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## UNIT 21 WOMEN BELONGING TO SPECIAL CATEGORIES

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### Structure

- 21.1 Introduction
- 21.2 Objectives
- 21.3 Status and Position of Women in Different Regions of the World
- 21.4 Women in Difficult Circumstances
- 21.5 Women with Disabilities
- 21.6 Women, Poverty and Survival
- 21.7 Other Areas of Discrimination
  - 21.7.1 Malnutrition
  - 21.7.2 Poor Health
  - 21.7.3 Lack of Education
  - 21.7.4 Overwork
  - 21.7.5 Mistreatment
  - 21.7.6 Powerlessness
  - 21.7.7 Violence against Women
  - 21.7.8 HIV and AIDS
  - 21.7.9 Women and Old Age
- 21.8 Gender-responsive Planning and Gender Responsive Budgeting
- 21.9 Summing Up
- 21.10 Glossary
- 21.11 Answers to Check Your Progress Exercises
- 21.12 References
- 21.13 Questions for Reflection and Practice

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### 21.1 INTRODUCTION

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The Government of India has undertaken many efforts like the National Perspective Plan for Women, a National Commission for Women, women-targeted programmes and many laws related to women's empowerment. Efforts have also been taken to collect gender disaggregated data in the Census and National Sample Surveys.

This Unit not only talks about women in general, it talks about women belonging to special categories. As we have discussed already, women belonging to special categories are disadvantaged in two ways. i.e. as women and as special categories like HIV+, physically challenged and women belonging to disadvantaged groups. This Unit will discuss these issues.

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### 21.2 OBJECTIVES

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After studying this Unit, you should be able to:

- explain the situation of women facing difficult circumstances;
- examine issues related to discrimination against women with disabilities;
- analyze the situation of women in poverty;

- examine areas where women experience discrimination, and become victims of violence and crime; and
- explain the need for gender planning for women belonging to special categories.

### **21.3 STATUS AND POSITION OF WOMEN IN DIFFERENT REGIONS IN THE WORLD**

Millions of women throughout the world live in conditions of abject deprivation and attacks against their fundamental Human Rights for no other reason than that they are women. Combatants and their sympathizers in conflicts and wars have raped women as a weapon of war with near complete impunity. Men in South Asia, South Africa, Latin American countries, Russia and Uzbekistan beat women in the home at astounding rates. Responses of governments vary. In some cases they refuse to intervene to protect women and punish their batterers or do so haphazardly and in ways that make women feel culpable for the violence. It has been reported that as a direct result of inequalities found in their countries of origin, women from countries such as Ukraine, Moldova, Nigeria, the Dominican Republic, Burma and Thailand are bought and sold, trafficked to work in forced prostitution, with insufficient government attention to protect their rights and punish the traffickers.

In some countries such as Guatemala, South Africa and Mexico, it has been reported that women's ability to enter and remain in the work force is often obstructed by private employers who use women's reproductive status to exclude them from work aided by discriminatory employment laws or discriminatory enforcement of the law. In the United States, there have been incidents of students discrimination against and attacking girls in school who are lesbian, bisexual or transgendered or do not conform to standards of female behaviour. Women in some countries such as Morocco, Jordan, Kuwait and Saudi Arabia may face government-sponsored discrimination that renders them unequal before the law – including discriminatory family codes that take away women's legal authority and place it in the hands of male family members – and restricts women's participation in public life.

Abuses against women are relentless, systematic and widely tolerated, if not explicitly condoned. We live in a world in which women do not have basic control over what happens to their bodies. Millions of women and girls are forced to marry and have sex with men they do not desire. Women are unable to depend on the government to protect them from physical violence in the home, with sometimes fatal consequences, including increased risk of HIV/AIDS infection. Women in state custody face sexual assault by their jailers. Women are punished for having sex outside of marriage or with a person of their choosing (rather than of their family's choosing). Husbands and other male family members obstruct or dictate women's access to reproductive health care. Doctors and government officials disproportionately target women from disadvantaged or marginalized communities for coercive family planning policies.

Arguments that sustain and excuse these human rights abuses – those of cultural norms, “appropriate” rights for women or western imperialism – barely disguise their true meaning: That woman's lives matter less than men's. Cultural relativism, which argues that there are no universal human rights and that rights are culture-specific and culturally determined, is still a formidable and corrosive challenge to women's rights to equality and dignity in all facets of their lives.

