COMMITTED TO GENDER EQUALITY

A synthesis of experiences of women and girls around the world

2020
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Written by Jessica Cadesky on behalf of World Vision Canada, with contributions from Melanie Gillespie, Merydth Holte-McKenzie, Loria Kulathungam, Sacorro Maminta, Kioko Munyao and Sophia Papastavrou.
To gain a global understanding of how gender inequality impacts communities where we work, World Vision Canada reviewed 18 gender assessments and 7 project baseline studies that were conducted over the past three years (2016 to 2019) in 18 countries: Bangladesh, Bolivia, Colombia, Democratic Republic of the Congo (DRC), Ecuador, El Salvador, Ethiopia, Guatemala, Haiti, Honduras, Kenya, Mozambique, Myanmar, Pakistan, Peru, South Sudan, Tanzania and Uganda. Through listening to women, girls, men, boys and community leaders, we found that despite some glimmers of hope, many women and girls are not able to access the necessary resources and protections they need to enjoy a life in all its fullness. In many settings, women and girls are disproportionately affected by gender inequality in all its forms.

In particular, the major themes raised by women, girls, men, boys and community leaders when discussing their needs are listed below. These themes are often interconnected and reinforce one another:

1. Unequal decision making
2. Unequal access to resources
3. Gendered cultural norms and beliefs
4. Sexual and gender-based violence (SGBV)
5. Early marriage and early pregnancy
6. Menstrual hygiene management

In this report we have summarized what we heard and how each theme influences access to and experiences of education; sexual and reproductive health and rights (SRHR); maternal, newborn and child health; and livelihoods for women and girls.
WHAT DID WE HEAR?
Women and girls are left out of making decisions and excluded from accessing important resources

Property inheritance especially land and other household assets are given only to boys and nothing is given to girls. Our men treat their women as property. At household level, parents give priority to boys…that is why education is given to the boys and girls are mostly trained to be mothers, remained at home most of the times to do domestic duties…this kind of upbringing of girls affects their psychology.

Female respondent, South Sudan

Access To Resources: What’s Gender Got To Do With It?

Community members told us that while it is most often adult men in a household who control the majority of resources, women often have a degree of ownership and control over some lesser resources. In Tanzania, Guatemala and Pakistan, for example, they reported men have control over the family’s income. However, even in these settings, women can exercise some influence and control over how family income is spent on certain items such as food, health services and education, which are areas that are traditionally considered to be women’s domains. In Ethiopia, men have the final say over all household expenditures and the sale and purchase of land, while women have full control over decisions related to items of lesser value, such as chicken and egg production. Ownership over land remains a key barrier for women – women in most contexts have far less, if any, ownership over this resource. Even in female-headed households, while women may hold decision-making power in their household relative to other married or partnered women, single women are still constrained by the full burden of household labour including primary caregiving.

Education

While women in some countries such as Haiti and Ecuador told us that they have control over decisions regarding children’s education, the lack of material resources and money means that women are not able to send their children to school. This was the case in DRC. In other contexts, such as Bangladesh, men have full control over decisions on education, which, coupled with pervasive gender norms, often results in girls receiving less material and moral support for education compared to boys.
Sexual and Reproductive Health and Rights
In some contexts, we were told that women and men share equitable decision making, or that women can make independent decisions related to their own reproductive health. However, in regions such as Quechua in Bolivia, women feel they have no autonomy over their own bodies, and as such have little control or enjoyment of sexual and reproductive rights. In many other countries including Kenya and Ethiopia, a pervasive lack of information on SRHR issues in the education and health care system was identified as a challenge, with women and adolescent girls reporting that they do not have a reliable source of information from which to learn about their own bodies and related rights. As one Kenyan adolescent girl commented:

“[Social media] actually plays a bigger role than our parents especially in instances where our parents are at work for the larger part of the day. In such cases, we have Facebook as the only solution. It’s from it we learn all these things including sex.”

