

**United Nations  
Division for the Advancement of Women (DAW)  
in collaboration with UNICEF  
Expert Group Meeting  
Elimination of all forms of discrimination and violence  
against the girl child  
UNICEF Innocenti Research Centre  
Florence, Italy 25-28 September 2006**

## **Gender statistics and some existing evidence**

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\* The power points contained in this paper were used in an oral presentation by Gareth Jones, UNICEF

# Points this presentation aims to substantiate

- Much more relevant data than 20 years ago
- Certainly there are still many gaps
- However, more use should be made of already available data

***Note:** The following slides contain explanatory text in this format (green italics font) added so that they can more easily be followed without a presenter*

# Main data sources

- **Vital registration (births, deaths)**
- **Administrative records**
- **Population census**
- **Household surveys (DHS, MICS, LSMS, etc.)**

*In many developing countries, the first two sources do not provide adequate quality data; the population censuses, while they collect valuable data, are limited in the amount of data and are usually every 10 years. So it is to household surveys that one has to look for the range and depth of data needed for reporting on gender issues*

# Efforts in data collection: MICS and DHS

- The Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS) have become key data sources for monitoring the Millennium Development Goals (MDGs), World Fit for Children, and the Convention on the Rights of the Child
- In monitoring progress on the MDGs, 21 of 53 MDG indicators can be produced from the current rounds of DHS and MICS

*Standardized, tested and high quality measurement instruments are critical to obtaining relevant data on any issue, including those on gender. While the DHS started in the mid-1980s as a follow-on from the World Fertility Surveys, they have expanded into areas of health, education and violence against women. MICS started more broadly in the mid-1990s on health and education, and have expanded into child work, early child development and child protection.*

# Violence and discrimination in DHS and MICS

- The third wave of MICS in 2005-06 (MICS3) contains data to derive 101 indicators on healthy lives, education, child protection, HIV/AIDS and misc. others
- Most data in DHS and MICS3 can be reported by sex so as to facilitate analysis and assessment of many forms of discrimination
- Specific modules on violence and on harmful practices can be found in both DHS and MICS3

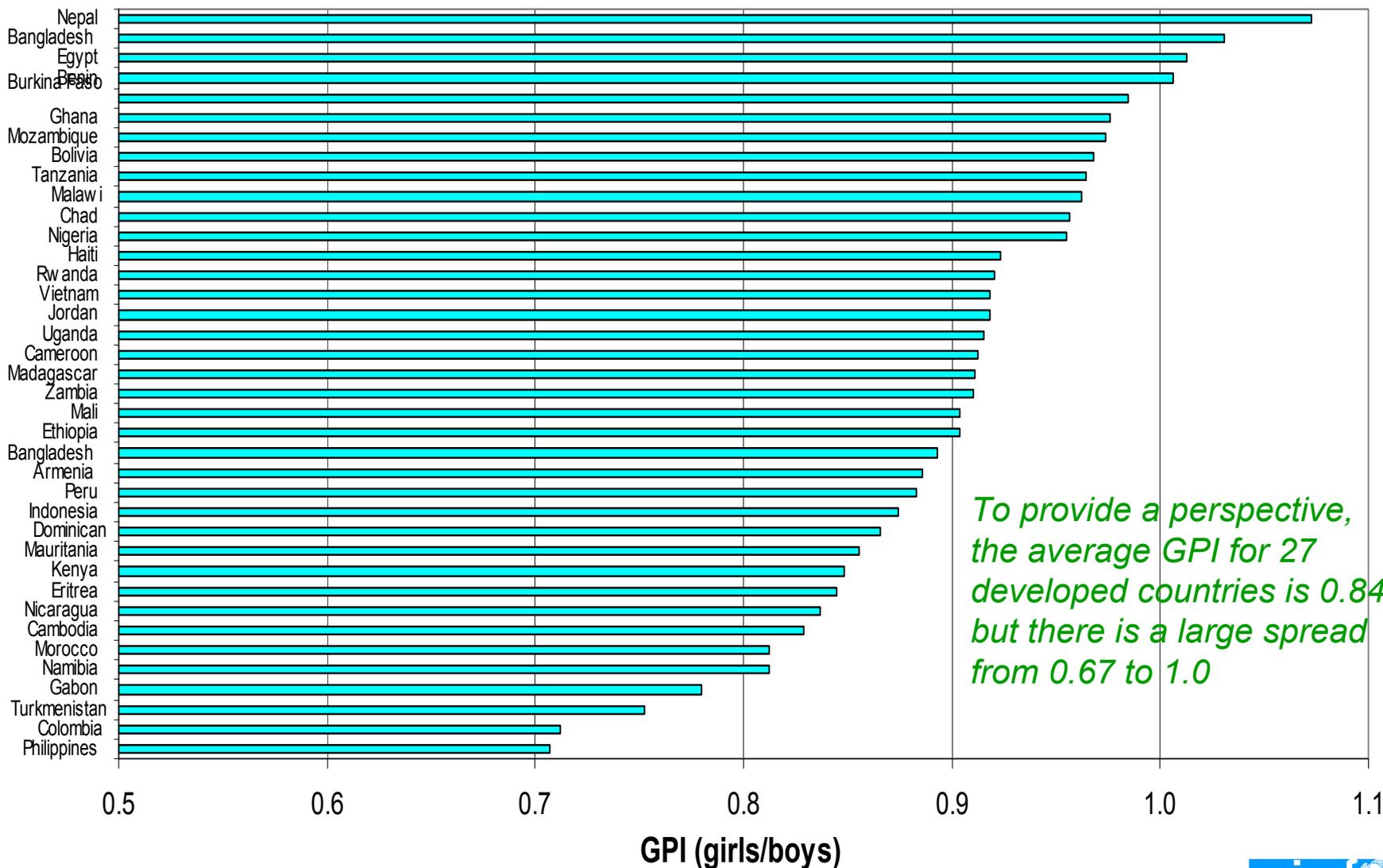
*The microdata files and related documentation for DHS can be found at <http://www.measuredhs.com/>, and for MICS can be found at <http://www.childinfo.org/>*

# MDG indicators that can be presented for boys and girls (in green)

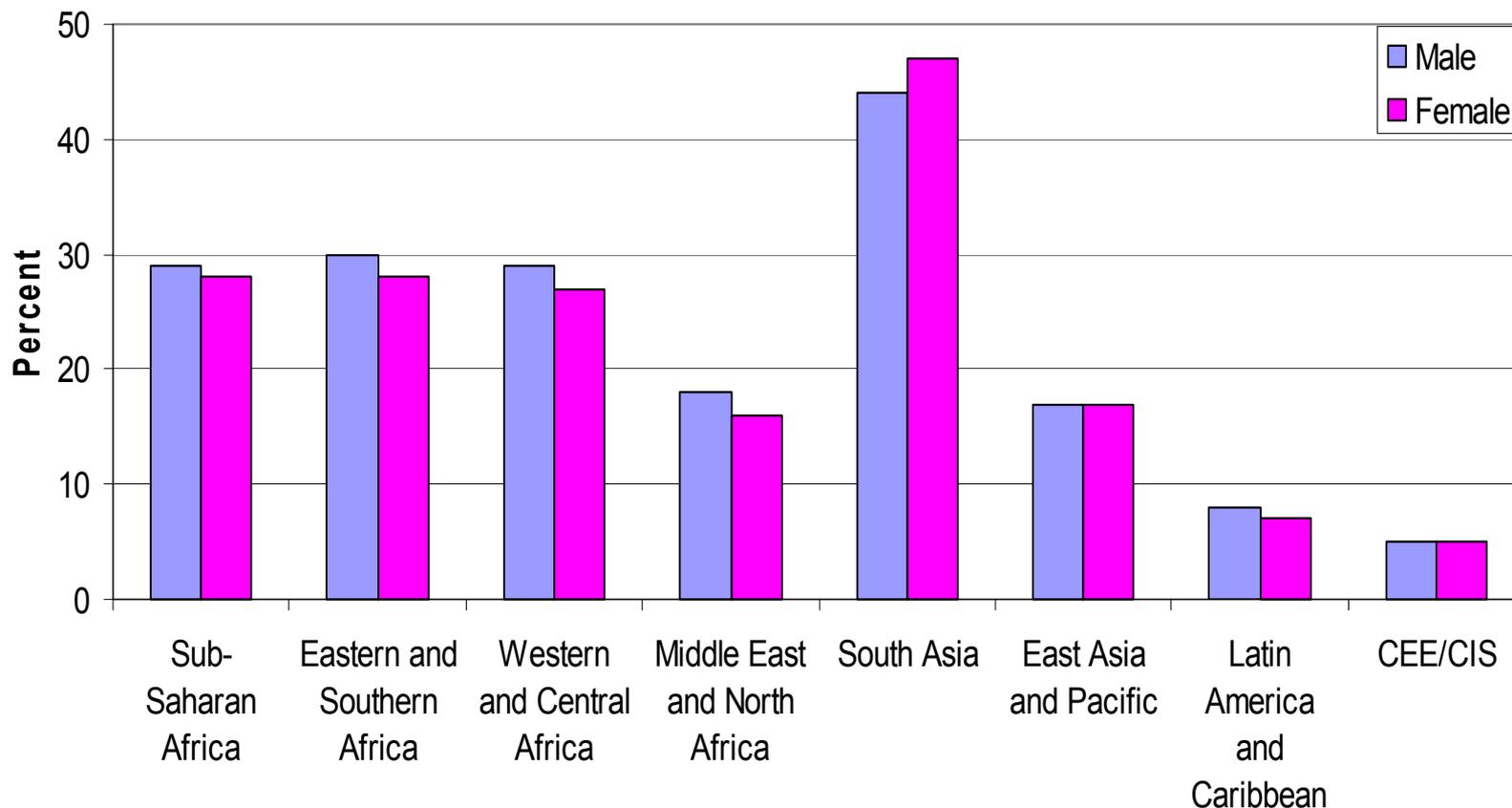
MDG	Indicators for monitoring progress
<b>Goal 1: Eradicate extreme poverty and hunger</b>	Prevalence of underweight children under-five years of age
<b>Goal 2: Achieve universal primary education</b>	Net enrolment ratio in primary education
	Proportion of pupils starting grade 1 who reach grade 5
<b>Goal 3: Promote gender equality and empower women</b>	Ratio of girls to boys in primary education
	Ratio of girls to boys in secondary education
<b>Goal 4: Reduce child mortality</b>	Under-five mortality rate
<b>Goal 5: Improve maternal health</b>	Maternal mortality ratio
	Proportion of births attended by skilled health personnel
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	Condom use at last high-risk sex
	Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
	Contraceptive prevalence rate
	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
	Proportion of population in malaria-risk areas using effective malaria prevention measures[c]
	Proportion of population in malaria-risk areas using effective malaria treatment measures.
<b>Goal 7: Ensure environmental sustainability</b>	Proportion of population using solid fuels
	Proportion of population with sustainable access to an improved water source
	Proportion of population with access to improved sanitation
	Proportion of households with access to secure tenure
<b>Declaration: Child protection</b>	Birth registration, Disabilities, Child Marriage, Child Labour

*The following 13 slides provide examples of the use of survey data in exploring gender dimensions of a few of the MDGs*

# Gender parity index of U5MR in countries conducting DHS during the period 2000-2004



## Underweight prevalence by gender. 1995-2004



*A lot of detail and differences can be lost in aggregation to region level. However, even at the country level the differences in underweight prevalence between boys and girls are small*

