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Indira Gandhi National Open University
School of Extension and Development Studies

MDV 004
Gender and Development

Gender in Development Process - II

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Indira Gandhi National Open University
School of Extension and Development Studies

MDV-004
Gender and Development: Concepts, Approaches and Strategies

Block

5

GENDER IN DEVELOPMENT PROCESS-II

ORIGINAL PROGRAMME DESIGN COMMITTEE

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Gujarat Institute of Development Research
Ahmedabad

Prof. S. K. Bhati
Jamia Millia Islamia University, New Delhi

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REVISED PROGRAMME DESIGN COMMITTEE

Late Prof. T S Papola(Rtd)
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Dr. Pradeep Kumar, IGNOU, New Delhi

Dr. Nisha Varghese, IGNOU, New Delhi

Dr. Grace Don Nemching, IGNOU, New Delhi

COURSE PREPARATION TEAM

Units Writers:

Deepshika Shahi (Unit 1)

Poornima (Unit 2)

Mala Bhandari (Unit 3)

Editing and Proof Reading

Prof. B.K. Pattanaik, IGNOU, New Delhi

Dr. Grace Don Nemching, IGNOU, New Delhi

Dr. Nisha Varghese, IGNOU, New Delhi

Unit Transformation

G.Uma and Vanishree J.

Acknowledgement: Adapted and adopted from School of Gender and Development Studies, IGNOU.

Programme Coordinators : Prof. P.V.K. Sasidhar, Prof. B.K. Pattanaik, Prof. Nehal A. Farooquee,
Course Coordinator: Dr. Grace Don Nemching, email: gdnemching@ignou.ac.in

PRODUCTION TEAM

Mr. S. Burman
Dy. Registrar (Publication)
MPDD, IGNOU, New Delhi

Mr. K.N. Mohanan
Asst. Registrar (Publication)
MPDD, IGNOU, New Delhi

Mr. Babu Lal Rewadia
Section Officer (Publication)
MPDD, IGNOU, New Delhi

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BLOCK 5 GENDER IN DEVELOPMENT PROCESS-II

BLOCK 5 consists of three units namely, gender, democracy and development ;gender and education; and gender ,health and well being..

Unit 1 is on **Gender, Democracy and Development**. It discusses gender approach to development an d the role of state in promoting gender and development. It also examine the Liberal, Marxist and Radical perspectives on gender and development.

Unit 2 discusses **Gender and Education.** The main aspects covered in this unit are the status of gender inequality in education, barriers to education, education and development goals. Besides it also covers development goals of India, strategies towards bringing gender equity and up gradation of skills with regard to education.

Unit 3 discusses **Gender, Health and Well-Being.** This unit highlights the importance of health and well being for women . The various gender sensitive issues which have repercussion on women's health and well being covered in this chapter are sex-ratio, violence against women, women working condition in home, nutritional care of women and general attitude towards women's health and well being.

UNIT 1 GENDER, DEMOCRACY AND DEVELOPMENT

Structure

1.1 INTRODUCTION

The theoretical and practical aspects of 'development' have remained marked by shifting connotations. After the Second World War the term development, especially in economic usage, implied industrialization and urbanization. During the colonial period many of the ideas central to development were cast in terms of 'progress' which encompassed an understanding of modernity- both economic and socio-cultural. In the 1970s, the process of development began to be linked with the democratic political systems whereas in the post- cold war world, 'globalization' has become the dominant frame within which the issues of development are increasingly being discussed. While the meaning of development kept adjusting itself to the changing historical contexts, the notions of 'gender' and 'democracy' contributed in their own ways in enriching the general development discourse. The notion of gender, understood as the *social construction of sex*, explored into the political roles that men and women were able to perform in the process of development. The concept of democracy, conceived as the *popular control over governance*, discussed the political apparatus that was suitable for ensuring people's participation in the process of development. Though the notions of gender and democracy raised different sets of questions and initiated different kinds of debates pertaining to development, they were intrinsically related in significant ways. The interplay between gender relations and development issues and how the drive for democracy impacts upon the role of gender in the process of development constitute the basic theme of this unit.

After studying this Unit, you should be able to:

- Explain the notion of gendered approach to development;
- Distinguish between the Liberal, Marxist and Radical perspectives on gender and development;
- Evaluate the role of state and national machineries in mainstreaming gender in the process of development;
- Analyze whether the process of democratization in the era of globalization has promoted or obstructed the gendered approach to development; and

- Describe the nature of inter-relationship between the notions of gender, democracy and development.

1.2 GENDERED APPROACH TO DEVELOPMENT: THE THEORETICAL FRAMING

1.2.1 What is meant by the Gendered Approach to Development?

The concept of gender is reflected in Anne Fausto-Sterling's belief that the interaction between the biological beings and the social environment influences the individual capacities. Gender refers to the socially constructed and institutionalized roles, behaviors, activities and attributes that a given society considers appropriate for women and men as individuals. Gender, especially the role of women, is widely recognized as vitally important for development issues and processes. Since the idea of development aims at transforming societies so as to improve the living standards of the poor and because women tend to be over-represented in the poorest segments of almost every society, the concept of gender becomes crucial for development. The gendered approach to development is guided by a focus on gender-equality and women's participation. It includes an understanding of different roles and expectations of the genders within the community.

The gendered approach to development, as opposed to women's development, is not just about 'addition' of women or increasing the visibility of women in the already existing development issues and processes. Cornwell is apprehensive that an approach where women are merely added in, may provide an increased visibility to women's interests, but will not lead to their substantive empowerment. The 'women's interest concentrates on the lives of women, whereas the 'gender interest' penetrates deeper to address the structures of relations between men and women. The gendered approach to development means the freedom and capacity of women to design and control the development agenda in accordance with their own aspirations. In this context, one can discuss different theoretical perspectives that differently gauge the developmental aspirations of women. An understanding of the theoretical framing of women's aspirations is important for knowing the places that women occupied in various development agendas.

1.2.2 How do Different Theoretical Perspectives Capture the Developmental Aspirations of Women?

The *liberal theory,* which promoted 'individualism' and 'political freedom', appeared very attractive to women from development point of view. It allowed women to find a place in the public arena which in its public imagery was quite unique as women were traditionally kept confined to private spheres. Carole Pateman expanded the definition of 'politics' to encompass both the public and the private spheres, thereby creating room for the participation of women in politics and development discourse.

However Kandiyoti lamented that the liberal regime opened up an arena for 'state- sponsored feminism' which at one and the same time circumscribed and defined its parameters. In the light of the lack of technical expertise amongst

women, the emphasis on industrialization in a liberal state meant that focus remained on male employment. The acceptance of commercialization and mechanization of agriculture as tools for development in the liberal societies implied the marginalization of women's work in rural areas. The taming of nature as the part of developmental exercise caused displacement of population, resulting in particular vulnerabilities for women. The Liberal Developmental Approach did not see women as a distinct and particularly disadvantaged group. The anticipation of the liberal development agenda that women would automatically benefit via men turned out to be an illusion.

The *Marxist theory,* which encouraged 'socialism' and 'economic equality', subordinated gender issues to more substantial matters of economic development. In the Marxist scheme, the notion of 'class'(understood as the economic categorization within society) was given priority over the notion of 'gender' (conceived as sex-based differences). The Marxist theory held that the chief cause of the suffering of women was not patriarchy but capitalism. Therefore the development of women could be ensured by abolishing the liberal capitalist state and establishing a socialist mode of production ultimately leading to communism which would have a classless and a stateless society. However the socialist model of development also remained problematic for the upliftment of women. Judith Stacey observed in the Chinese context that the new socialist morality linked sexuality not with procreation but with felicitous marital relations where concerns about the women's appropriate behavior within the family were accepted and were given succor through policy-making and implementation. Evans argued that the construction of socialism in the 1950s in China required producing children for the development of society and therefore having children was a social duty, failure to which was severely criticized by the communist party that ruled the state. The Marxist development framework allowed patriarchic social relations to remain stable and women seemed to be shut out of the institutional design.

In both Liberal and Marxist theories, the articulations of 'nationalist' ambitions remained crucial to the setting of political and economic development agendas. As such the development agendas spoke in the name, not of particularistic groups, but of pan-national interests. Particularistic interests of women were regarded as threats that would disturb and dislocate the coalescing of national development agendas. Consequently, the much highlighted national development agendas contributed to the overall growth of GDP (Gross Development Product) but the share of women in it and the issue of the substantive upliftment of women remained a far cry. Though the national development agendas marginally helped in improving the status of women, one could witness a growing gap between the improving political indicators of women's empowerment and their continuing social and economic marginalization. Despite the fact that women increased their participation in parliaments fourfold between 1945 to 1995 and one hundred and eighty five countries signed the Convention for the Elimination of all forms of Discriminations Against Women (CEDAW), the gross inequalities persist in terms of employment, safety,working hour, workload, education levels, income, property ownership, access to land, technology and credit facilities.

While reflecting on the linkage between the 'descriptive' representation of women in political institutions and the 'substantive' representation of women's interests that might result from this, Shirin M. Rai raises the question as to why the translation of descriptive into substantive representation was taking so long? What structural

inequalities were proving to be most resistant to change, and why might this be the case? Since these questions were not addressed by the traditional Liberal and Marxist Development Theories, a Feminist critique of these theories cropped up.

Initially, the Feminist theoretical intervention pleaded for the inclusion of women in the prevailing patriarchic world. But later on, the feminists realized that the inclusion of women in the prevailing patriarchic structures would not have a truly emancipator effect. Rather, the 'othering' of women as a category and their marginalization in the theory and practice of development created an image wherein women were essentially viewed as

'victims'. Therefore an important alteration was introduced in the feminist perspective by projecting the image of women not as victims but as 'agents'. The *radical theory* considered women not as victims in need of rescue but as actors in struggle against their exploitation and oppression. Instead of fighting for the women's space in already existing structures, the radical approach started redefining the existing structures from the feminist standpoint. Though the radical approach seems right in its thrust to move away from the analysis of the positions of women in the male-dominated institutions and in its emphasis on the need to explore the underlying biases of the socio-economic and political practices, it faces the dilemma posed by the divisions within women's groups on grounds of class, race, disability, sexuality, religion and location. For instance, the location based cleavage within women's groups becomes prominent when the northern and southern feminists adopt different lines of argument for criticizing the ongoing process of global development. The 'Northern' feminists criticize the gender-biased nature of global development and call for a need to utilize the opportunities of empire as means of resisting patriarchal constraints. By contrast, the 'Southern' feminists contend that women's declining positions is directly related to their assimilation, willingly or unwillingly, into the global market economy that is embedded in a patriarchal exchange between the North and the South. While the 'Western' feminists believe in the ideology of maternal imperialism and seek power for women in the imperial projects, the 'nationalist' feminists reject such delineations of women in their own countries because their acceptance of the values of the western feminists make them easy targets for traditionalist attempts to delegitimize their struggle for women's rights. The divisions within women's groups result into the lack of solidarity in women's movements. Though the women's movements have facilitated the growing presence of women's voice in the public domain, the difficulty is that absences and silences are built as some women speak on behalf of all women. The challenges faced by the women's movements reveal the complications involved in the process of gender mainstreaming.

1.3 MAINSTREAMING GENDER: THE VIABILITY OF THE STATE

1.3.1 Gender Mainstreaming-Concept and Meaning

Gender mainstreaming is a globally accepted strategy for promoting gender equality. It can be defined as a strategy of making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of the development policies in all political, economic and societal spheres so that women and men could benefit equally and inequality

is not perpetuated. This involves an assurance that gender perspectives and attention to the goal of gender equality remain central to all activities- research, legislation, advocacy/dialogue, resource allocation and planning, implementation and monitoring of development projects. According to the viewpoint of the UN (United Nations), the ultimate goal of gender mainstreaming is to achieve gender equality in such a manner that the structures of inequality are transformed.

Though the concept of gender mainstreaming focuses on the notion of equality, there has been a debate whether it is more appropriate to use the language of 'equality' or that of 'inequality' for promoting gender mainstreaming. S. S. Ali argues that the language of equality emphasizes upon sameness rather than differences and therefore breeds a universal discourse which is essentially inadequate in different cultural contexts. He opines that different cultures attach different values to the notion of gender and therefore it is ethically important be sensitive to these cultural differences while pursuing the strategy of gender mainstreaming and asserting the equal rights of women.

