

The Girl Child (L)

The 'Girl Child' is an interdisciplinary area of great importance: the status of the girl child is related to both, the status of children and the status of women.

The Convention on the Rights of the Child¹ recognises that 'States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or status'. However, according to Beijing Declaration and Platform for Action for Equality, Development and Peace (BPfA) 1995², in many countries, available indicators show that the girl child is discriminated against from the earliest stages of life, through her childhood and into adulthood. Girls are subject to social oppression for being children and for being female.

The main reason this area causes concern is that there are gender-biased traditions which dictate roles and practices which are unfair to female children. Girls are often treated as inferior and are socialised to put themselves last, thus undermining their self-esteem. Gender-biased educational processes, including curricula, educational materials and practices, teachers' attitudes and classroom interaction, reinforce existing gender inequalities. Girls are less encouraged than boys to participate in and learn about the social, economic and political functioning of society, with the result that they are not offered the same opportunities as boys to take part in decision-making processes. Girls and adolescents may receive a variety of conflicting and confusing messages on their gender roles from their parents, teachers, peers and the media.

Girls often face pressures to engage in sexual activity. Furthermore, sexual violence and sexually transmit-

ted diseases, including HIV/AIDS, have a devastating effect on children's health, and girls are more vulnerable than boys to the consequences of unprotected and premature sexual relations. In addition, motherhood at a very young age entails complications during pregnancy and delivery and a risk of maternal death that is much greater than average.

In addressing issues concerning children and youth, governments should promote an active and visible policy of mainstreaming a gender perspective into all policies and programmes so that before decisions are taken, an analysis is made of the effects on girls and boys, respectively. In order to address these problems, the following strategic objectives were set and agreed to be implemented by the national governments.

The strategic objectives

- L.1 Eliminate all forms of discrimination against the girl child.
- L.2 Eliminate negative cultural attitudes and practices against girls.
- L.3 Promote and protect the rights of the girl child and increase awareness of her needs and potential.
- L.4 Eliminate discrimination against girls in education, skills development and training.
- L.5 Eliminate discrimination against girls in health and nutrition.
- L.6 Eliminate the economic exploitation of child labour and protect young girls at work.
- L.7 Eradicate violence against the girl child.
- L.8 Promote the girl child's awareness of and participation in social, economic and political life.
- L.9 Strengthen the role of the family in improving the status of the girl child.



Indicators

During the Slovenian Presidency in 2008, a report³ was prepared and three indicators proposed. When developing the indicators, the areas of reproductive and sexual health, education, and cultural attitudes and practices were prioritised over areas such as trafficking, violence and sexual exploitation, and girls in armed conflicts. The indicators consist of both quantitative and qualitative information and the main idea behind this was to combine various statistics so as to provide a qualitative analysis and interpretation of the status of the girl child.

The Council of the European Union adopted⁴ conclusions⁵ in May 2008.

Indicator L1

Name: Sex and relationship education: parameters of sexuality-related education in schooling (primary and secondary)

Concept: Improvement of sexual and reproductive health plays a major role in the social development of the girl child's status and options. This may be achieved by ensuring equal access to sexual and reproductive health, providing information on different aspects of sexuality, and through contemporary population policies. The sexual and reproductive health measures include protection against sexually transmitted infections, unwanted or unplanned pregnancies, infant and maternal mortality. Prevention, however, also has a much wider and subtler impact on the rights of the girl child. Informed, self-aware and empowered girls are more likely to confront sexual abusers and are more capable of recognising the dangers of sexual exploitation and crimes.

The socio-economic degradation and poverty determinant is also seen in the status of poor girls with regard to their reproductive and sexual health. As poor girls or girls from poor families are less informed and have inferior access to health

services and programmes, they more often become very young mothers. As a result, their families become even poorer and the unwanted, unplanned or very early pregnancies become an important element in the vicious circle of poverty. The problem is even more persistent because early pregnancy and motherhood is, in many cases, the cause for leaving school early. The indicator assesses the sex and relationship education provided in school programmes, at primary and secondary levels, and identifies and analyses the key elements of such education. Adequate sex and relationship education plays an important role in the development of the girl child's sexual and reproductive health, and gender roles and relations, and is thus a necessary prerequisite for gender equality.

