

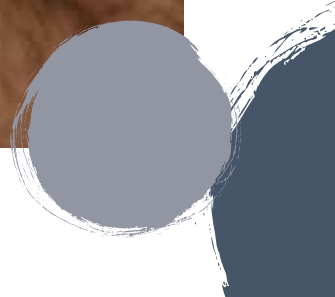
SUPPORTING
FAMILIES FOR
**NURTURING
CARE**

18

GENDER SOCIALISATION AND GENDER DYNAMICS IN FAMILIES

the role of the home visitor

DRAFT



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INTRODUCTION

Today's generation of mothers and fathers are trying out new ways of doing things: they are sharing responsibilities for raising children and domestic work, they are challenging traditional ideas about raising girls and boys differently, and they have access to more information than ever due to the internet. These are important steps toward breaking down barriers to equal opportunities for boys and girls, and for modeling behavior based on respect and equity for future generations.

However, in most families there are still differences in how girls and boys are raised, including unequal access to education and future employment prospects, which limits their development and perpetuates gender inequality into adulthood. Women's status is still lower than men's, which can be seen in health outcomes, paid and unpaid work, experience of violence and abuse, and many other development indicators.

This state of affairs is often the result of benevolent prejudices – seemingly harmless biases – which are based on the perception of the other gender (typically women) as weaker and, consequently, less capable of participating in certain aspects of the family and social life. These biases are held by both men and women (and may be related to both), while their prevalence (which is much greater than that of the openly voiced prejudices and derogation of the other gender) suggests that they should be given due consideration.

This module will explore the meaning of gender. It will discuss the impact of gender inequality on children and parental well-being. It will challenge home visitors to examine their own beliefs about gender norms and will provide tips for promoting the wellbeing and rights of both boys and girls in the practice of home visiting. Home visitors are trusted professionals with the power to be agents of change in families and communities.

KEY MESSAGES – why is this topic important for you?

- Gender is the system by which society gives meaning to being women and men, girls and boys, based on factors such as influence in decision-making, control of family resources and assigned roles and responsibilities.
- What is considered acceptable for women, men, girls and boys varies by cultural context and changes over time.
- Though in most traditional societies, mothers are considered the primary parents and fathers the primary wage earners, increasingly mothers and fathers are sharing childrearing, household, and economic duties more equally.
- Gender-balanced familial environment is about developing roles and stimulating participation based on skills, interests, agreement and respect, rather than on predefined, stereotypical expectations. This also applies to the division of childcare and housework duties between the adults, as well as to the boys' and girls' opportunities to participate in family life.
- Children benefit from having two involved parents: mothers and fathers can make unique contributions to a child's development.
- Children's development is more richly nurtured when boys and girls are given opportunities to participate in all activities and are not limited to typical gendered roles.
- Greater equality between mothers and fathers translates to greater women's empowerment in society.
- In today's changing society, not all families have a male and female parent: home visitors can provide crucial support and affirmation to those families.
- Discrimination based on gender is something that we can become aware of within ourselves and understand that it can intersect or overlap with discrimination based on region of origin, disability, social class, age as well as other forms of identity.

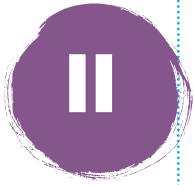
LEARNING OUTCOMES

After completing this module, you should be able to:

- Be fluent in key gender terminology.
- Be able to discuss key points in the “nature vs. Nurture” debate in how children develop a gender identity.
- Understand the ways in which gender inequality impacts women’s empowerment and child development.
- Be aware of some of our own values and biases related to gender and how they may impact home visiting practices.
- Be able to offer advice to parents on how to share parenting responsibilities more equitably.
- Be able to offer advice on how to raise boys and girls more equitably.
- Be able to discuss issues women and men face when mothers return to paid employment after giving birth or adopting a child.
- Be sensitive and supportive in situations where the father is the primary caregiver of an infant or young child.
- Recognize warning signs of gender-based violence and refer survivors for supportive services.



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WHAT IS GENDER?



Self-assessment Exercise for Trainees

True/False Statements

Give true/false answers to the following questions:

- Sex refers to whether a person is a woman or man.
- We begin learning about the expected roles of women and men around age two.
- By age four, most children have developed a gender identity.
- Most adults are biased to treat boys and girls differently, regardless of their personalities.
- Gender inequality is harmful to boys as well as girls.
- Teaching girls and boys to behave in gender-stereotypical ways is relatively harmless.

Answers:

Sex refers to whether a person is a woman or man.

False: Sex refers to male/female while gender refers to masculinity and femininity.

We begin learning about the expected roles of women and men around age two.

False: We begin learning about gender at birth when boys and girls are treated differently.

By age four, most children have developed a gender identity.

False: Children typically develop a gender identity by age three.

Most adults are biased to treat boys and girls differently, regardless of their personalities.

True: Studies have shown adults to perceive and respond to boys and girls in stereotypical ways.

Gender inequality is harmful to boys as well as girls.

True: though overall girls are disproportionately disadvantaged in society, boys are also harmed by stereotypical expectations and treatment.

Teaching girls and boys to behave in gender-stereotypical ways is relatively harmless.

False: being taught to behave strictly like a girl or boy limits the developmental potential of children.

1. TERMS AND DEFINITIONS FOR TRAINERS

Gender terminology may be new to you. Below is a short glossary of terms that will be used in this module and that may be used when discussing gender issues in early childhood development. Home visitors should be conversant in this terminology. The following definitions use accepted international language and standards and can be simplified during training.

Sex refers to the physical and biological characteristics of males and females.

Gender is a social and cultural construct. It distinguishes differences in the attributes of men and women, girls and boys and accordingly refers to the roles and responsibilities of men and women. Gender-based roles and other attributes, therefore, change over time and vary with different cultural contexts. The concept of gender includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity). This concept is also useful in analyzing how commonly shared practices legitimize discrepancies between sexes.

Gender equality means that women and men, girls and boys have equal conditions, treatment and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development. Gender equality is, therefore, the equal valuing by society of the similarities and the differences of men and women, and the roles they play. It is based on women and men being full partners in the home, community and society.

Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men and girls and boys are taken into consideration, recognizing the diversity of different groups and that all human beings are free to develop their personal abilities and make choices without the limitations set by stereotypes and prejudices about gender roles.

Gender norms are the accepted attributes and characteristics of male and female gendered identity at a particular point in time for a specific society or community. They are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture and community at that point in time. Gender norms are ideas about how men and women should be and act. Internalized early in life, gender norms can establish a life cycle of gender socialization and stereotyping.

Gender roles refer to social and behavioral norms that, within a specific culture, are widely considered to be socially appropriate for individuals of a specific sex. These often determine the traditional responsibilities and tasks assigned to men, women, boys and girls. Gender-specific roles are often conditioned by household structure, access to resources, specific impacts of the global economy, occurrence of conflict or disaster, and other locally relevant factors such as ecological conditions.

Unlike social norms, which are defined as general standards of expected behaviour established in society or culture, gender roles are those considered socially appropriate for individuals of a specific sex. These often determine the traditional responsibilities and tasks assigned to women, men, girls and boys.

Gender stereotypes are simplistic generalizations about the gender attributes, differences and roles of women and men. Stereotypical characteristics about men are that they are competitive, acquisitive, autonomous, independent, confrontational, concerned about private goods, and less skilled in caring for babies and children. parallel stereotypes of women hold that they are cooperative, nurturing, caring, connecting, group-oriented, concerned about public goods. Stereotypes are often used to justify gender discrimination more broadly and can be reflected and reinforced by traditional and modern theories, laws and institutional practices.

Gender stereotyping becomes harmful when it limits a person's life choices, professional roles, career path and opportunities. Gender socialization often starts before birth through family and societal expectations and is a process whereby girls and boys women and men learn social roles based on their sex, which leads to different behaviours and expectations. An example is that women and girls are expected as part of their role to do more household chores such as cooking, cleaning, care work and be more docile, while men and boys are expected to do more work outside of the home, be stronger and make an earning. Gender roles and socialization often leads to inequality and this is perpetuated by harmful gender stereotyping. This can sometimes prevent people from engaging in a role or activity they really enjoy doing and their own self empowerment.

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on a person's gender. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation/abuse and forced or coerced prostitution; domestic or intimate partner violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation; honor killings; and widow inheritance.



Video clip

Watch the following video on GBV made by United Nations agencies in Europe and Central Asia: <http://eeca.unfpa.org/en/16days>

Sexual orientation refers to each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different sex/gender or the same sex/gender or more than one sex/gender. There are three predominant sexual orientations: towards the same sex/gender (homosexuality also described as gay and lesbian), towards the opposite sex/gender (heterosexuality) or towards both sexes/genders (bisexuality). Most people have a sexual orientation, which forms an integral part of their identity. Sexual orientation is not related to gender identity.

Gender identity refers to a person's innate, deeply felt internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth. It includes both the personal sense of the body, which may involve modifications in bodily appearance or function by medical, surgical, or other means, and other expressions of gender, including dress, speech, and mannerisms. Those whose gender identity does not match their assigned sex at birth are known as transgender, those whose gender identity matches their assigned sex at birth are known as cisgender.

Heteronormativity describes a social norm of standardized heterosexual behavior, whereby heterosexuality is considered to be the only socially valid form of behavior. anyone who does not follow this social and cultural posture is placed at a disadvantage in relation to the rest of society. This concept is the basis of discriminatory and prejudiced arguments against lesbian, gay, bisexual and transgender (LGBT) people, principally those relating to the formation of families and public expression.

Gender-balanced familial environment means a family in which the roles related to childcare and housework duties are shared and defined based on agreement, respect and the shared idea of the importance of participation and well-being of all family members. This kind of environment has developed mechanisms in place to stimulate and support the involvement of both parents (parenting alliance) and approaches the upbringing of girls and boys in a way that enables equal rights and equal participation in family routines and life (including in decision-making), thus creating ample opportunities for advancing gender equality at all levels.

2. GENDER DEVELOPMENT IN EARLY CHILDHOOD: ARE WE BORN TO BE WOMEN AND MEN?

Though biological tendencies certainly play a role in the development of gender identity, research increasingly shows that a complex process of "gender socialization" takes place in early childhood (Martin, 2014; Eliot, 2009). Neuroscientists have argued that brain development is actually "plastic", meaning that our brains can be influenced by outside factors, disproving arguments that boys are destined to be, for example aggressive, risk-taking, and better at math while girls are destined to be emotional, cautious, and less physically active. rather, through years of teaching and reinforcement, we may be actually producing different brains in boys/men and girls/women (Eliot, 2009).

Gender is one of the first social categories that children are aware of: by age three, most children have formed a gender identity. Children play an active role in shaping their gender identity, incorporating information about gender norms and roles they learn from parents, teachers, and other adults, as well as peers. parents are the first to teach children about gender: from birth parents speak and behave differently towards boy and girl babies, based on their assumptions of what it means to be a girl or boy (e.g., Velandia 2012). as children grow older, boys and girls are exposed to different opportunities, activities, and toys based on their gender. other children reinforce those messages about what is expected of boys and girls, with preschool-age children often preferring to play in same-sex groups.