The following horrifying statistics capture what it means to be a woman in today's world.

- 80% of the 50 million people around the world who are affected by violent conflicts, civil wars, disasters and displacement are women and children.

- According to the UNDP, Human Development Report 2004, 48.8% of the seats held in parliament in Rwanda were held by women. Contrast that to Cuba where 36% of the seats were held by women and the USA, where 14.3% of the seats were held by women. Saudi Arabia and the Solomon Islands are just two countries where there are no women in parliament.
- In 76 countries, less than half the eligible girls are enrolled in secondary school and women own only 1% of the world's land.
- Over half a million women die in childbirth every year in Africa and Asia and nearly 1/2 of all Indonesian women have had their first child by the time they are 17.
- According to the World Health Organization, 40 per cent of girls aged 17 or under in South Africa are reported to have been the victim of rape or attempted rape.

#### Box 21.1: Initiatives on Gender and Protection

Experience shows that programmes that cut across sectors, promote discussion, debate and broad participation and successfully over time, generate consensus around human rights principles and corresponding social change, can lead to a decrease in harmful practices that predominantly affect women and girls. This directly results in greater equality between men and women, reduced child mortality and improved maternal health.

In Uganda, for example, Raising Voices and the Centre for Domestic Violence Prevention supported community initiatives designed to challenge gender norms and prevent violence against women and children. Their activities included raising awareness on domestic violence, building networks of support and action within the community and professional sectors, supporting community activities such as discussions, door-to-door visits and theatre, and using media such as radio, television and newspapers to promote women's rights.

In Senegal, a community empowerment programme supported by Tostan, a non-governmental organization that engages local facilitators to lead sensitization and awareness-raising sessions in villages, led to a 77 per cent decrease in the prevalence of female genital mutilation/ cutting (FGM/C). The community sensitization initiative also involves raising awareness of the negative implications of child marriage.

In Ethiopia, as a result of the KembattaMenttiGezzima-Toppe (KMG) programme, which facilitated community dialogue and collective community decisions around FGM/C and alternatives, most families in the zone abandoned FGM/C. Whereas before the programme, which took place in 2008, 97 per cent of villagers were in favour of FGM/C, after it 96% accepted that it should be abandoned. Just as vitally, 85% of villagers believed that uncut girls were no longer "despised" in their communities.

Around 60 per cent of programmes combating child marriage are based on community sensitization of this kind. Other programmes aim to educate girls directly about the disadvantages of early marriage and offer incentives not to engage in it. The Government of Bangladesh, for example, has since 1994 been offering secondary school scholarships to girls who postpone marriage, while in the Indian state of Maharashtra, girls' participation in a life-skills education course has been demonstrated to delay their marriage by a year.

In other Indian states – Andhra Pradesh, Haryana, Karnataka, Madhya Pradesh, Punjab, Rajasthan and Tamil Nadu – both girls and their families are offered financial incentives to delay marriage until the age of 18.

Yet other initiatives against child marriage take a legal route. In Ethiopia, for example, the organization Pathfinder International takes action against proposed child marriages that come to its notice, employing a network of local partners to try to persuade the parents concerned not to go ahead. If this strategy is unsuccessful, the organization joins with the Ethiopian Women Lawyers' Association in launching legal action aimed at stopping the ceremony.

Initiatives to counter violence and sexual abuse cannot confine themselves to legal protection. Much of the sexual violence experienced by adolescent girls is at the hands of their male partner and may not therefore come to the notice of the police or other authorities. In addition, taking punitive legal action without addressing the underlying causes of the violence may have unintended consequences, such as pushing the problem further underground.

For this reason it is essential to take steps to raise the awareness of boys and men about gender relations and power. Program H, developed by four Latin American non-governmental organizations, trains facilitators to help young men consider the drawbacks attached to traditional gender roles and the unhealthy behavior attached to them. The aim of the programme is to foster more equitable relationships between men and women, and an evaluation of its effects in Brazil indicated that it had been successful in encouraging such gender-equitable behavior..

