

Living up to Beijing's vision of gender equality: Social norms and transformative change

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Key messages

- 20 years later, SIGI data confirms Beijing's message that discriminatory social norms restrict women's empowerment throughout their life course.
- Discrimination represents a development cost for women as well as economies: SIGI shows the adverse effects for three Beijing critical areas: education, economy and health.
- Integrating social norms into the Sustainable Development Goals can accelerate progress towards gender equality and social transformation.

Key results

- In countries where early marriage is twice as prevalent for girls than for boys, only 60 girls for 100 boys are completing their secondary education.
- Unequal distribution of unpaid care work correlates with lower female labour force participation and higher gender wage gaps.
- Countries with low female decision-making power over their health, have lower life expectancy and higher mortality rates.

The Beijing Platform for Action calls on governments, NGOs and civil society to “promote and protect the full enjoyment of all human rights and the fundamental freedoms of all women throughout their life cycle”(para. 2). The 20th commemoration of this landmark agenda for women's empowerment provides an important moment to stocktake on the advances and sticking points in the 12 critical areas, and to define next steps to accelerate progress towards gender equality, in particular within the context of the 2015 Sustainable Development Goals (SDGs). Gender equality remains unfinished business in 2015: what can the development community do better to ensure that Beijing's promises for women's rights and well-being are finally realised?

The answer to this question can already be found in the Beijing Platform, which recognised that discriminatory social norms are a fundamental barrier to women's ability to enjoy their human and socio-economic rights. Social norms are integrated throughout the 12 critical areas, with targets specifically addressing discriminatory institutions such as early marriage, unequal inheritance and land rights, and gender-based violence. In the regional reviews of the Beijing Platform undertaken for the 20th commemoration, discriminatory social norms were also commonly cited as factors explaining the slow progress in public life, decision making and education (UNESCAP, 2014; UNECE, 2014; UNECA, 2014).

Data from the Social Institutions and Gender Index (SIGI) confirm Beijing's message that social norms play a critical role in accelerating progress towards gender equality. The SIGI is a cross-country measure of discriminatory social institutions, covering 160 countries (see Box 1). Discriminatory social institutions are defined as the formal and informal laws, attitudes and practices that restrict women's rights, agency and access to resources. The SIGI shows that reducing levels of discrimination in social institutions will significantly improve women's ability to take advantage of empowerment opportunities and break cycles of poverty.

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This paper will look at how discriminatory social norms affect women throughout their life course, with adverse impacts on their empowerment opportunities, rights and well-being. Using SIGI data, it will offer further evidence for integrating social norms into development operations through linkages between discriminatory social norms, the achievement of three of the Beijing critical areas, and the implications for development. It will conclude with recommendations on means of fast-tracking progress on the Beijing agenda through a social norms approach, with implications for the implementation of the SDGs.

Box 1: What is the SIGI?

The SIGI measures discriminatory social institutions for 160 countries. It is made up of 14 variables grouped into five sub-indices:

- *Discriminatory Family Code* captures restriction on women's status within the family;
- *Restricted Physical Integrity* refers to restriction on women's control over their bodies;
- *Son Bias* measures intra-household biases towards sons and the devaluation of daughters;
- *Restricted Resources and Assets* includes restriction of access to, control of and entitlement over resources;
- *Restricted Civil Liberties* captures restriction on women's access to public space and voice.

1. Social norms and transformative change in the Beijing Platform for Action

The Beijing Platform foresaw what data and research would later prove: social norms that restrict women's rights, decision-making authority, and access to justice and resources are obstacles to gender equality and the empowerment of women. The Beijing Platform explicitly recognises that "throughout their entire life cycle, women's daily existence and long-term aspirations are restricted by discriminatory attitudes, unjust social and economic structures and a lack of resources in most countries that prevent their full and equal participation" (para. 38). References to the role of discriminatory social institutions as barriers to equality can be found throughout the 12 critical areas of concern: unequal inheritance practices, gender stereotypes or traditional roles, and discriminatory laws and practices, for example, cut across the Platform.

