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## Analysis of Gender Relations in the Family, Formal Education and Health

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### Introduction

*Gender* is a socially constructed term depicting the system of relations between women and men. It designates behaviours, attitudes, roles, status and other processes that govern relationships among the sexes in a given socio-cultural, socio-economic and/or socio-political context. This means that *gender relations* vary not only from one community to another, but also according to different social classes in a given society.

Gender relations in patrilineal communities differ greatly from those in matrilineal communities. In the former, women tend to be totally submissive to men be they fathers, brothers, husbands or uncles. They also have limited decision-making powers and freedom of speech, especially in public. Consequently, women have no political attributions, cannot inherit property and easily yield to forced marriages. In counterpoint, although women are submissive to men in matrilineal communities, they have some decision-making powers and liberty of expression, and can generally choose their own husband. They can be Queen-Mothers in the political domain and can even inherit property from their maternal uncles and mothers.

Gender relations equally change according to one's social class. As a result, economically and/or politically empowered women, usually on top of the social ladder, play roles that make them less submissive to men. They can be directors of private firms, successful traders, occupy key governmental administrative positions, ministers, parliamentarians, mayors and so on. Nevertheless, since society usually considers these roles to be masculine, women in these positions experience difficulties in being accepted and have to struggle to maintain credibility.

Generally however, gender relations are always patriarchal in nature and therefore necessarily male dominated, particularly in Africa. So, whether in a matrilineal or patrilineal community, the upper or lower classes, men always insist on the subordinate status of women. This results in various manifestations of gender inequalities including gender stereotypes, biases, harmful practices and other forms of discrimination against women, with negative impacts on development. Consequently, promoting gender equality has become recognised as a necessary tool for development.

This chapter will present a situation analysis of gender relations in the family, formal education, and health with a view to identifying challenges that women and girls face in these institutions. It will then examine perspectives and directions in gender relations while proposing strategies to redress gender inequalities in the above mentioned social processes.

### **Situational Analysis of Gender Relations**

#### ***The Family***

A close examination of girls' and women's situation in the family reveals a lot of discrimination in this institution. The girl-child, in particular, experiences discrimination right from the womb. Often, women discovered by traditional practitioners to be pregnant with baby girls are subjected to certain behavioural and food taboos in the family (Yao 1998). In some traditional African societies, girls are denied even the simple right to existence in the minds of their fathers who are the family heads! In the highly Islamic and patriarchal communities of Niger, Burkina Faso, Cameroon and so on, son-preference is dominant and detrimental to girls in the family. When men are asked the number of children they have, they only count the sons, totally neglecting any daughters born to them.<sup>1</sup> To these men, girls are not important because they belong to the female gender. They are therefore undervalued in comparison with their brothers who are given the right to existence by their fathers. Women in these types of societies accept these attitudes thereby perpetuating gender discrimination.

As the main educators of children of both sexes in the traditional African families, women socialise boys and girls to accept conditions of exploitation of females by males through the values they transmit. Boys then grow up with a superiority complex while girls are made to accept and internalise an inferior position in society. Although this form of socialisation results in gender inequalities, it is considered by the family to be perfectly normal. Consequently, girls accept the dominating role attributed to men (and boys) by society, become submissive to men and aim to fulfil social roles as wives and mothers, sometimes at incredibly rather early ages. Their education is therefore centred on their social and biological reproductive roles.

As social reproducers, girls are automatically educated to become the future caretakers of the family. Consequently, they are taught to appropriate the multiple roles their mothers play in the family. These roles range from food production and preparation to the portage of water and fuel over long distances, as well as household chores like house-cleaning, laundry, taking care of household members and so on. This excessive workload which society imposes on girls, who work along with their mothers in the private sphere, deprives them of any potential they may have to participate in public life and explains their inhibition from playing leadership roles in society later on in life.

Instructions regarding girls' biological reproductive role focus on accepting marriage, pregnancy, birth and lactation as the very essence of female existence. When this role is successfully accomplished women and girls acquire prestige and high social status in their communities. These teachings serve to maintain the subordinate status of females. They also encourage polygyny, early marriage and early pregnancy: elements that accentuate gender inequalities and create reproductive health problems.

