

The Status of the Girl-Child in Soweto, South Africa

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ABSTRACT Several reports and Charters have all emphasized the overwhelming importance of the well-being of every child and their rights to a rewarding life. However, recent decades have brought growing recognition that throughout the world, women's status is lower than men's. More reports have also described the disadvantages or problems that the girl child faces vis-à-vis her brother. This discrimination is further entrenched by the system of institutionalised patriarchy which undermines basic human rights and also engenders a variety of harmful traditional practices. In spite of this observation, none or very few studies have been conducted on the situation of the Girl-Child in South Africa. Even then such studies have only treated the Girl-Child within the larger spectrum of women studies. Against this backdrop, this study was conducted to investigate the special situation of the girl child in Soweto, South Africa. With a sample of six hundred respondents (boys and girls) not beyond age 19, selected through multi-stage sampling procedure, data was collected using the interview method. Findings reveal that contrary to what obtains in many other parts of Africa, the girl-child and the boy-child in Soweto enjoy comparable status, and no significant difference in care and treatment was reported.

INTRODUCTION

How I wish I am a boy, then I can go to school, learn a trade, get a job and earn a good wage lamented a 13 year old Indian girl as she walked along with other girls to the stream to fetch water for the household (Thomas, 2000).

This feeling of the young Indian girl is typical of the feelings of millions of girls in similar situation all over the world including Africa.

Although problems facing children all over the world started to receive attention early in the 20th century with various enactments aimed at protecting children in all situations, it was not until 1989 when the United Nations adopted the Convention on the Rights of the Child, that the plights of the girl-child and indeed all children received real global concern. Prior to the adoption of the Convention in 1989, the United

Nations had in existence various instruments aimed at combating problems facing world children. Some of these include the United Nations Convention on the abolition of Slavery, Slave Trade and Institutions and Practices Similar to Slavery of 1957; the United Nations Declaration on the Rights of the Child (Protection against neglect, cruelty and exploitation) of 1959 and The International Covenant on Economic, Social and Cultural Rights of 1976. In spite of the ratification of these instruments by various participating countries, their implementation were only on paper as involvement of children in labour and the position of the girl-child were all believed to be part of the natural process of growing up in one case, and the natural order in the case of the girl-child. Again, the first three World Conferences on Women - Mexico City in 1975; Copenhagen in 1980 and Nairobi in 1985, never really addressed the problems facing the girl-child. This neglect of the problems of the girl-child may have been informed by the assumption that the problems of the girl-child are solved by solving those of her mother.

However, with the United Nations Convention on the Rights of the Child of 1989, the plight of the girl-child started to receive more serious attention. The Convention was followed by many world conferences such as The Summit on World Children held in New York in 1990 which witnessed the participation of 71 Presidents and Prime Ministers from all over the world; the World Conference on Human rights held in Vienna, Austria in 1993; the International Conference on Population and Development of 1994 in Cairo, Egypt; the 1995 World Summit for Social Development held in Copenhagen, Denmark; and the 1995 Conference on Women in Beijing, China. Even with these latest efforts and the promulgation of the African Charter on the Rights and welfare of the Child and The Convention on the Elimination of Discriminatory Practices against women, the discrimination against girl-children persists.

In many countries of the world, young girls suffer from a gender bias designed to rest economic and political power in male control. As a result, girls are discriminated against in nutrition, education, health care, and other areas, to the detriment of their personal development. Even before girls are born, they suffer, from the widely prevalent preference for sons. Societies' strong preference for male children in some countries has led to female infanticide and selective abortion of female foetuses. In China, the United Nations population Fund (UNFPA) (1999) cited a 1987 census survey which showed half a million fewer female infants than one would expect, given the normal biological ratio of male-to-female births. The ratio of males to females has been rising since 1982. According to Kar (2000), one powerful indicator of the neglect of girls and women in various cultures is the estimate of "missing women" or number of women who have died but would be expected to live if they had received same levels of food and basic health care as the men in their societies. Kar further contends that biologically, women are believed to be hardier than men, and under normal circumstances, the number of female births is slightly higher than the number of male births. Consequently, in a society with equal chance for survival for girls and boys, there should be more adult women than men. This is not the case however, as up to 100 million missing women is estimated globally. Other studies reveal that increased availability of reproductive technology such as amniocentesis and ultrasound has enabled this particular form of gender-based violence. Similar patterns of higher than normal male-to-female sex ratios are found in India and the Republic of Korea (UNICEF, 1993). UNICEF (1994) also showed that out of 8,000 abortions in the late 1980s in Bombay, India, 7,999 were females foetuses. Even when she is conceived and brought to life, her birth is unwelcome and she is seen as an unwanted child. At infancy, she is biologically more resilient than boys, but as a result of shorter breast-feeding and less nurture, she becomes susceptible to diarrhoeal and respiratory infections which reduce her chances of survival (Gbadebo, 1995; Odimegwu, 1998). Lane (1995) also observed similar pattern when it was noted that in developing countries, young girls suffer from a gender bias designed to rest economic and political power in male control. Pervasive

