October 2017

POLICY BRIEF 1

Social Power: Women's Capabilities in Africa

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The African Center for Gender (ACG) introduces the AGDI Policy Brief Series with an aim to take stock of gender equality in capabilities across Africa and highlight challenges lying ahead and where available offer prioritized policy recommendations to accelerate progress toward gender equality and women's empowerment. The AGDI is based on two components. First, a quantitative snapshot of 44 indicators that capture gender disparities in social, economic and political arenas is captured by the Gender Status Index (GSI). Second, a qualitative self-evaluation of governments' performance in their implementation of more than 30 treaties, declarations, and resolutions affecting women's rights and women's empowerment in social, economic and political arenas is represented by the African Women's Progress Scoreboard (AWPS). All data[1] are provided by stakeholders in respective member States, including various Ministries and Civil Society Organizations. This Brief draws on the results from the AGDI Country Reports for the Phase 2 of the AGDI[2].

Key Messages

- Significant efforts have been made to close the gender gap in education. Yet, a large portion of young girls and women, particularly in rural areas, are left behind. Early marriage and adolescent pregnancy are two intertwined challenges obstructing attainment of gender parity in all indicators in Education.

- There is gender parity in Child Health indicators to a large extent, with slight biases toward boys, particularly in prevalence of stunting. In absolute terms, all these indicators register high prevalence rates *vis-à-vis* other developing regions across the world. Boosting maternal education is the single most important policy option governments have.

- The prevalence rate for HIV/AIDS is at least twice as high for young girls as for young boys. While women are more likely to access ART services due their higher chances of getting tested, it is crucial to develop innovate strategies that engage more men in HIV/AIDS testing.

1 All Country Reports are received by the ACG throughout 2012. While the ACG has made all the efforts to update various indicators using international databases, e.g. DHS and IPU, the majority of the indicators are nationally sourced and from 2012 or before.

2 Countries that were part of AGDI 2 are Botswana, Cabo Verde, Republic of Congo, Côte d'Ivoire, Djibouti, Democratic Republic of Congo, the Gambia, Kenya, Malawi, Mali, Senegal, and Togo. Burundi is also included in this Brief as data submission date was similar to Round 2 countries.

United Nations
Economic Commission for Africa

THE AFRICAN GENDER
AND DEVELOPMENT INDEX

Figure 1. AGDI Snapshot for Social Power

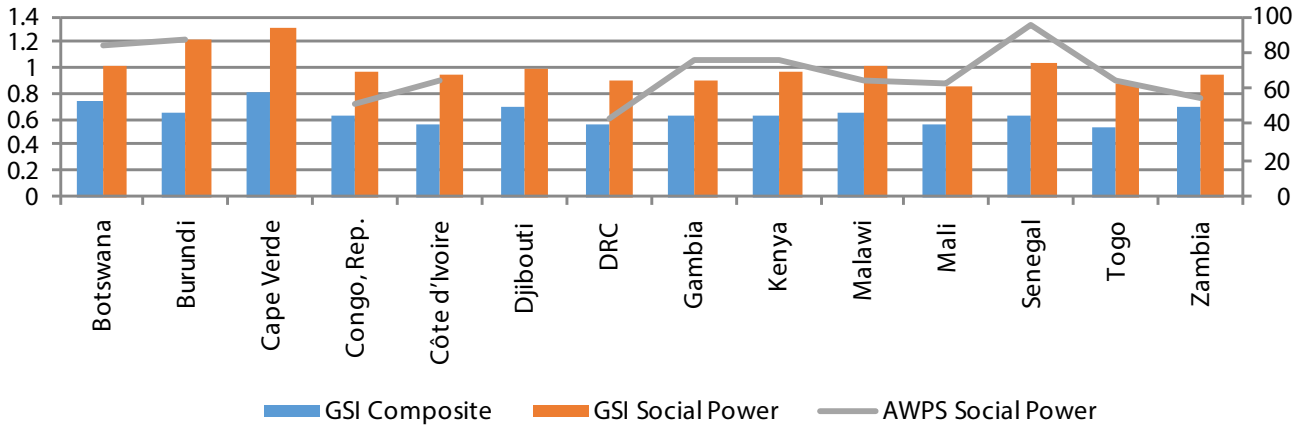


Figure 1 above offers two key insights. First, none of the countries have so far achieved gender parity in the composite Gender Status Index (which uses 44 social, economic and political indicators), while the majority has reached parity if the Social Power component is excluded. This is because parity appears to be attained across the majority of indicators for the Education and Health sub-components (i.e. child health indicators, enrolment in early childhood and primary school and completion of primary school, as well as HIV/AIDS prevalence). Consequently, this seeming success in the GSI Social Power component should be well understood in order to draw policy lessons for other GSI components.