In some countries, particularly in closed, patrilineal communities, girls are considered transitory members of their families because the ultimate aim of their parents is to marry them off obligatorily into other families. Male family members exploit the transient nature of girls in their birth-homes to argue that they are not valuable to their birth families. This attitude hampers girls' right to protection by their families and makes them uncomfortable therein. It also creates a constraint to sound psychological development of girls and reinforces gender discrimination.

In many parts of Africa, women and girls have no inheritance rights. Even where legal provisions exist, they are not effectively applied. Consequently, married women for example, cannot inherit land or any property from their deceased husbands. Widows are thus left destitute or are passed on to their surviving brothers-in-law. This perpetuates the levirate tradition, a blatant type of gender discrimination imposed on vulnerable women with little choice or options.

From these foregoing, it is clear that, through the family, girls are socialised to perpetuate socially and culturally sanctioned gender rules made and imposed by men. Girls are born into discrimination and it follows them throughout their lives, depriving them of their basic rights as full citizens. Even their citizenship is questioned: if girls are not full members of their family how can they be full citizens of their country? Being usually cloistered in the private sphere of life, their self-development is severely hampered as they lack access to information on their different rights. They therefore grow into womanhood nourishing an inferiority complex and being unaware of what goes on in the public domain. In addition, they are prevented from participating fully in the developmental processes of their countries because they can hardly bring themselves out as main

actors in the public sphere. Formal education could perhaps be a way out for girls to move from the private to the public sphere of life.

### ***Formal Education***

Through formal education, knowledge is transmitted while trained and skilled human resources produced. In the transmission of knowledge, schools teach individuals how to do things as well as the roles they must play in society and how to conform to social values. Formal educational systems are thus value-ridden and participate in shaping learners into female and male genders. In this way, schools can perpetuate gender discriminations embedded in the family and rooting from it.

In Africa, there are great disparities in male and female educational levels. A close examination of the Net Primary Enrolment Ratios (NPER) in various countries reveals blatant gender disparities as well as great differences between countries, as Table 1 clearly indicates.

Generally, girls lag far behind boys in primary school enrolment, with male-female differences ranging from 8 points in Mauritania to as much as 33 points in Benin. Interestingly, the NPER of countries in the Sahel contrast sharply with those of the other countries. In the former, girls' NPER is worse than elsewhere. For example, 19 percent enrolment for girls and 30 percent for boys in Niger; or 25 percent for girls and 38 percent for boys in Mali are far below Togo's 69 percent and 93 percent respectively for girls and boys. This is mainly due to negative cultural attitudes that limit females' access to education, in particular, the perception that women and girls' roles in society is confined to the home. Additionally, girls' schooling is seen to deprive mothers of valuable domestic help and labour making mothers reluctant to release their girls for school.

Even when girls manage to enrol initially, several other factors inhibit them from continuing in school or attaining the highest possible educational qualification. These include socio-cultural constraints like early marriages, teenage pregnancies and some initiation rites. Sometimes girls' education is not considered cost-effective in the belief that they are unintelligent. Furthermore because of poverty in families, more girls quit school to engage in economic activities to contribute to the survival of their families. Shrinking governments' resources due to the generalised economic crisis and accompanying Structural Adjustment Programmes that led to reduced government expenditure on education also account for low completion rates (World Bank 1999).

Consequently, only a small percentage of pupils enrolled in first year primary reach the fifth year primary as indicated by the following figures: Mali: 17 percent, Congo Democratic Republic: 25 percent, Guinea: 35 percent (UNICEF). Desegregated data show that the dropout rates are much higher for girls than for boys. In Central African Republic, for example, of all the children who completed their primary education in 1987, only 30 percent were girls (Annan-Yao,

**Table 1: Net Primary Enrolment Rates in Selected Countries – 1996**

Country Net Primary Enrolment Rates	Boys (%)	Girls (%)
Benin	80	47
Burkina Faso	37	24
Central Africa Republic (1990)	64	42
Chad	59	33
Congo Democratic Republic (1990)	61	48
Côte d'Ivoire	63	47
Gambia	72	57
Guinea	50	33
Mali	38	25
Mauritania	61	53
Niger	30	19
Senegal	65	55
Togo	93	69

Source: UNESCO, *Education for All: Status and Trends 2000*, Paris, p.69.