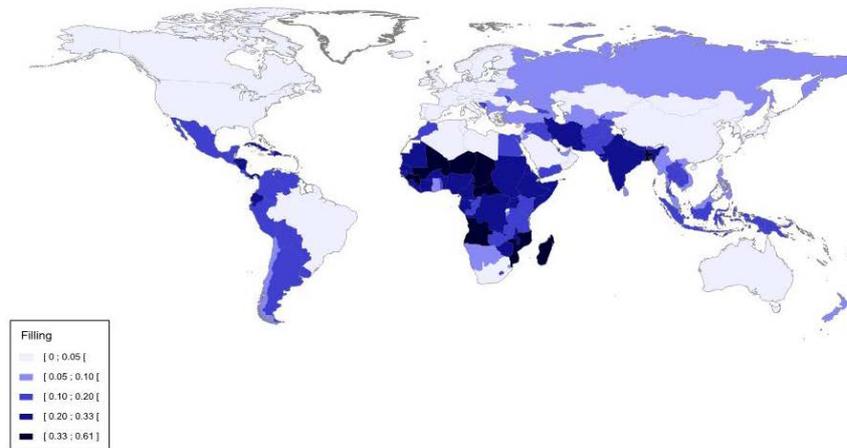
20 years later, evidence from the SIGI reaffirms Beijing's message that social norms are intertwined with development outcomes throughout a woman's life course. The following analyses of three of the Beijing Platform's critical areas bring to the fore the development penalty of discriminatory social norms.

a) Critical Area B: Education and vocational training

Under critical area B, equal education opportunities and achievements of girls and boys are presented as "one of the best means of achieving sustainable development and economic growth", empowering women to be "agents of change" and fostering greater equality between the sexes (para. 69). Since 1995, important improvements in gender gaps in primary and secondary education have been witnessed, a combined result of Millennium Development Goals (MDGs) 2 and 3 and the Education for All (EFA) goals. Yet in 2015, over 31 million girls around the world are out of school, and 32% dropped out of secondary school (UIS and UNICEF, 2015).



Figure 1: Early marriage prevalence around the world



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Note: Early marriage is measured as the percentage of 15-19 year old girls ever married or in informal union.

Source: OECD Gender Institutions and Development Database.

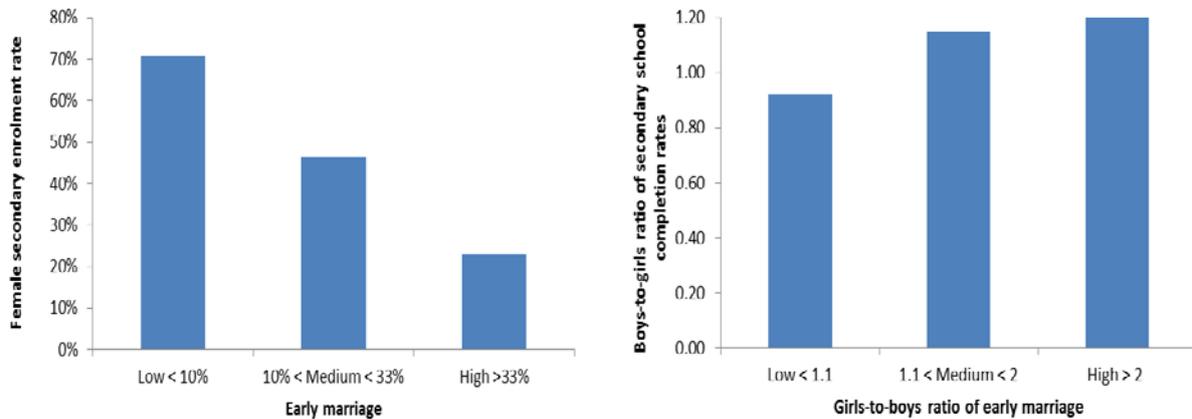
Early marriages and pregnancies are listed by the Beijing Platform as being among the causes of girls' lower educational performance and higher drop-out rates (para. 71). Despite the growing number of countries outlawing early marriage, this discriminatory social institution persists globally (Figure 1). 39 000 girls are married every day: one in three marry before the age of 19, and one in nine before the age of 15 (WHO, 2011).

