

GENDER EQUALITY AND INCLUSIVE GROWTH

Editors

Dr. K.C. Leelavathy

Dr. U. Jerinabi

Dr. R. Annapoorani



Centre for Women's Studies

Equal Opportunity Cell

and

Dr. Ambedkar Studies Centre

Avinashilingam Deemed University for Women

Coimbatore- 641 043, Tamil Nadu, India

Gender Inequality—Nature, Types, Consequences and Current Concerns

Dr. K. Arockia Maraichelvi

Assistant Professor,

Department of Human Development Avinashilingam Deemed University for Women, Coimbatore

E-mail: selvibru97@yahoo.com

Sociologically the word gender refers to the socio-cultural definition of man and woman, the way societies distinguish men and women and assign them social roles. The distinction between sex and gender was introduced to deal with the general tendency to attribute women's subordination to their anatomy. For ages it was believed that the different characteristics, roles and status accorded to women and men in society are determined by sex, that they are natural and therefore not changeable. Gender is seen closely related to the roles and behavior assigned to women and men based on their sexual differences. As soon as a child is born families and society begin the process of gendering. The birth of a son is celebrated, the birth of a daughter filled with pain; sons are showered with love, respect, better food and proper health care. Boys are encouraged to be tough and outgoing; girls are encouraged to be homebound and shy. All these differences are gender differences and they are created by society. Gender inequality is therefore a form of inequality which is distinct from other forms of economic and social inequalities. It dwells not only outside the household but also centrally within it. It stems not only from pre-existing differences in economic endowments between women and men but also from pre-existing gendered social norms and social perceptions. Gender inequality has adverse impact on development goals as it reduces economic growth. It hampers the overall well being because blocking women from participation in social, political and economic activities can adversely affect the whole society. Many developing countries including India have displayed gender inequality in education, employment and health. It is common to find girls and women suffering from high mortality rates. There are vast differences in education level of two sexes. India has witnessed gender inequality from its early history due to its socio-economic and religious practices that resulted in a wide gap between the position of men and women in the society.

WHERE DO THE ROOTS OF DISCRIMINATION AGAINST WOMEN LIE?

They can be traced back to ancient Hindu civilisation. Although some studies point to the equal status rights that woman enjoyed in the Vedic period (2500 B.C. to 1500 B.C.), patriarchy seems to have been the norm throughout history.

In the later Aryan period after 300 B.C., domination by the Brahmins (the priestly class), the growth of the caste system and other factors led to social decline. Child marriage became the norm, wives were expected to worship their husbands, barren women were thrown out of their homes and widows were not permitted to remarry. Many of these vicious customs are still observed in parts of the country.

The origin of the Indian idea of appropriate female behavior can be traced to the rules laid down by Manu in 200 B.C.: "by a young girl, by a young woman, or even by an aged one, nothing must be done independently, even in her own house". "In childhood a female must be subject to her father, in youth to her husband, when her lord is dead to her sons; a woman must never be independent." Women's lives are shaped by customs that are centuries old. "May you be the mother of a hundred sons" is a common Hindu wedding blessing.

Other religions, like Buddhism, Jainism, Sikhism or Islam, have questioned some of the practices in Hinduism, but, by and large, all religions have kept their women in varying stages of confinement and restrictions. The Bhakti cults tried to restore women's status and questioned some of the forms of oppression.

CONSEQUENCES OF GENDER INEQUALITY

Statistics reveal that in India males significantly outnumber females and this imbalance has increased over time. The sex ratio according to 2001 census report stands at 933 per 1000 males. Out of the total population, 120 million are women who live in abject poverty. The maternal mortality rate in rural areas is among the world's highest. From a global perspective India accounts for 19% of all live births and 27% of all maternal deaths. The deaths of young girls in India exceed those of young boys by over 300,000 each year and every 6th infant death is specifically due to gender discrimination. Women face discrimination right from the childhood. 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 a shorter duration 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. Nutritional deprivation has two major consequences for women: they never reach their full growth potential, and suffer from anemia, which are risk factors in pregnancy. The condition complicates childbearing and results in women and infant deaths, and low birth weight infants. The tradition also requires that women eat last and least throughout their lives even when pregnant or lactating. Malnourished women give birth to malnourished children, perpetuating the cycle. Women receive less healthcare facilities than men. A primary way that parents discriminate against their children is through neglect during illness. As an adult they tend to be less likely to admit that they are sick and may wait until their sickness has progressed far before they seek help or help is sought for them. Many women in rural areas die in childbirth due to easily preventable complications. Women's social training to tolerate suffering and their reluctance to be examined by male personnel are additional constraints in their getting adequate health care.