male preference is highlighted by studies indicating that 1) Chinese women with one son were twice as likely as women with a daughter to seek abortion, 2) About five percent of all female births in South Korea were aborted in the period 1986- 90, 3) Unwanted Chinese babies offered for adoption were three times more likely to be girls. Studies by Fapohunda and Todaro (1988) in Africa also show that African men are proud of the number of their children particularly sons, because of present and future benefits derived from them, an attitude which has encouraged polygyny and prolific childbearing.

This pattern of discrimination is also reflected in domestic responsibilities. While the responsibilities of girls include growing and cooking food, they do not have related rights in respect of its consumption. In many cultures, it has been observed that girls' need for food is subordinate to boys (UNICEF, 1993). The effects of these are significant in pregnancy. This cycle of malnutrition ultimately produces high death rates among mothers and babies. Although both boys and girls are subjected to child abuse, it is much worse for the girl. For example as Awogbade (2000) noted, when the family is under pressure, the female share of the load often becomes inequitable. UNICEF (1993) also reported that when there is insufficient income or when local jobs are scarce, the men migrate in search of work. As a result, the women are left to cater for themselves and the children. A growing number of both rural and urban households depend on women as their main provider. These woman usually toil with their children in order to survive, but very often, it is their female children that are their helpmates in their labour; the male child will be sent to school as the expected breadwinner of the whole family.

Other areas where discriminations have been discovered to exist are health care nutrition and education. In respect of health care, reports have shown that mortality rate among girls age 1 to 4 in developing countries is higher than boys in the same age group (UNFPA, 1999). Also, every year at least 500,000 women die from causes related to pregnancy and child-birth; one quarter of these are said to be teenagers. Studies have also shown that maternal mortality in 10 - 14 year olds was five times higher than among 20 - 24 year olds. Other studies also reveal that a) "Girls are 40 times less likely to be taken to hospital than boys in India (ICRW, 1995)", b)

“Parents with little financial means preferred to spend for the health care of their boys than their girls (WHO, 1985) c) “in terms of expenditures in Egypt and Bangladesh that on the treatment of 198 first born girls was 35 percent of that spent on first born boys (Kielman et al., 1983). It is a known fact that young girls worldwide face the challenges of growing up, lacking adequate and accurate information about their body and how it works. In the process of growing up, teenage girls experience problems such as unintended pregnancies, teenage parenthood, AIDs and other sexually Transmitted Infections. Moreover, girls who marry so young spend up to 80 percent of their lives pregnant, nursing and caring for children as well as serving husbands and in-laws. The very young mothers are therefore, mothers whose children experience severe disadvantages at the outset of life. With respect to education, studies have shown that gender gap exists and is continually increasing in school enrolment at all levels of education in most developing countries (Koko, 1995). Where there is no difference in enrolment rates and may even be higher for females, female education is often disrupted with the incidence of teenage pregnancy, as is the case in South Africa. Indeed, comparative data for Latin America, Asia and the Middle East indicate that in 1991 both the gross primary and secondary enrolment ratios were significantly lower in the Sub-Saharan African region than in other developing countries. Indeed, about 36 million girls are out of school in the Sub-Saharan African region.