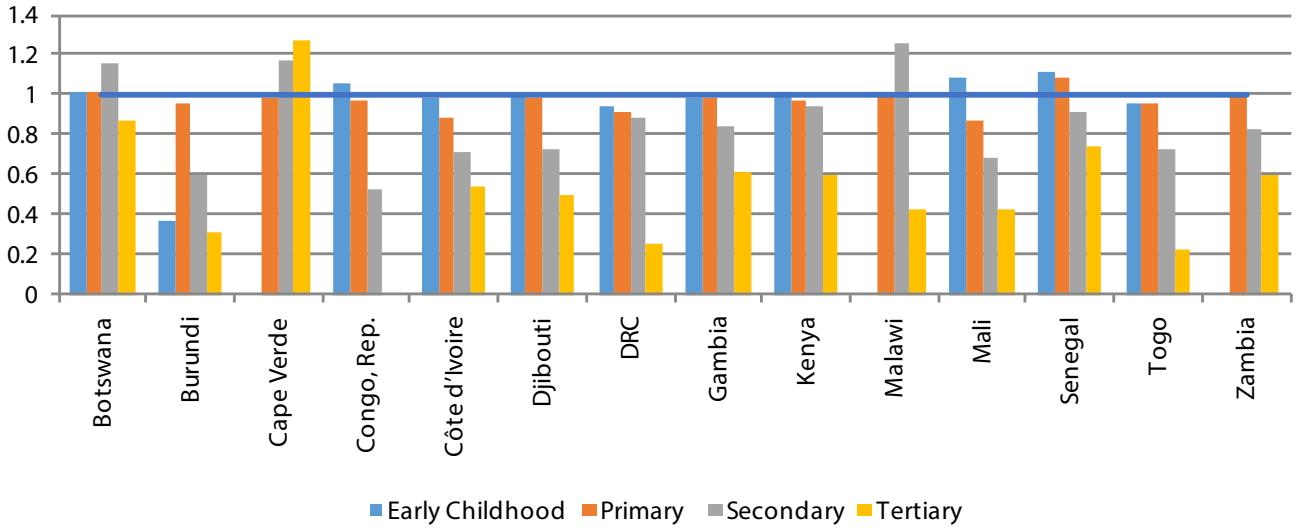
Second, policy implementation performance captured by the AWPS lags significantly behind policy outcomes captured by the GSI Social Power component. The average score obtained by AGDI Round II countries in policy implementation in the Social Power component is below the passing grade. In terms of health, governments have not really taken policy action on the issue of safe abortion although significant resources are mobilized against HIV/AIDS. In terms of education, there is some policy commitment to preventing girls dropping out of school, but governments need to do more to integrate human/women's rights in school curricula. Consequently, at the aggregate level, it appears that gender parity is to a large extent attained without equivalent or greater policy commitment, investment and attention by governments.

In order to shed further light on the mild inconsistencies emanating from Figure 1, this Policy Brief will review each indicator, sub-component and component that contribute to the aggregate picture. In doing so, a set of challenges will appear that cut across all or most countries in AGDI Round II.

Regarding missing data, out of 154 variables (11 indicators in the Social Power component for each of the 14 countries), only 7 per cent are missing. Given that this figure doubles in the Political Power component and quadruples in the Economic Power component, the ACG hopes that member States will continue their efforts to collect sex-disaggregated data. While some progress has been made in this direction in social statistics, even there, further efforts are needed for HIV/AIDS variables in the Health sub-component and early childhood enrolment.