Data source: Calculation of the indicator is based on the International Planned Parenthood Federation (IPPF)⁶ and the World Health Organisation (WHO)⁷ study on sexuality education in Europe⁸.

Published: Data are available in the report⁹ of the Slovenian Presidency (Table 1: Sexuality education — status, age of formal/actual participation, p. 41; Table 2: Sexual life and contraception — girls/boys, age 15, p. 42; Table 3: Status of abortion, birth rate, legal abortion rate, 2003, p. 43).

Notes: The indicator covers 24 EU Member States (BE, BG, CZ, DK, DE, EE, IE, EL, ES, FR, IT, CY, LV, LT, LU, HU, NL, AT, PL, PT, SK, FI, SE, UK) and only data for 2006 are available.

The main problem with this indicator is that its present definition does not provide a straightforward way of monitoring the implementation of sex education and comparing situations across countries. Firstly, it is essentially composed of a number of sub-indicators which should really be broken apart into separate indicators. Secondly, it recorded aspects which do not appear to be useful for the purpose of monitoring: for example, it is not really important to know

how the subject of sex education is named or whether it is autonomous subject.

There are a number of possible improvements which could be made to this indicator:

- the definition needs to be simplified to focus on exactly what needs to be monitored;
- the indicator should be broken down into relevant indicators (i.e. age from which sex education is official taught);
- data should be collected on a regular basis;
- the indicator/sub-indicators should be calculated and disseminated on a regular basis.

Indicator L2

Name: Body self-image: dissatisfaction of girls and boys with their bodies

Concept: Girls internalise sociocultural attitudes, norms and precepts towards the body and sexuality and treat them as self-imposed imperatives on their own bodies and sexuality. Girls often regard their own bodies merely as a sexually interesting and exciting object to be invested in personal relations.

Body self-image can play a crucial role for another aspect of the girl child's health, namely in relation to eating disorders. The idea of body image in relation to weight, therefore, needs to be explained. Eating disorders are frequently connected to bulimia and anorexia, although the issue of overweight, which has mostly psychological and psychosocial roots as well, is becoming increasingly important. Overweight is often the consequence of unhealthy eating habits, which are also connected to socio-economic status.

The second indicator on body self-image comprises data on dissatisfaction with their bodies among girls and boys aged 15. This indicator

examines the different self-perception of girls and boys regarding their body image, which has implications for public health. Girls' and young women's dissatisfaction with their bodies does not always reflect a physical condition such as a weight problem, but may be the result of culturally imposed norms and images, which might lead to destructive behaviours such as eating disorders and dysfunctional self-perception of the body image and of sexual attractiveness; these norms and images are significantly influenced by the media. It is, therefore, important to tackle the reasons underlying the dissatisfaction of girls and boys with their bodies.

Data source: Calculation of the indicator is based on the survey of Health Behaviour in School aged Children (HBSC)¹⁰.

Published: Latest data are available in the report¹¹ of the survey of Health Behaviour in School-aged Children (HBSC) 2009/2010 (Part 2, Chapter 3: Health outcomes (body weight: overweight and obesity; body weight: body image, pp. 89–96) and in the report¹² of the survey of Health Behaviour in School-aged Children (HBSC) 2004/05 (Chapter 2, Section 2: Health outcomes (self-rated health, life satisfaction, health complaints, injuries, overweight and obesity, and body image), pp. 75–82).

Earlier data are available in the report¹³ of the Slovenian Presidency (Table 2.2. The 2nd indicator: Body self-image: dissatisfaction of girls and boys with their bodies, p. 26).

Data are also available in the report of the survey of Health Behaviour in School aged Children (HBSC) 2001/02 (Chapter 3¹⁴: Young people's health and health-related behaviour, pp. 120–129).

Notes: The most recent data collection (2009/2010) includes 24 EU Member States (BE (Walloon Region and Flemish Region), CZ, DK, DE, EE, IE, EL, ES, FR, IT, LV, LT, LU, HU, NL, AT, PL, PT, RO, SI, SK, FI, SE, UK (England, Scotland and Wales)) and 2005/06 data collection includes



26 EU Member States (BE (Walloon Region and Flemish Region), BG, CZ, DK, DE, EE, IE, EL, ES, FR, IT, LV, LT, LU, HU, MT, NL, AT, PL, PT, RO, SI, SK, FI, SE, UK (England, Scotland and Wales)). In previous data collections (2001/02) a number of these countries were not included. In the first data collection (1983/84), only Austria, Denmark, England, Finland and Norway were covered.