This discriminatory social institution restricts girls' educational achievements and, in the long term, affects their empowerment opportunities. **As the percentage of girls in an early marriage increases, girls' secondary school enrolment rate decreases and there is a larger gender gap in completion rates.** In countries where early marriage is twice as prevalent for girls than for boys, only 60 girls for 100 boys are completing their secondary education. The gap drops to 90 girls educated for 100 boys, if girls' early marriage is reduced. Therefore, the gender gap in education between girls and boys would be reduced if the prevalence of early marriage were the same for girls and boys (Figure 2). This is true even when controlled for a country's level of poverty, share of female teachers, government expenditures in education, gender gaps in unemployment rates and urbanisation rates.

Box 2: What works - Proven strategies for tackling discriminatory social norms

- **Education and Vocational Training:** The Community Empowerment Programme, run by the non-profit organisation Tostan, works to end early marriage in Senegal by addressing discriminatory attitudes at the community level through educational programmes. Classes are taught in local languages for girls, parents and community leaders on human rights, health issues, management of community projects and the harmful effects of early marriage, for example on health and economic outcomes. Since the beginning of the Tostan project, over 6 000 communities have taken pledges to end early marriage, and communities have seen a decline in the acceptance of early marriage and more recognition of women's rights (UNICEF, 2008).

Figure 2: Higher prevalence of early marriage is related to lower female secondary enrolment rates and higher gender gaps in secondary school completion rates



Note: The left-hand graph shows the relationship between early marriage prevalence rates and the predicted values of female secondary school enrolment rates (net), and the right-hand graph the relationship between the gender gap in early marriage and the predicted values of the gender gap in secondary completion rates (measured as boys-to-girls ratio of secondary school completion rates). Both models are controlling for the country's level of poverty and GDP per capita, share of female teachers, government expenditures in education, the gender gap in unemployment rates, urbanisation rates, regional dummies and year fixed-effects (on a four-year basis: 1980, 1990, 2000, 2010).

Source: OECD Gender Institutions and Development Database and World Development Indicators.

b) Critical Area F: Women and the economy

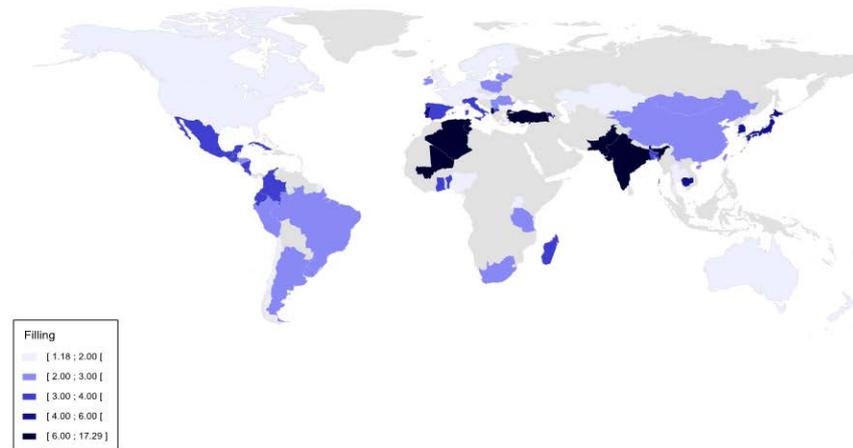
The economic empowerment of women is targeted under the Beijing Platform under critical area F. Among the many obstacles and challenges, the Beijing Platform includes women's unequal share of unpaid care work¹ as "hindering their ability to achieve economic autonomy and to ensure sustainable livelihoods for themselves and their dependents" (para. 156). Two decades after Beijing, women still spend more time on unpaid care work than men: in some countries women spend ten times as much time on unpaid care activities as men (Figure 3). Recent focus on unpaid care work, especially within the framework of the SDGs,² echoes the Beijing Platform's call for greater visibility, better measurements and social recognition of this key sticking point in women's economic empowerment (Action Aid, 2013; Sepulveda Carmona, 2013).