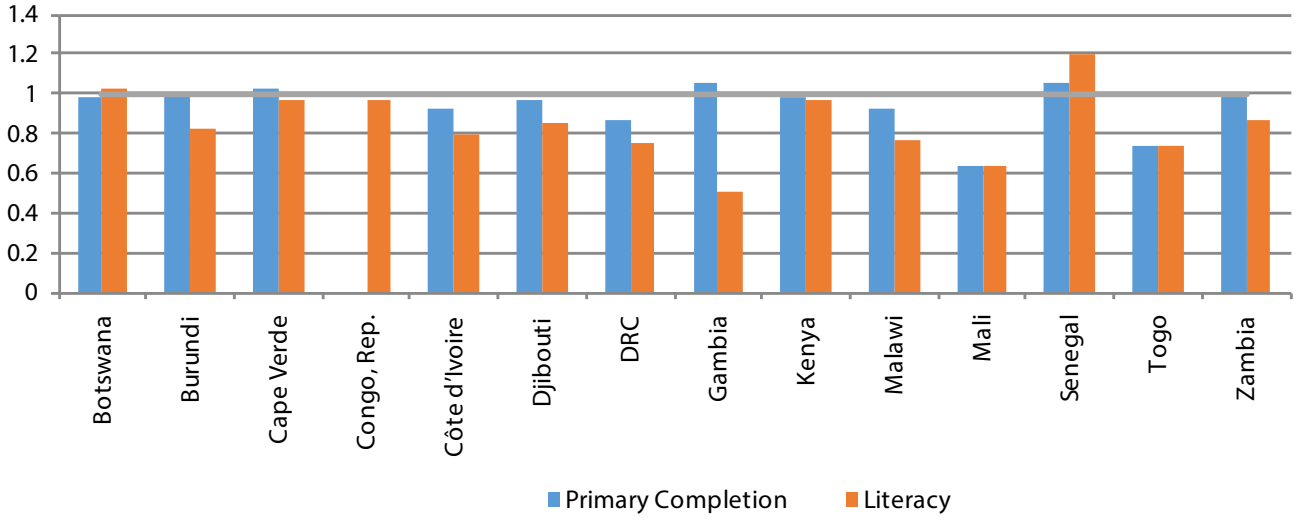
The aggregate GSI score for the Social Power component can potentially be misleading, as it represents the simple average for 11 indicators divided into the Education and Health sub-components. Specifically, gender disparity against women in one indicator can be offset by gender disparity against men in another, thereby resulting in a misleading gender parity. Figures 2-5 below will highlight trends in gender parity across all these indicators while keeping an eye on potential offsets.

Figure 2. Enrolment Rates



GSI scores in the Education sub-component derive from sex ratios in enrolment, primary school completion and literacy rates, as shown in Figures 2 and 3 along with a gender parity benchmark line. First, due to the expansion of free and compulsory primary education along with increases in government expenditures on education, almost all countries have reached parity in early childhood and primary education. However, national aggregates often mask persistent challenges in rural and impoverished regions within countries. For instance, parity in early childhood education reflects mostly urban and better off households while such parity would result in greater benefits to children from disadvantaged backgrounds. In addition, gender disparities are common at primary level in rural areas where long distances to schools that lack basic infrastructure such as toilets or roofs, and high poverty rates that raise the perceived opportunity cost of schooling are key factors for lower participation by girls.

Figure 3. Education Beyond Enrolment



An important connection between Figures 2 and 3 is that countries with large disparities in primary completion and literacy rates are facing major challenges in raising absolute enrolment rates along with gender parity beyond primary education. In addition, from secondary school onwards, safety becomes an important consideration in girls' education as they are exposed to sexual harassment, rape or forced sex either on the way to school or at school. At tertiary level, even the countries performing outstandingly suffer from disparities in girls' enrolment in STEM studies, which can explain women's absence in professional syndicates or occupational segregation in general.

The key policy challenge here is the prevalence of early marriage and adolescent pregnancy. Legally, all countries in this analysis with the exception of Mali have gender parity in terms of the legal minimum age for marriage being 18. Unfortunately, all countries suffer from weak enforcement of this legal instrument contributing to early or forced marriage as well as adolescent pregnancy. As young girls are taken away from pursuing their education, their chances of economic empowerment decrease along with their bargaining power vis-à-vis their partners, thereby creating a vicious cycle of educational attainment and fertility outcomes.

