

GENDER, HEALTH AND DEVELOPMENT

Learning Objectives: The rationale of the course is to synthesize the issues studied in different papers and equipping the students with a number of gender sensitive indicators and analytical tools.

I. Introduction

The purpose of this section is to explain the basic concepts of three major components of this course namely gender, health and development.

1. The Concept of gender, Evolution of gender in historical perspective
2. Patriarchy, Kinship Structure and gender roles, Feminist theories, Gender stratification in traditional and modern societies, Gender Analysis Tools, Gender Sensitive Indicators and Gender budgeting and auditing
3. Concept of health, Evolution of the concept of Reproductive Health, life cycle approach to RH and recommendations from ICPD
4. Changing concept of development, Indicators of development, gender adjusted HDI

II. Gender and Health

This section presents the situation analysis regarding sex differentials in different aspects of health and highlights some special issues of women and men's health.

Situation analysis of sex differentials in morbidity and mortality

1. Major morbidity and mortality burden in the developing world with major focus on India- sex ratio of births, major health problems experienced by women and men, reproductive health of women and men in developing world, differentials in use of male and female methods of contraception
2. Health infra-structure and health care providers
3. Nutritional status, susceptibility to infections
4. Accidents and other risk factor and health seeking behavior
5. Health and Nutrition issues of adolescent of boys and girls , abuse and maltreatment, Puberty, Sexual Debut, Adolescent Pregnancy, Abortion, women and family planning programs, Contraceptive Technology

6. Major risk factors of men's health: masculinity, alcoholism, tobacco and drug consumption, accident
7. Gender and Sexuality: Sexual health of men and women, gender dimension of HIV /AIDS. Gender and Infertility

III. Gender and Development

The purpose of this section is to understand the sex differentials in health in terms of socio- economic and cultural context of gender and to study the gender dimensions of development.

1. Understanding social structures- role of caste, class, ethnicity and religion and gender in health inequalities and health outcomes
2. Gender dimension of social development, status and role of men and women in household and community, culture, marriage customs, dowry and bride price practices, age at marriage
3. Gender differentials in household headship and role in decision making
4. Gender differences in access to knowledge-, education, exposure to media and freedom of movements
5. Gender based violence- Domestic and community violence and gender, Legal aspects of domestic violence and rape
6. Women's role in community life and involvement in politics-as voter, political worker and leader, women in Panchayati Raj Institutions and self help groups
7. Media representation of men and women
8. Gender dimension of economic development: women's access to economic resources, entitlements, land ownership, inheritance laws, access to credit, measurements of women's work, profiling women's work, informal sector involvement, working condition, maternity benefits, wage differentials, gender and poverty
9. Globalization, changing pattern of economic activity, issues of marginalization and vulnerability along with agency, negotiation and spaces of power, Gender Divisions in Urban Labor Markets, Gender and Migration
10. Housing, Household environment and its differential impact on men and women's life
11. Environmental degradation, changes in climate, water table and land use and their differential impact on men and women

IV. Gender mainstreaming in health and development programs

The purpose of this section is to understand the concept of mainstreaming gender in development and to review the measures taken for eliminating undesirable impact of gender inequalities and to bring women in the main stream of development

1. The concept of Gender Mainstreaming
2. Historic overview of Gender Mainstreaming- Women in development (WID)- concept and criticism by feminist; shift to Gender and Development (GAD), Gender Mainstreaming and the Millennium Development Goals (MDGs)
3. The rights approach to Health, sexual and reproductive rights, violence, human rights and health
4. Paradigm shift from the Target Based Supply Driven Fertility influencing programs to RH Approach.
5. Legal aspects – laws regarding marriage, dowry, domestic violence, ,rape PNDT act , property inheritance, maternity and other benefits of working women, sexual harassments at workplace, reservations in political institutions and
6. Gender mainstreaming in various health and development sectors- e.g. Agriculture, Health, Education, gender in work place (Public & private) etc.
7. Advocating for Gender equality
8. Gender responsive policy making and planning of health and development programs.