Video clip

Watch the following videos:

Gender equality is a development issue:

<https://www.youtube.com/watch?v=4vixoGvvu0y>

Gender roles-Interviews with kids:

<https://www.youtube.com/watch?v=-vqsbvG40ww>

Often parents look forward to teaching children to be masculine or feminine as a bonding experience — for example, parents can be very excited to learn during pregnancy whether the baby will be a boy or girl and teaching him about sports and her about picking out pretty clothes — yet, gender socialization limits the developmental potential of boys and girls alike. Increasingly, parents are making efforts to raise boys and girls more similarly in order to promote equality. The home visitor’s role in promoting such efforts will be discussed later in this module.

Watch the following video: Interviewing Children and parents on Gender roles:

<https://www.youtube.com/watch?v=a8TN6Fyfsim>



Reflection and discussion

Think about early child development. what kinds of skills are fostered by learning how to be a typical boy? what kinds of skills are fostered by learning how to be a typical girl? which skills and traits are most valued in the community? which skills and traits lead to economic wellbeing in adulthood? Emotional wellbeing? Social wellbeing?

Which of those are expected skills and characteristics of a typical boy, and which are associated with a typical girl?

Additionally, some children develop gender identities different from their assigned sex, or feel that they do not fit within the expectations for either gender. Such gender non-conforming or “gender expansive” children — and their families — are at risk for ridicule, social ostracism, and abuse (moeller et al., 2009). Some gender expansive children will become transgender in adulthood, while others will not (moeller et al., 2009). parents of gender expansive children need support to help their child and families navigate the complexities of living outside traditional gender norms. watch the following video: “what kindergarteners taught me about gender” by batya Greenwald at TEDxCU

Think about early child development and reply the following questions:

- What kinds of skills are fostered by learning how to be a typical boy?
- What kinds of skills are fostered by learning how to be a typical girl?
- Which skills and traits are most valued in the community?
- Which skills and traits lead to economic wellbeing in adulthood, emotional wellbeing and social wellbeing?
- Which of those are expected skills and characteristics of a typical boy, and which are associated with a typical girl?



Video clip

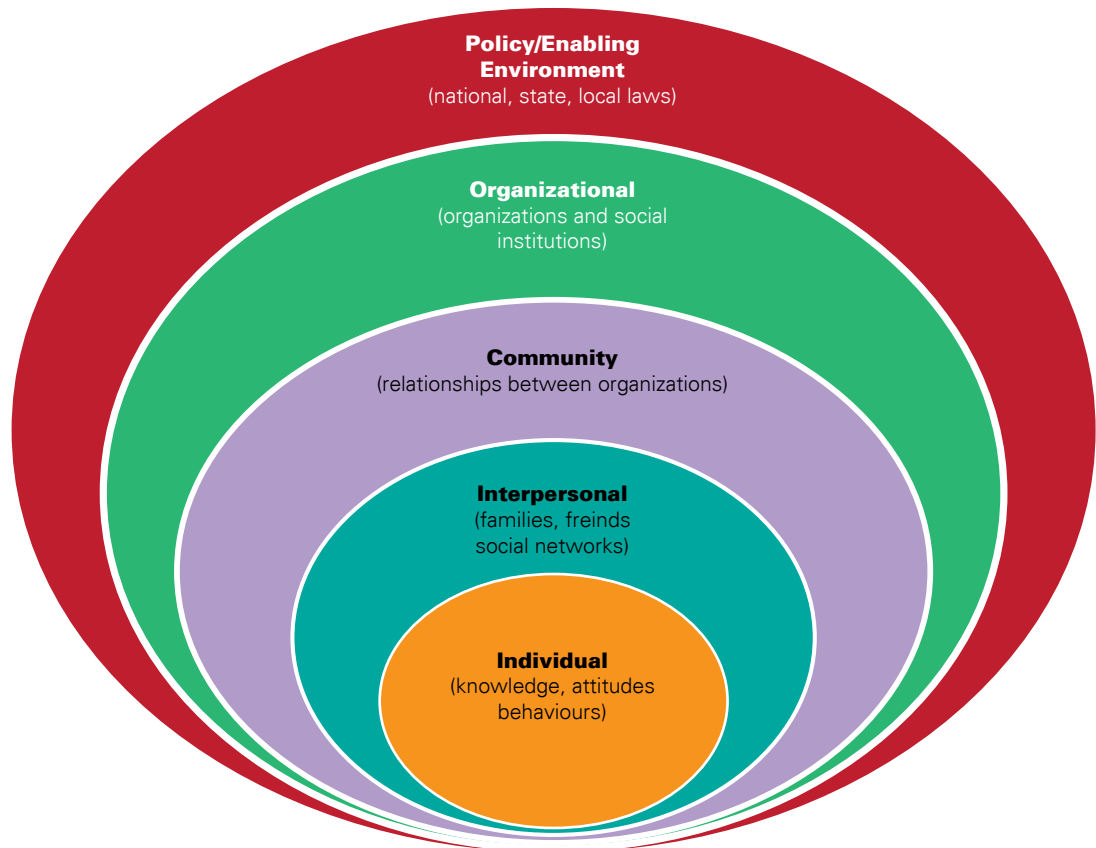
<https://www.youtube.com/watch?v=yvJTsrwarrw>

Gender Inequality in Early Childhood

Gender inequality among parents

The social ecological framework can be used to demonstrate how inequality between women and men at the individual/couple, community, and societal levels has a negative impact on child development. It should be noted that while gender inequality certainly harms men, women are historically and systematically disadvantaged in most societies.

Figure 1. The Social Ecological Model



Source: https://www.unicef.org/cbsc/files/Module_1_-_MNCHN_C4D_Guide.docx

Adapted from the Centers for Disease Control and Prevention (CDC), The Social Ecological Model: A Framework for Prevention, <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html> (Retrieved April 21, 2014).

Table 1. A Description of Social Ecological Model (SEM) Levels

Level	Description
Individual	Characteristics of an individual that influence behaviour, including knowledge, attitudes, behaviour, self-efficacy, developmental history, gender, age, religious identity, racial/ethnic/caste identity, sexual orientation, socio-economic status, financial resources, values, goals, expectations, literacy, stigma, and others.
Interpersonal	Formal (and informal) social networks and social support systems that can influence individual behaviours, including family, friends, peers, co-workers, religious networks, customs or traditions.
Community	Relationships among organizations, institutions, and informational networks within defined boundaries, including the environment as it has been developed (e.g., parks), village associations, community leaders, businesses, and transportation.
Organizational	Organizations or social institutions with rules and regulations for operations that affect how, or how well, for example, maternal, newborn, and child health (MNCH) services are provided to an individual or group; schools that include MNCH in the curriculum.
Policy/Enabling Environment	Local, state, national and global laws and policies, including policies regarding the allocation of resources for MNCH and access to healthcare services, restrictive policies (e.g., high fees or taxes for health services), or lack of policies (e.g., that childhood immunizations are required).

At the **individual and interpersonal level**, when women and men have equal decision-making power, children's needs are more likely to be met. When women do not have equal decision-making power with men, they are less able to use household funds to seek out prenatal care or take children for immunizations and other preventive care (UNICEF, 2011b).

At the **community level**, women often have less decision-making influence over community programs. Some programs such as education programs, nutrition programs, and health programmes rely on women's unpaid labor (such as parent-teacher programs and community kitchens) and affect women's lives, yet women are often not consulted. For example, women may not be included in decision making about water and sanitation issues in the community, despite water being at the core of women's traditional responsibilities (i.e., cooking, cleaning, keeping the house clean and taking care of the family's hygiene (UNICEF, 2011b). Other examples of gender inequality at the community level that impact child development may be limitations of women's ability to move about freely in public, use of available paid paternity or parental leave for fathers to participate in child rearing, child marriage, and stigma against certain groups of women as "bad mothers" (e.g., sex workers, Roma, single mothers, lesbian mothers).

Finally at the **societal (organizational and policy/enabling environment) level**, one of the most striking indicators of gender inequality is economic status. "Women in most countries earn on average only 60 to 75 per cent of men's wages" (World Bank Gender Data Portal, n.d.). Women's gross hourly earnings in 2015 were, on average, 21.8 per cent less than men's in Central and Eastern Europe and Central Asia, and women are 30% more likely to be unemployed than men (UN Women, 2015b). Contributing factors to economic inequality between women and men include:

- the fact that women are more likely to be wage workers, be unpaid family care workers, or work in the informal sector (World Bank, 2012).
- the higher proportion of women to men among migrant workers in Eastern Europe and Central Asia, especially as domestic workers who are particularly vulnerable to exploitation (UNECE, 2015);
- overrepresentation of women in lower-paying occupations, even when women have higher levels of education (UNECE, 2015);
- the likelihood that women are working in unorganized sectors or are not represented in unions (International Labor Organization, 2014).



Video clip

Watch the following Video: “The Story Behind the Numbers” discusses some of the causes of economic inequality of women and men that begin in childhood.

<https://www.youtube.com/watch?v=2XbeJotW16E>



Case study

You are visiting a family with a three-year old and a six month-old. The mother went back to work after staying home with the older child, but is not sure whether she wants to go back now that there are two children at home. The father was given only one week of leave after the birth and the mother is feeling overwhelmed by caring for two small children every day. How will you support this mother? (Hint: Use the ecological framework to guide the process! Use the ecological framework to analyze the barriers that the woman faces and develop questions for discussion with the family.)

1. What personal and relationship factors may this mother want to consider when weighing her decision whether to go back to work?

For example: How important is her career to her identity and personal goals? Which is better for her own mental health: staying home or going back to work? How can her partner be supported in balancing family and work? How can the home visitor promote his engagement with the children after a busy day at work? How does the couple communicate and negotiate their roles and responsibilities? Do both partners share decisions about finances, and does this change depending on whether the woman is working or not?

2. What community factors are relevant?

For example: Is affordable, high-quality child care available? Is there social pressure from friends, neighbors, and fellow parents to stay home or to return to work? Are both parents' workplaces family-friendly (e.g., flexible schedules, leave to care for sick children, work-from-home options?)? Are there other women who are facing the same choices and decisions? How can they work together or with local organizations to resolve some of their issues?

3. What societal factors are important?

For example: What is the level of education of the mother (and the father)? How much does the mother earn at her job: does she make enough to offset childcare costs? Does she actually make more than the father (if so, could he consider staying home)? Does the mother wish to have a fulfilling career but worry about being able to balance work and family? Does the father feel conflicted about economic and domestic responsibilities? Is there a grandparent who can help with child care and what are the considerations for this grandparent for help?

Gender inequality and child development

As previously noted, girls and boys are treated differently from birth, for example by touching or talking to newborn boys/girls differently (Velandia et al., 2012). While many parts of being traditionally feminine or masculine are celebrated and enjoyed, raising children by gender stereotypes is limiting to boys' and girls' development. Boys are often expected and taught (in blatant and subtle terms) to be aggressive, to take risks, to control their emotions, and to be physically strong. Conversely, girls are taught to be emotionally expressive, to defer to others' needs over their own, and to be weaker physically. These learned roles may limit boys' potential by stunting their emotional development or exposing them to more physical and medical risks as they age, and stunt girls' development by limiting development of physical strength, constraining their ability to negotiate conflict, and limiting their educational and economic potential. Note that often, the type of punishment meted to a boy may be different than that to a girl, as well.



Reflection and discussion

Think of a time in your own childhood or adulthood when you were told to “act like a woman” or “act like a man”. What kinds of behaviors were being encouraged/discouraged? Did you feel shamed or empowered by this instruction? Have you ever heard a boy being told not to act like a girl? What does it say about our values when it is bad for a boy to act like a girl?