1998). In Senegal, girls' dropout rate in 1997/98 was 10.42 percent as against 3.19 percent for boys in grade 6. Gender disparities at this point are also flagrant. Table 2 below gives the percentages of the 1995 cohort of boys and girls reaching grade 5 in some selected countries.

Mali has the greatest gender gap (22 points) followed by Togo with 19 points (Table 2). The other countries have gender differences below 10 points. It can generally be stated that primary school completion rates are higher for boys than for girls in most African countries. As mentioned above, traditions and customs like early marriage, premature pregnancies, whether in or outside marriage, make girls drop out of the school system at this level. Pregnancies outside marriage often happen to girls in urban settings because of lack of adult guidance. They also come with disastrous consequences like induced abortions, maternal morbidity and maternal mortality.

**Table 2: Percentage of 1995 Cohort Reaching Grade 5**

Country	Boys (%)	Girls (%)
Benin	64	57
Chad	62	53
Côte d'Ivoire	77	71
Mali	92	70
Senegal	89	85
Togo	79	60

Source: UNESCO, 2000(a), p.69.

At Secondary School level, gender disparities in enrolment rates are also significant as Table 3 highlights.

**Table 3: Girls Secondary School Enrolment Rates as Percentage of Boys' in 1995**

Country	Percentage
Benin	41
Burkina Faso	50
Cameroon	69
Cape Verde	93
Central African Republic	35
Chad	23
Congo Democratic Republic	45
Côte d'Ivoire	52
Gambia	36
Ghana	64
Guinea	33
Guinea Bissau	44
Mali	55
Niger	56
Nigeria	85
Senegal	52
Togo	35

Source: UNICEF, *La Situation des Enfants dans le Monde 1998*, New York, Genève, p.128.

Figures displayed in table 3 are significantly high for Cape Verde and Nigeria where for every 100 boys enrolled in secondary school, respectively 93 and 85 girls also get enrolled. The rest of the countries have rates ranging from 69 percent in Cameroon to as low as 23 percent in Chad. Eight countries are still struggling with girls' secondary enrolment rates below the 50 percent mark. Whether high or low, these percentages clearly prove male domination in this area as well.

Similarly, Tertiary Level, enrolment rates for boys and girls demonstrate great gender disparities. According to UNESCO sources, in 1995, all the sub-Saharan African countries registered more male students than females in this sector. Table 4 gives a clearer picture of the tertiary situation in some selected countries.

**Table 4: Tertiary Enrolment Ratios in Selected Countries in 1995 (%)**

Country	Male (%)	Female (%)
Côte d'Ivoire	6.7	2.1
Togo	5.6	0.8
Benin	4.2	0.9
Burkina Faso	<b>1.6</b>	<b>0.5</b>

*Source: UNESCO, Statistical Review of Education in the World, 1995.*

All the figures indicate that girls' enrolment rates are far less than those of boys in the subregion and so, school dropout rates are much higher for girls than for boys. This poor status of girls' education has very serious implications for the development of the sub region and the future of the continent as a whole. Females constitute over 50 percent of Africa's human resources. If they are left behind in education then Africa will not be able to attain socio-economic development that ultimately leads to sustainable development.<sup>1</sup>

Currently, the benefits of girls' education to society are generally acknowledged. Female education lowers fertility; enables women to better execute programmes of development; gradually changes mentalities by promoting gender equity (Annan-Yao, 1998a: 32-33); contributes to the realisation of Human Rights as it incites the participation of women in society and encourages mothers to aspire for the best education for their children.

### **Health**

African societies tend to differentiate between girls and boys in health matters because of socio-cultural beliefs and this adversely affects girls' health and nutritional status. This generally happens in patriarchal communities where

'son preference' is prevalent and where girls are not considered as members of their birth-family because they are usually married off and have to leave home.

