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Early Childhood Development

Young children and HIV/AIDS sub-series

39

Young children, HIV/AIDS and gender

A summary review

by Deevia Bhana and Farhana Farook Brixen
With Glenda Mac Naughton and
Robert Zimmermann

Bernard van Leer Foundation

About the paper

Studies point to the existence of a global HIV/AIDS emergency among young people. An estimated 6,000 youths a day become infected, an average of one new infection every 14 seconds.

The most socially and economically disadvantaged young people appear to be especially at risk of infection, and young women in developing contexts are at the greatest risk. The rate of HIV infection among girls is rapidly outstripping the rate among boys. Girls already account for nearly 60 percent of the infections in sub-Saharan Africa, where the pandemic is most virulent.

This paper adopts the hypothesis that this pandemic can be confronted already in early childhood. During the first eight years of life the foundations are set for the capacities, beliefs and attitudes that support individuals later in life.

In early childhood, people can therefore more easily learn and integrate appropriate risk avoidance behaviours that may prove useful in the global war on HIV/AIDS. The earliest years may represent a window of opportunity for the successful implementation of HIV/AIDS reduction and prevention programmes.

Cover: Children lining up on their school playground outside Machakos, Kenya. Their families receive mother-child health information and other benefits from a non-governmental organisation, Mwana Mwende (Treasured Child). Photo: Karen I. Ande.

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Contents

Introduction

"AIDS is an extraordinary kind of crisis; it is both an emergency and a long-term development issue. Despite increased funding, political commitment and progress in expanding access to HIV treatment, the AIDS epidemic continues to outpace the global response. No region of the world has been spared. The epidemic remains extremely dynamic, . . . changing character as the virus exploits new opportunities for transmission."[1]

To prevent or reduce the risk of HIV infection among young people is critical.[2] Epidemiological studies point to the existence of a global HIV/AIDS emergency among this population group.[3] Young people aged 15 to 24 account for half of the five million new cases of HIV infection worldwide each year. An estimated 6,000 youths a day become infected, an average of one new infection every 14 seconds.

The most socially and economically disadvantaged young people appear to be especially at risk of infection, and young women in developing contexts are at the greatest risk. The rate of HIV infection among girls is rapidly outstripping the rate among boys.[4] Girls already account for nearly 60 percent of the infections in sub-Saharan Africa, where the pandemic is most virulent.[5]

This paper adopts the hypothesis that this pandemic can be confronted already in early childhood. There is strong justification for this hypothesis. The first eight years of life are extremely important in child development. The foundations are set during these years for the capacities, beliefs and attitudes that support individuals later in life.[6] In early childhood, people can therefore more easily learn and integrate appropriate risk avoidance behaviours that may prove useful in the global war on HIV/AIDS. The earliest years may represent a window of opportunity for the successful implementation of HIV/AIDS reduction and prevention programmes.

Clearly, this hypothesis can only be tested over a number of years. Moreover, it requires the creation of early childhood education and development programmes involving specific components aimed at instilling among young children habits of behaviour appropriate in the context of HIV/AIDS. These 'habits' would include the skills and outlooks necessary to make positive survival choices in areas of life that are particularly associated with the greatest risks of HIV infection.

One such area of life is related to gender. The ways in which people become infected by the disease are influenced by the social constructions of the rapport between men and women, boys and girls. A survey of the gender issues that are significant in the HIV/AIDS environment is therefore critical for an understanding of the impact of HIV/AIDS and for the effort to reduce risks and organise prevention.

Misconceptions and prejudices, including those about gender, gender roles and gender

socialisation, can, like the seeds of positive personal beliefs and practices, take root in the early years of childhood. This paper therefore argues that, along with HIV/AIDS and as part of the struggle against the spread of the pandemic, gender issues may also be successfully tackled in early childhood.

There have so far been few attempts to examine the gender issues that may be significant in early childhood in terms of the exposure of individuals to HIV/AIDS later in life.[7] Nor have there been many attempts to address prevention through discussions with boys and girls using a gender-based analysis. Likewise, no sustained examination seems ever to have been carried out on the nature of the practices and the failures in work with very young children on HIV/AIDS prevention strategies more generally.[8]

Meanwhile, there is growing recognition through research on HIV/AIDS, gender and early childhood development that the age of 8 'may be too late' to begin the struggle.[9] If this is so, then we ought to focus on addressing these issues somehow through early childhood programmes.

Methodology of the review

This review is based on a selection among the available literature. Key publications, reports and articles on gender and on early childhood development have been examined in order to identify and analyse factors that contribute to the healthy development of children generally, as well as aspects of gender and gender relationships that may be detrimental to the health and well-being of children. The particular focus is on factors that increase the exposure to HIV infection of children as they grow.

Contents of the review

The first section outlines key factors that determine the quality of early childhood development and care, including nutrition, nurturing, stimulation, learning and the significance of caregiver-child interactions during early childhood. The second section examines restrictive conceptions of gender and their negative influence on early childhood development. Highlighted are gender inequalities of power, violence and gender, the effects of poverty on young girls, the preference of parents for sons, and female genital mutilation. The third section discusses ways in which gender discrimination boosts the risks of HIV infection especially among girls and proposes adjustments in gender-oriented norms of behaviour and attitudes that might be more appropriate in the context of the dangers of HIV/AIDS. The fourth section describes the elements of a programme of early childhood education, not yet produced, that might assist young children themselves in confronting gender discrimination and HIV/AIDS now or later in their lives. Such a programme could promote the rights of children, particularly the rights of girls. Other basic programme strategies are also discussed. The fifth section concludes. The rights of children and women as enshrined in key international conventions, agreements and declarations and the special situation of AIDS orphans are briefly considered in annex.

Chapter 1: Key factors in early childhood development and care

The signposts of development

An individual's mental, emotional and social skills unfold in early childhood.[10] During this period, the essential physical and intellectual structures for growth and learning emerge and begin to set the foundations for the rest of the individual's life.[11] The development of these structures follows relatively predictable pathways during the first eight years of childhood.

A young person has different requirements at various stages of the process. From birth to 12 months of age, the child needs especially to be protected from physical harm and provided with adequate nutrition and health care (including immunisations and proper hygiene), sensory stimulation, responsive parenting and a strong sense of being loved.

From around 1 to 3 years of age, children require extra support as they gain motor, language and cognitive skills and as they learn independence and self-control. Much of this learning occurs through exploration, experimentation and play, often with other children.[12]

Children between 3 and 6 years of age need opportunities to develop their fine motor skills, to cultivate their language skills through talking and singing and to acquire the rudiments of reading and writing.[13] They are likely to achieve greater progress through activities that instil a positive sense of mastery, and, as social beings, they will benefit if they are offered many chances to learn to cooperate with others, to help and to share.

By the age of 6 months, a child has a brain that weighs approximately 50 percent of the weight of the normal adult brain, and the brain will reach 90 percent of this normal weight by the time the child is 8 years of age.

Research in neuroscience suggests that critical brain development occurs mainly during the first three years of life, but, in any case, before the child is 7 years old. Medical and educational research demonstrates that the development of intelligence, personality and modes of social behaviour occurs most rapidly during these early years. On average, more than half the intellectual development potential of a child has already become established by the time the child has reached age 4.[14]

The importance of nutrition

"Health and nutrition problems during childhood are the result of a wide range of factors, most of which – particularly in underprivileged populations – relate to unsatisfactory food intake or severe and repeated infections, or a combination of the two. These conditions, in turn, are closely linked to the general standard of living and whether a population is able to meet its basic needs such as food, housing, and health care." [15]

Meeting the basic nutritional needs of the child is a key to linking into proper development. Similarly, inadequate nutrition, undernutrition, or malnutrition during the early years can have profound effects on a child's development potential. They can retard physical growth, thereby causing stunting, restricted motor development, delayed behavioural and cognitive development and reduced reproductive health capacities.[16] Poor nutrition can lead to late enrolment in primary school, where, because of it, the child is unable to perform and learns less well relative to children who have received proper nutrition.[17] Malnourished children often experience physiological crippling. Malnutrition can slow brain growth. The ailments consequent on poor nutrition are responsible for a substantial share of all child deaths throughout the world each year.

During early childhood, children are susceptible to many preventable infections and diseases, including HIV/AIDS. The risk of contracting infections increases as a result of inadequate prenatal and perinatal nutrition and childhood malnutrition. Children who are constantly ill during early childhood run the risk of damaged cognitive development and health problems later in life.[18]

Health risks to young children in resource-poor environments are heightened, but there are also other widespread effects of such environments. In contexts of food insecurity, children's vulnerability to violence and the use by children of violence rise.[19] An individual subjected to violence at a young age may be more likely to show tendencies towards violence later.

The need for adequate stimulation

"Early nurturing and stimulation lay down the neurological pathways that promote improved learning, health and behaviour throughout life. In particular, the influence of early nurturing and stimulation on brain development includes impacts on the immune and stress regulation systems." [20]

"The development of the brain is strongly related to the subsequent development of cognitive abilities, learning capacity, personality, and social behaviour. Poor stimulation may result in low learning achievement, low intellectual capacity, and behavioural problems." [21]

The brain of the young child is extraordinarily receptive during key developmental periods. Stimulation of a child's senses tends to enhance the structure and organisation of the brain.[22] During early development, children require such stimulation in order to learn to exercise their evolving skills.[23]

Children who have achieved healthy psychological development are more likely to become empowered, participate actively in life and thrive.[24] Providing opportunities for closer daily interactions with the surrounding environment and appropriately complex perceptual and motor experiences at an early age can thus favourably affect learning abilities in later life. It can also partly offset deficiencies associated with early malnutrition and trauma.[25]

By the same token, the development of a child's brain becomes more vulnerable to negative

environmental influences if the child has not received appropriate stimulation during the first year. Various aspects of the child's learning potential can thereby be undermined, and such children are often unable to realise themselves fully.[26] Particularly if they are also malnourished or undernourished, they may become prone to neurological and behavioural disorders or learning disabilities.[27]

Caregivers and the role of care

"Beginning with the infant's attachment to his or her primary caregivers, and extending to the bonds that young children develop with other adults, siblings, and peers, early relationships are viewed as both the foundation and the scaffold on which cognitive, linguistic, emotional, and social development unfold. Furthermore, secure attachments and comfortable social interactions are an essential base and an ongoing context in which young children learn how their actions elicit responses from others, how to explore their environment with confidence, and how to experience and deal constructively with a broad range of thoughts and feelings." [28]

Children learn best when their physical needs are met and when they feel physiologically safe and secure.[29] Children who benefit in their early years from proper nutrition, good health care, intellectual stimulation, emotionally supportive and responsive human interaction, affection and love are more likely to survive, grow up healthy and acquire emotional, social and decision-making skills and capacities.[30] They are also more likely to be sent to school and to perform well, thereby increasing their prospects for developing self-esteem.[31] They have a better chance of leading productive and rewarding lives.

Conversely, if the care provided by caregivers is inadequate, negligent, or disrupted, this can have an adverse effect on a child's development, health and survival. A lack of adequate care does not mean that a young child deprived in this way is destined to fail emotionally, intellectually and socially. Rather it means that the child may be potentially more vulnerable in the face of major challenges and that compensatory action may be required later, which is a more difficult undertaking than supplying proper care in the first place.

The responsibility for furnishing the advantages of proper care during early childhood lies mainly with primary caregivers. A caregiver is any person who looks after infants and young children.[32] The primary caregiver is the main person responsible for the care of a particular child. In many instances, this is the mother. The primary caregivers of children who have lost their mothers are often older siblings, members of the extended families, or fathers. In any case, the family, including parents, siblings and extended family members, usually represents the primary care-giving environment for young children. The community more generally also influences a child's growth and development.[33]

Care refers to the behaviours and practices of caregivers in providing for the basic needs of children. Care is "the provision in the household and community of time, attention and support to meet the basic physical, motor and social needs of the growing child and other

household members."[34] This definition of care involves the notion of good care, that is, care that responds to dependency and aims at protecting vulnerable individuals.

Indeed, from birth and throughout childhood, children rely on the care they receive, especially from their primary caregivers, for support, assistance and guidance.[35] Children gain knowledge about handling complex thoughts and feelings through their interaction with adults, siblings and others. The skills they acquire in this way influence the identities they develop as members of families, communities and societies.

"What young children learn, how they react to people and the events around them, what they expect from themselves and others are deeply affected by the relationship they have with parents, the behaviour of parents and the environments of the homes in which they live."[36]

"Early caregiver-child interactions play a profound role in the development of self-regulation, cognitive development, language acquisition, and socio-emotional adjustment."[37]

The nature and quality of the care a child receives from the primary caregiver – parents in most cases – are crucial to making early childhood a positive or negative experience and significantly determine whether a child is able to develop to its full potential.[38]

Warmth, nurturance, stability, predictability and responsiveness exhibited consistently by primary caregivers promote the healthy development of children. Moreover, positive interactions during the first years of life tend to be linked with better subsequent cognitive abilities not only among typical children, but also among children at risk due to environmental or biological factors.[39]

"Children whose parents and caregivers interact with them in consistent, caring ways will be better nourished and healthier than children not so nurtured." [40]

"Children grow and thrive in the context of close and dependable relationships that provide love and nurturance, security, responsive interaction, and encouragement for exploration. Without at least one such relationship, development is disrupted and the consequences can be severe and long-lasting." [41]

The quality of the care provided by caregivers can be negatively affected by immaturity, inexperience, low educational attainment, or mental health problems (for example, depression or anxiety) related to family violence, substance abuse, economic stress, or constitutional illness.[42]

In turn, the characteristics of children that positively influence the interactions of the children with primary caregivers include predictability of behaviour, social responsiveness, the readability of the cues the children express, their activity level and their mood.

Guidelines for encouraging healthy development

At a World Bank conference, 'Early Child Development: Investing in the Future', held in Atlanta on 8–9 April 1996, UNICEF, the World Health Organization and numerous non-governmental organisations endorsed the proposal that efforts to support the healthy development of children should focus on realising the following:[43]

- healthy mothers who, during pregnancy, receive adequate food, proper antenatal care and appropriate attention to needs;
- safe deliveries, including competent obstetric care and back-up;
- immediate and exclusive breastfeeding to foster nutrition and promote intensive mother-child interaction and bonding;
- the timely introduction of regular feeding;
- timely and appropriate preventive and basic health care;
- proper nutrition and micronutrients;
- caring interaction with family members and other adults, including age-appropriate play, protection from accidents and environmental dangers, and access to safe water and hygienic sanitation facilities;
- preschool and peer interaction, with adequate adult care and supervision, in an environment conducive to learning and to nurturing effective peer relationships;
- timely enrolment and attendance in a suitable primary school, leading to the attainment of age-appropriate skills;
- access to basic preventive and curative health care and proper nutrition throughout childhood.

Chapter 2: Distortions in early childhood care introduced by gender discrimination

"Culture influences child development by creating an environment of values and beliefs that shapes parenting practices, guides socialisation, and frames expectations for children. Through the vehicles of language, communication styles, religious beliefs, family values, customs, food preferences, and taboos, culture provides both a context for children's experiences and the translation of those experiences into their daily lives." [44]

"Childrearing practices are embedded in the culture and determine, to a large extent, the behaviours and expectations surrounding a child's birth and infancy." [45]

There is a basic repertoire of traits generally shared by humans. Differences arise partly because of distinctions in the patterns and the timing of growth and development. Experience, temperament, and learning capacity are some of the many crucial elements that influence the process of the composition of individuality. These elements are all significant in establishing whether the child will grow up to be intelligent or dull, fearful or self-assured, articulate or tongue-tied.[46]

Girls and boys have similar capacities for learning and similar physical, mental, emotional and social needs, including the need for attention, approval, affection and love. The existence of stable, secure relationships is a central feature in the establishment of identity and individuality among both girls and boys and crucially important in healthy development generally. It is also important as children grow towards and through the process of sexual maturation.