# EDUCATION: Numbers

Level	Gender	Out of school (million)
Primary	Boys	55.7
	Girls	61.7
Secondary	Boys	84.1
	Girls	103.5

*For education, even the global figures show the large differences between boys and girls. However, for smaller population groups the education gender disparities are sharper, and can also lead to effective interventions by focusing resources for change*

# Primary school attendance

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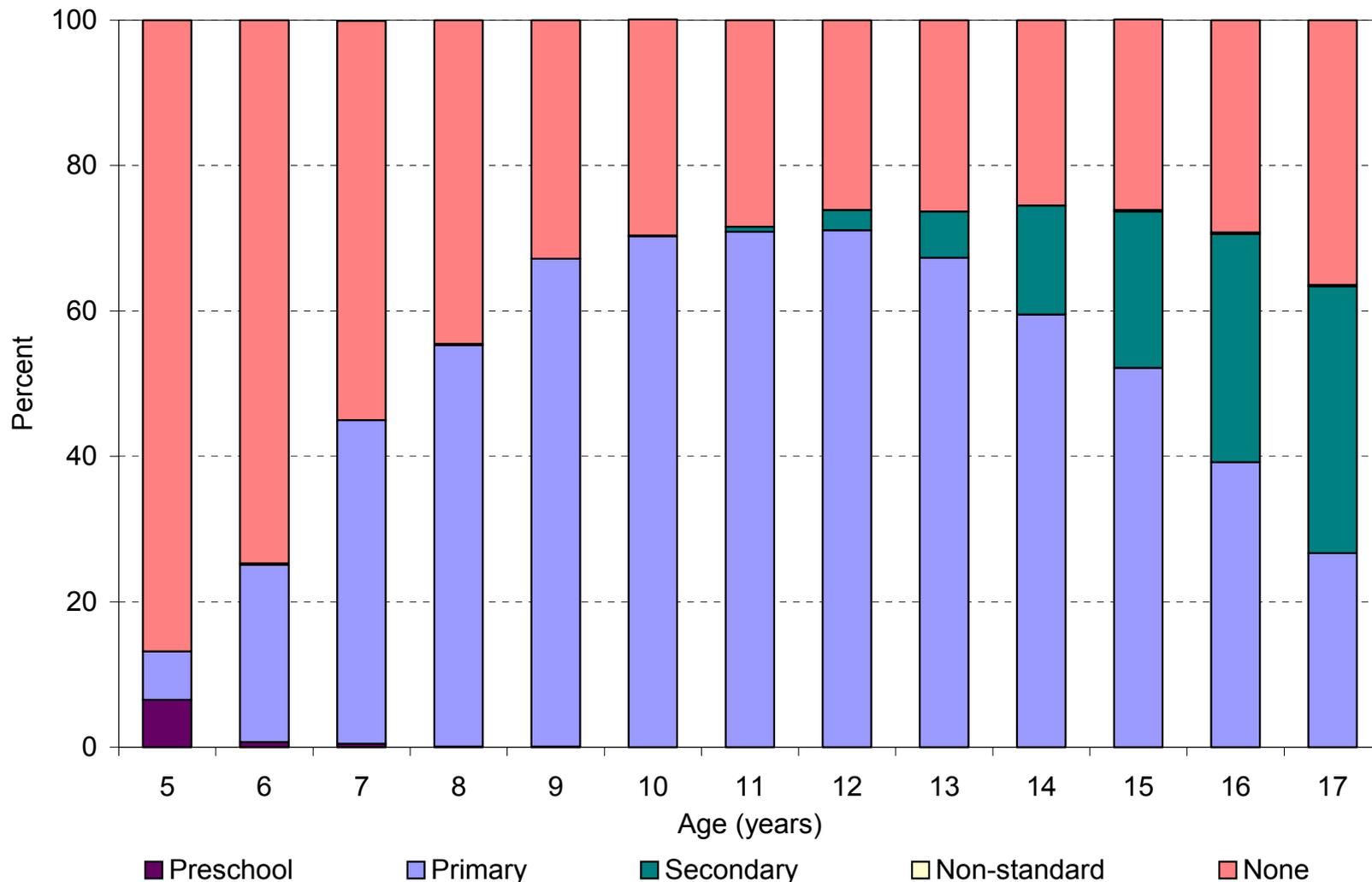


- Female/male
- Urban/rural
- Wealth quintile
- Mother's education
- Sub-national regions

*The next few slides will show some of the primary school disparities by the categories to the right.*

## Congo (DRC): School attendance by age and level of education - Male children

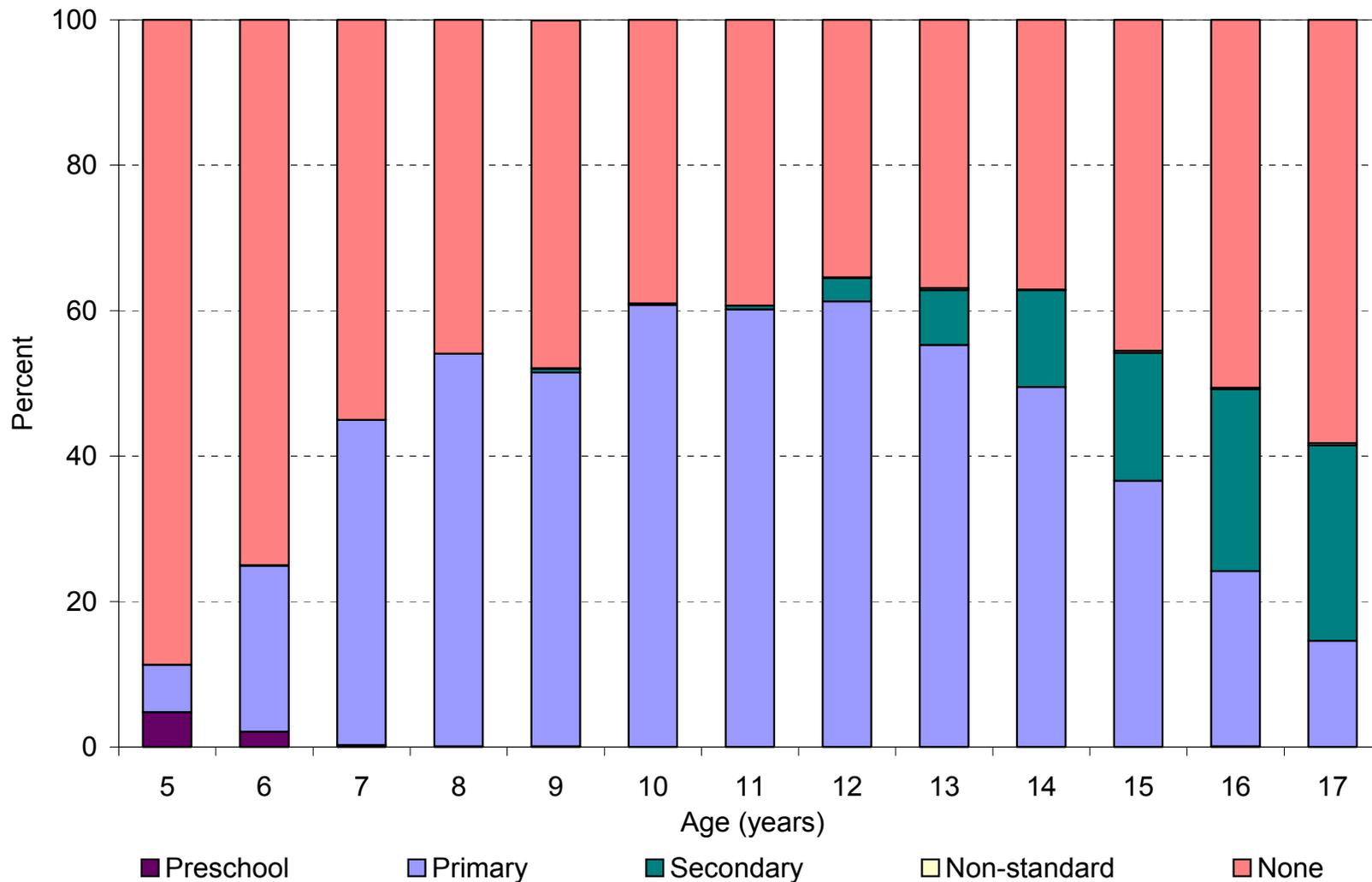
Source: MICS 2001



*Not only do all boys not go to school, but they are also in primary school long after the official end of primary school at 11 years of age*

## Congo (DRC): School attendance by age and level of education - Female children

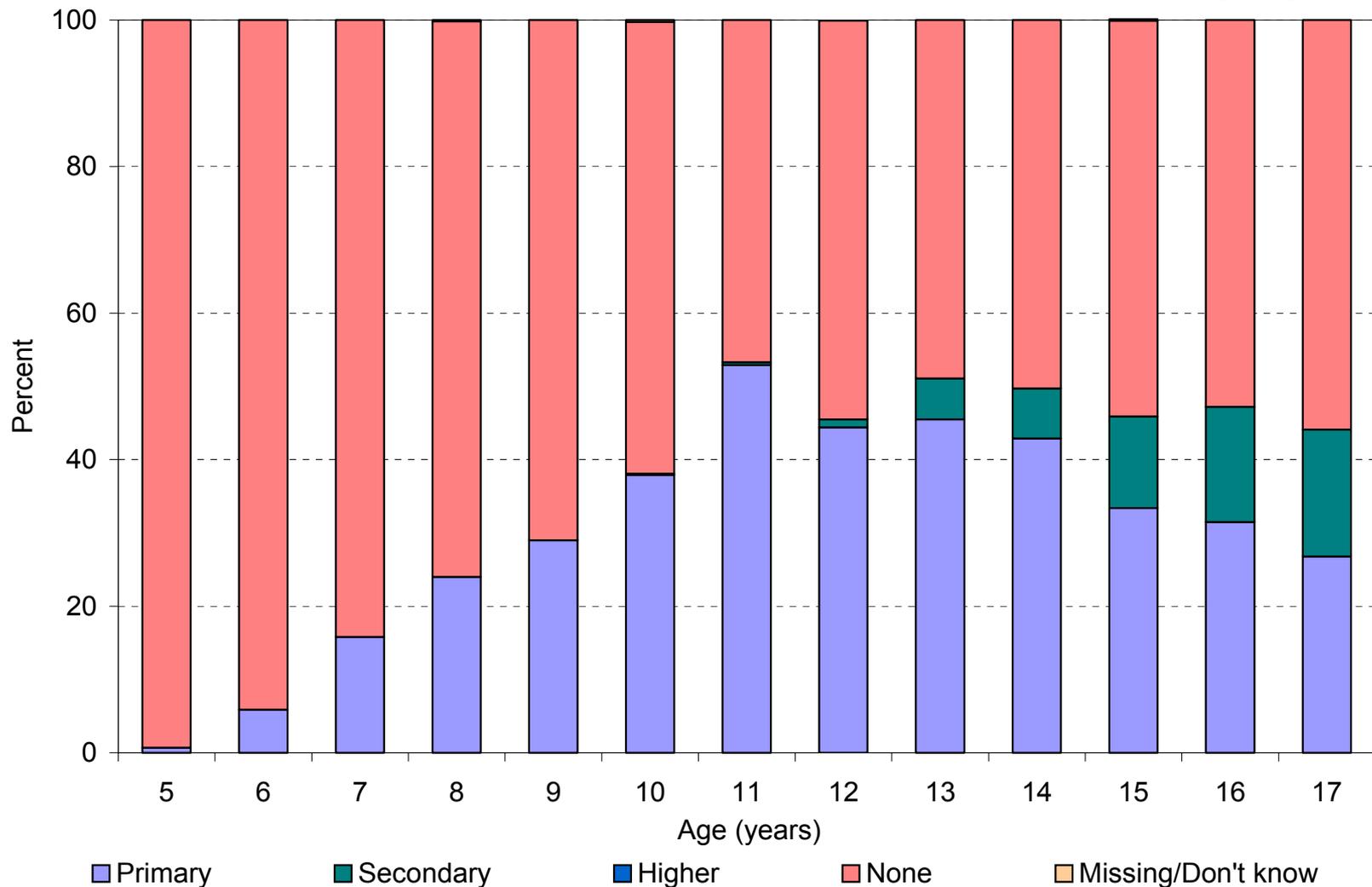
Source: MICS 2001



*Whereas the attendance of boys reaches 70% by age 11, girls only reach 60%, and attendance drops more sharply after 14 years of age than for boys.*