However the international bodies like the UN stress the need for universal women's rights because any dilution of equal treatment of women on cultural grounds undermines the very basis of gender justice. It allows women of some countries, religions and ethnic groups to be left out of discussion about refining the rights of women and men, thereby reinforcing traditional gender roles. Therefore gender mainstreaming must essentially use the language of equality. The equality based gender mainstreaming has to be concretized by the states that are embedded in particular cultural contexts.

1.3.2 Role of State in Promoting Gender Mainstreaming

The institution of state continues to be the focus of women's movements. In order to embed gender perspectives in the development policies and programs, the women's movements depend on the potential of state, especially the state-based national machineries. National machineries, also called as women's agencies, emerged as instruments for advancing women's interests after the World Conference of the International Women's Year in Mexico City (1975) and became more strengthened after the Fourth World Conference on Women in Beijing (1995). As the central policy coordinating unit inside the state government, the main task of the national machineries is to support government-wide mainstreaming of a gender equality perspective in all policy areas.

While women's movements, NGO's (Non-governmental organizations) and international bodies have striven for the recognition of national machineries, there has been a concern that national machineries can be used, especially where a strong women's movement does not exist, to co-opt the gender equality agenda within the nationalist state policies. The dilemma associated with the capacity of national machineries suggests that states are ambiguous terrains for women's movements. The women's movements need to be cautious while engaging with state bodies and striking complex negotiation and bargaining by both- those living within the state boundaries and those living on the outside. Shirin M. Rai terms such a dialectical position of women's movements as 'in and against the state'. She argues that the policy-making bodies of state are not unitary but fractured and an engagement with state bodies is not a matter option but an imperative for women if their interests, however diverse, are to be at all represented in policies of the state.

In this context, Coroline Moser and Maxine Molyneux have made an analytical distinction between women's 'practical' and 'strategic' interests. The practical interests ensure compliance with the existing order and reflect the fulfillment of women's immediate demands- such as housing, water, childcare, better working conditions etc. by the state. By contrast, the strategic interests question the existing order and reflect the need to shift the paradigms of state power. The political links between practical and strategic interests can only emerge through dialogue, praxis and discussion. National machineries need to be able not only to participate in making these distinctions clear but to strategize according to the specific contexts within which they function. For this national machineries must possess a combination of following features:

a) They must be located at a high level within the decision-making hierarchy to effectively influence government policies.

b) They must have a clear mandate and functional responsibility.

c) They must have close and strong ties with the civil society groups (NGO's)supportive of the enhancement of women's status.

d) They must enjoy sufficient human and financial resource. e) They must be accountable.

The probability of the simultaneous presence of all these features is high when national machineries are part of a democratic state. Chazan argues that the undemocratic military rulers follow a policy of purposeful female neglect. In a similar vein, Goetz states that the undemocratic nature of bureaucracies is manifested in their hostility to development agendas that challenge accustomed organizational patterns. The unavailability of any formal institution to women in non-democratic states leads to their exclusion from the patron-client relationships that take the place of more visible political participation. Thus the democratization of the state becomes absolutely crucial for furthering the gender equality agenda.

The pertinent question that we continue to grapple with in our assessment of national machineries for advancement of women is, whether they can deliver a sustained agenda of women's development, given their relatively weak position within the state system. It is in this context that the process of democratization becomes promising. The democratization process facilitates the embedding of national machineries in the architecture of state governance. This involves democratization of state and political systems as well as gender mainstreaming within state and policy structures.

In this section, you have read about gendered approach to development: the theoretical framing and mainstreaming gender: the concept and the viability of the state. Now, answer the question in *Check Your Progress 1*.

Check Your Progress 1

Note: a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) Define gendered approach to development.

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2) How do liberal and Marxist attempt to promote women's interests in the process of Development?

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1.4 DEMOCRATIZING THE STATE: THE CONTEXT OF GLOBALIZATION

1.4.1 Has Democratization in the Era of Globalization Promoted or Obstructed Women's Development?

R. Robertson optimistically claims that of all the strategies experienced by people, democratization has the greatest chance of success and it means more than just the right to vote and hold opinions independent of church and state. His understanding of democracy is broad and embraces the processes of participation, empowerment and freedom to choose. Such a broad understanding of democracy appears compatible with the goal of women's development as it provides ample scope for challenging the gender identities. However, Nancy Fraser is skeptical about the potentialities of identity politics fostered by democratization. She opines that the identity politics may allow for 'recognition' of inequalities but not necessarily for 'redistribution' of resources. Countering the opinion of Nancy Fraser, Iris Marion argues that in the very process of demanding recognition of hitherto marginalized groups, the process of democratization allows for a redistribution of discursive power.

Though the theoretical debate on democracy appears inconclusive on the issue of promoting women's development, the actual practice of democracy demonstrates an alarming picture. The low levels of participation of women in public life confirm the fact that women have always been on the margins of democracy. Many a times, the process of democratization that allowed women to enter public life and challenge the gender bias of state, also co-opted their struggles in violent ways. Therefore the tension between the processes of democratization and women's development play out in complex ways.

Recently, the onset of the era of globalization has witnessed the push for democratization. The process of democratization is informing the governance agendas of the international bodies like the IMF (International Monetary Fund), WB (World Bank) and WTO (World Trade Organization). Loans are often tied to the conditionality of democratizing the state institutions and bureaucracies. Democratization in this sense demands some structural adjustments such as deregulation, free trade promotion and state cut backs. These structural adjustment

programs have had the most devastating effect on women's development. The cutting of government subsidies and social welfare provisions has hit the poor women the hardest. They have been denied the necessary health care which in turn has resulted in an increasing maternal mortality. The sky-rocketing food prices and export-oriented agriculture pattern contribute to women's declining access to food and nutrition. Women perform multiple roles for paid and unpaid labor as formal jobs are fading away from the employment scene. According to World Bank, the female labor force shrunk from 53% in 1980 to 49% in 2005, while men continue being employed at roughly the same level around 86%. The conditions of women in economically backward states have been worse. As per the estimates provided by the World bank, women in Africa receive less than 10% of all credit going to small farmers and each year 6,00,000 to 8,00,000 people are trafficked across international borders. Women and girls make up the majority trafficked for sexual exploitation. But the same structural adjustment programs have opened up new windows of opportunities for women belonging to upper and middle class. The upper and middle class women who have access to appropriate technical education are well placed in the job market. The economic globalization in the form of 'market democracy' is manufacturing a group of professional women who are self-reliant, articulate and assertive. However, the real challenge is to ensure that similar opportunities become available to poor women as well.

1.4.2 What Measures must be undertaken to Facilitate Women's Development in a Democratized State?

Since the process of democratization does not have a uniform impact on the position of women coming from different backgrounds, the agenda of women's development requires a preferential and preventive treatment for the poor women. The state and state-based national machineries as well as non-state organizations (NGOs, private firms, charities etc) must work in collaboration with each other for equipping the poor women so that they are not adversely affected by structural adjustments and are able to adapt themselves to the changing demands of the globalized market democracy. Sunanda Sen refers to this kind of protective measure for women as 'safety net'. Safety nets are non-contributory transfer programs that intend to prevent the poor women from market shocks that may force them to fall below a certain level of poverty. Safety net transfers include cash transfers, food based programs (such as supplementary feeding or distribution of food stamps, vouchers and coupons), in-kind transfers (such as supplies of school uniforms, books and technical training), price subsidies (for food, electricity or public transport), public works, fee waivers or exemptions (for health care, schooling and other utilities).

In addition to the provision of safety nets, the task of achieving women's development necessitates following activities within the democratized states:

a) Ensuring non-discrimination within private welfare regimes - As the democratized state is forced to cut subsidies and step back from welfare activities, the women are increasingly compelled to rely on private institutions for welfare services. To minimize the vulnerabilities of women in this scenario, the national machineries must launch a campaign to end the discrimination against women in private sectors.

b) Stressing transparency of political parties and state departments- The democratized state must be held accountable for its activities pertaining to gender mainstreaming. The audit of political parties, the preparation of gender budgets by government departments and the openness of the state to the civil society scrutiny are significant.

c) Monitoring the leadership's commitment to gender equality- The will and ideology of the leaders of the democratized state must be under constant vigilance of national machineries. While leaders can take advantage of the civil society mobilization by women to push the ideal of gender equality, the civil society mobilization in the name of culture or religion can also undermine the leadership's commitment to gender equality.

d) Securing women's representation through quotas- The democratized state provides quotas for women in order to ensure that their interests are considered at the time of political debates, policy making and implementation. However the outcome of quota regimes has been somewhat complex. On the one hand, the participation of women in political affairs through quota has an impact on familial and institutional relations, even though this impact is rather fragile and needs further nurturing in order to be consolidated. On the other hand, the quota-based representation reflects the gender regimes of inequality and generates concerns about the co-option of women into state machinery without any significant shifts in their status.

While the evidence of the impact of quota-based representation is mixed, the national machineries and women's movements can derive benefit from it. The quota-based strategy offers two facilities to national machineries and women's movements. First, they can lobby women more directly on women's rights. Second, they can use the expertise of women parliamentarians and bureaucrats for furthering the agenda of women's development. However their capacity to deliver more broadly on gender equity would depend on the availability of economic resources (The developing states fair badly on the economic front) and the intensity of the political will of the elites in terms of addressing issues of gender equality (The orthodox/obscurantist states hinder the activities of progressive elites). While the challenges on the path of women's development are intact, the opportunities offered by the process of democratization remain attractive for realizing the ideal of women's emancipation.

1.5 THE CHALLENGES AHEAD

The gendered approach to development has been widely adopted in an increasingly democratizing globalized world. While commenting on the goal of gender equality, the mainstream economists boast on 'procedural progress' and insist that there is slow but steady development in women's status. However the feminist economists argue that 'substantive progress' would be possible only when markets would become more accessible and equitable for women, domestic work would be counted, concerns for childcare would be shared and health and safety issues at work as well as equal pay for equal work would be ensured. Catherine Hoskyns argues that despite small and critical gains, the fundamental shifts in policy frameworks are not happening so as to place women at a better position. The traditional economic methods of calculating development also need to be amended in the light of the hardships faced by the women. Shirin M. Rai complains that

there has been little work done on what economists would call 'depletion'. The mainstream economists measure depletion of machinery, capital goods and environment but they rarely talk about depletion of household and social reproduction that directly affects the lives of women. Besides the concept of depletion, Camilla Stivers argues that the administrative notions of 'efficiency', 'economy' and 'expertise' need to be redefined so as to accommodate the sentiments of women in the agenda of development.

The task of achieving women's development through gender mainstreaming has become all the more complicated in the era of globalization. Not only the modes of production and exchange but also the modes of governance and resistance have become globalized. As the terms of political participation are shifting in the light of changing relations between state and sub- and supra-state institutions, the real challenge for politically marginalized women's groups is to find an effective way of participation not only in state but also in sub- and supra- state institutions. Another dilemma associated with women's empowerment emanates from the exercise of women's agency. Though the exercise of women's agency helps in bringing about positive transformation in their situation, it also makes them more vulnerable to the obscurantist forces which are resistant to change. In this context, Uma Chakravarti has written a moving analysis of the functioning of Women's Development Programs in Rajasthan. She demonstrated how the flawed execution of Women's Development Program became apparent when a women and her husband were beaten to death by the locals who disliked their active participation in the development program. Chakravarti opines that the government wants empowerment without breaking into the power of those who have power over the disempowered. There lies a significant challenge of combining the measurement of 'agency' with the measurement of 'vulnerability' in the feminist literature.

In this section, you have read about democratizing the state: the context of globalization and the challenges ahead. Now, answer the question in *Check Your Progress 2.*

Check Your Progress 2

Note: a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) How does the concept of equality become debatable in the context of gender mainstreaming?

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2) What are the challenges ahead for women's empowerment?

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1.6 LET US SUM UP

What continue to unfold are the struggles of women and men seeking to transform the world that they inhabit so that it becomes more conducive to their ideal of development. Their struggles are marked with constant tensions between structure (understood as the world as it is) and agency (conceived as the forces that change structures). The tensions between structure and agency cast long though shifting shadows in which both globalized and gendered power are exercised and the resistance to oppression takes shape.