Adolescent girl, Kenya

Livelihoods
From women seeking better employment through education in communities in Ethiopia and Ecuador, to adolescent girls being kept out of school to take care of younger siblings and household tasks in Guatemala, Kenya, Ecuador, Bangladesh and Uganda, we found that the gendered expectations heaped upon women and girls conflicts with their ability to enjoy various rights. Unequal access to resources also poses a significant barrier to women working in various economic sectors. Where agriculture was discussed, there is a gender disparity in agricultural inputs and services that help increase produce and move products to market. For example, in our South Sudan baseline study, 9.7% of women compared to 88.7% of men had access to extension services for agriculture, meaning that women would benefit far less from working on (presumably rented) land than their male counterparts.

Community Representation is Highly Gendered
We consistently heard that women are far less represented than men in community decision making spaces, such as community health and education committees. In Ethiopia, for example, while both men and women are listed as members of community policing, water and sanitation, and other committees, women’s actual participation is reportedly minimal compared to men’s, often due to women’s substantial domestic workload. Through our assessments, the gendered division of household labour, including care work, reveals itself as a major factor in how women and girls are able to participate fully in all aspects of life. Women’s disproportionate share of the division of labour within the household limits their access to and participation in decision making roles in the public sphere, as well as their unequal access to training and skills-building opportunities. This is compounded by the disproportionate burden that women and girls assume in caring for children and other members of the family.
Powerful yet harmful gender norms hurt women, girls, men and boys

Social norms and beliefs are the general “rules,” values and behaviours that dictate how men, women, girls and boys should “be” and behave. This includes the roles that each play in public and private spheres. We heard how diverse social and cultural norms and beliefs shape how men, women, girls and boys interact with one another, and how each norm influences how one can access certain rights such as education and appropriate health care. For men and boys, the connection between men, constructions of masculinity and sexual health may mean that men and boys avoid accessing vital SRHR services. One participant in Peru told us:

“Husbands are jealous, even they do not like to talk about the topic of sexuality. They do not want to go to the [health] post for talks on sexual [information].”

Woman, Peru

Education

Women told us that they generally take on a larger share of the household duties than men, and women often download some of these responsibilities to their daughters, more often than to their sons. This impacts the extent to which girls can access education, such as if they miss school in order to tend to childcare, cooking and cleaning duties, or if these duties take up limited time that girls have to study and complete homework at home. In contexts where girls’ perceived worth was derived from marriage prospects and bride price, such as in Tanzania and Haiti, parents were less inclined to send their daughters to school. Further, in some places such as DRC and Bangladesh, girl children are perceived as lesser members of their family since their destiny is to marry into another family and benefit them instead. This belief presents a barrier to girls’ access to education and even health care, with some families prioritizing boys for both in the face of limited economic resources. As one respondent in Kenya commented:

“Boys are valued highly than girls. Boys are most valued than girls (i.e.) the boys remain in the community while girls get married to other communities.”

Respondent, Kenya
Livelihoods

Women in Guatemala told us that they are often perceived as performing certain jobs worse than men, such as exercising good judgement in a leadership position or pursuing male-dominated jobs like policing. Attitudes such as these effectively keep women and girls dependent on men who enjoy more power and access to a larger pool of livelihood options.

It is clear that many women and girls have internalized these beliefs. Low self-esteem was reported by participants in several studies as a barrier to many opportunities including fully participating at school to aspiring to occupy leadership positions within the community (Kenya, Guatemala, Ethiopia). In Bangladesh, for example, girls reported that since they will eventually be married, they don’t dream of an alternative future to the role of wife and mother. Perhaps most disturbing and yet well documented is the belief among some women that SGBV, in particular, intimate partner violence in the home, is sometimes justified. One married girl in Kenya shared:

“It is his right to have sex with me even when I don’t like it. I am his wife; he has paid dowry, he can do what he wants.”