Moreover, gender stereotypes go beyond teaching children to be masculine or feminine: depending on the context, girls may be fed less or less nutrient-rich food than boys, boys are punished more harshly than girls, and boys experience more accidents while girls are more vulnerable to sexual abuse and exploitation. In some parts of the world, families may choose to have boys over girls, more girls than boys may be forced into marriage before the legal age (18 years of age is recognized by the Convention on the Rights of the Child as the age of adulthood), and are given fewer educational and economic opportunities.



Video clip

See: Man Box Ted Talk by Tony Porter:
https://www.ted.com/talks/tony_porter_a_call_to_men



Video clip

Watch the following video: Kids' Honest Opinions on Being a Boy or Girl Around the World
<https://www.youtube.com/watch?v=2B3ea7IGwLA>

One of the consequences of gender norms and stereotypes is the phenomenon of child marriage. Child marriages are a reality, and one that is common to many countries, different cultures, regions and nations. Although boys are also at risk of child marriage, this phenomenon affects girls to a much greater extent (UNFPA, 2012). Child marriages are anchored in structural inequalities and discrimination, most notably gender inequality, the influence of gender-based stereotypes and biases, unequal distribution of power, as well as the control of female body and sexuality (UN, 2016). In addition, the causes of child marriages are usually poverty, unequal access to quality education, harmful social and religious practices (UN, 2016).

Example

Think about this woman's experiences and the existing opportunities to enhance her personal development and the position and development of her children. What possibilities does she have to support her children and what could be done to help her?

L. (16)

I have been married for three years now. Before I got married, I had only seen my future husband once, when he came to my parents to ask for their consent. Five months later, they got me married. We had a big wedding – in my community it is traditional for weddings to go on for three days. On the first day, the groom and his family came to my home and, after the celebration, they took me with them; the next day, they hung out the sheets from our bedroom for the guests to see it – also a custom practiced by my people – and, upon receiving the proof of my purity, they resumed the celebration and paid my parents for guarding my chastity. Shortly after that, I got pregnant. My husband did not spend a lot of time at home, and he still doesn't. In fact, it looks as though I am married to my mother-in-law, since she is the only one keeping me company at home. When there are decisions to be made, we don't have much say in it – the men say and we obey. At the moment, we have two daughters and my husband told me that we would keep going until I have a son. I know about birth control, but this is our tradition – it's up to men to decide about it.

Home visitors can be powerful agents of change by helping families think critically about the influence of gender in their lives, by promoting more equitable relationships between women and men in parenting, and by promoting more equitable treatment of boys and girls.



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THE ROLE OF HOME VISITORS IN CHALLENGING GENDER NORMS, ROLES, AND PRACTICES



Self-assessment exercise - True/False Statements

Give true/false answers to the following questions:

- Home visitors should focus on health: it is not their role to challenge gender inequality.
- The best approach to discussing gender is to be direct: correct inequitable behavior as soon as you see it.
- As health workers, home visitors may hold bias that may negatively impact their practice.

Answers:

Home visitors should focus on health: it is not their role to challenge gender inequality.

False: Home visitors are in a unique position of trust with families—it is critical that home visitors promote gender equality, because of the strong impact on child health, development, and wellbeing. They can also support the mother should she feel that she or her children are not safe.

The best approach to discussing gender is to be direct: correct inequitable behavior as soon as you see it.

False: While home visitors should address gender inequitable behaviors, they must be cautious to meet the family where they are, to express positive regard for the client, and to discuss gender equality sensitively, in terms of the benefits to a child's health and wellbeing.

As health workers, home visitors may hold bias that may negatively impact their practice.

True: as social beings, home visitors have a wealth of experience with gender. Home visitors should reflect on those experiences and whether they may hold biases that are not constructive in home visiting practice.

1. HOME VISITORS AND GENDER EQUALITY

Home visitors are uniquely positioned to help parents and families challenge harmful gender norms and promote more equitable relationships. Home visitors are trusted professionals that provide services essential to the well-being of families, giving them a credibility that will be beneficial in promoting new ideas. Additionally, they often develop close relationships with families, which provide an opportunity for the home visitor to model gender-sensitive behavior and tailor messages about gender equality to the family's specific context, knowledge, and attitudes.

Evidence presented in Module 2 suggests that home visitors have the most impact when guided by three core professional values. Gender considerations are a key component of each of those values.

Home visitors are salutogenic.

We seek greater equality between women and men, boys and girls because doing so improves the health and wellbeing of families. Gender inequality limits the developmental potential for boys and girls. Challenging harmful gender roles, norms, and practices gives home visitors an opportunity to promote healthier relationships, greater bodily integrity, and a better fulfillment of fundamental human rights.

Home visitors demonstrate a positive regard for others.

We seek to provide nonjudgmental care for the good of the child. Home Visitors come from the same society and culture as the families that they are visiting; they may share some of the same ideas and values about gender. That's why it is important that home visitors and caregivers have the opportunity to

talk about their beliefs and biases. Because gender is constructed and interpreted by members of families, communities, and societies; home visitors and caregivers alike have their own evolving ideas and values about gender. Unconditional positive regard for clients requires an ongoing examination of home visitors' and families' beliefs and biases while actively challenging deeply-held beliefs about women, men, boys, and girls. Home visitors must be open to new ideas and willing to work to changing beliefs and attitudes that are not constructive.

Home visitors recognise the person-in-situation.

Gender is a key social determinant of child health and development, and therefore gender inequality can be a barrier to positive outcomes. Gender intersects with other systems of power relations such as economic, racial/ethnic, ability, sexual orientation, policies, and citizenship. Additionally, gender inequality is institutionalized at individual, family, community, state and global levels. Working towards a nuanced understanding of the many determinants of clients' health and wellbeing will improve the relationships built and services provided by home visitors.



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Reflection and discussion

As people with our own experiences as children, women/men, parents, and/or grandparents, we all naturally have some feelings and biases about gender roles and norms. It is important to take some time to recognize how our own perceptions may influence our practice and work and move towards becoming more objective in discussing relationships between women and men and when advising parents on raising boys and girls.

Reflect on your reactions to the following statements and following questions. Consider having a discussion with another home visitor or your supervisor about these topics.

Parenting is naturally a woman's domain, especially during the newborn stage.

- Many people hold this view, but is it constructive? If you agree, where did you first learn this? Have you witnessed any exceptions, where the father may have been an equally good parent, or exceptionally good at caring for a newborn, or where a mother may have struggled in her new role? What about a gay couple, where two mothers or two fathers are present? What about a situation where the mother dies and the father has to take care of the newborn? What about an adoptive situation? What does a woman have to gain and/or lose if we think of parents being equal partners starting at birth?

Many parents prefer their firstborn to be a boy.

- Do you agree? What does this preference suggest about our values?

Home visitors are meant to respect cultural differences, thus it is not right to question families' gender roles.

- Do you agree? Should culture take precedence over rights? What should the relationship be between culture and child development?

Unmarried mothers are less responsible than married mothers, and their children are more vulnerable than those in a two-parent home.

- Do you agree? Have you seen exceptions in your practice? What does this statement imply about the fathers of these children?

When analyzing gender-related contents with others, here is an exercise that you could also do: organize a round circle discussion and invite your fellow home visiting nurses to discuss their personal perceptions of gender and their first experiences when they became mothers (or fathers, if you have male home visitors in your service):

- What are some proverbs that you remember growing up – what do they tell us about our expectations for boys and girls? What do they tell us about the roles that we are expected to play? What do they tell us about the understanding of the nature of boys and girls?
- Did you personally want a boy or a girl?
- How did you take care of your child, and how did your husband do that?
- Which of your behaviours influenced the extent and quality of your husband's involvement in child care? What about vice versa? Which behaviours did you use to stimulate and encourage your husband, and which ones did he use to do the same for you?
- Which role did your mother-in-law play in the first 1000 days?
- Was the balancing of the professional and family roles a greater challenge for you or for your husband?
- What would you do differently if you found yourself in the same situation again?

2. COMMUNICATION WITH CAREGIVERS ABOUT GENDER

Gender inequality may be a sensitive subject to some parents or caregivers. Home visitors will need to come up with their own personalized way of helping families to think critically about gender norms without making them feel defensive, afraid, or offended. Additionally, in some communities there are norms about communication between women and men. This can pose challenges to professionals like home visitors who are often female and would like to engage both mothers and fathers in their homes. Doing so will require a high level of sensitivity and professionalism.



Reflection and discussion

The three principles presented in this section may help a home visitor to navigate challenging situations. Consider the following scenario:

A home visitor is discussing activities for “tummy time” (placing an infant on their abdomen while awake in order to build upper body strength and prevent flat head syndrome) with the parents of an infant girl. The father is saying that his sweet little girl is not very interested in pushing up with her arms, and that he prefers to hold her safe in his arms.

The father is expressing a gendered expectation that a girl is not very physically strong and is in need of protection. How would you respond as a home visitor?

Suggestions may include:

- “All baby boys and girls need a little exercise to help them grow and develop.”
(This is salutogenic —keeping the health of the child as a priority.)
- “You clearly love your daughter! But parents can also encourage girls and boys to build some strength from an early age.”
- (This expresses positive regard for the client while encouraging positive growth.)
- “You are trying to protect your daughter. You can help keep her safe by ensuring she is on a flat surface like the floor where she cannot roll off. Baby girls and boys all need to build strength through play.”
- This recognizes the father’s concerns, but gently encourages him to think about the situation differently.

Let’s consider a more challenging scenario:

A home visitor was visiting a married couple with a newborn baby, who had moved to the city from a rural setting. The first three times she made house calls, the parents were taking care of the child independently, the father was devoted and involved in the routine tasks with the baby. The home visitor commended his involvement and emphasized the significance of the father’s involvement from day one for the child’s overall development and his/her achievements in later life. The mother showed her satisfaction with the fact that her husband was caring and skillful with the baby and commended him in front of the home visitor, so that he could also hear that.

On her fourth visit, there was also the grandmother (mother’s mother), who got upset when she heard that her daughter’s husband had to demonstrate the baby bathing skills he had learned. She believed that a woman should take care of the child and house, while a man’s responsibility was to take care of the finances and protect the family. She was concerned that her daughter’s partner and his family might think that her daughter was “lazy”.

In these and similar situations, it might be useful to revisit the methods for achieving good communication with families. For this purpose, see the contents of [Module 10: Caring and empowering – Enhancing communication skills for home visitors](#).

How would you respond?

Suggestions may include:

1. Telling them that it is important for the father to be involved in child care activities from the earliest age for the sake of the child's health, development and achievements in later life.
2. Telling the grandmother that she is clearly invested in the well-being of her daughter's family. Asking the grandmother what it was like for her when she was a young mother and whether it was challenging to meet the needs of her children and broader family (unconditional positive regard).
3. Acknowledging the grandmother's concerns. Acknowledging that it may not have been traditional for men to be involved in child care but noting that the husband was genuinely open to the idea when it was first discussed, that he is doing great and that he, the baby and the mother are enjoying it (recognising the person-in-situation).



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3. THE ROLE OF HOME VISITORS IN SUPPORTING THE DEVELOPMENT OF PARENTING ALLIANCE: THE FOUNDATIONS OF GENDER-BALANCED FAMILIAL ENVIRONMENT

Research has unambiguously proven that father's involvement in child care is significant for both child development and the mental health and welfare of the father and mother, as well as for the functionality of the entire family. More information about this, and about ways to get fathers involved in child care is available in the [Module 5: Engaging fathers](#) that addresses the topic of Partnership in nurturing parenting: The precondition for the father's proper involvement in child care, and at the same time its consequence, is the incentive for the development of the parenting alliance in the family.