In the Western and Central African regions for example, overall mortality rates for under fives are amongst the highest in the world: 184 percent compared to the global average of 88 percent (UNICEF). All indications are that girls' mortality rates are higher than those of boys. A study undertaken by the African Centre for Women in 1997 reveals that negative cultural attitudes towards girls result in less health care and nutrition for girls and explains why under five mortality rates are higher for girls (ECA 1997). Some of the countries highlighted by the study include Cameroon, Togo, and Mauritania where 'girls tend to be more undernourished than boys the same age and are taken for medical treatment and vaccinations less frequently – especially if there is a fee for the service' (ECA 1997: 44). Underdevelopment also contributes to the high mortality rates: low GNP's (average of 319 for the region); low literacy rates (average of 44 percent for females and 66 percent for males) mean that facilities and resources are sub-optimal for the countries' child care, health and development needs.

Similarly, heavy workloads and poor feeding for girls increase their poor health and nutritional status. Rural girls are generally obligated to help their mothers in household chores of fetching wood and water, cooking, cleaning up, tending to family members and so on. This generally implies long and tedious working hours for girls. Moreover, in certain traditional societies (Baoule and Malinke of Côte d'Ivoire for example), girls eat with their mothers only after the men and boys have finished their meal, which means that they hardly get a balanced diet. Hard work and inappropriate diet impact on girls' health, placing them at a disadvantage compared to boys.

When girls become teenagers, they are also exposed to gender-specific reproductive health problems like early pregnancy due to early marriage and premature sexuality, unwanted pregnancy, abortion, sexual exploitation and commercial sex, and consequences of STD and HIV/ AIDS. Pregnancy, childbirth and abortion-related mortality and morbidity (fistulae, sterility) are high in the region, with adolescent girls accounting for a huge part of these figures. A joint UNECA/ UNICEF study (1994) shows that in Central African Republic, Congo, Guinea, Guinea-Bissau, Niger and Sierra Leone, over 20 percent of pregnancies are by girls under the age of 20. It is estimated that in sub-Saharan Africa, adolescent girls account for 25 percent of the current high maternal mortality rates (MMR). In 1990, this rate averaged 980 maternal deaths for 100,000 live births. Table 5 displays the overall MMR for most countries of West and Central Africa.

The figures in Table 5 are alarming because the region's maternal mortality rates (MMR) remain the highest in the world. The world's average MMR is 430; Latin America's is 190; Southern Asia's is 610 and the industrialised countries have only 13 maternal deaths for every 100,000 live births. In spite of govern-

ment policies in Reproductive Health emphasising maternal morbidity reduction and family planning activities, these figures remain high because of the socio-cultural factors mentioned above as well as the inordinate power that men have over women in all fields, including sexuality.

**Table 5: Maternal Mortality Rates for 100,000 Live Births – 1990**

Country	Rates
Benin	990
Burkina Faso	930
Cameroon	550
Cape Verde	
Central African Republic	700
Chad	1500
Congo	890
Congo Democratic Republic	870
Côte d'Ivoire	810
Gabon	500
Gambia	1100
Ghana	740
Guinea	1600
Guinea Bissau	910
Guinea (Equatorial)	820
Liberia	560
Mali	1200
Mauritania	930
Niger	1200
Nigeria	1000
Senegal	1200
Sierra Leone	1800
Togo	640

Source: UNICEF, *La Situation des Enfants dans le Monde 1998*, New York, Genève, pp.128-131.

HIV prevalence in the big cities of Africa is estimated between 10 percent and 12 percent. Abidjan's 10–15 percent rate (Desgrees Du Lou 1998) is clearly an exception. Even there, females have higher infection rates than males. For example, while sero-prevalence among pregnant women in Dakar is only 1 percent, it is 15 percent in the city of Abidjan (SIDA 1999). In fact women and girls are particularly vulnerable to HIV/AIDS for biological reasons. However, girls are infected much earlier and have higher prevalence rates than boys in the 15 to 19 years' age group (ILO 1999). Because HIV is primarily transmitted heterosexually in Africa, this implies that girls are exposed to sexual intercourse much earlier than boys. This happens through early (and forced) marriages, and sexual intercourse (usually forced) with older men in exchange for gifts. Consequently, HIV transmission in Africa is driven by the unequal gender relationships that give men rights over women in reproductive health matters. Moreover, difficult socio-economic conditions which girls face in recent years tend to push them into prostitution for survival and expose them to HIV/AIDS more than their male counterparts.