However, there are substantial and obvious physical differences between boys and girls, and, according to the accepted wisdom, there are likewise substantial mental and emotional differences. What exactly is the nature of these mental and emotional differences?

Biological determinism and gender socialisation: a narrow view

Arguments based mainly on biology have come to pervade early childhood development studies that focus on gender. That boys may experience a surge in testosterone at an early age is thus relied on to account for an escalation in aggressive behaviour unique to boys.[47] Likewise, it is pointed out, the left-right arrangement of parts of the brain can be used to explain mental and emotional processing structures that are biologically different and that regularly show contrasting outcomes among males and females.

These and other findings are employed as proof that specific gender differences are hard wired by genetics.[48] The genitals oblige a specific kind of brain structuring in order to achieve

a specific way of being. Children "achieve the ways of being that appear to be implicated in the particular set of genitals they happen to have".[49] Boys are, after all, naturally brave, competitive and aggressive, even violent, while girls are naturally gentle, passive and subdued.[50]

Behind many such models of gender development is the theory that children are powerless recipients of the characteristics of gender transferred to them inevitably by their maturing genitals, their inherited genes, or their developing brains.[51] Children are blank sheets onto which gender patterns (characteristics that are always and exclusively from one or the other of two lists, one masculine, the other feminine) will emerge, when the time comes, like photos from a processing solution.

Some advocates of these models recognise, however, that the environment is sufficiently vigorous to alter and corrupt the biological imperative. When it suits the discourse, they emphasise the strength of the influence of care-giving practices and the determinism of the environment in which a child is raised.

Early childhood is said by some of these advocates to be an age of innocence when gender (and sexuality) do not matter because the children are too young to understand such distinctions and too immature to feel them. Young children are passive to the sexual messages around them, and gender is of no concern to them.[52] Nonetheless, sexuality must be banished from the vocabulary of young children and adolescents with all the force available to the staunch guardians of proper upbringing.[53] Children must be protected lest they are awakened too early to an awareness that is unnecessary. They may become curious and be swayed towards precocious sexual activity or an inappropriate gender identification.

Children are ungendered, incompletely framed versions of adults in the midst of a maturing process.[54] They are appendages to adult society who cannot make sense of their own behaviour or draw meaning from their own lives because they do not have the competence. Unfinished and vulnerable to manipulation and error, they must be socialised by others, especially their parents, who can exercise the required control over the children and possess the natural responsibility for them and who, as adults, have the requisite life experiences. The parents must only look ahead to what the children are to become as men and women and, at appropriate moments, fill in the enormous gaps in the children's knowledge and bend the children's behaviour in the appropriate direction.

The family thus becomes central to the social construction of gender. The family is the place where sexuality can be rendered safe and harmless.[55] The family can lessen the child's vulnerability. The family is stable and nurtures a proper moral environment. It is the duty of the family to shape who their children are.

Gender is thus 'constructed' among boys and girls by their parents according to rules fixed by nature. The children themselves are made to feel the power of these gender characteristics

as descriptions of what it means to be normal. Often, in these approaches, the notion of the 'man' or 'woman' each child is to become is likewise set as if in stone. Biological arguments for sexual behaviours or gender identities that do not fit the norm are not accepted. Such behaviours and identities are unnatural (that is, non-biological) deviations. Some advocates of these models seem to be saying that 'boys will be boys' and 'girls will sit nicely' are accurate, scientifically based axioms that represent evidence in support of differentiated approaches to girls and boys in early childhood settings.[56]

Toxic masculinities

Understandings of masculinity that subordinate the feminine are cultivated through social and cultural constructs of gender.[57] Prejudices based on race, class and gender interact in complex ways to confirm these constructions, which are rendered more potent by the social dynamics of peer groups. Boys who have particular wants and weaknesses are thereby offered the means to make investments in being masculine in ways that provoke and reproduce inequalities. 'Toxic masculinities' become mobilised around aggression, physical domination and violence.

Violence is about the exercise of power, and physical needs play a critical role. Within environments of food insecurity, boys aged between 6 and 8 use their bodies to dominate space and harass girls in early primary school classrooms.[58] The boys do not have sufficient food, and they may have learned to use the only power available to them, their physical strength, to get what they want. They do have choices, but the choices are limited, and they are themselves vulnerable to negative forces. They may also live in unstable homes. Socio-economic distress influences negatively the ability of parents to provide children with adequate care.[59]

Not all boys embody toxic masculinity, and individual boys who do violence are not necessarily true enemies of girls or weaker boys. They often have anxieties and fears and themselves require protection and positive social support.[60] Struggling within institutional settings to find meaning and identity, boys between the ages of 4 and 8 discover numerous available models of gender relations upon which they may draw to exert power over girls, women teachers and weaker boys.[61] Children as young as 6 participate enthusiastically in the reproduction of gender identities that marginalise girls as 'other'.[62] Boys aged 6 to 8 in early primary school already show signs of becoming 'macho lads' able to use violence as a tool to dominate and harm girls and weaker boys.[63]

Toxic masculinities often result in callous sexual attitudes and the practice of abuse and violence on girls and women within households. Such abuse and violence have important implications for later vulnerability. Abuse and violence can severely damage the cognitive and emotional development of children. Studies of the effects of exposure to childhood abuse have found that it is the most frequent cause of post-traumatic stress disorder in women. Symptoms of post-traumatic stress disorder include intrusive memories, fragmentation of memory,

nightmares, flashbacks, social impairment, dissociation and pathological emotions. Some of the symptoms may be related to the effects of extreme stress on areas of the brain involved in learning, memory, emotion and stress response. The negative effects can continue into adolescence and adulthood in the form of anxiety, depression and behavioural disorders.[64]

The preference for sons

"In most countries, . . . legal systems and cultural norms reinforce gender inequality by giving men control over productive resources, such as land, through marriage laws that subordinate wives to their husbands and inheritance customs that make males the principal beneficiaries of family property." [65]

In many parts of the world, gender discrimination begins before birth with the desire of the typical parent for sons rather than daughters. Boys are highly prized because they will carry on the family name, can work on the family plot and are more easily able to become financially independent and therefore support ageing parents.[66] Girls are considered inferior, and this is reflected in and reproduced by countless social and economic practices and norms throughout the life cycle.[67] Girls can easily become swept up in a lifelong downward spiral of exclusion.[68]

In poor households with low maternal educational attainment, children often show less positive outcomes in a broad range of indicators, including school completion rates, learning disabilities, mental retardation, developmental delay and vulnerability to illness and disease.[69] The impact falls heavily on girls.

In households with scarce resources, girls may be neglected by primary caregivers. Infant mortality rates among girls are sometimes unusually high relative to that among boys in cultures in which boy children are noticeably favoured.[70] Girls may be denied proper clothing if this means that the boys can be provided for. The diets of the girls are often lower in calories and protein than those of the boys. If there is a household hierarchy in the consumption of meals, the girls will be the last to eat and will have a choice only among the leftovers.[71]

In some cultures, girls may be more poorly educated because the economic and social value of education among girls is not recognised.[72] They are kept at home and made responsible for additional domestic, agricultural, or informal labour for the benefit of the household, while the sons are sent to school to gain an education and prepare to take up professions.[73]

The economic opportunities open to girls and women are thus reduced or removed, and this can help force them to low-skilled, low-paying jobs in the informal sector or in street trades. Their lower social status means that they are less well protected from economic predators and are more vulnerable to bonded labour. In contexts of poverty, 'saying no' to sex is not easy, especially when there are no material benefits attached to the 'no'. Many girls are lured into commercialised sex or 'survival sex'

and have relations with older men. Many others become prey to sexual exploitation through trafficking for sexual purposes, pornography and prostitution, including child prostitution.[74]

In some cultures, a dowry must be paid when a daughter marries, and married daughters are no longer considered members of their own families, but members of the families of their husbands. The dowry (and the daughter) is thus considered wasted. Similarly, daughters cannot receive an inheritance from a father, nor, in many situations, even from a husband if there are sons or other important male family members still living.[75] Should a woman's husband die before her, she may end her days dependent only on the goodwill of her own sons and daughters-in-law or worse.

Early marriage

The practice of giving a girl in marriage without the consent of the girl and at an early age, even as young as 7 or 8, is accepted in numerous parts of the world.[76] Poverty is a major motivating factor for the practice. By marrying them off to older men, parents can transform their daughters from economic burdens into a means to cement obligations of friendship and economic bonds between families. Early marriage also represents a way for parents to ensure their daughters are cared for ably by male guardians, to maximise the childbearing potential of the girls and to allow the husbands the opportunity to establish habits of obedience and submissiveness while the brides are still young.[77] Moreover, given the value placed on virginity before marriage, early marriage protects the girls from unsanctioned sexual activity, pregnancy outside marriage and criminal sexual assault.[78]

Meanwhile, early marriage deprives the young girls of a school education and other formative experiences of childhood and adolescence, including adequate socialisation. They have no experience in negotiating sex or pregnancy with partners, who, in any case, are older and presumably sexually demanding. Many of the brides become pregnant and give birth before they are physically, mentally, or emotionally prepared. It should not surprise that the practice often adversely affects the health of the girls, including their reproductive health.[79] The girls show high rates of maternal mortality, and the rates of infant mortality are high among their offspring.

Female genital mutilation

The girl child in many societies is invisible, a victim of patriarchal tradition, greed, or parental neglect or abuse. The nature of the discrimination against girls and women that allows this outcome is oppressive. In some instances, it is monstrous and lethal. Such is the case of female genital mutilation.

Female genital mutilation occurs, mainly among immigrant communities, in Asia and the Pacific, the Americas and Europe and is common in several countries in the Middle East. In Africa, where the practice is widespread in many countries, 85 percent of genital mutilations

consist of clitoridectomy (whereby part or all of the clitoris is removed) or excision (part or all of the labia minora is cut away).[80] The remainder of the mutilations involve infibulations, which include clitoridectomy, excision and the usually crude surgical reshaping of the labia majora to form a cover over the vagina. (A small hole is left to allow for the flow of urine and menstrual blood.)

The mutilation may be accomplished with a piece of broken glass, a tin lid, scissors, or a razorblade.[81] If the mutilation takes place as part of a ritual, a single, unsterilised cutting instrument may be used on many girls in succession.[82] In infibulation, thorns or stitches may be employed to hold the two sides of the labia majora together, and the legs may be bound and kept immovable for up to 40 days. Antiseptic powder may be applied, but, more normally, traditional healing pastes composed of herbs, milk, eggs, ashes, or dung are employed.

In a few places, the procedure is carried out among adolescent or adult women during the first pregnancy. Generally, it is performed on children between 4 and 8 years of age. In some countries, up to half of the female genital mutilations involve infants under 1 year of age. Certain communities undertake the practice on infants beginning at 4 months of age.[83] Well over 100 million girls and women alive now have undergone genital mutilation.[84] Approximately 6,000 girls are at risk each day.

The reason most frequently provided for female genital mutilation is custom and tradition.[85] In many communities, the practice is rooted in the beliefs, values and rituals governing and bonding society.[86] Thus, it is often the principal element in initiation ceremonies marking the passage of girls to womanhood; it is deemed necessary in order for a girl to become socially integrated as a complete woman.[87]

Other main reasons offered for the practice are the belief that it enhances fertility and child survival and the belief that female genital mutilation represents a religious duty.[88]

Nonetheless, in terms of the effect, it is clear that female genital mutilation is performed above all to limit women's sexual experience, reinforce established gender roles and control women's sexuality and reproductive functions.[89] A specific aim is to ensure a woman's virginity before marriage and her chastity thereafter and thus to maintain social cohesion.[90] Men in cultures that practice female genital mutilation rarely marry uncircumcised girls or women because they view them as 'unclean' and 'sexually permissive'.[91]

There are many immediate and long-term health complications involved in female genital mutilation. The mutilation itself can cause serious harm due to severe bleeding, haemorrhagic shock, neurogenic shock as a result of the agony and trauma, and overwhelming infection and septicaemia.[92]

More commonly, the chronic infections, intermittent bleeding, dermoid cysts, abscesses and small benign tumours that may result generate discomfort or extreme pain. Among the many other effects are cheloid scar formation (raised, progressively enlarging scars), damage to the urethra resulting in urinary incontinence, stones in the bladder and urethra, kidney damage, chronic urinary tract infections and pelvic infections. First sexual intercourse can only take place after gradual and painful dilation of the opening left by the mutilation. Cutting is sometimes required before intercourse in order to widen the opening.[93] (The husbands often do the cutting, without anaesthesia or other preparation.) The sexual intercourse itself may be painful. The widened opening is often stitched up again afterwards. There may also be sexual dysfunction and serious difficulties during childbirth.[94] In the longer term, the women may suffer feelings of incompleteness, anxiety and depression.[95] Death related to any or all of these causes may occur at any time.

Chapter 3: Young children, gender socialisation and HIV/AIDS

"AIDS is the most globalised epidemic in history, and we are witnessing its growing 'feminisation'. Every year brings an increase in the number of women infected with HIV. Globally, nearly half of all persons infected between the ages of 15 to 49 are women. In Africa, the proportion is reaching 60%. Because of gender inequality, women living with HIV or AIDS often experience greater stigma and discrimination." [96]

Gender discrimination and the gender dimension of the AIDS pandemic

There is a terrifying pattern in the toll that HIV/AIDS has taken on girls. The pattern is gender discrimination. Gender discrimination renders sexual relationships unequal. There is a double standard, and the effects of the double standard work in one direction: dominance by boys and men and acquiescence by girls and women. Gender inequalities and gender power relationships are fuelling the AIDS pandemic by rendering young women and girls more vulnerable to coerced, unwanted sex and to unprotected sex and thus to infection.

Young boys are socialised to be strong and self-reliant. For them, the range of expressions of sexuality, including the dominance of 'rampant heterosexuality', is an important means to demonstrate masculinity. Boys as young as 6 have already become aware that men are supposed to be dominant, have more powerful physical drives than women and provide women with presents and money.[97] By the time they are adolescents, many boys know very well that they are expected to use their adolescent years to experiment sexually.[98] Long before they actually reach manhood, many boys have learned that it is considered a sign of manhood to have sexual relations with numerous partners and that men are permitted, if not encouraged, to engage in sex outside a steady relationship or marriage.

Young girls are socialised to think of themselves as inferior to boys and men. Rather than acquiring the guidance, knowledge and skills necessary to enable them to make decisions as they advance through childhood and adolescence to adulthood, they are expected to sacrifice any personal choice over their own lives and defer instead to fathers, brothers, uncles, husbands and other males in their families and communities, but also to mothers-in-law, daughters-in-law and anyone else who has gained a position of authority because of their relationship to important men.[99] The traditional practices of polygamy and widespread virginity-testing may suggest to girls that they have no control even over their own bodies. Through gender socialisation, girls and young women learn to embody only servility, heterosexual desirability and sexual submission.