What is a parenting alliance? A parenting alliance is a special relationship within a family that starts to develop between the father and the mother when their parenting roles start taking shape, i.e. following the child's conception. This relationship is independent from their functioning as partners: whereas the purpose of the partner relationship is intimacy, communication, the couple's free time and so on, the parenting alliance focuses on the interaction related to raising and caring for a child, the development of the parental role (the kind of father/mother I want to be and can be), the development of child care competences (how skillful I am in taking care of the child), the sharing of child care and housework duties, and family management – building the support network, getting other people involved (professionals, friends, broader family) in child care. The parenting alliance is created for the well-being of the child and the family. Ideally, its aim is to enable both parents to receive support in developing their parental roles, while the child gets an engaging, warm and accepting relationship with both parents. In a strong parenting alliance, both parents appreciate the extent of the other parent's involvement, respect the assessments and decisions they make in the interaction with the child, feel the need for mutual communication regarding the child and their roles as parents, as well as regarding their individual relationship with the child.

On the other hand, a strong parenting alliance relies on agreements about how the parents will raise the child (parenting style and methods, moral values, priorities...), as well as about how the parents will support each other in developing the competences for a proper relationship with the child. Both of these areas of agreement are hinged on the idea of cooperation, togetherness and the feeling of equal commitment and skillfulness for child care (as opposed to rivalry, competition and the idea of one's greater capacities and skills). Families with strong and functional parenting alliances also have a sense of greater satisfaction with parenting, a deeper relationship with the child, closer involvement of both parents, better balance between the familial and other roles and less parenting stress.

For a child, a strong parenting alliance is the first, most potent and continuously present model of gender-balanced togetherness, equality and interaction that respects both diversity and cooperation.

How is the parenting alliance related with gender roles and stereotypes?



Reflection and discussion

Consider the following situation:

Although the family includes both parents, whenever you are visiting only the mother is present. She talks about the child as of “*her own baby*”. When asked about the father’s involvement in child care, she says: “He helps me a lot – he will readily do anything I ask of him.” When you ask her what that looks like, she says: “*He is trying hard; it doesn’t matter how tired he is, he will take him out for a walk. So, while he’s having lunch after work, I get the baby ready, dressed and all, and then they go for a walk, for as long as an hour or two.*” When she is not at home and the grandmother can’t make it, she prepares everything the baby needs to wear for the walk. “*He doesn’t spend a lot of time at home because of his work and I am always with the baby and I know his habits and routines better. So, I tell him everything – what he likes, how he likes it, what he should do and how to do it.*”

What are your thoughts on this situation? How often do you come across it in your work? How much do you personally share the mother’s opinion? How well do fathers really know their children if the mother goes on maternity leave? Who is the more skillful parent in the families you visit? Why is this so?

In families, it is common for one of the parents, usually the mother, to assume the role of someone who governs the child care activities. She can do that in several ways: she decides what the father will do with the child, when and how he will do it, i.e. she defines the child routines; she assigns the role of child care helper to the father; she sets the model of child care and allows and enables the father to copy her skills. These three dominant ways are gathered under the umbrella concept of maternal gatekeeping (Allen, Hawkins, 1999; Puhlman, Pasley, 2013; Fagan, Cherson, 2016).

Essentially, the maternal gatekeeping behaviours are based on strong gender-stereotypical views of the roles of the father and mother, or on the expectations from mothers, usually socially imposed, to be more skillful and prepared for raising children.

The effects of maternal gatekeeping behaviours include: low father involvement, higher stress levels in mothers, lower satisfaction with how the family functions in general, lower satisfaction with parenting of both fathers and mothers and a less functional parenting alliance.

How much do you actually uphold maternal gatekeeping behaviours in your work?

Which of your views or expectations influence this?

How could you talk to the mother in the above maternal gatekeeping example to prevent its negative effects? Apply the three principles referred to above.

IV

GENDER-SENSITIVE PARENTING

**Self-assessment**

1. Which of the following are ways in which fathers can participate in feeding newborns?
 - a. Purchasing and preparing nutritious food for the breastfeeding mother.
 - b. Cleaning the home, washing clothes and linens, and doing household errands.
 - c. Breastfeeding the baby.
 - d. Reading breastfeeding books and websites to help the mother with questions or concerns.
 - e. Options a, b, and d.
2. True/false: There is little evidence that fathers can influence their children's nutritional status.
3. True/false: Teaching children to "act like a boy" or "act like a girl" is relatively harmless and mostly serves to help them fit in with their peers.
4. Which of the following are examples of gender-sensitive parenting? (Choose all that apply)
 - a. Reading books with strong girl characters.
 - b. Encouraging children to play with blocks, balls, riding toys (e.g., tricycles), paints, bubbles, puzzles, etc
 - c. Giving boys toy guns and army figurines
 - d. Encouraging infants to play on the floor instead of sitting for extended periods in baby swings or car seats.
5. Which of the following is NOT true about preventing injuries in children:
 - a. Boys are less likely to be injured in accidents because their motor skills are generally more advanced than girls'
 - b. Parents tend to supervise girls more closely than boys.
 - c. Parents sometimes underestimate their daughters' motor skills but are able to accurately assess their sons' motor skills.
 - d. Options a. and c.
6. True/False: Parents usually do not treat girl and boy infants differently when they are crying.

Answers:

1. Which of the following are ways in which fathers can participate in feeding newborns?
 - a. Purchasing and preparing nutritious food for the breastfeeding mother.
 - b. Cleaning the home, washing clothes and linens, and doing household errands.
 - c. Breastfeeding the baby.
 - d. Reading breastfeeding books and websites when the mother has questions or concerns.
 - e. Options a, b, and d.
2. True/false: There is little evidence that fathers can influence their children's nutritional status.
3. True/false: Teaching children to "act like a boy" or "act like a girl" is relatively harmless and mostly serves to help them fit in with their peers.
4. Which of the following are examples of gender-sensitive parenting? (Choose all that apply – a, b, and d)
 - a. Reading books with strong girl characters.
 - b. Encouraging children to play with blocks, balls, riding toys (e.g., tricycles), paints, bubbles, and puzzles.
 - c. Giving boys toy guns and army figurines.
 - d. Encouraging infants to play on the floor instead of sitting for extended periods in baby swings or car seats.

5. Which of the following is NOT true about preventing injuries in children:
 - a. Boys are less likely to be injured in accidents because their motor skills are generally more advanced than girls'.
 - b. Parents tend to supervise girls more closely than boys.
 - c. Parents sometimes underestimate their daughters' motor skills, but may be able to accurately assess their sons' motor skills.
 - d. Options a. and c.
6. True/False: Parents usually treat girl and boy infants the same way when they are crying.

We have discussed some of the harmful effects of gender inequality on child development and explored the transformative potential of the home visitor. In this section, we will briefly explore some gender considerations for parenting in the other content areas of the home visitor resource modules.

1. INFANT AND YOUNG CHILD FEEDING

Feeding infants and children is traditionally a woman's domain: only women can breastfeed, and in most cultures, women have been responsible for shopping and cooking (and in some cultures for growing the family's food). However, feeding poses an opportunity for children to see equitable gender roles modeled from birth.

A growing body of evidence suggests that including men in education about breastfeeding and promoting them in a supportive role for breastfeeding could lead to improved infant feeding practices (such as rates of exclusive breastfeeding and duration of breastfeeding) and improved nutritional outcomes (Abate & Belachew, 2017; Makuria et al., 2016; Su & Ouyang 2016; UNICEF 2011a). Men may provide emotional support to the breastfeeding mother, prepare nutritious food for the mother before birth and while breastfeeding, take on other household tasks while the mother breastfeeds, and care for the other children. Less evidence exists of programs to promote fathers' participation in preparing and feeding older babies and children solid foods, but one could argue that such involvement could have a positive influence on a child's nutritional status— while at the same time exposing children to men in caring roles.

No global data exist of differences in nutritional status between girls and boys (UNICEF 2011a). In some regions, however, girls are more stunted than boys, while in others boys are more stunted than girls (UNICEF 2011b). Evidence shows that, where there are higher levels of both acute and chronic malnutrition in women and girls it is directly related to less equitable access of women to nutritious foods, quality health care, and water, sanitation and hygiene services. Depending on the context, home visitors may want to look out for the possibility that boys and girls may not be fed equal amounts of nutritious foods.



Reflection and discussion

Name four things you would encourage fathers to do to support infant feeding:

- 1.
- 2.
- 3.
- 4.

2. FALLING IN LOVE: PARENT-CHILD ATTACHMENT

Decades of studies have shown that parents and other adults interact differently with boys than girls starting at birth. Adults tend to be more physically stimulating with boys and more verbally stimulating with girls. Parents may be more tender and protective with baby girls, while being more playfully rough with boys. Fathers may treat boys and girls more differently than mothers do. However in recent years social scientists have noted a slight shift towards more neutral interactions with boys and girls (Eliot, 2009)

Home visitors should observe interactions between parents and children and encourage them to:

- Talk to babies, and especially to boys who may hear proportionally fewer words than girls during infancy.
- Be cognizant of the language used to describe the baby. Are we constantly telling girls they are pretty, soft, and sweet, calling them “sweetheart” or “princess”; while telling boys they are strong and mischievous, calling them “strongman” or “sport”? Encourage more neutral language and point out positive traits of the baby that may be less gender-typical and thus less noticed by the parents—such as a newborn girl’s strong, developing neck muscles or a newborn boy’s alert interaction with his parents.
- Reflect on expectations for the baby’s future childhood and adulthood. Gently challenge parents to think of their daughters, for example, as playing sports, being academically competitive and economically successful; and their sons as being gentle, kind friends and loving fathers.

3. LOVE, TALK, PLAY, READ

Play is children’s primary means of learning about all subjects—gender is no exception. Parents have an enormous influence over the kinds of messages they send to children about gender—starting in infancy—through the kinds of playthings and activities they expose them to and encourage them to engage in. Module 6 has an excellent brief discussion on the developmental implications of gendered playthings.

Additionally, note that typically girls are allowed more flexibility to engage with “boy” toys and activities because they develop more masculine skills and traits—which are more valued in society. Conversely, boys may be more discouraged from engaging with “girl” toys and activities because they foster feminine skills and attributes that are less valued in society.

Fathers should be encouraged to play with children, in addition to other kinds of childcare and household contributions (UNICEF 2001a). However, note that fathers tend to enforce expectations about gendered play more strongly and may require more support from home visitors to promote more neutrally-gendered play.

While parents do have a great deal of influence in the early years, peer influence becomes quite strong during the preschool years, when children’s ideas about gender are more rigid than at any other time in life. At this stage, parents will need to help their children navigate not only the use of gendered playthings, but their relationships with peers.

In addition to promoting gender-neutral toys and activities, parents should also consider:

- Minimize waking time spent in infant carrier devices that limit the movement of babies and isolate them from their parents, such as car seats, swings, rockers, bouncers, etc. Certainly, many parents use these devices with minimal harm, but extended time in such devices may limit boys’ and girls’ development in different ways: it may minimize girls’ opportunities for exercise and physical development while it may distance boys from crucial social interaction (Eliot, 2009).
- Seeking out books—for boys and girls—that feature girls and women as strong main characters, and books that show boys and girls in gender-neutral or non-typical gender roles.
- Challenging their children to be accepting and inclusive of friends who either have a gender-expansive identity or who engage in activities not typical for their gender. Teach kids to reject admonishments to “act like a girl” or “act like a boy.”