Improved transport services and migrations (whether for employment or forced because of armed conflicts, natural disasters etc.) have exacerbated the spread of AIDS in the region, increasing the exposure of rural areas to the disease. Different government sources also inform about high concentration of AIDS around the borders between Côte d'Ivoire and Liberia, Guinea and Sierra Leone, Guinea and Liberia, which all constitute zones currently affected by war. In these cases, gender inequality and attendant social and economic biases against women heighten their vulnerability to HIV/AIDS.

In traditional societies, ancestral customs maintain practices that are considered harmful and illegal by modern standards. Reasons given for these customs range from preservation of girls' virginity (in order to honour their family and that of their husband) to prevention of immorality (which can happen through premature sexuality if girls are not married off early enough). All these constitute what has become known as harmful traditional practices and are now both a health and a human rights issue. Just as the Convention on the Rights of the Child (CRC) condemn them as torture and child abuse, the 46th World Health Assembly in 1992 adopted a resolution calling for the elimination of these practices. In this respect, Female Genital Mutilation (FGM), early marriage and forced feeding of girls will have to be treated in the light of their bad implications on girls' and women's health as well as the need for females to be protected against such practices.

There is a great deal of variations in these practices depending on the countries, ethnic groups, communities and religions involved. FGM for example, is practised in a great number of African countries though information on prevalence is not available for all States. According to World Health Organisation (WHO) sources, 2 million girls are exposed to sexual mutilation every year. From the point of view of traditionalists, girls are protected through these practices.

However, modern society views Female Genital Mutilation (FGM), early marriage (and early pregnancy which emanates from the former), forced feeding of girls to fatten them and other such activities as effective ways that men use to ensure control over girls' lives and their reproductive health. This modern view poses the problem of girls' rights to enjoy good health, physical integrity and protection from child abuse if they are too young to make any decisions themselves on their reproductive rights. Table 6 gives an overview of estimated FGM prevalence in selected Western and Central Africa States.

**Table 6: FGM Prevalence in Selected Countries in 1992**

Country	Prevalence (estimated) Rates (%)
Benin	50
Burkina Faso	70
Central African Republic	50
Chad	60
Côte d'Ivoire	60
Ghana	30
Guinea	50
Guinea Bissau	50
Liberia	60
Mali	75
Niger	20
Nigeria	50
Senegal	20
Sierra Leone	90
Togo	50

Source: Nahid Toubia, *Female Genital Mutilation: A Call for Global Action, Women Ink*, New York, 1993 p.25.

The rates vary according to countries, with a high 90 percent prevalence for Sierra Leone and low 20 percent for Niger and Senegal. It should be emphasised that not all the ethnic groups assembled in a given country practise FGM and no particular religious community condones it as a religious requirement. FGM therefore stems from culture and not religion. For example, the predominant ethnic group of Niger, the Hausa, and the most important ethnic group of Senegal, the Wolof, both Moslems in majority, do not practise FGM. This explains why there are low rates of the phenomenon in both countries where only minority groups

(Bambara & Peuls in Senegal; Peuls in Niger) engage in FGM. In Sierra Leone, all ethnic groups practise FGM except the Christian Krios in the Western region and in the Capital. Similarly, in the Bendel State of Nigeria, FGM is common not only among all ethnic groups but also in all religious communities – Christians, Moslems, Animists.

Female genital mutilation has serious implications on girls' health. Depending on the degree of mutilation, girls suffer different degrees of damage on their reproductive organs. When consequences are not fatal, they leave girls with serious physical disorders or psychological traumas. Some physical consequences include urinary tract infections, painful intercourse, fistulae and complications in childbirth. Psychological effects include the lack of sexual desire and loss of self-confidence.