1.7 GLOSSARY

The World Trade Organization (WTO) : The World Trade Organization (WTO) is the only global international organization dealing with the rules of trade between nations. At its heart are the WTO agreements, negotiated and signed by the bulk of the world's trading nations and ratified in their parliaments. The goal is to help producers of goods and services, exporters, and importers conduct their business.

International Monetary Fund (IMF) : The International Monetary Fund (IMF) is an organization of 187 countries, working to foster global monetary cooperation, secure financial stability, facilitate international trade, promote high employment and sustainable economic growth, and reduce poverty around the world. The IMF promotes international monetary cooperation and exchange rate stability, facilitates the balanced growth of international trade, and provides resources to help members in balance of payments difficulties or to assist with poverty reduction. The IMF has 187 member countries. It is a specialized agency of the United Nations but has its own charter, governing structure, and finances. Its members are represented through a quota system broadly based on their relative size in the global economy.

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1.9 CHECK YOUR PROGRESS –POSSIBLE ANSWERS

Check Your Progress 1

1) Define gendered approach to development.

Ans. The gendered approach to development means the freedom and capacity of women to design and control the development agenda in accordance with their own aspirations. In this context, one can discuss different theoretical perspectives that differently gauge the developmental aspirations of women. An understanding of the theoretical framing of women's aspirations is important for knowing the places that women occupied in various development agendas.

2) How do liberal and Marxist attempt to promote women's interests in the process of Development?

Ans. The *liberal theory,* which promoted 'individualism' and 'political freedom', appeared very attractive to women from development point of view. It allowed women to find a place in the public arena which in its public imagery was quite unique as women were traditionally kept confined to private spheres. The *Marxist theory,* which encouraged 'socialism' and 'economic equality', subordinated gender issues to more substantial matters of economic development. In the Marxist scheme, the notion of 'class' (understood as the economic categorization within society) was given priority over the notion of 'gender' (conceived as sex-based differences).

Check Your Progress 2

1) How does the concept of equality become debatable in the context of gender mainstreaming?

Ans. Though the concept of gender mainstreaming focuses on the notion of equality, there has been a debate whether it is more appropriate to use the language of 'equality' or that of 'inequality' for promoting gender mainstreaming. S. S. Ali argues that the language of equality emphasizes upon sameness rather than differences and therefore breeds a universal discourse which is essentially inadequate in different cultural contexts. He opines that different cultures attach different values to the notion of gender and therefore it is ethically important be sensitive to these cultural differences while pursuing the strategy of gender mainstreaming and asserting the equal rights of women.

2) What is meant by 'substantive progress' for women?

Ans. Feminist economists when markets would become more accessible and equitable for women, domestic work would be counted, concerns for childcare would be shared and health and safety issues at work as well as equal pay for equal work would be ensured.

UNIT 2 GENDER AND EDUCATION

Structure

2.1 INTRODUCTION

Education as an investment in human resources is considered as the most valuable investment, as it yields definite returns in the form of skilled manpower geared towards development. Education is an indispensable tool for personal and social improvement. Education not only enriches the life of an individual, but also enriches the whole nation. A nation cannot be said to have developed, only if a few of its elite groups are educated. It is considered to be developed, only if education is imparted to all sections of the society. Thus to make education inclusive, equity and equality should be promoted and discrimination and structural inequalities in all forms should be removed. Of all disparities, gender inequality that has been deep-rooted in India, is considered a major issue, as it interlocks with other forms of social inequality, notably caste, class, ethnicity, religion, etc. Gender perspectives should be integrated in the education system and equal opportunities should be provided to both men and women to participate in and benefit from education. In order to improve the access to education and promote equity, the education system should aim at mainstreaming gender and should include women in a meaningful way. After studying this unit, you will be able to;

- Describe the literacy and education status of women in India;
- Explain the initiatives towards improving women's education at international and national levels;
- Discuss barriers in education;
- Analyzes various strategies including skill for facilitating women's access to education.

2.2 EDUCATION AND DEVELOPMENT GOALS

Any concept of development must focus on human and social dimensions. Amartya Sen (2002) rightly brings out that expansion of human capability is the central feature of the development process. The goals of a developmental process can be easily attained, when human capability is expanded by way of education and gender equity.

The goals as mentioned in the Dakar Framework on Education for All include, (a) ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality; (b) achieving a 50% improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults; and (c) eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality (UNESCO, 2000). Similar targets to achieve universal primary education and promote gender equality and empowerment of women, is also highlighted in the MDGs and now in Sustainable Development Goals (SDGs)

2.3 DEVELOPMENT GOALS OF INDIA

In line with the targets of MDGs, every country has developed its own developmental visions and plans. The developmental goals of India had their focus on the holistic development of people in general and other issues that contribute to attainment of human development. In terms of education, the developmental goals of India, as mentioned in various documents viz. Government of India's Five Year Plan, Vision India 2020 by Planning Commission, National Policy on Education, etc. are as follows:

- To fulfill the educational aspirations of the people;
- To eradicate illiteracy all together and to provide universal elementary education to all;
- To focus on vocational and technical education at secondary level;
- To improve the quality and relevance in higher education; and
- To bring about equity in education by gender, caste and socio-economic groups and reduction in disparities of all kinds in education.

The development goals of education in India, has remained the same since independence, with slight modification in the strategies and approaches. New approaches, new methods and new targets are emphasized in attaining the development goals. However, the efforts are grossly inadequate to meet the goals.

2.3.1 Need to Focus on Gender Parity in Development Agenda

As per the report of the World Bank (2001), Gender Inequality in education is the largest in South Asia, with women in South Asia averaging only about half as many years of education as men, and female enrolment rates at the secondary level only two-thirds of male rates.

For the vision of development to become a reality, focus has to be laid on the education of women, as this would help in addressing the various development agenda of poverty reduction, infant mortality, health and hygiene, child labour, income inequality, etc. Kerala's achievement in the promotion of education and human development stands as proof in this regard. Mass literacy of Kerala, political activism of the deprived sections of the society and the favourable position of women in society has played a crucial role in proceeding towards developmental goals. The following advantages serve as a reason to focus on gender equality in education:

- When women are empowered with the right to education, they naturally get hold of other social rights such as, right to health and decent work, which are mutually empowering. Thus education creates a positive impact on the income and health, family structure, etc. and helps the women in determining the opportunities and quality of life.
- The learning opportunities obtained through education would help a woman in shaping her identity, developing the capacity and capability in her and giving her the courage to take part in a range of activities.
- Gender parity in education brings about a multiplier effect. Educated girls are likely to marry later and have fewer children, who in turn will be more likely to survive and be better nourished and educated. Educated girls are more productive at home and better paid in the workplace, and more able to participate in social, economic and political decision-making. Equality in education would further help in the reduction of child mortality, fertility, under nutrition and thereby increase the educational gains of the next generation.

Thus gender equality in education helps in achieving the other developmental goals, which are interrelated in one way or the other.

2.4 BARRIERS TO WOMEN'S EDUCATION

A wide range of social, cultural and economic factors, inhibit women's access to education, which are discussed as follows:

i) **Mental Blocks:** The major factor that affects the education of girls is the deep mental blocks that have been created in the minds of the adults about girls' education. Adults are more skeptical about the efficiency and capacity of girls to participate in the economic work force as decision makers and thus restrict them to take up only limited traditional roles and take softer options as their subject. Girls take up only softer options of the school curriculum like humanities, social sciences, home science, languages, etc. Other options such as mathematics, physics, chemistry, biology and laboratory works are considered as the orbit of boys. Women are over-represented in humanities and social science, while they are under-represented in science, technology and engineering. Thus women are systematically robbed of their self confidence and they are subsequently paralyzed by their own self image. Removal of gender disparity will be possible only if such mental blocks are removed from the minds of the people.

ii) **Parental Aspirations and Attitudes:** Parents' expectations from girls are very miniscule, when compared to the expectation they have from boys. Parental aspirations regarding the process of education also differ between boys and girls. While the aspiration for boys is quite high, aspiration for girls is limited to making them suitable for matrimony. Only a sustained rigour in the school curriculum can make what is popularly known as an "empowered girl" who is capable of recognizing her potential and who aspires for a productive life, not limited to traditional roles offered by our society (Kumar, 2008). Negative parental attitudes towards the education of their daughters can also be a barrier to the education of girls. While parents view the education of their sons as an investment, education of daughters is just treated as wastage of money.

iii) **Poverty:** Poverty acts as the major stumbling block for the education of children, especially for girls. Girls of primary-school age from the poorest 60 per cent of households are three times more likely to be out of school as compared to those from the wealthiest households. Their chances of attending secondary school are even slimmer, and older girls in general are more likely to be out of school. Because of financial constraints if a family has to choose between educating a son or a daughter, the son becomes the natural choice. Girl children are caught up in the daily struggles for fuel, fodder, water, etc. and to them education is beyond their reach. Apart from this, girls have to perform various household chores, like cooking, cleaning, taking care of siblings, etc. and in addition to this, girls in rural areas have to work in farm and take care of livestock. Girls contribute much more to household work.

iv) **Inadequate School Facilities:** Another barrier to education in India is the lack of adequate school facilities. According to a PROBE survey, 63 per cent of the schools had leaking roofs, 52 per cent had no playground, 58 per cent had no drinking water, 89 per cent had no functioning toilet, and 27 per cent had no blackboards. Only 2 per cent had all the facilities while 8 per cent had none at all (PROBE, 1999). This is the state of affairs of the school infrastructure all over the country. But with the commencement of the SSA, there has been a remarkable change in the infrastructure of the schools. However, a lot has to be done yet. Gender sensitivity of infrastructure of the schooling, particularly provision of toilets, water and better security, etc. requires attention.

v) **Shortage of Female Teachers:** Lack of female teachers is another potential barrier to girls' education. Girls are more likely to attend school and have higher academic achievement if they have female teachers. Hence, special attention has to be laid on recruiting more female teachers.

vi) **Gender Bias in Curriculum:** There is portrayal of gender stereotyped roles of men and women in the curriculum in India, in spite of repeated measures to avoid it in the text books. Men are the main characters in the majority of the lessons and are portrayed as strong, intelligent and adventurous, whereas women are depicted as weak and helpless, and are often portrayed as people involved in household chores. These depictions are strong barriers for improving women's position in society.

vii) **Vulnerability of Adolescent Girls:** Adolescent girls become more vulnerable and they are denied the opportunity of education and are removed from formal schools, at the onset of puberty. Some of them are forced to enter into matrimony, and they become young mothers before they have the opportunity to realize their potential. It can be observed that the drop out of girl children is more in the category of 12 to 14 years age group. Apart from this, sexual harassment and violence continue to be a major factor, which prevents the parents from sending their daughters to schools. Deprived households find it difficult to transport their girls to school and back safely, especially when their secondary schools are far away from their homes. All these social, personal and economic barriers are interrelated and one reinforces the other. If just literacy and schooling is offered to them, without addressing these barriers, it would only become a mechanical exercise and their every day struggle for survival will keep continuing.

In this section, you have read about education and development goals, development goals of India and barriers to women's education barriers to education. Now, answer the questions in *Check Your Progress 1*.

Check Your Progress 1

Note: a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) Briefly discuss the agenda of the Kothari Commission report.

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2) What are the barriers to education for girls ?