SEVEN FACES OF INEQUALITY

Inequality between women and men can take very many different faces. Indeed, gender inequality is not one homogeneous phenomenon, but a collection of disparate and interlinked problems. The different kinds of disparity are illustrated

- *Mortality inequality:* In some parts of India, inequality between women and men directly involves matters of life and death, and takes the brutal form of unusually high mortality rates of women and a consequent preponderance of men in the total population, as opposed to the preponderance of women found in societies with little or no gender bias in health care or nutrition.
- *Natality inequality:* Given a preference for boys over girls that many male-dominated societies have, gender inequality can manifest itself in the form of the parents wanting the newborn to be a boy rather than a girl.
- *Basic facility inequality:* Even when demographic characteristics do not show much or any direct female bias, there are other ways in which women can have less than a square deal. The common forms of inequality are excluding girls from schooling and girls having far less opportunity of schooling than boys do. There are other deficiencies in basic facilities available to women, varying from encouragement to cultivate one's natural talents to fair participation in rewarding social functions of the community.
- *Special opportunity inequality:* Even when there is relatively little difference in basic facilities including schooling, the opportunities of higher education may be far fewer for young women than for young men.
- *Professional inequality:* In terms of employment as well as promotion in work and occupation women often face greater handicap than men. A country like Japan may be quite egalitarian in matters of demography or basic facilities, and even, to a great extent, in higher education, and yet progress to elevated levels of employment and occupation seems to be much more problematic for women than for men.

- *Ownership inequality*: In many societies the ownership of property can also be very unequal. Even basic assets such as homes and land may be very asymmetrically shared. The absence of claims to property can not only reduce the voice of women, but also make it harder for women to enter and flourish in commercial, economic and even some social activities.
- *Household inequality*: There are, often enough, basic inequalities in gender relations within the family or the household, which can take many different forms. Even in cases in which there are no overt signs of anti-female bias in, say, survival or son-preference or education, or even in promotion to higher executive positions, the family arrangements can be quite unequal in terms of sharing the burden of housework and child care. It is, for example, quite common in many societies to take it for granted that while men will naturally work outside the home, women could do it if and only if they could combine it with various inescapable and unequally shared household duties. This is sometimes called "division of labour," though women could be forgiven for seeing it as "accumulation of labour." The reach of this inequality includes not only unequal relations within the family, but also derivative inequalities in employment and recognition in the outside world.

ISSUES THAT NEED INVESTIGATION

Coming on to the issues which are in need of greater investigation at this time, four substantial phenomena that happen to be quite widely observed in India.

- *Undernourishment of girls over boys*: At the time of birth, girls are obviously no more nutritionally deprived than boys are, but this situation changes as society's unequal treatment takes over from nature's non-discrimination. In interpreting the causal process, it is important to emphasise that the lower level of nourishment of girls may not relate directly to their being underfed vis-a-vis boys. Often enough, the differences may particularly arise from the neglect of health care of girls compared with what boys get. There is, in fact, some direct information of comparative medical neglect of girls vis-a-vis boys in India.
- *High incidence of maternal undernourishment*: Maternal undernutrition is more common in certain regions of India. Comparisons of Body Mass Index (BMI), which is essentially a measure of weight for height, bring this out clearly enough, as do statistics of such consequential characteristics as the incidence of anaemia.
- *Prevalence of low birthweight*: As many as 21 per cent of Indian children are born clinically underweight (in accepted medical standards) - more than in any other substantial region in the world. The predicament of being low in weight in childhood seems often enough to begin at birth.
- *High incidence of cardiovascular diseases*: India also stands out as having more cardiovascular diseases than any other part of the third world. Even when other countries, such as China, have greater prevalence of the standard predisposing conditions, the Indian population seems to have more heart problems than these other countries have.

