workers (Pande 2003, Pandey et al 2002). While worldwide boys are equally likely to suffer from malnutrition, there is an increased rate of malnutrition among girls in India due primarily to disproportionate food allocation and basic care that prioritises boys (Choudhury et al 2000).

6. Propositions and central hypotheses

Proposition#1: That girl child are unable to reach their full potential, articulate their own desires and goals and to develop freely with their basic rights intact due to inherent discrimination at the household/community/institutional level.

Proposition #2: That the treatment/role of the girl child within the family structure is an indicator of and predictor for household insecurity in terms of health, nutrition and economy.

Hypotheses:

- That it is possible to gather data on the status of the girl child through interview, household survey, health and nutrition data, work requirements/output and other ethnographic research
- That the data will suggest discrimination against the girl-child that impedes development and the full realization of her rights
- That it will be possible to determine, with the interest and self-motivation of the girl involved, avenues of intervention within the household structure, community and institutions that can support girl children and that can impact development policy

7. Methodology and data collection

The primary data will be gathered during field research in two West African countries, Senegal and Ghana. The field sites will be rural villages with some access to health services. The field site in Senegal has already been determined and permission has been granted to conduct further research within the community and households. The field site in Ghana has not yet been

determined, but will ideally mimic the Senegalese field site in terms of size, population, livelihood, access to school and health services, and location within the country (rural, not on main road, within walking distance to other villages). Several villages are under consideration in Ghana but a final determination has not yet been made. The timetable for the primary data collection is approximately six to eight months in each research site.

Secondary data will be gathered through archive and database in determining the historical, social and cultural backdrop for the research being undertaken. Data will also be reviewed in terms of Senegal and Ghana's institutional commitments to the human rights instruments and the governmental track record in terms of supporting /neglecting the needs of girl children with the Plan of Action for the country. Local and international players in development in country will be contacted and interviewed for key input. Special attention will be paid to the governments' commitment to the UNCRC and the sections of the African Charter that addresses the rights of child in order to determine any inherent conflict or stress between the two in terms of public policy and law. The timetable for the secondary data collection is approximately three month total.

Tertiary data will be gathered in exhaustive research on the linking of development programs to gender bias studies in Asia and South America. Because the field of study and research is more advanced in other parts of the developing world, example of research priorities and methods will be closely studied to determine best practice and issues of concern.

The primary data collection at the village level in Senegal and Ghana will be qualitative and gathered through household interviews and socio-cultural context analysis. It will be ethnographic-based fieldwork informed by participatory observation. Ethnography is a particularly useful methodology for the study of childhood, as it allows children a more direct voice and participation in the production of sociological data than is possible through experimental survey styles of research

Health and nutrition data will be gathered using 24-hour dietary recalls, food intake/preparation surveys, anthropometrical measurements, statistical analysis of existing health and nutrition databases, and analysis of local socio-political structures, health attitudes and health seeking behaviours, barriers to access and informant profiling.

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