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2.5 STRATEGIES TOWARDS BRINGING GENDER EQUITY IN EDUCATION

India accounts for nearly a sixth of the world's population. So any progress made by India in reaching the MDGs would definitely take a larger part of humanity closer to the goal. India has made some progress in reaching the goals, through various time-bound programmes and schemes. However, progress has been uneven and India seems to lag behind the targets. Though advances have been made in the spread of literacy, with the number of illiterates actually falling as per 2001 census, the gaps between the education of males and females remains a cause of concern. Even though there has been an increase in the literacy rates in 2001, female literacy rate trails behind male literacy rates by 22 per cent. In order to go further along the path of human development, India has to resort to effective strategies and plans to move towards holistic development, as mentioned in the following discussion.

i) Concentration on Resources: A substantial part of the education budgets has to be devoted to the education of women. Additional resources should be mobilized to improve the schooling quality and internal efficiency, so that it caters to the needs of the girls. Active involvement of the community should be encouraged in financing and managing the non-formal educational institutions. In addition to this, a new partnership of Education should be evolved with multi stakeholders, viz., private players, profit generating sectors, Non-Governmental Organizations (NGOs), Panchayati Raj

Institutions (PRIs), etc. in meeting the resource constraints in support of gender-focused educational interventions. In short, cost-effective designs of structures and methodologies of education that promote gender disparity and bring about equity in education should be encouraged.

ii) **Focus on Inhibiting Factors:** Careful diagnosis of the local problems that inhibit the educational attainment of girls should be made. The categorization of nature of the inhibiting factors, viz. technical, administrative, socio-economic and political, etc. would help in addressing the particular factors. Also, care should also be taken in analyzing the inhibiting factors that occur on both the demand side and supply side. Consideration of all such factors would help in coming up with new intervention programmes to reach the target.

iii) **Alternative Delivery Systems:** The education system should try to come out of its rigid formal framework and adapt itself to flexible modes of operation. Part-time formal or non-formal education, seasonal learning centers for children of migrant labourers, voluntary schools by NGOs, post-primary open learning, camp approach for adolescent girls, etc. should be systematically promoted. Avenues to mainstream the older dropped out girls into formal channels should also be promoted (National Report on the Development of Education, 2004).

iv) **Quality Improvement:** Quality improvement has a significant impact not only on the immediate enrolment and retention of girl children, but also on the further education of girls and their development. There should be qualitative improvement in the content and process of education and focus should be laid on strengthening the institutional management processes. Teacher education should be reoriented and strengthened by way of pre-service and in-service training, and the notion of teachers about the education of the girl child should be broadened. Appropriate infrastructure facilities that meet the requirements of girls should be provided in the education set up. Equality among the sexes has been established as a Fundamental Right under the Constitution of India. To bring it into reality, gender-inclusive and gender-sensitive, cyclical strategies should be developed and implemented. Free from gender bias, boys and girls should be allowed to grow up in a caring and sharing mode, as equals and not as adversaries.

2.6 GOVERNMENT INITIATIVES FOR EDUCATION EMPOWERMENT OF WOMEN IN INDIA

Gender equality in education has been stressed time and again since the 1990s and a strong message for progress towards gender equality has been brought out both at the International and National arena. The World Declaration on Education for All, held at Jomtien in 1990, recommended that the gender gap in basic and functional literacy should be eliminated. In 2000, the World Education Forum held at Dakar, reiterated the commitment of "eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015 with a focus on ensuring girls full access to and achievement in basic education of good quality' (UNESCO, 2000). The Millennium Declaration

of 2000, in its Millennium Development Goals have focused on "promoting gender equality and empowering women by eliminating gender disparity in primary and secondary education, preferably by 2005 and to all levels of education no later than 2015" (United Nations, 2000). The Fourth World Conference on Women, popularly known as Beijing Platform for Action, 1995, also stated that education of women would help in improving health, nutrition and health of the family and thereby empower women to participate in decision-making in society. The Beijing Platform for Action, recognized a number of barriers to girls' access to education, including lack of political will and resources, gender-biased cultural practices and beliefs. It had thus stated the goal to close the gender gap in primary and secondary education by 2005 and it stressed the need to create gender-sensitive educational systems to ensure equal educational and training opportunities (United Nation, 1996).

In the Indian context, the National Policy of Education 1986 (NPE), made a formal commitment to promote "education for women's equality". A range of positive programmatic interventions were introduced post NPE that incorporated gender concerns to help achieve gender equitable outcomes in education.

2.6.1 Educational Provisions and Programmes: A Historical Perspective

India has a long history of organized education, which can be traced to the traditional Gurukul system of education, in which only very few belonging to elite sections had the chance to get education. The current system of education in India with western style and content is the legacy of British India. The education system of independent India since the inception of the plan era has made tremendous progress and has been described as an educational 'miracle'. In particular, education has the potential to contribute to gender parity, and it can challenge the conventional gender ideologies and level the playing field between males and females in relation to credentials and qualifications, skills and competence and thus can empower women in the long run (Sen, 1999).

The Government of Independent India recognized the importance of education and the pivotal role of education in empowering women. This is reflected in Article 45 of the Directive Principles of State Policy, which states that the State shall provide free and compulsory education to all children under 14 years of age. The 86th Constitutional Amendment Act of 2002 and the recent Right to Education Act, has made elementary education a fundamental right for all children in the age group of 6 to 14 years. The idea of treating women as equals and providing social justice was also reflected in the Constitution which guaranteed equality to everyone irrespective of caste, sex or religion.

After independence, education became the responsibility of the States. Till 1976, Education was part of the State subject, with the exception of Higher Education, where the Central Government had its obligation to coordinate technical and higher education and specified standards. With the enactment of the 42nd Amendment Act to the Constitution of India, Education was placed under the concurrent list. Thus both the Central and State government can legislate on matters pertaining to education. However, the central government legislations would have precedence over that of the State government.

Though importance was given to the education system since independence, the gendered context of education was paid least attention. It was only because of the

establishment of certain commissions and committees and policy pronouncements that the gender aspect of education received fresh impetus. The important landmarks that made emphasis on education on the basis of gender are as described in the following paragraphs.

The first committee that was appointed by Independent India, in favour of gender concerns was the National Committee on Women's Education, in 1958, under the chairmanship of Smt. Durgabai Deshmukh. The main conclusion of the committee was that, 'the education of girls and women had been sadly neglected in the past and consequently there was a wide disparity in the education of men and women and boys and girls at all levels and stages of education. Based on the recommendations of the committee, in 1959, the government appointed a National Council for Women's Education as an advisory body, the main task of which was to suggest government programmes and policies for the growth and expansion of girl's education (Panchamukhi, 1989).

The Kothari Commission on Educational Reforms (1964-1966) was the last commission set up on education. The Kothari Commission has made emphasis on improving the education system, setting up of State Boards of Education, leveling of institutions for equality and setting up of a statutory School Education Commission. Later, the Committee on the Status of Women in India (CSWI), 1975 examined the constitutional, legal and administrative provisions related to the status of women. The report brought out the dismal scenario of women's education and recommended co-education as a long-term policy to promote equality of opportunity. Further the committee recommended a common course of education for both boys and girls till the end of class tenth, all courses being open to both sexes after that. At the primary stage the committee suggested that needle work, music and dancing should be taught to both boys and girls.

The National Policy on Education (NPE), 1986 and its Programme of Action, 1992, made a significant contribution to the education system of our country in general and stressed on equality of women in education in particular. The chapter titled 'Education for Women's Equality' states:

Education will be used as an agent of basic change in the status of women. In order to neutralize the accumulated distortions of the past, there will be a well-conceived edge in favour of women. The national education system will play a positive, interventionist role in the empowerment of women. It will foster the development of new values through redesigned curricula, textbooks, training and orientation of teachers, decision-makers and administrators, and the active involvement of educational institutions. This will be an act of faith and social engineering… The removal of women's illiteracy and obstacles inhibiting their access to, and retention in, elementary education will receive overriding priority through provision of special support services, setting of time targets, and effective monitoring.... (GoI 1986).

Thus, equality of educational opportunity and removal of disparity was considered as the central issue and focus was laid on addressing the specific needs of those who were denied equality for a long period. Since the adoption of the National Policy on Education, major interventions were made in the education sector and various schemes and programmes were launched to promote education. Some of the programmes that focused on addressing the gender gaps are as follows:

A) *Sarva Shiksha Abhiyan (SSA):* SSA was launched as a national flagship programme in 2001, to provide relevant elementary education for all children in the age group of 6 to 14 years. It is being implemented in all districts of the country and one of the goals of SSA is to bridge all gender and social category gaps at primary stage by 2007 and at elementary education level by 2010. The programme covers the entire country with special focus on educational needs of girls, SCs/STs and other children in difficult circumstances.

B) *District Primary Education Programme (DPEP):* Launched in 1994, the programme provides additional inputs to revitalize elementary education. The programme has tried to incorporate a gender perspective in aspects of the planning and implementation process. It recognized the importance of mainstreaming gender and making it an integral part of strategies to tackle problems of access, retention and achievement levels and for reaching out to children from the most disadvantaged groups/communities. The project sought to "increase coverage of girls, improve their academic achievements and reduce gender disparities in respect to enrolment, retention and learning achievements."

C) *Mahila Samakhya:* To translate the goal enshrined in NPE, the Mahila Samakhya Scheme was started in 1989 and the focus is on the centrality of education in empowering women to achieve equality. It is a concrete programme for the education and empowerment of women in the rural areas. This programme has a powerful effect on the aspirations and opportunities of women, and women are able to identify their priorities and they collectively work with other women to tackle the constraints imposed on female education by the community.

D) *Special Intervention for Female Illiteracy:* As per the 2001 census, 47 districts were identified as districts with less than 30 per cent female literacy. Most of these districts were concentrated in the states of Bihar, Uttar Pradesh, Jharkhand, etc. As part of the National Literacy Mission, dealing with low female literacy was considered as a priority and special project to for an accelerated female literacy programme was initiated to promote female literacy in such districts. Another such intervention is the Total Literacy Campaign (TLC) and it focuses on eradicating illiteracy among the age group of 15-35 years, through district level planning and implementation. The social mobilization generated by the literacy campaigns promoted equity and contributed to redefining gender relations.

E) *National Programme for Education of Girls at Elementary Level (NPEGEL):* The NPEGEL was launched in 2003, under the flagship programme of SSA, and it provides additional components for education of underprivileged, disadvantaged girls at the elementary stage. It offers material incentives such as stationery, and introduces additional interventions like awards, remedial teaching, and bridge courses.

F) *Kasturba Gandhi Balika Vidyalaya (KGBV):* The KGBV scheme also runs under SSA and the basic aim of the scheme is to provide a second chance for mainstreaming rural girls belonging to deprived social backgrounds who could not study upto or beyond class V. The scheme provides residential

facilities to girl children, for pursuing their upper primary education. The scheme has been implemented in educationally backward blocks where there is a wider gender gap. The social categories covered are the scheduled castes (SC), scheduled tribes (ST), other backward classes (OBC), religious minorities, and below poverty line (BPL) households. The components of KGBV, offers empowerment strategies, such as personal development, enhancing communication capacity and health- related awareness.

G) *Condensed Courses of Education of Women:* The scheme of Condensed Courses of Education is implemented through the Central Social Welfare Board. The course aims to benefit needy women of tribal, hilly, backward areas and urban slums of the age of 15 years who could not join the mainstream education system or dropped out from school. The course provides them with the opportunity for accessing education at different levels—primary, middle/high school. The main objective of the scheme is to provide educational qualifications and relevant skills to women in order to make them eligible for identifiable remuneration, work opportunities so as to facilitate their empowerment.

Apart from these measures, the other initiatives taken so far, in the direction of promoting girl child education includes, mandatory recruitment of at least 50 per cent female teachers under Operation Black Board, a separate budget for girls' centers under Non-Formal Education Scheme, Education Guarantee Scheme (EGS) schools, bridge courses, back to school camps, residential camps for out of school girls, Lok Jumbish (Rajasthan) to bridge the gender gap in primary education, which specifically targets the girl child in educationally backward districts/blocks.

Table 2.1 highlights the interventions taken in India to address the gender issues in education.

Table 2.1 Intervention to Address Gender Concerns in Education in India

Intervention	Steps taken
Enrolment of Girls	• Mobilization of community for enrolment of girls • Under DPEP, there is formation of Village Education Committee (VEC) with 30-50% women members, to supervise the retention • Mother-Teacher Association at schools encourages girls' participation in schools
Continuation of Girls in Schools	• Incentive provided in the form of mid-day meals, free text books, uniforms, scholarships, etc. • Gender sensitization of teachers and educational administrators to make them more responsive to constraints faced by girls
Improvement of Quality	• Gender review of curriculum and text books • Provision of attractive teaching-learning material to children • Provision of the required infrastructure facilities to girls in schools

Promotion of Gender and Social Equity Issues	• Under DPEP there is establishment of a gender unit for training and ongoing support • Regular monitoring of girls' participation and achievements in schools • Under Lok Jumbish, there is appointment of gender coordinators and about 30 to 50 % of supervisory staffs appointed are women
Teacher Motivation	• Appointment of Para-teachers, under Education Guarantee Scheme or Alternative Learning, to provide education to girls in the non-formal system; appointment of para-teachers reduces the burden of teachers • Under Lok Jumbish a forum is created for women teachers, where they can share their experiences and support each other's activities; the forum also addresses the problems faced by women teachers working in rural areas
Getting older, out-of-school girls back to school	• Through the Mahila Shikshan Kendra, Balika Shikshan Shivir and Mahila Samakhya Programme, education is imparted by way of bridge courses, short duration camps, seasonal camps, open school system, etc.