Social norms perpetuate the unequal gendered division of care work, affecting women's ability to take part in public life, including the labour force, and increases their total burden of work (para. 19). Traditional perceptions of women as care givers explains not only the unequal share of care work within the household but also how it increases women's difficulty to fully take advantage of and benefit from employment opportunities.

¹ Unpaid care work refers to all unpaid services provided within a household for its members, including care of persons, housework and voluntary community work (Elson, 2000). These activities are considered work, because theoretically one could pay a third person to perform them.

² Goal 5 of the Sustainable Development Goals includes a target on unpaid care work: "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate" (UN General Assembly, 2014).

Figure 3: Unequal distribution of unpaid care work around the world



Map created with C & D - © Artique

Note: The distribution of unpaid care work between men and women is measured as the female-to-male ratio of time devoted to care and domestic activities per day.

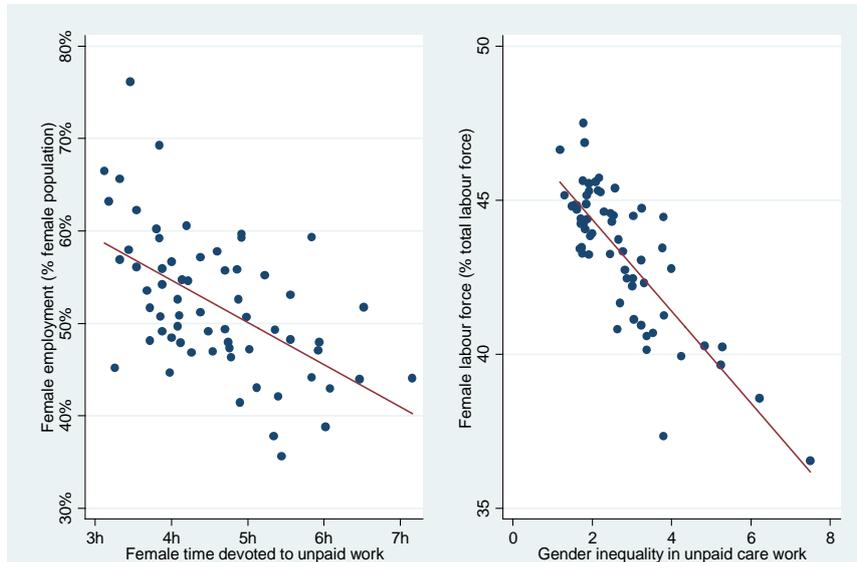
Source: OECD Gender Institutions and Development Database.

SIGI data shows that in countries where women bear a larger share of unpaid care work than men, they represent a lower share of the labour force (Figure 4). Moreover, unpaid care work also affects gender wage gaps. **When women spend twice as much time on unpaid care activities as men, they earn 65% of male wages; this decreases to 40% of male wages, however, when women spend five times more time on unpaid care work than men** (for a given level of GDP per capita, fertility rate, female unemployment rate, female education, urbanisation rate, and maternity leave). Finally, the unequal distribution of care activities between men and women in the household is linked to poorer economic outcomes overall, as women are more likely to work part-time and in the informal sector (Ferrant et al., 2014).

Box 3: What works - Proven strategies for tackling discriminatory social norms

- **Women and the Economy:** In Peru, in order to promote more equal sharing of unpaid care activities, the Fathers in Action Project (Proyecto Papa en Acción) held fatherhood workshops on the basics of positive parenting working directly with fathers to strengthen early childhood care and promote the sharing of care-related tasks with mothers. After participating, fathers felt more involved in the family, learned to avoid using violence and undertook more of the domestic and caregiving work (McAllister et al., 2012).