*Source: State of the World's Children, 2011*

## 21.4 WOMEN IN DIFFICULT CIRCUMSTANCES

If one takes a look at the statistics mentioned earlier, it would not be wrong to conclude that women in most parts of the world live in difficult circumstances. However, for the purpose of development of policies towards the empowerment of women, certain groups of women are said to be living under difficult circumstances. These include:

- Women in extreme poverty/deprivation;
- Destitute women;
- Women affected by terrorist/militant violence;
- Women affected by natural calamities;
- Women affected by riots;
- Women in conflict situations;
- Women in inaccessible and underdeveloped regions;
- Women with disability/special ability;
- Widowed women;
- Divorced/separated women;
- Women heading households;
- Single women in difficult circumstances;
- Women displaced from employment;
- Migrant women;
- Deserted women;
- Women who are victims of domestic violence.

- Commercial sex workers; and
- Women sold or trafficked or used for immoral purposes.

Let us discuss the conditions of women in some of these categories.

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## 21.5 WOMEN WITH DISABILITIES

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Women with disabilities suffer double discrimination, both on the grounds of gender and of impairment. The social status of disabled women varies according to individual circumstances and to the community in which they live. There is ample evidence that women with disabilities experience major psycho-social problems. They have often been restricted to home-based activities, while men are likely to be supported in more public and outward-looking avenues. Being woman, they do not have access to better education nor do they find a suitable job. The society thinks that a disabled woman cannot be a “good wife” or a “good mother”.

Though women are presumed to be organized, in reality not even 1% of the disabled women get an opportunity to take part, to take action and to make changes in the larger social framework. They are often denied an opportunity to interact with others and gain skills to prove their ability due to discriminatory attitudes. Isolation and confinement based on culture and traditions, attitudes and prejudices often affect disabled women more than men. This isolation of disabled women leads to low self-esteem and negative feelings. Therefore, the needs of girls with disabilities may be more special than needs of any other group and have to be addressed in all spheres of education. Regarding education, boys with disabilities attend school more frequently than girls with disabilities.

Women with disabilities are twice to three times more likely to be victims of physical and sexual abuse than non-disabled women. Their access to reproductive health care is minimal and as a result they suffer greater vulnerability to reproductive health problems and sexually transmitted diseases. There is a lack of awareness regarding women with disabilities and reproductive health needs. More often than not, it is assumed that they do not form part of the target groups because being disabled is associated with being sexless or asexual. Many parents of young girls with disabilities are often advised to remove the uterus of their wards for safety reasons.

### Check Your Progress Exercise 1

**Note:** a) Use this space given below to answer the question.

b) Compare your answers with the one given at the end of the Unit.

- 1) Which are the categories of women belonging to the categories of difficult circumstances for the purpose of development policies?

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## 21.6 WOMEN, POVERTY AND SURVIVAL

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Women bear a disproportionate burden of the world’s poverty. Statistics indicate that women are more likely than men to be poor and at risk of hunger because of the systematic discrimination they face in education, health care, employment and

control of assets. Poverty implications are widespread for women, leaving many without even basic rights such as access to clean drinking water, sanitation, medical care and decent employment. Being poor can also mean they have little protection from violence and have no role in decision making.

According to some estimates, women represent 70 percent of the world's poor. They are often paid less than men for their work, with the average wage gap in 2008 being close to 17 percent. Women face persistent discrimination when they apply for credit for business or self-employment and are often concentrated in insecure, unsafe and low-wage work. Eight out of ten women workers are considered to be in vulnerable employment in sub-Saharan Africa and South Asia, with global economic changes taking a huge toll on their livelihoods.

In many developing countries where women work in export-led factories or in countries where migrant women workers are the backbone of service industries, women's jobs take the greatest hit, every time there is a financial upheaval. The International Labour Organization had estimated that the economic downturn led to 22 million more unemployed women in 2009, thereby jeopardizing the gains made in the last few decades in the area of women's empowerment.

In many countries, however, the impact goes far beyond the loss of formal jobs, as the majority of women tend to work in the informal sector, for example as domestic help in cities and do not show up in official unemployment numbers. Economic policies and institutions still mostly fail to take gender disparities into account, from tax and budget systems to trade regimes. And with too few seats at the tables where economic decisions are made, women themselves have limited opportunity to influence policy.

### **Women and Hunger**

Women are the world's primary food producers, yet cultural traditions and social structures often mean women are much more affected by hunger and poverty than men. A mother who is stunted or underweight due to an inadequate diet often gives birth to low birth weight children.