Video clip

Watch the following videos: Girl toys vs boy toys: The experiment - BBC Stories
<https://www.youtube.com/watch?v=nWu44AqF0il>



Video clip

Watch the following video: Challenging Gender Stereotyped Toys
https://www.youtube.com/watch?v=-9_uvButOYI



Case study

You are visiting with a family with a four year-old and a one year-old, both boys. There are a few toys and books in the home, but mostly the boys enjoy playing outside, running, jumping, digging, and playing ball. They are well cared-for and healthy boys. You are discussing language development with their father, who shares the children's outdoors interests and is not motivated to sit inside and read with the little boys. What advice will you give him to help promote the boys' communication skills, including language and emotional development?

Suggestions:

- finding books that relate to their existing interests: books about nature or sports
- teaching them short songs, poems, or nursery rhymes that can be recited while playing outside
- encourage the father to engage in pretend play outdoors (the older child will participate fully, but the one year-old will probably want to observe and play along a bit, too!), utilizing scenarios that play with a range of feelings, asking lots of questions, and listening to what each child has to say.
- Encourage the boys to play with both boys and girls. Playing with girls may motivate them to balance out their play with more traditionally feminine play, which will stretch their language and emotional development.

Reflect: How does it feel to make these suggestions when the children already seem healthy and happy? Sometimes subtle changes in socializing children—by expanding the range of activities and ideas they are exposed to as boys and girls—can make a big impact on their development!

4. COMMON PARENTING CONCERNS

Crying: Soothing crying infants is a highly stressful task for many parents. It is critical to engage fathers and mothers alike in discussions about this topic, as crying may peak in the evening hours when both fathers and mothers are likely to be home.

Fathers may need additional teaching in soothing techniques, since men often have less experience than women with babies. Fostering men's confidence to soothe babies is also a safety issue: parental frustration with crying babies can result in abuse such as shaking babies. Research on abusive head trauma patients has shown that when perpetrators are male, the child has more significant injuries (Esernio-Jenssen, Tai, & Kodsi, 2011). A greater sense of parenting efficacy among fathers is associated with lower risk of child abuse and neglect perpetrated by fathers (Dubowitz, Black, Kerr, Starr, & Harrington, 2000), indicating that support for fathers in this area is a worthy intervention. A study of experienced parents in the United States found that in couples where both parents shared responsibility for soothing fussy infants (as opposed to couples where this was primarily the mother's responsibility), men felt more effective at soothing and mothers felt less stress (Dayton 2015). This is further evidence for the benefits of shared responsibility among mothers and fathers.

Note that parents may also respond differently to crying baby girls and boys. One study showed, for example, that fathers perceived the same tape-recorded cry to be indicative of a higher level of discomfort when they were told it belonged to a boy than to a girl (there are no biological pitch differences in boy/girl cries; Reby et al., 2015). Other studies have found that mothers were more likely to ignore cries of pain in boys and cries of anger in girls, possibly suggesting attempts to toughen up boys or to minimize assertiveness in girls (Eliot, 2011).

Toilet training: In a study from the United States, girls demonstrated toilet training skills earlier than boys, but it is not known whether this is because of biological/anatomical differences or because of different ways that girls and boys are socialized (Schum et al., 2002).

Discipline: Several studies have found a statistically significant difference in how boys and girls are disciplined: across many different cultural contexts, including in Central Asia and Eastern Europe, boys are more likely to experience harsh psychological and physical discipline than girls (Deater & Lansford, 2016; UNICEF, 2017), though it is not known whether this is because parents think of boys as tougher than girls or because stereotypical boy behavior is more aggressive, physical and thus more likely to elicit a discipline response. When discussing positive discipline with families, home visitors should discuss strategies for disciplining girls and boys equally, perhaps by helping parents to explore whether they might have biases about boys' and girls' behaviour that may lead to different approaches to discipline.

Home environment and safety: As noted in Module on Home Safety, boys are at higher risk of injury because they are socialized to take more physical risks and because they may be less closely supervised than girls. This is one example of a gender norm that has harmful outcomes for boys. On the flipside of this norm is the risk that girls are overprotected, keeping them from exploring their own physical limits and from developing their full potential. For example, a study of mothers and 11 month-old infants found that mothers were highly accurate in describing their sons' motor abilities, but consistently underestimated their daughters' motor abilities (Eliot, 2009). Home visitors must help parents to realistically assess their children's abilities and the environmental risk in order to balance risk prevention with the freedom of movement needed for optimal physical development.

Children who develop differently: Regional experts have observed a greater number of disabled boys accessing health and social services than disabled girls, but it is unclear whether this is due to a difference in rates of disability or a difference in parents' willingness to seek out support for boys than girls.

Though some forms of developmental delay can be caused in part by prenatal behaviors of the mother, the home visitor must be cautious not to blame or stigmatize the mother. Home visitors are meant to help families, and there are no circumstances wherein judging a mother will help her child or family.



GENDER AND PARENTAL WELL-BEING

Thus far, we have focused primarily on the impact of gender inequality on child development. Gender inequality also greatly affects parental well-being. Being a mother or father is a central part of being a woman or man in most gender ideologies. Parents must navigate dozens of expectations of how women and men are supposed to feel and behave when they become mothers and fathers. How mothers, in particular, are valued and treated by partners, families, employers, communities, and society is a critical component of women's empowerment. In this section we will discuss the impact of gender inequality on parental well-being.



Self-assessment

1. Which of the following should the home visitor consider a non-modifiable risk factor for perinatal mood disorders?
 - a. past history of depression or anxiety
 - b. lack of social support in the postpartum period
 - c. hormone shifts after giving birth
 - d. marital difficulties between the parents
 - e. Options a. and c.
2. Women should wait how long after the birth of a child to become pregnant again?
 - a. 1 year
 - b. 1.5 years
 - c. 2 years
 - d. 2.5 years
3. True/false: Allowing mothers to have time to themselves may reduce the incidence of postpartum depression.
4. True/false: Access to maternity leave solves most of the problems of mothers who desire to return to work after giving birth or adopting a child.
5. True/false: In heterosexual families with two working parents, the mother still performs most of the household chores and childcare duties.

Answers:

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5. True/false: In heterosexual families with two working parents, the mother still performs most of the household chores and childcare duties.

1. GENDER DIMENSION OF PERINATAL MOOD DISORDERS

As discussed in the Module on Parental Wellbeing, perinatal mood disorders are caused by a complex interplay of biological/hormonal and psychosocial factors. Many of the psychosocial risk factors are related to gender inequality: related to the expectations of women and men as parents, relationship satisfaction, or the lack of support available to new parents (Habel et al., 2015; Matus et al., 2016; Maliszewska et al., 2016).

The expectations of women as mothers can be quite demanding and are often contradictory. In one way, a woman's status rises when she becomes a mother: she has met a key expectation of ideal womanhood. However, women may feel some loss of other parts of their identities that are also valued in society, such as that of a professional, a lover, or an athlete/activist/artist/socially-active friend. Women may be adjusting to a new body image that may be less valued, such as the association of beauty with thinness in many cultures; dealing with swollen, leaky, or sore breasts; and healing physically from giving birth. Women may be told that mothers should "enjoy every minute" of motherhood, even though parenting infants and small children can be financially difficult, exhausting, and tedious amongst the joyful times. Women may also experience isolation in the postpartum period that may contribute to depression.

Fathers similarly experience conflicting messages about fatherhood and masculinity. Fathering a child may be considered the pinnacle of masculinity and a sign of virility. At the same time, having a child can be a source of stress to a man's sense of being an effective provider or may contribute to strain on his sexual and romantic relationship. Today's men who are more likely to be actively involved in childrearing may experience conflict in their identity as a professional and caregiver: they may feel guilty for being away from their children or guilt and financial strain for taking time off after the birth of their child. Some may also have complex feelings when reflecting on their own childhood or relationship with their own fathers.

Clearly, gender inequality adds to the stress of women's and men's new identities as parents and may be contributing factors in perinatal mood disorders. Home visitors can break the isolation some families experience and help women and men identify and reframe some of the gendered messages that may be contributing to stress and relationship strain. Though home visitors will not have influence over the hormonal factors in perinatal mood disorders, continuing to promote open communication between partners and equitable responsibility for parenting are critical for addressing the modifiable social risk factors.



A study of 1,500 postpartum women in Australia found that having "time for self" was strongly associated with a lower risk of postpartum depression, even after controlling for other factors related to having that time (such as having good social support at home; Woolhouse et al., 2016). Home visitors can help parents—especially fathers—develop strategies for giving mothers some time for themselves.

2. GOING BACK TO WORK

Having children is one of the biggest factors in economic inequality between women and men. Women who decide not to pursue paid employment while raising their children are dependent on the wages of their partner and are at an economic disadvantage if they do not have equal decision making power with their partners; they are especially vulnerable if the couple divorces. Women who do decide to return to paid work face numerous challenges in balancing careers and childrearing that contribute significantly to the gender wage gap and stress in the lives of working parents (ILO, 2017; UNICEF, 2011b).

While many countries around the world have policies requiring paid leave for women after giving birth or adopting a child, there are far fewer countries that mandate paid leave for fathers, placing a greater burden on women in the early days of parenting. As necessary as time off is needed after giving birth, the time away from work can be hard on a woman's career.

If a woman does decide to go back to work, there are several key areas of support and information you can offer to her. First, you can explore the mother's and father's feelings about her return to work. Such

feelings are likely to include some combination of excitement about returning to a rewarding job, guilt for leaving the baby with another caregiver, sadness about the end of the maternity leave period, uncertainty about the quality of her childcare situation, financial concerns related to childcare, nervousness about a new schedule and household rhythm, etc. The father may share some of these concerns, but also mixed feelings about his partner not being a homemaker, guilt or shame if his income is not sufficient to support the whole family, and worry about his own contributions to household chores needing to increase without a stay-at-home partner.



Reflection and discussion

Many of us have strong feelings from our own experiences as parents—and even children—about women staying at home or working outside the home while their children are small. If you have children, what was it like for you? What factors influenced your decision to stay home or go back to work? How did you feel about that choice? (proud, comfortable, supported, guilty, conflicted, jealous of other women’s situations?) What circumstances might have led you to make a different decision? How did that decision affect your relationship with your partner? How could he/she have been more supportive?

It is important to be aware of our own feelings and how they might influence the ways in which we talk to families about such complex decisions.

The home visitor may want to discuss with the parents their plans for childcare. Some countries have high-quality care provided by the government, but in other countries, finding suitable, affordable, convenient childcare can be a time-consuming process that may need to begin months before the return to work when there are waiting lists or limited available spaces. Some countries offer subsidies for childcare for all parents or for low-income parents. Home visitors need to be informed about childcare options and resources in the community so they can help parents navigate this often complex process.

Finally, note that even in families where both parents work full-time, women often perform the majority of household and childcare tasks, sometimes called the “second shift” (e.g., O’Brian & Wall, 2017). The home visitor can raise this issue before the mother returns to work, encouraging couples to discuss how they might strive to share child care and household chores more equally for the wellbeing of all family members.



Reflection and discussion

Where does your country fall on the spectrum of paid maternity leave policy?

<http://www.worldpolicycenter.org/policies/is-paid-leave-available-for-mothers-of-infants>

Paid paternity leave policy?