Source: Vimala Ramachandran, 2003.

2.7 UPGRADATION OF SKILLS: GENDER PERSPECTIVE

Skills and knowledge are the driving forces of economic growth and social development. People with higher and better levels of skills are able to handle the challenges of the world more effectively. Education is thus said to have attained its goal only if it can empower people with relevant survival skills. Especially women should be given adequate training and their skills should be upgraded as part of their education programme. The essence of education is said to have reached women, only if they are able to negotiate in the real world, on the strength of adequate skills and knowledge imparted by education. For the holistic development of a person, both academic and vocational streams should be incorporated into the education system.

Skill up gradation has been receiving its impetus in India in recent years, which is evident from the Eleventh Five Year Plan (2007-2010), in which key priority has been given to skill development. Initiatives such as establishing thirty new Central universities, five new Indian Institutes of Science Education and Research (IISERs), eight Indian Institutes of Technology (IITs), seven Indian Institutes of Management (IIMs), and twenty Indian Institutes of Information Technology (IIITs) are aimed at meeting the challenges of skills development. Further the Eleventh Plan has proposed to initiate vocational education at secondary level (Class IX to X), and perhaps begin even earlier at elementary levels (Class VI to VIII).

The 61st Round of the National Sample Survey (NSS), states that among persons between 15 to 19 years of age, only about 2 per cent is reported to have received formal vocational training and another 8 per cent are reported to have received non-formal vocational training. About 90 per cent of the youth enter the world of work without up gradation of skills. Thus, the basic problem with the skills development system in India is that the system is non-responsive to the needs of the society, and often there is mismatch between the skills required and the skills provided. And moreover, only few training courses with long duration are offered in India. In India, skill acquisition takes place through two basic structural streams: a small formal one and a large informal one. The formal structure includes: (i) Higher technical education imparted through professional colleges; (ii) Vocational education in schools at the post-secondary stage; (iii) Technical training in specialized institutions; and (iv) Apprenticeship training. In China, on the other hand, there exist about 4,000 short-duration modular courses which provide skills more closely tailored to employment requirements.

2.7.1 Skills Development Mission Strategies in India

The government has adopted various strategies to promote skill development and the chief among them is the creation of the National Skill Development Policy and the Skills Development Mission – which has since led to the creation of three institutions, the PM's Skills Development Council, the Skills Development Board, and the Skills Development Corporation. The strategies adopted are as follows:

- Focus laid on enlarging the coverage of the skills spectrum from the existing level. Skills Development programmes are scheduled to be delivered in modules of six to twelve weeks, with an end of module examination/ certification system.
- All Vocational Education (VE) schools are encouraged to engage in partnerships with employers for providing faculty/trainers, internships, advice on curriculum setting, and for skill testing and certification.
- Emphasis is being made on promotion of soft skills like English language skills, quantitative skills, computer literacy, spreadsheet skills, word processing, computer graphics, presentation skills, and behavioural and interpersonal skills.

2.7.2 Skill Upgradation Programmes for Women

The measures taken to upgrade the skills of women, should move beyond the focus of employment and include elements of empowerment and building self confidence. The skill development programme, should enable women to acquire knowledge, skills and education relevant to the requirements of the world. The following are some of the programmes offered to women in India to upgrade their skills:

Jan Shikshan Santhan (JSS): The Scheme of JSS is a multifaceted adult education programme aimed at improving the vocational skill and quality of life of the beneficiaries. The objective of JSS is educational, vocational and occupational development of the socio-economically backward and educationally disadvantaged groups of urban/rural population particularly neo-literates, semi-literates, SCs, STs, women and girls, slum dwellers, migrant workers, etc. Jan Shikshan Sansthan

runs a number of vocational programmes with varying duration of different skills. More than 250 types of courses and activities are offered by these institutions. The trades/courses for which training is imparted include cutting, tailoring and dress making; knitting and embroidery; beauty culture and health care; handicrafts; art, drawing and painting; repair of electrical software, etc.

A) *Support to Training and Employment Programme (STEP):* STEP for women was launched as a Central Sector Scheme in 1987. It has made a significant impact on women in traditional sectors by upgrading skills and providing employment on a project basis by mobilizing them into viable groups, arranging for marketing linkages, support services and access to credit. The Scheme covers traditional sectors of employment such as agriculture, animal husbandry, dairying, fisheries, handlooms, handicrafts, khadi and village industries and sericulture. The scheme is being implemented through Public Sector Organizations, State Corporations, District Rural Development Agencies (DRDAs), Cooperatives, Federations and registered Voluntary Organizations which have been in existence for a minimum period of three years.

B) *Kishori Shakti Yojana (KSY):* KSY is being implemented using the infrastructure of Integrated Child Development Scheme (ICDS). This scheme caters to the needs of adolescent girls in the age group of 11 to 18 years and addresses their needs of self development, improving nutrition and health status, literacy and numeric skills, vocational skills, etc.

C) *Credit Support of RMK:* The National Credit Fund for Women, known as the Rashtriya Mahila Kosh (RMK) was set up in 1993 to meet the credit needs of the poor and asset-less women in the informal sector. A recent initiative of RMK is provision of financial assistance to Government Organizations, NGOs, Research Institutions etc. that are involved in the task of providing capacity building, vocational and skill development programmes to women. Apart from this, RMK offers financial support to short-term skill development courses like jewellery designing, tailoring, training in dairy management etc. that are aimed at enhancing the skills of women.

Government organizations like Central Social Welfare Board, National Institute of Public Cooperation and Child Development (NIPCCD), etc. supports the programmes of voluntary organizations and give training to women and adolescent girls to improve home-based and vocational skills. Many NGOs have mushroomed in number to provide skill development programmes to women. Apart from this, many other efforts are being taken to empower women by way of skill up gradation programmes.

So far you have read about strategies towards bringing gender equity, government initiatives for education empoperment of women in India and up gradation of skills: gender perspective. Now, answer the questions given in *Check Your Progress 2*.

Check Your Progress 2

Note: a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) Discuss the various development goals of India with specific reference to education.

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2) Discuss any skill development programme of India with respect to women's education and development.

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2.8 LET US SUM UP

The aim of education is not limited to bringing the girls to formal schools and keeping them there. The goal of education in a democracy is to make all children realize their true potential and take actively participate in the development of our country as responsible citizens. All initiatives of the government and other actors, by way of elementary, secondary and higher education, and other non-formal ways of education, should move forward and promote equality. In addition to this, availability of good quality vocational and life skill educational opportunities, in line with gender concerns can generate the necessary momentum and contribute to attaining the developmental goals. Investment in women's education at one time has a multiplier effect, yielding additional benefits in the future. In summary, education is a powerful tool for promoting gender equity, which in turn would help in reducing poverty, unemployment and inequality, improving health and nutrition, thereby promoting human development.

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2.10 CHECK YOUR PROGRESS – POSSIBLE ANSWERS

Check Your Progress 1

1) Briefly discuss the agenda of the Kothari Commission report.

Ans. The Kothari Commission has made emphasis on improving the education system, setting up of State Boards of Education, leveling of institutions for equality and setting up of a statutory School Education Commission. Later, the Committee on the Status of Women in India (CSWI), 1975 examined the constitutional, legal and administrative provisions related to the status of women. The report brought out the dismal scenario of women's education and recommended co-education as a long-term policy to promote equality of opportunity.

2) What are the barriers to education for girls ?

Ans. i) *Mental Blocks:* The major factor that affects the education of girls is the deep mental blocks that have been created in the minds of the adults about girls' education. Adults are more skeptical about the efficiency and capacity of girls to participate in the economic work force as decision makers and thus restrict them to take up only limited traditional roles and take softer options as their subject.

ii) *Parental Aspirations and Attitudes:* Parents' expectations from girls are very miniscule, when compared to the expectation they have from boys. Parental aspirations regarding the process of education also differs between boys and girls.

iii) *Poverty:* Poverty acts as the major stumbling block for the education of children, especially for girls. Girls of primary-school age from the poorest 60 per cent of households are three times more likely to be out of school as compared to those from the wealthiest households. Their chances of attending secondary school are even slimmer, and older girls in general are more likely to be out of school.

Check Your Progress 2

1) Discuss the various development goals of India with specific reference to education.

Ans. Developmental goals are helping to focus on achieving equity in education overcoming barriers related to caste, socio-economic background, and regional disparities; promote universal elementary education; assure quality of higher education, and promote vocational education for women.

2) Discuss any skill development programme of India with respect to women's education and development.

Ans. *Support to Training and Employment Programme (STEP):* STEP for women was launched as a Central Sector Scheme in 1987. It has made a significant impact on women in traditional sectors by upgrading skills and providing employment on a project basis by mobilizing them into viable groups, arranging for marketing linkages, support services and access to credit. The Scheme covers traditional sectors of employment such as agriculture, animal husbandry, dairying, fisheries, handlooms, handicrafts, khadi and village industries and sericulture.

UNIT 3 GENDER, HEALTH AND WELL-BEING

Structure

3.1 INTRODUCTION

Health is one of the most important assets of human being, which is critical to human as well as economic development. Health in general and women and children health in particular is important for the overall health of the family, society and the nation. Health condition of the women and children belonging to the developing countries are lower as compared to the developed nations. This veritably depicts the status of women in the developing society. Women empowerment calls for health empowerment of women. This unit deals with the health and well being aspects of women.

After studying this Unit, you should be able to:

- Define the concept of health in general and the various components which together ensure health and well-being of a person;
- Analyze the significance of linkages between health and gender that determine the health status of women in the context of prevailing economic and socio-cultural scenario;
- Explain the indicators of women's health in the form of morbidity, mortality, emotional and sexual health etc; and
- Discuss the impact of new technology on the reproductive health of women.

3.2 HEALTH: CONCEPT AND INDICATORS

Before discussing the health status of women and its impact on development, it is essential to know the meaning of health.

3.2.1 Concept of Health

Health has traditionally been associated with a mere absence of disease or ailment, which was limited to or indicated only the physical condition of a person. The other aspects of health which are often considered subjective in nature have so far been neglected. These aspects relate to the emotional and mental well-being

of the person, which often relate to how happy a person has been. In recent times, health has been addressed as something which takes into account all the related components such as mental, social and emotional ones which together constitute or affect the overall personality of a person. With this holistic approach, health has been defined by the World Health Organization as follows-

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

Health connotes the complete well-being of a person each dimension affecting a separate aspect of a person's health.

3.2.2 Components of Health

Health has various components -- physical, mental, emotional, social and sexual with the following characteristics:

- Each component affects a separate aspect of health.
- All components are interrelated.
- Each component affects the other and together determines the health of a person.

A) Physical health

Physical health relates to the absence of a disease, ailment or disability. For instance, a person with no symptoms and physical discomfort caused may be said to enjoy good physical health status. There are various determinants of physical health such as heredity, environment, food intakes and personal hygiene and sanitation.

B) Mental health

Mental health relates to subjective emotions such as depression, anger, anxiety or happiness which connote the mental state of mind. It generally implies the following:

- Control on emotions which determines how one deals with adverse situations;
- Sensitivity to the needs of others which determines how one considers others' needs and requirements while making decisions;
- Confidence in one's own abilities, self-esteem determines one's going ahead in life;
- Freedom from unnecessary tensions, anxieties and worries which determines one's dealing with situations with a sound mind.

C) Social Health

Social health relates to social participation and support and serves the following objectives:

- Form a support group for each other;
- Provide ready-made support or assistance to each other;
- Curb isolation and neglect from the society; and
- Provide a vent or outlet for pent up emotions.

Social health for an individual implies:

- How well one gets along with people around and adjusts in social and community networks;
- How pleasant is a person's mannerism;
- How helpful is a person to others; and
- How well does a person fulfill responsibility towards others.

D) Sexual Health

Sexual health in case of women connotes health status related to reproduction and child birth and number of pregnancies, miscarriages, number of children, spacing between children etc. It is also manifested through the type of family planning measures adopted by women.

