Children, Gender, Education, and Health

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In this month’s Pediatrics, Alsan et al1 address one of the factors contributing to inequities in education for girls in low- and middle-income countries. By using data from 38 countries’ demographic and health surveys, they analyze the differential impact of childhood illness and maternal work outside of the home on school attendance for adolescent boys and girls in households. Over one-third of houses sampled had children who were not in school, and more than half had a child <5 years with an illness in the past 2 weeks. Presumably because girls and women are more often required to take on traditional child-caretaking roles, the authors demonstrate a small but significant effect on girls’ education, worse with increasing poverty and maternal illiteracy. A 5.1% disparity for school attendance by gender in households without ill children increased with one or more illness to 7.8% and 8.5%, respectively. Similarly, when mothers worked outside the home, the gender was 6.1% with no illnesses, and rose to 8.7% and 10.6% with one or more than one episodes of illness in children <5 years of age.

Their analyses suggest that societal roles remain different for boys and girls, and that this impacts health and education, especially in poorer societies. Although education of adolescents can change social and economic trajectories, settings with fewer resources are least likely to consider education of girls a critical investment for achieving adult success. Changing social role expectations may be one of the hardest tasks nations face.

To put these findings in perspective, it is relevant to consider the overall rate of school attendance and the factors that can change gender disparities. Globally, two-thirds of illiterate adults are women, and fewer than 75% of school-aged children achieve even minimum proficiency in reading or math.2 Worldwide, 58 million primary school-aged children (6–11 years) and 63 million lower secondary school-aged children are out of school.3 This actually represents progress, as the proportion of children out of school has dropped by >40% in recent decades. Almost 1 in 5 children globally do not attend either primary or lower secondary school, and as many as 41% of South Asian children and 46% of sub-Saharan African children in the poorest income quintile are out of school; these differences are significantly greater than the 5% and 6% gender disparity seen in these regions.4,5 The recent United Nations Educational, Scientific, and Cultural Organization eAtlas of Gender Inequality in Education6 shows school enrollment and gender disparities for >200 countries, and identifies progress that has been made and persistent problems in some regions’ access to education.

Many in pediatrics tend to focus on the global goals for health and the targets and indicators stated in the World Health Organizaion’s Sustainable Development Goal (SDG) 3 “Good Health and WellBeing: Ensure healthy lives and promote wellbeing for all at all ages.”7 But there are equally bold efforts to address both education and gender discrimination. SDG 4 is “quality education: ensure inclusive

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and equitable quality education and promote lifelong learning opportunities for all,” which calls on countries to support extensive targets and indicators that would lead to greater equity in education for women and girls. And SDG 5 is to “achieve gender equality and empower all women and girls.”

The call for education for sustainable development and for governments to consider education in all policies is directly parallel to themes that have arisen in health and development discussions.8 The call for accountability is remarkably similar to what we observe for health: collaboration across disciplines starting in early childhood, recognition of the role of preschool education in healthy development, the importance of political will and commitments by governments, and accountability for outcomes are needed.

Besides being a goal in and of itself, education of girls is essential to other development goals, including reduction of poverty, achieving health and wellbeing, and for maternal, newborn and child survival goals.5 Women who are more educated are less likely to marry early, less likely to die in childbirth or have unwell babies, and more likely to send their own children to school. Although SDG Goal 4 strongly supports the reduction of persistent disparities, solving these problems present serious challenges; children whose families are in the poorest households or whose parents have less education are much more likely to be out of school than those in families with more resources. However, even within disadvantaged communities, there are widespread and persistent gender disparities in access to education and educational achievement.

In addition to the gender-based household obligations and social roles described in this article, other barriers to girls’ education include minority population status; geographic isolation; school fees; inadequate sanitation facilities or provisions for menstrual hygiene; unsafe, violent, or exploitative classroom environments; and early marriage and pregnancy. And although these disparities can be reduced by infrastructure development and teacher training and support, in some countries discriminatory situations are supported by governmental policies, which explicitly support traditional biases in social norms and behavior.9 Alsan et al1 shed some light on gender disparities and the mechanisms contributing to the root causes of gender disparities, and thus help shed light on both gender and social roles on the intergenerational transmission of poverty. Additionally, their use of country-level surveys helps to highlight the utility and importance of surveillance, transparent availability of data, and public reporting in promoting accountability and measuring progress toward the SDGs. Becoming aware of these issues is a first step. Pediatricians and other child health advocates can also add their voices for adequate investments for education, for donor country foreign development support, for education systems reforms, and for continued support for United Nation agencies in setting goals, accountabilities, and reporting on progress. Studies like this one help make a strong case for special consideration of the needs of youth, and for a life course approach to all of the SDG goals.10

**ABBREVIATION**

SDG: sustainable development goal

**REFERENCES**


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