Traditional and customary constructions of femininity may thus tend to undermine the identity of girls as individuals and weigh on the development of their sense of self-worth. This

hampers the ability of girls and women to reach their full potential as human beings.[100] It also means that girls and young women may have more difficulty understanding and exercising their fundamental rights, including their right to assert and defend themselves in sexual matters.[101]

Their capacity to shield themselves from psychological, physical and sexual abuse and injury by family members and from victimisation by partners, acquaintances, educators and sexual predators in their communities is compromised.[102] The leverage of young girls in limiting and otherwise managing their physical and sexual interactions is likewise reduced even if they are more willing partners in sexual relations. They can be readily pressured into situations in which they are obliged to have unprotected sexual intercourse, especially with older men, including husbands who may compel their young brides into sexual subservience.[103]

These older men are more likely to have had numerous sexual partners and may continue to have additional sexual partners after marriage.[104] They may already have come into contact with HIV/AIDS. Indeed, many older, HIV-infected men deliberately seek out young girls because they are persuaded that an infected individual who has sexual intercourse with a virgin will be cured. This sort of virginity-testing often fuels rape.

The ignorance of a girl about sexual matters may be viewed as a sign of purity and innocence and therefore of sexual attractiveness and marriageability. Girls and young women may never have been taught to negotiate safe sexual practices with their sexual abusers or their sexual partners. They may not understand the dangers of sexual activity and sexually transmitted infections. Because of narrow models of gender in many countries, children in general, but especially girls, are barred from access to reproductive health information and appropriate services. Even those girls and women who have access to condoms and may know about the risks of HIV/AIDS are often unable to employ the condoms due to opposition from their partners and spouses.[105]

In contrast, boys, who are socialised to be sexually active with numerous partners, are also socialised to be unafraid of risks and, in any case, to construct an 'infallible masculinity' that cannot be assailed by risk. They thus place themselves and their partners at greater risk through their unsafe sexual habits. They deny that they can become infected, take no precautions and blame the girls for any sexual diseases they might catch.[106]

In some parts of Asia and the Pacific, there has been a significant increase of HIV infection among girls and young women because of these conflicting messages. There is a vicious circle. Errant boys and men, unafraid of risk, have sex with many girls and young women who have never learned to make well-informed choices or demands about safe sexual behaviour.

If they do become infected, girls and young women may not seek the care and treatment

necessary to protect themselves and their families.[107] Gender stigma is also associated with HIV/AIDS. Only 'bad girls' who have had sex with numerous partners outside single, steady relationships or marriage become infected.

Because of all these factors and many others, including the dangers associated with female genital mutilation among hundreds of thousands of women within isolated, closed societies, the exposure of girls and young women to sexually transmitted infections such as HIV/AIDS is significant. This contributes to high rates of HIV infection among girls between 15 and 24 years of age, and the rate of infection among young girls is outpacing that among young boys.[108]

The construction of gender: another view

Traditional approaches to care-giving and childrearing that promote healthy development and social adaptation exercise an important, positive influence on childhood and adolescence. Accompanied by love and thoughtfulness, they may likewise temper the impact of the social and economic disadvantages that a child might experience.[109]

Nonetheless, research on early childhood development is unravelling many of the widely accepted assumptions about gendering and sexuality that inform dominant models of childrearing.[110] Thus, approaches holding that biological sex determines and regulates gender appear to cloud over distinctions between the two.

According to newer models, biological sex is generalised, but families and communities shape and define experiences of gender in childhood, and complex interactions among education, culture, traditional practices, social and economic status, religion, ethnicity and sexuality collectively influence and are constitutive of gender identities.[111] Gender roles and the economic, social and cultural meanings associated with being male or female are not static, but vary from place to place and change over time.[112] Theories that view masculinity and femininity as universal, unchanging and ahistorical biological categories do not generally explain in a satisfactory manner the complex commonalities and differences in gender identities across cultures or the shortcomings that appear in all societies in conceptions of gender.

The significance of race and class highlights the importance of 'other' in social and cultural constructs. As with race and class, many aspects of gender are embedded in and formative of relationships based on difference. All children are not affected equally or positively by these relationships.[113] The effort to control sexuality and manipulate, inhibit, or encourage aggressiveness, gentleness and other characteristics of 'gender' can foster discrimination.

It sometimes seems as though discrimination is central in the social and cultural constructs of gender.[114] The relationships based on power that are entrenched in gender almost universally perpetuate concepts of masculinity that require

boys to show strength and self-reliance and to take risks, alongside concepts of femininity that require girls to be obedient and to subordinate themselves.

Moreover, despite the assumptions of such gender models, it appears that young children themselves are actively involved in negotiating their own gender identities and that the particular cultural resources available within their environments are significant in shaping the modes of being male and female and the gendered meanings that young children embrace.[115] Far from being 'blank sheets', even 4- or 5-year-olds learn to become agents in the development of gender by taking up their maleness or femaleness as if it were an "incorrigible element of their personal selves, and they do so [by] learning the discursive practices in which all people are positioned as either male or female."[116]

In fact, many constructions of masculinity and femininity propounded through gender socialisation engage with young children in more conflict-ridden ways than dominant models would suggest. Socially among their peers and emotionally within themselves, young children invest in adopting the constructs of culture and in challenging the constructs of culture, including the culture of gender. Evidence drawn especially from developed countries points to the dynamic ways in which children adopt, reproduce, resist and contest gender positions.[117] Far from being gender free, early childhood education and early primary institutions are key arenas in which oppressive gender identities are perpetuated to regulate, restrict and mould the behaviour of young children, but they are also fertile environments in which children rewrite the cultural scripts and extend or oppose gender stereotypes.[118]

Addressing gender discrimination and HIV/AIDS in early childhood

"The young were once considered relatively safe from HIV/AIDS. Today, more than half of all new infections strike people under the age of 25. Girls are hit harder and younger than boys. Infant and child death rates have risen sharply, and 14 million children are now orphans because of the disease." [119]

The acknowledgement that the gender dimension of the AIDS pandemic is critical even for very young children has been tardy. Various frequently held discourses about gender and childhood, including the construction of the child as an asexual entity and the consequent denial that young children have any awareness of sexual matters, may be partly responsible. They have made the linkages among AIDS, gender, sexuality and young children difficult to address conceptually.[120] Such linkages are problematic and troubling. They are therefore felt to be dangerous.[121]

Observation and common sense go some way towards contradicting the presumption that young children know nothing about their sexuality. Sexuality is a fundamental notion among children as early as 6 years of age. It is significant among the components boys and girls use to build their identities.[122]

By the same token, in contexts in which HIV/AIDS is a familiar presence, awareness of HIV/AIDS and its causes is also substantial among young children. In sub-Saharan Africa, where the pandemic is the most widespread, about 2 million adults died of HIV/AIDS in 2002 alone, and over 29 million people were living with HIV/AIDS. Of these, 10 million were young people aged 15 to 24, and almost 3 million were children under 15.[123]

In South Africa, 6-, 7- and 8-year-olds actively construct complex gender identities and meanings of sexuality within the context of race, class and HIV/AIDS.[124] Already in the first and second grades, young girls may express a fear of boys, older men and rape. The girls are aware of their vulnerability to HIV infection, and this awareness has a significant effect on their gender identities.

Female genital mutilation is generally performed on children between 4 and 8 years of age; as many as two million girls may be subjected to the procedure each year, and the risk of infection, including HIV/AIDS, is great because of the primitive surgical methods employed. Do these children have no inkling of the sexual implications of the brutal, painful process or of the existence of infections?

The broad context of the HIV/AIDS pandemic is a troubled environment for many children. Food insecurity, poverty, political strife, armed conflict and war, occur all too often in the modern world and greatly exacerbate the magnitude of interruptions in schooling, failures in basic services, the destruction of secure family life, violations of basic human rights, psychological trauma, fear for life and safety, sex for economic survival, sexual violence, rape and other forced sex, and the risks of HIV infection. Many children are soldiers in war, and many more are victims of sexual abuse. Are children in such circumstances ignorant of sexuality and sexual relations?

In the face of such 'cultural' contexts, the presumption that childhood is asexual may be a cultural construction convenient more for parents than for children. By affirming that young children are impervious to sexual or gendered knowledge and never actively explore sexuality, adults allay their own disturbing fears of licentiousness and the pernicious influences of the world, but they also imbue themselves with a comforting power.[125] The parents will control their children's sexuality. The parents will decide when their children should be introduced to sexual awareness. The parents will determine when their children are no longer children.

Should the transition from asexual childhood to sexual experience and adulthood occur only at marriage, so much the better. Then children will be safe in their new homes and new families from a precarious experimentation. In the meantime, children must be made immune from sex by being quarantined from these issues. Silence is the best prophylactic.

However, the real danger may lie elsewhere. By acting on a presumption of childhood innocence and an injunction to silence before

children about issues of sex, parents may be rendering their children defenceless against abuse and exposing them to disease.[126] The denial of childhood sexuality has meant that important HIV/AIDS and gender issues are insufficiently addressed by the time many young girls and boys are already being confronted with situations requiring them to make informed choices and practise safe behaviour. It also undermines the ability of young people to cope if they become infected, which increases the possibility that they will not seek treatment and will pass on the infection, perhaps to other daughters and sons who have remained ill-informed.[127]

Gender discrimination and restrictive gender identities should be confronted already in early childhood so that girls can be supported in acquiring the ability to assert and defend themselves against oppressive aggression and abuse, sexual or otherwise. This is a matter of gender equality and fairness, but it is also a matter of the health of populations; gender discrimination, by leaving girls and young women particularly vulnerable, exacerbates the AIDS pandemic.

HIV/AIDS, its nature as a global emergency and its associated human costs in illness and death mean that the battle against it should be waged wherever there are victims. Young girls must be allowed to come to understand the factors that make them susceptible to infection, learn to recognise and avoid situations that may put them at risk and integrate behaviour, skills and attitudes that will sustain them as individuals and help them discover, as if from within, safe paths as they grow.[128]

Chapter 4: Elements of an early childhood programme on gender and HIV/AIDS awareness

Gender and sexuality appear to be integral to early childhood. Children begin at a young age to draw actively upon available social and cultural resources to imitate and create patterns of conduct. At this young age, the identities of children are still malleable and changing. Children seem not to have fixed or single notions of gender, and they show a hazy understanding of the 'proper' behaviour of boys or girls.[129]

This suggests that it may be possible to include life-skills components in early childhood education programmes that aim to moderate excesses in gender socialisation, help children to confront restrictive or inequitable gender definitions and prepare children to defend themselves later from gender discrimination and HIV/AIDS.

What might the features be of a gender and HIV/AIDS awareness programme for 0-to-8-year-olds? There is little experience.[130]

The classroom is often regarded as an appropriate environment in which to promote HIV-related risk reduction among young people. In South Africa, for example, where HIV infection rates have reached terrible proportions, the school curriculum has been adapted to include HIV/AIDS education. The curriculum targets older children, however. If they are in school at all, children between the ages of 3 and 8 are likely to be only in early childhood centres or the first couple of years of early primary school.

Overall, the obstacles are formidable. The list of gender-related factors that are significant for young children in HIV/AIDS settings is long. Many of these factors are deeply rooted in cultural beliefs, social norms and traditional practices, and this may work against broaching certain discourses directly with children who are so young. Attempts over the years to bring about change in these areas have encountered great resistance in all parts of the world.

Nonetheless, in light of the urgency to check the spread of HIV infection and reduce vulnerability, particularly among young girls, a start ought to be made.[131]

A focus on promoting children's and women's rights

For the above reasons, it may be wiser to attempt a somewhat less controversial initial approach to education programmes among young children. This might involve, for example, a preliminary focus on games and other play and group activities that seek to impart to the children notions about rights, especially children's and women's rights. Rights-based approaches in education are well established and supported at the highest international levels.[132] These approaches

therefore represent an avenue that is readily available to early childhood education programmes aimed at introducing gender issues and HIV/AIDS to young children.

Early childhood professionals should, in any case, be familiar with the rights of children and women. The relevant rights are enshrined in key international conventions, agreements and declarations, including the *Convention on the Elimination of All Forms of Discrimination against Women*, which was adopted by the United Nations General Assembly in 1979, the *Convention on the Rights of the Child,* which was adopted by the United Nations General Assembly in 1989, the *World Declaration on the Survival, Protection and Development of Children* and the *Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s,* both of which were adopted at the World Summit for Children held at the United Nations, New York, in September 1990, and the *Beijing Declaration and Platform for Action*, which was adopted at the *Fourth World Conference on Women*, held in Beijing in September 1995 (see Annex I).

These instruments have been signed and ratified by a majority of nations. Numerous governments have made positive commitments to uphold them, and many international and non-governmental organisations are promoting and protecting the rights through related policies and programmes.[133]

Basic strategies to address gender issues and HIV/AIDS through early childhood programmes

In addition to a focus on the rights of children and women, the following are among the basic strategies proposed in the literature so that early childhood programmes can address gender issues and provide young children with tools that will help them more effectively confront the risks of HIV/AIDS now and later in life.

1. Target the whole child

Effective education programmes should deal holistically with the development of the child. The justification is simple. The quality of the care children receive, especially during the first eight years of childhood, can have a substantial influence in many areas.[134] The proper development of children can be compromised by hunger, disease, exploitation and social and economic inequalities, which means that a child who experiences any of these may be more likely to fall into risk of HIV infection or victimisation through gender discrimination. Thus, the success of efforts to address gender issues and HIV/AIDS among children will be closely intertwined with positive outcomes in health, nutrition, food security, family stability, education and so on.

2. Address the needs of each child

A range of approaches are necessary to meet the needs of children, especially children in the 0-to-8 age group. These young children have needs that vary from those of older children. Successful early childhood programmes

individualise their approach. It is vitally important to be sure that all the opportunities and challenges faced by each young child and each family are tackled. The right of children and their families to confront their individual needs ought to be recognised and promoted as are similar rights among other groups in society. One promising strategy involves discussing with younger children their particular health and social needs and their concerns, experiences, identities, fears and desires, especially those that might be tied in to issues of gender and safe behaviour in the context of discrimination and HIV/AIDS.[135] The links between gender, sexuality, childhood and early adolescence must be examined from the real experiences of young children rather than from models of childhood. Each child is different. This may seem obvious, but it is a truth that can be lost in a rigid approach.

3. Take advantage of the crucial role of early childhood in the development of the individual
Boys and girls are thinking, feeling people who actively, independently negotiate their own personalities and identities. Much of this development has already occurred by the time a child has reached 8 years of age.[136]

Education programmes should seek to support children in this process. They can also take advantage of this characteristic of early childhood to provide children with adequate space to challenge and resist narrow, stereotypical constructions of gender and avoid gender bias. The malleability of gender identity at this age likewise offers ripe ground for programmes to encourage young children to construct identities that are likely to minimise the possibility of HIV infection. Programmes can supply children with an environment conducive to positive, sustained learning about safe behaviour and help them obtain the attitudes and skills they will be able to use at critical times as they grow in order to make wiser decisions and help them discover personal paths that naturally tend away from danger.[137]

4. Discuss issues among boys, among girls and among boys and girls
Children need positive influence from peers. Peers are useful in providing support regarding many issues. However, though children may learn a great deal about gender discrimination and HIV/AIDS from their peers, this does not mean they know all they need to know, including important facts about risk.[138]

Programmes that encourage young children to talk together about their individual experiences with gender may help broaden the understanding of the group about what it means to be a boy and what it means to be a girl. Such open discussions could assist girls in learning the importance of asserting themselves and in acquiring self-esteem with respect to boys, while helping boys to realise the harmful consequences of toxic masculinities.