Around 50 per cent of pregnant women in developing countries are iron deficient (source: UNICEF). Lack of iron means 315,000 women die annually from hemorrhage at childbirth. As a result, women and in particular expectant and nursing mothers, often need special or increased intake of food.

According to a study by UNICEF, exceptionally high rates of malnutrition in South Asia are rooted deeply in the soil of inequality between men and women. "...the poor care that is afforded to girls and women by their husbands and by elders is the first major reason for levels of child malnutrition that are markedly higher in South Asia than anywhere else in the world".

This point is made in the article, *The Asian Enigma*, published by UNICEF in the 1996 Progress of Nations, in which the rates of childhood malnutrition in South Asia are compared with those in Africa. We learn that malnutrition is far worse in South Asia, directly due to the fact that women in South Asia have less voice and freedom of movement than in Africa. "Judgment and self-expression and independence largely denied, millions of women in South Asia have neither the knowledge nor the means nor the freedom to act in their own and their children's best interests".

Nutritional deprivation has two major consequences for women: they never reach their full growth potential and anaemia. Both are risk factors in pregnancy, with anaemia ranging from 40-50 percent in urban areas to 50-70 percent in rural areas. This condition complicates childbearing and results in maternal and infant deaths and low birth weight infants.

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## 21.7 OTHER AREAS OF DISCRIMINATION

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The persistence of hunger and abject poverty in India and other parts of the world is due in large measure to the subjugation, marginalization and disempowerment of women. Women suffer from hunger and poverty in greater numbers and to a great degree than men. At the same time, it is women who bear the primary responsibility for actions needed to end hunger which include providing: education, nutrition and health facilities/services as well as augmenting the family income.

Looking through the lens of hunger and poverty, there are six major areas of discrimination against women in India.

### 21.7.1 Malnutrition

India has exceptionally high rates of child malnutrition because tradition in India requires that women eat last and least throughout their lives, even when pregnant and lactating. Malnourished women give birth to malnourished children, perpetuating the cycle.

“...the poor care that is afforded to girls and women by their husbands and by elders is the first major reason for levels of child malnutrition that are markedly higher in South Asia than anywhere else in the world”.

This point is made in the article, *The Asian Enigma*, published by UNICEF in the 1996 Progress of Nations, in which the rates of childhood malnutrition in South Asia are compared with those in Africa. “Gender disparities in nutrition are evident from infancy to adulthood. In fact, gender has been the most statistically significant determinant of malnutrition among young children and malnutrition is a frequent direct or underlying cause of death among girls below age 5. Girls are breast-fed less frequently and for shorter durations in infancy; in childhood and adulthood, males are fed first and better. Adult women consume approximately 1,000 fewer calories per day than men according to one estimate from Punjab. Comparison of household dietary intake studies in different parts of the country shows that nutritional equity between males and females is lower in northern than in southern states”.

### 21.7.2 Poor Health

Females receive less health care than males. Many women die in childbirth of easily prevented complications. Working conditions and environmental pollution further impairs women’s health. A primary way that parents discriminate against their girl children is through neglect during illness. When sick, little girls are not taken to the doctor as frequently as are their brothers. A study in Punjab shows that medical expenditures for boys are 2.3 times higher than for girls.

As adults, women get less health care than men. They tend to be less likely to admit that they are sick and they wait until their sickness has progressed before they seek help or help is sought for them. Studies on attendance at rural primary health centres reveal that more males than females are treated in almost all parts of the country, with differences greater in northern hospitals than southern ones, pointing to regional differences in the value placed on women. Women’s socialization to tolerate suffering and their reluctance to be examined by male personnel are additional constraints in their getting adequate health care.

### 21.7.3 Lack of Education

Families are far less likely to educate girls than boys and far more likely to pull them out of school, either to help out at home or from fear of violence. Sonal Desai in *Gender Inequalities and Demographic Behaviour* asserts that the reluctance of “parents” to educate daughters has its roots in the situation of women. Parents

have several incentives for not educating their daughters. Foremost is the view that education of girls brings no returns to parents and that their future roles, being mainly reproductive and perhaps including agricultural labour, require no formal education. As more and more boys are engaged in education, there is a growing reliance on the labour of girls. Girls are increasingly replacing their brothers on the farm while carrying on their usual responsibilities in housework. A large proportion of the roughly “40 million ‘non-working’ girls who are not in school are kept at home because of responsibilities in housework”.