## Ethiopia: School attendance by age and level of education - Male children

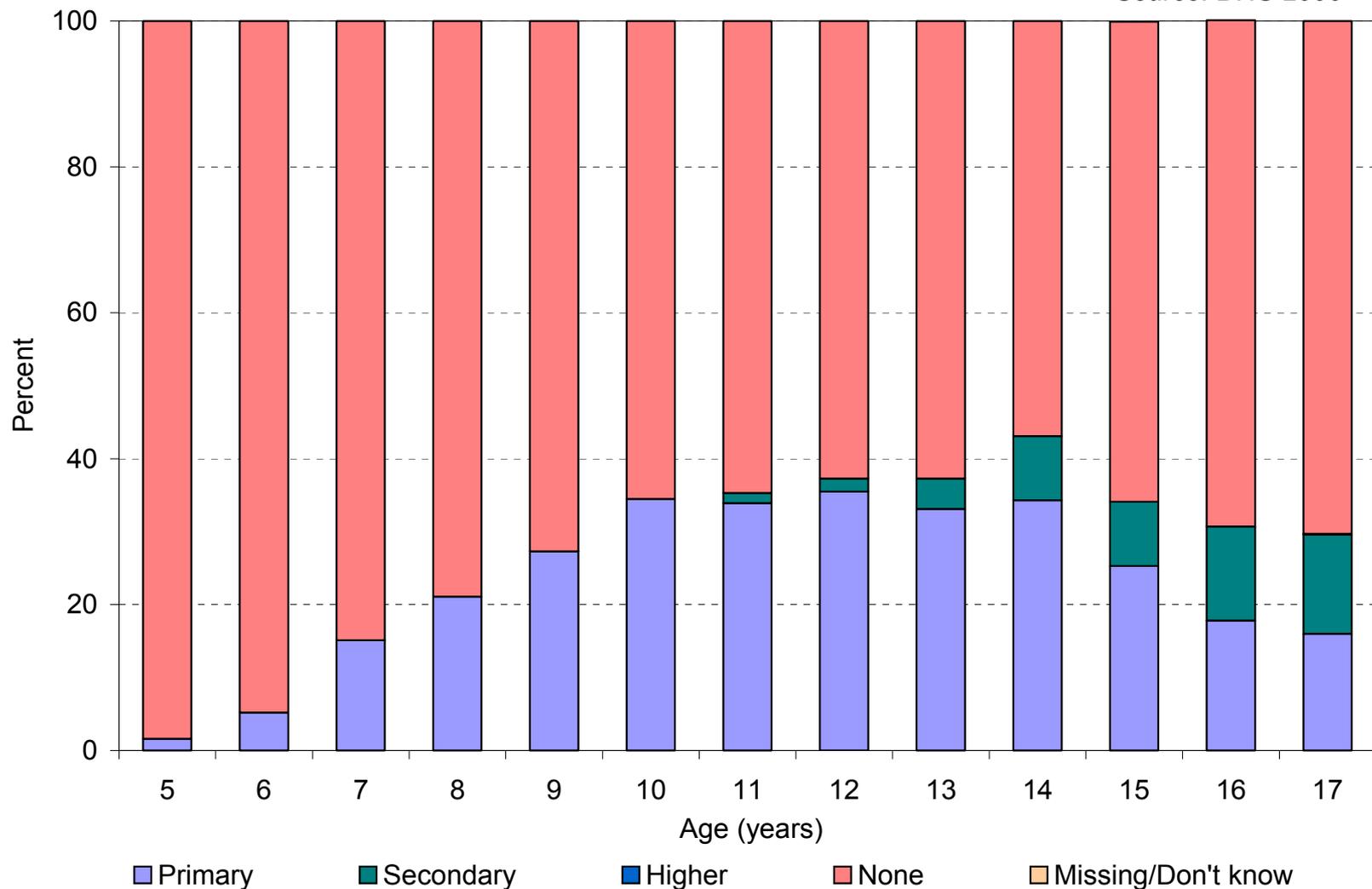
Source: DHS 2000



*A similar pattern to that for Congo - with primary attendance going long past the official primary school end at age 12 – but with a lower level of attendance, and lower secondary attendance.*

## Ethiopia: School attendance by age and level of education - Female children

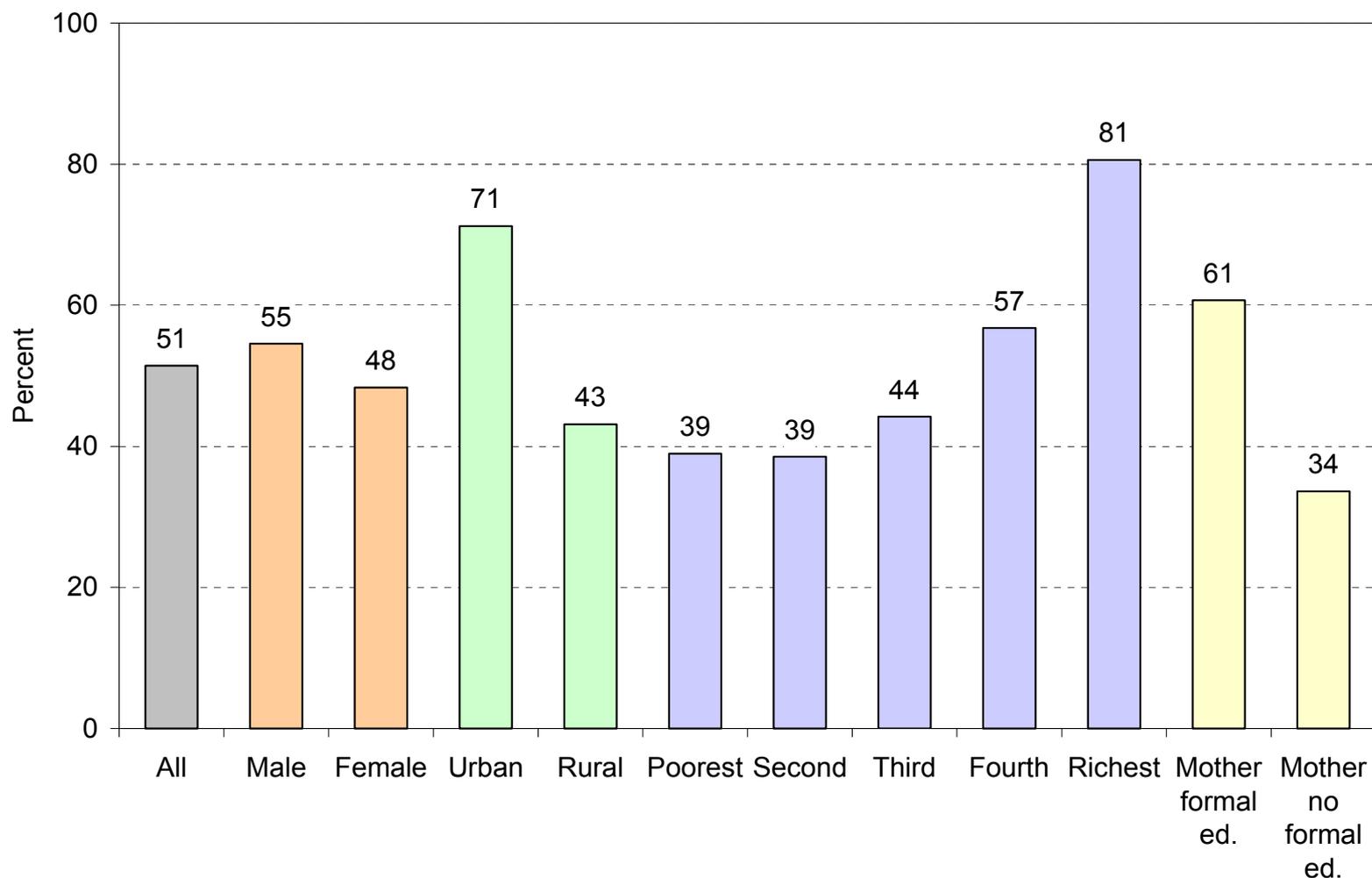
Source: DHS 2000



*A repeat of the Congo pattern - with primary attendance for girls much lower than for boys after age 10*