Education before the need arises is one of the few preventive tools available to empower young girls to resist repressive cultural and traditional practices, defend themselves against harmful acts of discrimination and avoid

sexual abuse. If girls are better informed about alternative choices and understand the risks, it may be possible to break down traditions that are harmful to their sexual health.

It may be appropriate for women teachers to meet with girls together in a group without boys. Young girls may be inhibited from talking about these and other issues in front of boys (and vice-versa). However, boys must become engaged as well.[139] Work with men to reduce the incidence of HIV/AIDS is now well established; work with young boys is less so, but a preventive focus on boys has enormous potential for slowing the spread of infection.[140]

"Men are key to reducing HIV transmission and have the power to change the course of the AIDS epidemic." [141]

This focus could be part of a more nuanced understanding of gender relations to the extent that it addresses the problems of girls by attempting to make boys aware of the preconceptions and prejudices they possess about girls. Boys must also be encouraged to deal with violence as a key signifier of masculinity.[142] Violent masculinity is not monolithic. Boys must learn of alternate models of behaviour that are satisfying and rewarding. They might then come to accept and promote gender equality.[143]

5. Educate the teachers and nurture the support of parents and other primary caregivers

Parents and teachers are reluctant to address matters related to sexuality, such as HIV/AIDS, among children. Teachers in the first years of primary school in South Africa, where HIV is widespread, are averse to talking about sex, sexuality and HIV/AIDS in the classroom.[144] The tendency is to put off such discussions to later years of schooling.

This means the responsibility is left with the parents. However, even adolescents rarely talk about sexuality issues with their parents, who generally offer them very little advice or counselling. Adolescents tend to speak abundantly and willingly about these subjects with their peers both in and outside school.

Because, in this way, they may not learn all they need to know, children may remain vulnerable to HIV/AIDS when they first encounter a situation of risk.[145]

Likewise, parents and teachers often appear to have a narrow understanding of the nature of gender identity among young children. Among children, this may tend to confirm gender inequalities because the gendering process within the home and the classroom remains unquestioned and unchallenged.[146] Indeed, teachers and parents are frequently criticised for reproducing gender stereotypes.

For these various reasons, early childhood programmes should seek to bridge the gap between young people and adults. A first step might involve the promotion of more child-friendly environments in families, schools and communities. These environments must enable and inspire children to think, to learn and to seek safe, reasonable paths as they grow. Discussions should be held among teachers, parents and other community members. Parents

and teachers should reflect critically together on their own investments in concepts of gender. Teachers should be prepared to assist parents in seeing the contradictions, the dangers and the meanings behind gender discrimination. Parents and communities must be coaxed away from powerful, but discredited notions. Children are not too young and immature to negotiate their own personalities and identities. By nature, the characteristics of gender are not necessarily found at one or the other of two distant poles.

Parents should be persuaded to discuss some of these issues appropriately with their children. They should learn how to encourage young children to be open about their perceptions and experiences.

6. Cast the programme net wide
Gender inequities are rooted in cultural norms that nourish widespread attitudes, practices and behaviours and influence the social development of children. Programmes to counter such inequities must cast a large net. They must be designed to reach children in all social environments.

For instance, not all young children are in pre-schools or primary schools able to initiate relevant early childhood programmes. Access to education and information, particularly in resource-poor contexts, is limited, and this adds to the burden.

Deprivation and neglect can lead young boys and girls into situations of heightened risk, including the risk of HIV infection. Thus, more than half of the street children interviewed during a study in South Africa reported having exchanged sex for money, goods, or protection, and several indicated that they had been raped.[147] The need for basic necessities often has a higher priority than the need for sexual health, especially when the danger has not been made crystal clear.

7. Put gender on the HIV/AIDS agenda
Many governments and international and non-governmental organisations have developed programmes and policies to reduce the special vulnerability of young children, especially girls, to HIV/AIDS. Many other programmes have aimed at eliminating gender inequalities and associated cultural beliefs and traditional practices such as the preference for sons, early marriage and female genital mutilation. Nonetheless, programmes focused on addressing gender discrimination as a cause of the spread of HIV/AIDS have been rare. This shortcoming should be corrected.

8. Analyse and build upon existing programmes
The programmes should be enriched through information on other initiatives. Many international and non-governmental organisations have begun to focus on gender issues and on HIV/AIDS through early childhood programmes.[148] These programmes should be mined for useful experiences and lessons learned that can be replicated or adapted to other contexts.

9. Lay the groundwork for education programmes among older children
In the education of children 8 years of age or

younger, very little direct work has been done on gender and HIV/AIDS. It is not that young children are specifically excluded from most programmes, though they are so excluded from many, but rather that programmes are not planned for them.[149] The focus in these areas has been on the 15 to 24 age range.

This omission could be corrected by adding components that address gender discrimination and HIV/AIDS prevention to existing early childhood programmes. Components adapted to the needs of young children in these areas could be linked, for example, with interventions among younger children in education programmes seeking to prepare children for school in order to improve their performance, reduce their need for repetition and foster lower drop-out rates. These new components could be designed to introduce and lay the foundations for similar, but more advanced components in programmes for children beyond the age of 8.

By the same token, in places where no early childhood programmes exist, the incorporation of components aimed at younger children within programmes for older, school-aged children might help widen the reach and the effectiveness of these programmes.

10. In programmes for older children, build on the gains achieved

The gains achieved through early childhood programmes should be consolidated as children grow towards and through sexual maturity. The openness of children from 8 to adolescence to learning, the malleability of gender identities and the looming onset of a period in life when the risks of HIV/AIDS are more varied and substantial suggest that there is plenty of opportunity to build on lessons learned.

Adults have difficulty acknowledging adolescents as sexual beings. This influences policy and practice towards adolescent sexual health and education. For example, because it is believed that information about sex, coupled with the growing awareness of sex among young people, will encourage them to become sexually active, sex education usually promotes abstinence and frequently avoids more than a vague presentation of other pertinent issues. Programmes that are more forthright might include discussions not only of abstinence, but also safe practices, the use of condoms, sex as pleasurable, sex as dangerous and, without too much moralising, seek to diminish the potential for unequal sexual relations whereby boys feel entitled to have sex and to be sexually demanding and girls believe they must be submissive.[150]

While the family and schooling are key areas of intervention, parents and families across a wide range of cultures often deny adolescents information about sex. By denying sexuality, parents often believe that sexuality will be contained. However, evidence suggests that young people who openly communicate about sexual matters with their parents are less likely to be sexually active.[151] Indeed, by being silent about sex, parents may only be evading the discovery that their children have already learned much first hand.[152]

Chapter 5: Conclusion

There are significant hurdles to the establishment of early childhood programmes aimed at converting young children into agents of change in confronting gender discrimination and HIV/AIDS. One of the staunchest barriers derives from the fact that parents, teachers, public authorities and other community members are loath to allow the dots to be connected between HIV/AIDS, gender discrimination and childhood, especially early childhood, with any persistence or semblance of seriousness. They view very young children as asexual, incompetent human beings who must be protected from the corruptive influences of adult society.[153] Assuredly, doubts about the appropriateness of traditional gender socialisation and matters related to sexual experience, such as HIV/AIDS, should not be raised with regard to children, least of all very young children.

This assumption tends to trivialise the issues.[154] Because of the trivialisation, there is a danger that the sinister allies – gender discrimination and HIV/AIDS – will harm our children, if not now, then later.

Field studies of gender and sexuality in early childhood and in early primary school include fresh methodologies centred on listening more systematically to what children say.[155] What children have said has forced a rethinking of old notions about gender innocence and gender awareness.

Through gender socialisation, children 0 to 8 are learning prejudices and misconceptions about gender that are spawning gender discrimination, and, as this summary review highlights, gender discrimination plays a substantial role in the spread of HIV/AIDS.[156]

However, young children also possess the ability and the capacity to appreciate the risks and realities of HIV/AIDS. Such an appreciation may be a necessary precursor to behavioural change. To eliminate gender discrimination will require behavioural change. The main resource in any initiative to attempt to encourage this change is the boys and girls themselves.

Successes in combating HIV/AIDS must be measured with respect to their impact on children. Are young boys and girls getting the information they need to protect themselves from HIV/AIDS? Is it not in their best interest to provide them with the opportunity to obtain this information? Do they not have a right to this information?[157] Are infants safe from the disease, and are children orphaned by AIDS being raised in loving, supportive environments? These are some of the hard questions we need to be asking if we hope to help a new generation avoid becoming shattered by HIV/AIDS.[158]

At the core of the double obligation to help children learn about gender discrimination and about HIV/AIDS is another imperative: a programme of early childhood education on these subjects must be based on an understanding of what young children know about gender and sexuality, how they learn it and how they negotiate gender identities and deal with matters of risk.[159] Much discussion and research will certainly be necessary in order to disentangle and strike a proper balance, in a satisfactorily neutral manner, between the moral, ethical, religious and traditional-cultural considerations and the obvious social equity and health issues. Resulting programmes will have to be tested to gauge their relevance, sensitivity and effectiveness. Especially in resource-poor environments where the need is most pressing, this calls for political will and financial commitment. Openness, patience and understanding must not go wanting.

Nonetheless, there is hope that appropriate early childhood programmes can be created. Young boys and girls are resilient in adverse circumstances. In dealing with HIV/AIDS within their families and communities, young children display a remarkable sense of humanity in a context of despair. This can break down gender boundaries and points to the possibility of harnessing an ethic of care, compassion and love in challenging gender discrimination and the devastation of HIV/AIDS.

Annex I: Key conventions and declarations promoting children's and women's rights

1. *The Convention on the Elimination of All Forms of Discrimination against Women* was adopted in 1979 by the United Nations General Assembly. The Convention entered into force as an international treaty on 3 September 1988. Representing a sort of international Bill of Rights for women, it has a preamble and 30 articles, defines the general features of discrimination against women and sets an agenda for national action to end this discrimination. The Convention has been ratified by 180 countries (as of 18 March 2005), which represents over 90 percent of the members of the United Nations. By ratifying the Convention, countries are committed to undertaking a series of measures to end discrimination against women in all forms. According to the Convention, discrimination against women is:

"any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field." [160]

The Convention plays an important role in the effort to spotlight discrimination against girls and women as a human rights concern. In the Preamble, it notes that "a change in the traditional role of men as well as the role of women in society and in the family is needed to achieve full equality between men and women".[161]

Health is certainly of direct pertinence for an early childhood education programme on gender discrimination and HIV/AIDS. Among the Convention provisions covering fundamental rights issues related to health are Article 10 (h), which asserts the equal right of women to be provided with "access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning", Article 11 1 (f), which asserts the equal right of women "to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction", Article 12, which asserts the obligation of States Parties "to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning" and to "ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation" and Article 16 (1) (e), which asserts the equal right of women "to decide freely and responsibly on the number and spacing of their children and to have access to

the information, education and means to enable them to exercise [this right]".[162]

Other provisions of relevance for an early childhood education programme on gender discrimination and HIV/AIDS are Article 2 (f), whereby States Parties agree to "to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women", Article 5 (b), which declares that "family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children", Article 10 (f), whereby States Parties agree to ensure the "reduction of female student drop-out rates and the organisation of programmes for girls and women who have left school prematurely", Article 14 (h), according to which rural women have the right to "enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications" and Article 16 (2), which declares that the "betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory".[163]

2. *The Convention on the Rights of the Child* was adopted in 1989 by the United Nations General Assembly. The Convention entered into force as an international treaty on 2 September 1990. It was the first legally binding international convention to protect the rights of children. It is the most universally accepted human rights instrument in history. It has been ratified by every country in the world (except Somalia and the United States) and therefore uniquely places children at centre-stage in the quest for the universal application of human rights.[164]

The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women are complementary and mutually reinforcing, especially in the promotion and protection of the human rights of girls and women and in the prevention of discrimination on the basis of gender.[165]

According to the Convention on the Rights of the Child, a child is "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier".[166] The Convention declares that children are neither the property of their parents, nor helpless recipients of charity. They are human beings and are the subject of their own rights. The Convention offers a vision of children as individuals and as members of families and communities, with rights and responsibilities appropriate to their age and stage of development. By recognising children's rights in this way, the Convention places the focus firmly on the entire child.

The Convention on the Rights of the Child has been built upon diverse legal systems and cultural traditions and incorporates the full range of human rights, civil and

political rights, and economic, social and cultural rights. It highlights a group of basic, non-negotiable human rights that, without discrimination, children possess everywhere: the right to survival, to develop to the fullest, to protection from harmful influences, abuse and exploitation, and to participate in family, cultural and social life and in the social, cultural, educational and other endeavours necessary for their individual growth and well-being.[167]

The Convention protects children's rights by setting standards and obligations in the provision of health care, education and legal, civil and social services. The standards represent benchmarks for monitoring the progress of states and governments that, by ratifying the Convention, have committed themselves to undertake measures and policies in the best interests of the child.

The Convention on the Rights of the Child is the result of a global consensus reached to help establish the recognition of children's rights, especially in many countries where children's lives are affected by armed conflict, child labour, sexual exploitation and other human rights violations.

Children in many parts of the world are also living in poverty and therefore find fewer opportunities to obtain formal education, proper health services and good nutrition. According to the Convention, the lack of such opportunities and the existence of the related disparities within societies are also violations of human rights. In calling on governments to ensure the human rights of all children, the Convention seeks to correct these sorts of inequities.

The underlying values or 'guiding principles' of the Convention are non-discrimination (Article 2), the best interests of the child (Article 3), survival and development (Article 6) and free expression, thought and association (Articles 12 through 15).[168]

Two optional protocols of the Convention entered into force in January and February 2002. These optional protocols deal with the sale of children, child prostitution and child pornography, and children in armed conflict.

The rights enunciated in the Convention that are of direct pertinence to an early childhood education programme on gender discrimination and HIV/AIDS are the rights of the child to affection, love and understanding, to adequate nutrition and medical attention, to free primary education and the opportunity for secondary, general and vocational education, to a full opportunity for play and recreation, to a name and a nationality, to special care if handicapped, to first place in the line to receive relief in times of disaster, to learning ways to be useful members of society and to develop individual abilities, to an upbringing in a spirit of peace and universal brotherhood, and to the enjoyment of these rights regardless of race, sex, religion, nationality, or social origin.[169]

There is also keen interest within the United Nations Committee on the Rights of the Child

on the recognition of human rights in early childhood. The Committee, the international human rights treaty body that monitors the implementation of the Convention, has recently issued General Comment 7 on 'implementing child rights in early childhood'.[170] (General Comments are interpretive and guideline documents issued by the seven international human rights treaty bodies on the relevant human rights conventions and covenants.) The existence of the General Comment on rights in early childhood should help advance advocacy for the recognition of these rights and therefore also the right to preventive HIV/AIDS and anti-discrimination education among young children.