<http://www.worldpolicycenter.org/policies/is-paid-leave-structured-to-incentivize-working-fathers-to-share-infant-caregiving-responsibilities>

Example:

A home visitor goes to visit a 5-month-old infant and a 2.5-year-old child. After the end of the maternity leave, the mother has returned to work and the father has gone on parental leave. Coming home from work, the mother finds toys all over the floor, the kitchen sink full of dirty dishes and the air is stuffy because the lunch is being cooked. The 2.5-year-old girl is playing with plasticine at the table, while the 5-month-old boy is crying in the baby cot. The father takes him in his arms and holds him during the conversation.

Think about this:

- How often do you see these situations in your everyday work?
- Would you communicate and process the same contents in the same way during the home visit in case only the father is present?
- Do you have different expectations from the father and mother regarding child care and household responsibilities?



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3. FAMILY PLANNING AND WOMEN'S EMPOWERMENT

Access to family planning is inextricably linked to women's empowerment and maternal and child health. Controlling her fertility enables a woman to make the best decisions for her family, her career, and her well-being. Many closely spaced pregnancies increase the rate of maternal morbidity and mortality, as well as premature births, low birth weight, child mortality, and poor nutritional status in children, (WHO, 2013). Unplanned pregnancies are associated with a significantly higher incidence of postpartum depression compared to planned pregnancies (Barton et al., 2017). Family planning is especially important for adolescent mothers, who need to remain pregnancy-free to complete their education and to be better able to provide for their families.

The home visitor should be able to discuss the various contraceptive options women have after delivery, including the lactational amenorrhea method, and educate mothers about the multiple health and wellbeing benefits of waiting for two years before another pregnancy. They should be very familiar and be able to provide advices on contraceptive methods for postpartum mothers and men, including methods that are safe for women who are breastfeeding. While mother may not have resumed sexual intercourse in the early postpartum days, they should be aware that they can become pregnant very quickly after birth and be prepared start contraceptives before resuming intercourse. Given the limited number of visits provided by most countries, home visitors may have few opportunities to bring up this important topic. Home visitors must also know where women can obtain contraceptives and be able to make referrals for services.



Video clip

Video Resource: Discussion of the links between family planning and gender equality:
<https://www.youtube.com/watch?v=hY8fhBomrS8>

4. LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) FAMILIES

The composition of families today looks different from our parents' generation. Homosexuality has always existed, but most societies have become more accepting of LGBT people in the past 50 years. As attitudes change and same-sex unions become legal in an increasing number of societies, LGBT couples are more open about their relationships (Pink Families, 2015) and more often decide to have children. Research into the development of children raised by same-sex couples has been conducted for decades, and the findings range from no identified differences between the children raised by homo- and heterosexual families, to differences determined in certain areas of socialisation (Goldberg, 2010), although it has been recognized that same-sex families are exposed to greater stress due to the stigma associated with the parents' sexual orientation.

There are various ways for same-sex couples to have children, while evidence indicates an increasing number of lesbians who choose to go abroad for IVF to start a family. Other than that, lesbians can start a family in cases when one or both mothers were previously in a heterosexual relationship in which they had a child who remained in their custody after the divorce. In these situations, the family system includes several members – besides the mothers, it also includes the former husband and father of the child, while it can also include the former partners of both women, if they both had children in their previous relationships.

Some homosexual couples are not ready to discuss their sexual orientation and the way in which they started their families for fear of being reported to the social work centre and losing custody of the children. Same-sex couples often face rejection from their families of origin (Ryan, Legate and Weinstein, 2015), which influences the degree of support that same-sex couples can receive from their environment. The decreased support leads to increased exposure to stress, which in turn may affect the quality of child care.



Video clip

Watch the following video: UN High Commissioner for Human Rights Navi Pillay discussing homophobia and human rights

https://www.youtube.com/watch?v=5-_kzl-_mrg

Despite facing stigmatization and discrimination, children raised by LGBT parents have equally good chances of an optimal development as children from heterosexual families (Patterson, 2005; Rijn-van Gelderen, 2015). Home visitors should be aware that they can play the key role in supporting these families, by fighting the stigma and providing the information that can help these families while their children are young.



Reflection and discussion:

Heteronormativity is a common bias among healthcare workers. Think about your experiences with LGBT families: do you have any similarity with them? If not, how do you think you might react to a new client who is a lesbian mom? Or two gay dads? If you do identify some internal bias of your own, can you think of how you might withhold judgment of the parents for the sake of the children? Would you be able to treat them with the same respect and provide the same support you offer to other families? What support might you need to be able to adequately meet the family's needs? If you already have LGBT parents for clients, do you think you treat them as warmly and support them as adequately as other families? How can you improve the care you give them?

Example

Consider the following situation:

A home visitor goes to visit a single mother who has been granted sole custody of her child after the divorce. When she arrives, she finds the mother's female friend there, as well, who is very involved in taking care of the child and helps with housework. The mother says that she is a very close friend of hers, who is often willing to come and lend a hand when needed and that she spends a lot of time with her and the child. The home visitor gets the impression that both women take care of the child equally and that they might be in a romantic relationship.

To what extent do you feel confident to bring up the issue of same-sex relationships with the child's mother? What could you do to let the mother know that you are willing to listen and to accept her family?

Think about how this mother is accepted by her family of origin – how would her parents react if they found out she was in a lesbian relationship and that she was raising the child with another woman?

What are all the things that this mother might be afraid of, which will influence her decision to withhold the information about her partner and their parenthood?

What are the benefits that this mother can take from discussing this topic openly with you?

What community-based resources are in place that can provide support to the mother, both psychological and legal, to relieve her parenting stress?

VI

GENDER-RELATED VULNERABILITIES: GUIDANCE ON WORKING WITH MARGINALIZED GROUPS

Gender inequality is harmful to everyone, but there are some groups that are particularly marginalized based on gender and some groups that have specific gender considerations that home visitors should be aware of. This section provides a brief discussion of the needs of some of those groups.



Self-assessment

1. True/false: Children of lesbian or gay parents tend to be socially well-adjusted and to develop normally.
2. Which of the following are gender-related vulnerabilities of adolescent mothers?
 - a. Having to drop out of school to give birth and raise the baby
 - b. Lack of information about sexuality and contraception
 - c. High risk of maternal morbidity and mortality due to immature bodies
 - d. Pregnancy due to coerced or exploitative sex
3. True/false: HIV mothers almost always transmit HIV to their babies when giving birth or through breastmilk.
4. Which of the following is not a gender-related vulnerability of single mothers?
 - a. High rates of poverty
 - b. Stigma from being divorced or for giving birth out of wedlock
 - c. Lack of knowledge of infant care
 - d. Higher likelihood of being the primary parent after giving birth out of wedlock or after divorce.

Answers:

1. True/false: Children of lesbian or gay parents tend to be socially well-adjusted and to develop normally. Children of LGBT parents tend to do just as well as their peers with heterosexual parents
2. Which of the following is not a gender-related vulnerability of adolescent mothers?
 - a. Having to drop out of school to give birth and raise the baby
 - b. Lack of information about sexuality and contraception
 - c. High risk of maternal morbidity and mortality due to immature bodies. This vulnerability is not related to gender: it is a biological vulnerability due to age and physical development.
 - d. Pregnancy due to coerced or exploitative sex
3. True/false: HIV mothers almost always transmit HIV to their babies when giving birth or through breastmilk. Though HIV can be transmitted to infants at birth or through breast milk, transmission rates are very low if the mother and baby have appropriate medical care.
4. Which of the following is not a gender-related vulnerability of single mothers?
 - a. High rates of poverty
 - b. Stigma from being divorced or for giving birth out of wedlock
 - c. Lack of knowledge of infant care. This is a more common gender-related vulnerability of single fathers
 - d. Higher likelihood of being the primary parent after giving birth out of wedlock or after divorce.

1. ADOLESCENT PARENTS

“In low- and middle-income countries, almost 10% of girls become mothers by age 16 years, with the highest rates in sub-Saharan Africa and south-central and south-eastern Asia” (WHO, 2017a). The context of adolescent pregnancy varies by context: adolescent mothers may be married or not, and their pregnancies may be seen as normal or they may experience shame and stigma from being pregnant. A high proportion of adolescent pregnancies are unplanned, and coerced sex is the cause of some adolescent pregnancies. Lack of sex education, especially for girls, contributes to adolescent pregnancies.

In Eastern Europe and Central Asia, Roma girls are at particularly high risk of child marriage and early childbearing. For example, in Serbia, 50% of Roma girls are married before age 18 compared to 5% of girls in the general population (Hotchkiss et al., 2016). A UNICEF review of data on adolescent pregnancy in the region notes that, “in Bulgaria, more than 50 percent of Roma adolescent girls gave birth to a child before turning 18, and in Albania the average age of Roma mothers at the birth of their first child was 16.9 years” (UNICEF, 2013). This vulnerability is driven in part by social marginalization of Roma as well as pressures from inside the community (UNICEF, 2013; UNICEF and European Union, 2011; CAHROM, 2015). Home visitors can be a positive influence by slowly building trust among Roma families in their communities, by educating families about the benefits of delaying marriage and childbearing, and by supporting Roma families with the same high-quality care given to all clients.

Adolescent parents have many special needs, among them gender-related vulnerabilities. In particular, adolescent pregnancy bears more negative consequences for girls than boys. Adolescent mothers may be more likely to drop out of school when they become pregnant than adolescent fathers. Pregnancy endangers the health of girls, and babies of adolescent girls have higher rates of mortality (Loaiza & Mengjia, 2013).

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Video clip

Watch the following video: The story of two girl-friends whose lives change dramatically at adolescence.

<https://www.youtube.com/watch?v=olsyvZCb3km>

As home visitors, be aware especially of the economic well-being of adolescent parents. Insist that girls return to school after recovering from birth and engage their parents and partners in supporting them in the completion of their education. Assess whether adolescent parents have access to decent housing, proper nutrition, and connection to community resources. Educate adolescent parents and especially girls about sexuality and contraception, even though talking with girls about sex may be taboo in some communities. Screen adolescent mothers for abuse and exploitation and refer them to supportive services if they have experienced violence or abusive relationships.

Because adolescent mothers are so very vulnerable, adolescent fathers may be neglected. Adolescent fathers also need support to help them make the transition to fatherhood. This is a developmental stage of searching for identity, so be sure to emphasize that being a present, responsible father is part of positive masculine identity.

INFOGRAPHIC RESOURCE:

https://healthyteennetwork.files.wordpress.com/2014/05/picture-perfect_final1.jpg



Reflection and discussion:

Consider the following situation:

A home visitor has found out that, in the area she covers, there is a sixteen-year-old pregnant girl living with her mother in a low-income family. She does not attend school. She is 4 months pregnant and she has not seen a gynecologist yet. Her partner is currently in prison for stealing a car, yet she says that her mother will be helping her when the baby is born. The mother says she was against her pregnancy, but she could not convince her daughter to have an abortion. She declares that she does not have the means to support her and her daughter, let alone take care of the baby as well.

What would be your advice for the young pregnant girl and her mother?

2. MOTHERS WITH HIV

Women living with HIV experience multiple levels of stigma and discrimination that may isolate them from their families and communities. They need access to adequate prevention, treatment, and care services, as well as support to avoid transmitting HIV to their babies and to keep themselves healthy in order to care for their children. Home visitors need to be aware of vulnerabilities affecting these mothers and their families in order to support them and to connect them to other sources of support in the community.