## Congo (DRC): Net attendance rate in primary education (primary school age: 6-11 years)

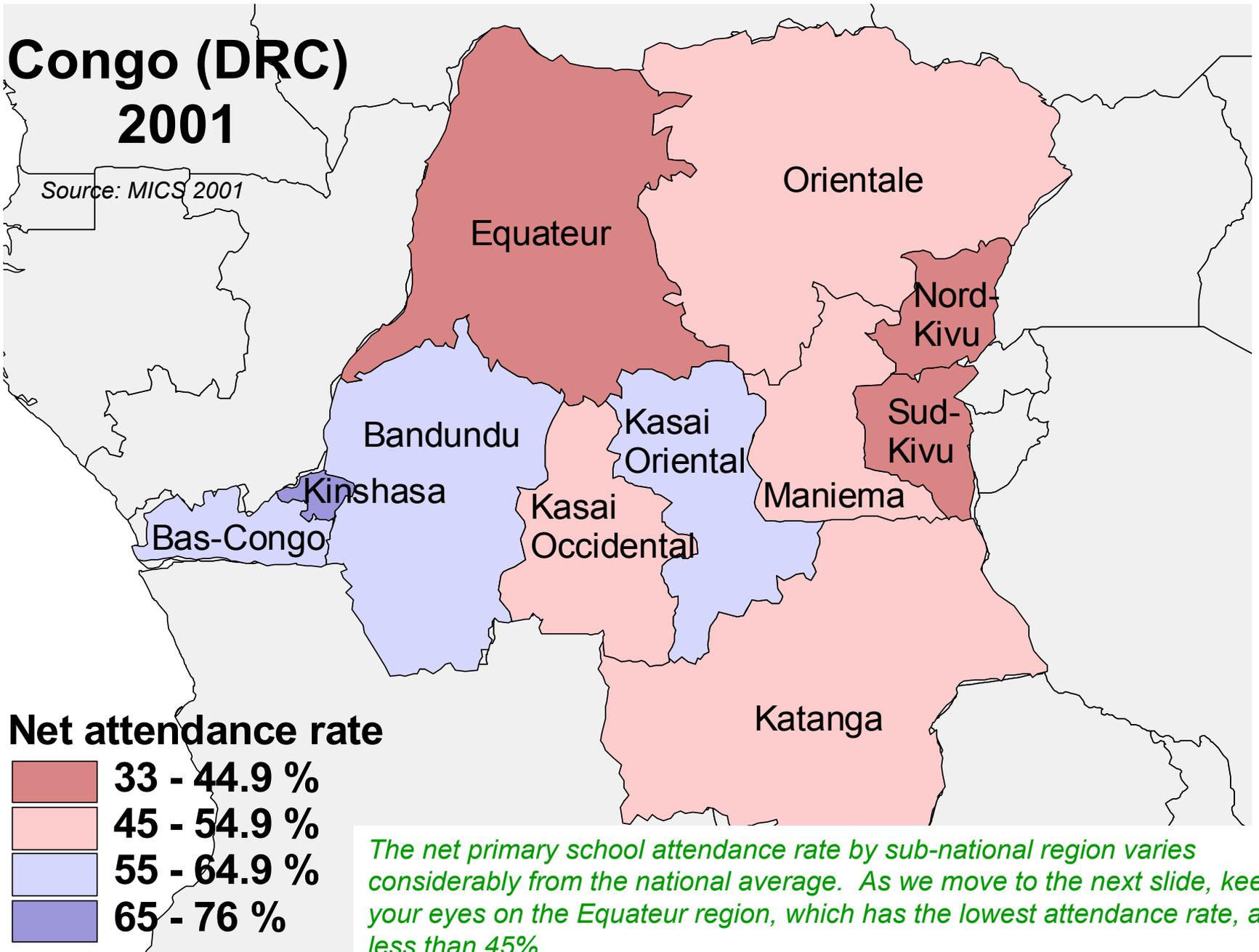
Source: MICS 2001



*The largest disparities occur by wealth quintile, with urban-rural and mothers level of education following closely. An interesting analysis to do with these survey data would be wealth quintile by sex.*

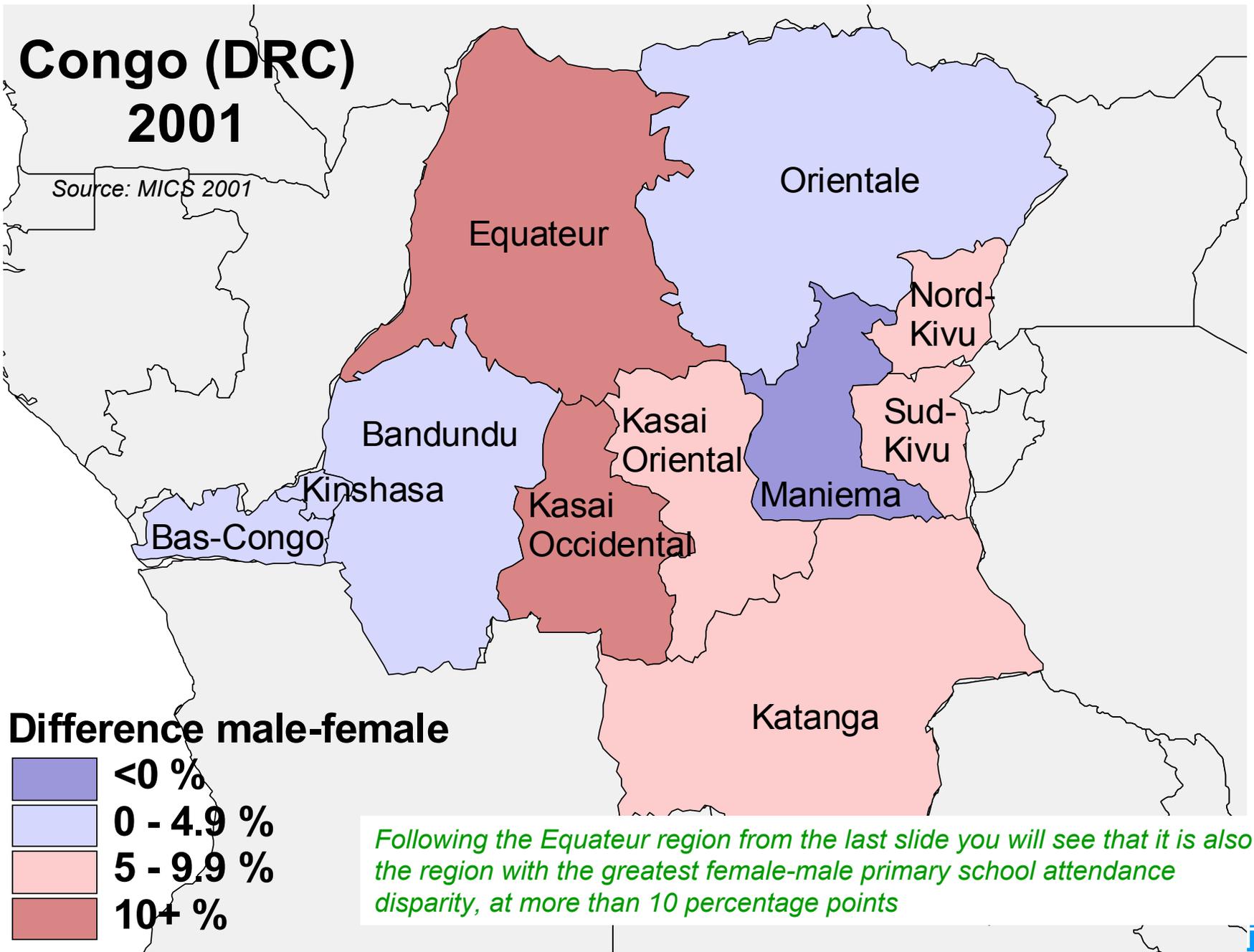
# Congo (DRC) 2001

Source: MICS 2001

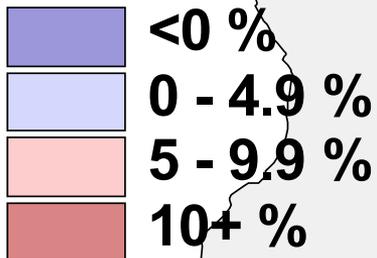


# Congo (DRC) 2001

Source: MICS 2001



## Difference male-female

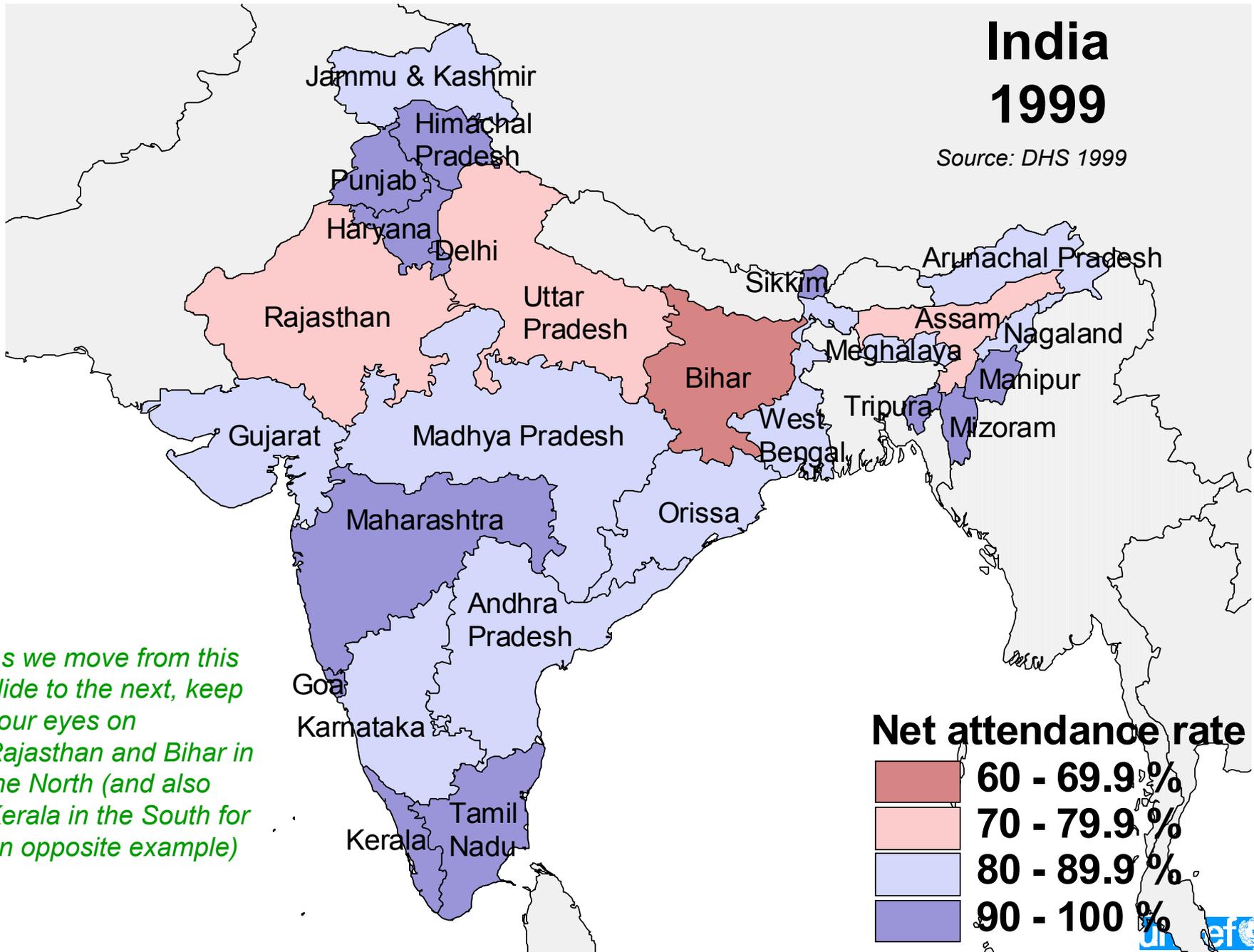


*Following the Equateur region from the last slide you will see that it is also the region with the greatest female-male primary school attendance disparity, at more than 10 percentage points*