It is not difficult to see that the first three observations are very likely causally connected. The neglect of the care of girls and of women in general and the underlying gender bias that they reflect would tend to yield more maternal undernourishment, and through that more foetal deprivation and, hence, underweight babies, and child undernourishment. But what about the last observation - the higher incidence of cardiovascular diseases among Indian adults? In interpreting it, we can draw on the pioneering work of a British medical team, led by Professor D.J.P. Barker. Based on English data, he has shown that low birth weight is closely associated with higher incidence, many decades later, of several adult diseases, including hypertension, glucose intolerance, and other cardiovascular hazards. The application of this medical understanding to the phenomenon of high incidence of cardiovascular diseases in India strongly suggests a causal pattern that goes from the nutritional neglect of women to maternal undernourishment, from there to foetal growth retardation and underweight babies, and thence to a higher incidence of cardiovascular afflictions much later in adult life (along with the phenomenon of

undernourished children in the shorter run). What begins as a neglect of the interests of women ends up causing adversities in the health and survival of all - even at an advanced age.

Given the uniquely critical role of women in the reproductive process, it would be hard to imagine that the deprivation to which women are subjected would not have some adverse impact on the lives of all - men as well as women and adults as well as children - who are "born of a woman". Indeed, since men suffer disproportionately more from cardiovascular diseases, the suffering of women hit men even harder, in this respect. The extensive penalties of neglecting women's interests rebounds, it appears, on men with a vengeance.

CURRENT CONCERNS OF INDIAN WOMEN

Both research and activism has focussed on the negative fallout of the process of globalisation and liberalisation on women. They have demanded that the investment in the social sector be increased. But a government bent on opening up the economy to foreign investment and free trade has paid no heed to these voices, although India has experienced industrial recession and a period of jobless growth in the past decade. Given the high levels of the population and a large population below age 20, the demand for employment is growing and joblessness and accompanying frustrations have contributed to violence, frequently expressed as ethnic, caste, class or communal conflicts. Women are the worst sufferers in such conflicts.

Besides raising these economic issues, sections of the women's movement are questioning the oppression of Dalit women. Muslim and Christian women are strongly demanding equal rights.

The war in Kargil has spurred activism for peace. Women were the first to lead a peace delegation to Pakistan in the post-war period, breaking the ice and initiating people-to-people dialogues. Issues of conflict and peace are important, given the tremendous suffering of women in Jammu and Kashmir and in the North East region.

Cross-border trafficking of women and girls is a major problem that remains untackled. Lobbying by women's groups of the South Asian region forced the SAARC countries to include in their Male Declaration of 1997 a paragraph on trafficking and a commitment to sign a regional convention on trafficking. This commitment has yet to be fulfilled.

The Constitution had promised free education for all Indian children up to the age of 14. This promise was never fulfilled. The government is contemplating passing a law to grant children ages 6-14 the right to education. Child rights and women's activists argue that this right is already enshrined in the Constitution and the Right to Education Bill has been designed to absolve the government of its responsibility towards those under six years of age.

The National Commission for Women has made a series of recommendations for legal reform and other measures that deserve consideration but have so far been ignored by the government. Last year the Indian government reported to a UN Committee on the status of implementation of the Convention on the Elimination of Discrimination of Women and was congratulated for bringing women into *panchayats*, but critiqued on other counts including denial of rights to minority women.

Activists have drafted a Bill on Domestic Violence after national consultations with women's organisations and lobbied for its passage. An official version is likely to be introduced in Parliament shortly.

The government has declared 2001 as the Year of Women's Empowerment or Swashakti. A policy for the Empowerment of Women was drafted in 1996 but has been in cold storage since then. It has recently, in March 2001, been passed by the Cabinet but has still to be made public. Even the Parliamentary Committee on Women's Empowerment has been denied the document.