#### **21.7.4 Overwork**

Women work longer hours and their work is more arduous than men’s, yet their work is unrecognized. Men report that “women, like children, eat and do nothing”. However, if all activities – including maintenance of kitchen gardens and poultry, grinding food grains, collecting water and firewood, etc. – are taken into account, then 88 percent of rural housewives and 66 percent of urban housewives can be considered as economically productive. Women work roughly twice as many hours as men.

Women’s contribution to agriculture – whether it be subsistence farming or commercial agriculture – when measured in terms of the number of tasks performed and time spent, is greater than men. “The extent of women’s contribution is aptly highlighted by a micro study conducted in the Indian Himalayas which found that on a one-hectare farm, a pair of bullocks works 1,064 hours, a man 1,212 hours and a woman 3,485 hours in a year”.

Women’s employment in family farms or businesses is rarely recognized as economically productive, either by men or women. And, any income generated from this work is generally controlled by men. Such work is unlikely to increase women’s participation in allocating family finances. In a 1992 study of family-based textile workers, male children who helped in a home-based handloom mill were given pocket money, but the adult women and girls were not.

#### **21.7.5 Mistreatment**

In recent years, there has been an alarming rise in atrocities against women in India, in terms of rapes, assaults and dowry-related murders. Fear of violence suppresses the aspirations of all women. Female infanticide and sex-selective abortions are additional forms of violence that reflect the devaluing of females in Indian society.

Male violence against women is a worldwide phenomenon. Although not every woman has experienced it and many expect not to, fear of violence is an important factor in the lives of most women. It determines what they do, when they do it, where they do it and with whom. Fear of violence is a cause of women's lack of participation in activities beyond the home, as well as inside it. Within the home, women and girls may be subjected to physical and sexual abuse as punishment or as culturally justified assaults. These acts shape their attitude to life and their expectations of themselves.

In recent years, there has been an alarming rise in atrocities against women in India. Every 26 minutes a woman is molested. Every 34 minutes a rape takes place. Every 42 minutes a sexual harassment incident occurs. Every 43 minutes a woman is kidnapped. And every 93 minutes a woman is burnt to death over dowry. One-quarter of the reported rapes involve girls under the age of 16 but the vast majority are never reported. Although the penalty is severe, convictions are rare.

#### **21.7.6 Powerlessness**

While women are guaranteed equality under the constitution, legal protection has

little effect in the face of prevailing patriarchal traditions. Women lack power to decide who they will marry and are often married off as children. Legal loopholes are used to deny women inheritance rights.

Women are subordinate in most marriages. “Wife givers” are socially and ritually inferior to “wife takers”, thus necessitating the provision of a dowry. After marriage, the bride moves in with her husband's family. Such a bride is “a stranger in a strange place”. They are controlled by the older females in the household and their behaviour reflects on the honour of their husbands. Because emotional ties between spouses are considered a potential threat to the solidarity of the patrilineal group, the northern system tends to segregate the sexes and limit communication between spouses – a circumstance that has direct consequences for family planning and similar “modern” behaviours that affect health. A young Indian bride is brought up to believe that her own wishes and interests are subordinate to those of her husband and his family. The primary duty of a newly married young woman and virtually her only means of improving her position in the hierarchy of her husband’s household, is to bear sons”.

Women’s rights to inheritance are limited and frequently violated. Even the weak laws protecting women have not been adequately enforced. As a result, in practice, women continue to have little access to land and property, a major source of income and long-term economic security. Under the pretext of preventing fragmentation of agricultural holdings, several states have successfully excluded widows and daughters from inheriting agricultural land.

### **21.7.7 Violence against Women**

Violence against women and girls is one of the most widespread violations of human rights. It can include physical, sexual, psychological and economic abuse and it cuts across boundaries of age, race, culture, wealth and geography. It takes place in the home, on the streets, in schools, workplaces, in farm fields, refugee camps, during conflicts and crises. It has many manifestations – from the most universally prevalent forms of domestic and sexual violence, to harmful practices, abuse during pregnancy, so-called honour killings and other types of femicide.