3. *The World Declaration on the Survival, Protection and Development of Children and the Plan of Action for Implementing the World Declaration on the Survival,* Protection and Development of Children in the 1990s were adopted at the World Summit for Children, which was held on 29-30 September 1990.[171] The summit was attended by 71 heads of state and government and 88 other senior, mostly ministerial, delegates from throughout the world. The Declaration represented a joint commitment and an urgent universal appeal to give every child a better future by protecting children, diminishing their suffering, promoting the fullest development of the human potential of every child, and fostering awareness among children of their needs, their rights and their opportunities.[172]

The Declaration underlined the existence of countless children around the world who are exposed to dangers that hamper their growth and development. Children are suffering immensely from poverty and economic crises, from hunger and homelessness, from epidemics and illiteracy, and from the degradation of the environment. Children are casualties of war and violence and victims of racial discrimination, aggression, foreign occupation and annexation. They are refugees and displaced persons; they are disabled, and they are prey to neglect, cruelty and exploitation.[173]

For these reasons, the Declaration calls on all governments to promote the earliest possible ratification and implementation of the Convention on the Rights of the Child. The summit also established 27 specific goals related to children's survival, health, nutrition, education and protection that were to be met by 2000.[174]

4. *The Fourth World Conference on Women* was held in Beijing in September 1995. It was attended by representatives of 189 countries.[175] The conference resulted in the *Beijing Declaration and Platform for Action.* The Declaration reaffirms the commitment of governments to the full implementation of the rights of women and of the girl child as inalienable, integral and indivisible human rights and fundamental freedoms. It spells out the rights of women, including the right of women to reproductive health care and reproductive choice and to freedom from discrimination, coercion and violence. It calls on all governments, organisations and individuals to promote and protect the rights

of women through the full implementation of all relevant human rights instruments and to ensure that equality of the sexes and non-discrimination in terms of gender exist in law and in practice.[176]

The Platform for Action identified 12 critical areas of action needed to empower women and ensure their human rights. These are: (1) the persistent and increasing burden of poverty on women, (2) inequalities and inadequacies in and unequal access to education and training, (3) inequalities and inadequacies in and unequal access to health care and related services, (4) violence against women, (5) the effects of armed or other kinds of conflict on women, including women living under foreign occupation, (6) inequality in economic structures and policies, in all forms of productive activities and in access to resources, (7) inequality between men and women in the sharing of power and decision-making at all levels, (8) insufficient mechanisms at all levels to promote the advancement of women, (9) lack of respect for and inadequate promotion and protection of the human rights of women, (10) the stereotyping of women and inequality in women's access to and participation in all communication systems, especially in the media, (11) gender inequalities in the management of natural resources and in the safeguarding of the environment, and (12) persistent discrimination against and violation of the rights of the girl child.[177]

In order to help girl children survive and reach their full potential, the Platform for Action recommended that governments, international and non-governmental organisations and the private sector undertake to achieve certain strategic objectives. Appropriately presented, these objectives could become the focus of a programme of early childhood education. They are: (1) eliminate all forms of discrimination against the girl child, (2) eliminate negative cultural attitudes and practices against girls, (3) promote and protect the rights of the girl child and increase awareness of her needs and potential, (4) eliminate discrimination against girls in education, skills development and training, (5) eliminate discrimination against girls in health and nutrition, (6) eliminate the economic exploitation of child labour and protect young girls at work, (7) eradicate violence against the girl child, (8) promote the girl child's awareness of and participation in social, economic and political life, and (9) strengthen the role of the family in improving the status of the girl child.[178]

Annex II: AIDS orphans

In sub-Saharan Africa in 1990, fewer than 1 million children under the age of 15 had lost one or both parents to HIV/AIDS. By the end of 2001, the corresponding number had risen to 11 million, nearly 80 percent of the world total. By 2010, the number is expected to have grown to 20 million, comprising about half of all the orphans in the region. At that point, anywhere from 15 to over 25 percent of the children in a dozen sub-Saharan African countries will be orphans. The vast majority will have been orphaned by HIV/AIDS.[179]

The age distribution of orphans is fairly consistent across sub-Saharan Africa. Surveys indicate that, on average, 2 percent of children have been orphaned before their first birthday. Overall, about 15 percent of orphans are 0–4 years old; 35 percent are 5–9 years old, and 50 percent are 10–14 years old.[180]

In many societies, orphans are traditionally looked after within their extended families, and this has also been the case for AIDS orphans. However, due to the severity of the AIDS pandemic and the number of children orphaned as a result, extended families are under tremendous pressure and can be overwhelmed in practical and economic terms.[181] Massive urbanisation and changing family structures have also reduced support from extended family systems.[182]

Thus, as a result of losing one or both parents, young boys and girls may be deprived of the consistent, responsive support and loving care they need for proper development. Children under the age of 5 are particularly affected because they require more care.[183] The illness or death of a mother or guardian during a child's first year has life-threatening consequences. While the threat gradually diminishes after the first year, it remains significant for several years.

Even when the extended family can cope, some orphans may be only tolerated rather than welcomed within their new environments. Children who have lost one or both parents to HIV/AIDS are often stigmatised or ostracised by others in the community.[184] This creates a difficult context for the provision of care and can damage the children's self-esteem.

Generally, young orphans are likely to be poorer and less healthy than non-orphans. They may be exploited by losing their inheritances. Orphans living with extended families or in foster care may be prone to discrimination in access to health care and other social services.[185] They are less likely to go to school. They may be made to earn a living at an early age. Young orphans may resort to trading sex in exchange for food, protection or money.[186] Often emotionally vulnerable and financially desperate, orphaned children are more likely to be sexually abused

and forced into exploitative situations, such as prostitution, as a means of survival.[187] (There are many cases of families, desperate for income, selling children into slavery or the sex trade.)

Orphans enduring the grave social isolation that often accompanies HIV/AIDS when it strikes a family are also at far greater risk than most of their peers of eventually becoming infected with HIV or, if they have been born with HIV, of spreading the infection.[188]

Generally, girl orphans are likely to find themselves less well protected, less favoured and more at risk. To a large extent, their plight parallels the gender-determined paths along which they are driven in non-HIV/AIDS settings. Their rights and needs are disregarded or regarded as secondary to those of boys. Girls are at especially high risk of sexual abuse.[189] The burden of taking care of sick relatives and of younger siblings often falls on young girls, who must drop out of school and take responsibility for the household, including earning income.[190]

Endnotes

[1] UNAIDS (2004), 'Executive Summary: 2004 Report on the Global AIDS Epidemic', Joint United Nations Programme on HIV/AIDS: w*ww.unaids.org/bangkok2004/GAR2004_html/ExecSummary_en/Execsumm_en.pdf,* page 3.

[2] UNFPA (2003), State of World Population 2003: *Making One Billion Count, Investing in Adolescents' Health and Rights,* United Nations Population Fund: *www.unfpa.org/swp/2003/pdf/english/swp2003_eng.pdf.*

[3] Commonwealth Secretariat (2002), 'Guidelines for Implementing a Multi-Sectoral Approach to HIV/AIDS in Commonwealth Countries, Revised Version', March, Commonwealth Secretariat: *www.para55.org/downloads/pdfs/Guidelines.pdf.* UNAIDS (2004), *2004 Report on the Global HIV/AIDS Epidemic: 4th Global Report,* Joint United Nations Programme on HIV/AIDS: *www.unaids.org/bangkok2004/report_pdf.html.* UNAIDS (2002), '2002 Report on the Global AIDS Epidemic', Joint United Nations Programme on HIV/AIDS, Geneva.

[4] UNFPA (2000), 'Violence against Girls and Women: Child Marriage', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/violence/gender2d.htm.*

[5] UNAIDS (2004), *2004 Report on the Global AIDS Epidemic: 4th Global Report,* Joint United Nations Programme on HIV/AIDS: *www.unaids.org/bangkok2004/GAR2004_pdf/Preface_en.pdf.* Elford, J. (1997), 'HIV and AIDS in Adolescence: Epidemiology', in Lorraine Sherr (ed.), *AIDS and Adolescents,* Harwood Academic Publishers, Amsterdam.

[6] See Bernard van Leer Foundation (Unpublished paper), *Early Childhood and Risk Reduction in Later Life,* Bernard van Leer Foundation, The Hague.

[7] Silin, J. (1995), *Sex, Death and the Education of Children: Our Passion for Ignorance in the Age of AIDS,* Teachers College Press, New York.

[8] Pattman, Rob, and Fatuma Chege (2003), *Finding Our Voices: Gendered and Sexual Identities and HIV/AIDS in Education,* United Nations Children's Fund, Eastern and Southern Africa Regional Office, Nairobi. Silin, J. (1995), *Sex, Death and the Education of Children: Our Passion for Ignorance in the Age of AIDS,* Teachers College Press, New York.

[9] Alloway, Nola (1995), *Foundation Stones: The Construction of Gender in Early Childhood,* Curriculum Corporation, Carlton, Victoria, Australia.

[10] Garcia, Marito (2001), 'Early Child Development: Increasing World Bank Investments in Africa', in World Bank, *A Directory of Early Child Development Projects in Africa Supported by the World Bank, World Bank,* Washington, D. C. Terborg, Julia (2000), 'Survey Report on Gender Socialization in Two Selected Communities: Palissadeweg and Munderbuiten', United Nations Children's Fund: *www.unicef.org/evaldatabase/files/CAB_2000_007.pdf.*

[11] National Research Council (2001), *Early Childhood Development and Learning: New Knowledge for Policy,* National Academies, National Research Council, Division of Behavioural and Social Sciences and Education, National Academy Press, Washington, D. C.

12 World Bank, 'What is Early Child Development?', World Bank: *www.worldbank.org/children/devstages.html* (click on 'What is ECD'; accessed in July 2005).

13 Evans, Judith L. (1993), 'Health Care: The Care Required to Survive and Thrive', *Coordinators' Notebook,* no. 13, Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/download/cc113ahi.pdf.*

14 Young, Mary Eming (1996), 'Early Child Development: Investing in the Future', *Directions in Development,* World Bank, Washington, D. C.

15 de Onis, M., C. Monteiro, J. Akré and G. Clugston (1993), 'The Worldwide Magnitude of Protein-Energy Malnutrition: An Overview from the WHO Global Database on Child Growth', B*ulletin of the World Health Organization,* vol. 71, no. 6, page 703.

16 Martorell, Reynaldo (1997), 'Undernutrition during Pregnancy and Early Childhood and its Consequences for Cognitive and Behavioural Development', in Mary Eming Young (ed.), *Early Childhood Development: Investing in Our Children's Future,* Proceedings of a World Bank Conference, 'Early Child Development: Investing in the Future', Atlanta, 8-9 April 1996, Elsevier, Amsterdam.

17 Glewwe, Paul, Hanan G. Jacoby and Elizabeth M. King (2001), 'Early Childhood Nutrition and Academic Achievement: A Longitudinal Analysis', *Journal of Public Economics*, vol. 81, no. 3, pages 345-68.

18 Sternberg, Robert J., Elena L. Grigorenko and Catherine Nokes (1997), 'Effects of Children's Ill Health on Cognitive Development', in Mary Eming Young (ed.), E*arly Childhood Development: Investing in Our Children's Future,* Proceedings of a World Bank Conference, 'Early Child Development: Investing in the Future', Atlanta, 8-9 April 1996, Elsevier, Amsterdam.

19 Bhana, Deevia (2005), 'What Matters to Girls and Boys in a Black Primary School in South Africa', *Early Child Development and Care*, vol. 175, no. 2, pages 99-111.

20 UNICEF, 'Early Childhood: Investments in Early Childhood Can Break the Cycle of Poverty', United Nations Children's Fund: *www.unicef.org/earlychildhood/index_investment.html* (accessed in July 2005).

21 World Bank (2001), 'Arab Republic of Egypt: An Economic Analysis of Early Childhood Education/ Development', World Bank, Washington, D. C.

22 Consultative Group on Early Childhood Care and Development, 'ECCD Info, Early Childhood Counts: Rights from the Start', Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/eccdinfo.asp* (accessed in July 2005).

23 World Bank, 'What is Early Child Development?', World Bank: *www.worldbank.org/children/devstages.html* (click on 'What is ECD'; accessed in July 2005).

24 UNICEF, 'Psychosocial Care and Early Learning: A New Direction', United Nations Children's Fund: *www.unicef.org/earlychildhood/index_newdirection.html* (accessed in July 2005).

25 Consultative Group on Early Childhood Care and Development (1996), 'The Benefits of Investing in Early Childhood Programmes', *ECCD Briefs: Early Childhood Counts,* Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/download/bc1bieci.pdf.*

26 UNICEF, 'Psychosocial Care and Early Learning: A New Direction', United Nations Children's

Fund: *www.unicef.org/earlychildhood/index_newdirection.html* (accessed in July 2005). WHO (1999), *A Critical Link: Interventions for Physical Growth and Psychological Development,* a Review, World Health Organisation, Department of Child and Adolescent Health and Development, Geneva.

27 Young, Mary Eming (1996), 'Early Child Development: Investing in the Future', *Directions in Development,* World Bank, Washington, D. C.

28 Shonkoff, Jack P., Deborah A. Phillips and Bonnie Keilty (eds) (2000), *Early Childhood Intervention: Views from the Field, Report of a Workshop,* National Research Council, Commission on Behavioral and Social Sciences and Education, Board on Children, Youth, and Families and Committee on Integrating the Science of Early Childhood Development, and Institute of Medicine, National Academy Press, Washington, D. C.

29 Bredekamp, S., R. A. Knuth, L. G. Kunesh and D. D. Shulman (1992), 'What Does Research Say about Early Childhood Education?', North Central Regional Educational Laboratory: *www.ncrel.org/sdrs/areas/stw_esys/5erly_ch.htm.*

30 Young, Mary Eming (1996), 'Early Child Development: Investing in the Future', *Directions in Development,* World Bank, Washington, D. C. UNICEF, 'Early Childhood', United Nations Children's Fund: *www.unicef.org/earlychildhood* (accessed in July 2005). WHO (2004), *The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children: A Review,* World Health Organisation, Department of Child and Adolescent Health and Development, Geneva.

31 UNICEF, 'Facts on Children: Early Childhood', United Nations Children's Fund: *www.unicef.org/media/media_9475.html* (accessed in July 2005).

32 WHO (2004), *The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children: A Review,* World Health Organisation, Department of Child and Adolescent Health and Development, Geneva.

33 World Bank (2001), 'Arab Republic of Egypt: An Economic Analysis of Early Childhood Education/Development', World Bank, Washington, D. C.

34 Engle, Patrice (1992), 'Care and Child Nutrition', paper prepared for the International Nutrition Conference, March, cited in Judith L. Evans (1993), 'Health Care: The Care Required to Survive and Thrive', *Coordinators' Notebook,* no. 13, Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/download/cc113ahi.pdf,* page 5.

35 WHO (2004), *The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children: A Review,* World Health Organisation, Department of Child and Adolescent Health and Development, Geneva. National Research Council (2001), *Early Childhood Development and Learning: New Knowledge for Policy,* National Academies, National Research Council, Division of Behavioural and Social Sciences and Education, National Academy Press, Washington, D. C.

36 Shonkoff, Jack P., and Deborah A. Phillips (eds) (2000), *From Neurons to Neighborhoods: The Science of Early Childhood Development,* National Research Council, Board on Children, Youth, and Families and Committee on Integrating the Science of Early Childhood Development, and Institute of Medicine, National Academy Press, Washington, D. C.

37 WHO (2004), *The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children: A Review,* World Health Organisation, Department of Child and Adolescent Health and Development, Geneva.

38 WHO (1999), *A Critical Link: Interventions for Physical Growth and Psychological Development, a Review,* World Health Organisation, Department of Child and Adolescent Health and Development, Geneva.

39 Shonkoff, Jack P., Deborah A. Phillips and Bonnie Keilty (eds) (2000), *Early Childhood Intervention: Views from the Field, Report of a Workshop,* National Research Council, Commission on Behavioral and Social Sciences and Education, Board on Children, Youth, and Families and Committee on Integrating the Science of Early Childhood Development, and Institute of Medicine, National Academy Press, Washington, D. C.