Figure 4. Child Health Indicators

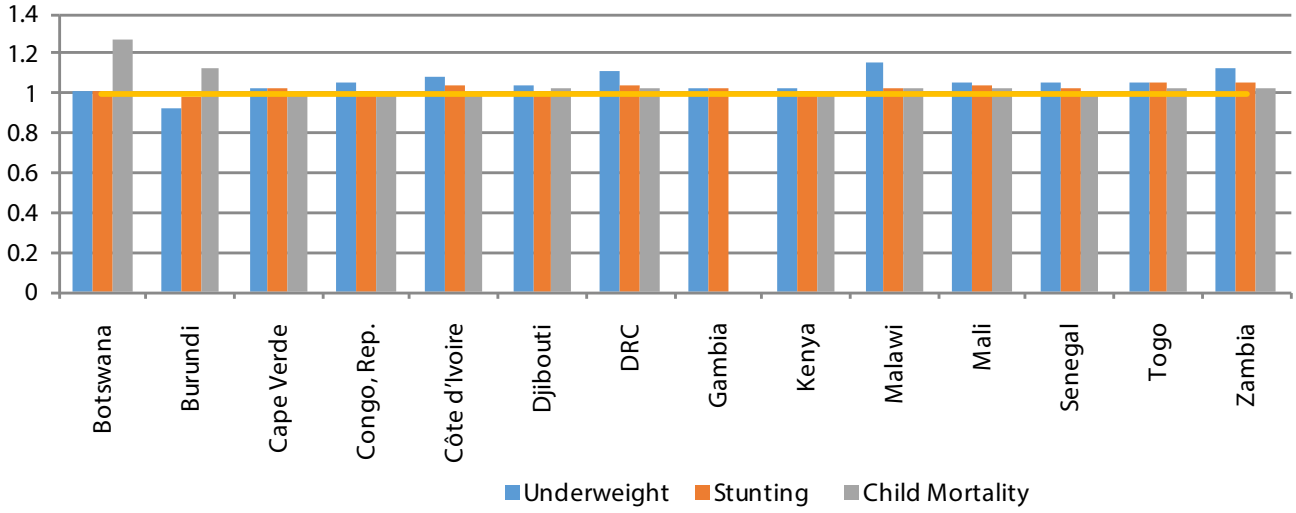


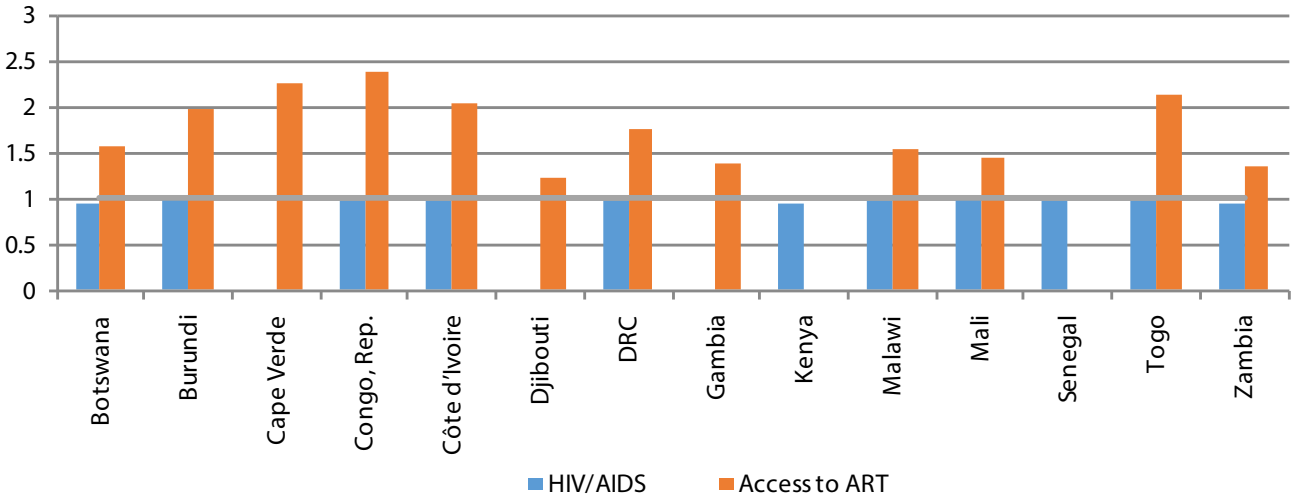
Figure 4 above presents GSI scores for three child health indicators, with gender parity attained across virtually all countries. In fact, the scores are often beyond 1, indicating bias against boys in all indicators but mostly in stunting, which is one of the main consequences of long-term malnutrition. Alarmingly, the prevalence of stunting is increasing in some countries, almost exclusively among boys. While there is gender parity in child mortality rates, it is important to note that the absolute levels are still much higher than the world average. It is well established by now that maternal education is a key factor in lower child mortality rates, a factor often more important than income or location of residence. Preventing early marriage and postponing age at first birth can help improve children's health and lower maternal mortality rates.