Married girl in Kenya

Self-perception and self-worth

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Married girl in Kenya

Sexual and Reproductive Health and Rights

There was a reported critical lack of information on SRHR, and potentially misleading or even harmful gendered cultural beliefs prevail. In Mozambique, for example, traditional cultural practices of initiation for adolescent girls and boys focus on men’s pleasure over girls’ health and rights. In Uganda, it was reported that the common belief held by women that men have “sexual desires” provides societal permission for men to engage in extramarital sexual activities that may leave women vulnerable to contracting sexually transmitted infections including HIV/AIDS. Women, on the other hand, are expected to maintain family honour and respectability through remaining sexually faithful to their husbands. This is illustrated by a community leader in Mozambique:

“The rights which girls have around sexuality are that they should know how to say no when they are not willing to have sex and accept when they feel they want to. Boys have the right to propose [to] the girls which they like and to have sex with them whenever they want. The rights should not be the same.”

Community Leader, Mozambique
There is no safe place free of sexual and gender-based violence (SGBV)

Education
We heard that the risks of SGBV facing girls and boys take place not only in the home, but also on the way to and from school as well as on school grounds. In South Sudan and DRC, for example, walking to school means risking SGBV, including harassment, kidnapping and rape. At school, male students engage in “Eve teasing” or sexual harassment that has led to many girls avoiding class or dropping out. In addition to SGBV committed by classmates, male teachers have reportedly sexually harassed girls, using their power to extort sexual favours for grades or to otherwise sexually assault girls. In Ethiopia, South Sudan and Uganda, it was reported that the threat of girls being sexually harassed or assaulted at or on the way to school is so pervasive that parents have opted to keep their daughters out of school as a protection mechanism. Listening to adolescents in Kenya, they told us loud and clear that girls and boys are not safe in their homes, schools or communities:

“...I know of one girl who was raped by her uncle.
15-year-old girl, Kenya

“My friend was sodomized by a plumber working in our area.
14-year-old girl, Kenya

“My friend [boy] was raped on his way from school.
13-year-old boy, Kenya

Livelihoods
The lack of safe livelihood opportunities means women and girls are at a greater risk of engaging in harmful and unwanted sexual activity. In discussions with women and girls in Ecuador, Mozambique and DRC, for example, we heard that girls engaging in transactional or “survival sex” — exchanging sex for gifts or money — was a direct result of limited economic opportunities for girls and women. As one teacher in Colombia told us in reference to Venezuelan migrants, this starts at a very early age:

“The 15-year-olds see prostitution as an employment option to bring sustenance to their homes.
Teacher, Colombia

Sexual and Reproductive Health and Rights
The theme of gendered cultural norms and beliefs drives how SGBV can continue in many contexts. In Kenya, for example, women told us that it is better to succumb to their husbands’ sexual demands against their will than to risk divorce. The lack of autonomy over women’s own bodies was cited explicitly as an issue in Bolivia, and poses serious health, psychosocial and emotional challenges.

Institutional Barriers
The quality and availability of institutional support mechanisms was raised in several of the assessments as critical barriers that prevented women and girls from accessing vital health, psychosocial and legal services. In Mozambique, for example, a lack of both trust and awareness means that few women and girls choose to seek justice through the formal legal system. Even when support systems are known, stigma and fear of reporting often prevent survivors from reporting SGBV to health, legal or psychosocial support facilities. As one married girl in Kenya told us:

“The police would even ask you to demonstrate how it happened...this is so humiliating.
Married girl, Kenya
Early marriage and early pregnancy put girls’ rights and lives in jeopardy

Early pregnancy and early marriage are separate but interrelated issues that many communities told us were barriers to women’s and girls’ health, well-being and the fulfillment of their human rights.

**Education**

In some places like Ethiopia, early marriage among girls is seen as a coping mechanism against poverty, but often leads to young married girls dropping out of school. As one adolescent boy told us:

> Due to poverty, most girls are married off by their parents, even before reaching 18 years.

*Adolescent boy, Kenya*

Global figures, demonstrate that higher education is linked with lower early marriage rates, and lower education levels among girls are linked with higher vulnerability to early marriage. However, although education may protect girls from early marriage, schools may also be the site of harmful SGBV, as discussed above.