40 UNICEF, 'Early Childhood: Investments in Early Childhood Can Break the Cycle of Poverty', United Nations Children's Fund: *www.unicef.org/earlychildhood/index_investment.html* (accessed in July 2005).

41 National Research Council (2001), *Early Childhood Development and Learning: New Knowledge for Policy,* National Academies, National Research Council, Division of Behavioural and Social Sciences and Education, National Academy Press, Washington, D. C., page 11.

42 Shonkoff, Jack P., Deborah A. Phillips and Bonnie Keilty (eds) (2000), *Early Childhood Intervention: Views from the Field, Report of a Workshop,* National Research Council, Commission on Behavioral and Social Sciences and Education, Board on Children, Youth, and Families and Committee on Integrating the Science of Early Childhood Development, and Institute of Medicine, National Academy Press, Washington, D. C.

43 See Young, Mary Eming (ed.) (1997), *Early Childhood Development: Investing in Our Children's Future,* Proceedings of a World Bank Conference, 'Early Child Development: Investing in the Future', Atlanta, 8-9 April 1996, Elsevier, Amsterdam.

44 Shonkoff, Jack P., Deborah A. Phillips and Bonnie Keilty (eds) (2000), *Early Childhood Intervention: Views from the Field, Report of a Workshop,* National Research Council, Commission on Behavioral and Social Sciences and Education, Board on Children, Youth, and Families and Committee on Integrating the Science of Early Childhood Development, and Institute of Medicine, National Academy Press, Washington, D. C., page 13.

45 Evans, Judith L., and Robert G. Myers (1994), 'Childrearing Practices: Creating Programs Where Traditions and Modern Practices Meet', *Coordinators' Notebook*, no. 15, Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/download/cc115aci.pdf,* page 4.

46 World Bank, 'Early Child Development', World Bank: *www.worldbank.org/children/braindev.html* (accessed in July 2005).

47 Biddulph, Steve (1997), Raising Boys: *Why Boys are Different and How to Help Them Become Happy and Well-Balanced Men,* Finch, Sydney. However, see Holland, Penny (2003), *We Don't Play with Guns Here: War, Weapon and Superhero Play in the Early Years,* Open University Press, Maidenhead, Berkshire, U. K.

48 Gilbert, Rob, and Pam Gilbert (1998), *Masculinity Goes to School*, Routledge, London and New York.

[49] Gurian, Michael (2002), *The Wonder of Girls: Understanding the Hidden Nature of Our Daughters,* Pocket Books, New York. Biddulph, Steve (1997), Raising Boys: *Why Boys are Different and How to Help Them Become Happy and Well-Balanced Men,* Finch, Sydney. Davies, Bronwyn (1989), Frogs and Snails and Feminist Tales, Allen and Unwin, Sydney, page 237.

[50] Gilbert, Rob, and Pam Gilbert (1998), *Masculinity Goes to School,* Routledge, London and New York.

[51] Epstein, Debbie, and Richard Johnson (1998), *Schooling Sexualities,* Open University Press, Maidenhead, Berkshire, U. K. Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education,* Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the Australian Journal of Early Childhood', *Australian Journal of Early Childhood*, vol. 40, no. 4.

[52] Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education*, Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the Australian Journal of Early Childhood', *Australian Journal of Early Childhood,* vol. 40, no. 4.

[53] Tobin, Joseph (ed.) (1997), *Making a Place for Pleasure in Early Childhood Education*, Yale University Press, New Haven, CT, and London.

[54] Danby, Susan (1998), 'The Serious and Playful Work of Gender: Talk and Social Order in a Preschool Classroom', in Nicola Yelland (ed.), *Gender in Early Childhood,* Routledge, London and New York, pages 175-205.

[55] Epstein, Debbie, and Richard Johnson (1998), *Schooling Sexualities,* Open University Press, Maidenhead, Berkshire, U. K.

[56] Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education,* Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the Australian Journal of Early Childhood', *Australian Journal of Early Childhood*, vol. 40, no. 4. Holland, Penny (2003), *We Don't Play with Guns Here: War, Weapon and Superhero Play in the Early Years,* Open University Press, Maidenhead, Berkshire, U. K.

[57] Jordan, E. (1995), 'Fighting Boys and Fantasy Play: The Construction of Masculinity in the Early Years of School', *Gender and Education*, vol. 7, no. 1. Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education,* Paul Chapman Publishing, London. Bhana, Deevia (2002), 'Making Gender in Early Schooling: A Multi-Sited Ethnographic Study of Power and Discourse from Grade One to Two in Durban', Ph. D. thesis, University of KwaZulu-Natal, Faculty of Education, Edgewood and Pietermaritzburg, South Africa. Bhana, Deevia (2005), 'What Matters to Girls and Boys in a Black Primary School in South Africa', *Early Child Development and Care,* vol. 175, no. 2, pages 99-111. Keddie, Amanda (2003), 'Little Boys: Tomorrow's Macho Lads', *Discourse: Studies in the Cultural Politics of Education*, vol. 24, no. 3, pages 289-306.

[58] Bhana, Deevia (2005), 'What Matters to Girls and Boys in a Black Primary School in South Africa', *Early Child Development and Care,* vol. 175, no. 2, pages 99-111.

[59] Evans, Judith L. (1993), 'Health Care: The Care Required to Survive and Thrive', *Coordinators' Notebook,* no. 13, Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/download/cc113ahi.pdf.*

60 Garbarino, James (1995), *Raising Children in a Socially Toxic Environment,* Jossey-Bass, San Francisco. Garbarino, James (1999), *Lost Boys: Why Our Sons Turn Violent and How We Can Save Them,* The Free Press, New York.

61 See, for example, Walkerdine, Valerie (1993), 'Beyond Developmentalism?', *Theory and Psychology,* vol. 3, no. 4, pages 451-69.

62 Bhana, Deevia (2002), 'Making Gender in Early Schooling: A Multi-Sited Ethnographic Study of Power and Discourse from Grade One to Two in Durban', Ph. D. thesis, University of KwaZulu-Natal, Faculty of Education, Edgewood and Pietermaritzburg, South Africa. Bhana, Deevia (2005), 'What Matters to Girls and Boys in a Black Primary School in South Africa', *Early Child Development and Care*, vol. 175, no. 2, pages 99-111. Pattman, Rob, and Fatuma Chege (2003), *Finding Our Voices: Gendered and Sexual Identities and HIV/AIDS in Education,* United Nations Children's Fund, Eastern and Southern Africa Regional Office, Nairobi.

63 Keddie, Amanda (2003), 'Little Boys: Tomorrow's Macho Lads', *Discourse: Studies in the Cultural Politics of Education,* vol. 24, no. 3, pages 289-306.

64 WHO (2004), *The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children: A Review,* World Health Organisation, Department of Child and Adolescent Health and Development, Geneva.

65 Tlou, Sheila Dinotshe (2001), 'Women, the Girl Child and HIV/AIDS', United Nations Division for the Advancement of Women: *www.un.org/womenwatch/daw/csw/tlou2001.htm.*

66 Graham, Maureen J., Ulla Larsen and Xiping Xu (1998), 'Son Preference in Anhui Province, China', *International Family Planning Perspectives*, vol. 24, no. 2, pages 72-77, Alan Guttmacher Institute: *www.agi-usa.org/pubs/journals/2407298.html.*

67 UNICEF, 'Fact Sheet: Discrimination', United Nations Children's Fund: *www.unicef.org/protection/discrimination.pdf* (accessed in July 2005). Arnold, F. (1997), 'Gender Preferences in Children', Macro International Inc., Calverton, MD.

68 UNDAW (1995), 'FWCW, Platform for Action: The Girl Child', United Nations Fourth World Conference on Women, 'Action for Equality, Development and Peace', Beijing, September, United Nations Division for the Advancement of Women, Department of Economic and Social Affairs: *www.un.org/womenwatch/daw/beijing/platform/girl.htm.*

69 Shonkoff, Jack P., Deborah A. Phillips and Bonnie Keilty (eds) (2000), *Early Childhood Intervention: Views from the Field, Report of a Workshop,* National Research Council, Commission on Behavioral and Social Sciences and Education, Board on Children, Youth, and Families and Committee on Integrating the Science of Early Childhood Development, and Institute of Medicine, National Academy Press, Washington, D. C., page 11.

70 Hersh, Lauren (1998), 'Giving Up Harmful Practices, Not Culture', Advocates for Youth: *www.advocatesforyouth.org/publications/iag/harmprac.htm.*

71 Hersh, Lauren (1998), 'Giving Up Harmful Practices, Not Culture', Advocates for Youth: *www.advocatesforyouth.org/publications/iag/harmprac.htm.*

72 UNDPI (2000), 'The Girl Child', Fact Sheet, no. 12, United Nations Department of Public Information: *www.un.org/womenwatch/daw/followup/session/presskit/fs12.htm.*

73 Hersh, Lauren (1998), 'Giving Up Harmful Practices, Not Culture', Advocates for Youth: *www.advocatesforyouth.org/publications/iag/harmprac.htm.*

74 UNFPA (2000), 'UNFPA, Working to Empower Women: The Girl-Child', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/beijing/girl.htm.*

75 Hersh, Lauren (1998), 'Giving Up Harmful Practices, Not Culture', Advocates for Youth: *www.advocatesforyouth.org/publications/iag/harmprac.htm.* PAHO, 'Gender and Child Development', Fact Sheet, Pan American Health Organisation, Programme on Women, Health and Development: *www.paho.org/English/DPM/GPP/GH/childdevelopment.PDF* (accessed in July 2005).

76 UNICEF (2001), 'Early Marriage, Child Spouses', Innocenti Digest, no. 7, United Nations Children's Fund, Innocenti Research Centre: *www.unicef-icdc.org/publications/pdf/digest7e.pdf.* UNICEF, 'Child Protection: Early Marriage', United Nations Children's Fund: *www.unicef.org/protection/index_earlymarriage.html* (accessed in July 2005). UNICEF (2000), 'Domestic Violence against Women and Girls', Innocenti Digest, no. 6, United Nations Children's Fund, Innocenti Research Centre: *www.unicef-icdc.org/publications/pdf/digest6e.pdf.*

77 UNICEF, 'Child Protection: Early Marriage', United Nations Children's Fund: *www.unicef.org/protection/index_earlymarriage.html* (accessed in July 2005).

78 UNICEF (2001), 'Early Marriage, Child Spouses', Innocenti Digest, no. 7, United Nations Children's Fund, Innocenti Research Centre: *www.unicef-icdc.org/publications/pdf/digest7e.pdf.*

79 UNICEF (2001), 'Early Marriage, Child Spouses', Innocenti Digest, no. 7, United Nations Children's Fund, Innocenti Research Centre: *www.unicef-icdc.org/publications/pdf/digest7e.pdf.*

80 WHO (2000), 'Female Genital Mutilation: Information Pack', World Health Organisation, Gender and Women's Health Department: *www.who.int/docstore/frh-whd/FGM/infopack/English/fgm_infopack.htm.* Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm#a1* (accessed in July 2005).

81 Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm* (accessed in July 2005).

82 WHO (2000), 'Female Genital Mutilation', Fact Sheet, no. 241. World Health Organisation: *www.who.int/mediacentre/factsheets/fs241/en/.* Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm* (accessed in July 2005). Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm* (accessed in July 2005).

83 WHO (2000), 'Female Genital Mutilation: Information Pack', World Health Organisation, Gender and Women's Health Department: *www.who.int/docstore/frh-whd/FGM/infopack/English/fgm_infopack.htm.* Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm#a1* (accessed in July 2005).

84 Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm#a1* (accessed in July 2005).

85 Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm#a1* (accessed in July 2005). UNFPA (2000), 'Violence against Girls and Women: Female Genital Mutilation', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/violence/gender2c.htm.*

86 OHCHR (2003), 'Traditional Practices Affecting the Health of Women and Girls: A Human Rights Issue', *Women's Rights are Human Rights,* Office of the United Nations High Commissioner for Human Rights: *www.unhchr.ch/women/focus-tradpract.html.*

87 Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm* (accessed in July 2005).

88 UNICEF, 'Child Protection: Female Genital Mutilation', United Nations Children's Fund: *www.unicef.org/protection/index_genitalmutilation.html* (accessed in July 2005).

89 UNFPA (2000), 'The Right to Choose: Rights for Sexual and Reproductive Health', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/reprights/sexual.htm.*

90 OHCHR, 'Harmful Traditional Practices Affecting the Health of Women and Children', Fact Sheet, no. 23, Office of the United Nations High Commissioner for Human Rights: *www.unhchr.ch/html/menu6/2/fs23.htm* (accessed in July 2005).

91 UNFPA (2000), 'Violence against Girls and Women: Female Genital Mutilation', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/violence/gender2c.htm.*

92 UNICEF, 'Child Protection: Female Genital Mutilation', United Nations Children's Fund: *www.unicef.org/protection/index_genitalmutilation.html* (accessed in July 2005). Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm* (accessed in July 2005).

93 Lightfoot-Klein, H. (1989), 'The Sexual Experience and Marital Adjustment of Genitally Circumcised and Infibulated Females in the Sudan', *Journal of Sex Research,* vol. 26, no. 3, pages 375-92, cited in Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm* (accessed in July 2005).

94 WHO (2000), 'Female Genital Mutilation', *Fact Sheet,* no. 241. World Health Organisation: *www.who.int/mediacentre/factsheets/fs241/en/.* Population Council (2005), 'Reproductive Health: Female Genital Cutting', 20 June, Population Council: *www.popcouncil.org/rh/fgc.html.* Amnesty International, 'Female Genital Mutilation', Amnesty International: *www.amnesty.org/ailib/intcam/femgen/fgm1.htm* (accessed in July 2005).

95 UNICEF, 'Child Protection: Female Genital Mutilation', United Nations Children's Fund: *www.unicef.org/protection/index_genitalmutilation.html* (accessed in July 2005).

96 UNAIDS (2004), *2004 Report on the Global AIDS Epidemic: 4th Global Report,* Joint United Nations Programme on HIV/AIDS: *www.unaids.org/bangkok2004/GAR2004_pdf/Preface_en.pdf,* page 8.

97 Pattman, Rob, and Fatuma Chege (2003), *Finding Our Voices: Gendered and Sexual Identities and HIV/AIDS in Education,* United Nations Children's Fund, Eastern and Southern Africa Regional Office, Nairobi.

98 Weiss, Ellen, Daniel Whelan and Geeta Rao Gupta (1996), 'Vulnerability and Opportunity: Adolescents and HIV/AIDS in the Developing World, Findings from the Women and AIDS Research Program', International Centre for Research on Women, Washington, D. C.

99 Newell, Katherine S., Elin Ross, Carrie McVicker and Jen Cromwell (2000), 'Discrimination against the Girl Child: Female Infanticide, Female Genital Cutting and Honor Killing', *International Youth Issues,* no. 6, Youth Advocate Programme International, Washington, D. C. UNFPA (2000), 'UNFPA, Working to Empower Women: The Girl-Child', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/beijing/girl.htm.* UNFPA (2000), 'Violence against Girls and Women: Introduction', United Nations Population Fund, Interactive Population Centre: www.unfpa.org/intercenter/violence/intro.htm. UNDPI (2000), 'The Girl Child', *Fact Sheet,* no. 12, United Nations Department of Public Information: *www.un.org/womenwatch/daw/followup/session/presskit/fs12.htm.*

100 UNDPI (2000), 'The Girl Child', Fact Sheet, no. 12, United Nations Department of Public Information: *www.un.org/womenwatch/daw/followup/session/presskit/fs12.htm.* Newell, Katherine S., Elin Ross, Carrie McVicker and Jen Cromwell (2000), 'Discrimination against the Girl Child: Female Infanticide, Female Genital Cutting and Honor Killing', *International Youth Issues,* no. 6, Youth Advocate Programme International, Washington, D. C.