3.2.3 Concept of Well-being

Well-being is the composite measure of Health. It comprises all constituents of health in their totality: physical, social, mental and sexual which connote objective as well as subjective conditions of life. Well-being has been defined as the quality of life of an individual or other social unit. Well-being can be assessed through the lens of an individual's subjective assessments of his or her experiences, such as perceptions of emotional or spiritual well-being, or via objective measures such as those indexing physical health (e.g., blood pressure). In addition, cultural definitions of well-being or positive functioning may often be found operating within societies. For example, individuals might be considered to have adequate quality of life when they are gainfully employed and financially self-supporting. Regardless of who is doing the defining individuals themselves, researchers, policy makers, or society at large all definitions carry implicit or explicit values about the elements of positive well-being and the definitions of different entities may differ or even conflict. For example, some individuals equate luxury with high quality of life, but groups concerned with social justice might see such a lifestyle as self-indulgent and question its quality.

3.3 GENDER AND HEALTH

Gender norms and values give rise to *gender inequalities* -- that is, differences between men and women which systematically empower one group to the detriment of the other. The fact that, throughout the world, women on average have lower cash incomes than men is one example of gender inequality. Both gender differences and gender inequalities can give rise to inequities between men and women in health status and access to health care. For example:

- A woman cannot receive needed health services because norms in her community prevent her from travelling alone to a clinic.
- A married woman contracts HIV because societal standards encourage her husband's promiscuity while simultaneously preventing her from insisting on condom use.
- In some countries lung cancer mortality rate for men far outstrips the corresponding rate for women because smoking is considered an attractive marker of masculinity, while it is frowned upon as unfeminine in women.

- In each of these cases, gender norms and values and resulting behaviors are negatively affecting health. In fact, the gender picture in a given time and place can be one of the major obstacles sometimes the single most important obstacle to the achievement of well-being.

3.3.1 Relation between Gender and Health

Gender affects many aspects of life, including access to resources, methods of coping with stress and styles of interacting with others etc. These are the factors that can influence health of a woman either positively or negatively. The relation between gender and health is important because women are discriminated through socio-cultural norms, customs and practices. Some of the socio-cultural factors that prevent women and girls benefiting from quality health services and attaining the best possible level of health include:

- Unequal power relationships between men and women;
- Social norms that decrease education and paid employment opportunities;
- An exclusive focus on women's reproductive roles; and
- Potential or actual experience of physical, sexual and emotional violence.

All the above factors affect the overall health of women in many ways. These economic and socio-cultural factors affect their food intakes and recourse to institutionalized medical care. These factors may be considered separately as under:

i) Malnutrition: The strict socio-cultural practices lead to high rates of malnutrition among women since they are the ones who eat last and least after cooking and serving the members of their family. Pregnancy and lactation lead to further depletion of essential nutrients increasing incidence of nutritional deficiency.

ii) Poor Health: Females receive less health care than males. Many women suffer with reproductive diseases and multiple pregnancies/miscarriages leading to poor reproductive health among them. Poor working conditions and environmental pollution further impair women's health.

iii) Lack of education: The illiteracy among women is much higher as compared to men.

It is a common practice not to send girls to school at all or pull them out of school and entrust them with responsibilities of household work and child care.

iv) Overwork: Women work longer hours and their work is more arduous than men's; yet their work is not only unrecognized but also undervalued to quite an extent. Their involvement in economically gainful and reproductive work leaves them with no time to care for their own health.

v) Unskilled: The lack of skill among women compels them to take up menial jobs here and there. Poor and inadequate working conditions have a negative bearing on their physical health.

vi) Mistreatment: The violence against women adversely affects the health of women.

The alarming rise in atrocities against women such as rape, assault and dowry-related murders has a negative effect on the overall health of women. Female foeticide, infanticide and sex-selective abortions are additional forms of violence that devalue women and lead to "missing girls" or skewed sex ratio.

vii) **Powerlessness:** While women are guaranteed equality under the constitution, legal protection has little effect in the face of prevailing patriarchal traditions. The lack of say in decision-making regarding age at marriage, family size and use of family planning measures deny women the right to good health.

viii) **Traditional definitions of gender:** Tradition defines masculinity as having power and being in control in emotional situations, in the workplace, and in sexual relationships. Acceptable male behaviours include competitiveness, independence, assertiveness, ambition, confidence, toughness, anger, and even violence (to varying degrees). Traditional femininity is defined as being nurturing, supportive, and assigning high priority to one's relationships. Women are expected to be emotionally expressive, dependent, passive, cooperative, warm, and accepting of subordinate status in marriage and employment. These factors are primarily responsible for a low health status among the women.

3.3.2 Health Status of Women: Prevailing Scenario

Health is a basic human right / women's right. The right to health is a fundamental right and the poorer health indices of half the population is a cause for concern. To be able to lead good healthy lives, women need to have access to nutritious food, appropriate medicine to treat illnesses, clean water, safe housing, pollution-free environment and institutional health services. Thus, women's health is determined by the forces working at homes, work places, society and the state. According to Dr Amartya Sen ,

"Burden of hardship falls disproportionately on women" due to seven types of inequality as elaborated by Amartya Sen:

1) *Mortality* – gender bias in health care and nutrition,
2) *Natality*- prevailing sex selective abortion and female infanticide,
3) *Basic facility* – lack of education and skill development,
4) *Special opportunity* –inaccessibility to higher education and professional training,
5) *Employment* – absence of job / in-service promotion and
6) *Ownership* – lack of ownership of home, land and property.
7) *Household inequality*- Basic inequalities in gender relations within the family or the household.

3.3.3 Factors Affecting Women's Health Status

Considerable research has been conducted in the area of gender and health. Various studies have correlated health with nutrition, environment and socio-cultural factors and discussed these factors in the context of availability and accessibility to medical care. Two basic positions on the determinations of health and well-being have been identified by Ross and Raymond. These are particularly

applicable in case of women and their health, these are:

1) Living conditions - these may comprise of poor housing, social and psychological stressors in the family and at work.

2) Medical care – the mere availability of medical care may not necessarily mean its access and utilization by the women.

The World's Women, a report on Women and Health, recognizes certain factors affecting women's health. It specifies that factors like better nutrition, broader access to appropriate health care, improved education and good family planning are keys to improving women's health and reducing their reproductive burden. Owing to multiple roles of women, several studies have emphasized their special medical needs which need to be addressed owing to the productive and reproductive functions performed by them. The cultural norms that are specially cited to affect the women's health are factors like attitude to marriage, age at marriage, the values attached to fertility and sex of child, pattern of family organization and the ideal role demanded of women by social conventions. These factors determine her place within the family, degree of her access to medical care, education and nutrition.

3.3.4 Gender and Access to Institutionalized Medical Care

Among all the factors, the institutionalized form of medical care is intimately related to health and the very life itself, of women. Bryan C. Smith (1979) defines medical care as the services provided directly by physicians to individuals for maintenance and restoration of health and for prevention of disease. It is required at all the stages of illness such as diagnosis of symptoms, treatment, convalescence, follow-up and dissemination of knowledge for the prevention of a disease.The mere availability of medical care cannot ensure good health; much depends upon the extent of its utilization by an individual in sickness. In case of women, besides the economic determinants, socio-cultural factors govern an individual's decision to seek medical services in sickness. Sumaraj points towards the sex and socio-economic status of an individual which determines his decision on whether to use institutionalized medical care or not. Anderson and Associates (1973) developed a descriptive multi-variant model to account for differences in medical utilization. They viewed an individual's decision to seek medical care as a new consequence of the following three variables:

- Predisposing variables;
- Enabling variables; and
- Illness variables.

There is interplay between the predisposing, enabling and illness factors at different stages of an illness that determines when the person takes recourse to institutional medical care. However, these three factors are necessary for an optimum utilization of medical services. The underplay by any one of these factors hampers an individual's decision to seek medical care. The role of these factors is further emphasized in the case of utilization of medical services by women. Several studies point towards under-utilization of institutionalized medical care by women in comparison with the men. Sathyamala and Sundharam argue that health problems of Indian women are primarily related to their social status in society. The lower status of women in comparison with men does not enable

them to utilize medical services as much as men. The utilization aspect of medical care among women was further elaborated by Meera Chatterjee (1988). She identified four broad areas which together determine women's access to and utilization of health services, these are:

i) Need - It is the extent of ill-health and is a measure of the extent to which they must seek health care.

ii) Permission - It refers to the familial, communal and societal norms that dictate whether a woman can or cannot seek health services depending mostly on the economic status.

iii) Ability – It refers to the feasibility of the women to take recourse to the institutionalized form of medical care.

iv) Availability - The availability of health services in general and, specifically for women, determines their access to health care.

As per the above classification, women may have an urgent need to access medical care but they may not be able to take recourse to the services essentially due to unavailable specialized services, lack of permission to seek the same and inability to access the same. For example, women may be very sick and in urgent need of medical care but unavailability of the same may make it difficult for them to access them. In addition, the prevailing medical care may be distantly present from them and they may not have the required permission to use medical facilities due to rigid socio-cultural constraints. A number of studies conducted in the area of women's health and economically gainful employment show a positive relation between the two.

Sumaraj reports that gainfully employed women have lower sickness rates than housewives after controlling for age and excluding sickness from puerperal and female genital causes and occupational injuries. Yoydanoff notes that health levels are the highest among women performing all the three roles – **employed, married and parent;** whereas those performing none have the poorest health. These relationships are additive and not interactive. In apparent contrast, Nancy Woods and Barbara Hulka found in their study that higher number of role responsibilities is associated with the symptoms of poor physical health.

3.3.5 Utilization of Medical Care by Women

Recourse by women to institutionalized forms of medical care largely depends upon their illness behaviour. Mechanic described illness behaviour as the way in which symptoms are perceived, evaluated and acted upon by a person who recognizes some pain, discomfort or other signs of organic malfunction.

Suchman described the stages of illness experienced as five response stages depending upon the interpretation of a particular sickness:

1) **The Symptom experience:** An individual may take the decision to deny the symptoms or pretend that they do not need attention, to delay making a decision until the symptoms are more obvious or to accept them as evidence of a health disorder. She may also attempt to treat herself through the application of folk medicine as self-medication. At this stage, the women may be aware of this symptomatic stage but may not feel it important to be

alarmed owing to their preoccupation with household/family responsibilities. They may try some household remedies or self-medication at this stage.

2) **Assumption of Sick Role:** After accepting the symptom experience as indicative of an illness, the person enters this role. She is allowed to relinquish normal social obligations, provided permission is obtained from her lay-referral system. While lay remedies may continue, she is again faced with a decision to deny the illness and perhaps seek medical care. At this stage, the symptoms may persist or even aggravate making the woman consider her sickness seriously. She may consult her husband and other family members or whether to consult a doctor or not.

3) **Medical care contact:** The person attempts to obtain legitimization of her sick role status and to negotiate the treatment procedures. At this stage, the women may consult the doctor after observing that the illness symptoms have aggravated and she cannot perform her work roles efficiently.

4) **The Dependent – Patient role:** The person undergoes the prescribed treatment but still has the option to either terminate or continue treatment. At this stage, the women follow the medical prescription religiously to be able to recover fast in an eagerness to normalize the household equilibrium, which has been disturbed due to her illness.

5) **Recovery and Rehabilitation:** The patient relinquishes the sick role and resumes the normal social role. This may happen at the recuperating stage when women sideline the sickness symptoms/medication and get back to normal routine without even waiting to completely recover from their sickness.

The women pass through various stages of illness experience, taking recourse to institutionalized medical care based on self-perception which is greatly conditioned by the existing societal expectations. The women may not consider her illness seriously if the family does not consider it so or if it is disturbed with the assumption of women taking up the sick role. The women's illness is invariably related with their household responsibility. Their illness is the most disturbing of all to the family equilibrium. William C. Cockerman draws attention towards the role of social processes / contexts in influencing an individual's decision to use professional medical services. Just as certain specific social conditions are considered stressful by some, not by all, so too some individuals recognize particular physical symptoms such as pain, high fever or nausea and seek out a physician for treatment. Others with similar symptoms may attempt self-medication or dismiss the symptoms as not needing attention. Vibhuti Patel analyzes recourse to medical care by women. She says that women avail four types of health services. First of all the majority of women try home remedies, failing which they approach either a homeopath, ayurvedic doctor, unani healer or the allopath. Those who cannot afford private practitioner's fee go to a trust-run clinic/hospital, government hospital or primary health care centre (PHC) or the health care facilities provided by non-governmental organizations. She adds that during the last decade, yoga, meditation, reiki, aerobics have become extremely popular among the middle and upper class educated women, while the poor women approach witch doctors.