Across the region, female enrolments contributed significantly to the increase in enrolments, increasing faster than males. This rapid growth has, however, slowed down in recent years. For example, in Niger, female enrolment ratios rose from 3 percent in 1960 to 18 percent in 1980 and then to 21 percent in 1990. For war-torn Somalia, the corresponding numbers were 3, 14, and 7 percent and for Nigeria 31, 90 and 63 percent. Within the region, the gender gaps in education appear widest in the Sahelian countries of Chad, Burkina Faso, Niger and Mali, where overall enrolments are also low by regional standards (Dae, 1994). Significant gender gaps persist despite the growth in female enrolment ratios, widening as one goes up the education ladder. In 1990 girls made up 45 percent of primary students, 40 percent of secondary students and 31 percent of tertiary level students. (Table 1)

Suar (1995) also noted that in India, social discrimination leads to high female school drop out rates and low female literacy rates.

In addition to all these problems, girls and women in developing countries are more vulnerable to HIV infection because of their dependence on men, their vulnerability to sexual demands and their lack of negotiating power to secure abstinence or protected sex. A lot of surveys have also found a preponderance of girls over boys among victims of sexual abuse (Glaser and Frosh, 1993; Kelly et al., 1991; Finkelhor, 1979). In the case of women and girls reduced to trading in sexual favour in order to

Table 1: Gross enrolment ratios by gender and level, Sub-Saharan Africa, 1970 - 1990

	1970	1980	1985	1990	Average Annual % Change		
					70 – 80	80 – 85	85 – 90
Primary enrolment (000's)	24,776	52,592	58,295	64,032	7.9	1.9	2
Female as % of total	39	43	45	45			
Gross primary enrol. Ratio	46	78	75	70			
Male	56	88	83	77			
Female	36	68	67	63			
Secondary enrolment (000's)	2,694	9,243	12,528	14,571	13.2	6.1	3.2
Female as % of total	29	35	39	40			
Gross primary enrol. Ratio	6	16	22	21			
Male	8	21	26	25			
Female	4	11	18	19			
Tertiary enrolment (000's)	189	419	819	1,219	8.1	15.4	7.1
Female as % of total	16	21	30	31			
Gross tertiary enrol. Ratio	0.5	1.3	2.2	2.6			
Male	0.9	2.1	3.1	3.7			
Female	0.2	0.5	1.2	1.7			

Source : DAE. 1994

survive, the risk of sexually transmitted infections (STIs) is more pronounced.

In other words, the special circumstances in which girl-children find themselves expose them to possible risk of physical, psychological and sexual abuse, which in turn increases their vulnerability to early pregnancy, STIs and AIDs. Indeed, Argent et al. (1995) in their study in Cape Town did find some evidence among STDs patients and sexual abuse. Larsen, Chapman and Armstrong (1996, 1998) also found an incidence rate of 65.9 percent infected with STDs among a population of sexually abused children in some parts of South Africa. Baribwira et al (1994) reported similar findings in their Burundi study.

Furthermore, figures have shown that in absolute terms, South Africa is second to India in numbers of PLWAs and PLWHs (Person Living with AIDs/Persons Living with HIV). Yet, India has twenty times the population of South Africa (the state of South Africa's Population Report, 2000). South African women and girls seem to be the most adversely affected. Their vulnerability and powerlessness in the face of the HIV/AIDs onslaught are seemingly sealed by poverty, patriarchy and violence.

Similarly, the population Policy for South Africa (1998) affirm that gender disparities which exist in many areas of human development reflect the generally lower status of women compared with men. Enrolment rates at primary, secondary and tertiary educational levels are estimated to be slightly higher for females (79.6%) than for males (77.1%), and adult literacy rates are almost equal for females and males. However, the policy document states, a high dropout rate is recorded for young women due to teenage pregnancies. Moreover, women are enrolled at the tertiary level of education mainly in traditionally female sectors such as teaching and nursing.

The population policy also states that the incidence of violence against women is high, with an estimated average of one rape every 83 seconds. Although the constitution guarantees equality between the sexes in all aspects of life, many administrative and cultural practices still discriminate against them. In addition, women cannot as a rule take advantage of such life enhancing opportunities as politics, education, community involvement or leisure, because of their heavy domestic and work burdens (Population Policy for South Africa, 1998).

However, although there have been some studies on the girl-child in many parts of the world, very little seem to have been carried out

on the specific situation in South Africa. As such, the socio-cultural context of gender discrimination is not clearly understood. It is in realisation of this that studies on perceptions of gender issues especially as they relate to the girl-child are needed to improve understanding of gender issues. This study is therefore conceived against this backdrop. It specifically seeks to answer the following questions: Are there discriminatory patterns against the girl-child in Soweto, South Africa? If there are, why do they exist? What socio-cultural factors reinforce this pattern?