# India 1999

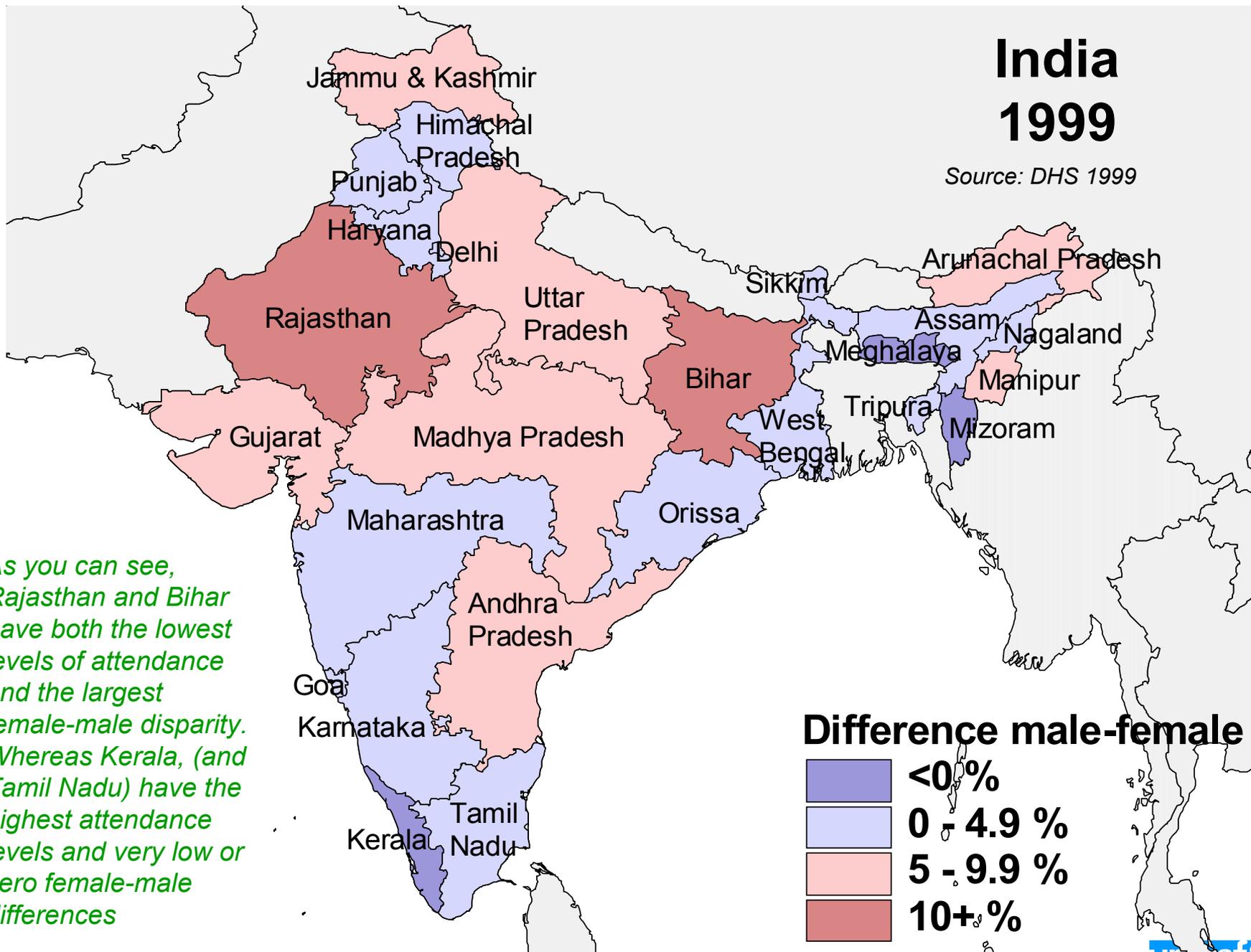
Source: DHS 1999



*As we move from this slide to the next, keep your eyes on Rajasthan and Bihar in the North (and also Kerala in the South for an opposite example)*

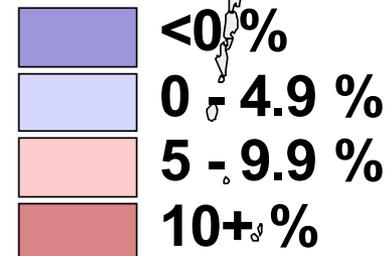
# India 1999

Source: DHS 1999



*As you can see, Rajasthan and Bihar have both the lowest levels of attendance and the largest female-male disparity. Whereas Kerala, (and Tamil Nadu) have the highest attendance levels and very low or zero female-male differences*

## Difference male-female



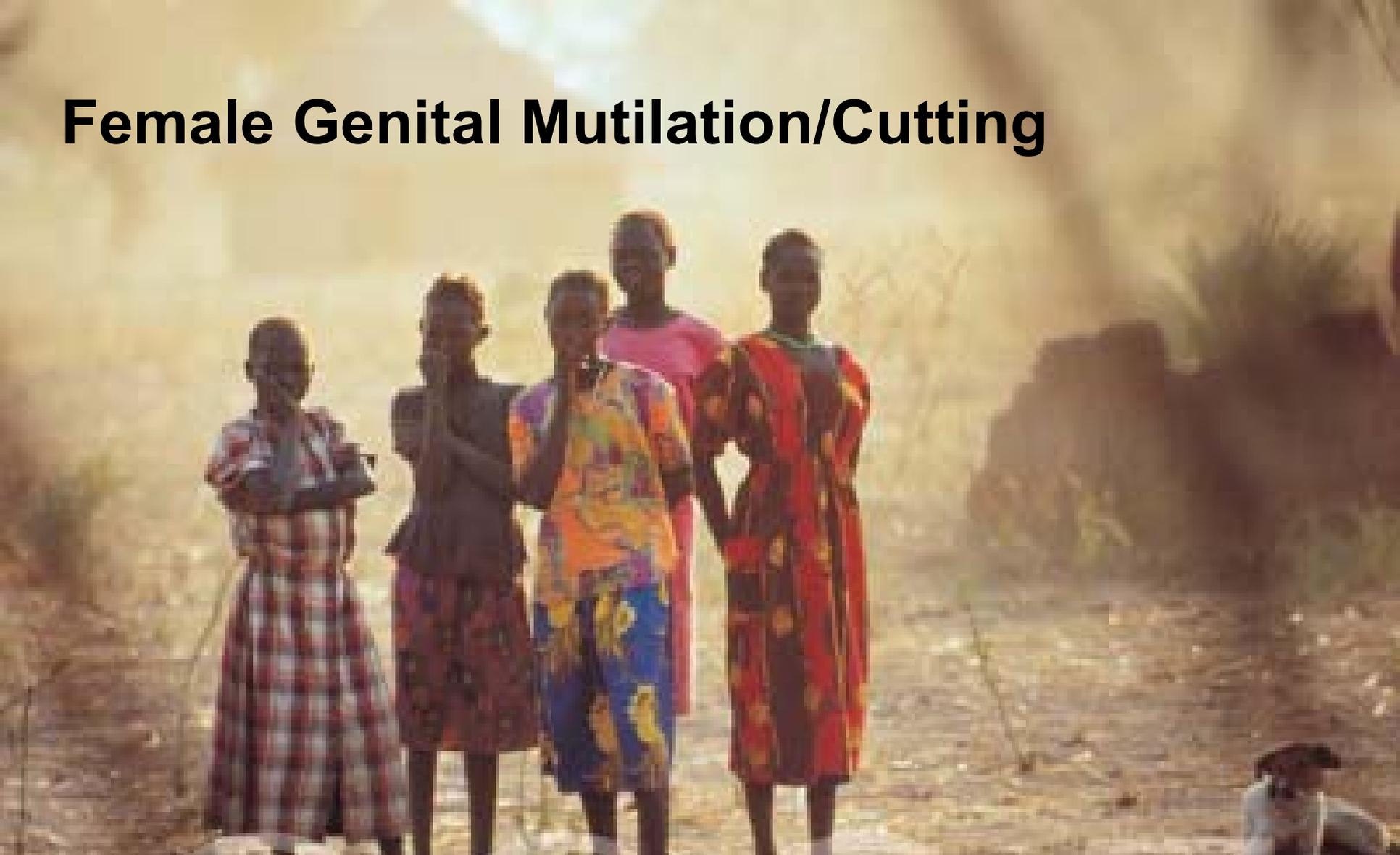
# Schooling of boys and girls

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## Key conclusions

- Much can be done with existing survey data on the educational situation of boys and girls
- Subnational data has great potential for focussing resources where they can make the most difference, and also mobilizing support within civil society.

# Female Genital Mutilation/Cutting



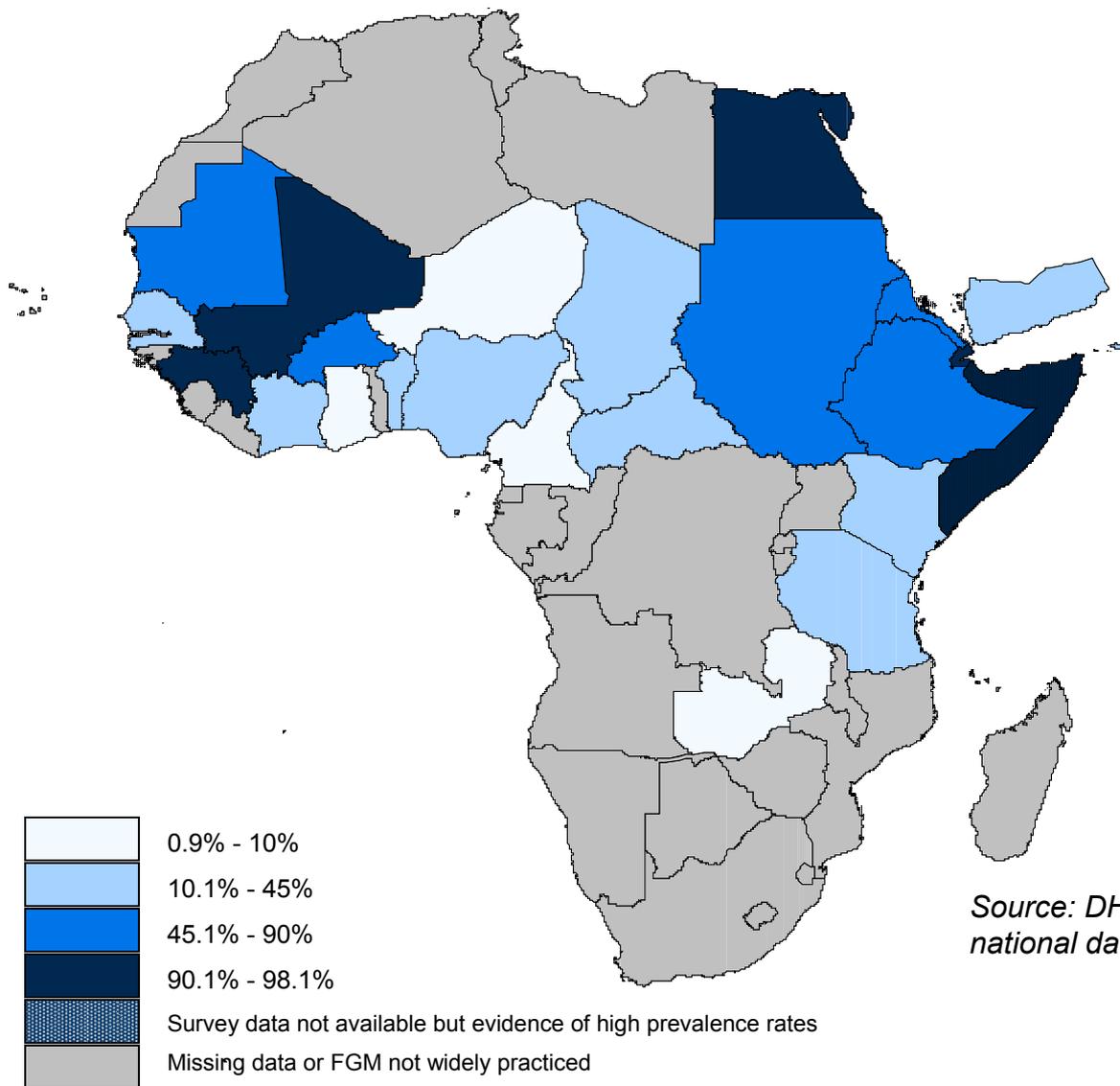
*An Innocenti Research Centre publication from 2005*