Globally, up to six out of every ten women experience physical and/or sexual violence in their lifetime. A World Health Organization study of 24,000 women in 10 countries found that the prevalence of physical and/or sexual violence by a partner varied from 15 percent in urban Japan to 71 percent in rural Ethiopia, with most areas being in the 30-60 percent range.

Violence against women and girls has far-reaching consequences, harming families and communities. For women and girls 16-44 years old, violence is a major cause of death and disability. In 1994, a World Bank study on ten selected risk factors facing girls and women in this age group, found rape and domestic violence more dangerous than cancer, motor vehicle accidents, war and malaria. Studies also reveal increasing links between violence against women and HIV and AIDS. A survey among 1,366 South African women showed that women who were beaten by their partners were 48 percent more likely to be infected with HIV than those who were not.

### **21.7.8 HIV & AIDS**

More than 30 million people are today living with HIV. Globally, women now account for half of all infections. Yet women increasingly make up the majority in sub-Saharan Africa, where the epidemic has stretched the furthest. In parts of Africa and the Caribbean, young women aged 15-24 years are up to six times more likely to be HIV-positive than young men of the same age. The proportions of women living with HIV in Latin America, Asia and Eastern Europe are also growing slowly.

Gender inequality and violations of women's rights make women and girls particularly susceptible, leaving them with less control than men over their bodies and their lives. Women and girls often have less information about HIV and fewer resources to take preventive measures. They face barriers to the negotiation of safer sex, including economic dependency and unequal power relations. Sexual violence, a widespread and brutal violation of women's rights, exacerbates the risk of transmission. And while it is widely assumed that marriage provides protection from AIDS, evidence suggests that in parts of the world it can be a major HIV risk factor, especially for young women and girls. This is greatly so in India.

In many cases, HIV-positive women face stigma and exclusion, aggravated by their lack of rights. Women widowed by AIDS or found to be HIV-positive may face property disputes with in-laws. And regardless of whether they themselves are HIV-positive, women generally assume the burden of home-based care for others who are sick or dying, along with the orphans left behind.

The sixth Millennium Development Goal calls for reversing the spread of HIV and AIDS by 2015. To that end, more resources are needed and strategies and programmes must be targeted to women in particular. At a UN General Assembly Special Session in 2001, more than 180 countries agreed that gender equality and women's empowerment are fundamental to reducing girls' and women's vulnerability to HIV and AIDS.

#### Box 21.2

According to Global Health Council, despite unprecedented global efforts that have led to stabilization of new infections, the HIV/AIDS pandemic continues to affect a growing number of people and the incidence is rising in a number of countries. Over the past 27 years, 25 million have died and 33 million live with HIV, the majority in sub-Saharan Africa. In 2008, new infections increased most rapidly among young women aged 15-24 years. Women comprised 50 percent of adults living with HIV globally; 77 percent of all women with HIV live in sub-Saharan Africa. Gender-based inequity and violence drive the rise of HIV among women and girls. Women often lack control of the decision making process. The feminization of poverty also places women at increased risk.

#### 21.7.9 Women and Old Age

Women live longer than men, on average, but it is no secret that age takes its toll. A new study finds that largely owing to obesity and arthritis, which take root during early and middle age, old age can be miserable for many women – even when comparing men and women of the same age.

A 2005 study found that women suffer more pain than men, in part because of perceptions of pain related to differing hormone levels. Among 5,888 people over 65, women suffered up to 2.5 times more disabilities than men of the same age. Higher rates of obesity and arthritis among these women explained up to 48 percent of the gender gap in disability – above all other common chronic health conditions, researchers have said.

Old age is also a time when a women's place in society can become more respected. Experienced older women, grandmothers or friends, who can often extend their support to grown up children or extended family, can form a valuable part of the social order. They are well equipped for a valuable role as care-givers or mentors. However, it is not very often that this role of a woman is acknowledged or appreciated. On the contrary, aged women are seen as a burden on their families.

Vulnerable, elderly people (in this case both men and women) are subjected to neglect, abuse, discrimination and ill-treatment by the very people who should be looking after them. Lack of dignity, especially for personal care needs, inappropriate medication designed more to subdue them than treat them and over-hasty discharge from hospitals, in case of illness are also some of the issues that women who are aged, have to suffer from. In this context, it becomes imperative that all government policies and plans concerning old age have to take into consideration gender-related issues and concerns before being drawn up. Similarly, before allotting money to any programme, care should be taken to see that the programme is gender-sensitive and the gender component has been duly addressed.