This study is justified on three main grounds. Firstly, the 1998 Population policy for South Africa gave a lucid description of the situation of women and gender disparities in South Africa. It stated that while enrolment rates for females are higher than males at all levels of education, a high dropout rates are recorded for young women due to teenage pregnancies. Similarly, the document stressed the levels of child malnutrition and mortality are high and that the causes include poor dietary intake, inadequate child care provision, lack of education and information, inadequate health service etc. Given the literature on the position of the girl-child in other parts of the world, it would have been reasonable to deduce that girl-children are likely to be worse-off in the face of all the problems highlighted above. However, it is necessary to conduct a specific study on the peculiar problems of girl-children in South Africa. The results of such a study will help in broadening knowledge of the situation of the girl-child in South Africa. This study is therefore necessary for this reason.

Secondly, the importance of this study also derived from the fact that girl-children have been neglected in studies on gender issues in South Africa. Even global concern on the plight of the girl-children is a recent phenomenon (ICRW, 1995). Previous discussions have often been subsumed under the general discussion on women, with the assumption that the problems of the girl-child are addressed by addressing those of her mother. Furthermore, all that we know about the girl-child are observations and findings of studies conducted outside South-Africa. While the similarities of culture across Africa is acknowledged, these studies may be faced with the problem of generalization of results owing to the peculiar situations in such countries in respect of differing levels of development with that of South Africa.

Finally, the research results will document and highlight the various factors (if any) which impede on the development of the girl-child which are currently unavailable.

METHODOLOGY

Scope: The study essentially centred around an assessment of the status of the girl-child in Soweto, South Africa. In this regards, the study was limited to an examination of some socio-cultural and environmental variables that may affect the treatment of the girl-child. Again, the study focussed on girl-children that were not more than 19 years old at the time of the study. Boy-children within the same limitation were also involved for comparative purposes.

Study Location: The research was undertaken in Soweto. The research locations were Orlando East, Orlando West and Mandela Village. These areas were chosen to indicate the differences in boy/girl socialisation from different class backgrounds. Orlando West, one of the locations of the study, is an area occupied by mainly middle class and affluent families. The houses in this area are big compared to the small houses which characterise most of Soweto. The residents are relatively well educated. Their children attend Model C schools and have electricity, water while toilets are also located within the house.

Orlando East is populated with many four roomed and two-roomed houses. There is electricity but the tap and toilets are located outside the house. The Squatter Camp or Mandela Village is congested with shacks as well as small dwellings made from a collection of bricks. Majority of residents are either unemployed or artisan. There are no defined streets but narrow passage through which people walk to and from the shacks. There is no electricity. There are also only moveable toilets for sanitation purposes. There are however only six toilets for the entire community.

Method of Data Collection: The study utilised only the interview method for data collection. The questionnaire was the main instrument used for this purpose. A total of six hundred respondents were interviewed in the three designated areas in Orlando.

The questionnaire consisted of several items and was divided into two sections. These sections covered issues on demographic information and attitudes to traditional practices. The questions were both in open and close

ended forms.

Data Collection: One field assistant was engaged for data collection. The assistant is experienced, speaks the local language, and was generally familiar with the terrain in which the study was undertaken. Training sessions were organised for the assistant, during which the issues raised in the questionnaire were explained. The assistant was also given strict procedures for sample selection. In all, data collection lasted close to two months.

Sampling Procedure: A combination of stratified, quota and systematic random sampling methods were employed. Orlando was first divided into three areas on the basis of resident type. Within each area, specific quota were assigned to boy/girl respondents. At least, one hundred girls were to be interviewed in each of the three areas of Orlando designated for the study. The actual selection of respondents was however done through systematic random sampling of households in each area. The houses in each area were listed, and from the first household selected through simple random, every third household was to be involved in the study. In the selected households, a girl and a boy were selected alternately.

Data Analytical Procedures: Data analytical process involved quantitative analysis only. This is in form of bi-variate analysis. Specifically, cross-tabulation of all variables by sex and area of study was carried out.