# FGM/C: Magnitude

- According to a WHO estimate, between 100 and 140 million women and girls in the world have undergone some form of FGM/C (WHO, 2000)
- It is further estimated that up to three million girls in sub-Saharan Africa, Egypt and Sudan are at risk of genital mutilation/cutting annually (Yoder et al. 2005)

*The above provides an indication of the size of the FGM/C challenge. But rather than repeat what is in the report, which you can read for yourselves, I want to share with you a more recent development.*

# FGM/C prevalence at national level

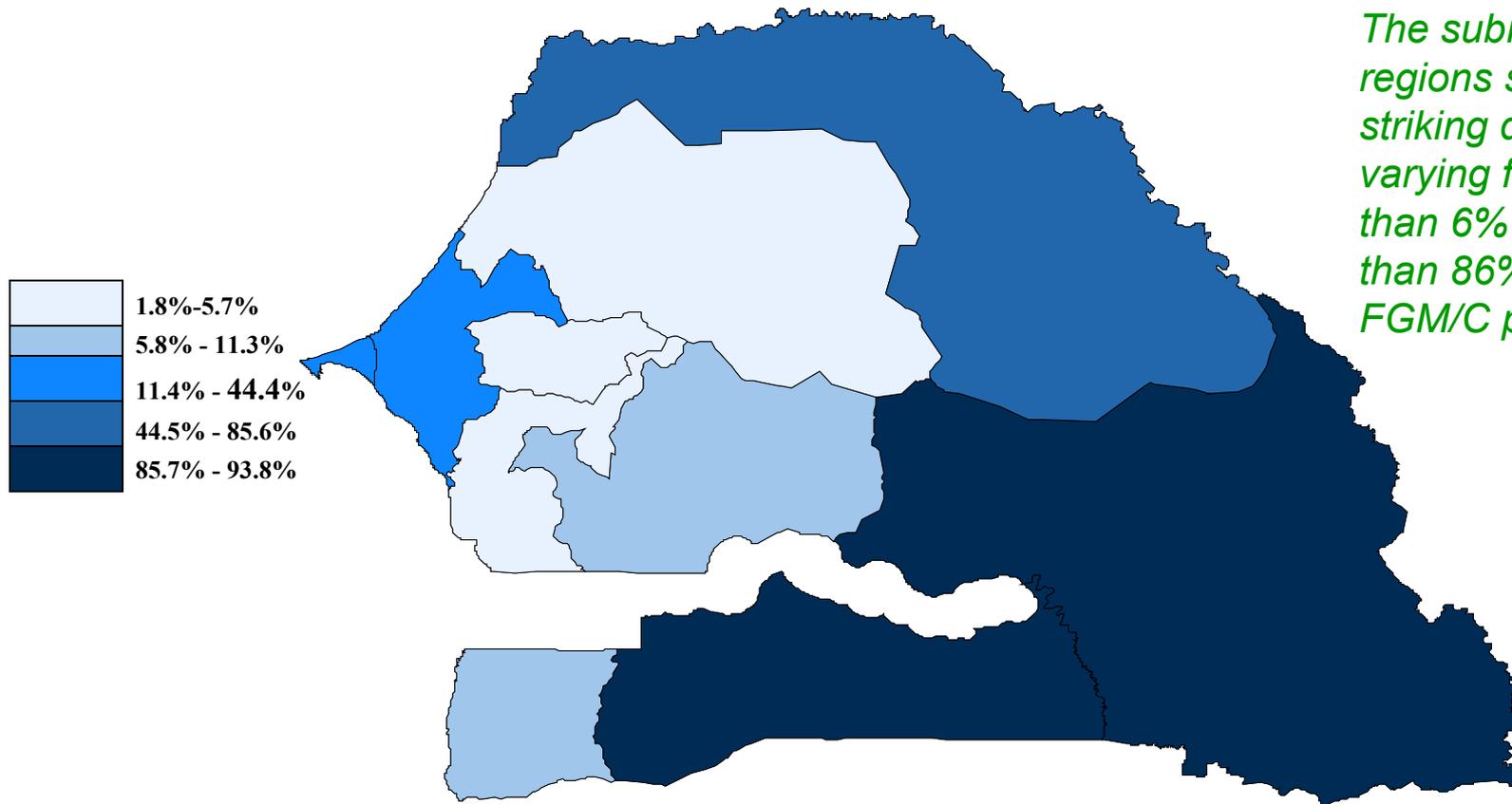


*This map reports on national estimates of FGM/C for countries where there are data. But look at Senegal on the far west – it does not have either of the two highest levels, and has a national prevalence of less than 45%*

*Source: DHS, MICS and other national datasets, 1998-2005*

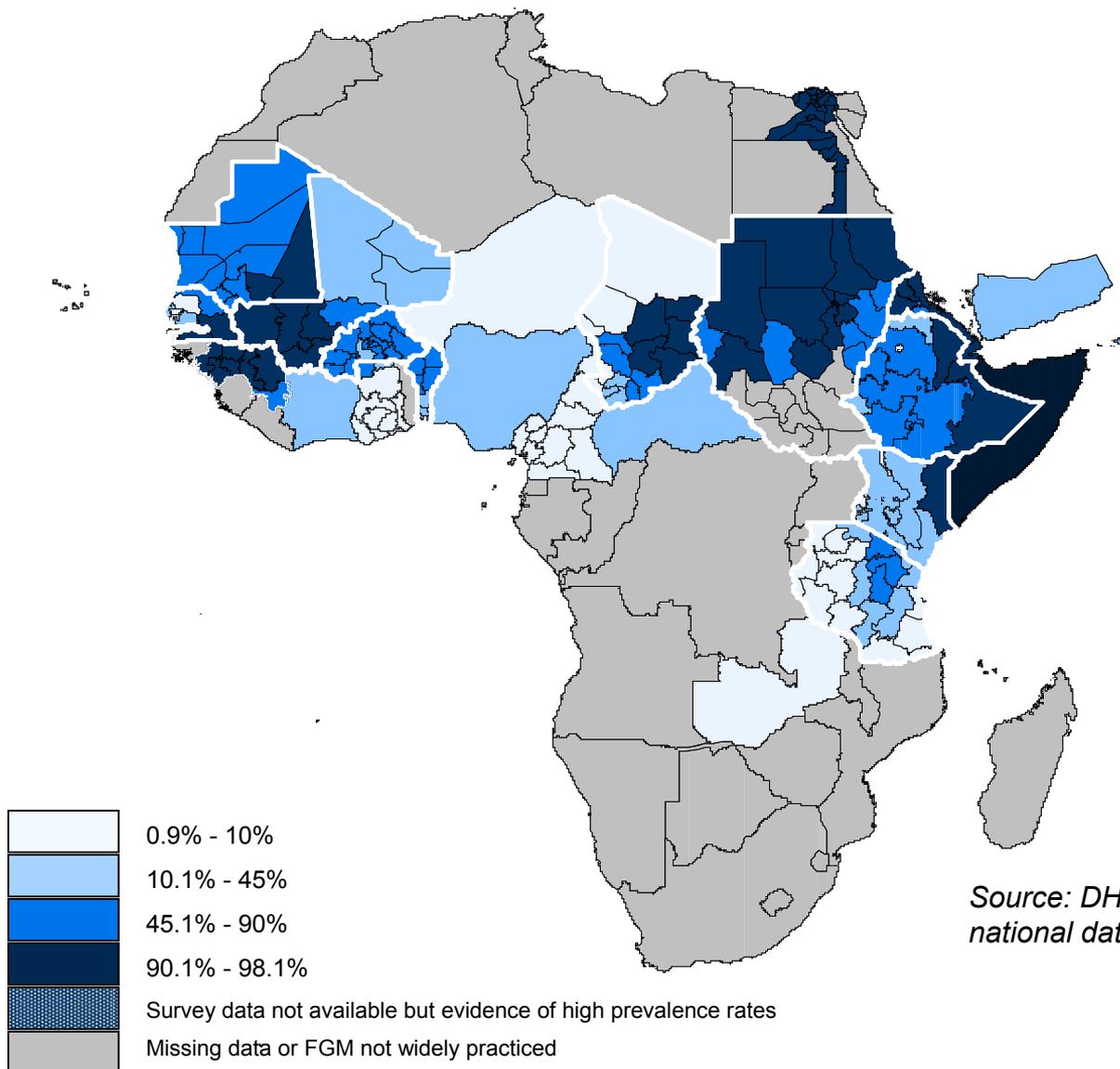
# FGM/C prevalence at the country level

## Senegal



Source : DHS 2005

# FGM/C prevalence at sub-national level



*By mapping the levels of subnational regions, the grouping of high prevalence regions that cross national boundaries becomes evident.*

*The data from MICS3, currently collecting data in the field, should be able to fill data gaps for many countries in middle Africa.*

*Source: DHS, MICS and other national datasets, 1998-2005*

# Main findings on FGM/C

- FGM/C prevalence rates are slowly declining
- Attitudes towards FGM/C are slowly changing as more and more women oppose its continuation
- Detailed disaggregation of data by socioeconomic variables significantly enhance and strengthen advocacy efforts at country level
- Interventions should not be limited by state boundaries where the same ethnic group is present in more than one state (e.g. Senegal, Guinea, etc.)