PARTICULAR CONCERNS OF WORKING WOMEN

Working women apart from other common issues faced due to gender discrimination, they are prone to specific problems as listed below.

Sexual Harassment at the Workplace

There is a pressing need to examine the aspect of sexual harassment at workplace from the perspective of emancipation of women as well as the abuse of the image in which a woman is cast. India doesn't have any legislation to deal with sexual harassment at work places at the moment. The sexual harassment of women at work place (prevention, prohibition and redressal) bill, 2006 is still under consideration. Various women's groups have been lobbying with Parliamentarians to get it passed at the earliest. However, only time will reveal as to when it shall actually come into force.

Till then, the guidelines that the Supreme Court has laid down in the *Vishaka case* are to be followed. These guidelines encompass a comprehensive definition of sexual harassment, directions for establishment of a complaint mechanism and the duty under which employers are obligated to obviate any such act. It also directs the legislators to formulate law on the basis of these guidelines. Abstract guidelines by the Supreme Court without any established mechanism to protect women in form of legislation mean that the only legal remedy available to fight this evil is approaching the Court under Art. 32 for violations of gender equality, right to life and liberty and right to profession which is subject to the condition of a safe environment safeguarded as fundamental rights under the constitution under Art. 14, 15 and 21.

Night Shifts for Women

Before the amendment in the Factories Act, under Section 66 women were not allowed to work night shifts. However after the amendment was approved, women are permitted to work between 10 p.m. to 6 a.m. in sectors including the Special Economic Zone, IT sector and Textiles subject to the condition that the employers shall be obligated to perform the duty to protect them. This is clearly given in the proviso to the section which is as following: "provided adequate safeguards in the factory as regards occupational safety and health, equal opportunity for women workers, adequate protection of their dignity, honour and safety and their transportation from the factory premises to the nearest point of their residence".

Equal Opportunities for Women

Not getting equal pay, being denied opportunities for growth and promotion are some examples of the kind of economic exploitation that women are subjected to in certain sectors. In spite of legislation in place (Equal Remuneration Act, 1976) it is widely observed that women are usually underpaid as compared to their male counterparts performing the same job. Delhi High Court in 2005 in its ruling in *The Cooperative Store Ltd. (Super Bazar) v. Bimla Devi and other* laid down that unequal pay is not only a violation of the said act but also, of Article 14 of the Constitution, Right to Equality. Furthermore, India is a signatory to the International Labour Organisation Convention for the Elimination of All Forms of Discrimination Against Women, to which India is a signatory, specifically to Article 11 that deals with the elimination of discrimination in the field of employment.

However, in spite of allegiance to an International Convention, having a specific legislation in force and a High Court ruling declaring equal pay to be incorporated in fundamental rights, the stark reality of the situation is different. Women still get underpaid. However, this problem in the organized specialized sector is guised and more subtle. Women are discriminated when it comes to promotion opportunities and not the blatant discrimination on the basis of pay for equal work.

These are the top common concerns of women in general and the top three concerns of working woman in particular, one needs to know. The law of the land is extremely weak to address these key issues and needs to be focused on immediately. Various women's groups are bringing to the attention of the parliament the lacunae in the law for working women in India. To create an environment for woman to work and explore her potential to the fullest is to experience gender equality.