In most ethnic groups of Africa, virginity and fertility not only elevate a girl's social status as an individual, but also enhances the dignity of her family. Moreover, the bridal price or dowry paid to the girl's family constitutes an investment, which solders the relationship between the families of the bride and bridegroom. Consequently, girls are traditionally married early (and enter motherhood early) to ensure that their virginity is intact for their husband. Forced, early marriage is therefore very common in sub-Saharan Africa. In rural Niger for instance, 45 percent of girls get married before age 15. The rate is 19 percent for rural Senegal, 17 percent for rural Gambia and 10 percent for rural Burkina Faso. These figures are naturally lower in the cities – Dakar: 3 percent; Ouagadougou: 5 percent; Niamey: 12 percent and Bamako: 16 percent. It is worth noting that apart from Niamey, urban Niger has a high prevalence of early marriage: 25 percent (CERPOD, INSAH, CILSS 1996).

Early marriage (which is usually forced because the girls are too young to decide for themselves) becomes a health issue when (premature) pregnancy occurs soon after marriage. It is also not uncommon to find urban girls with premature, premarital pregnancies. Girls are not physically prepared for childbearing since their linear growth is not complete and the birth canal is not yet mature. They therefore face maternal and/or infant death, fistulae, hypertensive disorders and other severe health consequences.

Forced feeding is practised mainly in the ruling circles of the Moor society in Mauritania, in some communities of Niger (Arabs, Zarma) and in some ethnic groups of Northern Mali and Northern Burkina Faso. The custom consists of forcing girl children under 10 years old to absorb a lot of rich food, especially milk, to fatten them and get them ready for early marriage. They have to be beautified and also made to appear more mature than they really are, in order to be 'marriageable'. Forced feeding has ill effects on girls' health because they create physiological disorders like liver sclerosis, hypertension and so on.

Additionally, nutritional taboos also discriminate against girls by dictating specific foods that may not be eaten by girls and pregnant mothers. Many of the

tabooed foods are highly nutritious and their prohibition causes health problems to girls and women (anaemia and malnutrition). Good examples are seen in the sharing of fowl and game meat where men and boys get the nutritious and fleshy parts while girls and women only receive bony and lean parts.

FGM, early marriage and early pregnancy, forced feeding, nutritional taboos are all harmful practices against girls but because they are deeply rooted in mentalities of practitioners, combating them becomes a real challenge. Some practitioners, especially the women, realise how harmful these customs are to girls' health but because of fear of ostracism, they adhere to them and socialise the girls to accept them as the social norm. Eradication of these negative customs cannot be possible unless those fighting for change understand the reasons for these beliefs and practices so that they would be enabled to know where and how to start the communication activities destined for changing these negative mentalities and behaviours. A change of mentalities will eventually lead to the acceptance of legal remedies against these negative cultural traditions by their practitioners and thus promote gender equality for overall human development.

### **Perspectives/Directions in Gender Relations**

In principle, most African countries fully recognise the fundamental Human and Civil Rights of Women and Girls in society. As members of the Organisation for African Unity (OAU), all States of the continent adhere to the Charter on the Rights and Welfare of the African Child (CRWAC). Most of the States have ratified the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

The CRWAC, the CRC and the CEDAW respectively protect, and condemn discrimination against, children and women in all its forms. Article 3 of CEDAW for example, stipulates that: 'All appropriate measures shall be taken... towards the eradication of prejudice and the abolition of all other practices which are based on the idea of inferiority of women'. However negative cultural attitudes are so strong, in families, especially in the rural communities, that girls have very little or no social status at all. From this perspective, girls (and even women) are still not considered full human beings with inherent rights as the CRC and the CEDAW and other Human Rights Conventions stipulate. They are minors!

Directions in this domain will require a deep understanding of these negative customs in order to facilitate the construction of appropriate advocacy tools (key IEC messages through audio and visual means) to be used for transforming mentalities and rendering them open to legal remedies. This would be one of the best ways of making traditionalists accept girls and women as full members of society, which will enable them to better participate in the developmental process.