# Child Marriage



*An Innocenti Research Centre publication from 2005*

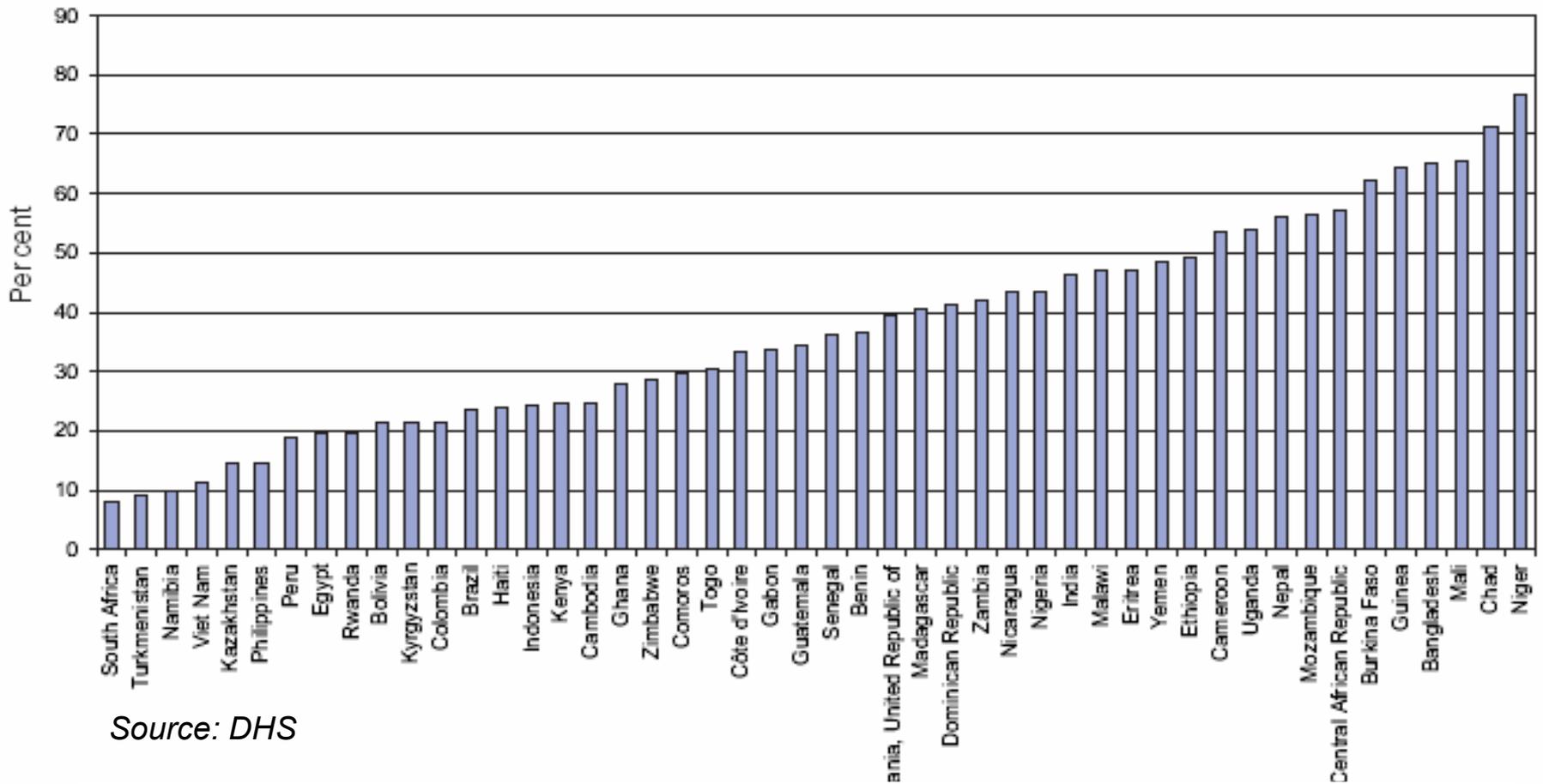
# Regional averages

<b>Proportion of women aged 15-24 who were married before the age of 18</b>	
South Asia	48 percent
Sub-Saharan Africa	42 per cent
Latin America and the Caribbean	29 per cent

Source: DHS

*The above provides an indication of the size of the early marriage challenge. But levels by country are much more striking, as we will see on the next slide..*

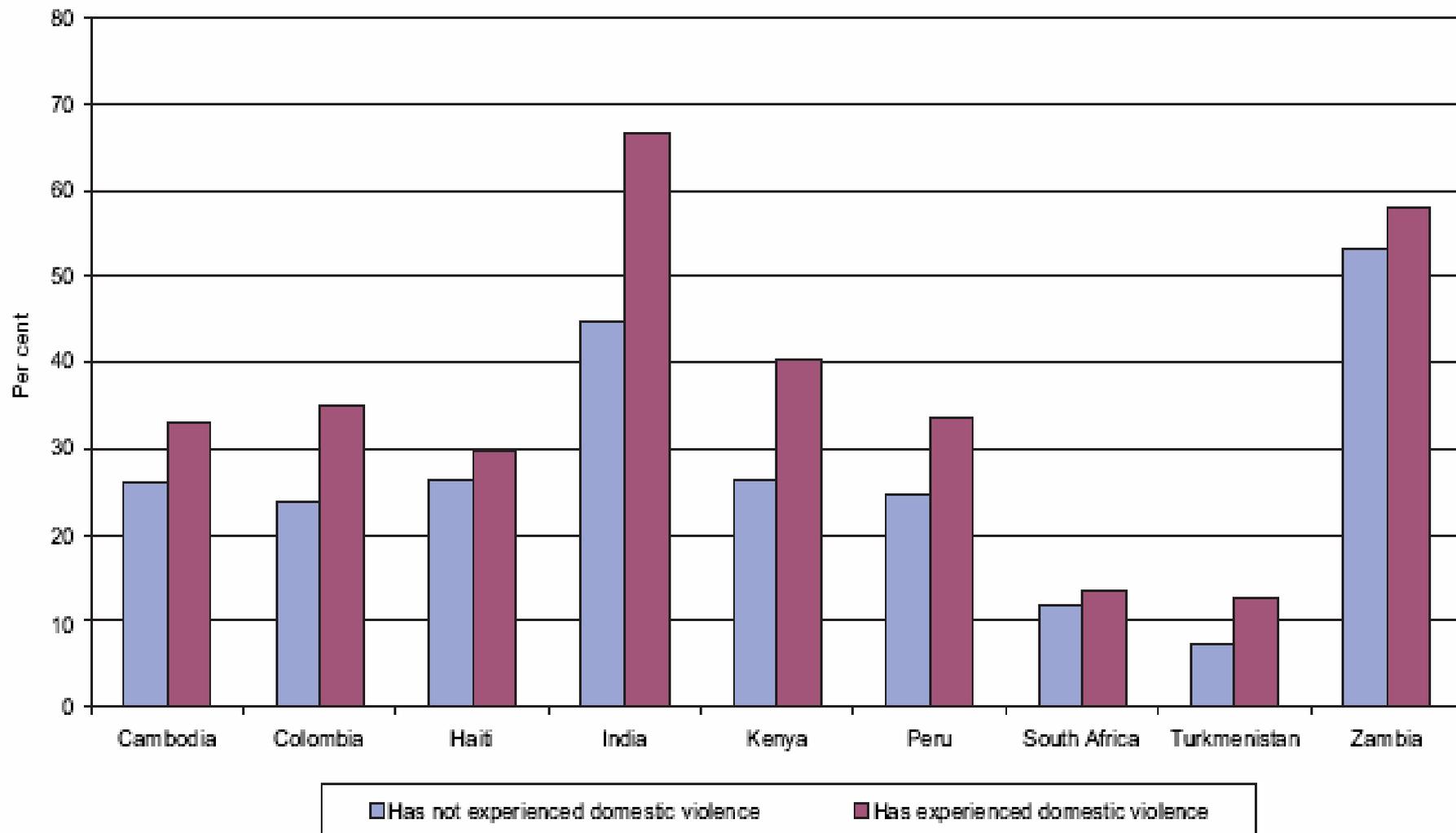
# Women ages 20-24 in union by age 18, national averages



Source: DHS

Ten of these 48 countries have rates of early marriage above 50%

FIGURE 23: Proportion of women married by the exact age of 18, by experience of violence



*Among women aged 20-49 who had been married as children, more than half have experienced violence.*

# Main findings on child marriage

- Education is highly significant as a protective factor
- High fertility levels are associated with the prevalence of child marriage
- Women more than 4 years younger than their partners were significantly more likely to have been married early
- Women whose spouses received some education were less likely to be married before age 18 than women whose partners were uneducated
- Women who have experienced domestic violence were more likely to have been married before 18 than women who had not

*Secondary education rather than primary is the protective factor. And multi-variate data analysis is needed to tease out correlations. But remember that correlation does not imply a causal relation.*

# Dimensions of child violence

## Home/school/community/workplace

- Physical violence and corporal punishment
- Psycho-social violence
- Sexual abuse
- Early and forced marriage
- Foster care
- Family separation
- Bullying
- Gang violence
- Police violence
- Trafficking
- Employer violence
- Commercial sexual exploitation
- Witnessing

*We have just touched on early marriage and its relationship to violence. But where does it start?*

*In the last few slides I would like to cover some of the data seen during work on the violence against children study, starting in school and then to the wider ranging physical violence against children.*

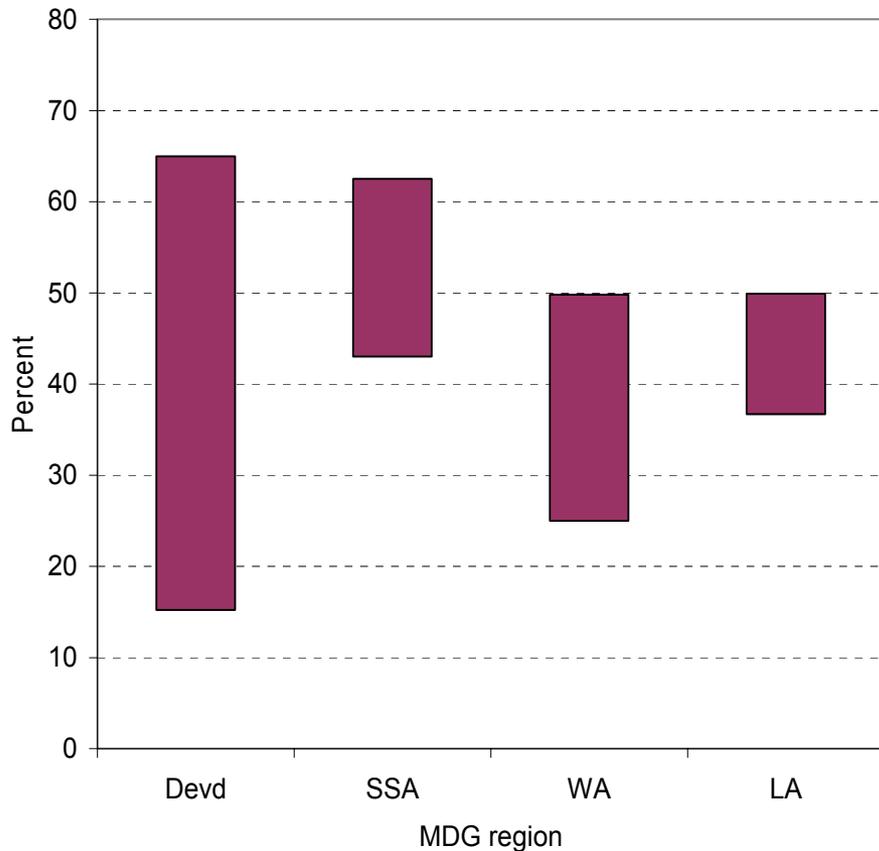
Also included: **State policy and institutions; and other (cross-cutting)**

## Bullying and fighting in school

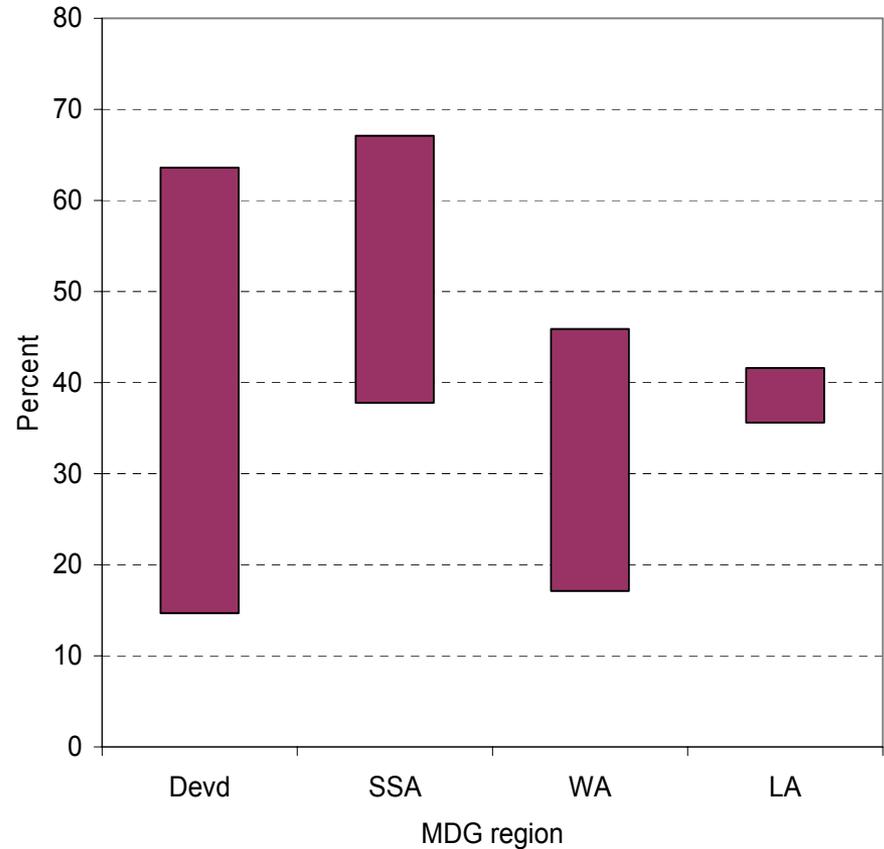
*The following data come from surveys of schools. A lot of data have been collected in the last few years in developed countries on health related behaviours. The next two slides cover data from 29 developed countries. More recently a similar health and behaviour survey has been carried out in other regions, but with a smaller number of countries (7 in sub-Saharan Africa (SSA), 5 in western Asia (WA) and 3 in Latin America (LA)) Because of the small number of countries, only a range is given in the following two slides for each region, derived from country data.*