REFERENCES

- [1] Agnihotri S.B. (2000), Sex Ratio Patterns in the Indian Population, New Delhi: Sage.
- [2] Anand S. and Sen A. (1996), "Gender Inequality in Human Development: Theories and Measurement," in *Background Papers: Human Development Report 1995*, New York: United Nations.
- [3] Barker D.J.P (1995) "Foetal Origins of Coronary Heart Disease," *British Medical Journal*, 311
- [4] Barker D.J.P, (1993) "Intrauterine Growth Retardation and Adult Disease," *Current Obstetrics and Gynaecology*, 10(6)
- [5] Basu.A and Amin S. (2000), "Conditioning Factors for Fertility Decline in Bengal: History, Language Identity and Openness to Innovations," *Population and Development Review*, 26
- [6] Chattopadhyay R. and Duflo.E,(2001) "Women's Leadership and Policy Decisions: Evidence from a Randomised Experiment in India," mimeographed, Department of Economics, MIT
- [7] Nussbaum M. (2000), *Women and Human Development: The Capabilities Approach* Cambridge: Cambridge University Press.
- [8] Osmani, S.R. (1997) "Poverty and Nutrition in South Asia," Geneva: WHO.
- [9] Osmani S. and Sen A. (2001), "The Hidden Penalties of Gender Inequality: Fetal Origins of Ill-Health," mimeographed, Trinity College, Cambridge.
- [10] Stephan Klasen (1994), "'Missing Women' Reconsidered," *World Development*,
- [11] Svedberg.P (2000), *Poverty and Undernutrition: Theory and Measurement*, Oxford: Clarendon Press.

जन सहयोग एवं बाल विकास संस्थान

Institute of Public Cooperation and Child Development



107 AUG 2010

Neelam Bhatia
Joint Director

N/AD(TC)M&E/47.2(Vol.V)/2010-11

Subject: Monitoring and Supervision of Integrated Child Development Services for the
year 2010-11

Dear Dr. Baradha,

Please find enclosed the duly signed MoU in respect of Monitoring and Supervision of ICDS Scheme for the year 2010-11. The 1st financial installment would be released as soon as it is received from MWCD.

Also enclosed is the Revised Monitoring Proforma for data collection. You are requested to initiate the monitoring ICDS projects, AWTCS/MLTCS in your State. Needless to mention, each consultant may visit one ICDS Project, five AWC's and one MLTCS/AWTCs in one quarter. The duly filled proforma (New) may be sent to CMU with report.

Yours sincerely

Neelam Bhatia
Neelam Bhatia

Dr. G. Baradha
Coordinator of the Project
Professor in Human Development
Vishwalingam Deemed University
Bambalore - 641043

தமிழ்நாடு தமிழ்நாடு TAMILNADU

Department of Human
Development
20.06.2010
National Institute of Public Cooperation and Child Development
University
Coimbatore

Memorandum of understanding (Revised) between National Institute of Public Cooperation and Child Development and Avinashilingam Deemed University, Coimbatore – 43 on Monitoring and Supervision of Integrated Child Development Services Scheme for the year 2010 – 2011

Whereas the Govt. of India has decided to set up a Monitoring and Supervision mechanism of the Integrated Child development Services (ICDS) Scheme through National Institute of Public Cooperation and Child Development (NIPCCD) in addition to the existing Monitoring and Supervision Unit in the Ministry of Women and Child Development. The monitoring set up will be three-tier system – monitoring at community (Village) level, State level and National level.

AND whereas the Central Monitoring Unit (CMU) set up in NIPCCD would, at the national level, analyse the data and reports received from the selected institutions in the State on the performance of the ICDS Scheme

And whereas the lead and other selected institutions in the states shall to the CMU, the data and reports at regular intervals on the qualitative and the outcomes of the ICDS Scheme on pre-determined set of indicators.

Whereas Human Development Department, Avinashilingam Deemed University, Coimbatore – 43, upon consideration of its consent, has been selected as one of the institution in the state of Tamilnadu on the following conditions:

The Department of Human Development, Lead Institution, Avinashilingam Deemed University, Coimbatore – 43, shall collect data through field visits to selected ICDS projects in the area assigned to it and furnish to the CMU, NIPCCD on quarterly basis.

Every Institution shall

1. Visit atleast 10% of the districts, one Project and five Anganwadi Centres there in every quarter on rotational basis, make assessment and test the accuracy of data (on sample basis) based on progress reports and furnish to CMU, NIPCCD detailed recommendations for improving efficiency and effectiveness of ICDS Scheme.

2. Launch one or two State Supervision Mission per year, preferably during the months of September – December and April – June. The team for States would compromise of three members, with two institutions four members and more than two Institutions five members.

3. Collect and analyse sample reports of the Anganwadi Training Centres / Middle Level Training centres in the state both qualitatively and quantitatively.