Finally, Figure 5 presents GSI scores for two HIV/AIDS indicators, namely the prevalence of HIV/AIDS among the 15-24 age group and access to antiretroviral treatment services for all ages. There is good and bad news. The good news is that prevalence rates are quite low for this age group in absolute terms across the listed countries. The bad news is that prevalence rates are at least twice as high for young girls as for young boys. For the 20-24 age group, the gap can be as wide as four-to-eightfold. A few reasons are outlined in AGDI Country Reports. First, women are more likely to be detected as they are more likely to get tested at least during pre-natal checks. Men on the other hand seem reluctant to get tested but innovative strategies are already being used to engage men in HIV/AIDS testing along with their partners in socially discreet ways.

Second, in some countries men have a greater understanding than women of prevention methods. As mentioned earlier, however, women

lose their bargaining power from early ages and find it difficult to insist on prevention methods such as protected sex. Given that women are more likely to get tested and that mother-to-child transmission can be controlled, it is not surprising that large gender disparities are observed in access to ART services. While governments need to raise awareness on preventive methods, particularly for girls, there is also a need to engage men more intensely in testing campaigns and ART services.

Figure 5. HIV/AIDS Indicators



Consequently, while the GSI score for Social Power shows gender parity for most countries, Figures 2-5 portray numerous disparities. Essentially, the main reason driving this puzzle is the excessive GSI score in ART services which offsets weaknesses uncovered in the Education sub-component. In addition, the formula used to compute the GSI score for HIV/AIDS masks large gender disparities since prevalence rates are low in absolute terms. Consequently, while aspects of country performance in the Social Power component are commendable, there are a number of challenges lying ahead. Given the interlinkages between the Education and Health sub-components, the ACG offers a number of policy tools that can address these complex challenges.

Policy Recommendations

- The importance of early childhood education cannot be overstated. Its effect on non-cognitive skills development is widely documented. The crucial issue is that early childhood education is especially important for children from disadvantaged backgrounds. Currently, gross enrolment rates are extremely low and indicate that early childhood education is largely an urban phenomenon. Even in the small sample of AGDI countries, strong relationships are observed between early childhood education on one hand and tertiary enrolment, literacy and HIV/AIDS rates on the other.

- Rural areas are lagging behind in all indicators of enrolment and beyond. Conditional cash transfer programmes have given families incentive to send their children to school and health facilities, primarily through increasing the opportunity cost of keeping children at home. Young girls stand to benefit the most, particularly given that so many are more likely to have to spend more time on domestic chores than on going to school.

- Skills training programmes for adolescent girls in rural areas have yielded highly positive results in terms of avoiding early marriage and postponing first age at birth due to their emphasis on reproductive health information and ability to keep girls longer at school on a daily basis. These programmes can also help reduce the large disparities in HIV/AIDS prevalence rates as well as new infection rates, especially given that in some countries, girls' knowledge of prevention methods is lower than that of boys. As such, governments may find these programmes to be a highly cost-effective policy tool to combat simultaneously the two challenges alluded to earlier.

- ART services are heavily used by women. While it is indeed a major success that mother-to-baby transmission rates are decreasing, lower participation by men is of great concern in terms of the goal of eliminating HIV/AIDS from Africa. Innovative strategies are necessary to engage men in HIV/AIDS prevention, testing and access to ART services. Giving men incentives to participate in HIV/AIDS testing along with their partners during pre-natal checks or developing programmes that offer very discreet testing tools should help close the large gender disparities.

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