In this section you have studied about, health: concept and indicators, gender and health. Now, answer the question given in *Check Your Progress 1*.

Check Your Progress 1

Note: a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) What are the components of health?

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2) What are the socio-cultural factors that prevent women and girls benefiting from quality health services?

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3.4 DETERMINENTS OF PHYSICAL HEALTH AND WELL-BEING

The physical well-being is determined by the quantitative and qualitative aspects of food intakes. It is also influenced by the quality of housing and the basic facilities available for living. For a working woman, the place of work is very important in terms of physical comfort and ambience. In case of women in particular, the components of reproductive health have a direct bearing upon their physical well-being. Some of them include: age at marriage, number of children, spacing between children, duration of breast feeding and adoption of family planning measures.

3.4.1 Food Intakes

Food intakes need to be assessed on the basis of two aspects – quantitative and qualitative. While the quantitative aspect deals with the amounts or quantities of food items consumed by an individual, the qualitative aspect deals with a wide range of micro-and- macro nutrients required for keeping the body healthy.A balanced diet containing carbohydrates, protein, vitamins and minerals is crucial for maintaining a healthy body and mind. Several studies indicate a high incidence of malnutrition / nutritional deficiency among women. Only 10 percent of women

are fortunate to have the privilege of nutritious diet. A majority of women in our country work more than men and for longer periods but their energy expenditure is not compensated by dietary intake as it is inadequate and lacks in nutrition. India has the highest prevalence of iron deficiency anemia in the world. Around 87 percent of pregnant women, 68 percent in the reproductive age group and about 60-70 percent of adolescent girls in our country are anemic. This is the major reason for high level of morbidity among Indian women. One of the contributing factors for the prevailing health statistics among Indian women is the socio-cultural notion of women having the sole responsibility of cooking and serving food to the family members. This status demands them to ensure that all are well-fed and eat as per their needs and wishes. It has been observed that women eat the last in the family. They cook and serve and many a times, forgo their share voluntarily for their children and other family members given the fact that limited or measured quantities of food are cooked in a majority of households.

In addition, there are food taboos which deny women particular food items. Frequent fasts and voluntary denial of food on several occasions lead to nutritional deprivation among the women.

3.4.2 Common Illnesses and Medical Care

Women-specific common illnesses are aches/pains (back, head, stomach, uterine); weakness, fevers, respiratory problems, skin, eye, ear problems; and reproductive problems such as reproductive tract infection, white discharge, endometriosis etc.A study by CEHAT (The Centre for Enquiry into Health and Allied themes), an NGO, reveals that morbidity is much higher among women than men. Middle aged women have arthritis, menopause related hot flushes and uneasiness, osteoporosis, migraine and swelling of legs. In both rural and urban areas, the proportion of physical immobility is higher among elderly women than among elderly men. As regards medical care facilities, women are last ones to be taken to a doctor and they have the least access to rest, healthy recreation, exercise and sports. All these combined together aggravate the situation and further deteriorate women's health.

3.4.3 Attitude towards Women's Health

Social discrimination against women results in systematic neglect of women's health from womb to tomb. Female infanticide and female foeticide are widely practiced in relatively less developed states such as Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh and also more developed states such as Punjab, Haryana, Himachal Pradesh and Gujarat. As per 2001 census, there were only 933 women per 1000 men, out of which 53.1 crore were males and 49.6 crores were females, causing a deficit of 3.5 crore women. In Kerala state, sex ratio is the most favourable leaving the 0-6 age group which was 963 (Census 2001). The total population of the state was 36.5 lakhs out of which 18.6 lakhs were male babies and infants and 17.9 lakhs were female babies and infants. Thus 79760 female babies and infants were missing in 2001 in Kerala. This masculinization of sex ratio is the result of selective abortion of female foetus after the use of ultra-sound techniques to determine the sex of the foetus. As a result of sex determination and sex pre-selection tests, the sex ratio of the child population has declined to 927 girls for 1000 boys. Sixty lakh female infants and girls are 'missing' due to sex selective abortion of female foetuses and pre-conception rejection of daughters.

Table 3.1: Population in 0 to 6 age group in India

Infants and children - All	15.8 crores
Male infants and children	8.2 crores
Female infants and children	7.6 crores
Deficit of female infants and girls	6 lakhs
Sex ratio of child population	927

Source: Census of India; 2001

While understanding the implications of unfavourable sex ratio, the government has come up with measures to stop female infanticide. The Tamil Nadu government introduced the 'Cradle Baby Scheme' urging parents to leave their unwanted baby girls at cradles provided in hospitals, primary health centers and orphanages and encouraging them to take them back if they changed their minds. The Delhi Government started the 'Laadli scheme' to promote school education of girls through financial support. The negative attitude towards women's health is the major reason for high levels of prenatal mortality and morbidity including low birth weight babies.

3.4.4 Vicious Cycles and Poor Women

The vicious cycles of poverty generate the vicious cycle of ill health. For the mother, poverty leads to low intake of food and nutrients, which results in under-nutrition and repeated infestation from nutrition related diseases and infections. This affects them in terms of stunted development and growth faltering. Hence they have small body size as adults, which impairs productivity; as a result they have low earning capacity. The end result is poverty and its perpetuation. In case of the girl child, poverty forces only three options: child labour, child marriage and child prostitution. Poverty coupled with control over women's sexuality, fertility and labour is manifested in neglect and discrimination against the girl child, whose life is made difficult with malnourishment, early marriage and an impoverished mother who gives birth to a low weight baby. In case the baby born is female, she faces discrimination, repeated pregnancies/deliveries in a yearning for a male child. This vicious cycle ultimately results in maternal mortality death. The miserable reproductive health profile of Indian women is due to the clutches of early marriage and pregnancy, high prevalence of reproductive tract infection, ignorance, high infant mortality rate, lack of control over fertility, sexuality and contraception, repeated pregnancies and miscarriages. The nutritional needs of lactating mothers require special attention for the health of the infant as well as the mother in the long run.

3.4.5 Violence and Health Issues over the Life Cycle

The health issues for women take roots even before they are born. As unborn children, they face covert violence in terms of sex-selection and overt violence in the form of female foeticide after the use of amniocentesis, chorion villi biopsy, sonography, ultrasound, and imaging techniques. The social preference for a male child leads to infertile couples approaching the IVF (In Vitro Fertilization) clinics for assisted reproduction. Aggressive advertisements such as, "Invest Rs 500 now and save Rs 50000 later" add to the booming market for tailor-made sex of the child. The message delivered is, "if you get rid of your daughter now, you

will not have to spend money on dowry". As girls under five years of age, women face neglect of medical care and education, sexual abuse and physical violence. As adolescent and adult women in the reproductive age group, they face early marriage, early pregnancy, sexual violence, domestic violence, dowry harassment and infertility. If they fail to produce children, they face desertion, witch hunt etc. All these forms of discriminating practices lead to a high maternal mortality rate. The common causes of maternal deaths in India are hemorrhage, abortion, infection, obstructed labour, eclampsia (blood pressure during pregnancy), sepsis and anaemia. Due to an increasing number of cases of domestic violence, dowry deaths and bride burning, the Bombay Municipal Corporation (BMC) has launched a project, Dilaasa (meaning reassurance) in K.B. Bhabha Municipal General Hospital to provide psychological and social support to women facing domestic violence. This programme has been launched in collaboration with an NGO, CEHAT.

3.4.6 Home and Work Conditions

The National Perspective Plan for Women called for a need to identify and give due consideration to the special housing needs of women. It recognized the need to provide necessary facilities in homes in order to lessen the burden and drudgery of women in performing the productive and reproductive roles. Lack of space at home forces women to perform multiple tasks within limited "shared space". The reproductive tasks such as child care, breast feeding are simultaneously performed within the "public space" at home. There remains no concept of privacy in this situation. On home front, scarcity of fuel-wood, fodder, water and herbs due to deforestation has taken a heavy toll on women's health. The rural and tribal women have to walk for miles for these basic survival needs of human beings and animals. Desertification in Western India has accentuated women's survival struggles as they have to depend on adhoc public works programmes. The environmental phenomena, i.e., global warming has brought back older epidemics such as cholera, typhoid, malaria, dengue and hemorrhagic fever. The commercially burgeoning sex trade has made two million sex-workers potential carriers of HIV, STD and AIDS. The women in prostitution invariably suffer from T.B., STDs, malnutrition, malaria and skin diseases due to dilapidated living conditions. Married women are prone to HIV infections occurred from their husbands. The data from ante-natal clinics across seven cities in India reveals that HIV-AIDS prevalence rates among pregnant women are 2 percent to 3.5 percent in Mumbai and 1 percent in Hyderabad, Bangalore and Chennai.

The contemporary modern lifestyle and environment has increased breast and uterine cancer among Indian women. The techniques meant for detecting cancer such as self- examination of breast and pap smear are rarely used by women. As a result, detection of cancer and its treatment at earlier stage becomes impossible. With commercial interests, the liquor industry aggressively promotes alcoholism among the toiling poor. Due to addiction, the men do not contribute to the daily running of the household. The women have to shoulder the major burden of household expenditure. Use of bio-fuels such as wood, dung, crop residue resulting into indoor pollution takes away the lives of 5 lakh women annually. For working women, office or place of work occupies a very important place. Since the respondents spend most of their daytime in office, its physical environment has a direct bearing on their health and well being. Neat and airy work stations improve physical health and are soothing for mental well-being. On the other hand, cluttered,

dingy and crowded work areas have an adverse effect on health. The offices in the contemporary private sector provide better working conditions than those in the conventional government sector. The toilet and drinking water facilities add to the quality of working conditions. Sexual harassment at the work place should be treated as an occupational health hazard as it causes damage to both the physical as well as mental health of women. All the professions carry one or the other form of this kind of hazard for the women.

3.5 THE REPRODUCTIVE HEALTH OF WOMEN

An important component of physical well-being of women is their reproductive health. It includes information about their fertility behaviour such as age at marriage, number of children, spacing between pregnancies, location period and usage of family planning measures.

3.5.1 Adoption of Family Planning Measures

Family planning measures have a direct bearing upon a woman's health. Too many pregnancies and children have a negative effect on a woman's health. There are temporary as well as permanent family planning measures available in the market. The temporary measures are physical and chemical methods. The surgical method, tubectomy, is the only measure for women which is permanent in nature. For the male members, vasectomy is the permanent method. The family planning measures work with dual purpose- (1) prevent unwanted conception, and, (2) space between two pregnancies/children. A majority of our population does not use any contraceptive methods for birth control. Female sterilization is the most widely prevalent method of contraception. Usage of pill, Intra Uterine Device (IUD) and male sterilization is 2 percent for each of the three. Condom use constitutes only 3 percent of the total.

Table 3.2 Use of contraceptive methods

Contraceptive method	Use
Pill	2.00%
IUDs	2.00%
Condom	3.00%
Male sterilization	2.00%
Female sterilization	34.00%
Any traditional method/other method	5.00%
Not using any method	52.00%

Source: National Family Health Survey: 1998-99

Contraceptives targeted at women with serious effects are Quinacrine, Norplant, Depo-Provera, anti-fertility vaccine, RU 486. The side effects of long acting hormonal contraceptives are menstrual disturbance, circulatory and cardio-vascular problems, thyroid, chest pain, giddiness, migraine, increased risk of cancer and infertility. Contraceptive research in Asian countries treats coloured women as raw material for experimentation on eugenics. Women resort to abortion when faced with unwanted pregnancy due to failure of contraceptives or due to

non-utilization of contraceptive methods. According to UNICEF, about 50 lakh abortions are performed under the health services network while 45 lakh by the illegal practitioners/quacks. 10 percent of all maternal deaths are due to unsafe abortion, which result in hemorrhage, infection, incomplete evacuation, cervical lacerations, uterine perforations, thromboembolism and anesthetic complications. A spontaneous abortion often results in severe blood loss and is therefore considered very harmful as it can cause anemia and weakness.