It is important to see that the planning process keeps in mind the Human Rights of the Aged, which includes:

- The human right to an adequate standard of living, including adequate food, shelter and clothing.
- The human right to adequate social security, assistance and protection.
- The human right to freedom from discrimination based on age or any other status, in all aspects of life including employment and access to housing, health care and social services.
- The human right to the highest possible standard of health.
- The human right to be treated with dignity.
- The human right to protection from neglect and all types of physical or mental abuse.
- The human right to full and active participation in all aspects of political, economic, social and cultural life of society.
- The human right to full and effective participation in decision-making concerning their well-being.

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## **21.8 GENDER-RESPONSIVE PLANNING AND GENDER-RESPONSIVE BUDGETS**

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Some of the ways to implement gender-responsive planning include:

- Addressing issues facing the planning and development of communities, cities, regions, states and the nation related to the changing roles of women and men as a means of promoting social equity;
- Creating a national network of planners, decision makers and persons actively involved in organizations which are concerned about women's empowerment.
- Promoting professional growth of women in planning and advocating for equitable treatment and advancement of female planners at all stages of their careers;
- Recognizing and celebrating the accomplishments of women in planning;
- Advancing technical knowledge and improving techniques of dealing with the issues of women and planning; and
- Promoting the analysis and examination of the issues of women and planning at every level of government and in colleges and universities.

### Gender-Responsive Budgets

It is in this context that gender-responsive budgets come into play. A budget is the most comprehensive statement of a government’s social and economic plans and priorities. In tracking where the money comes from and where it goes, budgets determine how public funds are raised, how they are used and who benefits from them. Therefore, implementing commitments towards gender equality requires intentional measures to incorporate a gender perspective in planning and budgeting frameworks and concrete investment in addressing gender gaps.

Gender-responsive budgeting is not about creating separate budgets for women or solely increasing spending on women’s programmes. Rather gender-responsive budgeting seeks to ensure that the collection and allocation of public resources is carried out in ways that are effective and contribute to advancing gender equality and women’s empowerment. It should be based on in-depth analysis that identifies effective interventions for implementing policies and laws that advance women’s rights. It provides tools to assess the different needs and contributions of men and women and boys and girls within the existing revenues, expenditures and allocations and calls for adjusting budget policies to benefit all groups.

Gender-responsive budget analysis, along with legislation and other practical policy measures can address gender bias and discrimination. It is a step not only towards accountability for women’s rights, but also towards greater public transparency and can shift economic policies leading to gains across societies.

### Check Your Progress Exercise 2

**Note:** a) Use this space given below to answer the question.

b) Compare your answer with the one given at the end of the Unit.

1) How are women affected by HIV/AIDS?

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## 21.9 SUMMING UP

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In this Unit, we have studied the status of women across regions of the world. As we discussed in this Unit, we have examined the status of women with disabilities, women in poverty, women facing varied types of discrimination and we have analyzed the need for gender planning belonging to different categories. Gender-responsive planning is examined, especially in relation to gender-responsive budgeting.

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## 21.10 GLOSSARY

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**HIV/AIDS** : **Human immunodeficiency virus (HIV)** is a lentivirus (a member of the retrovirus family) that *causes acquired immunodeficiency syndrome (AIDS)*, a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. Infection with HIV occurs by the transfer of blood, semen, vaginal fluid,

### Femicide

pre-ejaculate or breast milk. Within these bodily fluids, HIV is present as both free virus particles and the virus within infected immune cells. The four major routes of transmission are unsafe sex, contaminated needles, breast milk and transmission from an infected mother to her baby at birth (perinatal transmission). Screening of blood products for HIV has largely eliminated transmission through blood transfusions or infected blood products in the developed world.