FINDINGS

Most of the respondents (boys and girls) are between the ages of fourteen and eighteen years. About 88 percent of respondents in all the three areas are within this age group. About 83 percent of boys and 95 percent of girls are within this age group.

All respondents are of school age and going by the age distribution, figures also show that majority of the respondents are between Grade 7 and 12. Eighty-nine percent possess this level of education. However, more girls (81.6%) than boys (79.3%) possess this level of education. Majority of boys (87%) and girls (84%) also said they are still in schools and that they go to school everyday. Both boys and girls also asserted that their parents have always encouraged them to go to school regardless of sex. Indeed, a slightly higher percentage of girls (98.2%) than boys (96%) held this opinion. This encouragement also does not have bearing with area of

residence of parents. However, the very few that are not in school did not go to school or dropped out of school for financial reasons and because they were pregnant. Expectedly, although seems insignificant, more male respondents dropped out of school for financial reasons in Mandela Village and Orlando East than in Orlando West. Areas of residence is also reflected in the reasons that female respondents gave for not being in school. More cited being pregnant (36.3%) and financial (22.7%) in Orlando East and Mandela Village.

Almost all respondents (97.3%) subscribe to the Christian faith. However, not all of them practice it. Similarly, some of their parents do not practice their religion in all the study locations.

Very few (42) respondents have had children. About 5% and 9.4% of boys and girls have between one and two children. For both boys and girls, the incidence is higher in Mandela Village (11%) than in Orlando East (4%) and Orlando West (6%).

On ethnic background, Zulu speaking people constitute the majority (67.5%). Other people represented are the Xhosa (13.6%), Tswana (4.7%), Sotho (9.2%) and Pedi (5.1%) speaking people.

Majority of parents of respondents are engaged in government work. Fathers constitute 33.1% while mothers constitute 32.1%. Other occupations that parents of respondents are involved in include artisan, business, and domestic work in the case of mothers. However, more of parents in Orlando West are involved in government jobs and business while in the other two areas, more parents are artisan. Again, more mothers in Mandela Village and Orlando East are also preoccupied with domestic work than in Orlando West.

Seventy-five percent of respondents' mothers are still married while 19 percent are separated from their husbands, and 4 percent divorced. Most respondents (76.7%) also indicated that there are between three and four children in their families. Although, there is a slight difference, there seems to be no relationship between area of residence and size of families. Families across the three areas have essentially same number of children. With respect to birth order, 13.6% and 8.7% of boys and girls respectively are first child, 38.8% and 39.9% are second, while 34.6% and 37.0% are third child of their fathers. Similar distribution is also observed in the case of position among children from same mothers.

PRACTICES AS THEY AFFECT THE GIRL-CHILD

Nutrition: Generally, 83.3% of total respondents eat four times daily. This seems to be the normal breakfast, lunch and dinner in addition to a light refreshment that the children take while in school. Data show no difference in the number of times boys and girls eat. For instance 94% each of boys and 93.6% of girls in Mandela Village eat four times daily. The same pattern is also observed for Orlando East and West, except that in the latter, more girls (80.0%) than boys (39.0%) eat four times daily. Respondents also agreed that there is no difference in terms of what boys and girls eat and that there are no specific food items known to them that neither boys nor girls are forbidden from eating.

Health Care: Regarding health care, results also revealed that boys and girls in the three locations are healthy. For instance, 88.5%, 94.0% and 84.2% of boys in Mandela village, Orlando East and Orlando West respectively asserted that they have not fallen ill in the last six months. Ninety-one percent, 94% and 85% of girls in the three areas respectively also gave same response. The few respondents who said they have fallen ill at various times in the past mentioned flu as their major ailment/health problem. This was also mentioned regardless of area of residence.

When ill however, they are mostly taken care of by both parents. Seventy-two percent of boys and 82.5% of girls indicated this. However, more males than females also said their mothers alone take care of them when they are ill. Further observation of the data reveals that more fathers pay for the health care of their male children in Orlando West than their female children. Only 14.6% of fathers pay for their daughters' health care. Similarly, more mothers also pay for the health care of their male children in the three locations. Therefore, although both parents take care of their children when ill and also pay for their health care, there seems to be more eagerness from parents to pay for the health care of their boys than girls when they ill.