With good medical and social support, women living with HIV can conceive, give birth, and nurture healthy children. Home visitors can support individuals living with HIV in their fertility decisions, providing information about the risks of transmission and information about contraception. They can also help educating these women about the medical interventions needed for preventing HIV transmission to their infants if they do decide to conceive.

WHO recommends that all pregnant and breastfeeding women take antiretroviral (ARV) drugs—regardless of their own clinical stage or CD4 count. This keeps the mother’s viral load low to minimize the risk that she transmits the virus to the baby during birth or through breastmilk. Additionally, WHO recommends that infants receive antiretroviral drugs after birth for the first 4-6 weeks of life, depending on whether they are breastfed or formula fed (AVERT, 2017). Without treatment, the risk of a woman transmitting HIV to her baby is 15-45%, but with treatment, the risk is less than 5% (WHO, 2017b). Depending on the mother’s access and adherence to ARVs, her viral load, and access to clean drinking water, breastfeeding and formula feeding can both be safe options. Research also shows that the support of male partners is an important dimension of ensuring that women living with HIV access the medical support needed to avoid transmitting HIV to their infants (AVERT, 2017).

Mothers living with HIV are likely to experience multiple levels of stigma, often including self-stigma, due to their infection or because they are suspected of participating in risky—and stigmatized—behaviors such as having multiple sex partners, engaging in sex work, or in injection drug use. Many of these behaviors are deeply stigmatized based on ideas about gender, or what it means to be a “good” woman and mother, despite the fact that in many communities some of these same behaviors are tolerated in or even expected of men. Mothers living with HIV may be rejected by their families and partners (even when they contracted HIV from this partner) and isolated by their families and communities. They may be mistreated by medical professionals. Their children may also be stigmatized and isolated by peers, teachers, and other community members. Women living with HIV often have higher rates of depression than other women (The Well Project, 2013).

Home visitors can be a critical source of support to mothers living with HIV and their children. In order to be effective, home visitors should have adequate knowledge about HIV infection and a supportive, non-judgmental attitude. They should make sure to treat these families with respect and empathy, using the same approaches as with families of children with other chronic conditions and/or disabilities.

Caring for families affected by HIV goes beyond preventing transmission to the infant. When the mother, child and other family members are on ARV treatment, one of the key tasks of the home visitor is to provide support with adherence to treatment for both mother and child as well as any other family members on treatment. They can also have a key role in supporting family dialogue on the timely, adequate, and safe disclosure of HIV status to partners and children, increasing the understanding and acceptance of HIV infection and treatment, as well as facilitating understanding between HIV infected and uninfected siblings.

Home visitors can ask women about depression, and other mental health issues, discuss experiences of stigma and discrimination, discuss their fears about the future of their children, and connect or refer them to resources in the community for social and medical support. Home visitors should assess the

economic wellbeing of HIV positive mothers as in some cases their partners may be in prisons and/or migrants working out of the country, leaving the mothers to raise their children alone. HIV positive women may also be at increased risk of gender-based violence, so home visitors should be doubly sure to include GBV screening in their visits with these families when appropriate. A resource guide on difficult decisions and ethical dilemmas when supporting individuals from vulnerable populations (selling sex, using drugs, etc.) can be found in the references.

RESOURCES:

The International Community of Women Living with HIV/AIDS (ICW) published a “Positive Women’s Survival Kit” in 1999. Though some of the clinical information is outdated (especially guidelines on preventing HIV transmission to infants), the kit contains excellent psychosocial advice that remains relevant to women living with HIV. It covers dealing with an HIV diagnosis (p. 6), navigating complex relationships (p. 26), maintaining mental and physical health (p. 12), and finding social support (p. 44). http://www.icw.org/Survival_Kit

3. SINGLE-PARENT HOUSEHOLDS

The number and proportion of children growing up in single-parent households has grown globally over the past years for reasons such as the rising divorce rates, births to unmarried parents, labor migration patterns, and parental death as a result of the HIV epidemic. Single-mother households are more common than single-father households; and the limited data available suggest that single-mother households are more likely to live in poverty than single-father households (UN, 2015). This is likely to be due to the many gender issues discussed in this module: assumptions that women should be parents first and foremost, the wage gap between women and men, and lower levels of education for women. Additionally, single mothers may face more stigma than fathers in contexts where womanhood is closely aligned with being a wife.

Home visitors need to recognize gender-related vulnerabilities of single-parent households and grandparent-headed households: single mothers or grandmothers may be more vulnerable economically, while single fathers may need more support in parenting skills. Grandmothers also face the limitations of aging bodies. Home visitors must be able to refer each of these vulnerable caregivers to appropriate community resources.



Reflection and discussion

Reflection Exercise: What are three resources (agencies, information, etc.) you can offer to single parents? Be as specific as possible to your own community, including phone numbers or other information needed to make a referral.

- 1.
- 2.
- 3.

What are three resources you can offer to HIV-positive mothers?

- 1.
- 2.
- 3.

What are three resources you can offer to adolescent parents?

- 1.
- 2.
- 3.



GENDER-BASED VIOLENCE

Gender-based violence (GBV) occurs worldwide and affects people of all ages—primarily women. GBV is rooted in harmful gender norms and has negative consequences for physical and mental health, childhood development, and economic well-being. Because of their contact with families in intimate settings, home visitors are well-positioned to learn from women and mothers about their experience of violence, to validate their experiences, and to refer survivors to supportive services in the community.



Self-assessment

1. True or false: GBV is perpetrated by a few bad people.
2. One in ____ women will experience GBV at some point in their lives.
3. Which of the following are indications that a home visitor should screen a client for GBV?
 - a. Multiple unintended pregnancies and/or terminations
 - b. Symptoms of depression, anxiety, posttraumatic stress disorder, or sleep disorders
 - c. Being reluctant to speak in front of her partner
 - d. All of the above.
4. True/false: If a woman tells you she has experienced GBV, you should insist that she call the health center and the police immediately.
5. True/false: Home visitors play an important role both in preventing GBV and in supporting clients who experience GBV.

Answers:

1. True/false: GBV is perpetrated by a few bad people.
2. One in 3 women will experience GBV at some point in their lives globally, and maybe one in two in Europe and Central Asia.
3. Which of the following are indications that a home visitor should screen a client for GBV?
 - a. Multiple unintended pregnancies and/or terminations
 - b. Symptoms of depression, anxiety, posttraumatic stress disorder, or sleep disorders
 - c. Being reluctant to speak in front of her partner
 - d. **All of the above.**
4. True/false: If a woman tells you she has experienced GBV, you should insist that she call the health center and the police immediately.
5. True/false: Home visitors play an important role both in preventing GBV and in supporting clients who experience GBV.

1. PREVALENCE AND CONSEQUENCES

Globally, an estimated 1 in 3 women will experience gender-based violence (GBV) some time in their lives, though the prevalence of violence varies greatly from country to country (UN, 2015). There is a lack of high-quality data on GBV in Eastern Europe and Central Asia, but more than 50 percent of women are estimated to experience GBV at some point in their lives (UNECE, 2015). GBV comprises a wide range of violent acts, including sex-selective abortion and infanticide, child marriage, forced and coerced sex, sex trafficking, intimate partner violence (including physical, sexual, emotional, and economic violence), female genital mutilation, and hate crimes against LGBT. The vast majority of GBV is experienced by women and girls.

INFOGRAPHIC RESOURCES:

Link: Infographic on GBV prevalence around the world

http://www.who.int/reproductivehealth/publications/violence/VAW_infographic.pdf?ua=1

Infographic on GBV in Eastern Europe and Central Asia

http://eeca.unfpa.org/sites/default/files/pub-pdf/UN_Infographic_violenceEasternEurope_final.pdf

Gender-based violence experienced by children endangers their development directly, but witnessing their mother being abused can also have a negative impact on their development. Regardless of their age, children always feel the consequences of intimate partner violence experienced by their mother and they can always “tell” when their mother is a violence victim, even when they are not personally directly exposed to violence. The violence experienced by a mother decreases her parental competences and her overall attitude towards the child and parenting. So, in addition to direct exposure to abuse in childhood, children may also be exposed to domestic violence when they “see, hear, are directly involved in (i.e., attempt to intervene), or experience the aftermath of physical or sexual assaults that occur between their caregivers” (Evans, Davies & DiLillo, 2008, p. 132). The results of the assessment of simultaneous exposure of children to direct and indirect abuse indicate that between 30% and 60% of the children who are indirectly exposed to their parents’ intimate partner violence are at the same time exposed to direct physical violence.

GBV can have devastating consequences for girls and women including injuries, unwanted pregnancies, unsafe abortions, obstetric fistula, sexually transmitted infections including HIV, mental health problems, and death (UN, 2015; UNFPA, 2016). GBV experienced by children endangers their development directly, but witnessing their mother being abused also can have a negative impact their development.

2. ROOT CAUSES OF GBV

GBV is caused by harmful gender norms. In particular, “toxic” masculinity is one of the main driving forces of GBV. As noted in this module and in Module 5, men are typically socialized from early childhood to be tough, aggressive and to resolve conflict physically instead of verbally. Certainly, many men do not commit GBV, but the extreme version of those masculine traits is violent behavior. Men may engage in abuse to exert power over women, to prove their manliness, or they may be behaving like they have seen their fathers or other male role models behaving. Preventing GBV is one critical reason to examine and challenge how we raise boys and girls in infancy and early childhood.

GBV is also committed in response to people or behaviors that go against traditional gender norms. For example, a parent might slap a little boy if he is acting “like a girl” in some way; a woman might be told she is asking to be raped if she dresses “too provocatively”; or a transgender person may be attacked for dressing and acting differently from the sex assigned at birth. All people have a right to live free of violence, regardless of their gender and gender expression.

Fortunately, tolerance of GBV is declining in most countries (UN, 2015). Home visitors can be a part of this positive change by helping parents to challenge harmful gender socialization, promoting equitable relationships between women and men, looking for signs of GBV in the homes they visit, and referring survivors to supportive services in the community.



Reflection and discussion

Think back to the ecological model. What are the most common root causes of GBV in *your* community and country?

- At the individual/relationship level? (e.g., unequal power dynamics between partners, possessive relationships, etc.)
- At the community level? (e.g., attitudes like “she was asking for it” when a young woman is sexually assaulted, normalization of intimate partner violence, poor treatment of survivors by police and courts, lack of supportive services like shelters or financial assistance for survivors)
- At the societal level? (e.g., impunity for perpetrators in the legal code, media that pokes fun at or capitalizes on GBV and survivors, economic inequality that makes women dependent on men).

3. HOW TO HELP SURVIVORS OF GBV

Very few of those who experience GBV will report it to anyone, and those who do tend to first tell their friends or family members (UN, 2015). Home visitors are trusted professionals who spend time in the intimate setting of the home and may be able to pick up on warning signs of an abusive situation that would warrant referring a mother or child for abuse to supportive services.



Warning signs for women may include:

- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes.
- Symptoms of depression, anxiety, posttraumatic stress disorder, sleep disorders.
- Multiple injuries at different stages of healing, particularly if given with vague or implausible explanations.
- The woman tries to hide injuries or minimize their extent.
- The woman is reluctant to speak in front of partner.
- The partner is aggressive or dominant, talks for the woman or refuses to leave the room.