101 UNICEF, 'Gender Equality', United Nations Children's Fund: *www.unicef.org/gender/* (accessed July 2005).

102 UNFPA (2000), 'Violence against Girls and Women: Introduction', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/violence/intro.htm.* UNDPI (2000), 'The Girl Child', Fact Sheet, no. 12, United Nations Department of Public Information: *www.un.org/womenwatch/daw/followup/session/presskit/fs12.htm.*

103 UNDPI (2000), 'The Girl Child', Fact Sheet, no. 12, United Nations Department of Public Information: *www.un.org/womenwatch/daw/followup/session/presskit/fs12.htm.* ICMR (1999), 'Children and Young People in the Context of HIV/AIDS: Listen, Learn, Live!, World AIDS Campaign with Children and Young People', *ICMR Bulletin,* vol. 29, no. 12, Indian Council of Medical Research: *http://icmr.nic.in/budec1999.pdf.* Fleischman, Janet (2003), 'Fatal Vulnerabilities: Reducing the Acute Risk of HIV/AIDS among Women and Girls, a Report of the Working Group on Women and Girls', February, Center for Strategic and International Studies, HIV/AIDS Task Force, CSIS Press: *www.csis.org/africa/0302_fatalvulnerabilities.pdf.* UNICEF, 'Child Protection: Early Marriage', United Nations Children's Fund: *www.unicef.org/protection/index_earlymarriage.html* (accessed in July 2005). UNICEF (2001), 'Early Marriage, Child Spouses', *Innocenti Digest,* no. 7, United Nations Children's Fund, Innocenti Research Centre: *www.unicef-icdc.org/publications/pdf/digest7e.pdf.*

104 Lopez, Vivien Mercedes (2002), 'HIV/AIDS and Young People: A Review of the State of the Epidemic and its Impact on World Youth', paper presented at the 'Expert Group Meeting on Global Priorities for Youth', Helsinki, 6-10 October.

105 UNFPA (2000), 'Violence against Girls and Women: Child Marriage', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/violence/gender2d.htm.*

[106] Bhana, Deevia (2005), 'What Matters to Girls and Boys in a Black Primary School in South Africa', *Early Child Development and Care,* vol. 175, no. 2, pages 99-111.

[107] Fleischman, Janet (2003), 'Fatal Vulnerabilities: Reducing the Acute Risk of HIV/AIDS among Women and Girls, a Report of the Working Group on Women and Girls', February, Center for Strategic and International Studies, HIV/AIDS Task Force, CSIS Press: *www.csis.org/africa/0302_fatalvulnerabilities.pdf.*

[108] UNFPA (2000), 'Violence against Girls and Women: Child Marriage', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/violence/gender2d.htm.*

[109] Evans, Judith L., and Robert G. Myers (1994), 'Childrearing Practices: Creating Programs Where Traditions and Modern Practices Meet', *Coordinators' Notebook*, no. 15, Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/download/cc115aci.pdf.*

[110] Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education,* Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the Australian Journal of Early Childhood', *Australian Journal of Early Childhood,* vol. 40, no. 4. Jordan, Ellen (1995), 'Fighting Boys and Fantasy Play: The Construction of Masculinity in the Early Years of School', *Gender and Education*, vol. 7, no. 1, pages 69-86. Boldt, Gail (1996), 'Sexist and Heterosexist Responses to Gender Bending in an Elementary Classroom', *Curriculum Inquiry*, vol. 26, no. 2, pages 113-31. Tobin, Joseph (ed.) (1997), *Making a Place for Pleasure in Early Childhood Education,* Yale University Press, New Haven, CT, and London. Epstein, Debbie, and Richard Johnson (1998), *Schooling Sexualities,* Open University Press, Maidenhead, Berkshire, U. K. Grieshaber, Susan J., and Gaile S. Cannella (2001), 'From Identity to Identities: Increasing Possibilities in Early Childhood Education', in Susan J. Grieshaber and Gaile S. Cannella (eds), *Embracing Identities in Early Childhood Education: Diversity and Possibilities,* Teachers College Press, New York and London.

[111] Grieshaber, Susan J. (1998), 'Constructing the Gendered Infant', in Nicola Yelland (ed.), *Gender in Early Childhood,* Routledge, London and New York, pages 16-35.

[112] Tobin, Joseph (ed.) (1997), *Making a Place for Pleasure in Early Childhood Education,* Yale University Press, New Haven, CT, and London. Yelland, Nicola (ed.) (1998), *Gender in Early Childhood*, Routledge, London and New York. Grieshaber, Susan J., and Gaile S. Cannella (2001), 'From Identity to Identities: Increasing Possibilities in Early Childhood Education', in Susan J. Grieshaber and Gaile S. Cannella (eds), *Embracing Identities in Early Childhood Education: Diversity and Possibilities,* Teachers College Press, New York and London.

[113] National Research Council (2001), *Early Childhood Development and Learning: New Knowledge for Policy,* National Academies, National Research Council, Division of Behavioural and Social Sciences and Education, National Academy Press, Washington, D. C.

[114] Thorne, Barrie (1993), *Gender Play: Girls and Boys in School,* Open University Press, Maidenhead, Berkshire, U. K., page 199.

[115] Connell, Robert W. (1995), *Masculinities,* Allen and Unwin, Sydney.

[116] Epstein, Debbie (1993), *Changing Classroom Cultures: Anti-Racism, Politics and Schools,* Trentham Books, Stoke on Trent, U. K., page 46.

[117] Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education,* Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the Australian Journal of Early Childhood', *Australian Journal of Early Childhood*, vol. 40, no. 4. Holland, Penny (2003), *We Don't Play with Guns Here: War, Weapon and Superhero Play in the Early Years,* Open University Press, Maidenhead, Berkshire, U. K. Yelland, Nicola (ed.) (1998), *Gender in Early Childhood,* Routledge, London and New York. Epstein, Debbie (1993), *Changing Classroom Cultures: Anti-Racism, Politics and Schools,* Trentham Books, Stoke on Trent, U. K. Grieshaber, Susan J., and Gaile S. Cannella (2001), 'From Identity to Identities: Increasing Possibilities in Early Childhood Education', in Susan J. Grieshaber and Gaile S. Cannella (eds), *Embracing Identities in Early Childhood Education: Diversity and Possibilities,* Teachers College Press, New York and London.

[118] Connell, Robert W. (1995), *Masculinities*, Allen and Unwin, Sydney.

[119] UNICEF, 'HIV/AIDS', United Nations Children's Fund: *www.unicef.org/aids/* (accessed in July 2005).

[120] Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education,* Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the Australian Journal of Early Childhood', *Australian Journal of Early Childhood*, vol. 40, no. 4. Epstein, Debbie, and Richard Johnson (1998), *Schooling Sexualities*, Open University Press, Maidenhead, Berkshire, U. K.

[121] Tobin, Joseph (ed.) (1997), *Making a Place for Pleasure in Early Childhood Education,* Yale University Press, New Haven, CT, and London.

[122] Pattman, Rob, and Fatuma Chege (2003), *Finding Our Voices: Gendered and Sexual Identities and HIV/AIDS in Education,* United Nations Children's Fund, Eastern and Southern Africa Regional Office, Nairobi.

[123] UNICEF (2003), 'Africa's Orphaned Generations', United Nations Children's Fund: *www.unicef.org/publications/africas_orphans.pdf.* UNAIDS (2002), '2002 Report on the Global AIDS Epidemic', Joint United Nations Programme on HIV/AIDS, Geneva.

[124] Bhana, Deevia (2002), 'Making Gender in Early Schooling: A Multi-Sited Ethnographic Study of Power and Discourse from Grade One to Two in Durban', Ph. D. thesis, University of KwaZulu-Natal, Faculty of Education, Edgewood and Pietermaritzburg, South Africa. Bhana, Deevia (2005), 'What Matters to Girls and Boys in a Black Primary School in South Africa', *Early Child Development and Care,* vol. 175, no. 2, pages 99-111. Bhana, Deevia, and Debbie Epstein (2004), '"I Don't Want to Catch It":AIDS=Rape=Sex= Pleasure', paper presented at the conference 'Sexualities in the 21st Century', Cardiff University, Cardiff, Wales, 30 June-2 July. Epstein, Debbie, Robert Morrell, Relebohile Moletsane and Elaine Unterhalter (2004), 'Gender and HIV/AIDS in Africa South of the Sahara: Interventions, Activism, Identities', *Transformation: Critical Perspectives on Southern Africa,* no. 54, pages 1-16.

[125] Silin, J. (1995), *Sex, Death and the Education of Children: Our Passion for Ignorance in the Age of AIDS,* Teachers College Press, New York. Epstein, Debbie, and Richard Johnson (1998), *Schooling Sexualities,* Open University Press, Maidenhead, Berkshire, U. K. Tobin, Joseph (ed.) (1997), *Making a Place for Pleasure in Early Childhood Education,* Yale University Press, New Haven, CT, and London. Yelland, Nicola (ed.) (1998), *Gender in Early Childhood,* Routledge, London and New York. Epstein, Debbie (1999), 'Sex Play: Romantic Significations, Sexism and Silences in the Schoolyard', in Debbie Epstein and J. T.

Sears (eds), *A Dangerous Knowing: Sexuality, Pedagogy and Popular Culture,* Cassell, London and New York. Letts, William J. IV, and James T. Sears (eds) (1999), *Queering Elementary Education: Advancing the Dialogue about Sexualities and Schooling,* Rowman and Littlefield Publishers, Lanham, MD. Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education,* Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the *Australian Journal of Early Childhood*', Australian Journal of Early Childhood, vol. 40, no. 4. Theilheimer, Rachel, and Betsy Cahill (2001), 'A Messy Closet in the Early Childhood Classroom', in Susan J. Grieshaber and Gaile S. Cannella (eds), *Embracing Identities in Early Childhood Education: Diversity and Possibilities,* Teachers College Press, New York and London.

126 Kitzinger, Jenny (1990), 'Who are You Kidding?: Children, Power and the Struggle against Sexual Abuse', in Allison James and Alan Prout (eds), *Constructing and Reconstructing Childhood: Contemporary Issues in the Sociological Study of Childhood,* Falmer, London, pages 157-83. Tobin, Joseph (ed.) (1997), *Making a Place for Pleasure in Early Childhood Education,* Yale University Press, New Haven, CT, and London. Epstein, Debbie, and Richard Johnson (1998), Schooling Sexualities, Open University Press, Maidenhead, Berkshire, U. K.

127 Fleischman, Janet (2003), 'Fatal Vulnerabilities: Reducing the Acute Risk of HIV/AIDS among Women and Girls, a Report of the Working Group on Women and Girls', February, Center for Strategic and International Studies, HIV/AIDS Task Force, CSIS Press: *www.csis.org/africa/0302_fatalvulnerabilities.pdf.*

128 Bernard van Leer Foundation (Unpublished paper), *Early Childhood and Risk Reduction in Later Life,* Bernard van Leer Foundation, The Hague.

129 Jordan, Ellen (1995), 'Fighting Boys and Fantasy Play: The Construction of Masculinity in the Early Years of School', *Gender and Education,* vol. 7, no. 1, pages 69-86.

130 However, there are many promising resources on the worldwide web. A small sampling includes: Child Care Information Exchange (*www.childcareexchange.com*), Children's House in Cyberspace (*www.child-abuse.com/childhouse*), Child Rights Information Network (*www.crin.org*), Early Childhood Education on Line (*www.umaine.edu/eceol*), Enabling Education Network (*www.eenet.org.uk*), World Bank Group: 'Early Childhood Development', which also offers guidelines on incorporating early childhood activities into HIV/AIDS programmes (*www.worldbank.org/children*), and Zero to Three (*www.zerotothree.org*).

131 Alloway, Nola (1995), Foundation Stones: The Construction of Gender in Early Childhood, Curriculum Corporation, Carlton, Victoria, Australia.

132 See, for example, UNICEF, 'Convention on the Rights of the Child: External Links', United Nations Children's Fund: *www.unicef.org/crc/crc.htm* (accessed in July 2005).

133 Myers, Robert (1993), 'Attention by International Organizations to Early Childhood Care and Development: An Analysis of United Nations World Reports, 1993', *Coordinators' Notebook*, no. 13, Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/download/cc113cai.pdf.*

134 Consultative Group on Early Childhood Care and Development, 'What is ECCD?: Early Childhood Care for Development, a Definition', Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/what_is_ECCD.asp* (accessed in July 2005). Consultative Group on Early Childhood Care and Development, 'Principles of Child Development', Consultative Group on Early Childhood Care and Development: www.ecdgroup.com/principles_child_development.asp (accessed in July 2005).

135 For HIV/AIDS, see World Bank, UNICEF (United Nations Children's Fund) and UNAIDS (Joint United Nations Programme on HIV/AIDS) (2003), 'Operational Guidelines for Supporting Early Childhood Development (ECD) in Multi-Sectoral HIV/AIDS Programs in Africa', World Bank: *http://siteresources.worldbank.org/INTECD/Resources/OperGuideBookFinalEnglish.pdf.* See also UNAIDS (Joint United Nations Programme on HIV/AIDS), UNICEF and USAID (United States Agency for International Development) (2004), 'Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action', United Nations Children's Fund: *www.unicef.org/publications/files/cob_layout6-013.pdf.*

136 Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education,* Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the Australian Journal of Early Childhood', *Australian Journal of Early Childhood,* vol. 40, no. 4.

137 Bernard van Leer Foundation (Unpublished paper), 'Prevention Starts Young: Interventions at an Early Age can Help Young People Stay HIV Free', Bernard van Leer Foundation, the Hague.

138 Epstein, Debbie, Sarah O'Flynn and David Telford (2003), *Silenced Sexualities in Schools and Universities*, Trentham Books, Stoke on Trent, U. K.

139 Epstein, Debbie, Robert Morrell, Relebohile Moletsane and Elaine Unterhalter (2004), 'Gender and HIV/AIDS in Africa South of the Sahara: Interventions, Activism, Identities', Transformation: Critical Perspectives on Southern Africa, no. 54, pages 1-16.

140 See, for example, UNFPA (2000), 'Partners for Change: Enlisting Men in HIV/AIDS Prevention', United Nations Population Fund, New York. See also UNAIDS (2001), 'World AIDS Campaign: Men Key to Reducing HIV/AIDS, New Campaign Targets Widely Held Beliefs about Masculinity', News Release, 7 October 2001, Joint United Nations Programme on HIV/AIDS, Geneva.

141 Peter Piot, executive director of UNAIDS, quoted in UNAIDS (2001), 'World AIDS Campaign: Men Key to Reducing HIV/AIDS, New Campaign Targets Widely Held Beliefs about Masculinity', News Release, 7 October 2001, Joint United Nations Programme on HIV/AIDS, Geneva.

142 Bhana, Deevia (2005), 'What Matters to Girls and Boys in a Black Primary School in South Africa', *Early Child Development and Care*, vol. 175, no. 2, pages 99-111.