Household Duties: There is a variation in the responses of boys and girls to the question of who cooks food in the house. While majority of the boys (66.5%) say that their sisters cook in the house, more females (66.7%) assert that they and their brothers cooks together. The percentage of females who cook in their

households is also higher in Mandela Village than in the other two areas. Nevertheless, both boys and girls agree that the responsibility of serving the cooked food is that of the females.

On performance of other household tasks, data show that girls wash dishes more than boys in their homes. However, when asked about who they think should perform this task, 80.7% of boys think it is the responsibility of the girls, while 69.3% of girls also think it should be the responsibility of their brothers. Further, results show that more girls than boys sweep the floor, although opinion are divergent on who should perform this task in the household. Again, while boys think girls should, the girls also said boys should. Similarly, although both boys and girls wash cars in the household, the boys perform this task more than the girls. However, whereas boys think both of them should perform this task, the girls do not share the same view. To them, washing of cars should be the boys' responsibility and not theirs.

Indeed in all of the other tasks, such as fetching of water, care of younger siblings, the girls are more involved, although each (i.e. boys and girls) think the other should perform the tasks. The amount of time that these tasks take range between four to five hours daily. This was expressed by 67% and 74% of boys and girls respectively. Even at this, boys and girls in Orlando West spend lesser number of hours on household tasks. This may not be unconnected with the fact that residents of this area may be able to afford the services of a domestic help to undertake household tasks.

General Care: To assess the extent of child labour, the study asked if the children make financial contributions to their household and how. Responses reveal that majority of boys (94.3%) and girls (95.7%) do not make any contribution to their families. The few (5%) who contribute do so in form of engaging in petty trading and as helpers in shops, and they have been doing this for about two years. Following from this, it is not surprising to know that only 5.7% of respondents earn personal income ranging between one hundred to eight hundred rands monthly. The majority of these child/adolescent workers are also residents of Mandela village. However, respondents also assert that they do not assist either their fathers and mothers in their economic activities.

Furthermore, there is no special attention given to boys or girls by parents. This was expressed by 97.5% and 96.4% of boys and girls

respectively. When at fault at home, respondents are usually scolded or yelled at, or sometimes beaten. These punishments are also applied irrespective of sex. Similarly, very few girls have had any unique experience which affected them as girls, and they cited the fact of child birth and the pains associated with it. Apart from this biological fact, no socially or psychologically unique experience was given. The fact that the majority of boys and girls respectively feel happy with the way they have been treated in their families also supported the above view. The respondents feel this way because their parents care for them and also respect them.

Finally, when respondents were asked in what sex they would want to come back to the world if it were possible to do so, 91% of boys still want to come back as a male while 94% of the girls would prefer to come back as females.

CONCLUSION

In the discussion so far, data presented revealed that the girl child is accorded equal status with that of her brother in the community. In virtually all areas investigated, there are no significant differences found in the treatment of the girl-child and the boy child. The only areas noted are in the performance of household tasks such as sweeping the floor, serving of food, and care of siblings where female children are found to be more slightly involved. The findings of this study run contrary to that which have been discovered in other African countries. For instance, Gbadebo (1995), Odimegwu (1998) in their studies in Nigeria, Kielman et al (1983) in Egypt, reveal discriminatory practices against the girl-child. Again, unlike in these and other countries where discrimination is pervasive, no traditional/cultural practice likely to affect the girl-child was revealed. The only area, as revealed in the literature, where girl-children are affected is the high rate of sexual abuse, which most times also results in pregnancy and attendant abrupt end in their education.

The peculiarity of the South African case with other African and Asian countries can be attributed to the assimilation of western values. Although this study was conducted among the black population, the fact of their existence with whites for many years seem to have eroded any thought of discrimination against the girl-child as is found in many African countries. Although some studies have established the fact that women are also discriminated against within the

workplace and some other places, there appears to be a considerably high level of independence for the average South African women. As a result of this, unfair treatment against the girl-child in the family is not likely.

In conclusion, however, results have shown that girl-children also enjoy a comparable status with that of the boys, there is still need to conduct more studies especially in less urban or rural areas of South Africa where traditional and cultural ideals are still likely to be upheld. Again, studies that will be larger in scope as to the include the views of parents and community leaders are also suggested. These will give a more robust picture of the position of the girl-child in South Africa.

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