(UNFPA and WAVE, 2014)

For warning signs of child abuse, please refer to: [Module 14: Keeping young children free from violence, abuse and neglect.](#)

None of the warning signs are a direct indication that the woman is experiencing GBV. Rather, these signs suggest that you may want to ask more direct questions about GBV. However, asking a woman about abuse can be quite traumatic if you are not able to help her to access supportive services. Before you ask a woman about GBV, you need to be familiar with services available in the community for women who experience GBV, such as:

- Health services: for treatment of injuries as well as for forensic examination in case she wants to take legal action
 - In some countries women must contact police before having a forensic exam, or may even be examined at the police station
- Mental health services to aid recovery from traumatic experiences
- Legal services: for pressing charges against an abuser
- Economic resources if she is economically dependent on the abuser
- Shelter if she needs to leave her home
- Support groups, where available

If you do decide to ask a woman about GBV, use common language, such as:

- From my experience, I know that abuse and violence at home is a problem for many women. Is it a problem for you in any way?
- I am concerned that your symptoms may have been caused by someone hitting you. Has someone been hurting you?
- According to our experience, women get these kinds of injuries when assaulted. Has someone assaulted you?
- Has your partner or ex-partner ever hit you or physically hurt you or someone close to you?
- Has your partner ever forced you to have sex when you did not want to? Has he ever refused to practice safer sex?

(UNFPA and WAVE, 2014)

Be sure to **ask these questions only when it is safe**, when you are alone with the woman and in a **private space**. It is also critical to maintain strict confidentiality and respect the woman's wishes as to whether to seek help or not. While it is generally mandatory to report child abuse, adult women should be able to make their own decisions. Remember, women know their situation better than you: the timing may not be right or it may not be safe to seek help getting out of an abusive situation.

Example

Consider the following situation:

A woman aged 23 years was referred from a maternity hospital to the Women's Shelter. One month before giving birth, she had run away to her mother's from the partner who had abused her psychologically, physically and sexually, including during pregnancy. At that time, she was reluctant to report domestic violence and did not want to go to the Women's Shelter; the violence was reported by her mother. The partner is on pretrial release, has a restraining order, and domestic violence charges have been brought against him.

- What is the benefit of including a home visitor in the support provided to this mother?
- Which information should a home visitor share, and in what way, with the professional staff of the Women's Shelter?

Example

The Women's Shelter accommodates several women and their children at the same time: a 35-year-old mother and her newborn baby (the mother was diagnosed with unspecified non-organic psychosis 5 years ago), a 30-year-old mother with two children aged 1 and 2 (this mother's three children are placed in foster families), an 18-year-old mother and her newborn baby (in addition to intimate partner violence, she has also experienced human trafficking, while the child's father is unknown). The professional staff of the Women's Shelter have noticed that the mothers do not take proper care of their children and invited the home visitor service to organize group sessions with the mothers at the Women's Shelter.

- What topics would a home visitor discuss in the group sessions with the Women's Shelter clients?
- What kind of impact could those sessions have on the children and their protection process?

To establish and maintain a relationship of trust between a Women's Shelter client and a home visitor, at the beginning, it is important to specify what information will be shared with the Women's Shelter professional staff, how it will be shared, how the client's discharge from the Women's Shelter will be planned with regard to child care, and how the home visitor can continue seeing the mother and the child(ren) after they leave the shelter.

VIII

SUMMARY AND GUIDELINES FOR WORKING TOWARD GENDER EQUALITY

We live in exciting times: our world is changing such that mothers and fathers are starting to share the work of parenting, and boys and girls are increasingly given similar opportunities for physical development, education, and emotional well-being. Greater equality benefits everyone, including mothers and fathers, sons and daughters. Greater equality has benefits for our physical and mental health, our education, our relationships, our economic well-being, and to global development more broadly. Gender equality is a key component of universal human rights.

Home visitors have an important role to play in promoting gender equality, as trusted professionals who have close contact with all kinds of families. You can help parents to raise boys and girls more similarly to reach their optimal developmental potential. You can also encourage parents to share the joys and responsibilities of parenting more equally between mothers and fathers—which will benefit women, men, and children alike. You can provide invaluable support to groups made particularly vulnerable because of their gender and gender identity.

Working toward greater equality for the wellbeing of families and children requires you to:

- examine your own beliefs about gender roles and norms so that you can fight stigma in yourself, your clients, and communities
- be open-minded to new ideas about gender roles and norms
- gently help parents examine and challenge their beliefs about the roles of mothers and fathers, and about raising boys and girls
- be aware of other groups in your community working towards women’s empowerment and gender equality:
 - services for survivors of GBV,
 - LGBT advocacy organizations,
 - support groups for HIV-positive parents, parents with postpartum mood disorders, single parents, etc. and
 - affordable childcare
- believe in your potential as an agent of positive change in the lives of families.



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INFORMATION CARD 1: FOR PARENTS: TIPS FOR GENDER SENSITIVE PARENTING

NUTRITION

Boys and girls have basically the same nutritional needs and there are no foods that should be fed only to girls or only to boys.

Breastfeeding

Today's fathers are playing a bigger part than ever in planning meals, shopping for food, and cooking nutritious meals. Fathers can even enhance breastfeeding success by being informed about breastfeeding, making sure the mother gets enough nutritious food, taking care of housework and other tasks while the mother breastfeeds, feeding the baby pumped breastmilk to give the mother a break or when she is out, and providing emotional support to the breastfeeding mother. Once the baby starts eating solids, fathers can become more directly involved with preparing and feeding healthy foods for the whole family.

ATTACHMENT

Without even knowing it, parents and especially fathers may be more tender and protective with baby girls while being more playfully rough with baby boys. We are sending messages to babies from a very young age about how we expect girls and boys to feel and act. How can parents try to bond more closely and equally with boys and girls? Some good ways are:

- Talk to babies, and especially to boys who may hear fewer words than girls during infancy.
- Try to use gender-neutral language when describing or nick-naming the baby: avoid terms like "Princess" for girls or "Sport" for boys.
- Think about what your baby's future might be like. How would you feel about your daughter becoming a successful career woman or strong athlete? How would you feel about your son becoming a loving father and good friend?

LOVE, TALK, PLAY, READ

Children learn the most from play. Parents have an opportunity to help children to develop to their fullest potential by encouraging boys and girls to engage in all kinds of play, not just activities "for girls" or "for boys."

Traditional boys' play teaches values and skills that are more prized in society (such as competition, logical and spatial thinking, aggression, etc.) than those nurtured in traditional girls' play (such as caregiving and housekeeping, listening, emotional intelligence, etc.)

How can parents encourage girls and boys to develop play and develop more equally?

- Try to encourage gender-neutral toys and activities to such as blocks, puzzles, and outdoor play to boys and girls alike. Challenge boys to play with "girl" toys such as dolls and girls to play with "boy" toys such as science toys.
- Read books to boys and girls that feature strong girl characters and boys in roles that are nurturing and kind.
- Challenge your children to accept and include friends who engage in activities not typical for their gender.

COMMON PARENTING CONCERNS:

Infant crying: Infant crying is often worst at night when both parents are home, so parents need to share the responsibility for soothing them. Equal parenting at this time benefits the baby, but also the couple's relationship: when fathers feel more confident in soothing fussy infants, mothers feel less stressed. Win-win!

Discipline: Studies have found that parents may discipline boys more harshly than girls. Think about how you plan to discipline your sons or daughters: can you see yourself punishing boys more than girls? Can you think of a way to be more equal in discipline?

Home environment and safety: Boys are at higher risk for injury than girls because they are taught to be more physical and risk-taking and also because they are supervised less than girls. Girls, on the other hand, may be supervised too much, since parents may underestimate their motor abilities. Awareness of these tendencies can help you to consider supervising boys more and giving girls more freedom to develop physically.



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INFORMATION CARD 2: TO USE WITH PARENTS: SEX AND CONTRACEPTION AFTER GIVING BIRTH

Excerpts from USAID. (n.d.). *Congratulations on the birth of your baby!*

Washington: USAID. http://reprolineplus.org/system/files/resources/Congrats_Birth_PDC_Info.pdf

SEXUAL INTERCOURSE

- Talk to your partner; couples may start sexual intercourse when the red vaginal discharge is gone and you feel ready to have sex. This varies among couples from 3–4 weeks to a few months.

WHEN YOU CAN BECOME PREGNANT AFTER BIRTH

- **As early as 4 weeks after delivery** if you do not breastfeed your baby.
- **As early as 6 weeks after delivery** if you breastfeed and also give your baby some other food on a regular basis.
- **At 6 months after delivery** if you only breastfeed, AND your menses has not returned, AND your baby is less than 6 months old.

You can become pregnant before your menses has returned. Go to your midwife to start a method of contraception that is compatible with breastfeeding.

CONTRACEPTION

It is good for your health and the health of your baby to wait at least 2 years before getting pregnant again. Your baby will have time to grow strong. Contraception can help couples to space their next pregnancy at least 2 years.

Lactational Amenorrhea Method (LAM) is contraception based on breastfeeding, and you can start right away. It is very effective (more than 98.5%) if all three conditions are met:

1. Your baby receives only your breast milk, and no additional food or liquids,
2. Your baby is less than 6 months old, and
3. Your menses has not returned.

As soon as one of the three criteria changes, immediately switch to one of the methods below. There are many methods with no effect on breastfeeding:

Methods with no effect on breastfeeding

The intrauterine contraceptive device (IUD) is more than 99% effective. The IUD can be inserted during your postpartum visit to the doctor 4 or more weeks after childbirth. It is good for 12 years, and is a very safe method. If you want to get pregnant again, a doctor or other health provider can remove the IUD easily. IUDs will not interfere with breastfeeding.

Progestin-only methods are more than 99% effective. They provide contraception without interfering with breastfeeding. You can start these methods 6 weeks after delivery if you are breastfeeding, and immediately if you are not breastfeeding.

- Progestin-only pills: Must be taken every day at the same time.
- Injectable (Depo-Provera): An injection is necessary every 12 weeks.

Female and male sterilization are very effective methods that provide life-long protection against pregnancy and have no long-term side effects. This method is permanent, which means that you will not be able to become pregnant again. It involves minor surgery.

Condoms can be used at any time. They are 85% effective with typical use. Condoms will not interfere with breastfeeding and provide protection against infections including HIV/AIDS.

Methods that may affect breastfeeding

Combined oral contraceptive pills must be taken every day. They are more than 99% effective. The medicine in the combined pills may reduce the amount of breast milk that you make. Wait until your infant is 6 months and is eating complementary foods.



INFORMATION CARD 3: FOR VISITORS: MAKE YOUR OWN GBV REFERRALS LIST

It is critical that home visitors be able to refer survivors of GBV to supportive services. Do some research in your own country and community so you know what is available and carry the worksheet with you in your kit. The process for taking legal action varies in different communities: sometimes a survivor must first go to the police before getting a forensic exam at a clinic, but in other places they can go to a health facility first and then go to the police. Other communities have “one stop” facilities where a woman can obtain a forensic exam and file legal charges in the same facility. You must know the process in your community so you can explain it to clients.

Be cautious about how you give this information to women in abusive situations: you do not want the partner to find it and become violent.

Service	Phone number	Location	Notes
Health facilities for treating injuries and obtaining forensic exams			
Police (“GBV desk” or trained officer if available)			
Counseling, mental health services, GBV survivor support groups			
Financial services, job skills training, microfinance, etc.			
Housing resources, including transitional housing, safe homes, or shelters as available			



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