**Sexual and Reproductive Health and Rights**

Early marriage is often encouraged by parents as a coping mechanism in the face of poverty, especially where bride price is practiced. In many places, when adolescent girls become pregnant, they are encouraged or even forced by their family to marry the father. In DRC, it was found that the pressure for boys to marry girls that they impregnate often leads to them fleeing the situation, dropping out of school and searching for employment opportunities in nearby towns.

> Girls get married so that the parents may be relieved of their responsibilities towards the daughters and get the benefit of being offered food, soap and other goods by their son-in-law.

*Participant, Mozambique*

When early pregnancy takes place as a result of SGBV, a girl’s prospects of marrying another man are low and thus she is often forced to marry the perpetrator, as we learned in Ethiopia.

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Stigma and lack of adequate menstruation facilities keep girls from school

Education

The stigma attached to menstruation as well as a pervasive lack of menstrual hygiene facilities, such as separate or even lockable toilets, are major factors causing adolescent girls to miss school or drop out altogether. This was a common theme in DRC, Bangladesh, Kenya and Ecuador. The common stigma and feelings of embarrassment among girls around menstruation seems to go unchecked in many places. When girls have their period at school in DRC, school officials ask them to return home instead of providing menstrual pads and menstrual hygiene management education. Further, the risks of SGBV taking place in schools, discussed above, may be increased by a lack of safe and appropriate menstrual hygiene management facilities.
Assessing the needs of women and girls during the COVID-19 pandemic

World Vision quickly identified the potential for the pandemic to have a differential impact on women and girls. The need for a rapid response to COVID-19 has meant using feedback loops established with local partners to make evidence-based decisions, instead of conducting formal gender assessments. These decisions strengthen community-based social services to minimize the gendered impact of the pandemic on health systems, social services and economic activity, particularly for women and girls.

The ENRICH: 1000 Day Journey project is one example of how a four-country maternal, newborn and child health and nutrition program led by World Vision has quickly pivoted to include a pandemic response. In Kenya, for example, at a partner’s review meeting conducted by the Ministry of Health in Elgeyo Marakwet County, concerns were raised about the strictly enforced COVID-19 dusk-to-dawn curfew resulting in increased cases of unskilled birth deliveries taking place at home. Families fear the consequences of being caught on the wrong side of the law. The reproductive health coordinator for Elgeyo Marakwet was tasked to raise this issue with the county health management team, who is now working with the local police department to build awareness and support women who need to seek delivery and other emergency health services at night.

In World Vision’s collaborative work with communities, government and partner agencies, we have seen an increase in cases of child abuse and other forms of violence during the pandemic. In just one area where we work in Kenya, 18 cases of sexual abuse against girls were recently reported. This echoes an announcement by the Chief Justice of Kenya of a 35 per cent increase in gender-based violence cases and a 50 per cent increase in violence against girls in the first two weeks of April 2020 alone. Given this alarming reality, ENRICH Kenya has increased its focus on the sensitization of SGBV issues which are now factored in the adolescent media messages being aired on radio and social media platforms.
OPPORTUNITIES FOR CHANGE
Faith-based leaders have the potential to be powerful allies and effective changemakers

We heard from many communities that leaders of various faiths are gender champions and advocates. In Kenya, faith leaders were seen to be offering important support for SRHR and mental health services through acting as advocates for adolescent rights and welfare. In Honduras, a community discussion revealed that a priest had supported women's livelihoods training. However, findings also pointed to faith leaders as sources of resistance or even opposition to positive change to address important issues. In Tanzania, for example, the tension between health providers and Christian and Muslim leaders who only promote “natural” family planning methods was cited as a barrier for access to SRHR care and alternative family planning methods. In Pakistan, faith leaders were found to be promoting the view that a woman’s reproductive health is divinely determined, which may influence women’s and men’s trust in and likelihood of accessing SRHR services.