It is not immediately clear whether time series can be constructed using the data. It is possible that the survey questions have changed over time.

The Health Behaviour in School-aged Children (HBSC) survey microdata contains the necessary information to construct all parts of this indicator. The microdata for this indicator are collected every four years; however, the microdata are not publically available.

Indicator L3

Name: Educational accomplishments: comparison of 15-year-old students' performance in mathematics and science and the proportion of girl students in tertiary education in the field of science, mathematics and computing and in the field of teacher training and education science

Concept: Although girls, on average, perform better in education than boys, sex segregation by field of education is very persistent. Gender roles are reinforced by traditional beliefs and practices in schooling, studying and making job and career choices. The persistent prejudice of sex-differentiated talents and capabilities are already reflected at a very early age and could seriously influence the life choices of many girls. The indicator addresses the discrepancy between the aptitude of girls in mathematics and science literacy (which does not significantly differ from that of boys) compared with their subsequent choice of further educational field at tertiary level (ISCED 5–6), where boys and

girls continue to follow traditional educational paths. The indicator helps to assess the potential impact of policies and measures to encourage both girls and boys to explore non-traditional educational paths and, thus, to use their talents and potential to the full, thereby also contributing to the achievement of the goals of the Lisbon strategy for growth and jobs.

Data source: The calculation of the indicator is based on two databases. The performance of girls in mathematical and scientific literacy is based on the OECD Programme for International Student Assessment (PISA) study¹⁵ and the proportion of girls in tertiary education (ISCED 5–6) is based on education and training statistics, coordinated by Eurostat¹⁶.

Published: Data about performance of girls in mathematical and scientific literacy are available in the OECD Programme for International Student Assessment (PISA) database¹⁷. The latest data (2009) are available under PISA 2009 results¹⁸ (Annex B1: Results for countries and economies¹⁹; Table I.3.6: Mean score, variation and gender differences in student performance on the science scale; and Table I.3.3: Mean score, variation and gender differences in student performance on the mathematics scale). Earlier data are available under PISA 2006 (Science Competencies for Tomorrow's World, Table 2.1c: Mean score, variation and gender differences in student performance on the science scale²⁰; Table 6.2c: Mean score, variation and gender differences in student performance on the mathematics scale²¹).

Data concerning the proportion of girls in tertiary education (ISCED 5–6) are available in the Eurostat online database (educ_itertp: Tertiary education participation²²).

Earlier data are also available in the report²³ of the Slovenian Presidency (Table: The 3rd indicator: educational accomplishments — comparison of 15-year-old students' performance in mathematics and science and the proportion of girl stu-

dents in tertiary education in the field of science, mathematics and computing and in the field of teacher training and education science', p. 29).

Notes: Data on the performance of 15-year-old students in mathematics and science are available for all EU Member States except Cyprus and Malta. Data on the proportion of female students in tertiary education in the field of science, mathematics and computing and in the field of teacher training and education science are available for all Member States.

The oldest data on the performance of 15-year-old students in mathematics and science are available from 2000, but not for all Member States. The oldest data on the proportion of female students in tertiary education in the field of science, mathematics and computing and in the field of teacher training and education science are available from 1998, but not for all Member States.

The comparability of the data can be considered good. Both the data from the OECD PISA and Eurostat database on education statistics are comparable between countries and over time.

The OECD PISA, which provides the data for the performance of 15-year-old students in mathematics and science, is disseminated every three years. The Eurostat education statistics are updated annually.

More information

Policy documents

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Council of the European Union, Brussels, Draft Council conclusions 'Review of the implementation by the Member States and the EU institutions of the Beijing Platform for Action — Indicators in respect of the Girl Child', Brussels, 26 May 2008 (<http://register.consilium.europa.eu/pdf/en/08/st09/st09669.en08.pdf>).

Council of the European Union, Draft Council conclusions 'Review of the implementation by the Member States and the EU institutions of the Beijing Platform for Action — Indicators in respect of the Girl Child', Brussels, 3 June 2008 (<http://register.consilium.europa.eu/pdf/en/08/st09/st09669-ad01.en08.pdf>).