Section 5: Some case studies of Gender analysis of health and development programs, budgeting and auditing

This section aims to give necessary skills and tools to undertake the gender analysis of health and development policies and programs and to help them to develop gender sensitive indicators and measures

Reading List

Essential Readings :

1. Basu, Alaka M., (1992): *Culture, The Status of Women and Demographic Behaviour*, Oxford University, New York.
2. Bhasin K. 1993. *What is patriarchy?*, Kali for Women Publishers, New Delhi.
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4. Dyson, Tim and Mick Moore, (1983). “On Kinship structure, female autonomy,

and demographic behaviour in India”, *Population and Development Review* vol. 9(1), pp. 35-60.

5. Ellsberg Mary and Heise Lori L. (2005) *Researching violence against women: A practical guide for researchers and activists*. WHO and Path, Washington D.C.
6. Folbre, Nancy. (1992). Improper arts: Sex in classical political economy. *Population and Development Review*. 18(1): 105-112.
7. Gita Sen, Adreinne Germain and Lincoln C. Chen, (Eds.), (1994): *Population Policies Reconsidered: Health and Empowerment and Rights*, Harvard University Press, Harvard.
8. Jeffery Patricia and R. Jeffery. 1997. *Population Gender and Politics: Demographic change in rural north India*. Cambridge University, Cambridge.
9. Miller, Barbara, D.(ed) (1993) *Sex and Gender Hierarchies*, Cambridge University Press, New York.
10. Hess, B.B. and M.M. Ferree. (1987). *Analyzing Gender: A Handbook of Social Science Research*. Sage Publication, London.
11. United Nation. 2001. *Population, Gender and Development: A Concise Report*. UN, Economic and Social Affairs (Dept. of), New York
12. World Health Organization. (1998). *Gender and Health. Technical paper WHO/FRH/WHO/98*. (Website: www.who.int)
13. World Bank. (1991). *Gender and Poverty in India*. World Bank, Washington.
14. World Health Organization (2003): *Comparative Evaluation of Indicators for Gender Equity and Health*, Women and Health Programme, Centre for Health Development, Kobe, Japan.
15. William Joan. 1989. Deconstructing Gender, 87 Michigan L Rev. 797. *Law Journal Article*

Suggested Readings :

1. Agnes, Flavia. (2000). Law and gender inequalities: the policies of women's right in India. Oxford, New Delhi.
2. Anker, R.(1997). *Gender and Jobs: Sex Segregation of Occupations in the World*, ILO, Geneva.
3. Balk, Deborah, 1997): “Defying Gender Norms in Rural Bangladesh: A Socio demographic Analysis”. *Population Studies* Vol.51, pp. 153-172.
4. Bandhopadhyay, D. 2000. Gender and governance in India. *Economic and*

- Political Weekly*. 35(3): 2696-269xxx).
5. Basu, Alaka Malwade. 2000. Gender in population research: Confusing implications for health policy. *Population Studies*. 54: 19-22.
 6. Das Gupta, Monica, 1987. Selective discrimination against female children in rural Punjab, India. *Population and Development Review*, 13(1): 77-100.
 7. Doyal L.(1995) What Makes Women Sick: Gender and the Political Economy of Health. London, Macmillan.
 8. Dreze, Jean and Sen Amartya, (1995): *India: Economic and Social Opportunity*, Oxford University Press, New York.
 9. Harriet B. Presser, (1997): Demography, Feminism and the Science-policy Nexus, *Population and Development Review* Vol. 23(2), pp. 295-331.
 10. Jeffery, Roger and Basu, Alka M. (Eds.), (1996): *Girls Schooling, Women's Autonomy and Fertility Changes in South Asia*, Sage Publications, New Delhi.
 11. Jejeebhoy S. 1996. *Women's Education, Autonomy and Reproductive Behavior: Assessing what we have learned*. East West Centre, Hawaii.
 12. Reeves Hazel and Baden Sally (2000): *Gender and Development: Concepts and Definitions*, Report No. 55, Bridge (development- gender) Institute of Development Studies, University of Sussex, Brighton BN1 9RE, UK.
 13. Sonya, Andermahr, Lovell Terry and Wolkowitz, Carol, (1997): *A Glossary of Feminist Theory*, Arnold-Hodder Headline Group, London.
 14. Sopher, David, (1980). *An Exploration of India: Geographical Perspective on Society and Culture*, Cornell University New York