In formal education, legal measures like Education Laws, which render education compulsory and (in some countries like Gambia and Liberia) free for all,

have been instituted by governments. Positive discrimination in favour of girls' enrolment, free distribution of textbooks to girls, readmission of teenage mothers into schools after delivery and creation of Special Units for Girls' Education have been set up by various governments. Despite these efforts, persistent erroneous beliefs and ideologies as well as financial problems constrain the realisation of girls' right to education. Future directions require urgent work to change the mentalities that harbour these negative ideologies, and advocate for governments to set aside special budgets for girls' education.

Girls' social vulnerability expose them to numerous violations of their rights to good health and physical integrity. FGM, early marriage, forced feeding of girls, nutritional taboos are flagrant violations of girls' rights. In recent years, African States have tried their best to implement CRC, CEDAW and others, while improving immunisation to improve children's health. Yet, these customs are still prevalent on the continent and not all children (especially girls) benefit from immunisation. This means that perspectives and future directions should systematically increase advocacy and sensitisation of men and women in order to permanently protect girls against these harmful traditional practices as well as immunise and improve health care provision to all children, including girls. In addition, implementation of the CRC, CEDAW and other treaties has to be combined with the popularisation of these documents so as to make them accessible to a wide public in rural as well as urban areas. A better understanding of these conventions will help modify mentalities to favour the inherent rights of girls.

### Strategies to Improve Gender Inequalities

#### In the Family

- Most States in Africa adhere to CRC and CEDAW, which is a remarkable progress in favour of the female gender. However gaps observed here are that social policies do not buttress existing legislation and so there is an urgent need for governments to harmonise the CRC and the CEDAW to national laws in order to facilitate implementation.
- Governments should also make CRC and CEDAW more common by translating them into simple formats and into local languages for all to appropriate and see the importance of gender equality for society and development.
- There is a strong need to eradicate prevailing mental and social attitudes that are prejudicial to women and girls' rights. However, States cannot rely on legislation alone. Other mechanisms need to be in place to ensure promotion of gender equality. Legislation would have sent a formal message that traditions and customs contrary to the rights of women and girls would no longer be accepted. However, since mentalities and social attitudes cannot be changed by mere legislation, constant sensitisation of

communities (both male and female members) through advocacy, communication, information and education should be urgently installed.

#### *In Formal Education*

- There is an urgent need to press for free and compulsory universal basic education for all children but especially for girls who lag behind boys in this field, even if there is now a tendency towards closing the gender gap. Particular attention needs to be paid to the countries (as in the Sahel) where girls' enrolment rates are very low.
- Adult literacy rates should also be improved to encourage change of mentalities which will in turn favour the promotion of girls' education which is a key element for targeting gender equality.
- Measures for retaining girls in the educational system for as long as possible need to be taken to reduce the high attrition rates for girls. This would include promoting policies that will improve the quality of education, and make curricula, teaching materials, school environments and teachers gender-friendly. These strategies will make education relevant for girls.
- Reproductive Health problems also need to be addressed in a specific manner. By introducing Family Life Education into late Primary Schools, girls (and boys) will be informed of the dangers of premature sexuality and other things that interrupt girls' schooling and thus widen the gender gap between boys and girls.
- States should create Girls' Education Units in Ministries of Education and ensure that National Education Policies include sections specifically geared towards girls' education while aiming to close the gender gap.
- Laws that provide opportunities for girl-students who become pregnant to be able to continue with their education before and after childbirth should be enacted to promote gender equality.
- Innovative initiatives like income generating activities and non-formal education should be encouraged for female school dropouts and girls who have never been to school in order to empower them economically and make them less dependent on men.

#### *In Health*

- There is need to improve reproductive health services and include sensitisation and advocacy against harmful traditional practices in all health centres.
- Sensitisation of the population in health matters should specifically insist on female reproductive health issues and should be particularly geared towards the male populations who are the main decision-makers in this

area so as to make them more aware of the dangers that women and girls face in this sector.

- Finally, girls who have experienced FGM, early marriage and other gender-based traumatic experiences should be organised to talk about their physical trauma to their peers and discuss their psychological trauma in public in order to discourage practitioners and girls from consenting to such harmful practices that exacerbate gender inequalities.

### Note

- 1 Data collected from fieldwork in these countries on a UNICEF mission, January–March 2000.

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