4. Make visit to selected Anganwadi Training Centres / Middle Level Training centres in the State at least twice a year

The Department of Human Development, Avinashilingam Deemed University, Coimbatore – 43, may engage maximum three consultants for which NIPCCD shall provide funds @ Rs. 12,000/- per consultant per annum. In addition Department of Human Development, Lead Institution, Avinashilingam Deemed University, Coimbatore – 43 will receive upto Rs. 10,000/- per annum for field visits, state visits including monitoring visits and Rs. 10,000/- per annum for maintenance, Contingencies, and other expenses under space and utility and other services.

4. The funds shall be released by NIPCCD to the Department of Human Development, Avinashilingam Deemed University, Coimbatore – 43 in two installments every year.
5. Every Institution, irrespective of the amount involved is required to maintain subsidiary accounts of the Government Grant and furnish SOE in prescribed format to the Accounts Officer along with a set of audited statement of accounts. These audited statement of accounts should be required to be furnished after utilization of the grant in aid or whenever called for.
6. The accounts of every Institution shall be open to inspection by the sanctioning authority and audit, both by the Comptroller and Auditor-General of India under the provision of CAG (DPC) Act 1971 and internal audit by the Principal Accounts Office of the Ministry of Department, whenever the Institution and Organization is called upon to do so.
7. The Avinashilingam Deemed University, Coimbatore – 43, Tamilnadu shall intimate the name and complete address of each consultant to the NIPCCD immediately after the consultant engaged/changed/transferred/retired from service.
8. The Consultants of the selected Institutions shall be members of the State Monitoring Unit. The Institutions may also be required to furnish such data, information and report on any or all aspects of ICDS Scheme as may be necessary in the exigencies of public interest.
9. The MOU shall come into force upon signatures by both parties.
10. For termination of MOU before completion of the project, prior notice of atleast three months from either party is compulsory. In that case the Institution should also return the unspent balance as on that date and all belongings purchased from the project funds.



(On Behalf of NIPCCD)


Dr. Shantha B. Kurup
Vice – Chancellor Incharge

(For and Behalf of Avinashilingam
Deemed University, Coimbatore)

AVINASHILINGAM DEEMED UNIVERSITY
COIMBATORE – 641043

List of Consultants

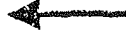
Dr.G.Baradha - Project Coordinator

Professor
Department of Human Development
Avinashilingam Deemed University
Coimbatore – 641043

Mob.No – 09344634321

Note- Communication

should be sent to this
address



Dr.R.Amirtha Gowri

Professor and Head
Department of Human Development
Avinashilingam Deemed University
Coimbatore – 641043

Mob.No – 09443899921

Dr.R.Amirtha Gowri is the consultant in the place of
Dr.N.Jayapoorani from the year 2010 June, as the latter
retired from service from the month of May 2010.

Dr.K.Arockia Maraichelvi

Assistant Professor
Department of Human Development
Avinashilingam Deemed University
Coimbatore – 641043

Mob.No – 09843114463

Dr. Dinesh Paul
MBBS, MD, MNAMS
Director

28 April, 2010

No.: NI/AD(TC)/M&E/47.2(Vol.IV)/2008-09/1434-1464

Subject: Submission of Data/Information and SOE

Dear Dr. Jayapoorani,

Thank you for the interest and cooperation shown by you in the Monitoring and Supervision on ICDS Scheme. I hope you have received 2nd (50%) installment of the financial assistance for the project 2008-09, already released by NIPCCD vide letter No.NI/Accounts/XXXVII/1/2006-07 dated 19.03.2010. As per requirement of the project, each institution is required to submit data of 12 ICDS Projects and 60 AWCs upto September, 2009. Your institution has furnished the complete data. Therefore, it is requested that you may furnish the SOE in the prescribed format at the earliest.

With regards,

Yours sincerely,

Sd-

(Dinesh Paul)

Dr. N. Jayapoorani
Professor & Head
Human Development Department
Avinashilingam University for Women,
Coimbatore-641043
Tamil Nadu