143 UNFPA (2000), 'Partners for Change: Enlisting Men in HIV/AIDS Prevention', United Nations Population Fund, New York. Kimmel, Michael S. (2003), *The Gendered Society,* 2nd edition, Oxford University Press, Oxford, U. K. Connell, Robert W. (1995), *Masculinities,* Allen and Unwin, Sydney. Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education*, Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the Australian Journal of Early Childhood', *Australian Journal of Early Childhood,* vol. 40, no. 4. Phoenix, Ann, Stephen Frosh and Rob Pattman (2003), 'Producing Contradictory Masculine Subject Positions: Narratives of Threat, Homophobia and Bullying in 11-14 Year Old Boys', *Journal of Social Issues,* vol. 59, no. 1, pages 179-95.

144 Bhana, Deevia, and Debbie Epstein (2004), '"I Don't Want to Catch It": AIDS=Rape=Sex=Pleasure', paper presented at the conference 'Sexualities in the 21st Century', Cardiff University, Cardiff, Wales, 30 June-2 July.

145 Bhana, Deevia (2005), 'What Matters to Girls and Boys in a Black Primary School in South Africa', Early Child Development and Care, vol. 175, no. 2, pages 99-111.

146 Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education,* Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the Australian Journal of Early Childhood', *Australian Journal of Early Childhood*, vol. 40, no. 4. Bhana, Deevia (2002), 'Making Gender in Early Schooling: A Multi-Sited Ethnographic Study of Power and Discourse from Grade One to Two in Durban', Ph. D. thesis, University of KwaZulu-Natal, Faculty of Education, Edgewood and Pietermaritzburg, South Africa. Keddie, Amanda (2003), 'Little Boys: Tomorrow's Macho Lads', *Discourse: Studies in the Cultural Politics of Education,* vol. 24, no. 3, pages 289-306.

147 Swart-Kruger, Jill, and Linda M. Richter (1997), 'AIDS-Related Knowledge, Attitudes and Behavior among South African Street Youth: Reflections on Power, Sexuality and Autonomous Self', *Social Science and Medicine*, vol. 45, no. 6, pages 957-66.

148 For a review of who is doing what with young children and HIV/AIDS, see Dunn, Alison (2004), 'HIV/AIDS: What about the Very Young Children', *Findings*, no. 2, July, Exchange: *www.healthcomms.org/pdf/findings02-hiv-ecd.pdf.* See also World Bank, UNICEF (United Nations Children's Fund) and UNAIDS (Joint United Nations Programme on HIV/AIDS) (2003), 'Operational Guidelines for Supporting Early Childhood Development (ECD) in Multi-Sectoral HIV/AIDS Programs in Africa', World Bank: *http://siteresources.worldbank.org/INTECD/Resources/OperGuideBookFinalEnglish.pdf.* Also, for more general information, the following websites may be useful: Child Care Information Exchange (*www.childcareexchange.com*), Children's House in Cyberspace (*www.child-abuse.com/childhouse*), Child Rights Information Network (*www.crin.org*), Early Childhood Education on Line (*www.umaine.edu/eceol*), Enabling Education Network (*www.eenet.org.uk*), World Bank Group, 'Early Childhood Development', which also offers guidelines on incorporating early childhood activities into HIV/AIDS programmes (www.worldbank.org/children), and Zero to Three (*www.zerotothree.org*).

149 Consultative Group on Early Childhood Care and Development (2002), 'HIV/AIDS and Early Childhood', *Coordinators' Notebook*, no. 26, Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/pdfs/CN26withphotos.pdf.* See also Bernard van Leer Foundation (Unpublished paper), 'Prevention Starts Young: Interventions at an Early Age can Help Young People Stay HIV Free', Bernard van Leer Foundation, the Hague.

150 Aggleton, Peter J., and Ian Warwick (1997), 'Young People, Sexuality, HIV and AIDS Education', in Lorraine Sherr (ed.), *AIDS and Adolescents*, Harwood Academic Publishers, Amsterdam. Pattman, Rob, and Fatuma Chege (2003), *Finding Our Voices: Gendered and Sexual Identities and HIV/AIDS in Education,* United Nations Children's Fund, Eastern and Southern Africa Regional Office, Nairobi.

151 Rao Gupta, Geeta, Ellen Weiss and Purnima Mane (1996), 'Talking about Sex: A Prerequisite for AIDS Prevention', in Lynellyn D. Long and E. Maxine Ankrah (eds.), *Women's Experiences with HIV/AIDS: An International Perspective,* Columbia University Press, New York.

152 Pattman, Rob, and Fatuma Chege (2003), *Finding Our Voices: Gendered and Sexual Identities and HIV/AIDS in Education,* United Nations Children's Fund, Eastern and Southern Africa Regional Office, Nairobi.

153 Mayall, Berry (2002), *Towards a Sociology for Childhood: Thinking from Children's Lives,* Open University Press, Maidenhead, Berkshire, U. K.

154 Silin, J. (1995), *Sex, Death and the Education of Children: Our Passion for Ignorance in the Age of AIDS,* Teachers College Press, New York. Tobin, Joseph (ed.) (1997), *Making a Place for Pleasure in Early*

Childhood Education, Yale University Press, New Haven, CT, and London. Mac Naughton, Glenda (2000), *Rethinking Gender in Early Childhood Education,* Paul Chapman Publishing, London. Mac Naughton, Glenda (2000), 'Silences, Sex-Roles and Subjectivities: 40 Years of Gender in the Australian Journal of Early Childhood', *Australian Journal of Early Childhood,* vol. 40, no. 4.

155 Jordan, E. (1995), 'Fighting Boys and Fantasy Play: The Construction of Masculinity in the Early Years of School', *Gender and Education,* vol. 7, no. 1. Epstein, Debbie (1999), 'Sex Play: Romantic Significations, Sexism and Silences in the Schoolyard', in Debbie Epstein and J. T. Sears (eds), *A Dangerous Knowing: Sexuality, Pedagogy and Popular Culture,* Cassell, London and New York. Pattman, Rob, and Fatuma Chege (2003), *Finding Our Voices: Gendered and Sexual Identities and HIV/AIDS in Education,* United Nations Children's Fund, Eastern and Southern Africa Regional Office, Nairobi.

156 UNAIDS (2004), 'Executive Summary: 2004 Report on the Global AIDS Epidemic', Joint United Nations Programme on HIV/AIDS: *www.unaids.org/bangkok2004/GAR2004_html/ExecSummary_en/Execsumm_en.pdf.*

157 Packer, C. (2002), 'Sex Education: Child's Rights, Parent's Choice, or State's Obligation?', in E. Heinze (ed.), *Of Innocence and Autonomy: Children, Sex and Human Rights,* Ashgate, Aldershot, Hampshire, U. K.

158 Carol Bellamy, former executive director of UNICEF, asked some of these hard questions in UNICEF (2002), *Young People and HIV/AIDS: Opportunity in Crisis,* United Nations Children's Fund, New York.

159 Bhana, Deevia (2005), 'What Matters to Girls and Boys in a Black Primary School in South Africa', *Early Child Development and Care,* vol. 175, no. 2, pages 99-111.

160 OHCHR, 'Convention on the Elimination of All Forms of Discrimination against Women', Office of the United Nations High Commissioner for Human Rights: *www.ohchr.org/english/law/cedaw.htm,* Article 1 (accessed in July 2005).

161 OHCHR, 'Convention on the Elimination of All Forms of Discrimination against Women', Office of the United Nations High Commissioner for Human Rights: *www.ohchr.org/english/law/cedaw.htm,* Preamble (accessed in July 2005).

162 OHCHR, 'Convention on the Elimination of All Forms of Discrimination against Women', Office of the United Nations High Commissioner for Human Rights: *www.ohchr.org/english/law/cedaw.htm* (accessed in July 2005).

163 OHCHR, 'Convention on the Elimination of All Forms of Discrimination against Women', Office of the United Nations High Commissioner for Human Rights: *www.ohchr.org/english/law/cedaw.htm* (accessed in July 2005).

164 UNICEF, 'Convention on the Rights of the Child: Introduction', United Nations Children's Fund: *www.unicef.org/crc/crc.htm* (accessed in July 2005).

165 UNICEF, 'CRC and CEDAW: Mutually Reinforcing Roles', United Nations Children's Fund: *www.unicef.org/crc/bg017.htm* (accessed in July 2005).

166 OHCHR, 'Convention on the Rights of the Child', Office of the United Nations High Commissioner for Human Rights: *www.ohchr.org/english/law/crc.htm,* Article 1 (accessed in July 2005).

167 UNICEF, 'Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s', United Nations Children's Fund: *www.unicef.org/wsc/plan.htm* (accessed in July 2005).

168 OHCHR, 'Convention on the Rights of the Child', Office of the United Nations High Commissioner for Human Rights: *www.ohchr.org/english/law/crc.htm* (accessed in July 2005).

169 UNAIDS (2001), 'Investing in Our Future: Psychosocial Support for Children Affected by HIV/AIDS, A Case Study in Zimbabwe and the United Republic of Tanzania', *UNAIDS Best Practice Collection*, Joint United Nations Programme on HIV/AIDS, Geneva.

170 Bernard van Leer Foundation, UNICEF, UNCRC (2006), A Guide to General Comment 7: Implementing Child Rights in Early Childhood. Bernard van Leer Foundation, The Hague.

171 UNICEF, 'A Promise to Children', United Nations Children's Fund: *www.unicef.org/wsc/* (accessed in July 2005).

172 UNICEF (2002), 'United Nations Special Session on Children, 8-10 May 2002', May, United Nations Children's Fund: *www.unicef.org/specialsession/about/world-summit.htm.*

173 UNICEF, 'World Declaration on the Survival, Protection and Development of Children', United Nations Children's Fund: *www.unicef.org/wsc/declare.htm* (accessed in July 2005).

174 UNICEF (2002), 'United Nations Special Session on Children, 8-10 May 2002', May, United Nations Children's Fund: www.unicef.org/specialsession/about/world-summit.htm.

175 UNFPA, 'Background on Key International Agreements and Declarations' United Nations Population Fund: *www.unfpa.org/gender/icl_00.htm* (accessed in July 2005).

176 United Nations (1996), 'The Beijing Declaration and the Platform for Action: Fourth World Conference on Women, Beijing, China, 4-15 September 1995', DPI/1766/Wom, United Nations, Department of Public Information, New York.

177 UNFPA (2000), 'UNFPA, Working to Empower Women: Introduction', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/beijing/intro.htm.* UNFPA (2000), *State of World Population 2000: Lives Together, Worlds Apart, Men wand Women in a Time of Change,* United Nations Population Fund: *www.unfpa.org/swp/2000/english/index.html.*

178 UNFPA (2000), 'The Girl-Child', United Nations Population Fund, Interactive Population Centre: *www.unfpa.org/intercenter/beijing/girl.htm.*

179 UNICEF (2003), 'Africa's Orphaned Generations', United Nations Children's Fund: *www.unicef.org/publications/africas_orphans.pdf.*

180 Monasch, Roeland, and J. Ties Boerma, 'Orphanhood and Childcare Patterns in Sub-Saharan Africa: An Analysis of National Surveys from 40 Countries', *AIDS,* vol. 18, Supplement 2, pages S55-S65. UNICEF (2003), 'Africa's Orphaned Generations', United Nations Children's Fund: *www.unicef.org/publications/africas_orphans.pdf.*

181 UNICEF (2003), 'Africa's Orphaned Generations', United Nations Children's Fund: *www.unicef.org/publications/africas_orphans.pdf.*

182 See, for example, Desmond, Chris, and Jeff Gow (2001), 'The Cost Effectiveness of Six Models of Care for Orphans and Vulnerable Children in South Africa', University of Natal, Health Economics and HIV/AIDS Research Division, Durban, South Africa

183 UNAIDS (Joint United Nations Programme on HIV/AIDS), UNICEF and USAID (United States Agency for International Development) (2004), 'Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action', United Nations Children's Fund: *www.unicef.org/publications/files/cob_layout6-013.pdf.*

184 Family Health International (n. d.), 'Orphans and Other Children Made Vulnerable by HIV/AIDS: Proceedings of a Consultative Group Meeting', Matuu, Machakos, Kenya, 16-19 December 2001, Family Health International: *www.fhi.org/en/HIVAIDS/pub/Archive/confrpts/ovckenyameeting.htm.* UNAIDS (Joint United Nations Programme on HIV/AIDS), UNICEF and USAID (United States Agency for International Development) (2004), 'Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action', United Nations Children's Fund: *www.unicef.org/publications/files/cob_layout6-013.pdf.*

185 UNAIDS (2001), 'Children and Young People in a World of AIDS', Joint United Nations Programme on HIV/AIDS, Geneva.

186 Fleischman, Janet (2003), 'Fatal Vulnerabilities: Reducing the Acute Risk of HIV/AIDS among Women and Girls, a Report of the Working Group on Women and Girls', February, Center for Strategic and International Studies, HIV/AIDS Task Force, CSIS Press: *www.csis.org/africa/0302_fatalvulnerabilities.pdf.*

187 UNICEF and UNAIDS (Joint United Nations Programme on HIV/AIDS) (1999), 'Children Orphaned by AIDS: Front-Line Responses from Eastern and Southern Africa', United Nations Children's Fund: *www.unicef.org/publications/files/pub_aids_en.pdf, page 5.*

188 UNICEF (2003), 'Africa's Orphaned Generations', United Nations Children's Fund: *www.unicef.org/publications/africas_orphans.pdf.* UNICEF, 'Protection and Support for Orphans and Families Affected by HIV/AIDS', United Nations Children's Fund: *www.unicef.org/aids/index_orphans.html* (accessed in July 2005).

189 UNICEF, 'Protection and Support for Orphans and Families Affected by HIV/AIDS', United Nations Children's Fund: *www.unicef.org/aids/index_orphans.html* (accessed in July 2005). Consultative Group on Early Childhood Care and Development (2002), 'HIV/AIDS and Early Childhood', Coordinators' Notebook, no. 26, Consultative Group on Early Childhood Care and Development: *www.ecdgroup.com/pdfs/CN26withphotos.pdf.*

190 UNICEF (2003), 'Africa's Orphaned Generations', United Nations Children's Fund: *www.unicef.org/publications/africas_orphans.pdf.*

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About the Bernard van Leer Foundation

The Bernard van Leer Foundation, established in 1949, is based in the Netherlands. We actively engage in supporting early childhood development activities in around 40 countries. Our income is derived from the bequest of Bernard van Leer, a Dutch industrialist and philanthropist, who lived from 1883 to 1958.

Our mission is to improve opportunities for vulnerable children younger than eight years old, growing up in socially and economically difficult circumstances. The objective is to enable young children to develop their innate potential to the full. Early childhood development is crucial to creating opportunities for children and to shaping the prospects of society as a whole.

We fulfil our mission through two interdependent strategies:

- Making grants and supporting programmes for culturally and contextually appropriate approaches to early childhood development;
- Sharing knowledge and expertise in early childhood development, with the aim of informing and influencing policy and practice.

The Foundation currently supports about 150 major projects for young children in both developing and industrialised countries. Projects are implemented by local actors which may be public, private or community-based organisations. Documenting, learning and communicating are integral to all that we do. We are committed to systematically sharing the rich variety of knowledge, know-how and lessons learned that emerge from the projects and networks we support. We facilitate and create a variety of products for different audiences about work in the field of early childhood development.

Information on the series and sub-series

Working Papers in Early Childhood Development is a 'work in progress' series that presents relevant findings and reflection on issues relating to early childhood care and development. The series acts primarily as a forum for the exchange of ideas, often arising out of field work, evaluations and training experiences.

The purpose of the Young children and HIV/AIDS sub-series is to share information, ideas and emerging lessons with readers who are concerned with young children affected by HIV/AIDS. As 'think pieces' we hope these papers will evoke responses and lead to further information sharing from among the readership.

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