- : Femicide was redefined as a feminist term by Diana Russell in 1976 to refer to misogynist murders. Just as murders targeting African Americans differentiate between those that are racist and those that are not, so are murders targeting women differentiated into those that are femicides and those that are not. When the gender of the victim is immaterial to the perpetrator, the murder qualifies as a non-femicidal crime. After making minor changes in her definition over the years, Russell redefined femicide as “the killing of females by males because they are female”. Misogynist murders are the most obvious examples of femicide. These include mutilation murder, rape murder, woman battery that escalates into wife killing, the immolation of widows in India and “honour crimes” in Latin and Middle Eastern countries, where women who are believed to have shamed their families by associating with an unrelated male or even by being raped by a brother, are often murdered by their male relatives. Feminists in Latin America have been among the first to adopt the term femicide to refer to the massive number of these misogynist crimes in Juarez, Mexico. Many of these young femicide victims were also raped, tortured and mutilated. Use of the term femicide and the creation of anti-femicide feminist organizations, spread from Mexico to many other Latin American countries. Russell’s concept of femicide extends beyond misogynistic killings to apply to all forms of sexist killing. Misogynistic murders are limited to those motivated by the hatred of females whereas sexist murders include killings by males motivated by contempt for females, a sense of entitlement and/or superiority over females, pleasure or sadistic desires toward them and/or an assumption of ownership of women. In addition, Russell’s definition of femicide includes covert forms of the killing of females, such as when females are permitted to die because of misogynistic attitudes and/or social institutions. For example, when male children

are valued more highly than females, many girls starve as a result of this sexist attitude. Hence, these deaths qualify as femicides.

**UN General Assembly :** The General Assembly is the main deliberative, policy making and representative organ of the United Nations. It comprises all 193 members of the United Nations. It provides a unique forum for multilateral discussion of the full spectrum of international issues covered by the charter. The assembly meets in regular session intensively from September to December each year and thereafter as required.

**World Health Organization :** WHO is the directing and coordinating authority for health within the United Nations System. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. In the 21<sup>st</sup> century, health is a shared responsibility, involving equitable access to essential care and collective defence against transnational threats.

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## 21.11 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

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### Check Your Progress Exercise 1

- 1) Women in extreme poverty/deprivation; destitute women; women affected by terrorist/militant violence; women affected by natural calamities; women affected by riots; women in conflict situations; women in inaccessible & underdeveloped regions; women with disability/special ability; widowed women; divorced/separated women; women heading households; single women in difficult circumstances; women displaced from employment; migrant women; deserted women; women who are victims of domestic violence; commercial sex workers; and women sold or trafficked or used for immoral purposes.

### Check Your Progress Exercise 2

- 1) More than 30 million people are today living with HIV. Globally, women now account for half of all infections. Yet women increasingly make up the majority in sub-Saharan Africa, where the epidemic has stretched the furthest. In parts of Africa and the Caribbean, young women aged 15-24 years are up to six times more likely to be HIV-positive than young men of the same age. The proportions of women living with HIV in Latin America, Asia and Eastern Europe are also growing slowly. Gender inequality and violations of women's rights make women and girls particularly susceptible, leaving them with less control than men over their bodies and their lives. Women and girls often have less information about HIV and fewer resources to take preventive measures. They face barriers to the negotiation of safer sex, including economic dependency and unequal power relations. Sexual violence, a widespread and brutal violation of women's rights, exacerbates the risk of transmission. And while it is widely assumed that marriage provides protection from AIDS, evidence suggests that in parts of the world it can be a major HIV risk factor,

especially for young women and girls. This is greatly so in India. In many cases, HIV-positive women face stigma and exclusion, aggravated by their lack of rights. Women widowed by AIDS or found to be HIV-positive may face property disputes with in-laws. And regardless of whether they themselves are HIV-positive, women generally assume the burden of home-based care for others who are sick or dying, along with the orphans left behind. The sixth Millennium Development Goal calls for reversing the spread of HIV and AIDS by 2015. To that end, more resources are needed and strategies and programmes must be targeted to women in particular. At a UN General Assembly Special Session in 2001, more than 180 countries agreed that gender equality and women's empowerment are fundamental to reducing girls' and women's vulnerability to HIV and AIDS.

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## 21.12 REFERENCES

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[www.globalhealth.org](http://www.globalhealth.org)

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[www.un.org](http://www.un.org)

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## 21.13 QUESTIONS FOR REFLECTION AND PRACTICE

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- 1) Discuss women's status and position in different regions in the world.
- 2) Which are the areas in which women face discrimination and violence? Explain with suitable examples.