Figure 4: Higher inequalities in unpaid care work are linked to higher inequalities in labour force participation



Note: The left graph presents the predicted value of female activity rates as a percentage of total women in the working-age population by time devoted to unpaid care work by women, controlling for GDP per capita, fertility rate, female unemployment rate, female years of schooling, urbanisation rate, maternity leave and regional dummies. The right-hand graph presents the estimated female share of the labour force by the female-to-male ratio of time devoted to unpaid care activities, controlling for GDP per capita, fertility rate, urbanisation rate, maternity leave and gender inequality in unemployment and education.

Source: OECD Gender Institutions and Development Database and World Development Indicators.

c) Critical Area C: Women and health

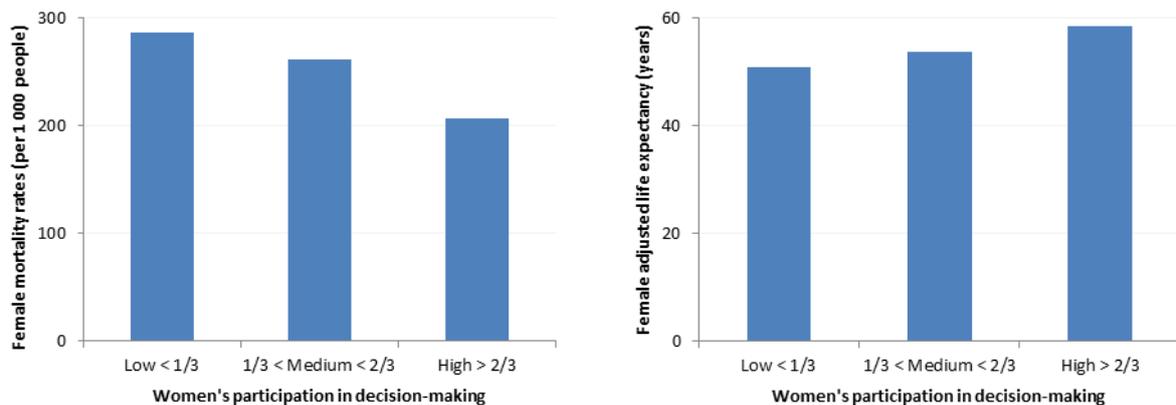
Discriminatory social institutions also strongly affect the health outcomes of women and their families. In addition to discrimination against girls (e.g. early marriage, son preference), harmful practices and gender-based violence, low decision-making authority over their own health is identified as a major challenge for women's empowerment: "the right of all women to control all aspects of their health, in particular their fertility, is basic to their empowerment" (para. 92). Millennium Development Goal (MDG) 5 reinforced and supported Beijing's call for greater attention to women's specific health concerns, in particular reproductive health needs such as access to family planning and prenatal and antenatal care (UN ECOSOC, 2013). So while investments in increasing women's access to healthcare services have led to major improvements in key health indicators (maternal mortality ratio, births attended by skilled health professionals and prenatal and antenatal healthcare visits), this represents only part of the journey to securing women's health and well-being (UN ECOSOC, 2013).

Box 4: What works - Proven strategies for tackling discriminatory social norms

- **Women and Health:** In India, the Population Council successfully piloted an initiative that provides health information to adolescent married girls and their husbands. At these meetings, girls were able to discuss important issues, such as how to set up a saving fund for health costs, prepare for their first child birth and prevent sexually transmitted diseases. Results were promising with girls strengthening their autonomy over health-care decisions and reproductive health (Population Council, 2007).

Women’s lower ability to make decisions and take actions concerning their own bodies directly affects their health outcomes: **in countries where women lack decision-making power over their health, they have higher rates of mortality and lower life expectancy compared to countries where women fully participate in the decision-making process** (Figure 5). This is the case regardless of other factors such as the country’s income per capita, the government expenditures on health (% GDP), number of medical doctors (physicians, both generalists and specialists) per capita, male health outcomes and prevalence rates of specific diseases such as HIV, drug use and conflict. For example, in Mali, Niger, Burkina Faso and Senegal, less than one in three women reports having jointly or alone final say in decisions regarding their own health. This means that in Mali, only 15% of women can decide for themselves if they can take medication or visit a doctor; the remaining 85% do not have a say in these decisions.