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Reports

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A Reference Guide to Policies and Practices — Sexuality Education in Europe, © 2006 IPPF European Network (<http://www.ippfen.org/NR/rdonlyres/7DDD1FA1-6BE4-415D-B3C2-87694F37CD50/0/sexed.pdf>).

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OECD, 2010, *PISA 2009 at a Glance*, OECD Publishing (<http://dx.doi.org/10.1787/9789264095298-en>). *Education in Europe — Key statistics 2008*, Eurostat, Data in focus, 37/2010 (http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-QA-10-037/EN/KS-QA-10-037-EN.PDF).

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Notes

- 1 The Convention on the Rights of the Child (<http://www2.ohchr.org/english/law/pdf/crc.pdf>).
- 2 Beijing Declaration and Platform for Action 1995, p. 109 (<http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>).
- 3 Council of the European Union, Draft Council conclusions 'Review of the implementation by the Member States and the EU institutions of the Beijing Platform for Action — Indicators in respect of the Girl Child', Brussels, 3 June 2008 (<http://register.consilium.europa.eu/pdf/en/08/st09/st09669-ad01.en08.pdf>).
- 4 Council of the European Union, Press release, 2876th Council meeting, Luxembourg, 9 and 10 June 2008 (http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/101031.pdf).
- 5 Council of the European Union, Draft Council conclusions 'Review of the implementation by the Member States and the EU institutions of the Beijing Platform for Action — Indicators in respect of the Girl Child', Brussels, 26 May 2008 (<http://register.consilium.europa.eu/pdf/en/08/st09/st09669.en08.pdf>).
- 6 The International Planned Parenthood Federation (IPPF) (<http://www.ippf.org/en/>).
- 7 The World Health Organisation (WHO) (<http://www.who.int/en/>).
- 8 *A Reference Guide to Policies and Practices — Sexuality Education in Europe*, © 2006 IPPF European Network (<http://www.ippfen.org/NR/rdonlyres/7DDD1FA1-6BE4-415D-B3C2-87694F37CD50/0/sexed.pdf>).
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- 10 The survey of Health Behaviour in School aged Children (HBSC) (<http://www.hbsc.org/>).
- 11 *Social determinants of health and well-being among young people*, Health Behaviour in School-aged Children (HBSC) Study: International Report from the 2009/2010 Survey, © World Health Organisation 2012 (http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf).
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- 13 Council of the European Union, Draft Council conclusions 'Review of the implementation by the Member States and the EU institutions of the Beijing Platform for Action — Indicators in respect of the Girl Child', Brussels, 3 June 2008 (<http://register.consilium.europa.eu/pdf/en/08/st09/st09669-ad01.en08.pdf>).
- 14 2001/02 International Report: Young People's Health in Context, Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey, © World Health Organisation 2004 (<http://www.hbsc.org/downloads/IntReport04/Part3.pdf>).

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- 15 The OECD Programme for International Student Assessment (PISA) (http://www.pisa.oecd.org/pages/0,3417,en_32252351_32235731_1_1_1_1_1,00.html).
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 - 17 The OECD Programme for International Student Assessment (PISA) (http://www.pisa.oecd.org/pages/0,3417,en_32252351_32236130_1_1_1_1_1,00.html).
 - 18 PISA 2009 results (http://www.pisa.oecd.org/document/53/0,3746,en_32252351_46584327_46584821_1_1_1_1,00.html).
 - 19 Annex B1: Results for countries and economies (<http://dx.doi.org/10.1787/888932381399>).
 - 20 PISA 2006: Science Competencies for Tomorrow's World (<http://www.pisa.oecd.org/dataoecd/30/20/39704105.xls>).
 - 21 PISA 2006: Science Competencies for Tomorrow's World (<http://www.pisa.oecd.org/dataoecd/31/0/39704446.xls>).
 - 22 Table 'educ_itertp: Tertiary education participation' is available online (http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=educ_itertp&lang=en).
 - 23 Council of the European Union, Draft Council conclusions 'Review of the implementation by the Member States and the EU institutions of the Beijing Platform for Action — Indicators in respect of the Girl Child', Brussels, 3 June 2008 (<http://register.consilium.europa.eu/pdf/en/08/st09/st09669-ad01.en08.pdf>).