Signs of shifting gender roles

Our discussions showed promising signs of shifts towards gender equality. Community members identified some notable changes in gender dynamics. In Tanzania for example, it was reported that men are now taking more responsibility for the care of women before and after pregnancy. In Guatemala, economic conditions have led to an outflux of men who are seeking farming jobs elsewhere, leaving women at home and in charge of the household decisions during their husbands’ absence. Although this increase in decision making power and control over resources may be more a consequence of circumstance than any real shift in gendered beliefs or relations, fostering women’s engagement in these new domains could provide opportunities for lasting change. This indicates a potential opportunity to encourage and promote new ways for men, women, girls and boys to support equal gender relations.
WHAT DOES THIS MEAN FOR OUR PROGRAMS?
World Vision Canada is committed to gender equality as a critical part of our organization’s vision for life in all its fullness for every child. We are guided by six principles, detailed in our Gender Policy:

1. **Equality as a right**: gender equality is a fundamental human right and the foundation of WVC’s commitment to life in all its fullness.

2. **Address root causes**: transforming social norms, tackling structural barriers, and redressing power imbalances at all levels.

3. **Incorporate intersectionality**: understanding the multiple, interlocking drivers of marginalization including ability, age, race, ethnicity, religion, sexual orientation and poverty status.

4. **Participation**: supporting girls and boys to use their voices and become effective change agents in their communities.

5. **Do No Harm**: at project, community and policy levels, WVC leads by example to minimize harm and support local capacities to build peace.

6. **Be a learning organization**: Applying a gender lens across our work allows WVC to continually learn and improve how we address the needs of our staff, our sponsors, our donors and our partner communities.

This review reflects World Vision’s commitment to gender equality principles, and highlights many of the persistent challenges to gender equality commonly faced by girls and women in the places where we work. Conducting gender assessments is often the first step in understanding the world in which women, girls, men and boys live, and ensuring our programming reduces gender inequality. We have used these findings to inform and shape our work in the areas of:

- Sexual and gender-based violence prevention and response
- Menstrual health management
- Education and school programs that reduce barriers for girls
- Child protection
- Early child marriage prevention
- Empowering women in leadership and decision-making capacities
World Vision Canada addresses gender inequality in our programs by engaging community stakeholders in transformational conversations, with a view to creating champions to shift power dynamics and address systematic gender discrimination and eliminating harmful practices and norms. Here are seven of our key approaches:

1. **Rights-based approach**: We recognize that inequality and marginalization denies everyone of their human rights and keeps them in poverty. WVC focuses on empowering the poorest and most marginalized, who are often girls, boys and women by developing their capacity to know their rights and develop ways to use those rights for the betterment of themselves and their communities.

2. **Empowerment of Women and Girls**: An ongoing process of transformational social change that expands women’s and girls’ aspirations, amplifies their voice and supports them to achieve greater agency, decision-making power and access to resources.

3. **Engagement of Men and Boys**: Intentionally engaging boys and men as partners and allies of girls and women as well as agents of change in collaborative efforts to transform social norms underlying gender inequality.

4. **Ending Gender-Based Violence**: Working closely with faith leaders, communities, and local civil society groups to end all forms of gender-based violence and all practices that undermine the dignity of any person.

5. **Safeguarding Children and Vulnerable Adults**: We have zero tolerance towards incidents of violence or abuse against children, adolescents or adults, including sexual exploitation and abuse, committed either by employees or others affiliated with our work.

6. **Fragile Contexts**: We work across the humanitarian-development-peace nexus, adapting to the changing context on the ground and shifting seamlessly from meeting immediate humanitarian needs to addressing root causes to transform communities and help them thrive.

7. **Gender Mainstreaming**: Our work in advocacy, humanitarian response and community development intentionally and consistently addresses the barriers to gender equality and justice.

Our signature approach to working with community faith leaders, Channels of Hope, successfully engages communities in the work of social transformation, particularly in areas of gender.

World Vision Canada also recognizes the intersection between gender and fragile contexts and is committed to developing long-term gender-responsive solutions for girls and boys living in the most dangerous places to be a child.
To learn more about how World Vision Canada works to address gender inequality and improve the lives of girls and boys, please contact Merydth Holte-McKenzie, Senior Gender Advisor, World Vision Canada at Merydth_Holte-McKenzie@worldvision.ca.

World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. We serve all people, regardless of religion, race, ethnicity, or gender.