Figure 5: Women’s decision-making power over their own health care is connected to better female health outcomes



Note: The left-hand graph shows the relationship between women’s participation in decision-making related to their own health care and the predicted values of female mortality rates (probability that a 15-year-old will die before reaching age 60 excluding death related to armed conflict, expressed per 1 000 people); the right-hand graph shows the relationship between women’s participation in decision making related to their own health care and the predicted values of female health-adjusted life expectancy (average number of years that a person can expect to live in full health, taking into account years lived in less than full health due to disease and injury), controlling for the country’s income per capita, the government expenditures on health (% GDP), number of medical doctors (physicians, both generalists and specialists) per capita, male health outcomes and prevalence rates of specific diseases such as HIV, drug use and conflict.

Source: Demographic and Health Surveys, Human Development Report, OECD Gender Institutions and World Development Indicators.

2. Answering Beijing’s call: Recommendations for social transformation, equality and empowerment

The Beijing Platform’s ambitious call to action on gender equality and women’s empowerment continues to reverberate two decades later. This is a testament to its positive impact across the 12 critical areas but also a reminder that the development community has still not stepped up to the ambitious agenda of 1995. In 2015, the parallel process of assessing the Beijing Platform and establishing the SDGs is a unique chance to revive Beijing’s recommendations on gender equality.

Promisingly, social norms already feature in proposed SDG targets under Goal 5. Early marriage (Target 5.3), unpaid care work (Target 5.4), sexual and reproductive health rights (Target 5.6) as well as, notably, “End all forms of discrimination against women and girls everywhere” (Target 5.1) indicate that the SDGs have integrated the growing evidence of the role of social norms.



Below are four recommendations based on lessons learned from Beijing that can further step up the effective implementation of the SDGs:

- **“The girl child of today is the woman of tomorrow”** (para. 39): The Beijing Platform and the SIGI highlight how discriminatory social institutions hinder women’s development pathways throughout their entire life course, affecting key empowerment areas such as education, employment and health. A holistic approach to women’s empowerment must take into account the accumulation of discrimination throughout the life course of a woman, that begins from the girl-child. Eliminating discrimination in laws and practices, and tackling embedded discriminatory attitudes and norms in areas such as early marriage and other customary practices strengthens women’s chances of becoming empowered agents of change in their communities.
- **Strengthening measurements of gender inequality and social norms:** The Beijing Platform’s strong call to governments and national, regional and international statistical institutions to step up data collection and analysis, in particular on unremunerated care work (Strategic Objective H.3), remains a broken promise. Implementation of the SDGs can revive these commitments by strengthening national statistical capacities to systematically collect and analyse gender statistics and ensure its integration in the design of gender-responsive policies. Investments in data collection and analysis on social norms, such as the SIGI, are critical for tracking social norm change and impacts on development.
- **“Transformed partnership based on equality between women and men”** (para. 1): Beijing recognised that the unequal power dynamics between men and women manifests itself in both unequal development outcomes and the violation of women’s basic human rights. The SDGs provide renewed impetus for countries to tackle the systemic and structural causes of gender inequalities. Implementation of Target 5.1 should take up Beijing’s call to address discriminatory social norms, attitudes and stereotypes, as well as discriminatory laws. The Beijing Platform’s recommendations targeted the unequal power dynamics between women and men that prevent women from equally accessing resources, information and technology and confine both sexes to restrictive gender roles.
- **Ensuring the human rights of all women:** The Beijing Platform for Action identified additional barriers to empowerment which some women face such as “race, age, language, ethnicity, culture, religion, or disability, or because they are indigenous people” (para. 32). Meeting the needs of diverse groups of women requires policies to increase their access to key services such as education, health and justice coupled with legal literacy programmes to increase knowledge of human rights and fundamental freedoms as called for in Strategic Objective I. In addition, data and research are necessary to fully understand the different forms that gender discrimination takes when combined with other factors. Building this into the implementation framework of the SDGs is critical in order to guarantee that growth and development are inclusive, gender-responsive and empowering for all.



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