# Bullying in school

**Victims of bullying, regional ranges, boys, age 11 to 15 yrs**



**Victims of bullying, regional ranges, girls, age 11 to 15 yrs**



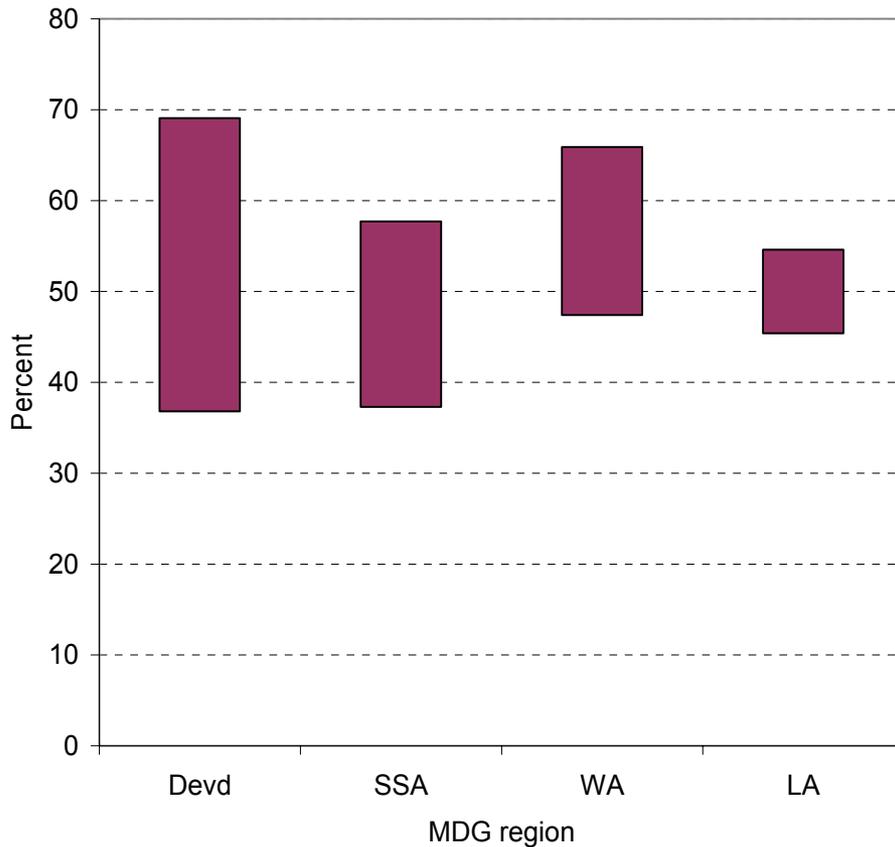
Source: HSBC and GSHS, WHO, data from 2000 to 2005

Source: HSBC and GSHS, WHO, data from 2000 to 2005

*Note the similarities between the ranges for countries in the same regions for boys and girls*

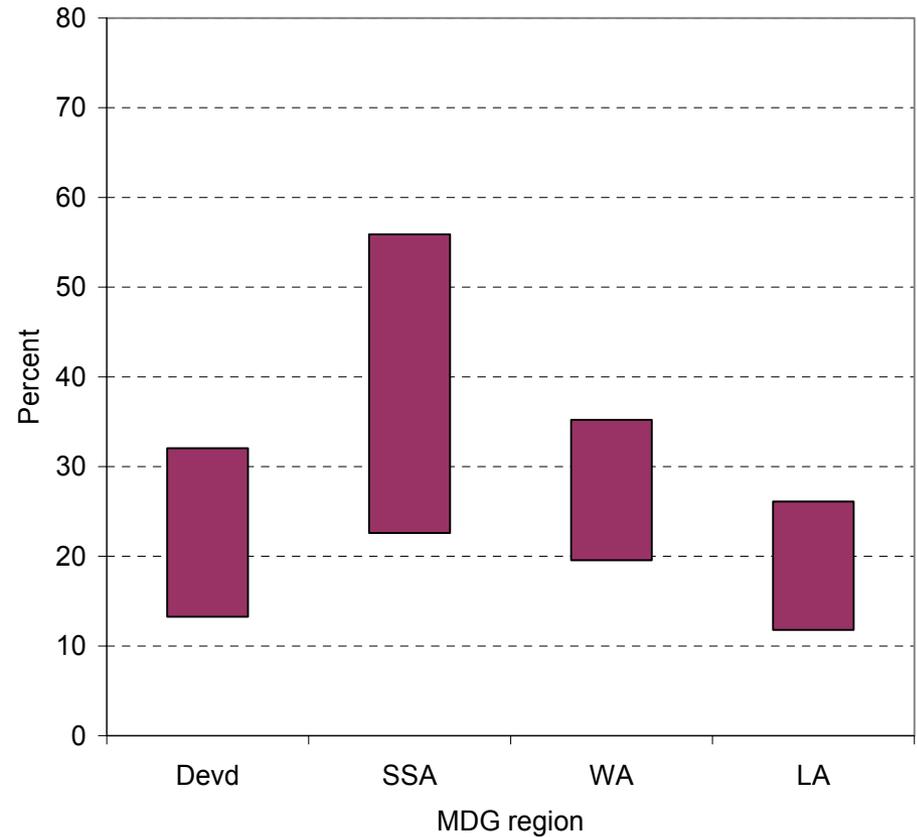
# Fighting in school

Been in a fight, regional ranges, boys, age 11 to 15 yrs



Source: HSBC and GSHS, WHO, data from 2000 to 2005

Been in a fight, regional ranges, girls, age 11 to 15 yrs



Source: HSBC and GSHS, WHO, data from 2000 to 2005

Note the **dis**similarities between the ranges for countries in the same regions for boys and girls, with only sub-Saharan Africa overlapping between the two.

## Physical violence

*It was recognized at the start of the UN Secretary General's study on violence against children, that the data were highly variable and uncertain. At the same time it was felt that the issue was so important, that an attempt should be made to produce regional and global estimates of physical violence against children, and document both the issues in using the data, and the results. The next two slides provide a very brief view of the issues in gathering together the data on physical violence, and on the implications of these data for children*

# Latin America and the Caribbean

Country	Physical punishment or violence		Attributes			
	Any	Severe	Reference age group	Gender M/F/U	Where H/C/S/W	Comments
Bolivia	60%		<18 years	U	?	Data from children in La Paz, Oruro and Cochabamba
Brazil	42% M, 33% F		7-9 years	M & F	H	
Chile	51-3% depending on type	4% (hit with object)	3-18 years	U	H	WorldSAFE study, data from adults
Colombia	83% (children)	58% (children - hit with belt)	5-6 years	U	H	97 parents, 97 children. Parents reported lower levels
Colombia	47%		<18 years	U	H	National DHS - of 11,585 women aged 15-49 years
Colombia	13% ???	16% (hit with belt)	<18 years	U	H	Data from adults
Costa Rica	48% (in last 2 weeks)		9-16 years		H	Data from 1,034 school children
Costa Rica	75%	42% (hit with belf, rope or cord)	<18 years		H	Data from parents
Dominican Republic	20%		<18 years	U	?	
Ecuador	40%		<18 years	U	H	Data from children (M>F, P>W, R>U)

*In gathering data on physical violence, many differences were noted, as this highlighted example on Colombia shows. Sample sizes and population coverages vary hugely, the recall period (ever, last year, last month, etc.), whether respondents are adults or children, the age-sex group to which the data refer, and particularly the non-standard questions used.*

# Violence against children, global and regional estimates

## Physical punishment of children - any in last 12 months

	Percent children affected		%cov	#studies
	Low	High		
Northern Africa	25	82	55	5
Sub-Saharan Africa	28	84	32	22
Latin America and Caribbean	32	62	96	37
Eastern Asia	5	71	98	14
South Asia	16	77	82	5
South-eastern Asia	66	78	100	15
Western Asia	23	35	19	6
Oceania	74	74	71	1
CIS countries	21	28	100	15
Developed countries	10	61	85	60
Global	21	70	77	180

*Translates into 500 million to 1.5 billion children affected*

*In putting together all the data, and for the reasons given in the last slide, we decided that regional point estimates were inappropriate, so ranges derived from the range of study results in each region were used. While some numbers in the low and high columns are grayed to signify a very limited number of studies, the table does serve to highlight the enormity of the challenge on reducing violence against children*

# Points at start

- Much more relevant data than 20 years ago
- Certainly there are still many gaps
- However, more use should be made of already available data

*If you recall, these are the points I gave at the start of the presentation. I hope it has gone some way towards supporting them.*

*For those who want to do further analysis of survey data, I would like to remind you of the microdata DHS files at <http://www.measuredhs.com/>. And of course MICS, on the next slide.*

# www.childinfo.org

childinfo.org: Female Genital Mutilation/Cutting - Microsoft Internet Explorer provided by UNICEF Internet Explorer

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End-decade databases Indicators Multiple Indicator Cluster Survey (MICS) Home Search

**unicef** Statistics

## Female Genital Mutilation/Cutting

World Fit for Children logo

End harmful traditional or customary practices, such as early and forced marriage and female genital mutilation, which violate the rights of children and women

Last update: February 2006

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### Definition

*"Even though cultural practices may appear senseless or destructive from the standpoint of others, they have meaning and fulfill a function for those who practise them. However, culture is not static; it is in constant flux, adapting and reforming. People will change their behaviour when they understand the hazards and indignity of harmful practices and when they realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture."*

- Female Genital Mutilation, A joint WHO/UNICEF/UNFPA statement, World Health Organization, Geneva, 1997.



Female genital mutilation/cutting (FGM/C) is "the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons.<sup>1</sup>" It is estimated that more than 130 million girls and women alive today have undergone FGM/C, primarily in Africa and, to a lesser extent, in some countries in the Middle East<sup>2</sup>.

The World Health Organization (WHO) groups FGM/C into four types<sup>3</sup>:

1. Excision of the prepuce [the fold of skin surrounding the clitoris], with or without excision of part or the entire clitoris.
2. Excision of the clitoris with partial or total excision of the labia minora [the smaller inner folds