3.5.2 Emotional and Mental Well-being

The socially constructed differences between men and women in roles and responsibilities, status and power interact with biological differences between the sexes to contribute to differences in the nature of mental health problems suffered, health-seeking behaviour of those affected and responses of the health sector and society as a whole. Emotional well-being refers to the ability of a person to cope with a certain situation without showing signs of anxiety or aggression. In the case of working women, stress may be manifested in three forms: job-induced tension, somatic (physical) tension and general fatigue and unhappiness. These types of stress may be evident in the day-to-day life of women. The stress may bring instability or low emotional well-being among the women. However, mental and emotional health has been the most neglected as far as women are concerned. The stress generated due to major life instances such as divorce, widowhood, family illness, financial hardship and substance abuse destroy an individual's ability to cope with and function effectively. Suppression of the extremities of an abusive relationship results in acute mental stress and trauma. In countries like India, economic dependency along with social and financial pressures trap women in abusive relationships, both physical and mental, forcing them to hide their anguish. In many instances, social workers and psychiatrists are approached by husbands to issue 'mentally unfit' certificates so that they can flash them in the court of law to demand divorce. The mentally ill women do not find a place in homes. Even after their recovery, they have to languish in mental asylum. There is a need for half way-homes where mentally ill women can work for a few hours under the supervision of professional workers and then go home in the evening. Psychotherapy, mutual and group counseling should be promoted. Shock therapy and chemical treatment should be avoided as it negatively impact women already in distress.

3.5.3 Modern Health Care Facilities for Women

Women are perceived as mothers and not individuals in their own right. They are therefore covered under MCH (mother and child programme). However, MCH does not cover a majority of Indian women. Only 49.2 percent of the pregnant women received antenatal check-up by health professionals. The health workers visited only 21 percent of pregnant women. Tetanus toxoid coverage of pregnant women was 53.8 percent and Anemia prophylaxis coverage among pregnant women was 50.5 percent.Institutional deliveries are still a remote reality with a majority of women delivering at home. They constituted only 22 percent of deliveries at the national level. Urban areas were better covered: 55 percent as against a meager 18 percent in rural areas. Every 5000 population has an auxiliary nurse midwife (ANM) with the responsibility to attend child birth. Only a negligible part of home-births are attended by ANMs.

3.5.4 New Reproductive Technologies (NRTs) and Assisted Reproduction

NRTs perform the following types of functions:

In Vitro Fertilization and subsequent embryo transfer, GIFT (Gamete Intra Fallopian Transfer), ZIFT (Zygote Intra Fallopian Transfer), Cloning assisted reproduction. Contraceptive technologies prevent conception and birth. Amniocentesis, chorion villi biopsy, ultrasound are used for prenatal diagnosis. It is important to examine scientific, social, juridical, ethical, economic and health consequences of the NRTs. These technologies have made women's bodies a site for scientific experimentation.

NRTs in the neo-colonial context of the third world economies and the unequal division of labour between the first and the third world economies has created a bizarre scenario and cut throat competition among body chasers, clone chasers, intellect chasers and supporters of femicide. It is important to understand the interaction among NRT developers, providers, users, non-users, potential users, policy makers and representatives of international organizations.

3.5.5 Selective Elimination of Females at the Pre-conception Stage

The Human Development Report in South Asia 2000 focusing on the gender question recorded 3178 cases of female infanticide in six districts of Tamil Nadu in 1995. In Mumbai only, in 1984, 84 percent of gynecologists admitted that they were performing amniocentesis and there were 40000 known cases of female foeticide. The supporters of sex-selection tests for selective elimination of girls/ female foetuses, apply law of demand, i.e., reduction in the supply of girls will enhance their status but historical evidences do not support this argument. There had been a continuous decline in the sex ratio since 1901 to 1971, from 972 per 1000 men to 930 per 1000 men respectively. In 1981, the sex ratio was 933 women per1000 men, a slight increase but in 1991, it became the lowest in the history of the Census, 929 women per 1000 men. In 2001, the sex ratio for the total population was again 933 per1000 men.

The regional trends are reflected in the sense that Haryana had the most depressive scenario as a result of misuse of these tests. According to 2001 Census, the sex ratio in Haryana is 861 women for a thousand men, the lowest among the major states in India. The current slogan is 'Sons are rising and daughters are setting'. A per the UNFPA study, female foeticide has been the main cause of the widening sex ratio in Haryana. As per a report (Hindu:19-10-2001), 'In the last six years, the number of sex-selective abortions have increased from 62000 to 69000 in Haryana and from 51000 to 57000 in Punjab. This reckless scale has pushed the fertility rate down from 3.3 to 2.9 in Haryana and from 2.9 to 2.2 in Punjab leading to reduction of birth rate but at what cost? A study conducted in nine provinces viz. Andhra Pradesh, Bihar, Gujarat, Haryana, Madhya Pradesh, Punjab, Rajasthan, Tamil Nadu and Uttar Pradesh which were known for high rates of abortion. This study revealed that the impact of sex-selective abortion is seen in terms of widening gender gap among the 0-6 years age group, in Punjab and Haryana, two of the most economically prosperous states.

Table 3.3: Sex Ratio among the states with widespread use of sex determination tests (0-6 years age group)

States	1991	2001
Punjab	875	793
Haryana	879	820
Gujarat	928	878
Maharashtra	946	917

Source: Census of India, 2001

The argument that prenatal diagnostic tests give women a choice to select a child of desired sex is unacceptable as women's 'choices' are made within the patriarchal compulsions to produce sons. The women are not taking these decisions autonomously. Threat of desertion, divorce and ill-treatment force them to opt for sex determination and sex pre- selection tests.

Between 1975 and 2001, there was gross violation of The Medical Termination of Pregnancy Act (1972) and Prenatal Diagnostic Techniques Regulation and Prevention of Misuse Act (1994). Amniocentesis, chorion villi biopsy and pre-conception sex selection tests were provided by the technodocs on the door-to-door service basis in some states. Several towns and cities in Maharashtra, Punjab, Gujarat, Uttar Pradesh, Tamil Nadu provided these tests on payment. As a result there is a decline in sex-ratio in the 0-6 years age group, i.e., there are 927 girls per 1000 boys in our country as per 2001 census.

The issue here is: At this rate, can we allow Indian women to become an endangered species? We need to counter those who believe that it is better to kill a female foetus than to give birth to an unwanted female child. This logic is not only short-sighted but fatalistic too. The technodocs do not challenge anti-women practices such as dowry; they instead display an advertisement,' Better Rs 5000 now than Rs 5 lakhs later'. i.e., better spend Rs 5000 on female foeticide than Rs 5 lakhs as dowry for a grown up daughter. By this logic, it is better to kill poor people or third world masses rather than let them suffer in poverty and deprivation. This logic also presumes that social evils such as dowry are God-given and that we cannot do anything about them. Hence victimize the victim. The population control policies need to be seriously looked at to ease the burden on women caused due to unfriendly and biased NRT experimentation. To achieve population stabilization, 2.1 percent growth rate of population and NRR-net reproduction rate of 1 (i.e., one mother should be replaced by one daughter only) are envisaged. These have inherent sexist bias because of the desire for sons. This would further widen the gap between number of girls and number of boys in the country.

3.5.6 Effects of Contraceptive Research

Women have been the main target for population control programmes. Hormonal pills (Estrogen-Progesterone combinations), injectible contraceptives (Depo-Provera, Depot Medroxy Progesterone acetate, Net En-Norethisterone Enanthate) and anti-fertility vaccine have been foisted on Indian women's bodies without any concern for collateral damage in terms of thyroid, migraine, chest pain, giddiness, upsetting of regular cycle of the women's body. Researches by scientists and doctors of women's groups have shown 78 side effects of these hormone-

based contraceptives. Latest in the list and still more harmful is Quinacrine as a contraceptive, which is being supplied through private routes without the permission of the drug controller or approval of the Indian Council of Medical Research.

3.5.7 Social Well-being

Social well-being deals with social life: interaction with kinship groups and indulgence in entertainment activities. It forms a part of non-working outdoor life, which excludes the home and office time of working women. These activities help one get rid of routine boredom and refreshes the mind and body. These activities release renewed energy in the routine life of working women and they may get better prepared to face everyday routine. Interaction with friends and relatives helps one adjust to difficult situations through interactive talks and discussions. Solutions to personal problems may even be found in certain situations. The participation in interpersonal linkages and networks strengthen social health of a person. It indicates acceptance of the person in the kinship groups that she has formed around her growth in profession may add to high levels of emotional well being among the working women. For instance, the corporate sector is characterized by a flat organizational set up. It does not have a well defined, hierarchical structure with too many ranks and positions. However, there is a lot of scope for growth in terms of responsibility and number of tasks to be handled by an employee. In the public sector, promotions in rank and position are done on the basis of performance in work. There is no time-bound scheme of promotions in the corporate sector, which would ensure them a rise in their position within the organization. Every year, Work Appraisal Reports are written and work is evaluated in the light of a company's performance and work targets. Personality traits like commitment and attitude to work, behaviour at work and spirit of team work and mutual growth are also considered here. Growth in profession or job leads one to be happy and contented.

In this section you have studied about determinants of physical health and well being, the reproductive health of women. Now, answer the question given in *Check Your Progress 2.*

Check Your Progress 2

Note: a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1) Why is reproductive health of women important?

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2) Why is social well-being important?

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3.6 LET US SUM UP

There is a need to situate women's health in the overall macro parameters. The gender divide in the access of health care and health cost is so sharp that women have to access informal providers and informal care. Gender audit in health should be done on the basis of identifying issues for re-orientation at each stage of women's life cycles, focusing on the problems of each group of women. In order to address the problems concerning women's health, a holistic life span approach is needed. Women as growing human beings, homemakers, mothers and elderly citizens face different types of health related issues. Women's health is determined by the material reality generated by socio-economic cultural forces as well as gender relations based on subordination of women. Failure to recognize the relationship between gender and culture and refusal to tackle these issues result in poorer health status of women. It is important to make men aware about women's specific health needs. Women and health movement in India has come of age. Women's groups are examining health issues of women from political economy perspective. With the worsening economic crisis, nutritional needs of women are not fulfilled. Structural adjustment programmes have affected budgetary allocation for women's overall health needs. Heavy funding is available only for the population control policy. People's health movement is highlighting the issues of the public distribution system, public health and sanitation. The National Health Policy has become a rallying point for heated debates on socio- psychological health needs of Indian women. Demystification of medical knowledge and campaign against over-medicalization of women's health needs have been the top most priority for the women's health movement in India. The campaign for people's right to health has criticized the Draft National Health Policy stating that the health needs of women,children, the aged and the handicapped are hardly addressed in the draft.

3.7 GLOSSARY

Malnutrition : Refers to both under nutrition and over nutrition. People are malnourished if their diet does not provide adequate nutrients for growth and maintenance or if they are unable to fully utilize the food they eat due to illness. They are also malnourished if they consume too many calories (over nutrition).

Biopsy : It is a medical test involving the removal of cells or tissues for examination. It is the medical removal of tissue from a living subject to determine the presence or extent of a disease.

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3.9 CHECK YOUR PROGRESS - POSSIBLE ANSWERS

Check Your Progress 1

1) What are the components of health?

Ans. Health has various components -- physical, mental, emotional, social and sexual with the following characteristics:

- Each component affects a separate aspect of health.
- All components are interrelated.
- Each component affects the other and together determines the health of a person.

2) What are the socio-cultural factors that prevent women and girls benefiting from quality health services?

Ans. Some of the socio-cultural factors that prevent women and girls benefiting from quality health services and attaining the best possible level of health include:

- Unequal power relationships between men and women;
- Social norms that decrease education and paid employment opportunities;
- An exclusive focus on women's reproductive roles; and
- Potential or actual experience of physical, sexual and emotional violence.

Check Your Progress 2

1) Why is reproductive health of women important?

Ans. An important component of physical well-being of women is their reproductive health. It includes information about their fertility behaviour such as age at marriage, number of children, spacing between pregnancies, location period and usage of family planning measures.

2) Why is social well-being important?

Ans. Social well-being deals with social life: interaction with kinship groups and indulgence in entertainment activities.These activities help one get rid of routine boredom and refreshes the mind and body. These activities release renewed energy in the routine life of working women and they may get better prepared to face everyday routine. Interaction with friends and relatives helps one adjust to difficult situations through interactive talks and discussions.

MDV-004: Gender and Development: Concepts, Approaches and Strategies (6 CREDITS)

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